Beacon Community and EHR Vendor Collaboration: A Catalyst for Interoperability and Exchange

The Need for Robust IT-Enabled Care Coordination:

Safely and securely exchanging patient health information among providers or organizations is critical to delivering coordinated, accountable and patient-centered care. It is also key to achieving health reform’s “triple aim” — better health, better care and lower costs. The reality is, however, that patient records are housed in often disconnected and dissimilar electronic systems in varied settings across a community, from offices of primary care and specialist physicians to clinics, hospitals and long term care facilities to home health agencies. Even though Beacon Communities are leaders in using health information technology (health IT) to advance care coordination, they also have faced difficulties in effectively pulling patient information from these multiple sources and sharing it as necessary among providers. Such challenges compromise the quality, safety and efficiency in the healthcare delivery system that all stakeholders value most.

The absence of an integrated health IT environment causes problems for patients, providers and payers alike. Inaccessible patient information contributes to the nearly 40% of the annual waste in healthcare spending.1 Then there is missing information. Studies have shown that incomplete clinical records can have a potential adverse effect in 44% of patient-physician encounters and can result in delayed care or additional services nearly 60% of the time.2

The benefits of having health IT systems that can communicate and work with each other to exchange patient information are undeniable:

- Fewer duplicative consults, tests and unnecessary admissions for conditions already being managed
- Reduced length/complexity of hospital stay by providing access to baseline labs and images
- Fewer adverse drug events from drug interactions because of ready access to medication and allergy history
- Reduced burden of collecting, managing and distributing medical records information with other providers3

Organizations and collaborations including the Office of the National Coordinator for Health IT’s (ONC) Standards & Interoperability Framework and the Multi-State EHR/HIE Interoperability Workgroup has been laying the foundation to advance this work.

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3 Rhode Island Quality Institute, Funding Rhode Island’s Health Information Exchange, December 2009.
The Goals and Activities of Collaboration:
As the 17 Beacon Communities continue to promote the adoption, use and interoperability of electronic health records (EHR) to improve care and patient outcomes, it has become increasingly important for them to collaborate directly with the EHR vendors. Working together and building on the efforts of the Multi-State EHR/HIE Interoperability Workgroup, Beacon Communities are leading a collaborative effort with seven EHR companies. Together, they have prioritized two specific uses of health information exchange technology and have agreed on the highest priority elements of patient information to be included in a consistent patient summary clinical document (based on the HITSP C83). This level of consensus on how health IT can be used to facilitate management of an entire community’s health is truly unprecedented and brings upgrades in EHR technology to bear in the most expedited and economical manner. As of May 2012, participating EHR vendors had nearly the entire Beacon consensus data set in production and are able to automatically send the electronic patient summary to a health information exchange. These product enhancements move the EHR from a tool used just in a single provider site to a resource of important information for the entire provider community to benefit from.

Subsequent efforts of the collaboration will result in a more expansive data set to be regularly included in the vendors’ patient summary clinical documents and closer alignment with ONC’s Standards & Interoperability framework around content and transport. In addition, these efforts will result in additional vendors sought to embed technologies in their products that make it easier for providers to share and access their patients’ health information when it is needed most.

The Collaboration – By the Numbers:
- 17 Beacon Communities representing approximately 62,000 providers and 18,400,000 patients
- 7 EHR vendors, who collectively make up over 45% of the ambulatory EHR market
- Agreement on a minimum data set consisting of almost 40% of those reviewed that will enable care coordination and community-wide performance measurement and feedback with additional data elements to be added in by the end of 2012

What it All Means:

- **Move the Data**
  - Breaking down information silos, by facilitating appropriate, workflow-enabled transport of patient data so that providers, payers, patients and community caregivers have access to the information they need, when they need it.

- **Create Efficiency**
  - Avoiding time consuming and expensive one-off solutions to obstacles around interoperability brokered between single EHR vendors and single provider practices that can create pockets of inconsistent, incomplete and insufficient exchange across the country.

- **Take Action**
  - Building a comprehensive portrait of patient status. Patients don’t always seek care from one provider or one health system – managing a patient’s health, and improving quality of care requires information from across the continuum of care.

To learn more about the Beacon Community Program, please visit: [www.healthit.hhs.gov/beacon](http://www.healthit.hhs.gov/beacon)

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