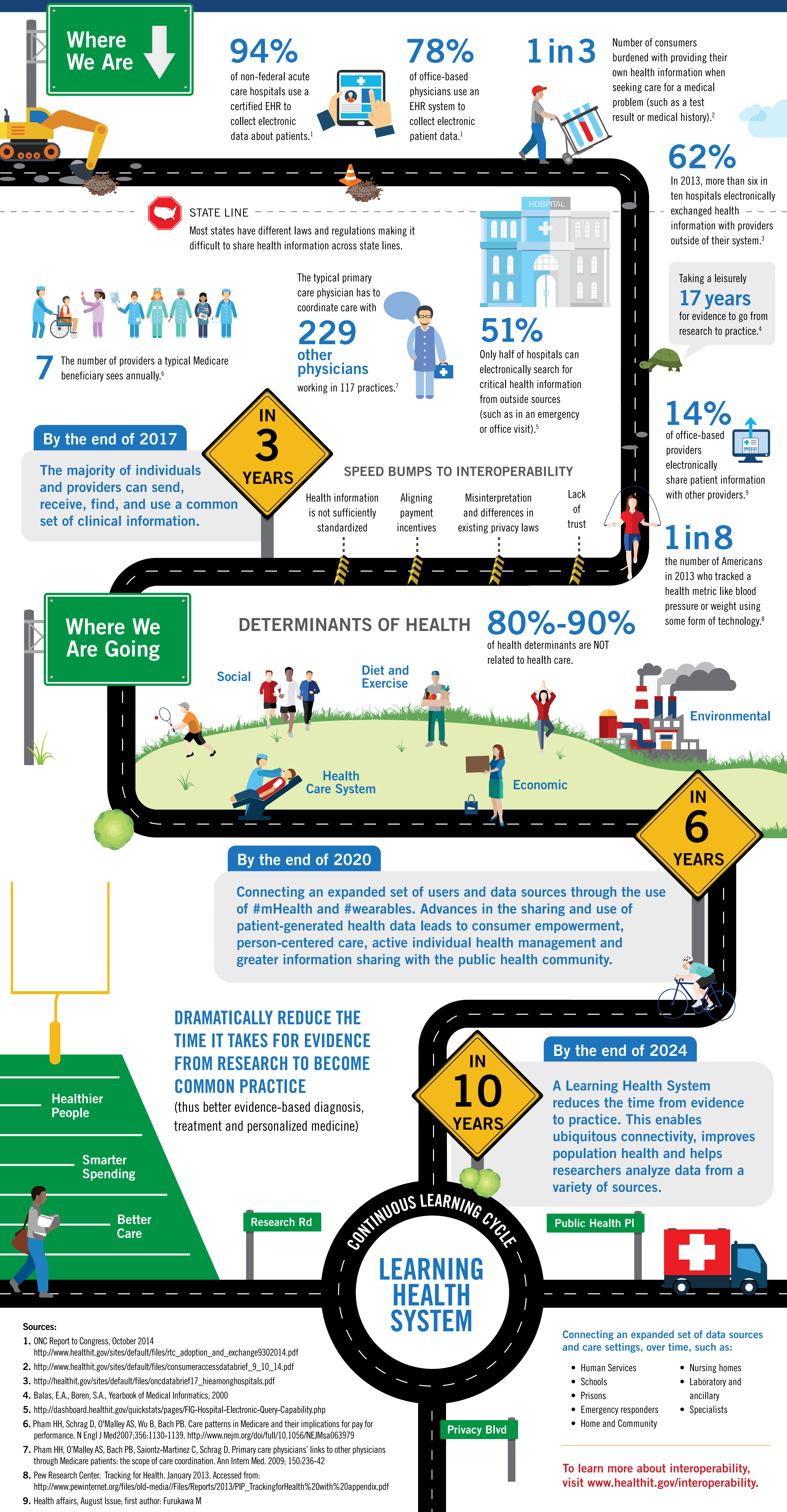


## Shared Nationwide Interoperability Roadmap: The Journey to Better Health and Care

The nation relies on Health IT to securely, efficiently and effectively share electronic health information with patient consent to achieve better care, smarter spending and healthier people. Interoperability will transform our health system from a static one to a learning health system that improves individual, community and population health.



**Where We Are**

**94%**

of non-federal acute care hospitals use a certified EHR to collect electronic data about patients.<sup>1</sup>

**78%**

of office-based physicians use an EHR system to collect electronic patient data.<sup>1</sup>

**1 in 3**

Number of consumers burdened with providing their own health information when seeking care for a medical problem (such as a test result or medical history).<sup>2</sup>

**62%**

In 2013, more than six in ten hospitals electronically exchanged health information with providers outside of their system.<sup>3</sup>



**STATE LINE**

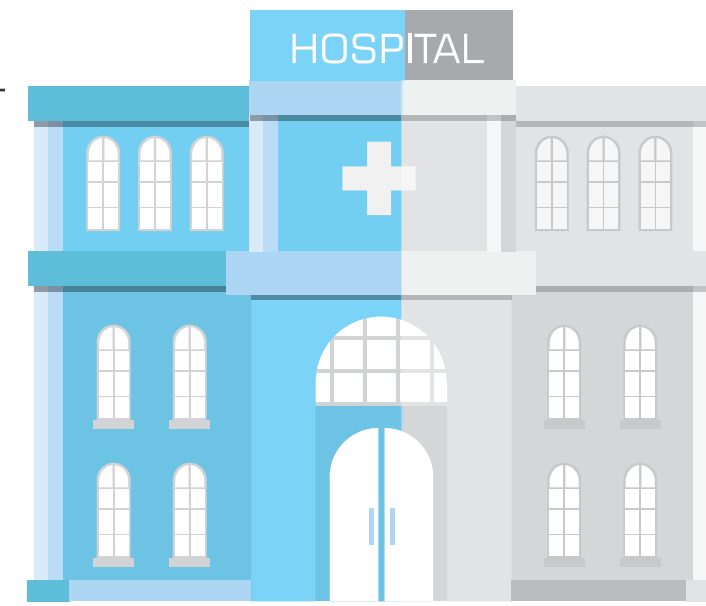
Most states have different laws and regulations making it difficult to share health information across state lines.



**7** The number of providers a typical Medicare beneficiary sees annually.<sup>6</sup>

The typical primary care physician has to coordinate care with

**229 other physicians** working in 117 practices.<sup>7</sup>



**51%**

Only half of hospitals can electronically search for critical health information from outside sources (such as in an emergency or office visit).<sup>5</sup>

Taking a leisurely

**17 years**

for evidence to go from research to practice.<sup>4</sup>

**14%**

of office-based providers electronically share patient information with other providers.<sup>9</sup>

**1 in 8**

the number of Americans in 2013 who tracked a health metric like blood pressure or weight using some form of technology.<sup>8</sup>

**By the end of 2017**

The majority of individuals and providers can send, receive, find, and use a common set of clinical information.



**SPEED BUMPS TO INTEROPERABILITY**

Health information is not sufficiently standardized

Aligning payment incentives

Misinterpretation and differences in existing privacy laws

Lack of trust

**Where We Are Going**

**DETERMINANTS OF HEALTH**

**80%-90%**

of health determinants are NOT related to health care.

Social

Diet and Exercise

Environmental

Health Care System

Economic

**By the end of 2020**

Connecting an expanded set of users and data sources through the use of #mHealth and #wearables. Advances in the sharing and use of patient-generated health data leads to consumer empowerment, person-centered care, active individual health management and greater information sharing with the public health community.

**DRAMATICALLY REDUCE THE TIME IT TAKES FOR EVIDENCE FROM RESEARCH TO BECOME COMMON PRACTICE**

(thus better evidence-based diagnosis, treatment and personalized medicine)

**By the end of 2024**

A Learning Health System reduces the time from evidence to practice. This enables ubiquitous connectivity, improves population health and helps researchers analyze data from a variety of sources.



**CONTINUOUS LEARNING CYCLE**

**LEARNING HEALTH SYSTEM**

Public Health PI

Research Rd

Privacy Blvd

Healthier People

Smarter Spending

Better Care

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Connecting an expanded set of data sources and care settings, over time, such as:

- Human Services
- Schools
- Prisons
- Emergency responders
- Home and Community
- Nursing homes
- Laboratory and ancillary
- Specialists

To learn more about interoperability, visit [www.healthit.gov/interoperability](http://www.healthit.gov/interoperability).