

The CommonWell Health Alliance: Can The Private Sector Push Interoperability Over the Finish Line?



The HIMSS13 Conference in New Orleans, one of the biggest gatherings of Health Information Technology professionals of the year, was host to speakers, panel discussions, and one pretty large announcement from some of the big names in the electronic health record industry.

Allscripts, AthenaHealth, Cerner, Greenway, and McKesson have announced the founding of the CommonWell Health Alliance, a non-profit trade group designed to implement standards around some of the most difficult problems with interoperability between systems. CommonWell will focus on working to standardize three areas: patient matching, patient access consent, and record location. Once standards are set for these areas, they can be made public and licensed at a “reasonable cost”. The Alliance’s formation was inspired in part by a Bipartisan Coalition meeting, and especially a comment from National Coordinator for HIT Farzad Mostashari. The conversation was recalled by David McCallie, vice president of informatics at Cerner, in an interview with HealthcareITNews:

“...everyone was sort of complaining to Farzad: “You’ve got to go solve this identifier problem, it’s killing us.” And Farzad said, “Look, it’s against the law! I can’t do it. You guys have to solve it.” I came back and literally quoted that – “you guys have to solve it” – I sent an email to Arien and he said, “We think the same thing. Let’s talk about it.” And within a week, we knew this was what to do.”

Interoperability is the principle that patient information that is shared between two different software packages should work seamlessly. Think about the interoperability of the Internet. A web page can be read on any brand of computer, any browser, and with any internet service provider. It just works. Interoperability between EHR software would look very similar. Anywhere a patient needs care, their records could be transferred and read electronically, without having to worry about the different software formats. It's important to distinguish between interoperability, which allows different software packages to understand each other, and Health Information Exchange, which is simply a means of communication between locations and providers. To extend the analogy, a telephone can connect two people, but if they speak two different languages, you will need a translator between them.

The founders of the CHA have extended an open invitation for other vendors to join the alliance, but one big name was conspicuously absent from the list of participants: Madison, Wisconsin's Epic Systems, who serves almost half of the US market. Epic founder and CEO Judith Faulkner was dismissive of the announcement:

"We did not know about it. We were not invited," Faulkner said. "It appears on the surface to be used as a competitive weapon and that's just wrong. It's wrong for the country."

Epic COO Carl Dvorak was even more to the point, calling CommonWell a "marketing opportunity." Epic System made a collaborative announcement of their own during HIMSS, introducing the DRIVE program to test Epic software in virtualized environments with the help of Dell, Red Hat, Intel and VMWare. The program would be especially useful to facilities looking to bridge older, closed software installations, with more modern and open systems.

Whether or not CommonWell will be a net win for patients or

just an opportunity for vendors to make up ground with Epic remains to be seen. Proponents argue that CHA is a step in the right direction for the industry to achieve real interoperability, even if the gains are only modest. The skeptical take, articulated very well by Adrian Grooper, MD at TheHealthcareBlog says there is no real difference between giants like Epic and coalitions like CommonWell.

“The shame is that another program with opaque governance by the largest incumbents in health IT is being passed off as progress. The missed opportunity is to answer the call for patient engagement and the frustrations of physicians with EHRs and reverse the institutional control over the physician-patient relationship. Physicians take an oath to put their patient’s interest above all others while in reality we are manipulated to participate in massive amounts of unwarranted care.”

So what do you think? Is CommonWell a good step for interoperability, or just another excuse for big software players to control the marketplace? Let us know in the comments!