



Data Update: Interoperability Among U.S. Non-federal Acute Care Hospitals, Part 2

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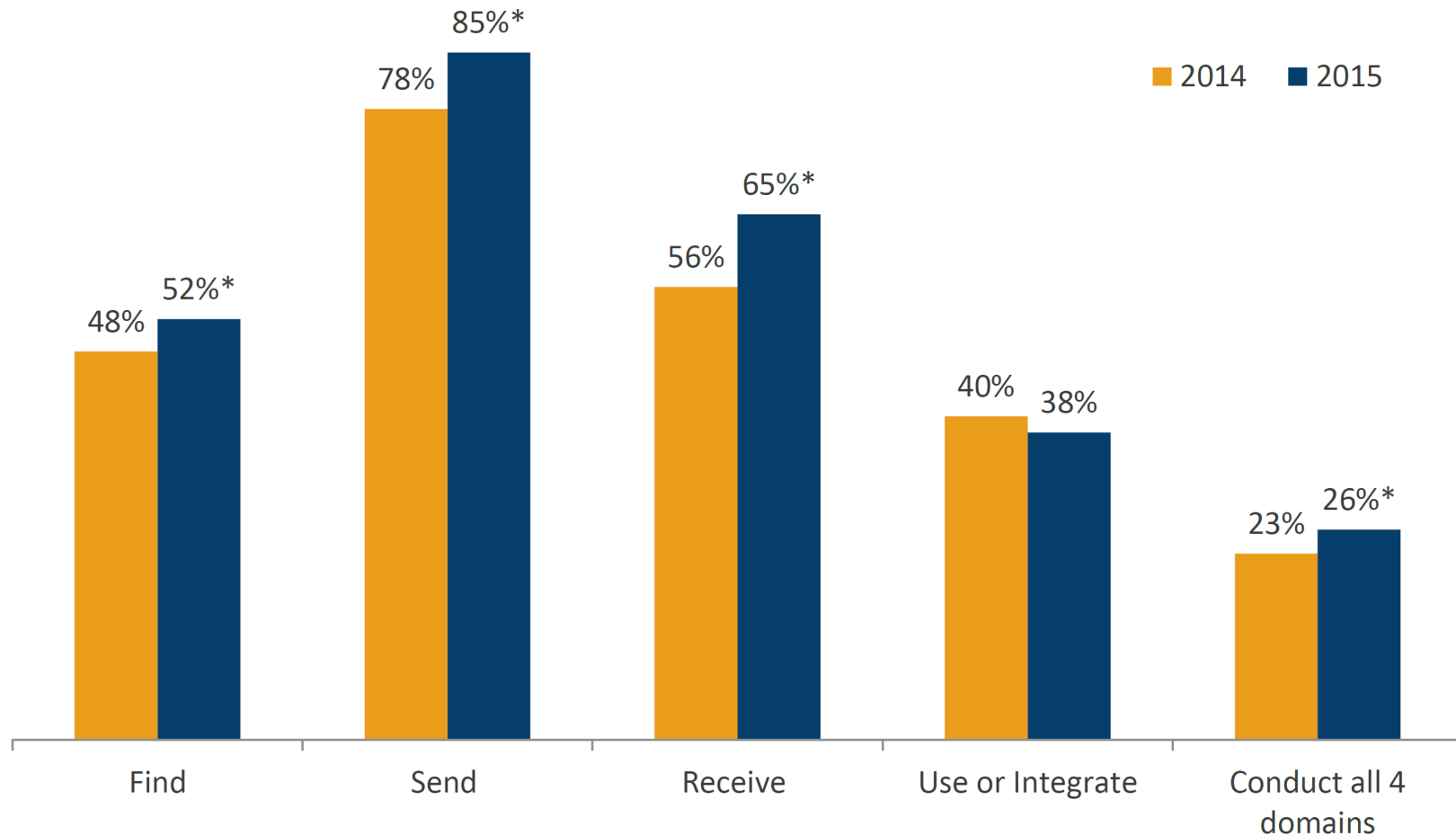


Today's Presentation

- **How does interoperability vary across hospitals?**
 - » Rural hospitals, small hospitals and critical access hospitals (CAHs)
- **Who are hospitals' exchange partners?**
- **How are hospitals exchanging data?**
 - » Means of exchange
 - » Entities used to enable exchange
- Results in this presentation are based upon the 2015 American Hospital Association IT Supplement Survey and have been published on Health IT dashboard
 - » Data briefs #35, #36 and #37

How does progress related to interoperability vary across hospitals?

Nationwide, the percent of hospitals electronically sending, receiving, and finding key clinical information grew significantly between 2014 and 2015.



SOURCE: 2014-2015 AHA Annual Survey Information Technology Supplement.

NOTES: *Significantly different from previous year ($p < 0.05$).

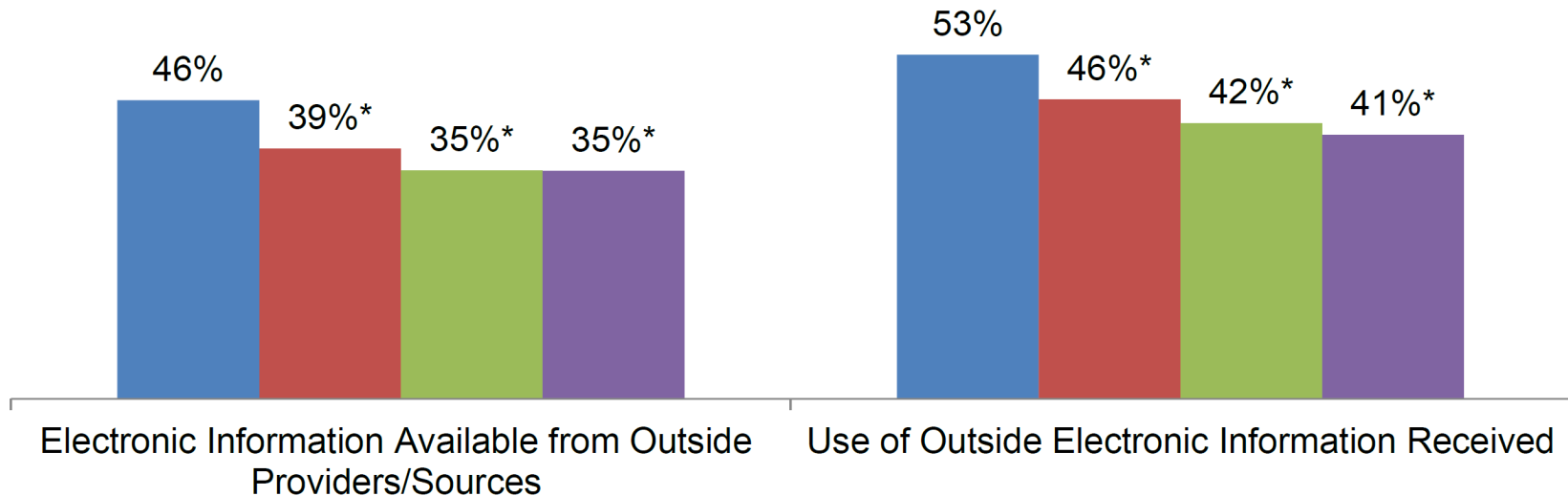
Small hospitals, rural hospitals, and CAHs had lower rates of electronically sending, receiving, finding and integrating information

Type of Hospital	Send	Receive	Find	Integrate	All 4 domains
Small hospitals	80%*	58%*	43%*	31%*	18%*
Medium and Large hospitals	90%	71%	62%	45%	34%
Critical Access Hospitals (CAHs)	78%*	56%*	40%*	31%*	17%*
Non-Critical Access Hospitals	88%	68%	58%	41%	30%
Rural hospitals	79%*	57%*	38%*	32%*	15%*
Suburban and Urban Hospitals	90%	70%	63%	43%	34%

SOURCE: ONC/American Hospital Association (AHA), 2015 AHA Annual Survey Information Technology Supplement.
All values across row significantly different from values in hospital category listed below (p<0.05).

Electronic availability of outside information at the point of care, and usage of that information for clinical decisions was lower among rural, small and CAHs

■ All Federal non-acute care hospitals ■ Small hospitals ■ Critical access hospitals ■ Rural hospitals

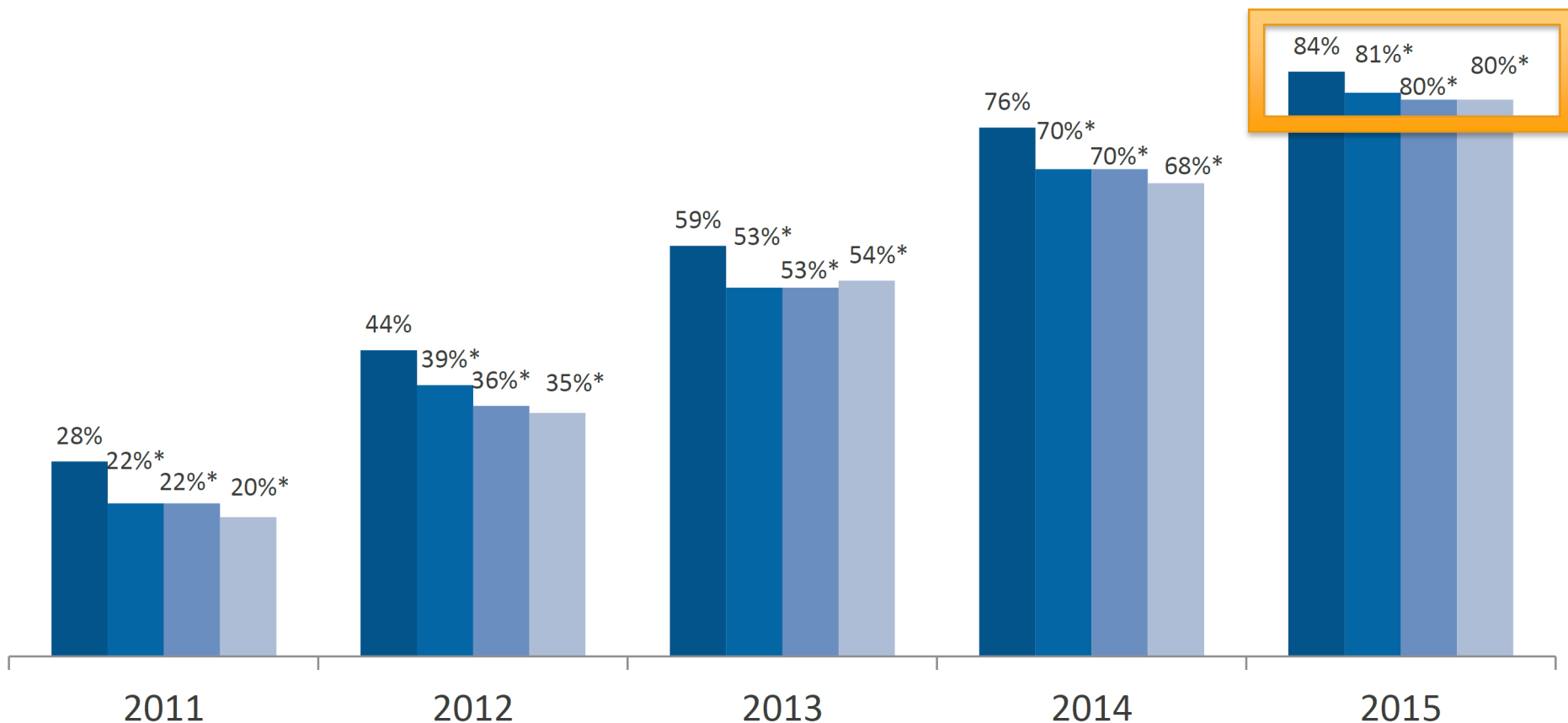


SOURCE: ONC/American Hospital Association (AHA), 2015 AHA Annual Survey Information Technology Supplement.

Notes: *Significantly different from all hospitals not within respective hospital type category ($p < 0.05$).

Rural hospitals, small hospitals and CAHs are closing the gap in EHR adoption

■ All Hospitals ■ Small Hospitals ■ Rural Hospitals ■ Critical Access

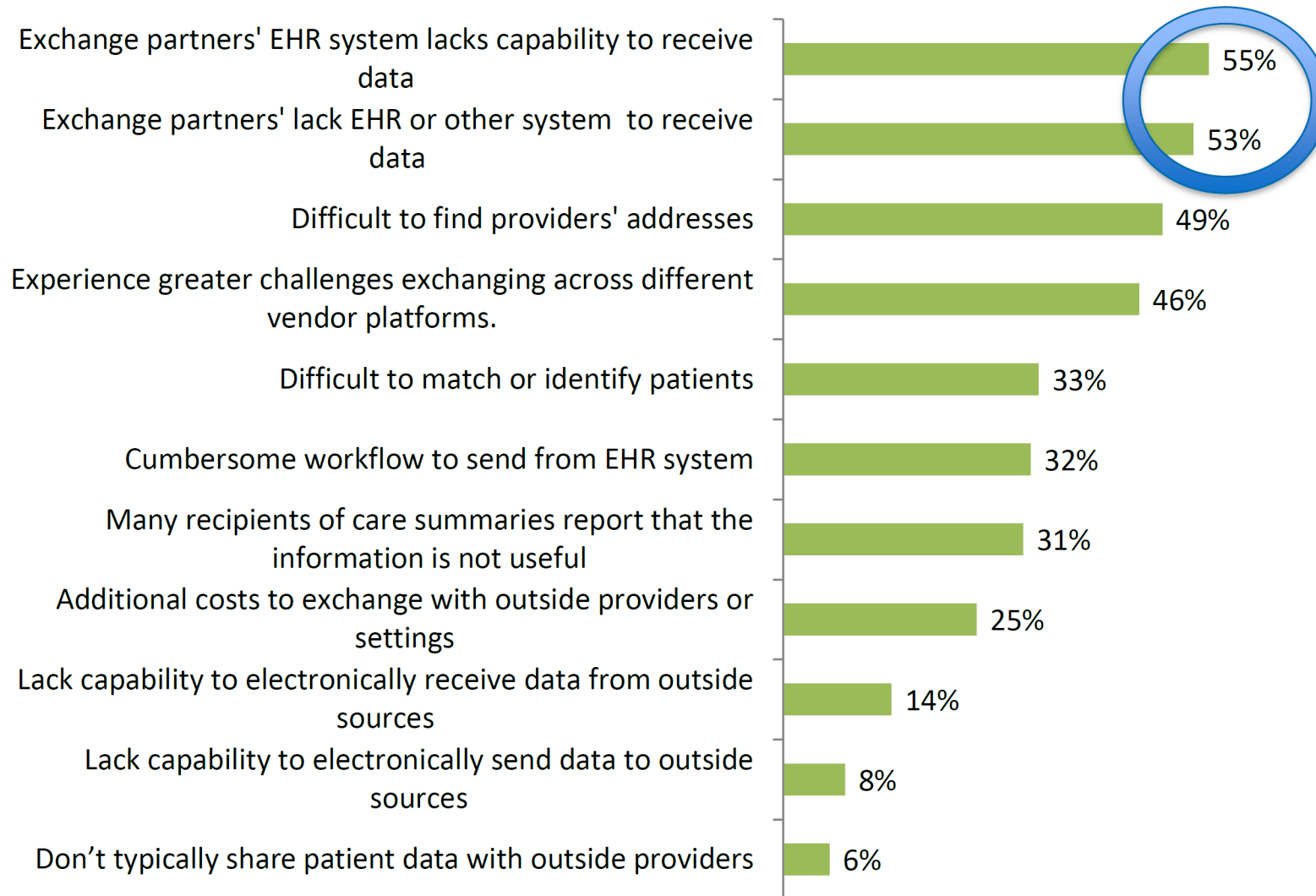


*Significantly different from all hospitals.

SOURCE: ONC/AHA, AHA Annual Survey Information Technology Supplement.

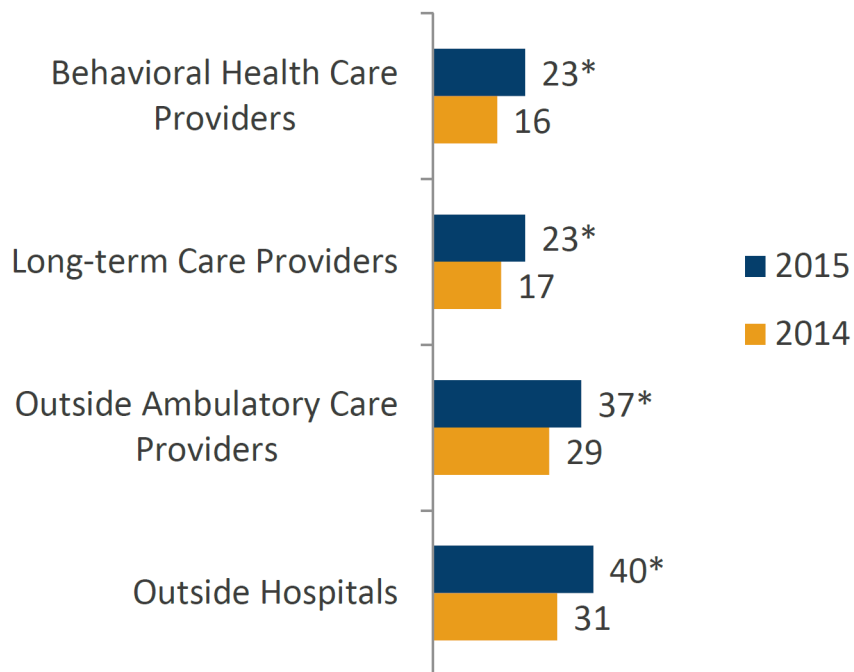
Who are hospitals' exchange partners?

Lack of exchange partners' capabilities to receive data was the most frequently identified barrier to interoperability in 2015; this declined since 2014.

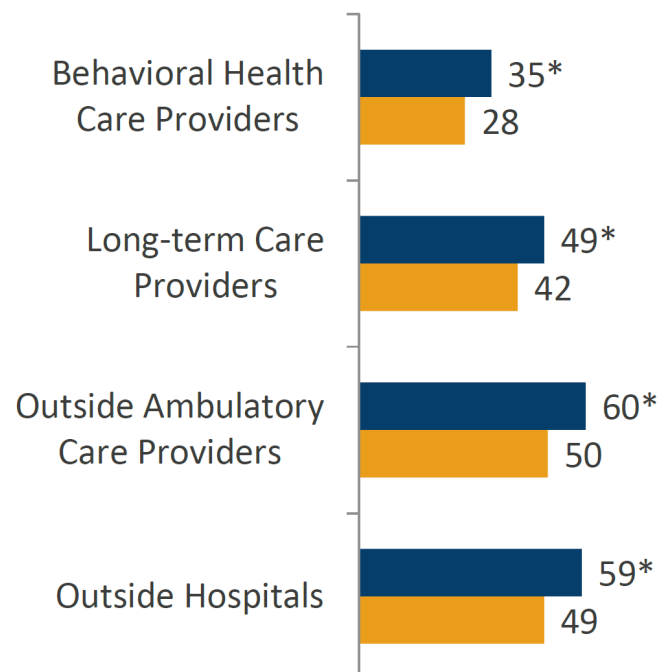


Rates of sending and receiving summary of care records between hospitals and other types of providers significantly increased between 2014 and 2015.

Electronically receive
summary of care records from...



Electronically send
summary of care records to...

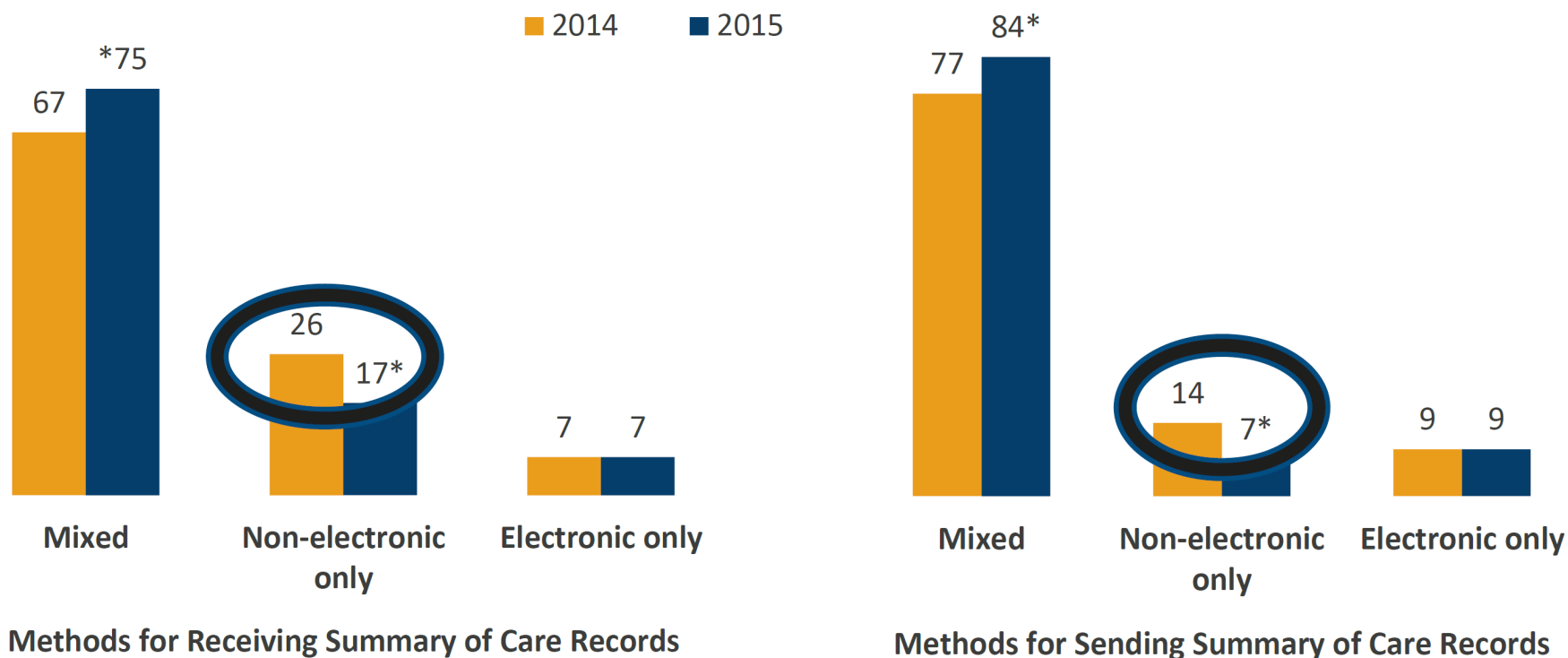


SOURCE: 2014-2015 AHA Annual Survey Information Technology Supplement.

NOTES: * Significantly different from prior year ($p < 0.05$). Exchange with long-term care providers and behavioral health providers includes both those inside and outside the hospital's health system. Non-electronic methods include Mail, Fax, or eFax. Electronic includes secure messaging using an EHR, provider portals, or HIO

How are hospitals exchanging data?

Hospitals using only non-electronic means of exchanging summary of care records with outside sources significantly declined.

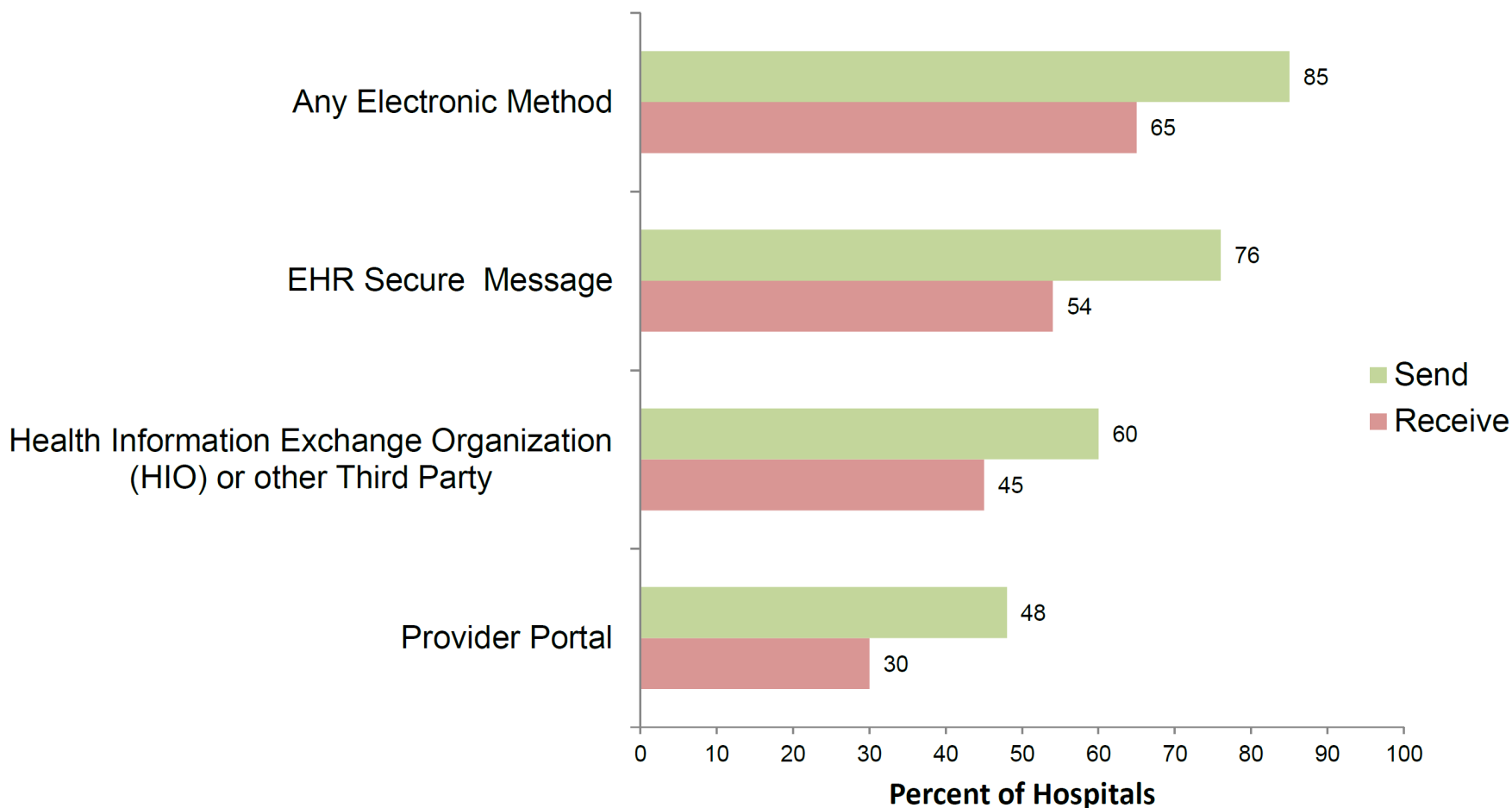


SOURCE: 2014-2015 AHA Annual Survey Information Technology Supplement.

NOTES: * Significantly different from prior year ($p < 0.05$).

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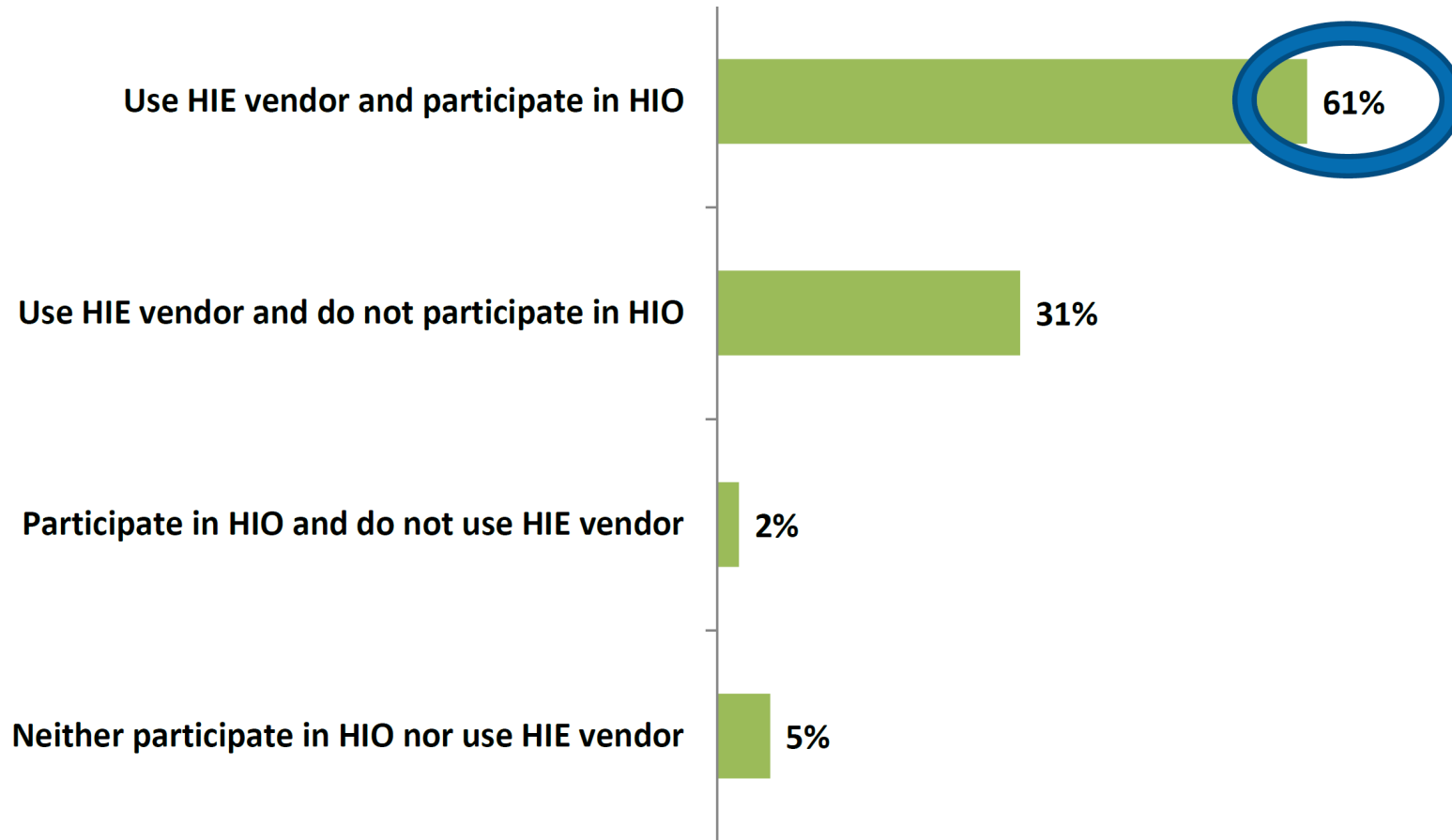
Secure messaging using EHRs was the most common means to send and receive summary of care records electronically.



SOURCE: 2015 AHA Annual Survey Information Technology Supplement.

Notes: Does not include "eFax." Summary of care records are in a structured format (e.g., CCDA).

Six out of 10 hospitals nationwide participated in a state, regional or local health information exchange organization (HIO) and used a HIE vendor to enable exchange.



SOURCE: 2015 AHA Annual Survey Information Technology Supplement.

Notes: Does not include "eFax." Summary of care records are in a structured format (e.g., CCDA).

Key-Takeaways

- Interoperable exchange, electronic availability of information, and subsequent use of information that is exchanged were lower among small hospitals, rural hospitals and CAHs.
- Hospitals' rates of electronically sending and receiving information to and from a variety of types of providers across the care continuum significantly increased between 2014 and 2015.
- However, hospitals' rates of exchanging data were lower with behavioral health and long-term care providers compared to other hospitals and ambulatory care providers.
- Exclusively using non-electronic means of exchange declined significantly, with hospitals transitioning to using a mix of paper-based and electronic means of exchange.
- A majority of hospitals used both HIOs and HIE vendors to enable electronic exchange of information.

Implications

- Rural hospitals, small hospitals and critical access hospitals have nearly closed the gap in EHR adoption but lag behind with regards to interoperability.
- Hospitals rates of electronic exchange across a variety of providers increased; this indicates progress related to exchange partners' HIE capabilities, a commonly cited barrier to interoperability.
- However, gaps remain with providers not eligible for Meaningful Use Incentives.
 - » Future provisions of MACRA and Medicaid funding for HIE among non-MU eligible providers may help accelerate this improvement
- As more exchange partners engage in interoperability, there will be an increasing shift from paper-based to electronic means of exchange; until then using both electronic and non-electronic means of exchange will likely continue.
- A majority of hospitals are using more than one entity to enable interoperability, which has implications for costs and complexity.



Questions/comments?

See Data Briefs #35, #36 and #37 on the Health IT Dashboard, <http://dashboard.healthit.gov/>, for more details.

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