



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

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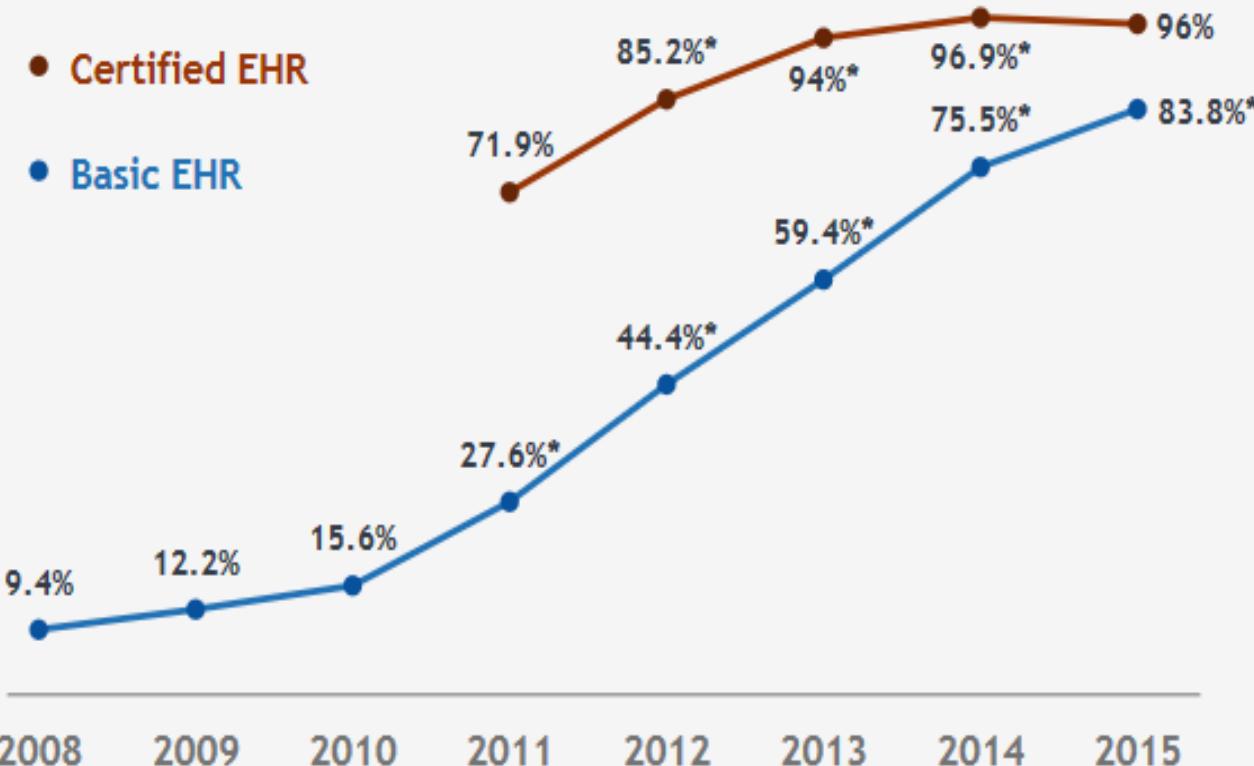


Today's Presentation

- Progress related to interoperability across U.S. non-federal acute care hospitals
- Describe barriers to the interoperability, including the subsequent use of information that is exchanged
- 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 and #36

Progress Related to Interoperability

EHR adoption is nearly universal among hospitals



NOTES: Basic EHR adoption requires the EHR system to have a set of EHR functions defined in [Table A1](#). A certified EHR is EHR technology that meets the technological capability, functionality, and security requirements adopted by the Department of Health and Human Services. Possession means that the hospital has a legal agreement with the EHR vendor, but is not equivalent to adoption.

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

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

Near-Term Interoperability Measures Success (2015-2017)

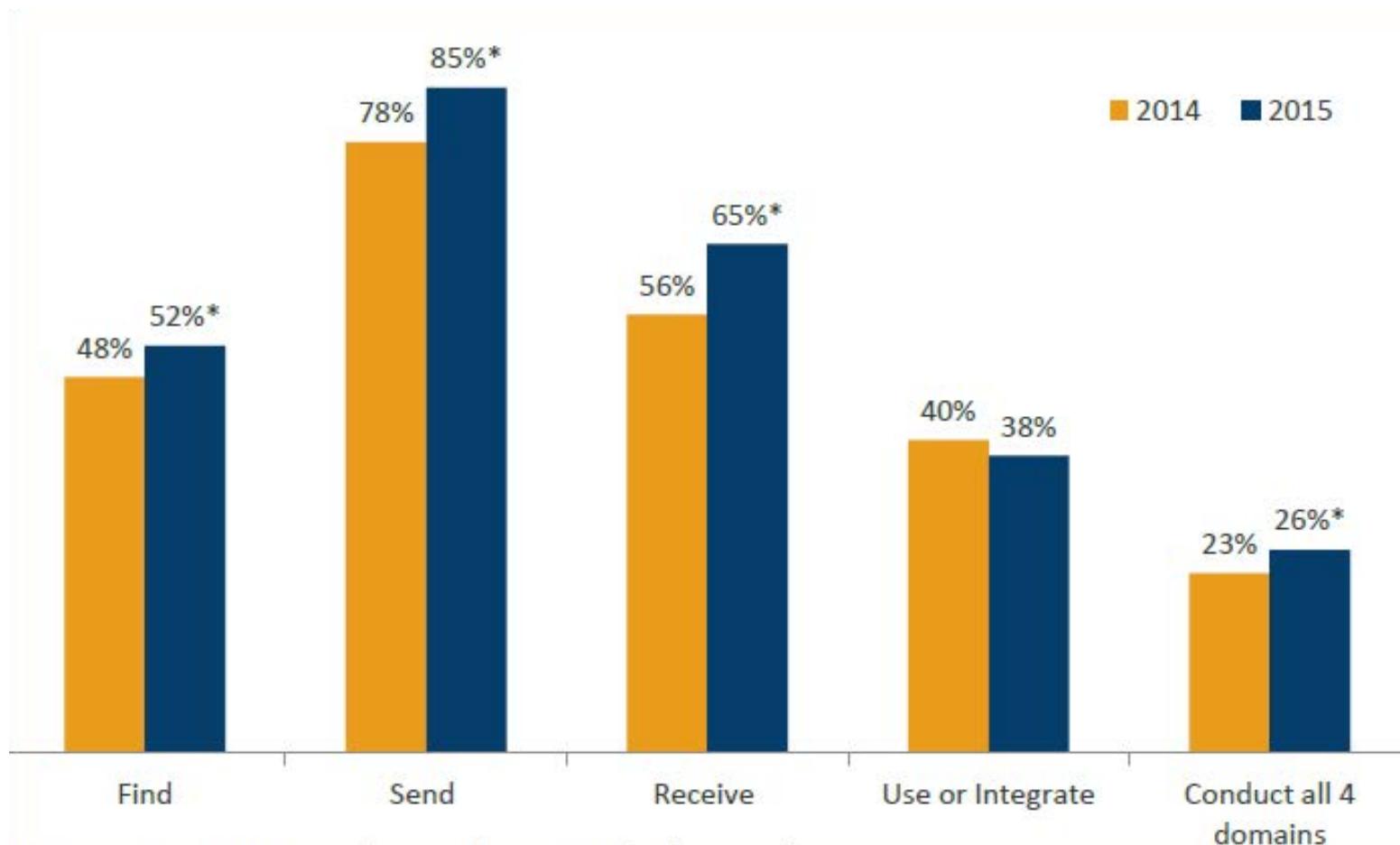
Near-Term Success

An increase in the proportion of individuals, office-based physicians, hospitals and behavioral health, long-term care and post-acute care providers that:

- Send, receive, find and use electronic health information;
- Have electronic health information available from outside sources and make electronic health information available to outside sources; and
- Use electronic health information to inform decision-making.

Source: Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap (version 1.0)

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

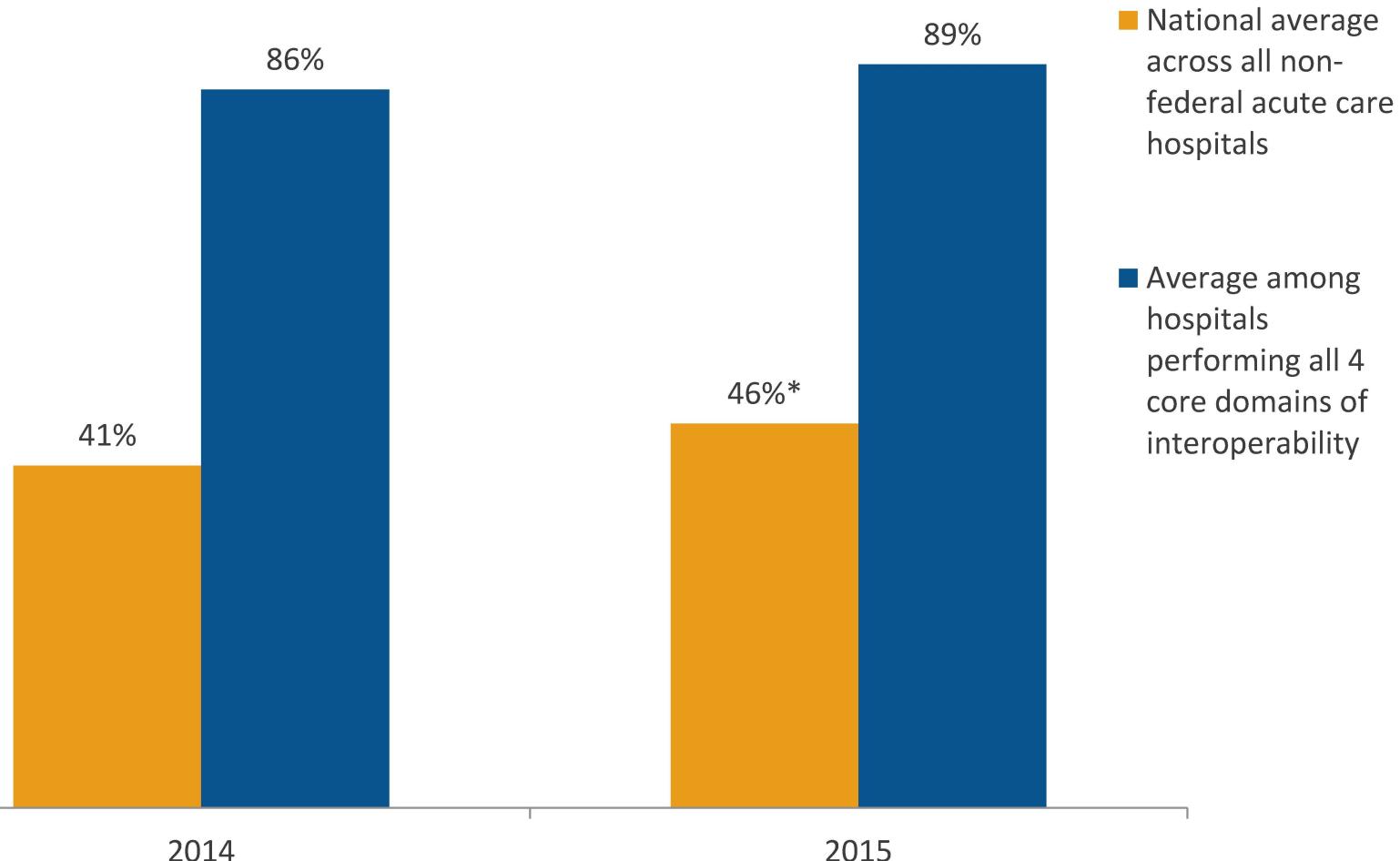


SOURCE: 2014-2015 AHA Annual Survey Information Technology Supplement.

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

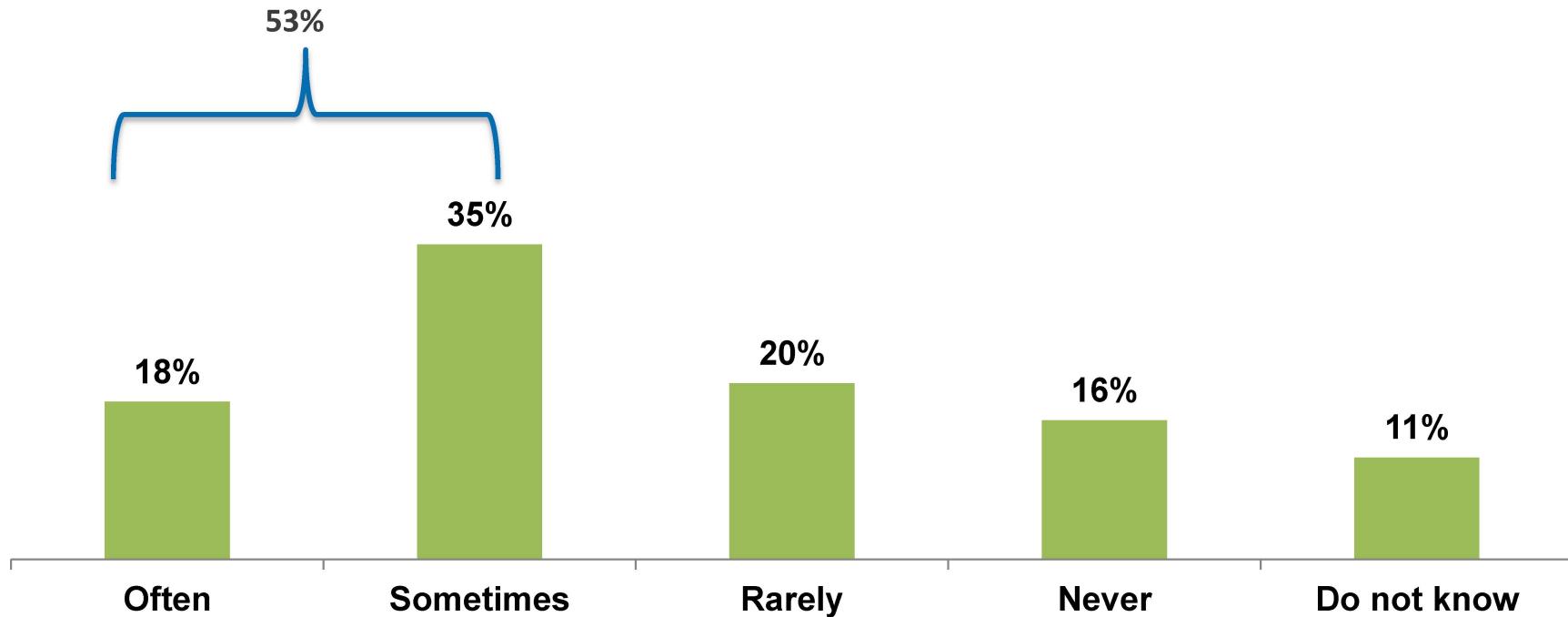
Hospitals conducting all four domains of interoperability had 2 times higher rates of information electronically available from outside providers as the national average.

Percent of U.S. non-federal acute care hospitals whose providers have clinical information from outside providers electronically available



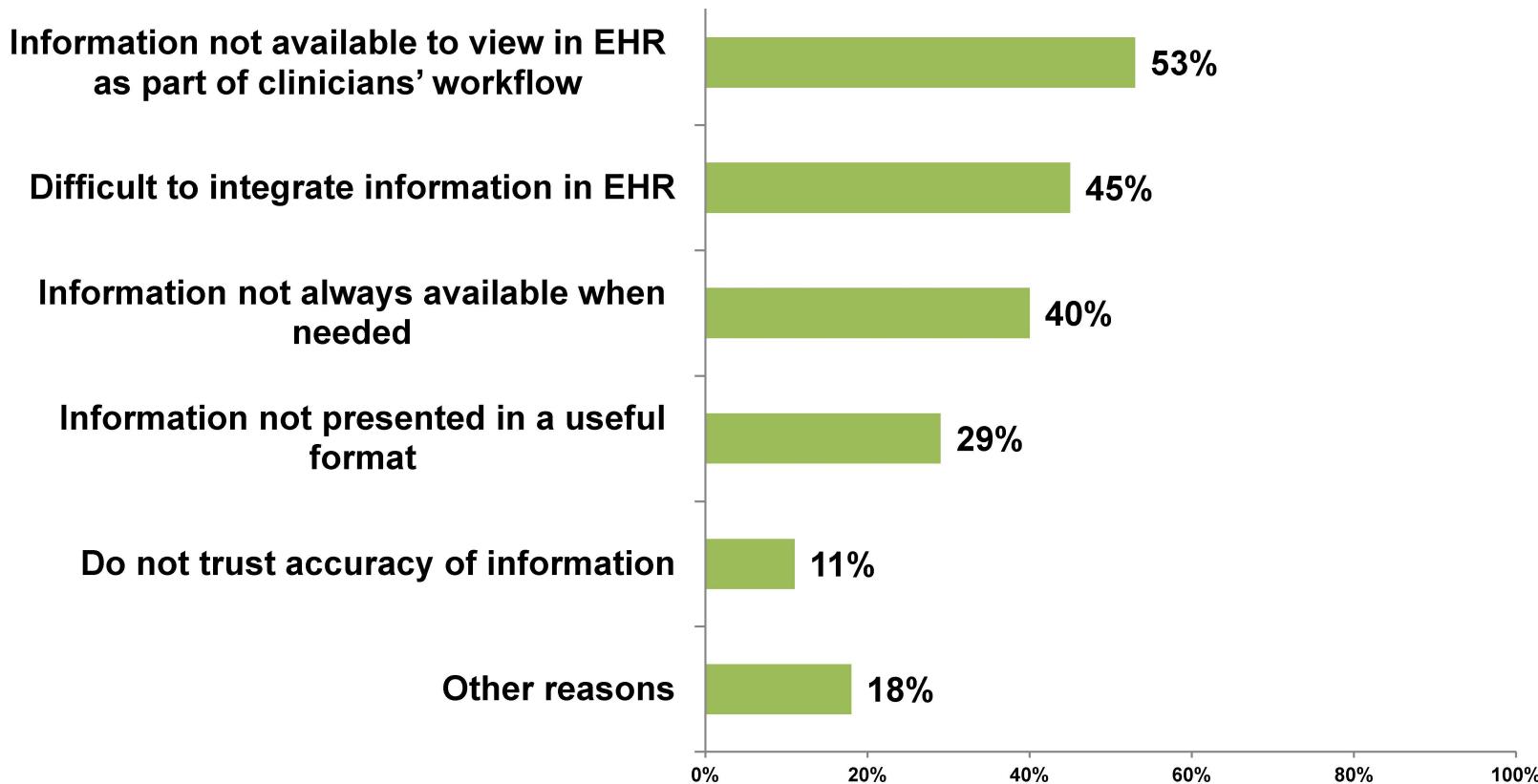
About half of hospitals reported their providers used patient health information received electronically from outside providers or sources when treating their patients.

Percent of U.S. non-federal acute care hospitals that report their providers use patient health information received electronically from providers or sources outside their health system when treating their patients



Barriers to Interoperability

The most common reason for not using patient health information received electronically from outside providers related to information within the EHR being unavailable.



Percentage of Hospitals that Rarely or Never Use Information Electronically Received from Outside their Health System

Lack of exchange partners' capabilities to receive data remained the most frequently identified barrier to interoperability.

Type of Barrier	Barrier	2014	2015
Technical	Exchange partners' EHR system lacks capability to receive data	58%	55%*
Technical	Exchange partners' lack EHR or other system to receive data	59%	53%*
Technical	Difficult to find providers' addresses	45%	49%*
Technical	Experience greater challenges exchanging across different vendor platforms.	NA	46%
Technical	Difficult to match or identify patients	24%	33%*
Operational	Cumbersome workflow to send from EHR system	30%	32%
Operational	Many recipients of care summaries report that the information is not useful	26%	31%*
Financial	Additional costs to exchange with outside providers or settings	25%	25%
Technical	Lack capability to electronically receive data from outside sources	16%	14%*
Technical	Lack capability to electronically send data to outside sources	10%	8%*
Operational	Don't typically share patient data with outside providers	10%	6%*

Note: *Significantly different, p<0.05

Key-Takeaways: Progress related to Interoperability

- Sending, receiving, and finding (querying) of key clinical information among hospitals significantly increased between 2014 and 2015; integrating information did not.
- A majority of hospitals are sending and receiving information to/from providers and sources outside their hospital system. About half are querying patient data from outside sources.
- Nationwide, about half of hospitals have necessary clinical information from outside their hospital system electronically available at the point of care; whereas almost 9 out of 10 hospitals that engage in all 4 domains of interoperability have outside information electronically available at the point of care.
- Half of hospitals report their providers use information they electronically receive from outside sources or providers.

Key-Takeaways: Barriers to Interoperable Exchange and Use

- The most common reason for not using outside information electronically received relates to the information not being available at the right time and place.
- Common barriers to interoperability relate to exchanging across different EHR platforms, provider directories and patient matching.
- Although lack of exchange partners with the ability to electronically receive information continues to be the most common barrier to interoperability, this barrier declined since 2014.

Implications

- Hospital interoperability continues to increase though integration of data within EHRs remains flat.
- Impact of increases in interoperability on improved availability of information and subsequent use of information still needs to be fully realized.
- Common barriers to exchange and use of information relate to technical issues and issues related to clinical workflow.
- Other frequently reported barriers relate to limited health IT and HIE capability of exchange partners.
 - » Future provisions of MACRA and Medicaid funding for HIE among non-MU eligible providers may help address this.



The Office of the National Coordinator for
Health Information Technology



Questions/comments?

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

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