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Health IT Policy Committee Meeting

Data Update

August 11, 2015

Agenda

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- 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.

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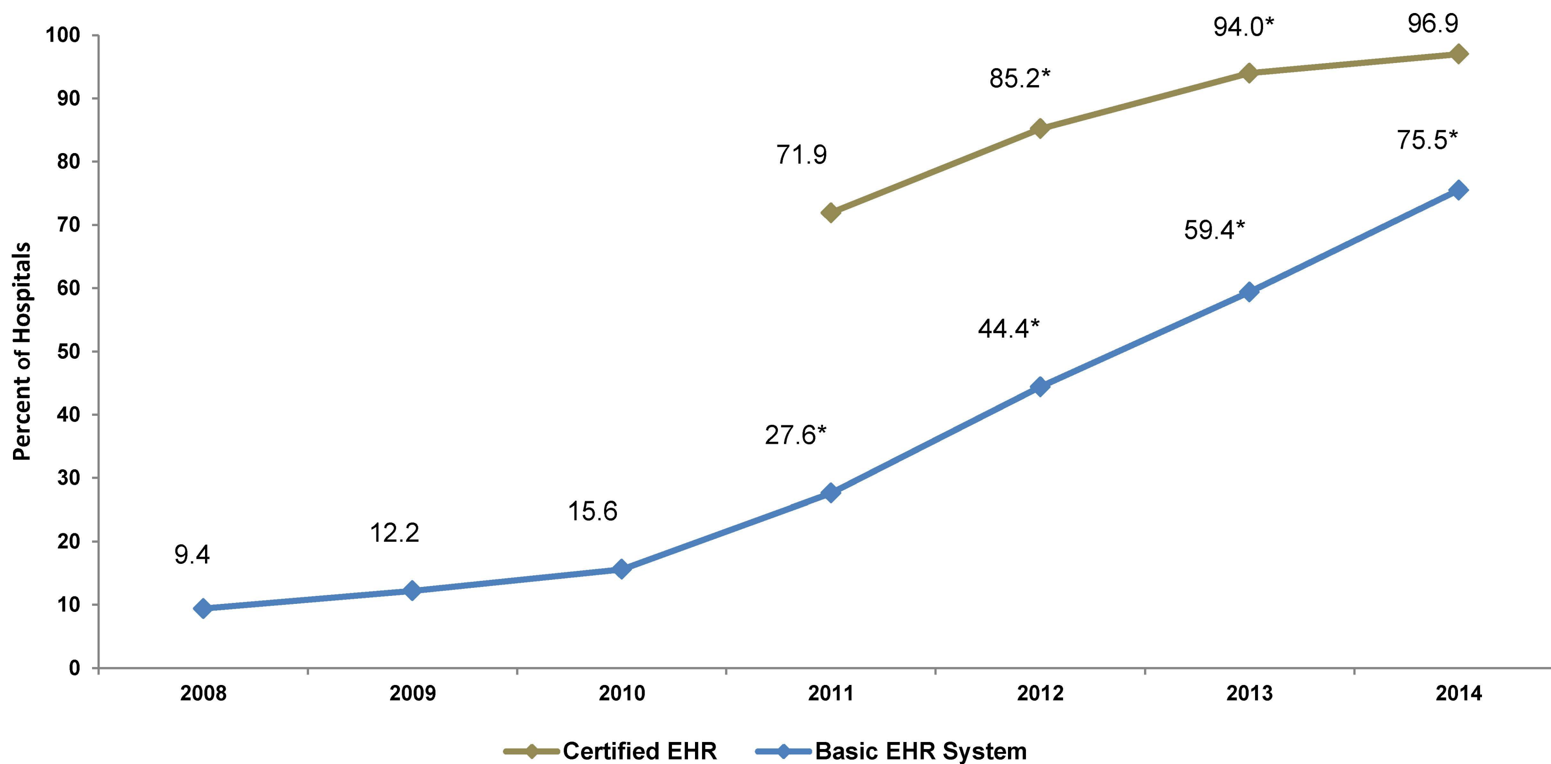

SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement.

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

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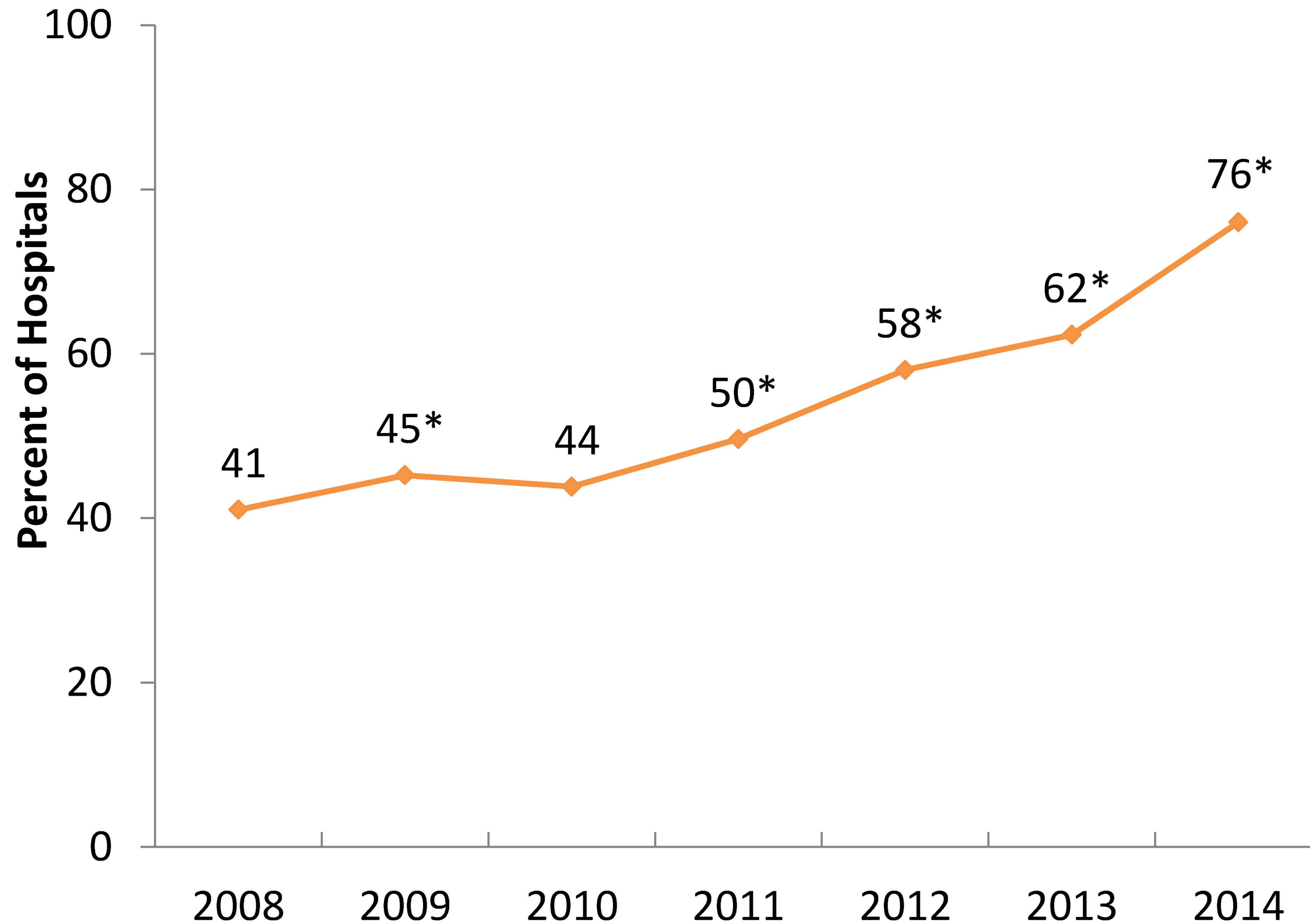


SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement.
NOTES: Percent of non-federal acute care hospitals that electronically exchanged laboratory results, radiology reports, clinical care summaries, or medication lists with ambulatory care providers or 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.

Percent of Hospitals

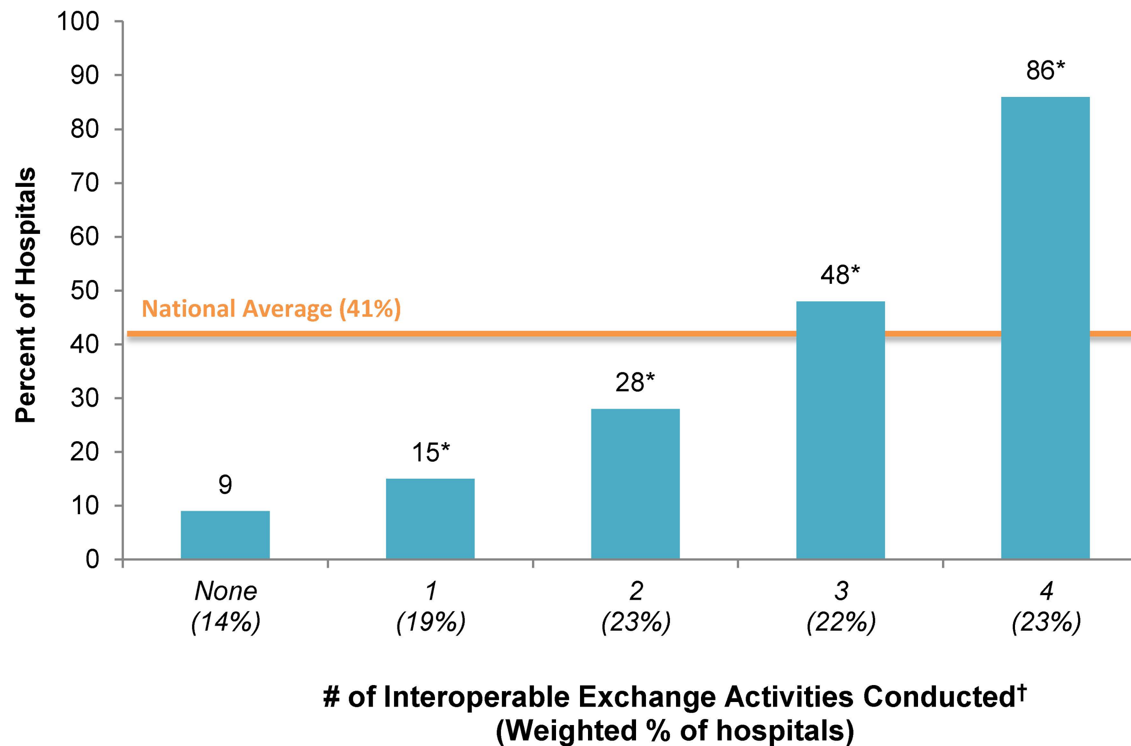
	Find	Send	Receive	Use	Conduct All 4 Interoperable Exchange Activities
Percent of Hospitals	48	78	56	40	23

Health Info from outside sources (Find)

Patient Summary Care Record (Send, Receive, Use)

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.

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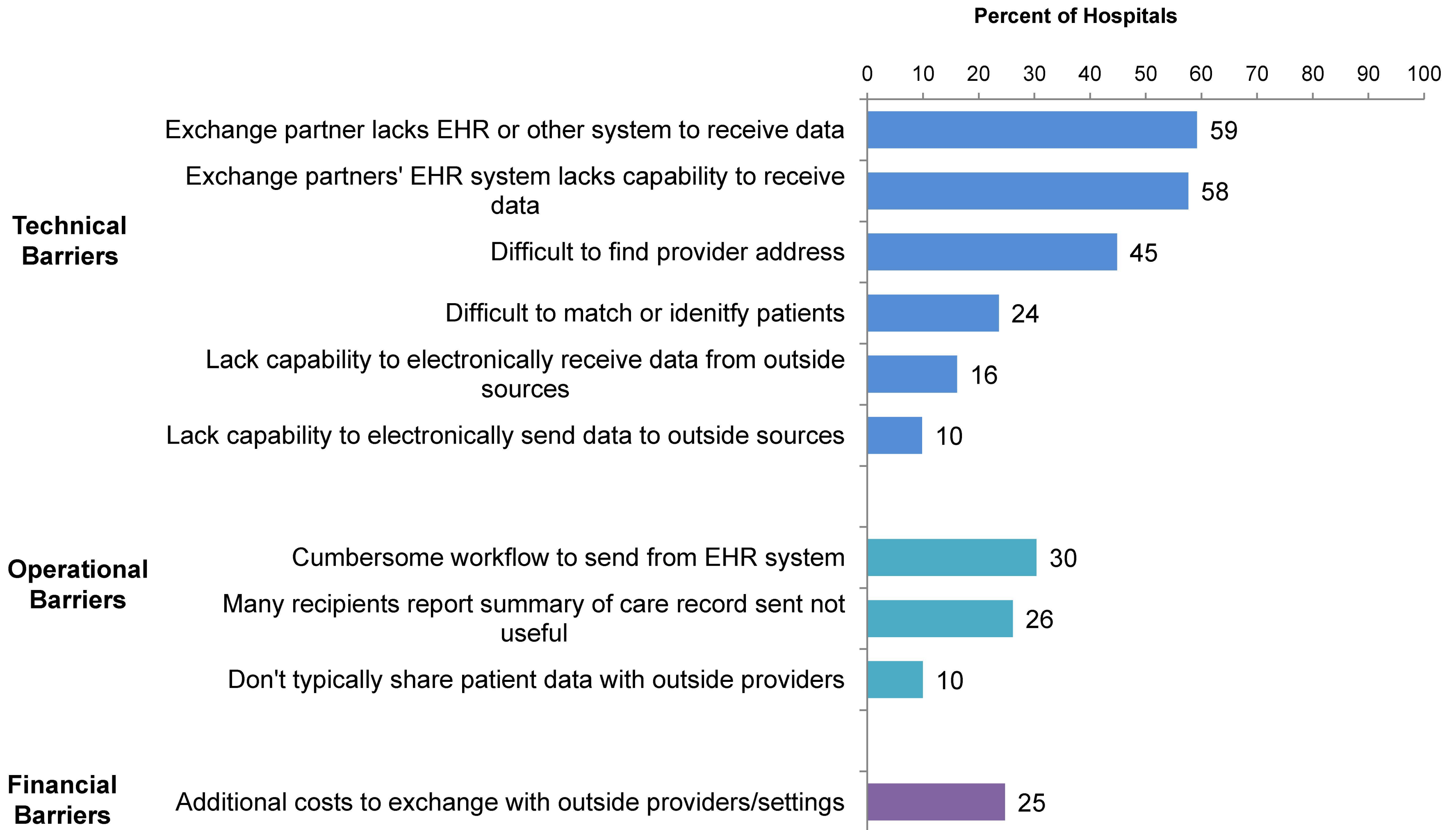

SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement.

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

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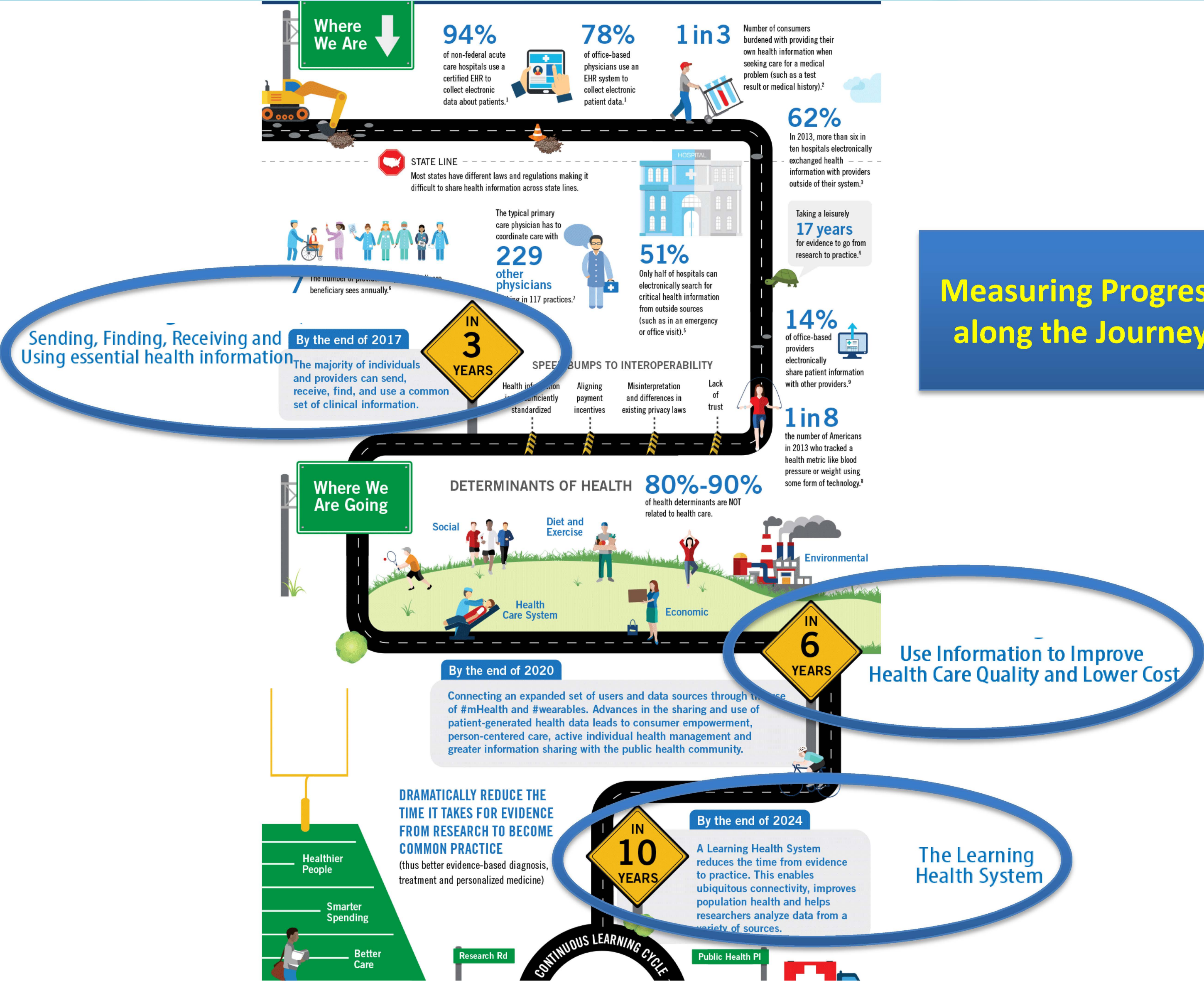
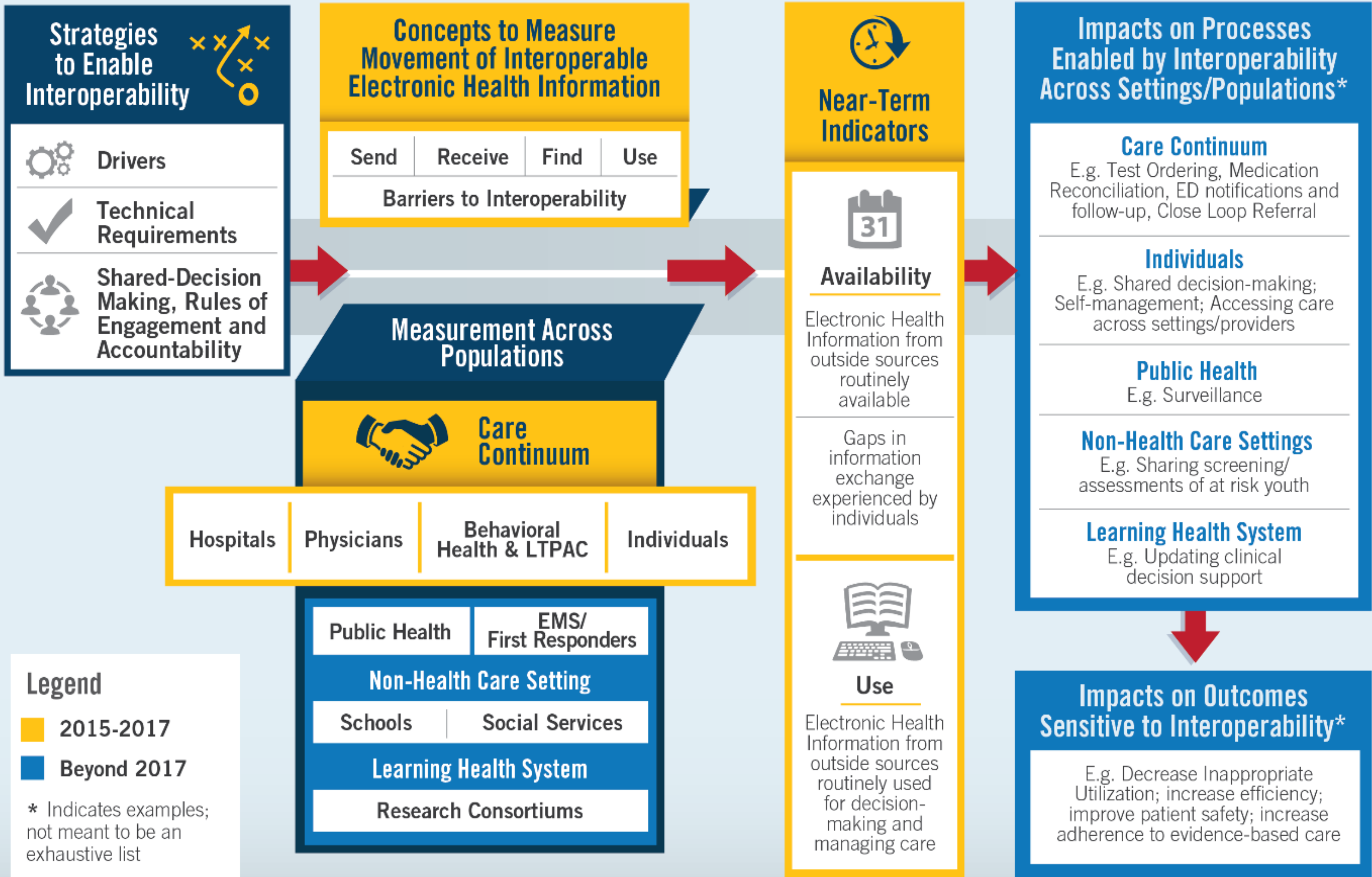
- Most hospitals possess certified EHR technology and are exchanging key clinical information
- Hospitals' rates of conducting different types of interoperable exchange vary.
  - While majority of hospitals send and receive summary of care records electronically, rates of integrating lag behind
  - One-quarter 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



NEAR TERM AND LONG-TERM MEASUREMENT FRAMEWORK



Near-Term Measurement Framework: 2015-2017

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

Near-Term Indicators

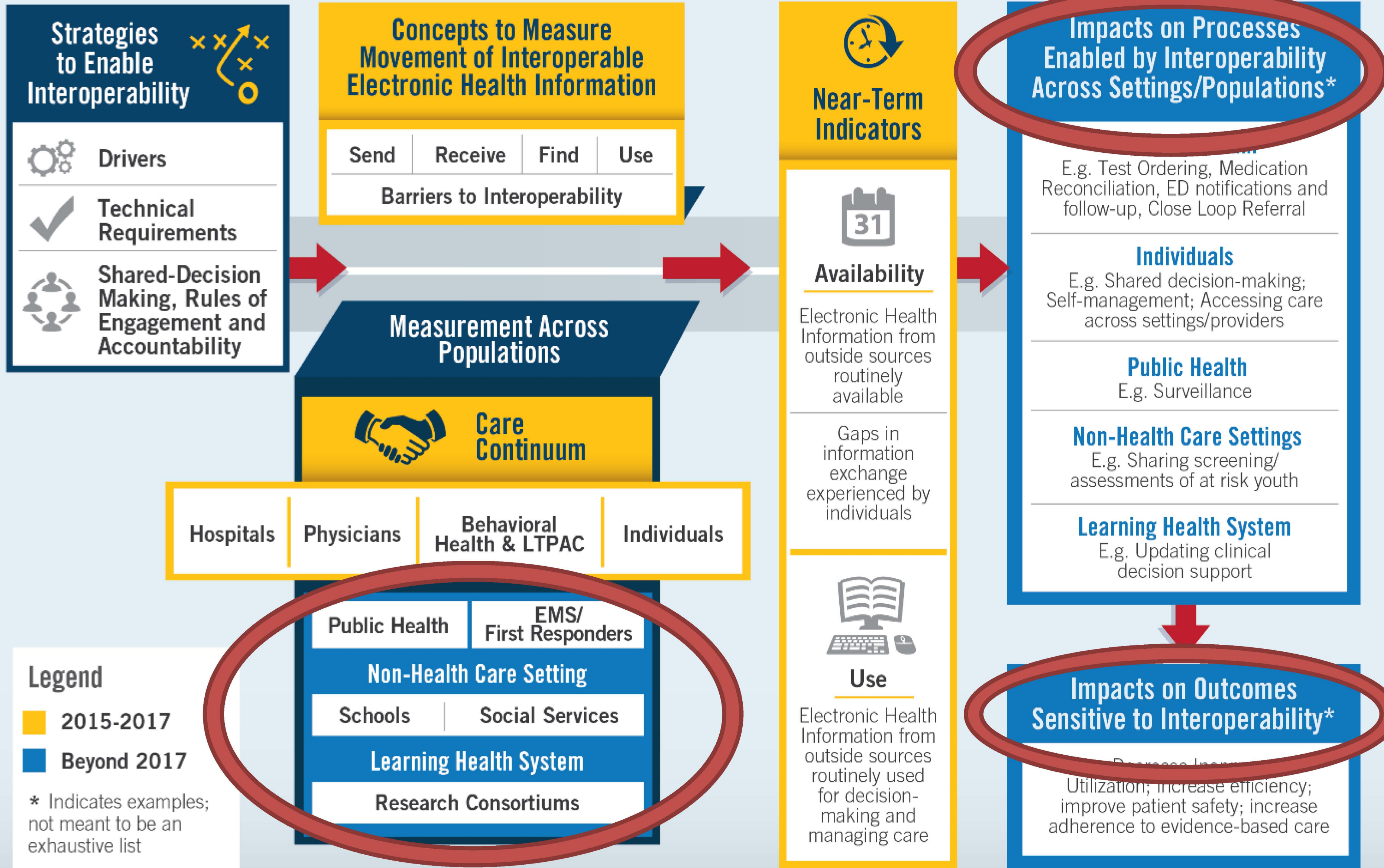
Availability

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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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
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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*
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

Summary

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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

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- 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?

Contact:

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Appendix Slides

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

Percent of Hospitals

	Send	Receive
Outside Hospitals	49	31
Outside Ambulatory Care Providers	50	29
Long-term Care Providers	42	17
Behavioral Health Providers	28	16

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.

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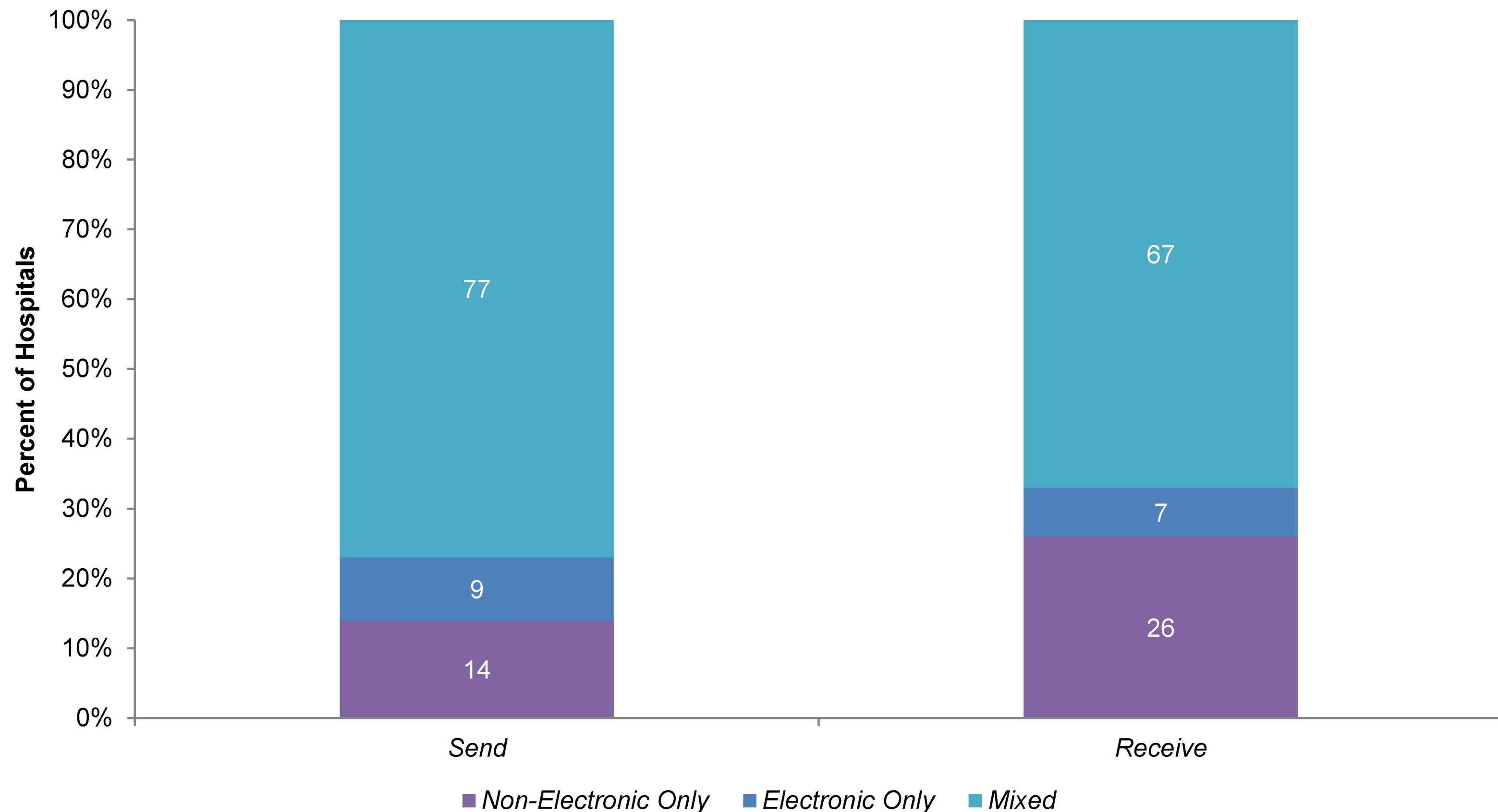

SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement.
NOTES: Non-electronic methods include Mail, Fax, or eFax. Electronic methods include secure messaging using an EHR, provider portals, or via health information exchange organizations or other third parties.

For more details: Hospital exchange & Interoperability Data Briefs

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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/)

http://dashboard.healthit.gov/index.php

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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.

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Hospitals

U.S. Hospitals' Capability to Electronically Query Patient Health Information from Outside Their Organization or System

Quick Stat #25

Hospitals

Percent of U.S. Hospitals that Routinely Electronically Notify Patient's Primary Care Provider upon Emergency Room Entry

Quick Stat #26

2012 Routine Notification | 2013 Routine Notification | 2014 Routine Notification

39% 48% 56% 37% 45% 54% 29%

Hospitals

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

Data Brief #24

Health IT Data Brief

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