Our Vision

We are an independent, not-for-profit trade association open to all HIT suppliers and others devoted to the simple notion:

+ That health data should be available to individuals and providers regardless of where care occurs and;

+ That provider access to this data must be built-in to HIT at a reasonable cost for use by a broad range of health care providers and the people they serve
Membership is significant and growing

Interoperability for the Common Good

70%+
of acute EHR

24%+
of ambulatory EHR

Market leaders in lab, long-term care, retail pharmacy and more

Source: SK&A, a Cegedim Company and KLAS
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## CommonWell Timeline

<table>
<thead>
<tr>
<th>2013</th>
<th>2014</th>
<th>2015</th>
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<tbody>
<tr>
<td>✓ Launched Alliance</td>
<td>✓ Deployment</td>
<td>☐ 5,000 Provider Sites</td>
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<tr>
<td>✓ Built Service</td>
<td>✓ Opened Membership</td>
<td>☐ New Use Cases</td>
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<tr>
<td>In 2013 we announced our intent and built a real-world service</td>
<td>In 2014 we productized the service and began scaling membership</td>
<td>In 2015 we’re deploying nationally and increasing our scope.</td>
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Components of a functional data exchange model

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<th>Value Proposition</th>
<th>Solution</th>
<th>Distribution</th>
<th>User Experience</th>
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<td>What is the problem being solved?</td>
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<td>Is the solution simple, easy, intuitive?</td>
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CommonWell Health Alliance: our initial use case

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<td>• Person-centric data&lt;br&gt;• Query &amp; retrieve&lt;br&gt;• Documents &amp; data&lt;br&gt;• Reasonable cost&lt;br&gt;• All of healthcare, nationally</td>
<td>• Person-centric architecture&lt;br&gt;• Single interface&lt;br&gt;• Active central-broker services (RLS, etc.)&lt;br&gt;• Standards to lower cost and broaden availability</td>
<td>• Vendor-led organization&lt;br&gt;• Access built into HIT&lt;br&gt;• National roll-out</td>
<td>• Built into workflow – no swivel chair&lt;br&gt;• Changing the patient-provider experience&lt;br&gt;• Soliciting greater input from users directly</td>
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Favorable conditions enabled CommonWell to emerge

**Incentive alignment**
- Evolving payment models that required the exchange of data
- MU2 incentives to adopt standards and exchange data
- Political will of the founders, members and subscribers

**Meaningful consequences**
- Potential repercussions (hard + soft) associated with data blocking
- Importance of interoperability in government contracting

**Building blocks**
- Broadly-adopted reusable standards, e.g., CCDA, FHIR, XDS, etc.
- Policy precedents for health information exchange, e.g., HIPAA, BAAs, etc.

**People**
- Inspired and dedicated individuals who know they can affect change
- CEOs who believe in the vision and mission
Recommendations

1. **Strengthen the building blocks:**
   - Tighten certification of formatting standards (CCDA, FHIR)
   - Provide guidance on those areas of HIPAA that create the most confusion

2. **Simplify certification** by leveraging a transcendent truth:
   Real-World Data Exchange > Interoperability + Certification

3. **Provide strong and focused guideposts for behavior:**
   - Make actual data exchange a condition of participation in federal programs
   - Treat data blocking harshly: technical challenges, historical business practices, relative business priorities are all legitimate causes of illiquidity – the fact that some vendors (and some providers) exploit these points of friction is *unethical*

4. **Let innovation thrive:** no pre-conceived or pre-determined set of strategies is going to succeed