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Panel 3: Health Information Exchange and Interoperability

Describe how you will address the meaningful use requirements for the inter-organizational transitions of care in Stage 2.

MedAllies is a Direct health information service provider (HISP) focused primarily on EHR interoperability. In addition to integrating EHR vendor products using the Meaningful Use certification specifications, we are working with EHR vendors on workflow considerations around provider onboarding and system usage.

We understand provider onboarding to Direct networks through their EHRs has to be easy. This means identity management must balance security needs with reasonableness of effort, and the provider registration processes need to be consistent with current industry approaches. Providers need to easily find all endpoints on any accredited Direct network; therefore, directories need to be federated between HISPs and kept current at the provider organization through HISP/EHR synchronization. Finally, interoperability means clinical workflows within each organization's EHR need to comport with those of EHRs in other organizations for clinical use cases dealing with transitions of care.

If we can achieve all of this, then providers should meet the 10 percent electronic transition-of-care requirement in Stage 2 Meaningful Use.

Will you use the Direct standards to meet interoperability requirements for Stage 2? Are your business partners prepared?

We will be using Direct standards for Stage 2 Meaningful Use. All the EHR vendors we are working with are prepared to meet interoperability requirements of Stage 2 Meaningful Use. Several have achieved 2014 certification.

Do you anticipate challenges because EHR vendors may require the use of a specific HISP?

We don't see any challenges with EHR vendors using specific HISPs, provided those HISPs transact with EHNAC DTAAP (Electronic Healthcare Network Accreditation Commission's Direct Trust Agent Accreditation Program) accredited HISPs. If that occurs, all provider endpoints on all accredited HISPs should be accessible to any provider on an accredited HISP.

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What new EHR capabilities required in Stage 3 or beyond would facilitate better exchange of health information (please identify the use case and the capability)?

Our recommendations for Stage 3 would be to continue to enhance the workflow functionality that leverages interoperability across different providers.

For example: Currently, when a primary care provider sending a referral to a specialist over the Direct network using different EHR vendors, there is a different workflow at each site. The ultimate goal in interoperability would be for the workflow between those two providers on different systems to be virtualized to one system.

What have vendors done to support interoperability between certified EHRs?

The vendors we work with are focusing on practice workflow to support clinical use cases for interoperability.

What gaps remain to support exchange between certified systems?

The current gaps relate to directory standardization, directory federation and directory synchronization between Direct HISPs and EHRs.

To close those gaps, all Direct HISPs would maintain a directory based on agreed-upon standards, the Direct HISPs would share their directories fully with other accredited HISPs and finally, an automated process for updating and querying directories would exist between certified EHRs and accredited Direct networks.

Have you experienced any challenges with interoperability when both systems were purported to be certified for the intended purpose?

We have not experienced any significant interoperability challenges with 2014 certified systems.

Were there additional challenges to get the exchange to "really work"? What were the solutions you applied?

The challenges we are working through to get the network to "really work" on a large scale involve creating administrative workflows for provider registration-identity proofing and activation on networks. The solutions require working with the EHR vendors to streamline the processes for their end-users.

Have you made or received electronic transitions of care to health care providers including skilled nursing facilities and home care agencies and if yes, have you encountered barriers and how have you converted the barriers into successes?

We have not included skilled nursing facilities at this point. However, we are speaking to some vendors who have systems for long-term care and anticipate integration later this year.