

INTEROPERABILITY **101**: **T**HE **C**HALLENGES
AND **O**PPORTUNITIES IN MOVING FROM
POLICY TO **A**CTION

HILL **B**RIEFING - **R**USSELL **S**ENATE **O**FFICE
BUILDING **S**R-485

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eHEALTH INITIATIVE

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Overview of Briefing

On Wednesday, April 10, eHealth Initiative (eHI) held a lunch briefing on Capitol Hill for health policy staffers and leaders in the health IT community. The briefing, titled "**Interoperability 101: The Challenges and Opportunities in Moving from Policy to Action**," focused on the significance of data exchange supported by health IT and the benefits for healthcare delivery and patient outcomes. Allison Viola, MBA, RHIA, eHI's Vice President, Policy and Government Affairs welcomed the approximately 40 attendees included Hill staffers, policy fellows, representatives from the Office of the National Coordinator for Health Information Technology (ONC), and eHI members. She welcomed the attendees and speakers on the panel for their participation in the critical and timely topic of interoperability of electronic health records. The goal of the briefing was to provide an overview and opportunity for discussion by organizations that are currently engaged in exchange initiatives. The summary below captures remarks from the panel and questions posed to panelists by attendees.

Panelists

Larry Wolk, MD

Chief Executive Officer, Colorado Regional Health Information Organization (CORHIO)

Michelle Drozd

Director of Policy and Research, Pharmaceutical Research and Manufacturers of America (PhRMA)

Doug Dietzman

Executive Director, Michigan Health Connect (MHC)

Mark Segal, PhD

Vice President of Government and Industry Affairs, GE Healthcare IT

Eric Thieme

Vice President and General Counsel, Indiana Health Information Exchange (IHIE)

Moderator

Neal Neuberger, Executive Director at the Institute for e-Health Policy

Discussion

Neal Neuberger, Executive Director at the Institute for e-Health Policy, moderated the panel of experts from health information exchange, vendor, and pharma industries. Mr. Neuberger gave opening remarks, speaking on the complexity of interoperability for health information exchange, and identifying the types of interoperability, including technical, semantic, and syntactic.

Larry Wolk, MD, Chief Executive Officer, Colorado Regional Health Information Organization (CORHIO), provided background information on CORHIO, explaining that it is a public-private partnership, and the state-designated health information exchange for Colorado.

Dr. Wolk identified three interoperability priorities for CORHIO:

- Acting as a conduit for exchange for the state of Colorado.
- Integrating and supporting hospitals and providers.
- Offering health plans and payers access to clinical information and claims data.

Michelle Drozd, Director of Policy and Research, Pharmaceutical Research and Manufacturers of America (PhRMA), spoke on the importance of interoperability as seen in e-prescribing. Ms. Drozd explained that the technology gives physicians better information at the point of prescribing, with access to formulary and benefit information and prior authorizations for medications. This information can prevent duplicative prescribing and under-prescribing. In addition to better data, e-prescribing enables better transfer of information from prescriber to pharmacy, ensuring that prescriptions are filled.

The e-prescribing technology:

- Supports patient identification.
- Offers a business case for data exchange.
- Assists and develops standards for exchange.

Doug Dietzman, Executive Director, Michigan Health Connect (MHC), emphasized that interoperability is challenging, but possible, and that important progress is being made in the area. MHC is a privately funded exchange, with a sustainable business model. Mr. Dietzman warned against overemphasizing the use of specific technology, as that focus could get in the way of actual meaningful exchange. Interoperability is not simply a technical issue, it is about connecting providers. Not every function should go into the electronic health record (EHR); technology should support the function, as opposed to function supporting health IT.

Mark Segal, PhD, Vice President of Government and Industry Affairs, GE Healthcare IT, highlighted the importance of standards-based interoperability. Interoperability involves two separate systems talking to each other, and exchanging actionable, computable data. There are different types of and purposes for interoperability. Interoperability cannot happen overnight. Policies put into place, coupled with new care delivery models creating a business case for sustainable exchange, will assist in its acceleration.

Common vocabularies, standard data sets, and standards on how to move data from different settings and across state lines are needed for interoperability.

Eric Thieme, Vice President and General Counsel for Indiana Health Information Exchange (IHIE), admitted that while technical interoperability is a challenge, it can be done. Another important challenge is getting business leaders to support sharing data. Interoperability is a means to an end. Mr. Thieme emphasized that interoperability is happening because there is a business case for information exchange among hospitals and providers, and offered two concrete examples of how exchange within IHIE lead to significant cost savings and improved outcomes. Mr. Thieme likened asking health care organizations about their interoperability strategy to asking people about their internet strategy, illustrating the need to look beyond the technology itself, and focus on how you can use it to meet needs and achieve goals.

The audience raised questions on privacy concerns around health information exchanges, to which panelists responded that patient trust is essential. Patient choice, electing whether to opt-in or opt-out of exchange activity is also an important element of these exchanges. Panelists also noted that electronic storage of health data offers higher levels of security than paper formats, as long as proper precautions are taken. Questions on how quality measures affect interoperability were also raised. Panelists explained that many quality measures are taken from paper records, and are not always applicable to electronic formats. Consistent data definitions and harmonization of quality measures programs are essential to make data liquid.

KEY TAKEAWAYS

Common vocabularies, standard data sets, and standards on how to move data from different settings and across state lines are needed for interoperability.

Business cases for data exchange, such as offering providers and payers access to clinical information and claims data to improve quality and reduce costs, drive interoperability.

Though interoperability is highly complex and technical, it is much more than a technical issue.

Interoperability should be seen as a means to an end, with the purpose of connecting providers for improved care coordination and better health outcomes for patients.