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.

Percent of Hospitals

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.

### Technical Barriers
- Exchange partner lacks EHR or other system to receive data: 59%
- Exchange partners’ EHR system lacks capability to receive data: 58%
- Difficult to find provider address: 45%
- Difficult to match or identify patients: 24%
- Lack capability to electronically receive data from outside sources: 16%
- Lack capability to electronically send data to outside sources: 10%

### Operational Barriers
- Cumbersome workflow to send from EHR system: 30%
- Many recipients report summary of care record sent not useful: 26%
- Don’t typically share patient data with outside providers: 10%

### Financial Barriers
- Additional costs to exchange with outside providers/settings: 25%

SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement.
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
Measuring Progress along the Journey

- Sending, Finding, Receiving and Using essential health information
- Improving health care quality and lowering cost
- Dramatically reduce the time it takes for evidence from research to become common practice
- Connect to an expanded set of users and data sources through adoption of emerging health technologies
- Develop a learning health system that enables ubiquitous connectivity and improves population health

Determinants of Health

- Social
- Diet and Exercise
- Environmental
- Economic
- Health Care System

Where We Are Going

- By the end of 2017
- The majority of individuals and providers can send, receive, find, and use a common set of clinical information.

Where We Are

- 94% of non-federal acute care hospitals use a certified EHR to collect electronic data about patients.
- 78% of office-based physicians use an EHR system to collect electronic patient data.
- 1 in 3
- 62%

Measuring Progress along the Journey

- Taking a median of 17 years for evidence to go from research to practice.
- 14% of office-based providers electronically share patient information with other providers.
- 1 in 8

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• 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
Next steps

• 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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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.


For more information on Exchange & Interoperability, go to Health IT Dashboard (http://dashboard.healthit.gov/).