

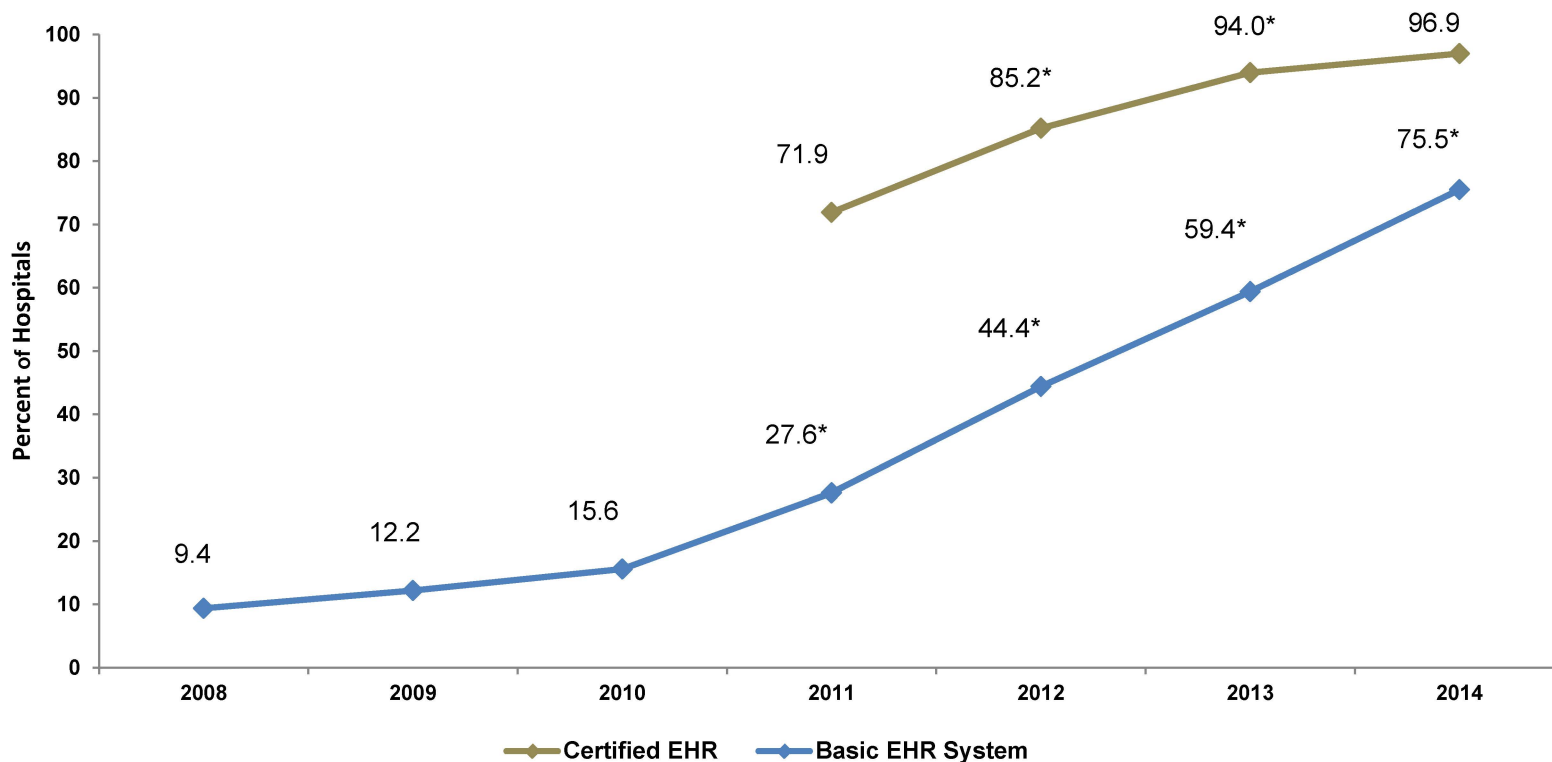
# **Clinical, Technical, Organizational and Financial Barriers to Interoperability Task Force**

## **Data Update**

### **August 14, 2015**

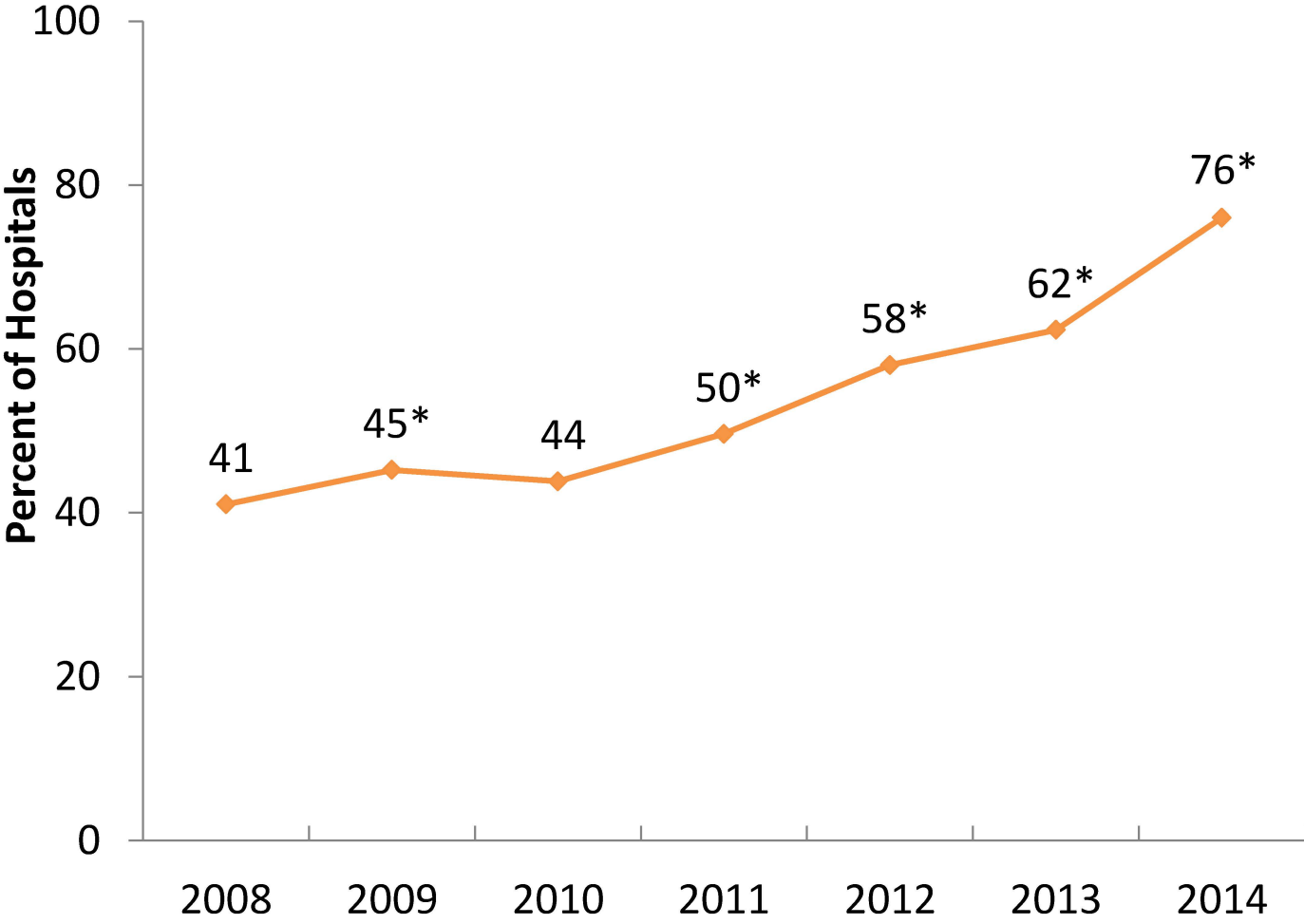
Describe the current landscape of exchange and interoperability across non-federal acute care hospitals

# Nearly all hospitals have the infrastructure to enable exchange.



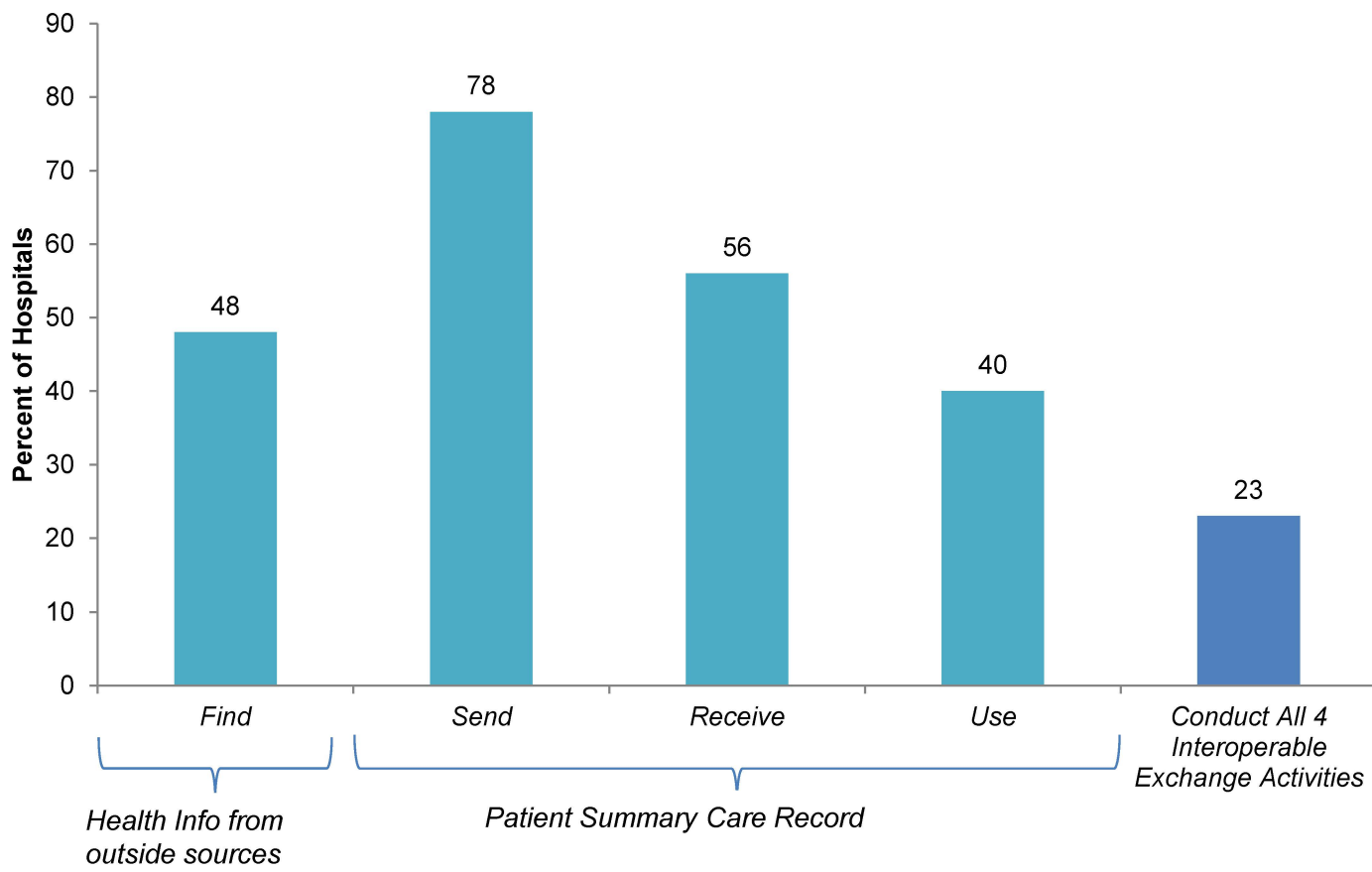
SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement.

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



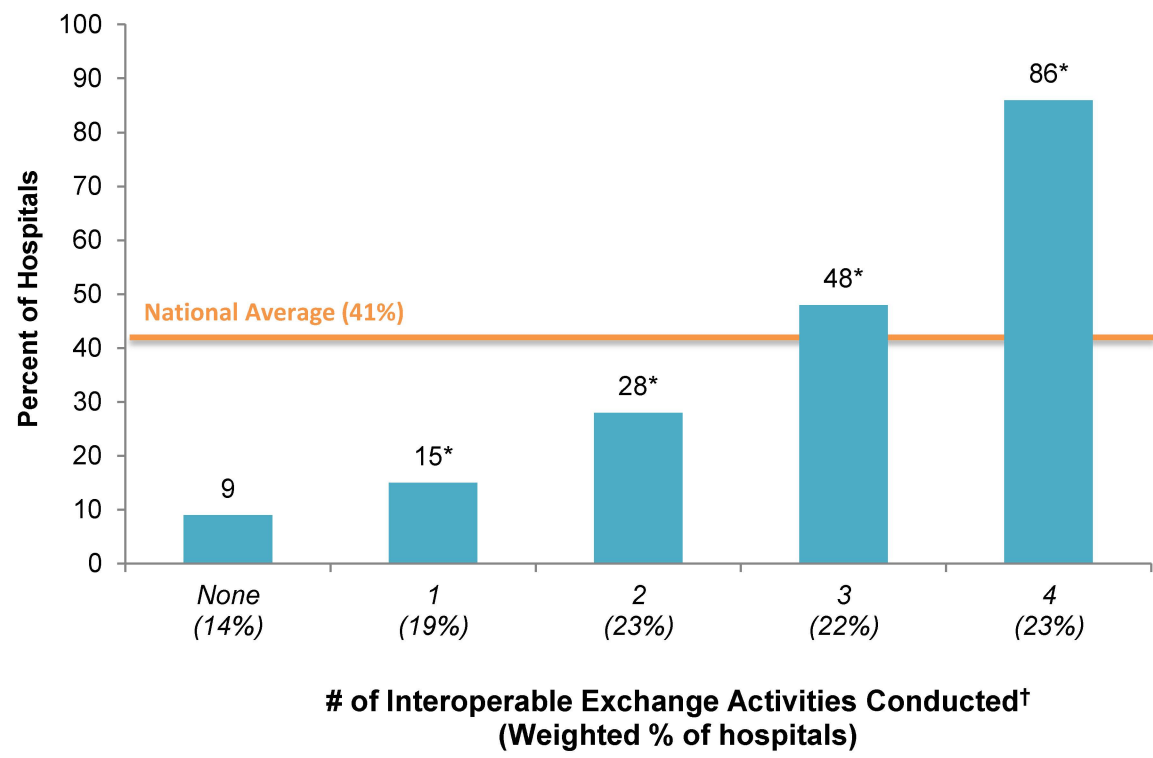
SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement.  
NOTES: Percent of non-federal acute care hospitals that electronically exchanged laboratory results, radiology reports, clinical care summaries, or medication lists with ambulatory care providers or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



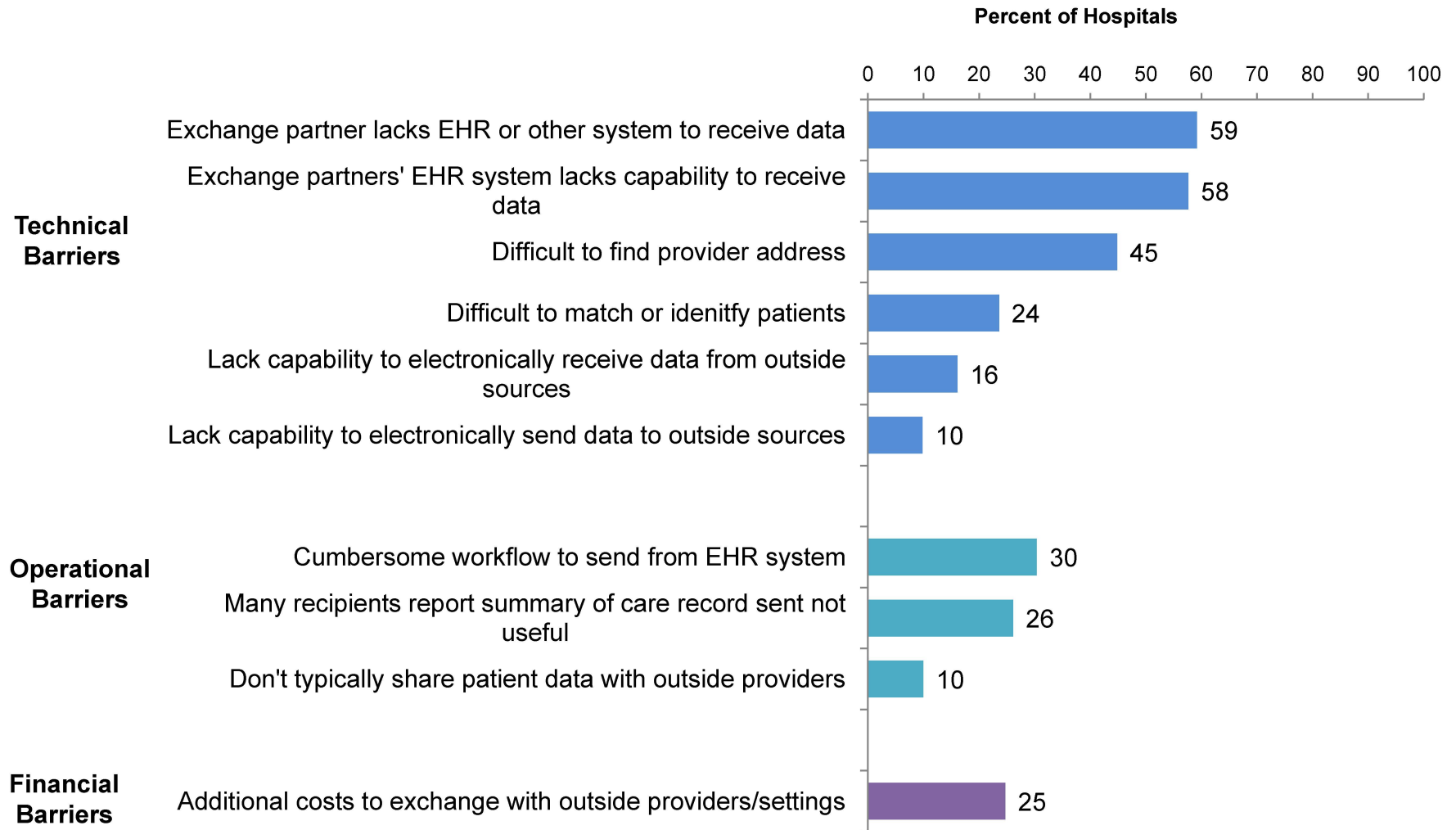
SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement.

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.



# 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.



# Questions?

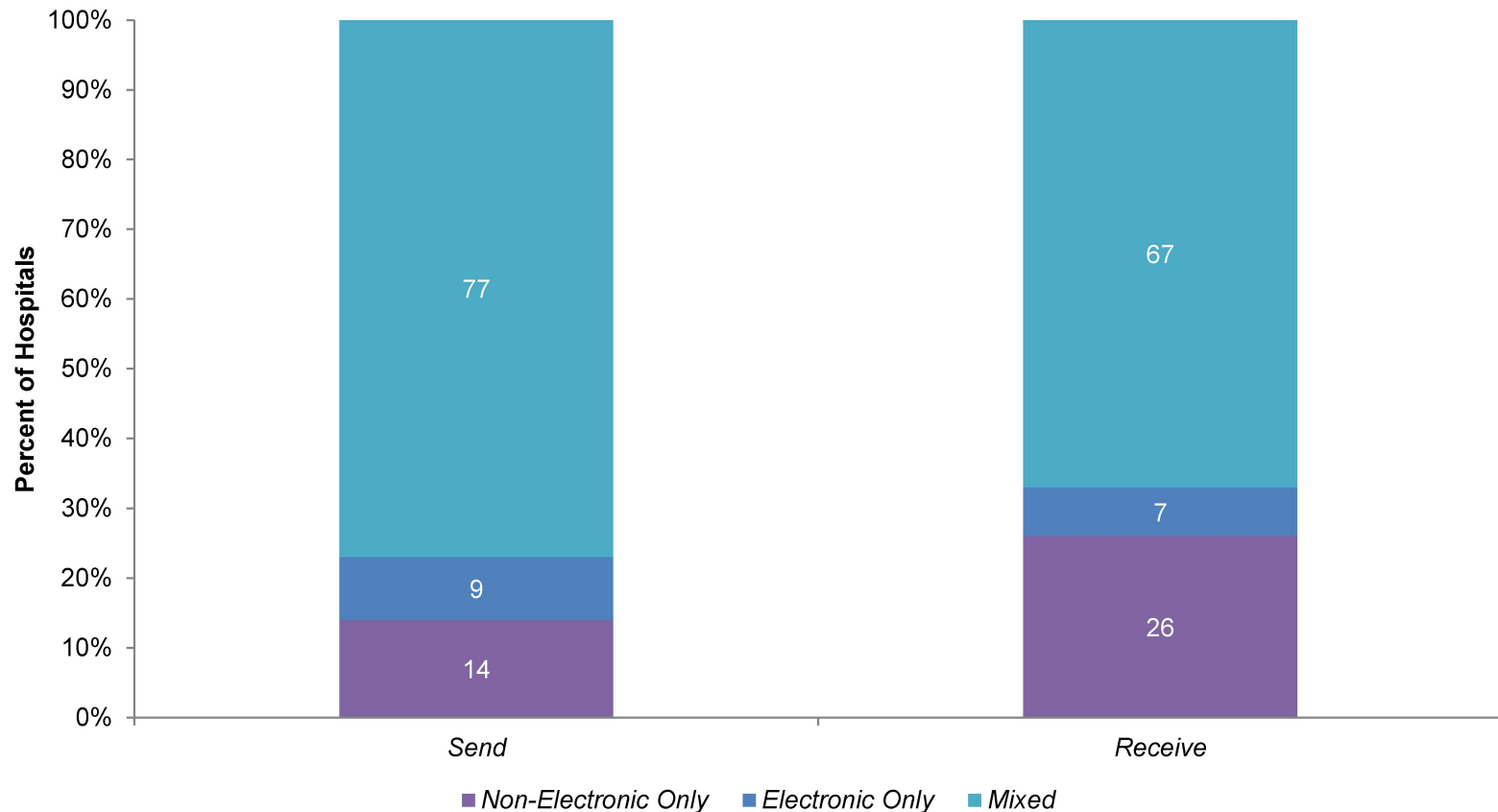


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# Appendix Slides

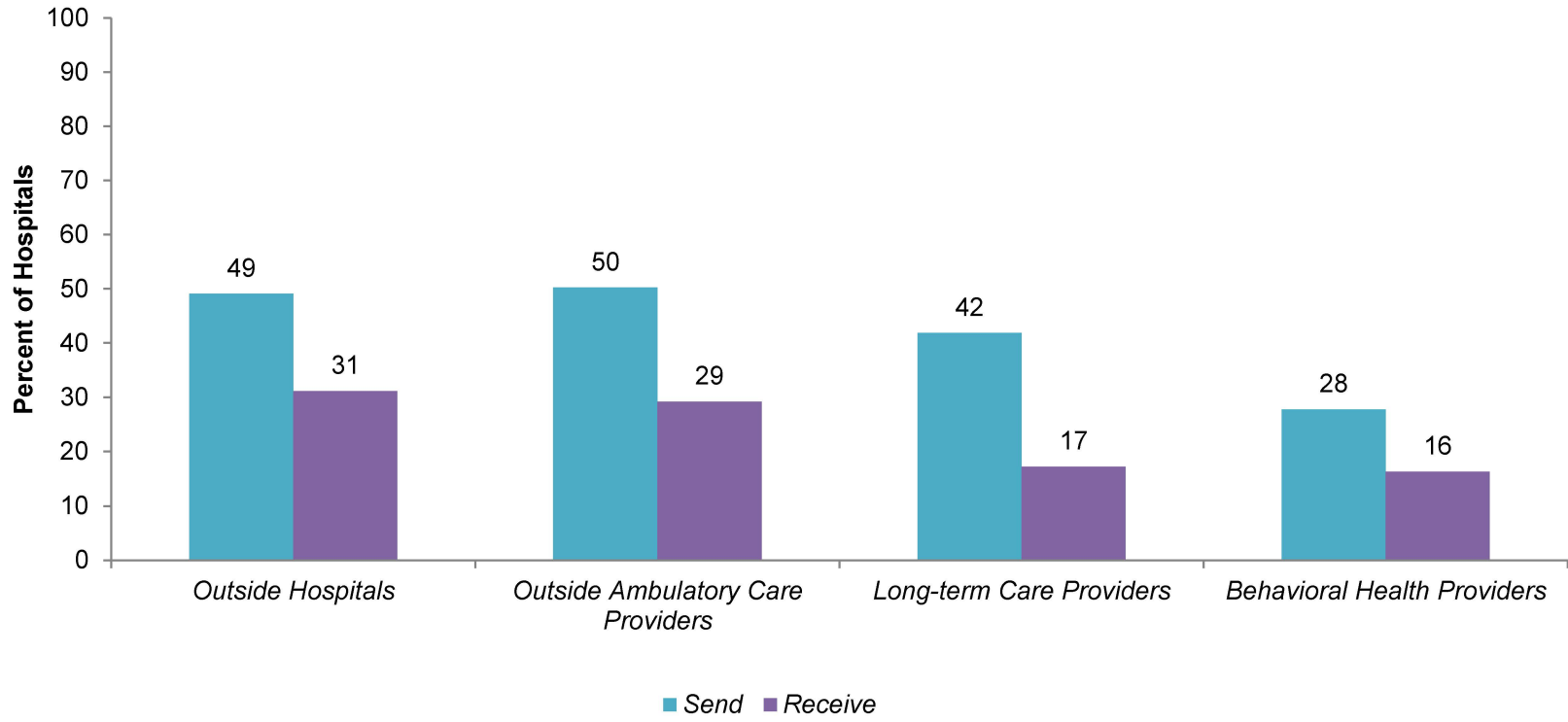
# Fewer than one in ten hospitals use only electronic means of sending or receiving summary of care records with outside sources.



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.

# 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).

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/>)



The screenshot shows the Health IT Dashboard interface. At the top, there is a navigation bar with the following tabs: Dashboards, Quick Stats, Library, Data, Help, and Share. Below this is a blue banner with the text: "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."

Below the banner is a search bar and a row of navigation buttons: All Content, Adoption, Exchange & Interoperability (highlighted with an orange arrow), Engagement, Public Health, and Safety.

Under the "Exchange & Interoperability" tab, there are three main content blocks:

- Hospitals: U.S. Hospitals' Capability to Electronically Query Patient Health Information from Outside Their Organization or System (Quick Stat #25)**. This block contains a stacked bar chart showing the percentage of hospital providers able to electronically query patient health information from outside their organization or system. The chart shows three bars representing different time periods, with the top portion in grey and the bottom portion in blue.
- Hospitals: Percent of U.S. Hospitals that Routinely Electronically Notify Patient's Primary Care Provider upon Emergency Room Entry (Quick Stat #26)**. This block contains a grouped bar chart showing the percentage of U.S. hospitals that routinely electronically notify patient's primary care provider upon emergency room entry for the years 2012, 2013, and 2014. The data points are: 2012 (39%), 2013 (48%), 2014 (56%) for the first group; 2012 (37%), 2013 (45%), 2014 (54%) for the second group; and 2012 (29%) for the third group.
- Hospitals: Health Information Exchange among U.S. Non-Federal Acute Care Hospitals: 2008-2014 [PDF] (Data Brief #24)**. This block contains a thumbnail of a PDF document titled "Health IT Data Brief" and a text description: "This brief updates analysis from 2013 and describes trends in electronic health information exchange among non-federal acute care hospitals from 2008 to 2014."