

Raymond D. Aller, MD, and Hal Weiner

CommonWell executing pilot phase of interoperability project

Competition is considered a positive force in business, but when patients are the consumers, cooperation sometimes trumps competition.

For the founding members of the CommonWell Health Alliance, all major players in the competitive arena of health information technology, enabling clients to share patient data across disparate care settings and competing electronic health record systems is viewed as a common-sense move that boosts cost-effectiveness and benefits patients. “We saw the lack of standards in this space that reinforces continued silos of information as untenable,” says Keith Laughman, executive vice president of community care solutions for Sunquest Information Systems and a member of the CommonWell board of directors. “Health care is in the information business, and trying to make [health data] as available as possible for the benefit of the patient is very important. Now, with more of a focus on managing populations and ACOs, the need for this becomes even more clear.”

At the recent HIMSS 2014 conference and exhibition, hosted by the Health Information and Management Systems Society, CommonWell representatives discussed the alliance’s pilot phase, which was launched in December with a dozen providers in four geographic areas: Chicago; Elkin, NC; Henderson, NC; and Columbia, SC. All of the sites can now enroll patients in the service, identify whether other provider participants have data for an enrolled patient, and allow other providers, who have consent, to query data about that patient. To participate, providers must be using an EHR system from one of CommonWell’s members. However, any health care information technology company can join CommonWell.

New members of the alliance are the health care information technology vendor MedHost, which will support CommonWell’s interoperability efforts, and CVS Caremark, which will work with CommonWell’s service provider, RelayHealth, on prescription information access.

CommonWell’s founding members—Allscripts, Athenahealth, CPSI, Cerner, Greenway Medical Technologies, McKesson, and Sunquest—formed the alliance as a nonprofit trade association dedicated to the idea that health data should be available to individuals and providers regardless of where care occurs. They maintain that provider access to this data must be built into health IT at a reasonable cost. CommonWell’s services include patient linking and matching, ensuring access to the correct patient records; managing patient consent; and locating patient records, allowing providers to retrieve clinical data quickly.

In this early phase, providers can participate at no cost, and the resources required of their IT staff are minimal, Laughman says. “There’s the effort required to test and make sure everything is working the way it should. We’ve not established what the cost might be going forward, but one of the key pillars of our strategy is to make it cost-effective for the providers.”

Having spent much of his career working with pathologists, Laughman says CommonWell presents “an extremely important use case for pathology.” It will offer pathologists “improved access to clinical information to help them better target the diagnostic process,” he explains. In addition, as the “service footprint” of a pathology group spreads across a community, interoperability “would facilitate [the pathologists’] consultations being more readily accessible by other providers who are treating the patient.”

A South Carolina emergency department physician who is coordinating his institution’s participation in CommonWell insists that “we should have overcome these interoperability challenges years ago. It’s the right thing to do for patients.” William “Tripp” Jennings, MD, system vice president for medical informatics at Palmetto Health, Columbia, SC, says that although his hospital network hasn’t fully implemented CommonWell’s services yet, the

technology is already having an impact. From a cost-savings standpoint alone, it's an improvement, he says. In the past, "the patient comes in; he can't really remember if he's had a particular test done or he can't remember the result. Then I have to either assume it was good or repeat the test."

With a network of six hospitals, Palmetto Health uses one Cerner EHR for its inpatients and another for its outpatient clinics, Dr. Jennings says. But the CommonWell technology allows Palmetto facilities to exchange patient data with two other Columbia practices: Capital City Ob/Gyn Associates, which uses Greenway's EHR, and Midlands Orthopaedics, which uses Athenahealth's EHR.

When a Palmetto physician locates a patient in the Cerner system, the physician sees an icon that says "'records available' [if the patient has opted into CommonWell]," Dr. Jennings explains. "And when you click on that, it pulls up a new screen that will say, for example, 'Capital City Ob/Gyn, Feb. 12, 2014.' You select that date for those records you want to see." The records contain the standard elements of a continuity-of-care document, Dr. Jennings says, but their appearance conforms to the style of the EHR system in which they are being accessed. "That's the cool thing about it," he adds. "It's presented in the context of what the provider is used to seeing for that system."

Siemens debuts software for population health management

Siemens Healthcare has introduced CareXcell, a solution to address the care and payment requirements of value-based and accountable care models.

CareXcell consolidates patient data from disparate electronic health record and clinical systems into a single patient-centered repository through any health information exchange.

Inspira Health Network, Woodbury, NJ, is the first medical provider to contract for the cloud-based service.

[Siemens Healthcare](http://www.siemens-healthcare.com), 888-826-9702

ONC releases survey findings on electronic health information exchange

The Office of the National Coordinator for Health Information Technology has released findings from its survey about health information exchange in clinical laboratories. The results were published in two data briefs, "Health Information Exchange among Clinical Laboratories" and "Patient Access to Test Results among Clinical Laboratories," which are posted on the HealthIT.gov Web site.

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Among the numerous findings of the survey, which concluded last year and provided data for 2012, was that two-thirds of clinical labs that responded could send structured test results to an ordering physician's electronic health record system. Three-fourths of clinical labs surveyed reported sharing test results electronically as structured or unstructured data. Test results were most often shared through an interface to an EHR (56 percent), Web portals provided by the lab (26 percent) or a third party (22 percent), interfaces to a health information exchange or health information organization (17 percent), or via third-party middleware (16 percent).

Common challenges to sending test results electronically in a structured format were high subscription rates for exchange service providers (19 percent), lack of harmonization of industry-accepted standards (17 percent), and EHR systems that could not receive structured test results (nine percent).

The survey also found that the proportion of labs able to send structured test results was significantly higher than the national average in the states of Oregon, Iowa, Michigan, West Virginia, Connecticut, Massachusetts, Vermont, and Maine, and significantly lower in Texas.

Upcoming informatics meetings

- The Association of Medical Directors of Information Systems will hold its 23rd annual Physician-Computer Connection Symposium, June 18-20, in Ojai, Calif. National experts in clinical computing and health care information technology will present, in a highly interactive forum, such topics as clinical decision support, quality improvement through the use of information technology, and the future of software regulation. The program is based on the books, *The Physician-Computer Connection* and *The Physician-Computer Conundrum*, written by William F. Bria, MD, and Richard L. Rydell, who are among the faculty of the symposium. For more information or to register, go to www.amdis.org.
- The Association for Pathology Informatics will hold its annual national conference, Pathology Informatics 2014, May 13-16, in Pittsburgh. The conference will feature workshops on pathology informatics review, HIMA imaging science, and molecular pathology IT, as well as a digital pathology demonstration. It will also offer short abstract presentations, lectures, town hall sessions, and other learning environments, as well as an exhibition fair. For more information or to register, go to www.pathologyinformatics.com.

Google cloud platform supporting HIPAA

Google recently announced that it will serve vendors building health care applications on its cloud platform by supporting HIPAA and business associate agreements for those customers.

Google began entering into business associate agreements late last year to allow its Google Apps clients to support data regulated by the Health Insurance Portability and Accountability Act.

The HIPAA final omnibus rule makes business associates directly liable for HIPAA rule violations.

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