

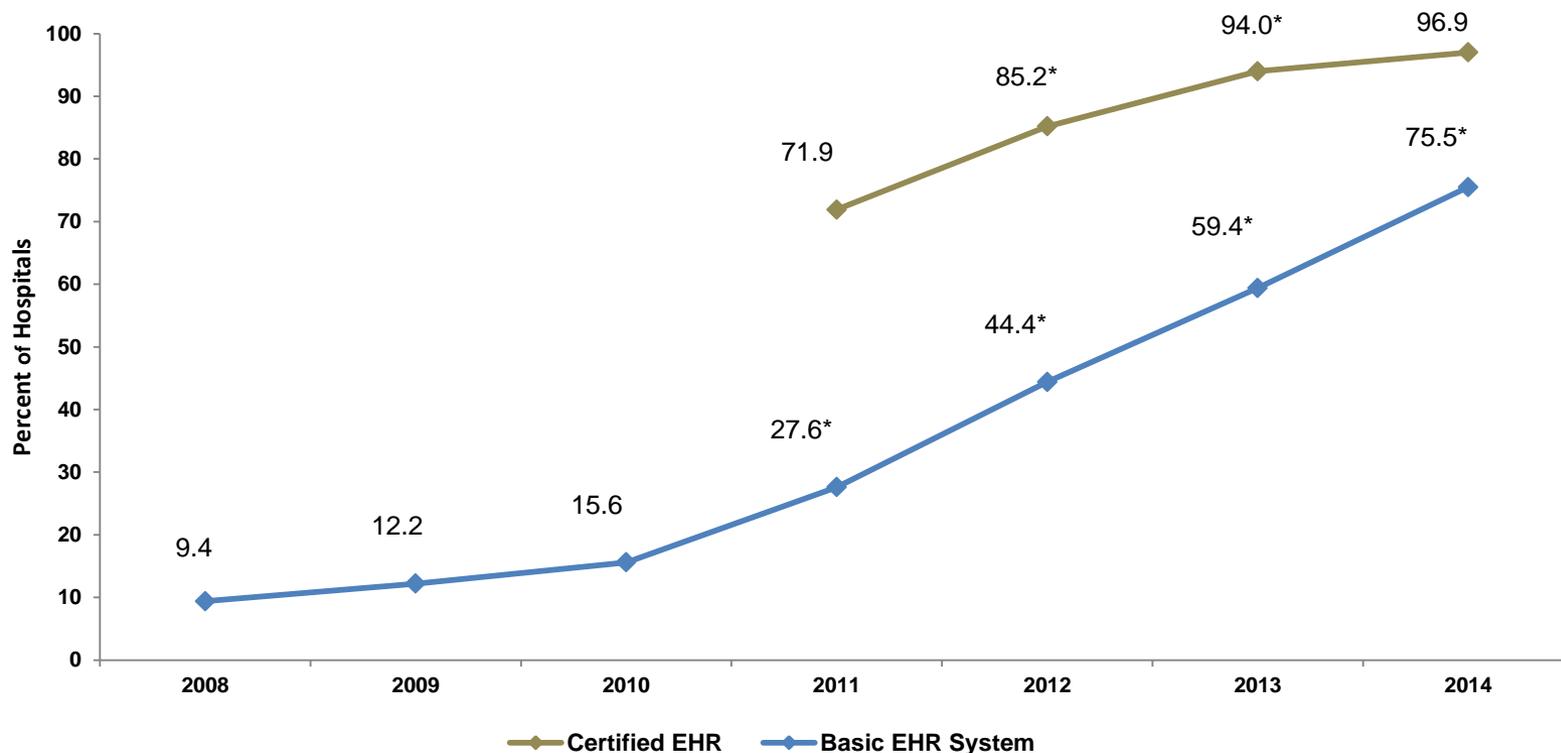
Health IT Policy Committee Meeting

Data Update

August 11, 2015

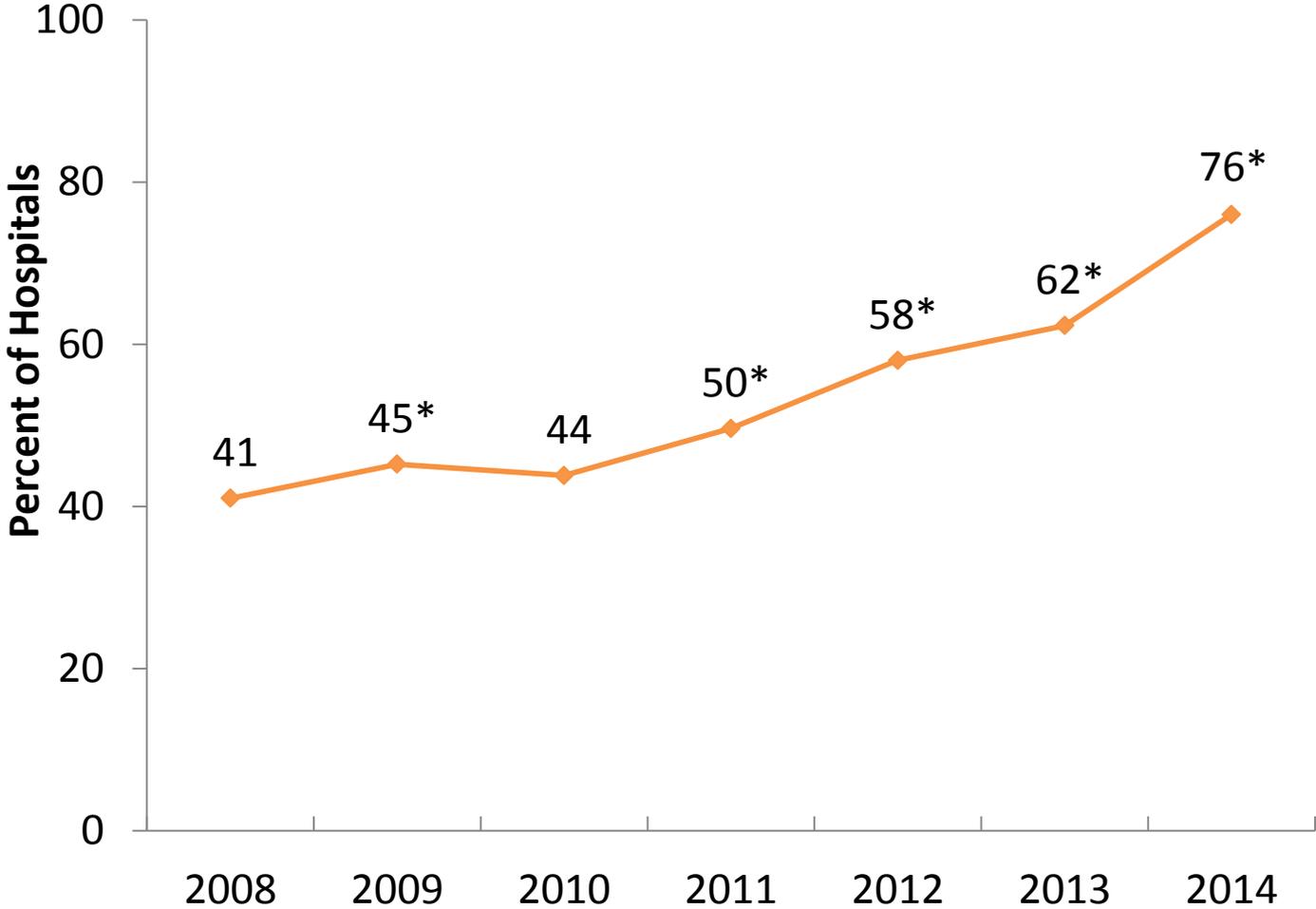
- Describe the current landscape of interoperability across non-federal acute care hospitals
- Describe draft interoperability measurement framework

Nearly all hospitals have the infrastructure to enable exchange.



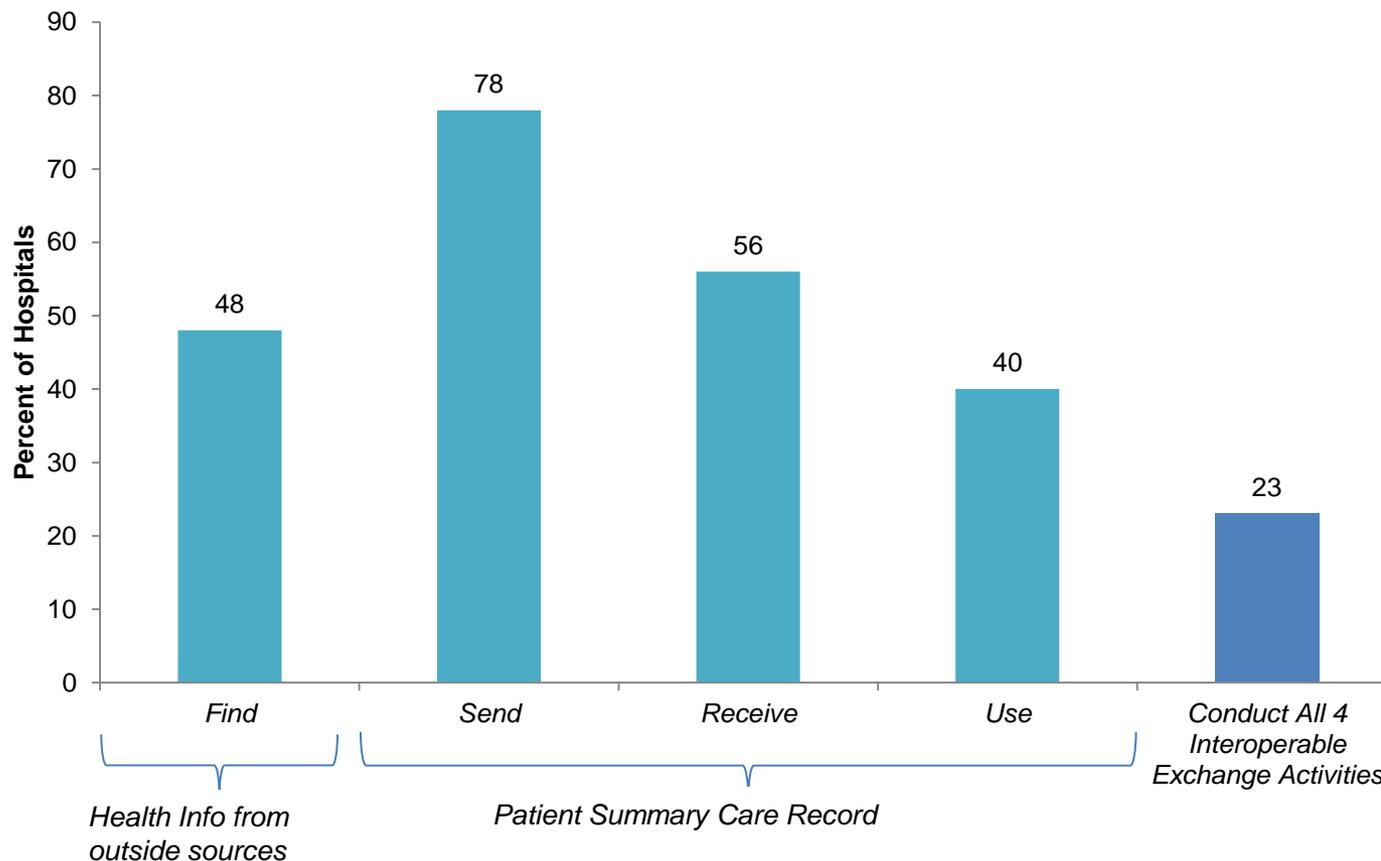
SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement.

Exchange with outside ambulatory care providers and outside hospitals is increasing.



SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement.
NOTES: Percent of non-federal acute care hospitals that electronically exchanged laboratory results, radiology reports, clinical care summaries, or medication lists with ambulatory care providers or hospitals outside their organization: 2008-2014
*Significantly different from previous year ($p < 0.05$).

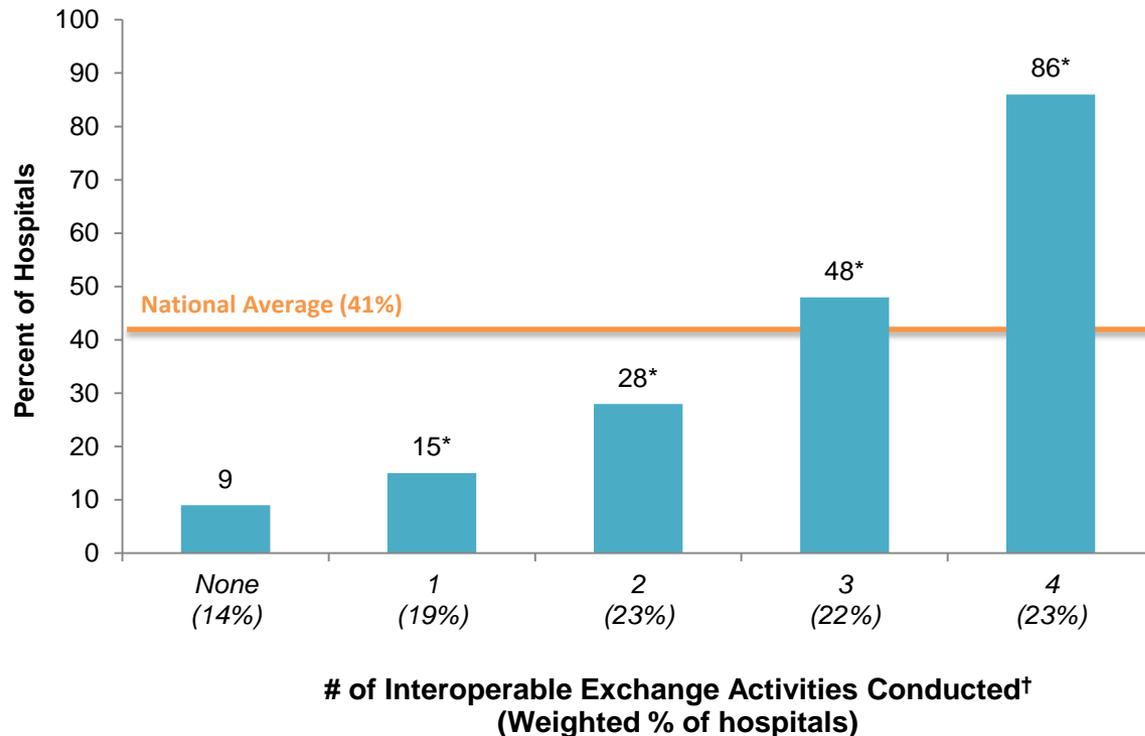
One-quarter of hospitals nationwide are finding, sending, receiving AND using data electronically.



SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement

NOTES: "Find" is only interoperable exchange activity not specific to summary of care records. Find refers to query. "Send" and "Receive" include routine exchange using secure messaging using an EHR, using a provider portal, OR via health information exchange organization or other third party. "Use" requires that the records are integrated into the hospital's EHR system without the need for manual entry.

Hospitals engaging in more interoperable exchange activity have higher levels of information electronically available from outside settings.



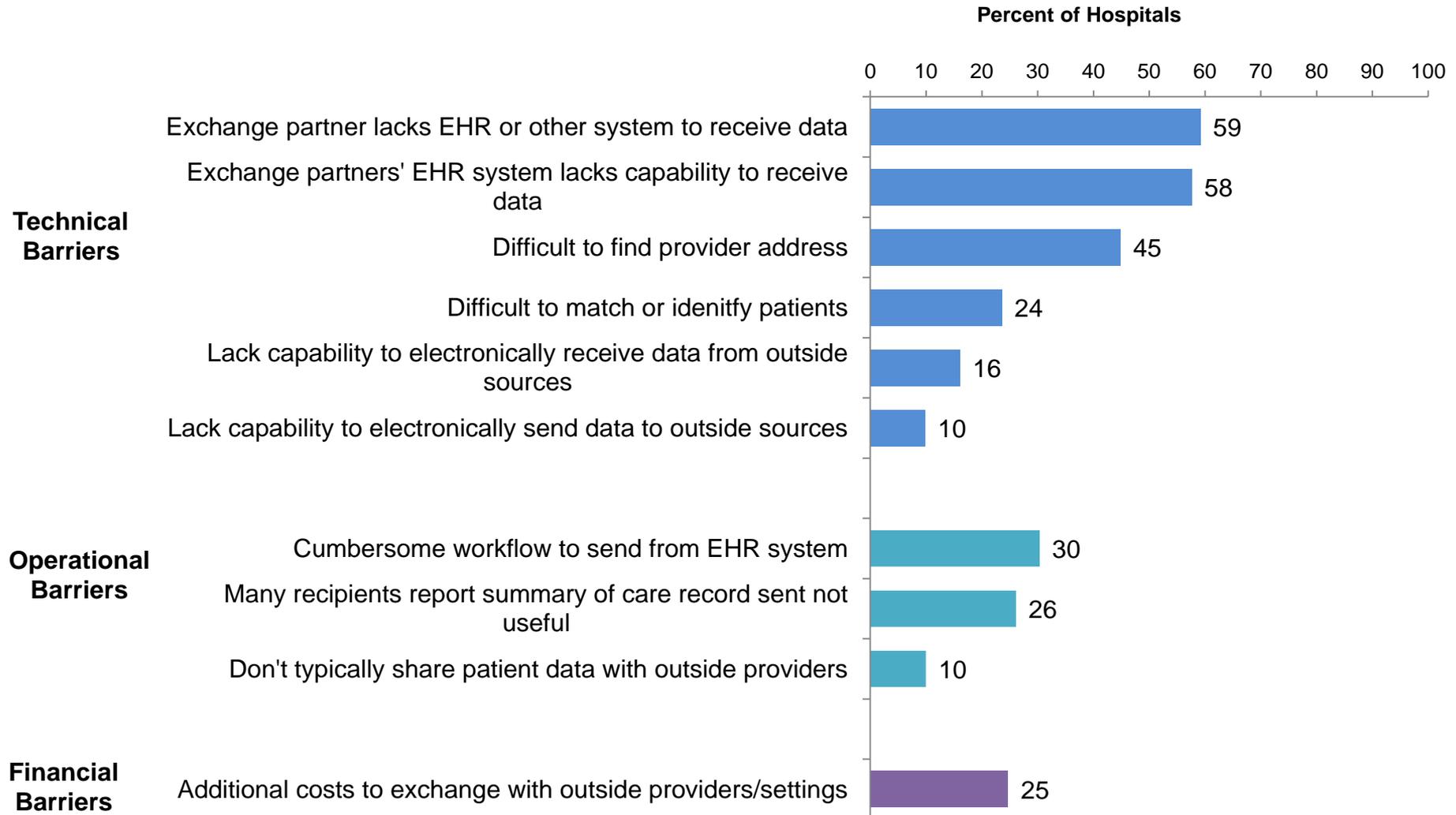
SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement.

Notes: National average is 41%.

* indicates that the value is significantly different from the preceding value.

† “Find” is only component not specific to summary of care records. “Send” and “Receive” include routine exchange using secure messaging using an EHR, using a provider portal, OR via health information exchange organization or other third party. “Integrate” requires that the records are integrated into the hospital’s EHR system without the need for manual entry.

Limited capability of exchange partners to receive information electronically a top barrier.



Exchange activity among hospitals is increasing. However, further progress is needed.

- Most hospitals possess certified EHR technology and are exchanging key clinical information
- Hospitals' rates of conducting different types of interoperable exchange vary.
 - While majority of hospitals send and receive summary of care records electronically, rates of integrating lag behind
 - One-quarter of hospitals conduct all 4 types of interoperable exchange
- Hospitals conducting more interoperable exchange have higher rates of information electronically available at the point of care from outside sources/settings.
- Hospitals' top barriers to interoperability relate to technical issues and to a lesser extent operational and financial issues.

Draft Interoperability Measurement Framework

Shared Nationwide Interoperability Roadmap: The Journey to Better Health and Care

HealthIT.gov



Measuring Progress along the Journey

Sending, Finding, Receiving and Using essential health information

By the end of 2017

The majority of individuals and providers can send, receive, find, and use a common set of clinical information.

IN 3 YEARS

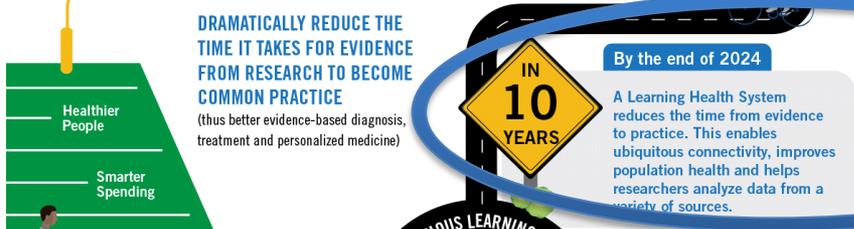
SPEED BUMPS TO INTEROPERABILITY

- Health information is not sufficiently standardized
- Aligning payment incentives
- Misinterpretation and differences in existing privacy laws
- Lack of trust



IN 6 YEARS

Use Information to Improve Health Care Quality and Lower Cost

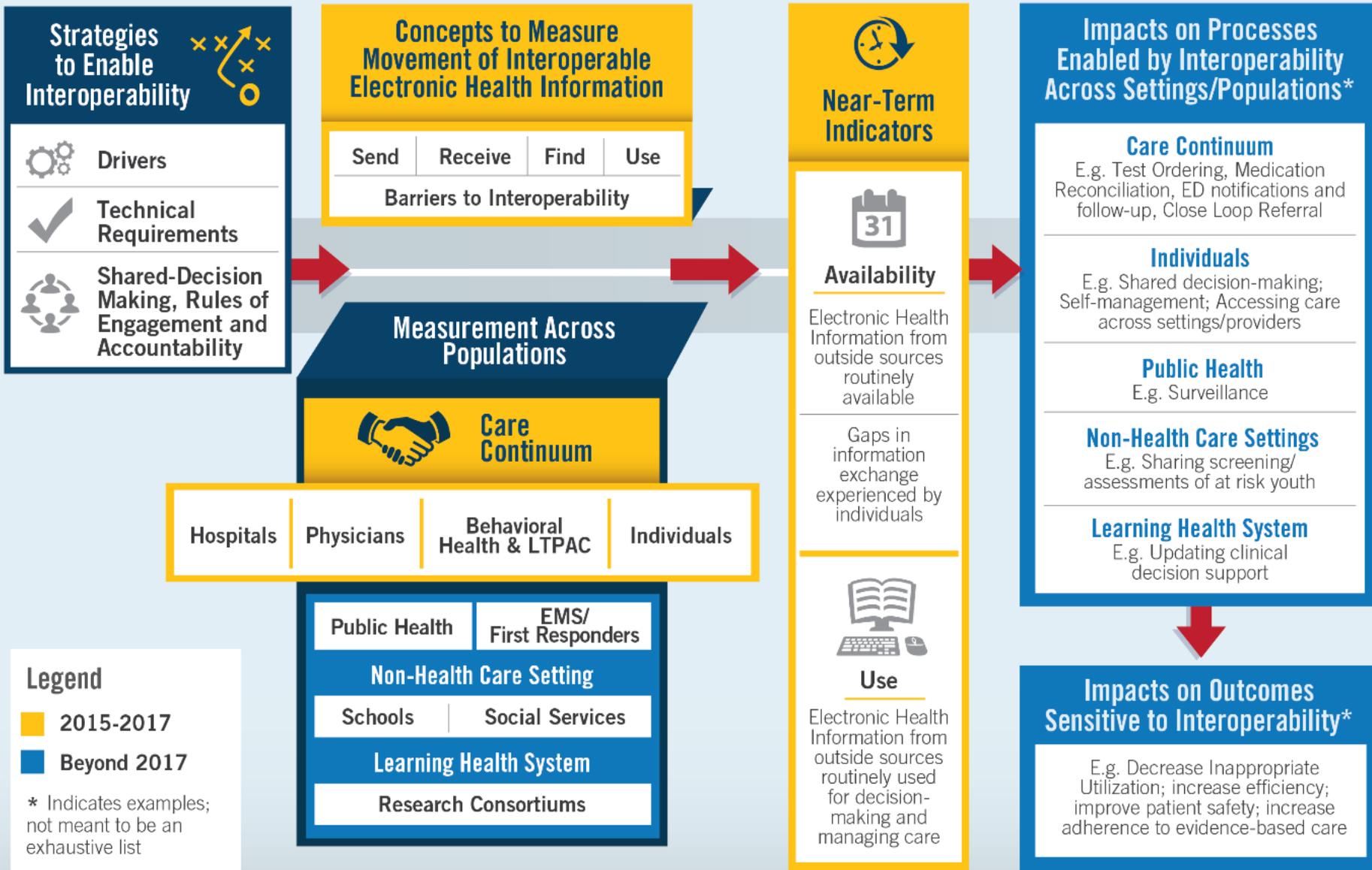


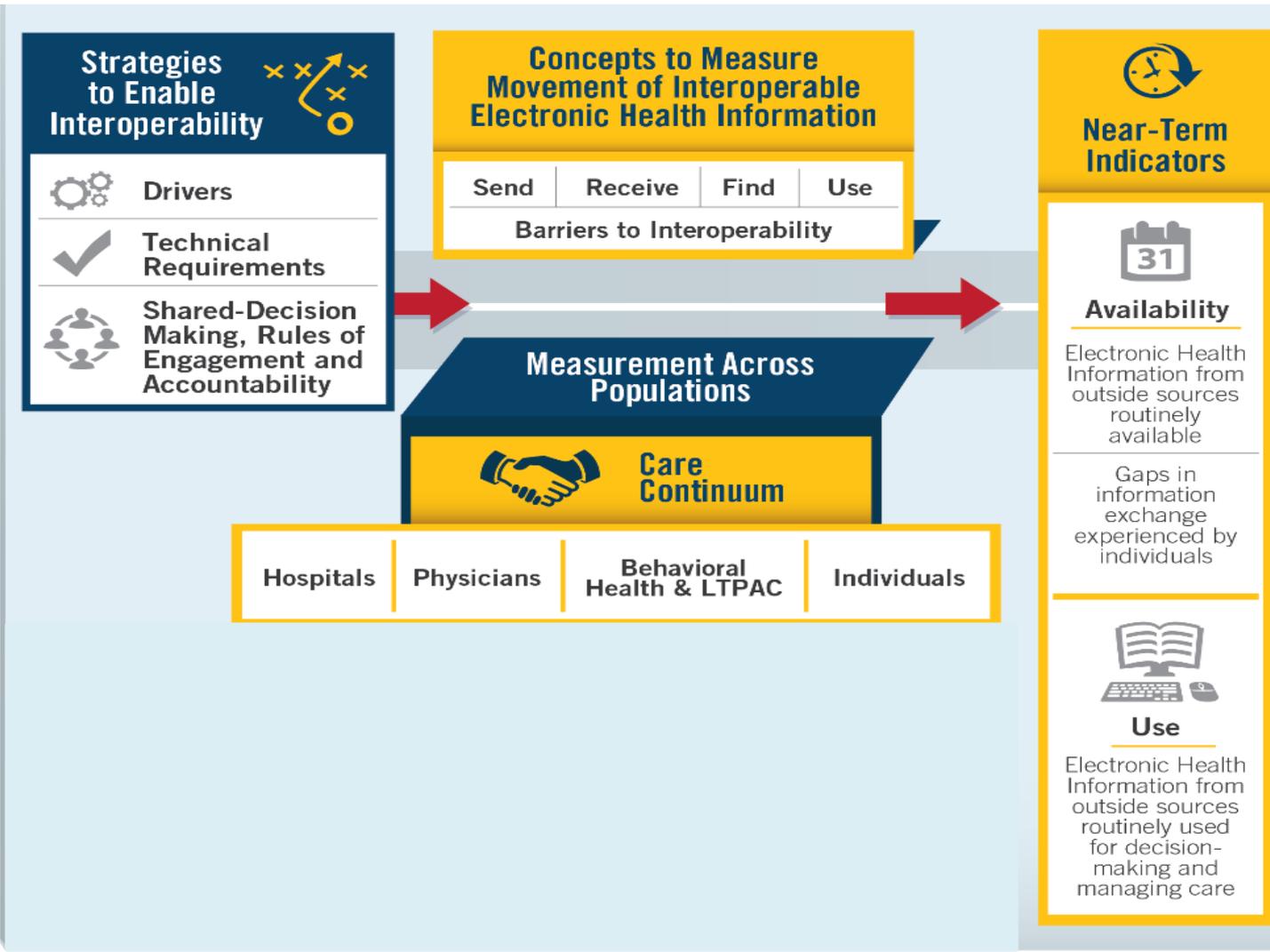
IN 10 YEARS

The Learning Health System



NEAR TERM AND LONG-TERM MEASUREMENT FRAMEWORK





NEAR TERM AND LONG-TERM MEASUREMENT FRAMEWORK

Strategies to Enable Interoperability



Drivers



Technical Requirements



Shared-Decision Making, Rules of Engagement and Accountability

Concepts to Measure Movement of Interoperable Electronic Health Information

Send | Receive | Find | Use

Barriers to Interoperability

Measurement Across Populations



Care Continuum

Hospitals

Physicians

Behavioral Health & LTPAC

Individuals

Public Health

EMS/
First Responders

Non-Health Care Setting

Schools

Social Services

Learning Health System

Research Consortiums

Near-Term Indicators



Availability

Electronic Health Information from outside sources routinely available

Gaps in information exchange experienced by individuals



Use

Electronic Health Information from outside sources routinely used for decision-making and managing care

Impacts on Processes Enabled by Interoperability Across Settings/Populations*

E.g. Test Ordering, Medication Reconciliation, ED notifications and follow-up, Close Loop Referral

Individuals

E.g. Shared decision-making; Self-management; Accessing care across settings/providers

Public Health

E.g. Surveillance

Non-Health Care Settings

E.g. Sharing screening/assessments of at risk youth

Learning Health System

E.g. Updating clinical decision support

Impacts on Outcomes Sensitive to Interoperability*

E.g. Increase in care utilization; increase efficiency; improve patient safety; increase adherence to evidence-based care

Legend

2015-2017

Beyond 2017

* Indicates examples; not meant to be an exhaustive list

- The scope of near-term (2015-2017) interoperability measurement:
 - Movement of health information across the care continuum and individuals
 - Barriers impeding interoperability
 - Increasing availability of information and subsequent usage
- The scope of the long-term measurement (beyond 2017) expands:
 - Settings beyond healthcare
 - Impacts on key processes and outcomes sensitive to interoperability

- Report on baseline levels of interoperability and exchange for the near-term (2015-2017)
 - Physicians
 - Consumers
- Share updates to measurement framework as Roadmap is published later this year

Questions?

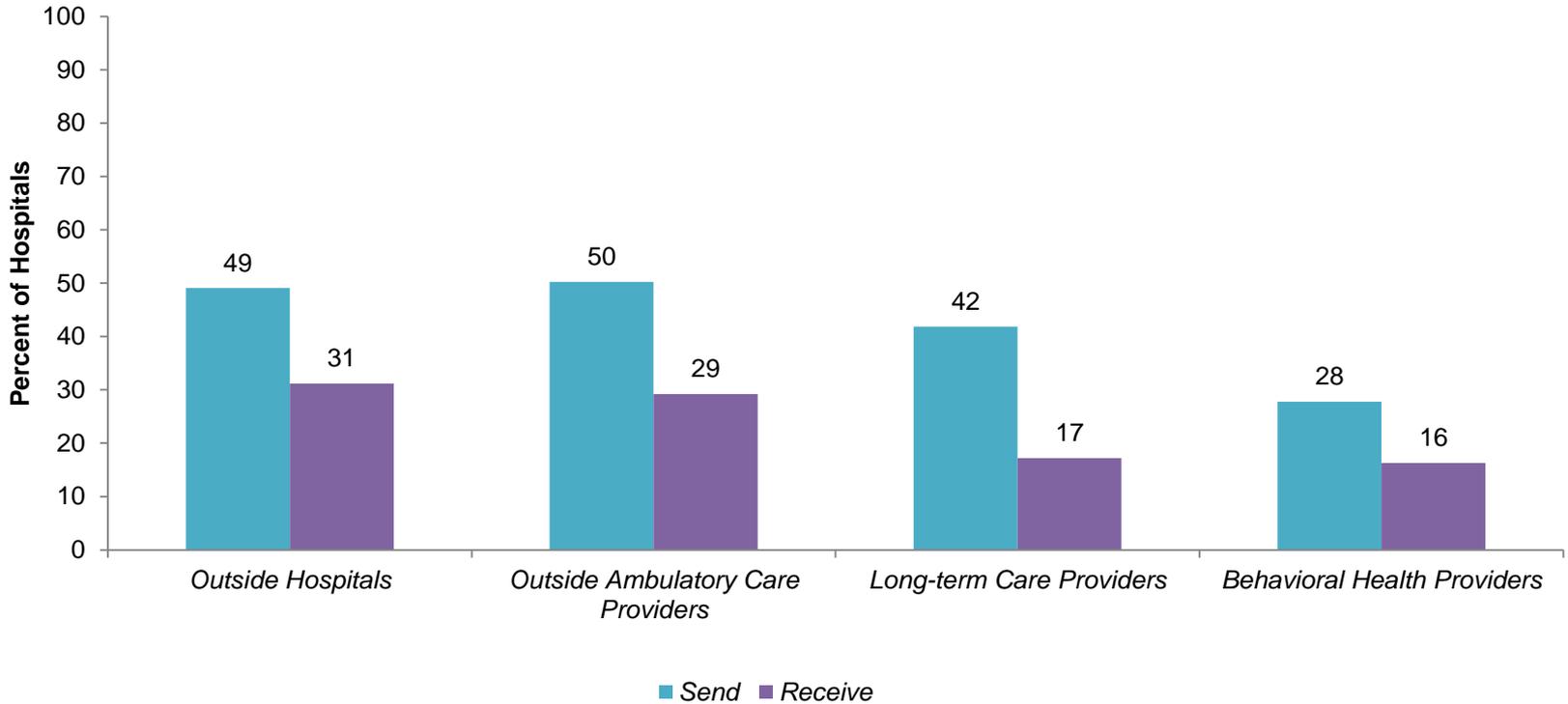


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Vaishali Patel vaishali.patel@hhs.gov

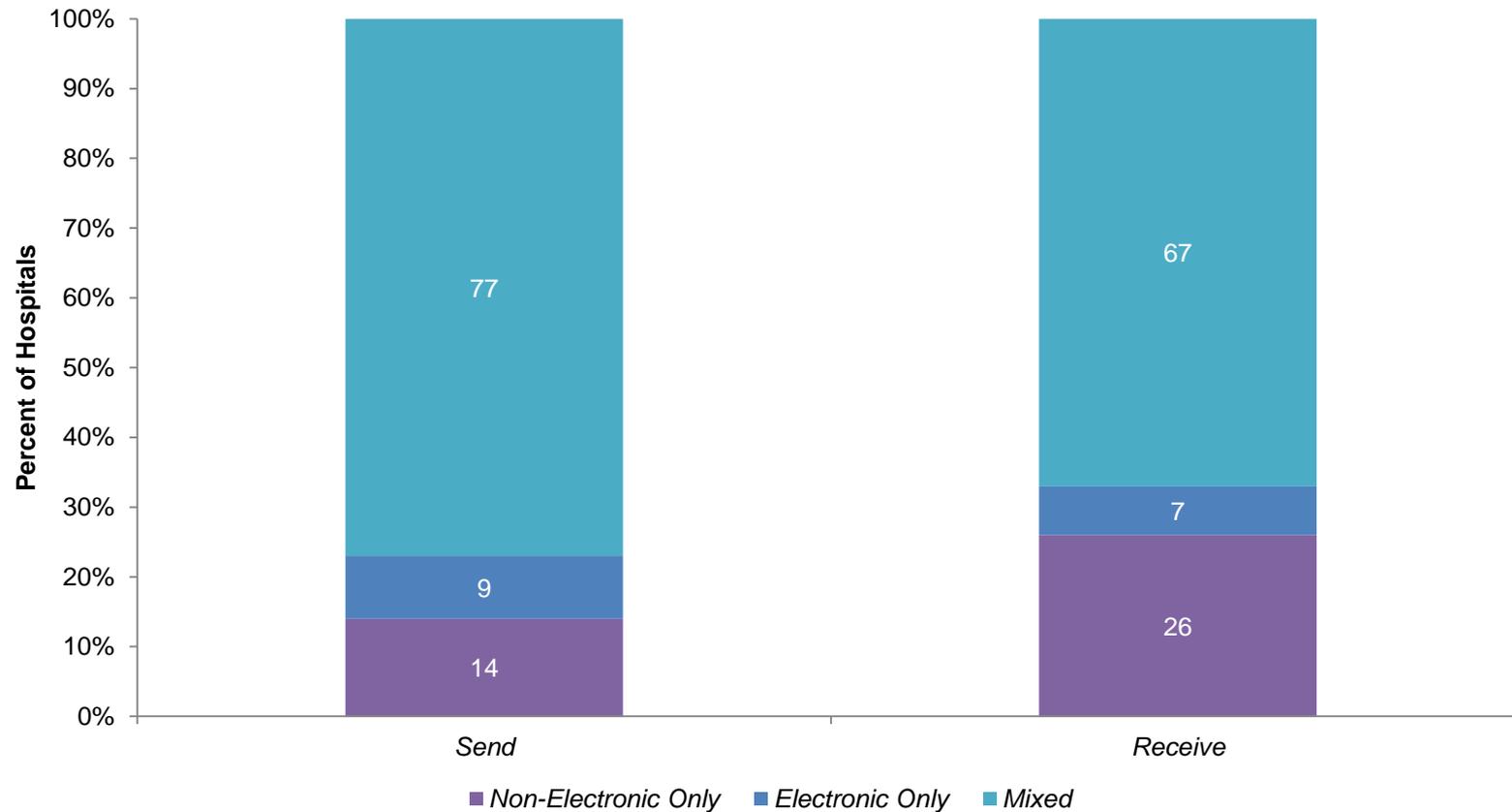
Appendix Slides

Rates of summary of care record exchange between hospitals and providers along the care continuum varies.



SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement.
Notes: Does not include "eFax." Summary of care records are in a structured format (e.g. CCDA).

Fewer than one in ten hospitals use only electronic means of sending or receiving summary of care records with outside sources.



SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement.

NOTES: Non-electronic methods include Mail, Fax, or eFax. Electronic methods include secure messaging using an EHR, provider portals, or via health information exchange organizations or other third parties.

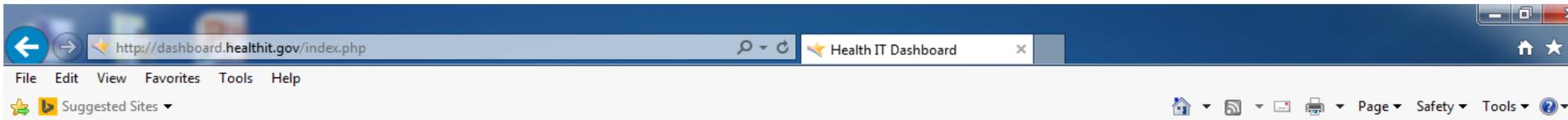
Charles, D., Gabriel, M., Searcy T. (April 2015) Adoption of Electronic Health Record Systems among U.S. Non-Federal Acute Care Hospitals: 2008-2014. ONC Data Brief, no.23. Office of the National Coordinator for Health Information Technology: Washington DC.

Swain M, Charles D, Patel V, & Searcy T. (April 2015) Health Information Exchange among U.S. Non-federal Acute Care Hospitals: 2008-2014. ONC Data Brief, no.24. Office of the National Coordinator for Health Information Technology: Washington DC.

Charles D, Swain M Patel V. (August 2015) Interoperability among U.S. Non-federal Acute Care Hospitals. ONC Data Brief, no.25. Office of the National Coordinator for Health Information Technology: Washington DC.

For more information on Exchange & Interoperability

go to Health IT Dashboard (<http://dashboard.healthit.gov/>)



Health IT Dashboard

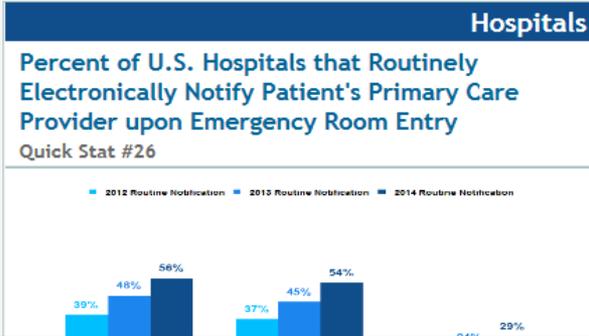
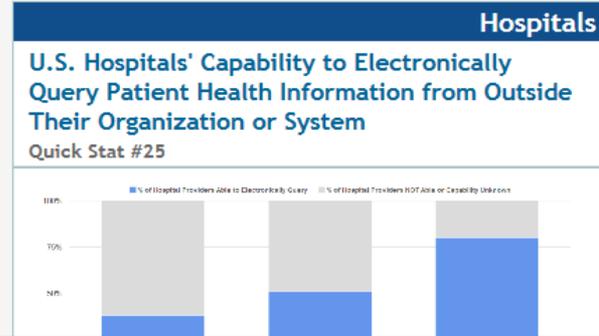
- Dashboards
- Quick Stats
- Library
- Data
- Help
- Share

The Health IT Dashboard is an **Open Government** initiative developed and maintained by the Office of the National Coordinator for Health IT (ONC), a division of the U.S. Department of Health and Human Services (HHS). Learn more about the ONC and health information technology through data **dashboards**, interactive **quick stats**, health IT **briefs and reports**, and downloadable **data**.

Search



- All Content
- Adoption
- Exchange & Interoperability**
- Engagement
- Public Health
- Safety



Hospitals

Health Information Exchange among U.S. Non-Federal Acute Care Hospitals: 2008-2014 [PDF]

Data Brief #24

This brief updates analysis from 2013 and describes trends in electronic health information exchange among non-federal acute care hospitals from 2008 to