About Leavitt Partners

Leavitt Partners is a health care intelligence business. The firm helps clients successfully navigate the evolving role of value in health care by informing, advising, and convening industry leaders on five major pillars: value market analytics, alternative payment models, government expertise, exchange insights, and alliances. Through its member-based alliances and direct services to clients, the firm provides the best available window to the future of American health care and convenes industry stakeholder groups to support decision-making strategies in the value economy.

Smart on Value

Governor Mike Leavitt
Chairman, Leavitt Partners
3-time Governor, State of Utah
Former Secretary of HHS
Former Administrator of EPA
How Leavitt Partners convenes an alliance
From *Finding Allies, Building Alliances* by Mike Leavitt and Rich McKeown

Common Pain
Health care organizations with divergent interests frequently face common challenges and seek common opportunities.

A Convenor of Stature
A person of respected stature is needed to bring the alliance together.

Representatives of Substance
Alliances require the right combination of multi-sector, interdisciplinary representatives.

A Committed Leader
Alliances benefit from a balanced, independent leader with regulatory and policy expertise to manage and move the alliance forward.

A Clearly Defined Purpose
A well-defined objective keeps participants focused on reaching consensus solutions.

A Formal Charter
A charter that creates focus by defining the alliance’s mission, scope and structure.

The Northbound Train
The alliance needs to create momentum and an inevitability that the objective will be reached and respected if people are going to invest time and resources.

Defining Common Ground
Transparency in determining underlying assumptions, sources of information, and standards to help identify solutions.
What is the common pain we are trying to solve?

Lack of Consumer Access to Health Information

Today, multiple barriers are blocking consumer ability to get, share and use their health information when and how needed to improve their health and care.

- Consumer/Patient Often Excluded
  - Wait times, medical errors, duplication, high costs, frustration

Barriers – lack of
- Consumer-demand
- Provider support
- Technology access
- CDE policy awareness
- Sustainable business models
- Privacy/security frameworks

Consumer-Directed Exchange

Consumer-Directed Exchange (CDE) strengthens health information sharing and empowers collaboration between consumers and providers.

- Consumer/Patient Engaged as Care Partner
  - Better Health, Better Care, Smarter Spending

The CARIN Alliance – advancing CDE by strengthening:
- Consumer-demand
- Provider support
- CDE technology
- CDE policy awareness
- CDE business models
- CDE privacy/security frameworks
The CARIN Alliance

VISION

To rapidly advance the ability for consumers and their authorized caregivers to easily get, use, and share their digital health information when, where, and how they want to achieve their goals.
Participating Organizations

- AMA
- Videntity
- Cambia Health Solutions
- Caregiver Action Network
- Cedars-Sinai
- Conduent
- Dartmouth-Hitchcock
- DaVita Healthcare
- Fresenius
- Marshfield Clinic
- National Partnership
- New York Presbyterian
- Polyglot Systems
- The Broad Institute
- CareEvolution
- IOWN2

- American College of Physicians
- American College of Surgeons
- Pfizer
- UL
- Indiana HIE (IHIE)
- Crimson Tide
- IBM Watson Health
- Aon
- Google / Verily
- Samsung
- Hackensack Meridian Health
- Trinity Health
- UCSF
- Verizon
- The Genetic Alliance
- National Governors Association

- AHIMA
- HL7 / Argonaut Project
- Commonwell Health Alliance
- Health Care Transformation Task Force
- Sequoia / Carequality
- NATE
What are the initial use cases we are trying to solve?

Eliminate the business and policy barriers associated with the implementation of the FHIR APIs
Enabling legislation is already in place

HIPAA
- **What it Does:** Requires covered entities to share health information with consumers and/or their designated agents upon request within 30 days
- **What it Does Not Do:** Specify what types of information to share; eliminate provider option to require patients to sign paper authorizations

HITECH
- **What it Does:** Authorizes ONC to define interoperability standards, certify technologies, and provide funding to support use of certified technologies
- **What it Does Not Do:** Specify role of private sector consortia in developing and supporting those standards; specify roles and responsibilities of “trusted intermediaries” such as consumer authorized apps

MACRA / MIPS
- **What it Does:** Requires clinicians to attest to not participating in information blocking; strengthens ONC authority to set standards; creates new incentives to digitally share information such as quality measures; requires providers to “share” and “receive” information from consumer apps
- **What it Does Not Do:** Specify how to define information blocking
<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Description</th>
<th>Workgroup</th>
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<tr>
<td>Principles of trusted consumer-directed exchange</td>
<td>Develop consensus regarding the high-level principles and best practices to enable the trusted exchange of health data between consumers, apps, and providers</td>
<td>Trust</td>
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<tr>
<td>FHIR API implementation best practices and feedback</td>
<td>Technology forum for sharing best practices regarding the implementation of the vendor-based FHIR APIs</td>
<td>Technology</td>
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<td>Public demonstrations of how the FHIR APIs work in production</td>
<td>Demonstrate during HIMSS, Health DataPalooza, and throughout the year the progress organizations are making implementing the FHIR-based APIs</td>
<td>Technology</td>
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<td>Individual Right of Access best practices</td>
<td>Development of best practices and forms for individuals to request access to their health information</td>
<td>Adoption and Sustainability</td>
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<td>Consumer, Business, and Caregiver education</td>
<td>Remove the business barriers to CDEEx and educate consumers, providers, and caregivers on CDEEx</td>
<td>Adoption and Sustainability</td>
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<td>Business and Policy input to the longitudinal health record</td>
<td>Provide business and policy feedback to the SDOs as they work to extend the Common Clinical Data Set and create the longitudinal health record</td>
<td>Technology</td>
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<td>Cures regulatory policy</td>
<td>Provide a private-sector led vehicle for helping to define the regulatory policies associated with Cures</td>
<td>Policy</td>
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