



March 10, 2016

## **Wellcentive Commitment to Open, Patient-Centered Interoperability**

Wellcentive shares and promotes the principle that to achieve open, connected care for our communities, we all have the responsibility to take action. To further these goals, we commit to the following principles to advance interoperability among health information systems enabling free movement of data, which are foundational to the success of delivery system reform.

**Consumer Access:** To help consumers easily and securely access their electronic health information, direct it to any desired location, learn how their information can be shared and used, and be assured that this information will be effectively and safely used to benefit their health and that of their community.

- Wellcentive is a member of the CommonWell Health Alliance, and supports its emphasis that patient matching is a key national goal toward patient access to the longitudinal record, and our API technology is equipped to accept Patient-Generated Health Data. Today, we exchange data with HIEs, registries, payers, data warehouses and EMRs, including those actively utilizing the national eHealth Exchange and working within Carequality use cases. Our population health technology is 2014 Edition certified, and we support Direct exchange and comprehensive transitions of care that can also benefit consumer access.

**No Information Blocking:** To help providers share individuals' health information for care with other providers and their patients whenever permitted by law, and not block electronic health information (defined as knowingly and unreasonably interfering with information sharing).

- As we noted in our April 3, 2015 comment letter, *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap*, "Competition amongst HIT vendors has led to data



hoarding, wherein a single vendor realizes the competitive edge that exclusive data has in the emerging population health market. Unfortunately this leads to very fragmented data ecosystems, which prevents meaningful change in healthcare delivery due to healthcare providers being forced to use fractured patient records. We firmly believe that we need to incentivize the various data silos in healthcare communities to provide low cost, easily maintainable, population-level interoperability.”

**Standards:** Implement federally recognized, national interoperability standards, policies, guidance, and practices for electronic health information and adopt best practices including those related to privacy and security.

- Practically all major use cases and standards are oriented around EHR-centric, individual patient scenarios. Functionality built around this central idea will not be able to scale to meet the value-based reimbursement needs of the country. Manual button clicks to send a CCDA or CCD for individual patients just isn't feasible, let alone a step towards reducing complexity and cost. We need to focus on population health use cases when it comes to interoperability standards.

Wellcentive is a population health, value-based care technology, currently serving large integrated health systems, ACOs, IDNs and payers. We aggregate over one billion data points per month from more than 3,000 interfaces, improving outcomes for over 30 million lives.

To achieve all of our shared goals for interoperability and those tied to HHS delivery and payment reform, we would emphasize that semantic interoperability is an integral part of the roadmap. Wellcentive maintains more than 200 national standard and custom code sets, and we are committed to collaborating with all public and private initiatives to advance this pledge and scalable, sustainable interoperability.