Interoperability Experience Task Force -- Virtual Hearing
Interoperability Challenges and Solutions

My Perspective

- Large, Long-Serving HIE
  - >100 hospitals (38 health systems)
  - >40,000 active users
  - Physician practices
  - Payors
  - Labs and Imaging Centers
  - Public Health
  - Long-term/Post-acute care (LTPAC)
- Founded in February 2004
- 501c3 not-for-profit organization
- Regenstrief Institute partnership
- Mission: *Through information exchange we improve health and healthcare*

Indiana Health Information Exchange

www.ihie.org
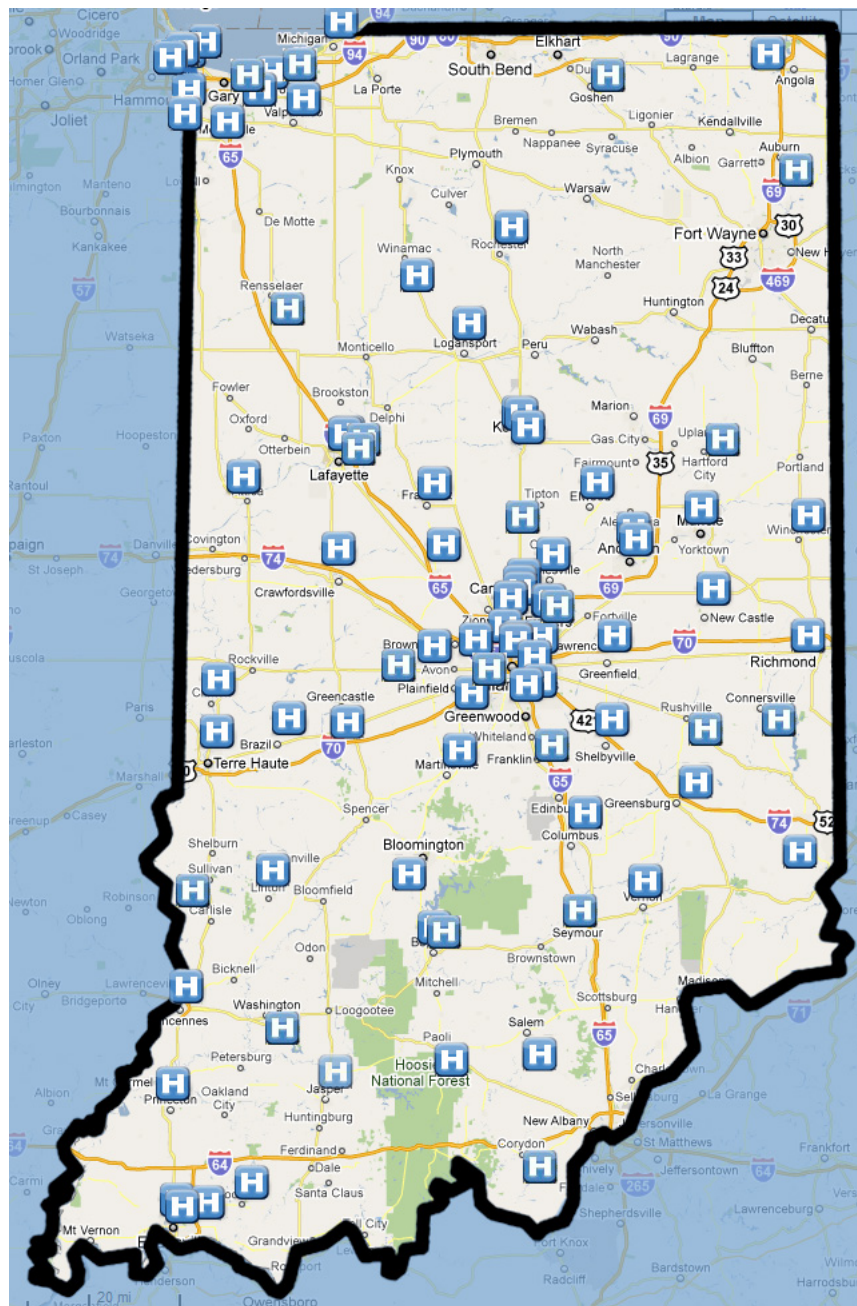
Interoperability Challenges (and Solutions) -- **MACRO**

The most difficult challenges to interoperability have never been technological. They are, and always have been, related to economics, workflow, and perception.

Interoperability Challenge	For Example...	Experiential Solution(s)
Apathy of non-sharing organizations	"My organization delivers perfectly good care without sharing data. Why do I need this?" (and variations on that theme)	• New value propositions • Market peer pressure • Persistence/Patience
Perceived lack of sufficient clinical and economic value of sharing	"I see this has a little value but not enough for me to pay what you ask"	• New Value Propositions • Market peer pressure • Evidence • Persistence/Patience
Inherent economics of small data sources	The smaller the organization, the higher the **cost per patient record** of interoperability	• None
Making data exchange fit clinical workflow	Getting data from one organization to another is pointless if clinicians cannot or will not use it to benefit patients	• Clinician engagement • Focus on workflow – technology follows

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Interoperability Challenges (and Solutions) -- **MICRO**

Examples of technologic challenges to interoperability:

Interoperability Challenge	For example	Experiential Solution(s)
Gaining agreement with sharing partners on CCD content	• Too much data • Aggregated vs single episode • All vs most recent	• Work through it • Start with what has worked with other partners
Operating within the capability constraints of various EHRs	• Limited ability to digest structured data • Capable of standard X but not standard Y	• Be flexible • Be ready to employ various standards
Need to normalize semantic coding	• Organization-specific local coding schemes still dominate	• Normalize it

- <u>NOT</u> significant barriers
  - Lack of standards
  - Lack of unique patient identifier

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