Clinical, Technical, Organizational and Financial Barriers to Interoperability Task Force

Steven J. Stack, MD

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Barriers to Interoperability

1. Meaningful Use (MU) limits development: Data exchange is being driven by MU requirements, not patient care requirements
2. Layered Costs: Significant and ongoing costs of interoperability are prohibitive
3. Protecting patient data: Additional concerns around privacy and security limit interoperability

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Barrier #1: Meaningful Use Limitations

- **Mandated MU measures rather than clinical use cases are driving data exchange**
- Existing regulations do not employ a light handed approach that promotes innovation
- MU “interoperability” requirements are really data exchange requirements – true interoperability remains elusive

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Barrier #2: Cost and Technical Barriers to Interoperability

- **Prohibitively large costs charged to physicians for data transmission, interfaces, and access fees limit data exchange**
- **Physicians also have limited, sometimes no, purchasing power / influence when selecting EHRs**
- The technical aspects of establishing multiple connections with disparate systems are fraught with their own challenges
  - While APIs are promising, the need for multiple, proprietary APIs could have their own challenges (e.g., unknown costs)

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Barrier #3: Privacy and Security

- **HIPAA is complex, inconsistently understood, and carries high penalties for non-compliance**
  - People have very different concepts, expectations, and tolerances about privacy
- **Cyber-security is a national concern and a growing problem**

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The Goal of Interoperability

- **The goal is not merely to push digital paper back and forth but to exchange useful data that supports care, enhances care coordination, and facilitates consumer engagement**
- **Current EHRs are built to fulfill data exchange requirements that meet the "letter of the law," not necessarily the spirit of interoperability**
  - As a result, certification has become the ceiling rather than a floor for EHR systems

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Glide Path to Interoperability: Short & Long Term

- **Short term: need to bring immediate relief to patients and physicians**
  - Incorporate key proposals from the proposed 2015 certification regulations into current systems
    - Greater transparency around certified vendor products including costs
    - More focus on user-centered design (UCD) practices
    - In field surveillance of EHRs to ensure they continue to operate correctly once implemented
    - Move to API and more constrained C-CDA
- **Long term: ensure data exchange facilitates health care innovations**
  - **Shift focus from certifying EHR functionality to rigorous testing for usability and interoperability**
  - **Graduate from systems designed to “count” what a provider did to one that is focused on innovation and moving to new delivery and payment models**

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