# Domain monitor: **Health Information Exchange**

## Push for Interop - Two Initiatives Lead Way

By Brian Murphy & John Moore

### Chilmark Trend: Commoditization of HIE Components

Commoditization of some HIE components (interface engines, messaging systems, and clinician portals) accelerates as HCOs shift their development focus from information access and exchange to care coordination and better support for clinician networks. This will put pressure on HIE vendors over the next two years to accelerate product development, form partnerships, or pursue acquisitions to fill these critical gaps.



### Summary

HIEs only add value to patient encounters when clinicians are connected to them. The capability to provide clinical information exchange is a great tool for clinicians when they have access, and know how to effectively use these services in the context of care. While one desirable end state for the industry would be for all clinicians to have access to all of a patient's data through the clinician's native (and hopefully improved) EHR, a combination of data, application, and network silos make this nearly impossible to achieve today. This limits the value proposition to a physician and subsequently use of an HIE.

But an even bigger issue is on the horizon that requires strong interoperability across clinical venues, the move to value-base reimbursement and enabling population health management strategies. HCOs are flying blind if they cannot effectively understand the population they serve. HIT vendors certainly understand this and have begun, partially due to customer prodding and secondly, their own self-interests to take the issue of interoperability seriously.

The CommonWell Health Alliance and Carequality are two different HIT-vendor driven initiatives that aim to tackle the interoperability challenge. While many HIT vendors are watching these initiatives closely their HCO customers are not. If these two initiatives are even partially successful they will help to commoditize the technol-

ogy elements found in today's HIEs. For this reason, we think that HCOs should be paying closer attention to both of these efforts.

## Discussion

### Commonwell Made a Big Splash

The CommonWell Health Alliance was launched with much fanfare at HIMSS13, discomfiting a number of prominent HIT vendors. It has as its main goals: patient linking and matching, patient control of access to data, record location services, and a trust framework. CommonWell's membership, while not wide, is deep: its seven founding vendor members represent 42 percent of the acute and 23 percent of the ambulatory EHR market in the U.S.

As with any such multi-stakeholder entity, CommonWell was slow out of the box but we are far from ready to call the organization a paper tiger. Most recently, the organization announced that multiple locations and provider organizations are live with its services enabling query-based exchange of patient information across EHRs that are part of the Commonwell Alliance. Note that one of the challenges to this initial start was ensuring that all provider participants were on the most updated EHR, which included Commonwell interop cpomponents.  It also recently signed up Tenet Healthcare (Tenet has standardized on Cerner) to use its interoperability services.



Rather than create a new technology stack to enable Commonwell, alliance members agreed to adopting the RelayHealth stack, much of which supports core standards such as the IHE stack and HL7 Fire. While this raises the hackles of HIE and interoperability vendors who are not CommonWell members, such a technology land grab is not necessarily a bad thing for provider organizations. Most HCOs don't really care what the underlying technology is if it works, is inexpensive and implementable. Also, by adopting one core technology stack across this vendor community, Commonwell is able to accelerate the technology development and deployment process leading to faster time to market.

### Carequality Barely Makes a Ripple

Carequality was announced with little fanfare just before HIMSS14 by Healtheway. As a convener of organizations to address information exchange issues at a policy level, Healtheway is expanding its purview from what has mostly been a focus on a common, universal DURSA to tackling interoperability on a technical level head-on. Like Commonwell, Carequality will seek, through an open, consensus approach the selection, agreement and use of a set of standards by members that will support interop across various technology platforms (EHRs, HIEs, etc.).

One of the strengths of Carequality is its intent to be completely open and transparent in the selection of standards to enable interop. Commonwell on the other hand had a very closed process that raised the ire of many vendors. Carequality also has far more participants, including a number of HIE vendors (CareEvolution, ICA, ICW/Sandlot, InterSystems, Medicity, Orion Health, Optum, Surescripts, etc.), other competing EHR companies (notably Epic and eCW) and even one EHR, Greenway, who is in both camps. Most importantly, however, is that Carequality has a number of other organizations signed on as well, including Kaiser-Permanente, InterMountain, the Santa Cruz HIE, and both CVS Caremark and Walgreens.

But with all these members, Carequality will face the daunting challenge of reaching consensus. Group dynamics being what they are, the more participants you have, the likelihood of an exponential increase in complexity and ultimately time to decision.

## Similarities and Differences

CommonWell and Carequality use different language to say substantially the same thing: providers need better access to data across venues because accountable and value-based care demands it. For this reason we believe that the two organizations are more similar than dissimilar. If successful, they will render elements in the HIE technology stack — interface engine, master patient index, record locator services, messaging system,— a commodity, not today mind you, but in next 3-5 years. True data liquidity will mean that any MPI or RLS should be able to provide service to any EHR or clinical application wherever they might be. (see Table 1)

| | CommonWell | Carequality |
|---|---|---|
| Launched | March 4, 2013 | February 24, 2014 |
| Vison | Health data should be available to individuals and providers regardless of where care occurs<br>Built-in to EHR at a reasonable cost | Facilitate industry consensus and develop and maintain a common interoperability framework<br>Interconnect and exchange data between and among networks |
| Goals | Build a vendor-neutral national infrastructure allowing for secure, query-based exchange | Vendor and technology neutral<br>Aspires to unify different interoperability efforts |
| Initial Use Case | Query-based exchange within EHR environment | Query-based exchange across EHRs and networks (HIEs) |
| Structure | Open to all HIT suppliers<br>Private, 501c3 corporation, closed process<br>9 participating organizations, all vendors including Cerner<br>CVS Caremark as a quasi-provider participant) | Public-private partnership, fully transparent<br>Project of Healtheway with stand-alone org structure<br>50+ participating organizations, majority HIT vendors including Epic<br>Many RHIOs and some providers |
| Cost Impact to HCOs | Potential significant cost savings from interface fees, improved workflow, better care coordination and management | Potential significant cost savings from interface fees, improved workflow, better care coordination and management |
| Progress to Date | Deployment at several beta sites | Just beginning, forming workgroups<br>Pilots expected in early 2015 |

Table 1: What Commonwell and Carequality Bring to Interop

## Where is Provider Involvement?

We think that provider involvement in these initiatives is missing and will have to be more than token. CommonWell is, for the most part, an HIT vendor driven organization. It counts some of the most dominant and influential HIT vendors in the U.S. as participants. Carequality, on the other hand, has a larger number and variety of participating organizations, including eight healthcare provider organizations and a number of RHIOs. But Carequality's roster is still overwhelmingly HIT vendor-centric. At this point, Carequality's provider participants can't be seen as representative of HCOs generally but it is a more encouraging start than CommonWell.

Providers need to be part of these discussions because of the workflow implications. Most provider EHR and HIE efforts succeed or fail based on how well new systems integrate into clinical workflows. While both CommonWell and Carequality include HIT vendors with considerable workflow expertise and understanding, no vendor's workflow credentials are unblemished. Providers are not only trying to make data more interoperable they are simultaneously changing their clinical processes to support value-based care. This is a little like giving a patient a hip transplant and replacing all of the equipment, instruments, and utilities in the operating theater in the same three hour window.

The providers with the most pressing needs for more interoperable data — largely providers that are not big, integrated, acute care, and academic medical center providers — are also least able to participate in and contribute to time-consuming efforts like CommonWell and Carequality. Time has shown that advances in HIT trickle down to smaller providers imperfectly, if at all. For this reason, broader provider involvement could help CommonWell and Carequality focus their efforts on the requirements of mainstream clinicians.



## Where will Savings Come From?

So far, neither organization has addressed the question of how to deliver interoperability to HCOs at lower cost. What is implied, however, is that interoperability costs will decrease as agreement on interop standards and compliance to them will commoditize interface engines, if not make them irrelevant. Other related technologies that support the key use case of query-based exchange, MPI and RLS will also quickly go the way of interface engines, again lowering costs for HCOs.

But those savings are relatively small compared to the value potential of true interop across a community that may portend for an HCO's VBR-enabling strategy where population health management is the new coin of the realm. The savings and upside potential could be significant. It is also here where the vendors see enormous opportunity to enable a wide range of new PHM-supporting services on top of these more open interop platforms.

# Bottom Line

It's far too early to say who will win in this competing race to provide a common interop platform for the industry. Commonwell will continue to be in the lead position for at least the next couple of years due to its simpler governance structure, it is already live at several sites and having the ability to leverage an existing technology stack (RelayHealth). If Commonwell can continue to grow its network of participants, both providers and other HIT vendors, they may be hard to unseat.

Yet it is far too early to count out Carequality. Healtheway has demonstrated an ability to convene a wide range of organizations to reach agreement on policies (e.g. DURSA), although it remains to be seen if they can leverage that expertise to tackle technology standards. Certainly having a behemoth such as Epic on your side, along with a number of providers and other organizations will also help Carequality's cause. The big danger for Carequality though is to end up in a quagmire due to too many participants. As one HIE vendor told us: "We'll participate and see how the workgroup meetings go. If progress is slow, we'll put this on the back burner."

Regardless, HCOs should pay closer attention to any results of Carequality and CommonWell. Both efforts are aimed at the same thing: making healthcare data more interoperable. While this is an old goal, value-based care is providing a fresh impetus for HCOs to invest in interoperability. CommonWell's approach, relying on Relay-Health's HIE stack, is the most straightforward from a technology standpoint. Carequality's approach has the right strategic focus: expanding the discussion to include network interoperability as well as data and application interoperability. Finally, any HCO that is a customer of the vendor participants in either effort should ask that vendor how its participation will change the HCOs installed technology.



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