Interoperability and Patient Access in Healthcare

EHRs, Data Exchange, Regulations and Your Medical Record

Interoperability Today

- Confusing, duplicative, incomplete
- Many options/types – too many?
- Standards taking hold
- Feds pushing strongly

Types of Interoperability

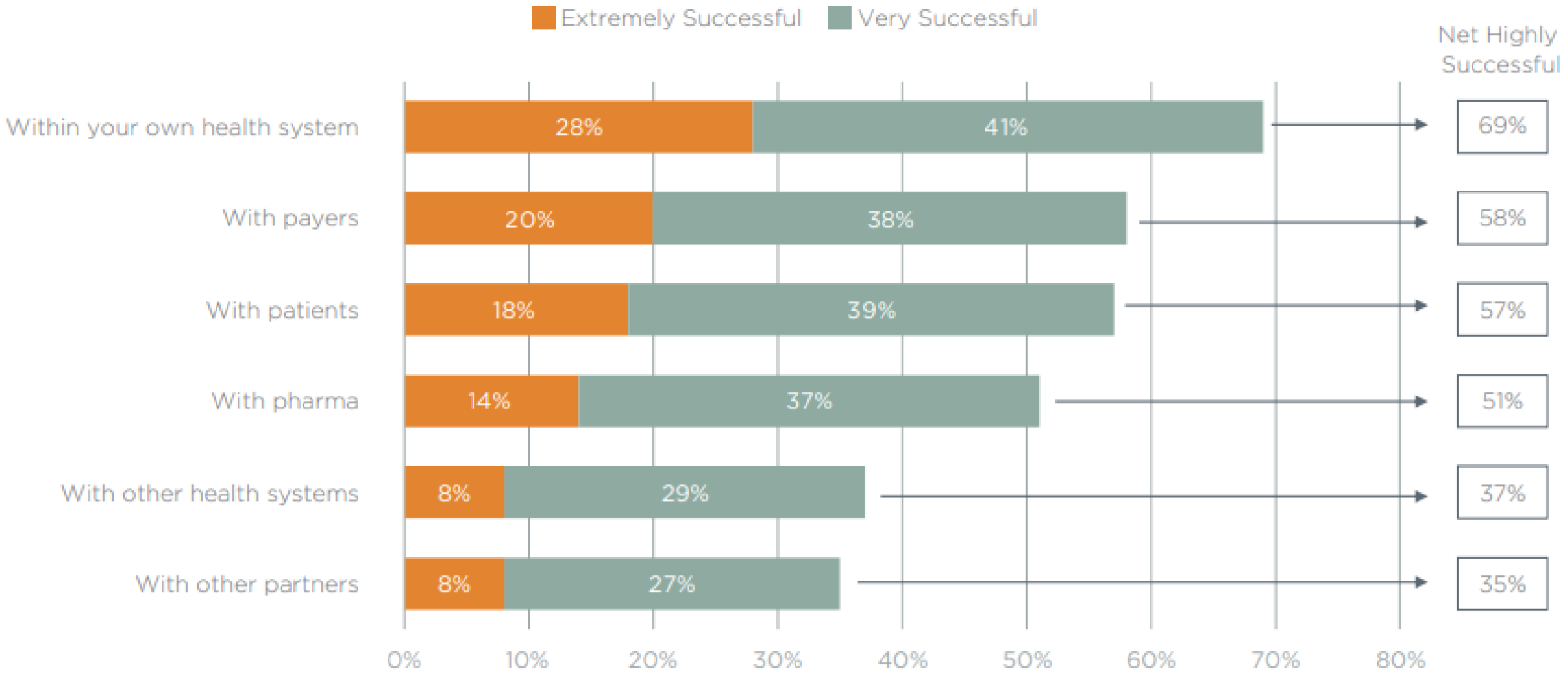
- Individual Longitudinal Health Record
- Specialized/Departmental Data
- Between Care Settings
- Marketplace – Pop Health

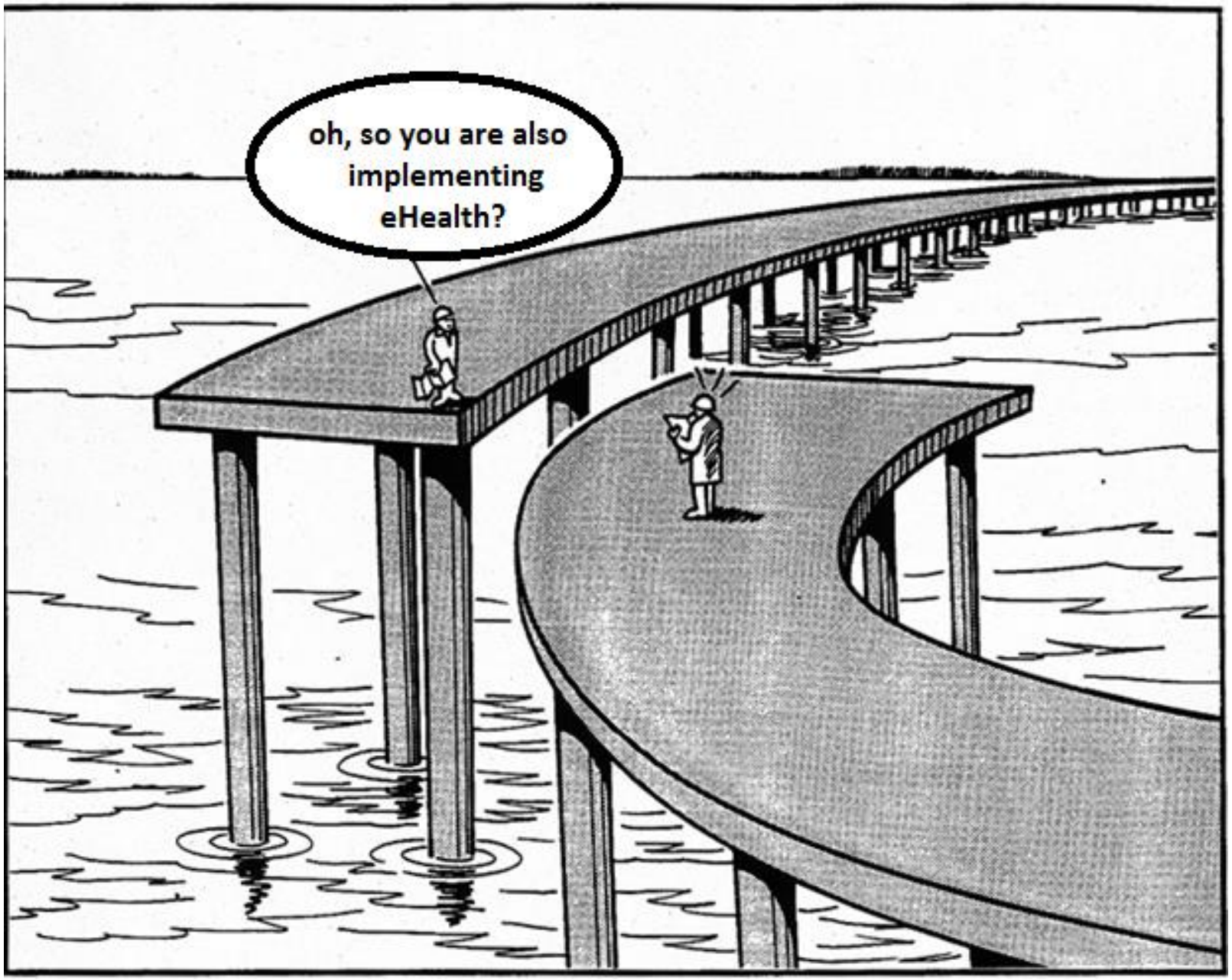
Current Stats

- 88% of hospitals send records to ambulatory providers
- 80% of providers report Data Exchange improves practice
- 100% of hospitals/55% of practices use SHIN-NY

- 1 in 10 Patients Report Test Redo – missing data
- 78% of hospitals use more than one electronic method to send records
- About 40% used five or more methods to send records

Successfulness at Sharing Medical Data




oh, so you are also implementing eHealth?

Effects of Interoperability Challenges

Current Options

Health Information Exchange/QE/RHIO

- SHIN-NY
  - QE delivers
  - Routing and oversight
  - Push Delivery
  - Aggregate

Current Options

SHIN-NY – Required QE Services

- Patient Record Lookup
- Alerts
- Secure Messaging
- Results Delivery
- Clinical Query
- Consent Management

Data Exchanges/Collaboratives

- Direct Trust
- Sequoia
  - eHealth Exchange
  - Carequality
- Commonwell

Data Exchanges/Collaboratives

- Direct Trust
  - Digital address for providers
  - Secure exchange – like email
  - National
  - CMS proposes to require provider digital address in NPPES

Data Exchanges/Collaboratives

- Sequoia - eHealth Exchange

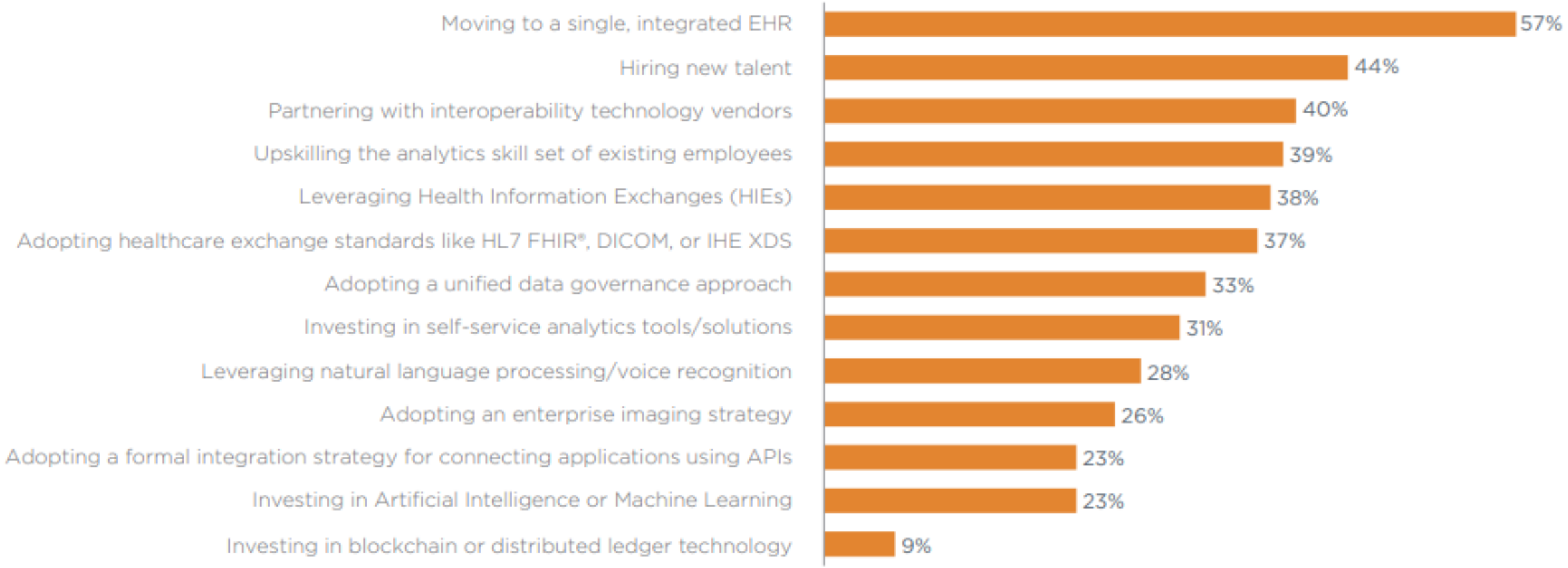
eHealth Exchange™

We connect:	
All 50 States	70,000 Medical Groups
Four Federal Agencies (DoD, VA, CMS, SSA)	3,400+ Dialysis Centers
75% of U.S. Hospitals	8,300 Pharmacies
Supporting more than 120 million patients	
59 Regional and State HIEs	

Data Exchanges/Collaboratives

- Commonwell
  - Cerner
  - Record locator
- Carequality
  - Epic – also has Care Everywhere
  - Network connector

Organizational Steps Toward Overcoming Interoperability Challenges



Standards

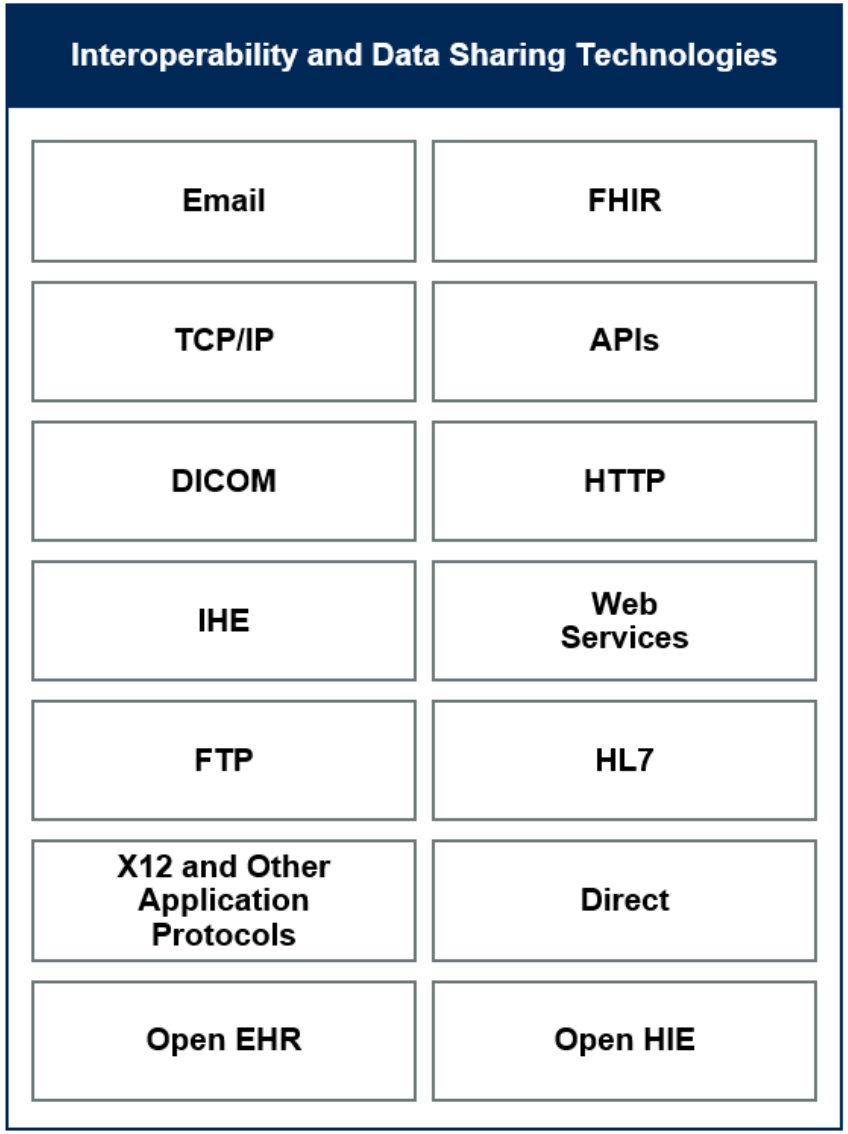
HL7

- Messaging
- Documents – C-CDA
- FHIR API
- Davinci Project

Standards

- Gravity Project
- DirectTrust starts push for an instant messaging standard

Interoperability Standards and Protocols for Patient Data Interoperability



Source: Gartner
ID: 389260

Regulatory Environment

- CMS – Info blocking
- ONC – Open API
- TEFCA
- Patient Matching

CMS Proposal

- ADT Event Notification
- Claims Access through Open APIs
- Digital Contact Database
- Must connect to network – TEFCA

ONC Info Blocking

- Uses EHR Certification for leverage
- APIs
- Decides Fees allowable
- Information blocking exceptions
- Applications – register with providers

"Your previous provider refused to share your electronic medical records, but not to worry—I was able to obtain all of your information online."

CMS/ONC Interop Rules

- 5% of providers believe their organization is "very prepared.
- 17% of health care executives surveyed are “completely unaware" of the requirements.

* according to an Accenture survey,

CMS/ONC Interop Rules

- Ensure that technology and compliance leaders are familiar with the new rules.
- Assess and analyze the organization's current interoperability provisions.
- Complete gap analyses and develop remediation plans for a 12- to 18-month timeframe.
- Manage both internal and external communications to help health care professionals and consumers adapt to the new rules.

Interoperability Proving Ground

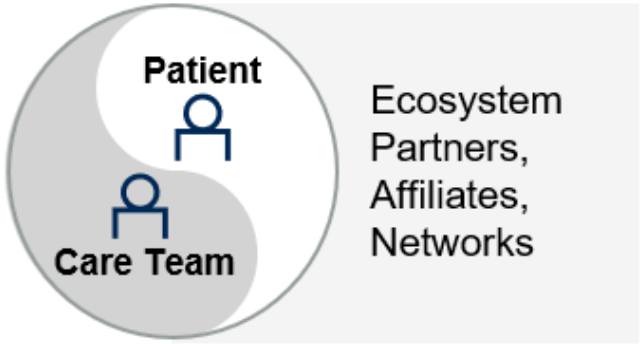
- open, community platform
- can share, learn, and be inspired by interoperability projects occurring

Seven Critical Domains of a Successful Interoperability Strategy

Interoperability Strategy

1. **Patient Centricity**
2. **Business Capability/Function**
3. **Ecosystem Scope and Scale**
4. **Open API**
5. **Standards and Networks**
6. **Commercial Model**
7. **Performance/Availability**

Organized Around the Patient Context and Their Information Across the Care Continuum



- Exchange data and work
- Accurate, full context diagnosis and treatment
- Enhanced care team productivity
- Enhanced patient experience
- Effective cost management
- Connected care

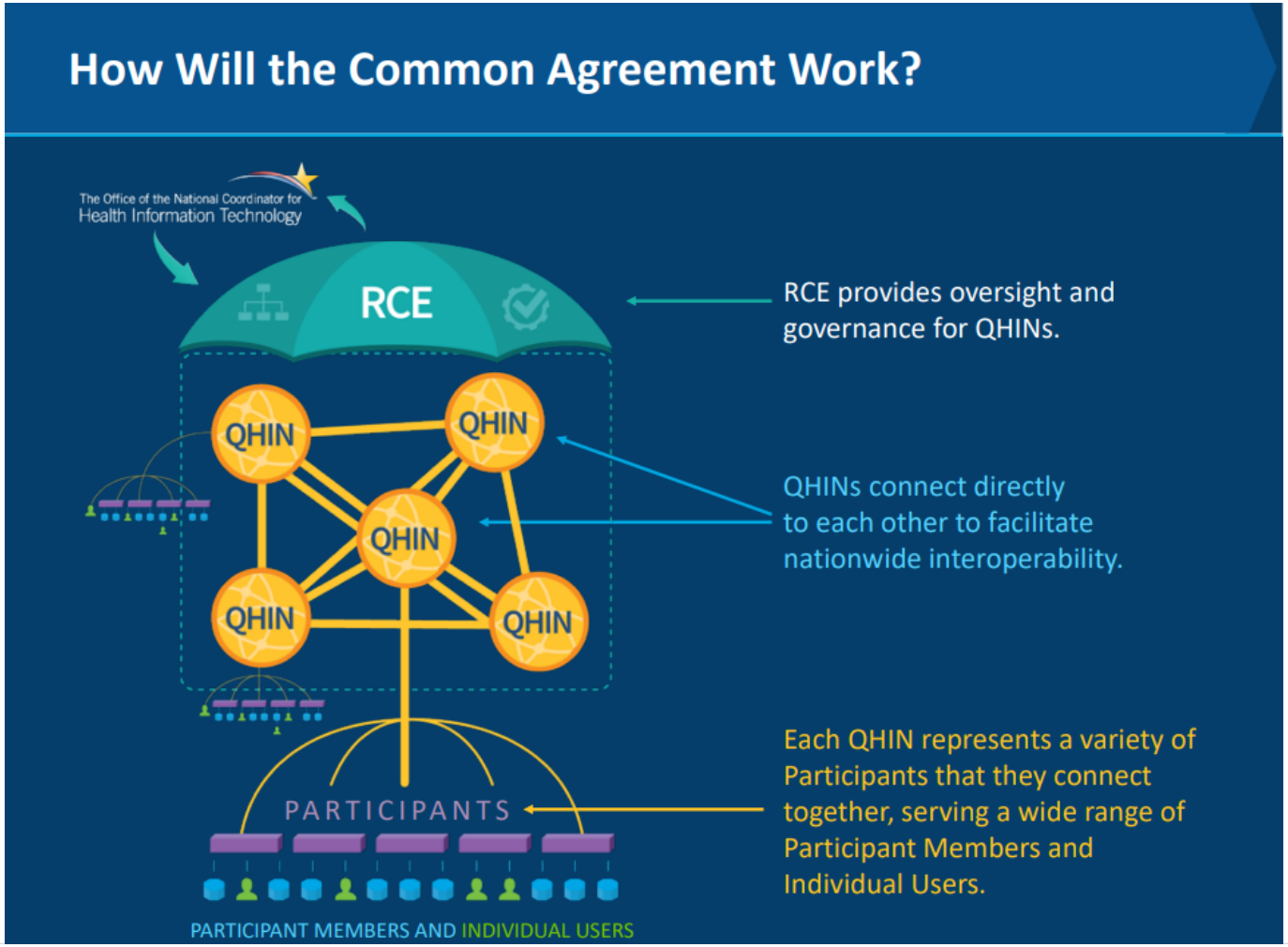
Source: Gartner
ID: 389260

TEFCA

Goals

- Provide Single on ramp
- EHI Securely follow you
- Nationwide scalability

TEFCA Proposed Structure



Patient Matching

- No single ID allowed
- Differing algorithms – no standard
- Referential
- Nearly 20% of records are duplicates

Patient Access

- Apple Healthkit
- Google/Android
- Open API Access for any App
- Commons Project
- Privacy – Trusted Network Accreditation Program

Conclusions

- Uneven adoption across care settings
- Shifting regulations
- Health plans previously not sharing
- Vendor issues
- Beyond EHR data – SDOH, Claims, Images
- Lots of options – no single answer
- Can’t fit into workflow

Thank you.