eHEALTH INITIATIVE
Real Solutions. Better Health.

FACT SHEET: HEALTH IT INTEROPERABILITY

Background

In 2009, the American Recovery and Reinvestment Act (ARRA) was signed into law by President Obama to provide a variety of stimulus packages. One of the provisions of ARRA is the Health Information Technology for Economic and Clinical Health (HITECH) Act, which invests $19.2 billion towards modernizing the healthcare industry by increasing the adoption and use of health information technology (health IT).

In an effort to incentivize healthcare providers and hospitals to use electronic health records (EHR), the HITECH Act established the EHR Incentive Program (also known as "Meaningful Use") through the Centers for Medicare and Medicaid Services to fix the rising costs of healthcare, improve patient care, and the quality of care delivered.

HITECH also established the Office of the National Coordinator for Health IT (ONC), a federal entity within the Department of Health and Human Services that oversees and coordinates the nationwide adoption and implementation of health IT. According to ONC, more than 72% of office-based physicians and 44% of hospitals had adopted a basic EHR system in 2012, which is a marked increase since the passage of the HITECH Act.

What is Interoperability?

Health IT interoperability can be briefly described as the ability for EHRs or other health IT technologies to "communicate" with one another by exchanging patient health information in a seamless way. For example, if a patient lived in California and visited a provider in Washington, DC, interoperability allows a hospital in California to exchange the patient's electronic health information with a provider in DC with ease, speed, and convenience.

What are the Benefits?

Achieving interoperability in our healthcare system will drastically improve the delivery and outcomes of health for Americans. A few benefits that an interoperable healthcare system will bring are listed below:

1. **Lower Healthcare Costs:** Interoperable EHRs can streamline and reduce the cost of paperwork, tests, and prescription orders, to reduce the administrative process in providing healthcare. Interoperable EHRs will prevent the need to have duplicate tests because a patient's test results can be accessed by providers from a variety of locations.

2. **Deliver Better, Coordinated Care:** Interoperable EHRs allow healthcare providers to receive accurate, up-to-date information of a patient at the point-of-care. Access to patient health information can inform clinical decision-making and improve the quality of care delivered as a patient journeys across the continuum, from primary care, specialists, labs, and beyond.

3. **Improve Patient Safety:** Health IT tools include software embedded in EHRs such as Computerized Provider Order Entry (CPOE) and electronic prescribing (ePrescribing), which improves the prescription process by reducing errors due to illegible handwriting by prescribing medicine electronically. These tools notify the doctors of potential drug interactions, medical allergies, or overdose. CPOE and

eprescribing serve as one example of how interoperability across healthcare settings can improve on patient safety.

4. **Population Health:** With health information readily available, healthcare providers can target underserved areas and provide solutions specific for individual patients to address population health chronic conditions such as diabetes and cancer.

What are the Challenges?

Interoperability is not an easy task for providers and vendors. What is preventing us from moving forward? Here are a few of the barriers:

1. **Lack of Standards:** Health information is not collected in a standard universal format. Different systems do not communicate, thus preventing interoperability. For example, in a doctor's office, the EHR system may not be able to receive lab results from the system that tracks lab results.

2. **Current Payment Model**: Healthcare providers today are paid under a fee-for-service model, meaning the more patients that are treated, the more payment they will receive. The current payment structure does not provide financial incentives for providers to share health information. New payment reforms are beginning to emerge which reward providers based on quality of care, not quantity.

3. **High Up-Front Cost:** EHR software is expensive. A traditional EHR system may cost $33,000 for each physician, not including maintenance, upgrades, and training physicians and nurses[1]. Hospitals, clinics, and small physician practices worry about the return-on-investment for adopting EHRs. Cost can be a prohibitive barrier.

4. **Privacy, Security, and Safety Concerns:** The advent of electronic systems and the internet has brought forth new concerns involving questions such as: Who can access my health information? How is my information protected against theft and hackers? Privacy and security policies are just beginning to emerge.

Bottom Line:

The US healthcare system is emerging into a new age of technology and medicine. As telemedical and mobile devices continue to proliferate, the need to overcome these barriers and achieve interoperability is becoming critical.

How Can I Learn More?

The eHealth Initiative is a leader in this area and works to bring together multi-stakeholder groups including hospitals, health IT vendors, health information exchanges (HIEs), quality improvement organizations, and telehealth groups around the country to work on the challenges of achieving interoperability. For more information on interoperability and other ehealth topics, check out the eHI Resource Center on our website, www.ehidc.com.

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[1] HealthIT.gov. "Frequently Asked Questions" <http://www.healthit.gov/providers-professionals/faqs/how-much-going-cost-me>