



HIMSS¹⁹ CHAMPIONS OF HEALTH UNITE

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Improving Care Coordination with Nationwide Data Exchange

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Conflict of Interest

Arthur M. Lauretano, MD, MS, FACS

Has no real or apparent conflicts of interest to report.

Jitin Asnaani

Has no real or apparent conflicts of interest to report.

Agenda

- Barriers to nationwide interoperability today
- How physicians are gaining access
- A clinician's perspective on data exchange
- Enabling better coordinated care

Learning Objectives

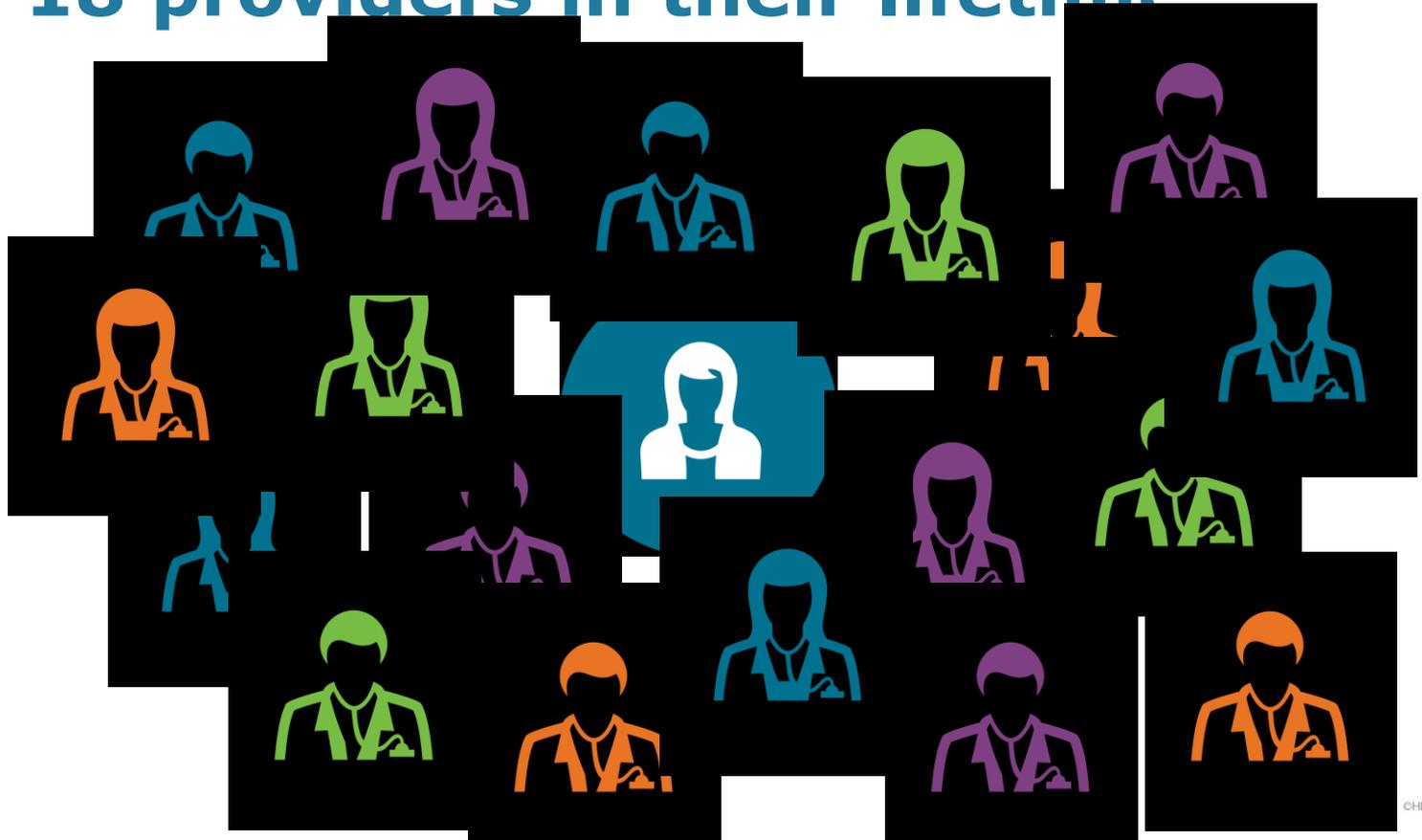
- Describe the barriers that hinder scalable, nationwide, vendor-neutral interoperability today
- Identify how physicians are gaining immediate access to relevant patient information to improve patient care
- Explain how better coordinated care can reduce tests, time and costs as well as improve outcomes



Barriers that hinder scalable, nationwide, vendor-neutral interoperability today



The average person sees more than 18 providers in their lifetime



And each provider has their own EHR(s) and other clinical data sources



Patients believe that their physicians have access to all their health data



But we all know the reality: Health data information is still very siloed

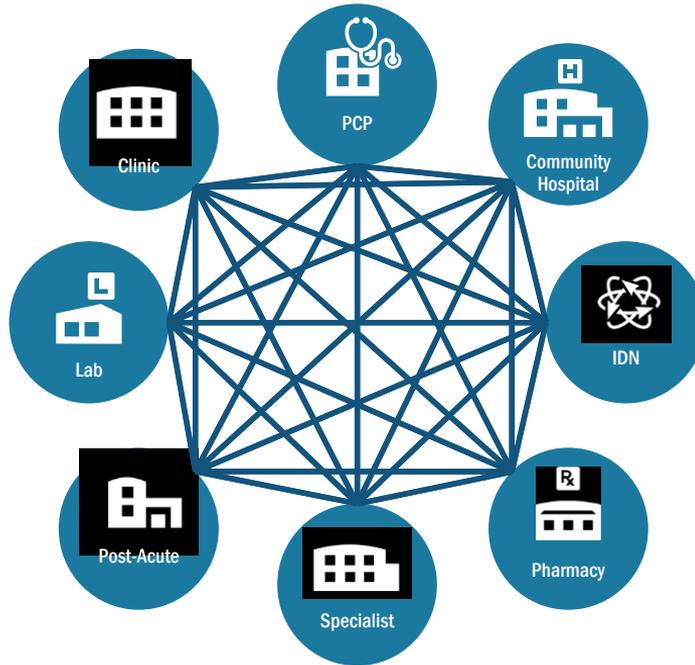


So what is standing in the way of nationwide health data exchange?

- Competing priorities:
 - Within the government
 - Across the health IT vendor community
 - At the Provider Organization level
 - At the Physician level
- Few tightly-constrained standards for data sharing and patient matching
- Most data sharing agreements are either at a regional or local level or a provider-to-provider single connection



Current interoperability approaches simply don't scale



- In this example alone, 28 distinct point-to-point interfaces
- Organizations are forced to create contract-by-contract interoperability between local IT systems
- Regional “networks” achieve only regional results
 - U.S. Census Bureau (2018): the percentage of people that move every year equates to 14% of the population (~40M)

Care Coordination is too dependent on the patient and on archaic technology



Ask patients to remember their clinical history + Request a fax



How physicians are gaining immediate access to relevant patient information nationwide



We are solving a hard problem



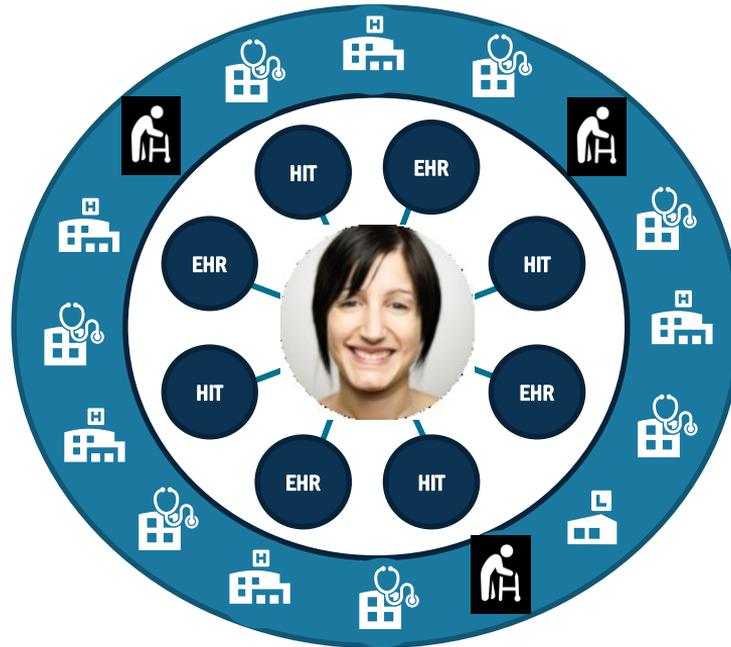
Ask patients to remember their clinical history + Request a fax



Know where patient has been + Get the data within the workflow



We created a person-centered network



CommonWell Services

1. **Enroll** individuals in the network
2. **Find** their records
3. **Match and Link** their records
4. **Broker** queries and responses
5. **Notify** when patients have encounters



The network is live and connected across the nation



11,000+ provider sites
45M+ enrolled individuals
20M+ patient records retrieved



Acute



Ambulatory



Critical
Access



Rehab/LTC



Home Health



Patient
Access



#HIMSS19

We have partnered with Carequality to provide connectivity beyond our network



Collective Success

Together, members and participants from both organizations represent:



90%
of acute EHR market



60%
of ambulatory EHR market



Collaboration

- 1 CommonWell to implement Carequality Directed Query specification
- 2 Basic version of CommonWell Record Locator Service (RLS) to be available to Carequality Implementers
- 3 Sequoia Project and CommonWell to explore collaboration opportunities in the future



We are preparing for Federal Regulation



From a Clinician's Perspective

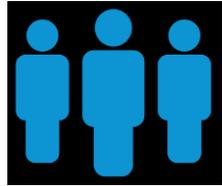


Who We Are

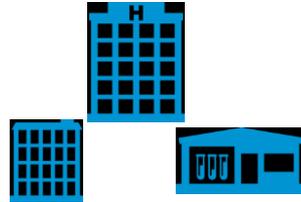
- Lowell is the 4th largest city in the Commonwealth of Massachusetts
- Lowell General merged with Saints Medical Center in 2012 to form 2nd largest community hospital in the State
- 8th largest hospital in the state
- HIMSS Stage 6 on the EMR Adoption Model
- Received Magnet Recognition for quality patient care



About Circle Health



**3,500+
associates**



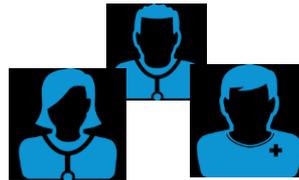
**2 hospitals & 18
ambulatory clinics**



**280,000 + annual
annual outpatient
visits**



396 Beds



660 physicians



**2,269 annual
births**

About Wellforce



- Circle Health / Lowell General Hospital
- Tufts Medical Center
- Melrose / Wakefield Hospital
- Lawrence Memorial Hospital

Circle Health EHRs / EMRs



Currently, 12 EMR/EHR Systems:

- eClinicalWorks
- Cerner
- ComChart
- SpringCharts
- HDox
- SuiteMed
- SRS Freedom
- athenahealth
- Allscripts
- ICS
- Epic
- AdvancedMD

The challenges our clinician's faced every day

- Desire to find specific data
- Push technology yielding too much data
- Delay in receiving information, including faxed information



Today's reality with CommonWell

- Truly patient-centered care ➤ Consolidated view of the patient records
- Timely access to information ➤ Immediately electronically available
- Specificity of information ➤ Refined to the *necessary* information
- Simplicity of use ➤ Built right into your current software and workflow
- Easy, quick implementation ➤ In less than 6 months, rolled out to 5,400+ facilities



Dispelling the myths

- CommonWell doesn't store any of the clinical data
- Enrollment/Consent Process is simple when incorporated into standard check-in process
- Patients actually get what they believe already exists – provider access to all of their records



How better coordinated care can reduce time, tests and costs, as well as improve outcomes



Reduce time

For those patients whose records are not yet connected to CommonWell:

**30% of the
time** asking office staff to
track down **missing
patient
information**



Reduce tests

Clinical Scenario: Thyroid Nodule

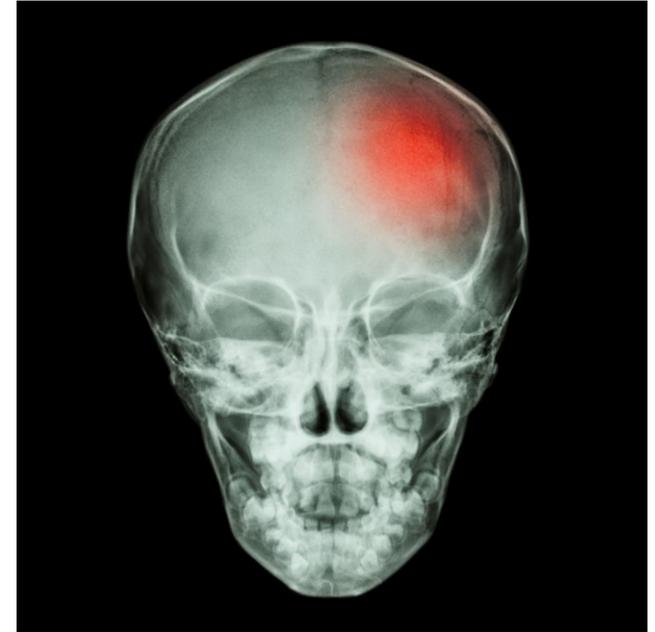
- Patient sees specialist for thyroid nodule identified on ultrasound; referred from an outside system
- If the ultrasound result is not easily accessible, we would often repeat it in our own system, possibly at a different date, requiring additional visits and copays
- Delay in treatment, increased patient anxiety, decreased patient satisfaction



Reduce costs *(and increased peace of mind)*

Clinical Scenario: Pediatric Cancer Scare

- A recent 12 year-old-patient came to me because her MRI report was interpreted to the parents as showing an “abnormal shadow” – PCPs office staff led family to believe this was possibly cancer
- Access to PCP note with MRI report – “Dental artifact from patient’s braces”
- Obviated need for CT (cost and radiation exposure) and resolved patient and family anxiety



Improve processes and outcomes

Clinical Scenario: Chest pain patient in the Emergency Room

- 55-year-old male with chest pain, new to the facility
 - CommonWell access to PCP notes:
 - Smoker, high cholesterol, father died at 52 - MI
- 55-year-old male with chest pain, new to the facility
 - CommonWell access to PCP notes:
 - Has been seen multiple times in the last two weeks, pulled a muscle, but wanted to be assessed for CAD
 - Cardiology workup, including stress test, was negative



Benefits of CommonWell

- Access records from providers across the nation, not just locally
- Electronic access, available immediately if/once linked
- Better quality of care with reduced costs (appropriate tests, not duplicate tests) – Better Healthcare Value
- Better Patient Experience
- Contribution to the Triple/Quadruple Aim



Takeaways

- It is critical to have access to a patient's information regardless of where prior care has occurred nationwide
 - Point-to-point connections are not scalable
 - Regional-only solutions can be valuable but have limited visibility into the patient story
 - Nationwide connectivity is required to serve our large mobile population



Takeaways

- With person-centric health information at the touch of your finger, providers can achieve:
 - Better understanding of the patient context
 - Better coordinated care
 - Reducing tests, time and costs
 - Improving outcomes



Questions

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