

INTEROPERABILITY: WHAT **CAN** AND **SHOULD** WE REALLY EXPECT?

KLAS Research: Interoperability Study 2016

Presented at AMDIS Physician Computer Connection Symposium

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What Does Interoperability Look Like?



- CIO's /CMIO's from 30 separate organizations
- 10 Leading EMR vendors:
 - Cerner
 - Epic
 - MEDITECH
 - GE
 - Greenway
 - eClinicalWorks
 - athenahealth
 - Allscripts
 - McKesson
 - NextGen



Created:

- Questionnaire for providers and provider leadership to measure current provider interoperability experience and create a baseline that could be used to measure progress
- Interoperability Measurement Advisory Team (IMAT)
 - 25 members
 - 10 vendor representatives
 - 15 providers/CIO's



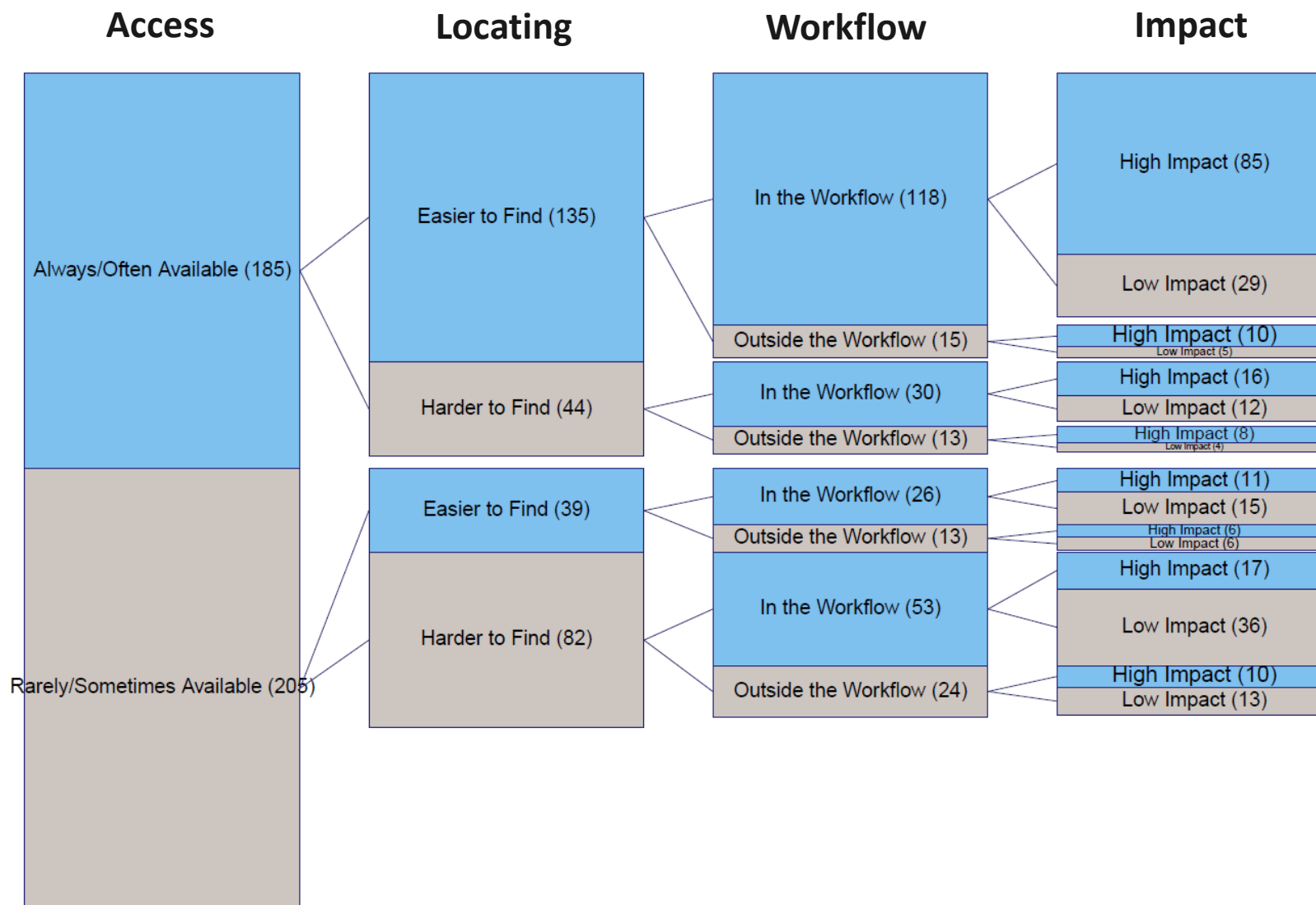
- **Access:** From a clinician point of view, how possible is it to access patient records from an outside organization?
- **Locating:** From a clinician point of view, how difficult is it to find the records I need?
- **Workflow:** From a clinician point of view, are outside records incorporated into my workflow?
- **Impact on Patient Care:** From a clinician point of view, what impact do outside records (shared) have on patient care?
- **Technical Delivery:** HL7, pdf, FHIR, etc.
- **Satisfaction with My Vendor's Sharing:** How satisfied am I with my vendor's efforts to support my interoperability?
- **Satisfaction with Other Vendors I Connect To:** Satisfaction ratings for vendors I have connected with

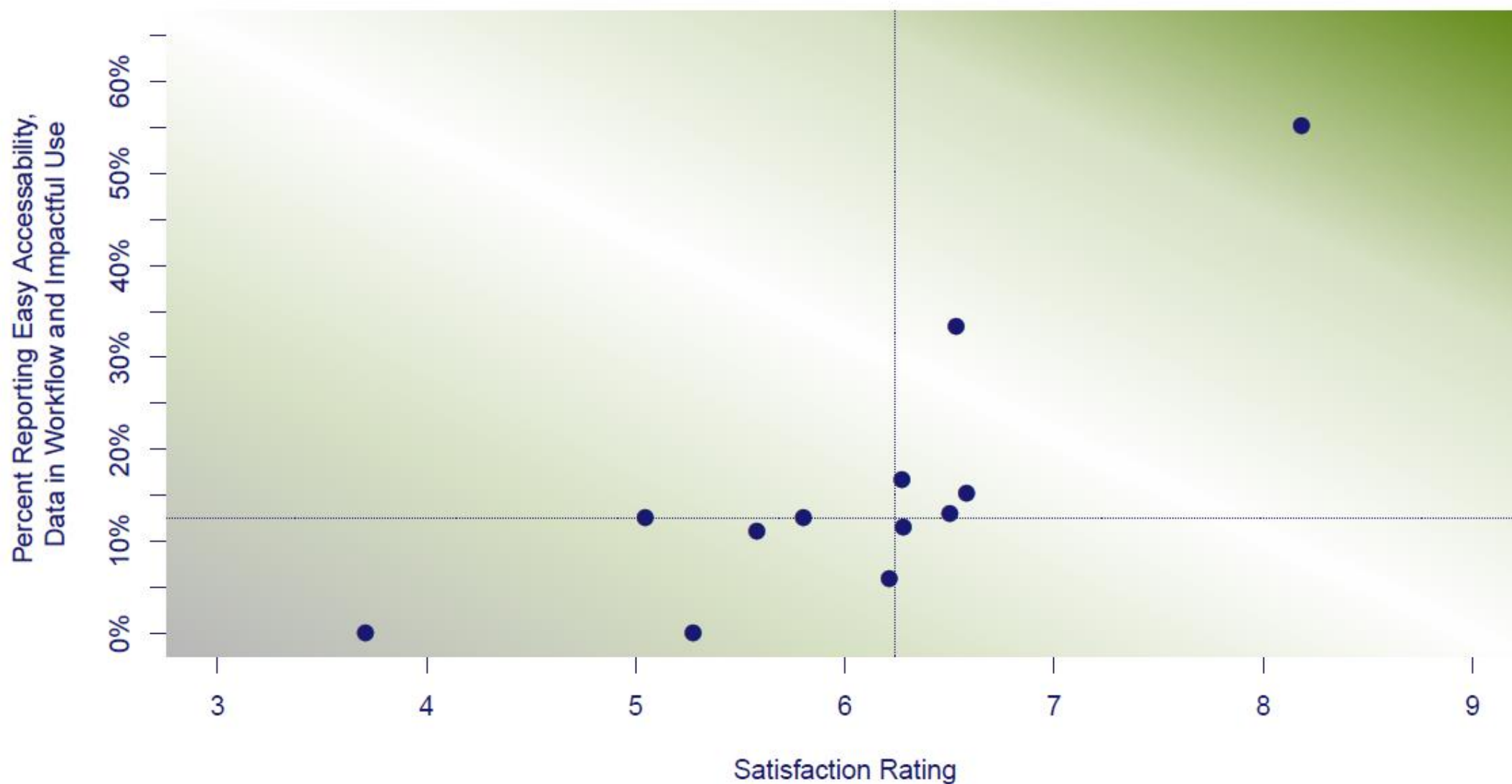
Measurement	Same Vendor Sharing	Different Vendor Sharing
Availability	Nearly Always Often Sometimes Rarely Never	Nearly Always Often Sometimes Rarely Never
Location	Automatic Notification Simple to find Require moderate effort Require significant effort Nearly impossible to find	Automatic Notification Simple to find Require moderate effort Require significant effort Nearly impossible to find
Workflow	Fully integrated into EMR Separate tab but within EMR One portal outside the EMR Multiple portals outside the EMR	Fully integrated into EMR Separate tab but within EMR One portal outside the EMR Multiple portals outside the EMR
Impact	Nearly always benefits patient care Often benefits patient care Sometimes benefits patient care Rarely benefits patient care Never benefits patient care	Nearly always benefits patient care Often benefits patient care Sometimes benefits patient care Rarely benefits patient care Never benefits patient care

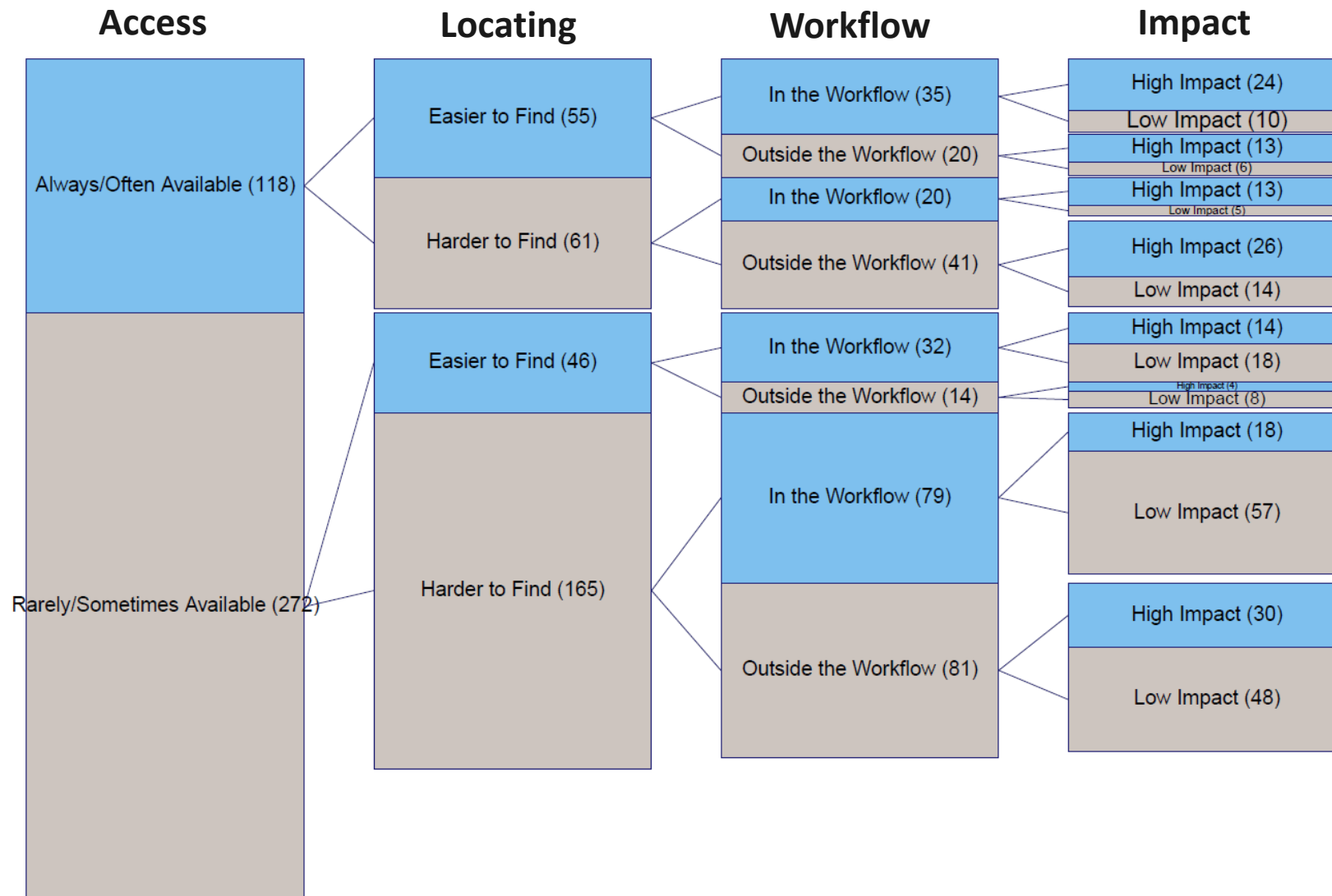


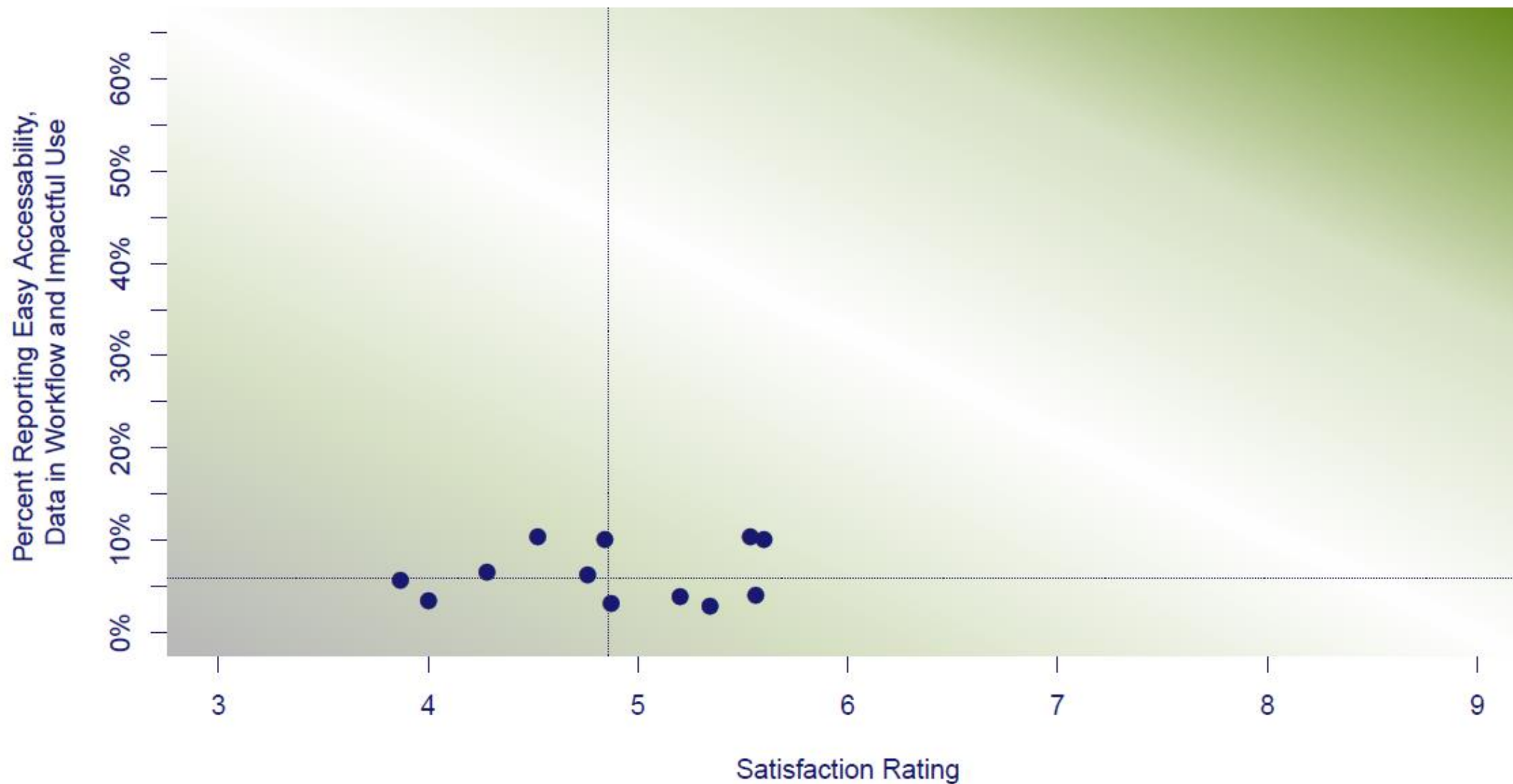
Clinicians find that patient records located with
critical exchange partners are

- usually **available**
- **simple to find**
- viewed **within the** clinician **workflow**
- Positively **impacting patient care**









- “I saw somebody that had appendicitis. I typed up my notes, finished them, printed them off, and had the patient carry them to the next provider. Sometimes we fax over records.”
- “At this point, we are unable to get any patient data from exchange partners that have different EMR vendors. When we need to access records from other organizations, we just have our patients sign a release form and we fax the form to the other organization. Then the organization faxes the patient records to us, and we scan them into our EMR. We don't electronically exchange data with anyone at this point, and I don't know whether we have ever tried to. I don't think we even know what is available to us.”
- “Being connected to the state HIE has been awesome for us. Everything we send out to the other organizations we work with goes out through the HIE.”
- Our EMR generates a clinical summary and a discharge summary, but the layout of the clinical summary is not user friendly. The documents don't use sentence structures that can be easily read, and they don't put the important information in clear, easy-to-find places. The information is usually there; I just have to sort to find it.

Thank You

Howard Landa

hlanda@alameadahealthsystem.org

Spencer Kelley

Spencer.Kelley@KlasResearch.com