Connecting for Patients
Advances in Nationwide Interoperability to Meet
MACRA’s Goals
April 20, 2017, 12:00 – 2:00 PM

Host:
Mary R. Grealy
President, Healthcare Leadership Council

Moderator:
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CEO, Change Healthcare

Expert Panelists:
Jitin Asnaani
Executive Director, CommonWell Health Alliance

Jamie Ferguson
VP, Health IT Strategy & Policy, Kaiser Permanente

Marc Probst
CIO, Intermountain Healthcare

Marshall Ruffin
Start-up Founder, former EVP & CTO of Inova Health System

Micky Tripathi
President & CEO, Massachusetts eHealth Collaborative

Mariann Yeager
CEO, The Sequoia Project
Mary Grealy is President of the Healthcare Leadership Council, a coalition of chief executives of the nation’s leading healthcare companies and organizations. The HLC advocates consumer-centered health care reform, emphasizing the value of private sector innovation. It is the only health policy advocacy group that represents all sectors of the healthcare industry. She was appointed to the position in August 1999. Ms. Grealy has an extensive background in healthcare policy. She has led important initiatives on the uninsured, improving patient safety and quality, protecting the privacy of patient medical information and reforming the medical liability laws. She testifies frequently before Congress and federal regulatory agencies. She is a frequent public speaker on health issues and has been ranked many times by Modern Healthcare as one of the 100 Most Powerful People in Healthcare and has been named to Modern Healthcare’s list of the Top 25 Women in Healthcare.

Neil de Crescenzo is President and Chief Executive Officer of Change Healthcare. He leads teams working across multiple healthcare segments that help customers and other industry stakeholders accelerate their efforts to improve healthcare. Prior to Change Healthcare, Mr. de Crescenzo was Senior Vice President and General Manager of Oracle’s Global Health Sciences business. Previously, he spent a decade at IBM Corporation, including his last role as a senior executive for Global Healthcare Business Consulting Services. Earlier in his career, he held leadership positions in a major hospital system, a large multi-specialty group practice and at a major health insurer. Mr. de Crescenzo earned a B.A. in Political Science from Yale University and an M.B.A. from Northeastern University. He currently serves on the Board of Directors of the Nashville Health Care Council, NashvilleHealth and the Personalized Medicine Coalition as well as on the Executive Committee and Board of Directors of the Healthcare Leadership Council.
Jitin Asnaani is the Executive Director of CommonWell Health Alliance, which is dedicated to the vision that health data should always follow the patient, regardless of where care occurs. Previously, Jitin led interoperability R&D at athenahealth, where he helped launch CommonWell as well as the Argonaut Project. Prior to that, Jitin worked for the Office of the National Coordinator for Health IT (ONC), where he led the S&I Framework and The Direct Project. He has a Bachelor’s degree in Computer Science & Engineering from MIT and a Masters in Business Administration from Harvard Business School.

Jamie Ferguson is a Fellow of the Institute for Health Policy, and Vice President of health information technology strategy and policy for Kaiser Permanente. Before this assignment Jamie was responsible for the development and operations of Kaiser Permanente’s clinical and administrative data systems, information modeling, and health informatics standards. He studied Molecular Biophysics and Biochemistry at Yale University School of Medicine, and computer science at Massachusetts Institute of Technology. Jamie participates in many national and international health IT organizations, research projects, and other efforts to help more people gain the benefits of health IT.

Marc Probst is the Chief Information Officer and a Vice President at Intermountain Healthcare, an integrated healthcare delivery network based in Salt Lake City, Utah. Marc has been a leader in information technology and healthcare services for the past 30 years and, like Jamie, is a well-known health IT policy expert here in DC. Prior to Intermountain, Marc was a Partner with Deloitte Consulting, as well as Ernst & Young, and has served as the CIO for a major Third Party Administrator. Additionally, Marc has also served on a number of HHS advisory committees devoted to interoperability.
Marshall Ruffin: Marshall Ruffin is the Chief Executive Officer of a health care analytics start-up, still in its formative stages, involving Inova Health System. Until Dr. Ruffin focused on this start-up he served Inova Health System as the Executive Vice President and Chief Technology Officer of Inova Health System. He was responsible for Information Technology and Communications, Electronic Medical Records, Clinical Engineering, Informatics, Analytics, Telemedicine and the institutional Program Management Office. Dr. Ruffin was the Executive Sponsor for the implementation of Epic software for clinical and revenue cycle functions for all 5 hospitals and many clinics associated with Inova and for six hospitals and many clinics associated with Valley Health System, Winchester, VA.

Micky Tripathi is the President and CEO of the Massachusetts eHealth Collaborative. Mr. Tripathi has been a nationally recognized leader in health information technology since his founding leadership of the Indiana Health Information Exchange and the Massachusetts eHealth Collaborative. Mr. Tripathi has advised health information exchange projects in numerous states. At the national level Micky was the Chair of Information Exchange Workgroup of the HHS HIT Policy Committee. His role as project lead for the Argonaut Project, a private sector initiative to advance industry adoption of modern, open interoperability standards, will be of particular interest in today’s discussion.

Mariann Yeager serves as CEO for The Sequoia Project, a non-profit solely focused on advancing secure, interoperable nationwide health data sharing in the US. The Sequoia Project serves as a steward of independently governed health IT interoperability initiatives, including the eHealth Exchange, Carequality and the RSNA Image Share Validation Program. Under her leadership, the eHealth Exchange, has become one of the largest health data sharing networks of its kind in the US, connecting more than 65% of all US hospitals and supporting 109 million patients. Ms. Yeager has more than 20 years of experience in the health information technology field. Prior to her tenure at The Sequoia Project, she worked with the HHS Office of National Coordinator (ONC) for five years on nationwide health information network initiatives. She also led the launch and operation of the first ambulatory and inpatient electronic health records (EHR) certification program in the US. Her professional experience also includes running the payer operations division for a large national healthcare clearinghouse, health information privacy and security as well as work at a national health plan.
The Healthcare Leadership Council (HLC), a coalition of chief executives from all disciplines within American healthcare, is the exclusive forum for the nation's healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century system that makes affordable, high-quality care accessible to all Americans.

Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, biotech firms, health product distributors, pharmacies, post-acute care providers, and information technology companies—advocate measures to increase the quality and efficiency of healthcare by emphasizing wellness and prevention, care coordination, and the use of evidence-based medicine, while utilizing consumer choice and competition to enhance value.

Providing access to health coverage for the uninsured, accelerating the growth of health information technology, and reforming healthcare payment systems to incentivize quality and positive patient outcomes are important HLC priorities, along with improving patient safety, addressing the healthcare workforce shortage, enacting medical liability reforms and developing patient privacy rules that protect confidentiality while enabling the necessary flow of information to healthcare professionals and medical researchers.

HLC shares its vision for quality healthcare with Congress, the administration, the media, the research community, and the public through communications and educational programs. Because of the broad scope of the HLC membership, HLC is well known by congressional members and staff as an integral source for comprehensive information on key health issues. HLC staff briefings and events such as the HLC Innovations Expo are well attended by members of congress and staff alike.

And, in the belief that healthcare is essentially local, HLC builds coalitions at the community level to pursue its goals for America’s patients. Six regionally based directors conduct activities with members of Congress, organize health briefings and forums to educate local media and the public, and form local health advisory committees to advocate for innovative, high quality, and affordable healthcare.
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CEO
Marshfield Clinic Health System

William Butz
CEO
Maxim Healthcare Services

John Noseworthy, M.D.
President & CEO
Mayo Clinic
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Patient Matching

Creating a balance between safe and legal sharing of information with the need to consistently and accurately match patient data creates a number of problems for healthcare providers. Without accurate sharing, providers may have an incomplete view of a patient’s medical history, care may not be well-coordinated, patient records may be duplicated, unnecessary testing or improper treatment may be ordered, and patient confidence may be eroded. Barriers to data sharing may also cause providers to face costly clinical workflow inefficiencies and potential inaccuracies including identifying the correct patient record, ordering duplicate tests, and failing to protect patient privacy preferences.

For electronic health records (EHRs) to deliver on the promise of better healthcare, they need to ensure that patient data are sent and received easily among providers across disparate systems. These shared records must be accurate and useable. Patient matching is critical to the successful sharing of patient records, but barriers to patient data matching are creating serious obstacles to seamless information exchange among organizations.

The potential benefits of successfully matching a patient to his or her health information across all care settings cannot be understated. It is critical to health information interoperability efforts, critical to provide a patient a comprehensive health record upon request, and critical to ensuring that health professionals have the information to safely and effectively treat patients. More effective patient matching could lower healthcare costs by preventing redundant tests and scans, and more effectively prevent adverse events caused by medication interactions. The private sector has taken significant steps forward to reach these goals, but federal legislators need to facilitate government cooperation to ensure success in building this infrastructure nationally.

The Challenge:

“Although a patient identifier system was originally proposed in [the Health Insurance Portability and Accountability Act] HIPAA, since the late 1990s the federal government has been prohibited from even discussing the creation of a unique patient identifier system after privacy advocates raised fears that an assigned identification number would be an encroachment of “Big Brother” and could be misused.
Twenty years later the healthcare industry is still struggling with how to properly identify patients. The ban has been placed in [congressional] budget appropriations bills and carried forward every year since 1999.\(^i\)

Private-sector healthcare organizations have moved past this ban with bold efforts at patient matching, which would not require a national unique health identifier system. However, these private sector-led efforts are still hampered by the federal prohibition. Federal officials, who represent the largest health insurers through Medicare and Medicaid, and who play an important standard-setting role through the Office of the National Coordinator (ONC) for HIT, are too crucial to be left out of discussions aimed at finding a solution.

**The Solution:**

While we no longer need the HIPAA-created unique health identifier system, we do need the federal government as a partner and participant working alongside private sector efforts to match the right record to the right patient. Congress should allow federal agencies to join the private sector in supporting efforts to match patients across healthcare providers and federal health programs.

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Dear Chairman Frelinghuysen, Chairman Cochran, Ranking Member Lowey, Ranking Member Leahy, Chairman Cole, Ranking Member DeLauro, and Committee Members:

On behalf of the undersigned organizations, we wish to urge the inclusion of the report language that seeks to end patient safety issues related to patient matching in the House FY17 Labor, Health and Human Services, and Education and Related Agencies (Labor-HHS) draft Appropriations Bill. For nearly two decades, innovation and industry progress has been stifled due to a narrow interpretation of the language included in Labor-H bills since FY1999, prohibiting the Department of Health and Human Services (HHS) from adopting or implementing a unique patient identifier.

The patient matching report language clarifies Congress’ intent while ensuring that the federal government does not impede private-sector efforts to solve this serious problem. The language enables the U.S. Department of Health and Human Services (HHS), acting through the Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Medicare & Medicaid Services (CMS), to provide technical assistance to private-sector led initiatives that support a coordinated national strategy to promote patient safety by accurately identifying patients and matching them to their health information. Allowing ONC and CMS to offer this type of technical assistance will help accelerate and scale safe and effective patient matching solutions.

The absence of a consistent approach to accurately identifying patients has resulted in significant costs to hospitals, health systems, physician practices, and long-term post-acute care (LTPAC) facilities as well as
hindered efforts to facilitate health information exchange. According to a recent study of healthcare executives, misidentification costs the average healthcare facility $17.4 million per year in denied claims and potential lost revenue\(^1\). More importantly, there are patient safety implications when data is matched to the wrong patient and when essential data is lacking from a patient’s record due to identity issues. The 2016 National Patient Misidentification Report cites that 86 percent of respondents said they have witnessed or know of a medical error that was the result of patient misidentification\(^2\).

Patient identification errors often begin during the registration process and can initiate a cascade of errors, including wrong site surgery, delayed or lost diagnoses, and wrong patient orders, among others. These errors not only impact care in hospitals, medical practices, LTPAC facilities, and other healthcare organizations, but incorrect or ineffective patient matching can have ramifications well beyond a healthcare organization’s four walls. As data exchange increases among providers, patient identification and data matching errors will become exponentially more problematic and dangerous. Precision medicine and disease research will continue to be hindered if records are incomplete or duplicative. Accurately identifying patients and matching them to their data is essential to coordination of care and is a requirement for health system transformation and the continuation of our substantial progress towards nationwide interoperability, a goal of the landmark 21\(^{st}\) Century Cures Act.

The quality, safety and cost-effectiveness of healthcare across the nation will improve if a national strategy to accurately identify patients and match those patients to their health information is achieved. Clarifying Congress’ commitment to ensuring patients are consistently matched to their healthcare data is a key barrier that needs to be addressed if we are to solve this problem, but not the only one. We the undersigned are committed to working together to identify, and address, the various barriers that prevent patient matching today.

We respectfully request that you include the report language below in any FY18 appropriations bill:

**Clarifying the Unique Patient Identifier Ban to Enable Patient Matching**

*The Committee is aware that one of the most significant challenges inhibiting the safe and secure electronic exchange of health information is the lack of a consistent patient data matching strategy. With the passage of the HITECH Act, a clear mandate was placed on the Nation’s healthcare community to adopt electronic health records and health exchange capability. Although the Committee continues to carry a prohibition against HHS using funds to promulgate or adopt any final standard providing for the assignment of a unique health identifier for an individual until such activity is authorized, the Committee notes that this limitation does not prohibit HHS from examining the issues around patient matching. Accordingly, the Committee encourages the Secretary, acting through the Office of the National Coordinator for Health Information Technology and CMS, to provide technical assistance to private-sector led initiatives in support of a coordinated national strategy for industry and the federal government that promote patient safety by accurately identifying patients to their health information.*

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We appreciate your consideration and inclusion of this report language and we look forward to working with you to pursue an appropriate solution to enable accurate patient identification and data matching in our nation’s healthcare system.

Sincerely,

American Academy of Family Physicians (AAFP)
American Medical Association (AMA)
America’s Health Insurance Plans (AHIP)
American Health Information Management Association (AHIMA)
American Medical Informatics Association (AMIA)
Association of Clinicians for the Underserved
College of Healthcare Information Management Executives (CHIME)
Confidentiality Coalition
Connected Health Initiative (CHI)
Electronic Healthcare Network Accreditation Commission (EHNAC)
Healthcare Leadership Council
Healthcare Information and Management Systems Society (HIMSS)
Health IT Now
Imprivata
Intermountain Healthcare
LeadingAge, CAST
Long Term and Post Acute Care (LTPAC) Health IT Collaborative
Medical Group Management Association (MGMA)
National Community Pharmacists Association (NCPA)
National Health IT Collaborative for the Underserved
Nemours Children’s Health System
Pharmaceutical Care Management Association (PCMA)
Premier healthcare alliance
Strategic Health Information Exchange Collaborative (SHIEC)
The Sequoia Project
Trinity Health
CommonWell Health Alliance®
Matching Patients, Locating Records and Managing Consent for National Health Data Exchange

Health IT adoption is on the rise, and it’s now time to unlock the full potential of these systems. However, one large barrier remains to experiencing a fully functioning electronic health care system — interoperability. We need the ability to exchange health data across systems and settings for the benefit of patients, providers and the industry as a whole.

CommonWell Health Alliance is helping to do just that — solve the long-standing industry problem of interoperability by unlocking the silos of data that reside within care settings and disparate health IT systems.

Our current health care delivery system lacks an easy, affordable way to allow the frictionless movement of patient-centered data across all settings of care and among all health care IT systems. We are also unable to manage a patient’s consent to share her health information among her providers on such a large scale.

We believe that this problem of interoperability is best solved by forming an industry consortium to adopt common standards and protocols that provide sustainable, cost-effective, trusted access to patient data. We further believe this capability should be available across suppliers and delivered inherently within the health IT systems CommonWell member clients already use.

Mission

CommonWell Health Alliance is a not-for-profit trade association devoted to the simple vision that patient data should be available to patients and providers regardless of where care occurs. Additionally, provider access to this data must be built into health IT at a reasonable cost for use by a broad range of health care providers and the patients they serve.

Services

Person Enrollment
Enable each individual to be registered and uniquely identified in the CommonWell network.

Record Location
Efficiently discover patient encounter records with unique patient matching logic to create a “virtual table of contents” that specifies the available locations of patient data, regardless of where care occurred.

Patient Identification & Linking
Quickly and accurately connect each individual’s clinical records across the care continuum using patient-confirmed links.

Data Query & Retrieval
Enable caregivers to search for, potentially select from, and receive the data they need across a secure, trusted network, when and where they need it.

Members

Learn more at www.CommonWellAlliance.org
CommonWell Services Applied: Example

The Problem

Organizations struggle to match patients and locate their health records as they move through care settings. Whether a person resides in one location or moves throughout her lifetime, a person’s health records reside in disparate health IT systems and care settings.

The Solution

Our solution enables organizations to match patients, locate their health records and exchange patient data at a nationwide scale – all within their native health IT system.

Jennifer Smith, who has moved throughout her life and visited numerous care providers, visits her new OB-GYN for a check-up.

The registration clerk asks Jennifer if she:

1. Would like for her provider to have secure access to her health data?
2. Has a unique ID that the clerk could use to identify Jennifer in the system (e.g., driver’s license)?
3. Can verify whether she has been to specific providers that the system has identified?

Above: Jennifer visits her OB-GYN for a routine check-up. The registration clerk queries CommonWell, from within her health IT system, to locate any recent care records for Jennifer. CommonWell locates four possible matches. Through Jennifer’s enrollment in CommonWell, the registration clerk is able to validate which matches are correct and which are not an accurate match to this Jennifer Smith. The doctor can then view the records and store, if desired, within her health IT system.
Carequality Overview

Pressure to enhance population health, improve patient outcomes, and reduce the per capita costs of care has led to increasing demand for new health IT capabilities. Meeting these goals requires that caregivers across the continuum of care be able to share information with each other and their patients.

In response to this need, data sharing networks have emerged throughout the country. Typically, they focus on a specific geography, use case, payment contract, or technology platform. These networks improve interoperability, but limit health data sharing to other members within the same network. If cell phone networks worked the same way, a Verizon customer could only call other Verizon customers, and would just have to hope that close friends and family didn’t choose another provider.

Through Carequality, it doesn’t matter what network caregivers and their patients are on. Together, we are making it possible for a physician seeing a patient to access data from the hospital down the street, an emergency department five states away, specialists in the patient’s former hometown and the patient’s favorite health app, without giving any thought to those other entities’ data sharing network or technology vendor choices.

What is Carequality?

Carequality is the only health IT initiative focused on interconnecting all types of data sharing networks through a common interoperability framework designed and maintained by its diverse stakeholders.

Carequality Powers Exchange Nationwide

Nationwide health data sharing takes a leap forward as Carequality makes it easier to exchange data between different electronic health record systems (EHRs), record locator services (RLS), and health information exchanges (HIEs), while leveraging a central directory and common set of rules. Today, more than 250,000 providers across 18,000 clinics and 800 hospitals are now sharing health information with other providers using the Carequality Interoperability Framework.

What Can Carequality Do For You?

Making a connection for health information exchange can be a lot of work. Legal teams need to sign-off on contracts. Technical staff need to negotiate standards. Compliance and privacy officers need to weigh in on governance topics like acceptable data use. And that’s all before you can start testing.

Carequality has already done the heavy lifting.

We have a nationwide governance structure and clear technical and policy requirements that have buy-in from across the industry. Set up one compliant gateway through one of our Implementers, and connect to all other participants, both locally and across the country.

Learn more at: carequality.org
Focus on Collaboration

Trust is the foundation for everything we do, and fostering trust is built into our operational principles.

We are:
- Technology Neutral
- Collaborative
- Inclusive of Industry and Government
- Public Serving

Carequality Essential Elements

Common Rules of the Road:
In order for the varied participants to trust each other with health information, everyone needs to have a legal obligation to abide by the same rules.

Well-defined Technical Specs:
Shared rules are not enough; clear standards must be laid out in an implementation guide that all implementers can follow.

A Participant Directory:
To connect using the common standards, systems must know the addresses and roles of each participant.

How does it work?
Carequality is not a new, separate data sharing network for you to join. Instead, Carequality builds on data exchange relationships and agreements you already have in place, and expands their reach.

We do this by connecting what we call Implementers, who might be HIEs, EHR vendors, payers, clearinghouses, or other types of organizations. Carequality Implementers provide access to data from many different sources.

When you get a cell phone, you sign up for service with a network provider and then can make calls to anyone, regardless of their provider. Carequality brings that concept to health IT. Once you have connectivity services from one of our Implementers, you can exchange records with any other participant regardless of their Implementer.

Broad Industry Support
Carequality is a collaboration of the entire healthcare ecosystem, starting with our 35 founding members but extending beyond them to ensure comprehensive stakeholder representation. Volunteers from over 100 organizations in government and the private sector are actively engaged in Carequality’s work, including representation from:

- Physicians
- Consumers
- Government Agencies
- Data Sharing Networks
- Payers
- Behavioral Health
- Acute Care
- Long Term/Post-Acute Care
- Hospice and Home Care
- Research
- Public Health
- Vendors
- Standards Development Orgs.
- Pharmacies
- EMS Services

Getting Involved
Carequality is a transparent and inclusive initiative that will succeed on the strength and diversity of its participants.

There are several ways to engage:

Become a Member
Join us in making interoperability a reality

Become a Volunteer
Contribute your expertise to the national dialogue

Adopt the Carequality Interoperability Framework
Participate in nationwide health data sharing

Contact us at admin@carequality.org for more information and to discuss how your organization would best fit into this growing national initiative!

Learn more at: carequality.org
Carequality and CommonWell Health Alliance Agree on Connectivity and Collaboration to Advance Interoperability

[Boston, Mass and Vienna, VA, December 13, 2016] - CommonWell Health Alliance and Carequality announced today an agreement to increase health IT connectivity nationwide. The agreement provides additional health data sharing options to a broad range of stakeholders across healthcare, and has three aspects:

- CommonWell will become a Carequality implementer on behalf of its members and their clients, enabling CommonWell subscribers to engage in health information exchange through directed queries with any Carequality participant.
- Carequality will work with CommonWell to make a Carequality-compliant version of the CommonWell record locator service available to any provider organization participating in Carequality.
- CommonWell and The Sequoia Project, the non-profit parent under which Carequality operates, have agreed to these initial connectivity efforts and will explore additional collaboration opportunities in the future.

While future collaboration could touch on many different areas within healthcare IT, the immediate focus of the work between Carequality and CommonWell will be on extending providers’ ability to request and retrieve medical records electronically from other providers. Some types of information exchange capabilities, such as electronic prescribing and electronic lab results delivery, are already widely adopted. However, variation in data exchange implementation is still a challenge for some providers looking to exchange medical records with others across the care continuum.

This agreement expands the connectivity approach to give providers easier access to more health information. Health data sharing among providers is important whenever a provider is making a diagnostic or treatment decision and needs access to key medical information. By leveraging health IT interoperability, providers can avoid adverse events such as allergic reactions or medication conflicts as well as duplicate procedures, potentially reducing time, costs, and unnecessary hospital admissions.

“Collaboration and inclusion are the keys to success in health data sharing and interoperability,” explained Dave Cassel, director of Carequality. “The Carequality Interoperability Framework was developed by a group of diverse healthcare stakeholders, including members of CommonWell, determined to establish health data sharing as the standard of care by powering connectivity between and among health data networks of all types. With the promise of health data sharing across Carequality’s participating networks and the CommonWell network, we continue to advance toward that goal. It’s a win-win-win for patients, providers, and their networks.”
“To achieve nationwide interoperability that truly improves patient care, two things are required: collaboration across the healthcare industry and the will to take real action. We’re doing both,” said Jitin Asnaani, executive director of CommonWell Health Alliance. “Our vision has always been for a patient’s health data to follow him/her regardless of where care occurs, and in turn give providers and caregivers increased access to critical health data when and where it is needed. We believe this connectivity between CommonWell and Carequality will continue to move the country forward on its path to achieving nationwide data exchange by bringing together such a sizeable majority of providers and patients that there will be no turning back for American health care.”

Today’s announcement paves the way for the majority of the country’s hospital and ambulatory EHRs, as well as the broad continuum of care, including long-term care, imaging, behavioral health and retail pharmacy to have the option to connect in a consistent way. Together, CommonWell members and Carequality participants represent more than 90 percent of the acute EHR market and nearly 60 percent of the ambulatory EHR market. Today, over 15,000 hospitals, clinics, and other healthcare organizations have been actively deployed under the Carequality framework or CommonWell network. Patients and their providers at these care sites will have access to more complete health data on which to base healthcare decisions.

CommonWell Health Alliance operates a health data sharing network that enables interoperability using a suite of services to simplify cross-vendor nationwide data exchange. Services include patient ID management, advanced record location, and query/retrieve broker services, allowing a single query to retrieve multiple records for a patient from member systems. CommonWell members that represent care settings across the continuum, including hospitals, ambulatory practices, post-acute and long-term care, imaging centers, pharmacies, and others, subscribe to these services and agree to build the capabilities into their solutions.

Carequality facilitates nationwide interoperability between and among the many health data sharing networks and service providers serving diverse user communities, including payer networks, vendor networks, accountable care organizations, and personal health record and consumer services. The Carequality interoperability framework provides the necessary legal terms, policy requirements, technical specifications, and governance processes to bridge networks and services.

Additional information on this agreement, including answers to frequently asked questions, is available on the Carequality and CommonWell Health Alliance websites.

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**About Carequality**

Carequality, an initiative of The Sequoia Project, is a national-level, consensus-built, common interoperability framework to enable exchange between and among health data sharing networks. Carequality brings together a diverse group of representatives, including electronic health record (EHR) vendors, record locator service (RLS) providers and other types of existing networks from the private sector and government, to determine technical and policy agreements to enable data to flow between and among networks, platforms, and geographies, much like the telecommunications industry did for linking cell phone networks. For more information, visit [www.carequality.org](http://www.carequality.org) and follow us at twitter.com/carequalitynet.
About CommonWell Health Alliance
CommonWell Health Alliance is a not-for-profit trade association of health IT companies working together to create universal access to health data nationwide. CommonWell members represent two-thirds of the acute care EHR market\(^1\) and more than one-third of the ambulatory care EHR market\(^2\), as well as market leaders and technology innovators supporting care settings such as post-acute care, imaging, perinatal, laboratory, retail pharmacy, oncology, population health, emergency services and more. CommonWell and its members are committed to the belief that provider access to health data must be built into information technologies at a reasonable cost for use by a broad range of health care providers and the populations and people they serve.

To learn more about CommonWell Health Alliance, visit [www.commonwellalliance.org](http://www.commonwellalliance.org). Engage with CommonWell on our [Blog](http://blog.commonwellalliance.org), as well as through [Facebook](http://facebook.com/CommonWell), [LinkedIn](http://linkedin.com/company/commonwell-health-alliance) and Twitter using the handle, [@CommonWell](http://twitter.com/#!/CommonWell). CommonWell Health Alliance® and the CommonWell Logo are registered trademarks of CommonWell Health Alliance Inc.

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CommonWell Becomes First National Network to Use the Argonaut Project’s FHIR Specifications

Brightree First Member to Deploy

Boston, Mass., Feb. 16, 2017 – CommonWell Health Alliance® today announced it has completed building the first set of The Argonaut Project’s FHIR specifications into its core services—making it the first national network to enable comprehensive FHIR-based-exchange at scale. CommonWell, recognizing its critical role in improving nationwide health data exchange, has been using FHIR since 2013 when it first developed its core interoperability services and person-centric national network.

By building the latest set of FHIR specifications, all CommonWell Members will be able to leverage FHIR-based outbound query and retrieve capabilities to access data across the network. Brightree will be the first to deploy this capability to clients across the country this year and has already built FHIR-based workflows into their technology.

By implementing the latest FHIR specifications, CommonWell and its members have made it simpler and faster for technology innovators to exchange health data. The latest specifications rely on more modern architecture which makes it easier for developers—both inside and outside the EHR industry—to connect to the information they are trying to access. Additionally, it creates the stepping stones for more widespread sharing of discrete segments of data, as opposed to the comprehensive summary of care documents that are shared today.

CommonWell is implementing the Find Document References and Retrieve Document resources and corresponding OAuth2 security specifications for Document Responders, as profiled by the Argonaut Project in a release issued yesterday. CommonWell will also utilize Argonaut specifications for provider directories in order to enhance the network with directed query capabilities. CommonWell is bridging these specifications to the existing IHE XCA specifications that many major EHR vendors have already built in the past. This allows CommonWell Members to use either the more modern FHIR-based or the older XCA-based specifications. This bridging highlights the unique ability of CommonWell services to consolidate and deliver queries from multiple EHRs to a single endpoint.

“CommonWell has been using FHIR for patient identity management purposes since it first built its core interoperability services, even before the launch of the Argonaut Project,” said Jitin Asnaani, executive director of CommonWell Health Alliance. “By leveraging these latest FHIR specifications, CommonWell is taking the first of many steps to leverage FHIR for clinical interoperability, and plans to support additional FHIR specifications later this year.”
Brightree, the first solely post-acute focused member of CommonWell, has enabled FHIR-based exchange per the specifications of the Argonaut Project to query and retrieve clinical documents through Alliance services to enable better patient care in the post-acute market.

“Our initial reason for joining CommonWell was to gain access to a national network that could solve for interoperability issues inhibiting the providers we serve. By combining our cloud-based architecture with FHIR-based exchange, we will be able to more efficiently leverage the CommonWell network and provide even more value for our providers and the patients they serve,” said Matt Mellott, chief executive officer of Brightree.

The Alliance officially became a member of Health Level Seven International (HL7)—an industry driver of FHIR—earlier this year. This further symbolizes the Alliance’s commitment to work collaboratively across the health IT landscape and to leverage existing standards where possible.

To see CommonWell FHIR-based exchange in action, visit Brightree as they give live demonstrations of their Home Health Solutions, alongside Cerner, at the CommonWell Care Transition area of the HIMSS Interoperability Showcase (Booth #9000) during the exhibition hall hours Monday, Feb. 20-Wednesday, Feb. 22.

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**About CommonWell Health Alliance**

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**About Brightree**

Brightree is the leading provider of cloud-based software to improve clinical and business performance in the post-acute care industry. The company serves more than 2,500 organizations in the HME, home health, hospice, orthotic and prosthetic, HME pharmacy, home infusion and rehabilitation home care segments. Brightree's solutions follow the natural workflow of providers to automate and improve how they manage their businesses, serve patients and protect reimbursements. The company is ranked one of the top 100 healthcare IT companies in the U.S. on
the prestigious Healthcare Informatics 100 (HCI 100) list. For more information, visit www.brighttree.com or call 1.888.598.7797

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1 KLAS - 2016 Hospital EMR Market Share, May 2016. © 2016 KLAS Enterprises, LLC. All rights reserved. www.KLASresearch.com
For Immediate Release

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HL7 Argonaut Project Takes Major Step Forward for FHIR

ANN ARBOR, MI, USA – February 15, 2017 – Health Level Seven® International (HL7®), the global authority for interoperability in healthcare information technology with members in 55 countries, and The Argonaut Project today announced the publication of the Argonaut FHIR Data and Document Query Implementation Guide. This guide represents the first major release of an open-industry general FHIR implementation guide to simplify and standardize the exchange of basic clinical data. The culmination of months of open and collaborative deliberation by vendors and providers, this important work is already sparking faster adoption of the HL7 FHIR standard as a number of organizations are planning to implement the Argonaut FHIR specifications. The Argonaut Project also announced its 2017 plans to expand its focus to other key use cases using the HL7 FHIR and OAuth standards.

The Argonaut Project is a collaboration of vendors and providers to accelerating adoption of FHIR and OAuth standards by creating road-tested implementation guides accessible to developers seeking to build interoperability capabilities according to modern internet architectures. The newly published implementation guides are compliant with HL7 FHIR STU2 and leverage the SMART App Authorization Guide developed collaboratively with the SMART-on-FHIR Project at Boston Children’s Hospital to streamline integration of provider and patient apps with clinical source systems. By making interoperable the 21 data elements of the “Common Clinical Data Set” defined by the Office of the National Coordinator, the Argonaut data and document query implementation guides provide an important common foundation for virtually any FHIR-based implementation.
Argonaut founders, including Accenture, athenahealth, Cerner, Epic, Meditech, Surescripts, and The Advisory Board, are basing their FHIR implementations on the Argonaut guides. In addition, two nationwide health information networks are moving ahead with adoption of Argonaut FHIR-based services. Carequality has already implemented a preliminary version of the upcoming Argonaut FHIR Provider Directory Implementation Guide, and the CommonWell Health Alliance has announced that it will build FHIR specifications into their core services using the Argonaut FHIR implementation guides for data and document query, and provider directory.

“The principal aims of the Argonaut Project are to quicken the availability of FHIR to meet growing market demand and to help standardize FHIR adoption early in its growth to head off problems down the road,” said Micky Tripathi, Project Manager of the Argonaut Project. “The early alignment of many vendors and networks with the Argonaut guides is strong evidence that we’re on the right track.”

The Argonaut Project sponsors have agreed on an annual sustainability model to advance maturation of selected FHIR- and OAuth-based use cases of importance to patients, providers, and the industry. For 2017, the Argonaut Project will focus on three projects:

1. Argonaut FHIR (STU3) Provider Directory Implementation Guide, to be published upon final balloting of HL7 FHIR STU3
2. FHIR-enabled Scheduling API, which will enable appointment functionality across EHR systems and apps
3. Enhancing Integration of EHRs and Apps, which will streamline the integration of external apps into an EHR (in collaboration with the CDS Hooks Project)

“The Argonaut Project is an important driver of HL7 FHIR adoption both in the US and globally,” said Dr Charles Jaffe, CEO of HL7. “I am delighted that the sponsors see value in this initiative and will continue supporting it to the benefit of the entire industry.”

The Argonaut Project implementation guides are available at:
http://www.fhir.org/guides/argonaut/r2/.

About the Argonaut Project
The Argonaut Project is a private sector initiative to advance industry adoption of modern, open interoperability standards. The purpose of the Argonaut Project is to rapidly develop HL7
FHIR-based API and core data services specifications to enable expanded information sharing for electronic health records and other health information technology based on Internet standards and architectural patterns and styles. The Argonaut Project founders are: Accenture, athenahealth, Beth Israel Deaconess Medical Center, Cerner, Epic, Intermountain Healthcare, Mayo Clinic, MEDITECH, McKesson, Partners Healthcare, SMART at Boston Children’s Hospital, Surescripts, and The Advisory Board. The Argonaut Project is managed under the auspices of Health Level Seven International. To learn more about the Argonaut Project, visit www.argonautproject.org.

About Health Level Seven International (HL7)
Founded in 1987, Health Level Seven International is the global authority for healthcare information interoperability and standards with affiliates established in more than 30 countries. HL7 is a non-profit, ANSI accredited standards development organization dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services. HL7’s more than 2,000 members represent approximately 500 corporate members, which include more than 90 percent of the information systems vendors serving healthcare. HL7 collaborates with other standards developers and provider, payer, philanthropic and government agencies at the highest levels to ensure the development of comprehensive and reliable standards and successful interoperability efforts.

For more information, please visit: www.HL7.org

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