



# Current State of Progress Towards Achieving True Interoperability: Results of 2016 Survey

DRAFT

# Housekeeping Issues

- All participants are muted
  - To ask a question or make a comment, please submit via the chat feature and we will address as many as possible after the presentations.
- Audio and Visual is through [www.readytalk.com](http://www.readytalk.com)
  - If you are experiencing technical difficulties accessing audio through the web, there will be a dial-in phone number displayed for you to call. In addition, if you have any challenges joining the conference or need technical assistance, please contact ReadyTalk Customer Care: 800.843.9166.
- Today's slides will be available for download on the eHI Resource page at:  
**<https://www.ehidc.org/resources/eventsummaries>**

# Agenda

- Introductions
- Review of Survey Results
  - Jennifer Covich Bordenick, CEO, eHealth
- Discussion & Comments
  - Jon Zimmerman, Vice President and General Manager, Value Based Care Solutions, GE Healthcare
  - Christopher Ross, Chief Information Officer, Mayo Clinic
- Questions & Answers from Audience

# Thank You



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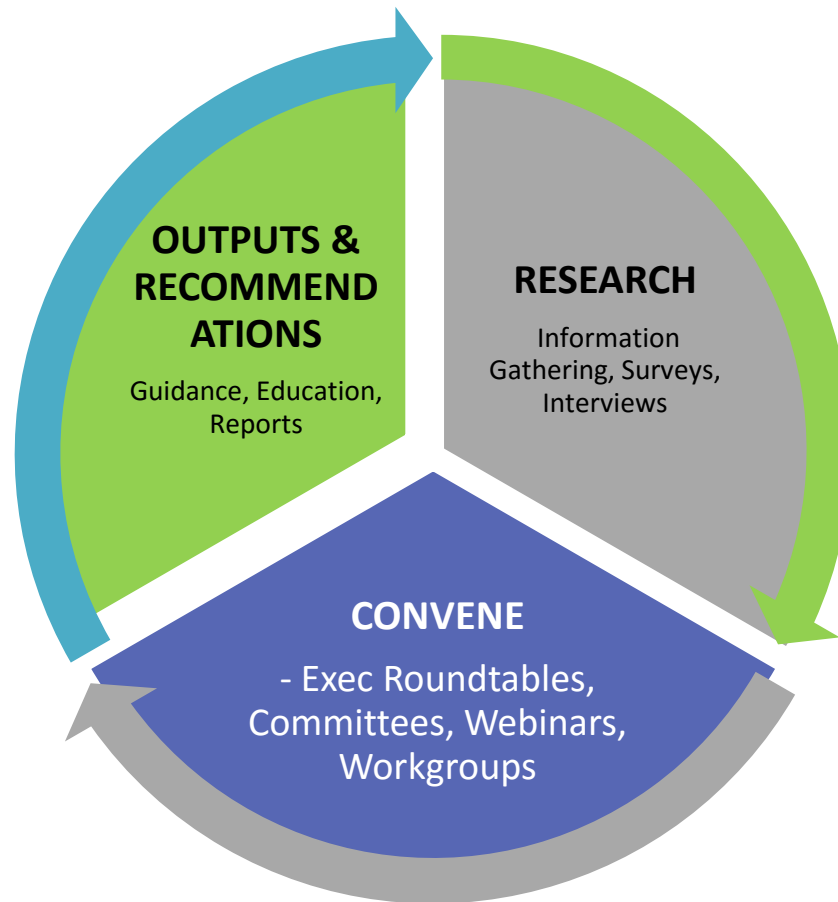


# Overview of eHealth Initiative

- Since 2001, eHealth Initiative (c6) and the Foundation for eHealth Initiative (c3) have conducted research, education and advocacy to demonstrate the value of technology and innovation in health.
- Serve as the industry leader convening executives from multi-stakeholder groups to identify best practices to transform care through use of health IT
- The missions of the two organizations are the same: to drive improvement in the quality, safety, and efficiency of healthcare through information and technology.
- Our work is centered around the *2020 Roadmap*. The primary objective of the *2020 Roadmap* is to craft a multi-stakeholder solution to enable coordinated efforts by public and private sector organizations to transform care delivery through data exchange and health IT.



# Roadmap to Transforming Care



# eHealth - Convening Executives to Research & Identify Best Practices





# Survey Results from December Interoperability Survey



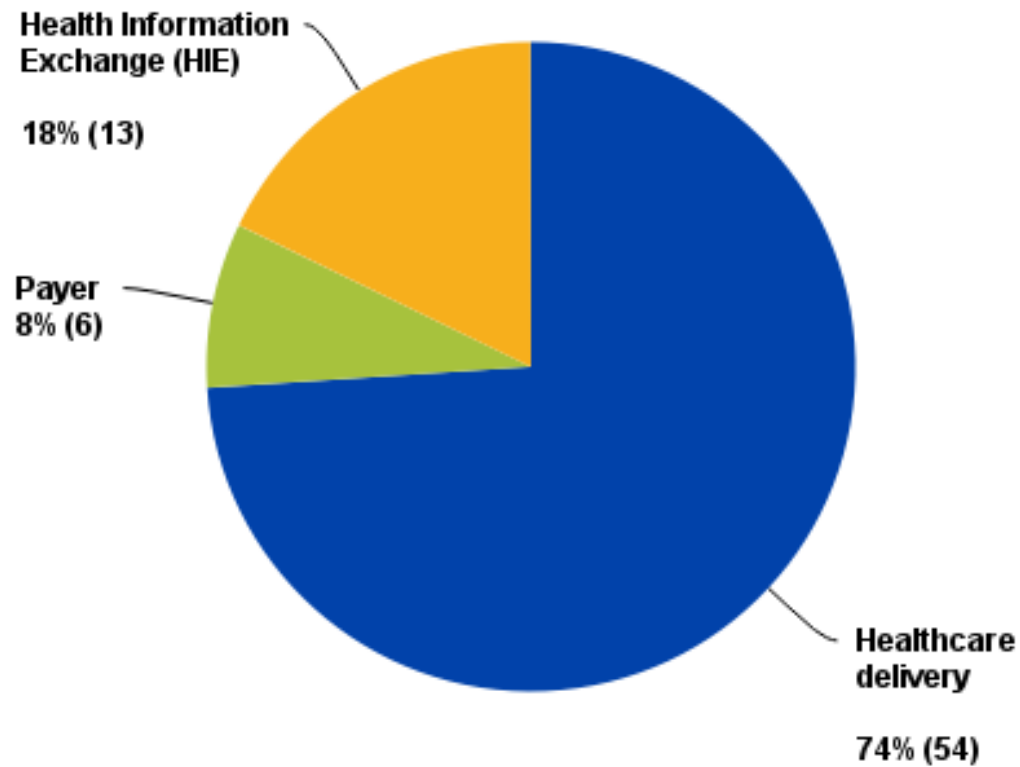
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# Survey Methodology

- This is a non-scientific survey that provides a snapshot of industry perspectives and the state of the field.
- Survey of 23 multiple-choice and open ended questions
- There were 125 respondents, with the option of remaining anonymous.
- 75% of respondents were in healthcare delivery (hospital, medical group or ACO).
- Today we will discuss the results from the 75% healthcare delivery, payer and HIE respondents. Does not include vendors or consultant or other respondents.
- 75% of these respondents were in executive IT or clinical leaders.

# Which of the Following Best Describes your Organization?



# General Perspectives on Technology

- 75% agree that since 2008, technology has helped increase healthcare quality.
- 68% agree that technology has helped promote team-based care concepts.
- 32% agree that since 2008, technology has helped decrease healthcare costs. 42% disagree

# Perspectives on Interoperability and Value Based Care

- 95% agree that strong interoperability capabilities are a key IT requirement for a successful transition to Value-Based Care.
- 85% agree that current interoperability solutions in the market are not meeting our needs as we transition to Value-Based Care.

# Great Progress Has Been Made Using Technology to Engage Consumers in their Health Management ?

- 46% Agree
- 33% Disagree

# Where does interoperability have the greatest impacts?

Highly Impacted

- Expedite access to externally sourced patient data, e.g. labs reports, test results, documents from registries, other clinically relevant documents.
  - Identify gaps in care during an encounter
    - Improve quality of care by closing care gaps with improved workflows
      - Close referral loops
        - Enable patient access to data from their medical records
          - Enable patients to provide data (i.e. Fitbit, remote monitoring, etc.)

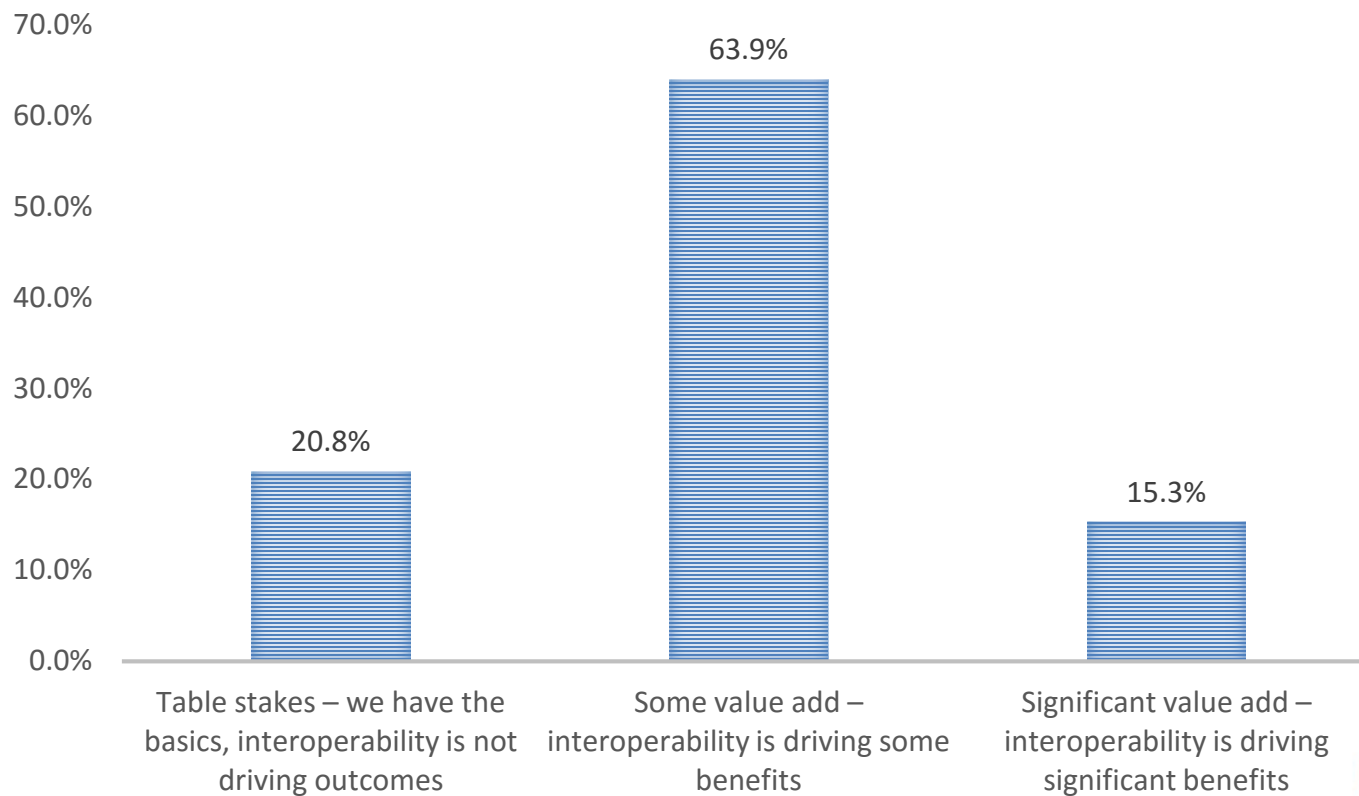
Least Impacted

# How Much is Lab Data Worth to You?

To have access to lab results/ orders/ tests which are readily available, easy to locate, integrated into clinician's workflow AND also drives significant practice outcomes...

- I would pay a premium value for this capacity- 49% of respondents
- I would pay a nominal fee for this capacity- 38%
- I'm not willing to pay for this- 13%

# Rate Your Current Interoperability Solutions Ability to Drive Value-Based Care Outcomes







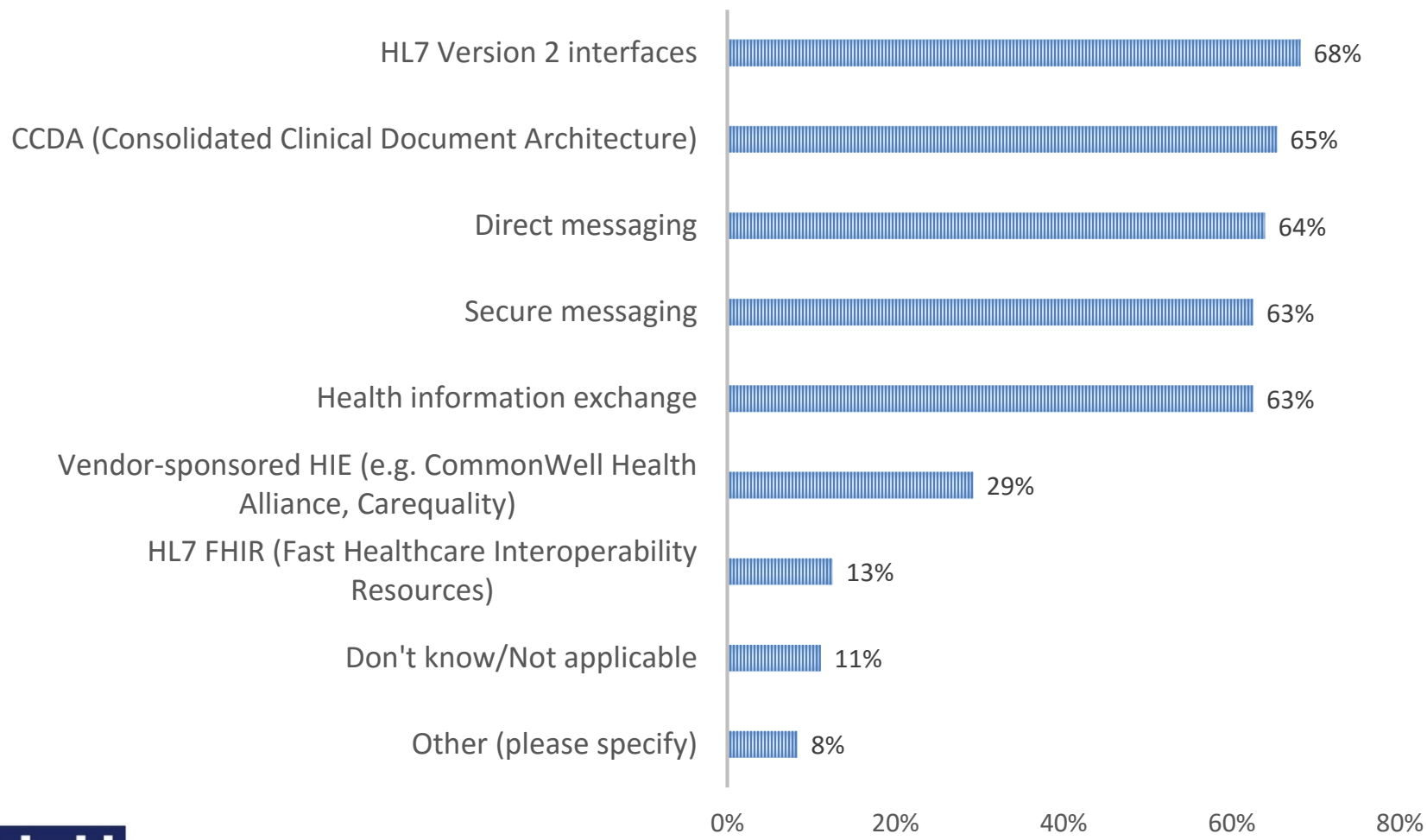
# Connectivity Areas Most Important to Your Organization

(Ranked Most Important on Top)

1. **Interoperability across providers:** Use interoperability to gather EMR records across different provider organizations to support a holistic view of the patient and accountable care collaboration (Population Health Management Interoperability)
2. **Interoperability within the practice/provider organization:** Access patient records within the provider organization via several interfaces (labs, patient portal, 3rd party modules, etc.) to build complete patient record, but still practice
3. **Payer-Provider interoperability** - Close care gaps via access to missing information from payer
4. **Reporting:** Exchange data for regulatory reporting/industry wide data for **research purposes**



# Interoperability Solutions Used Today

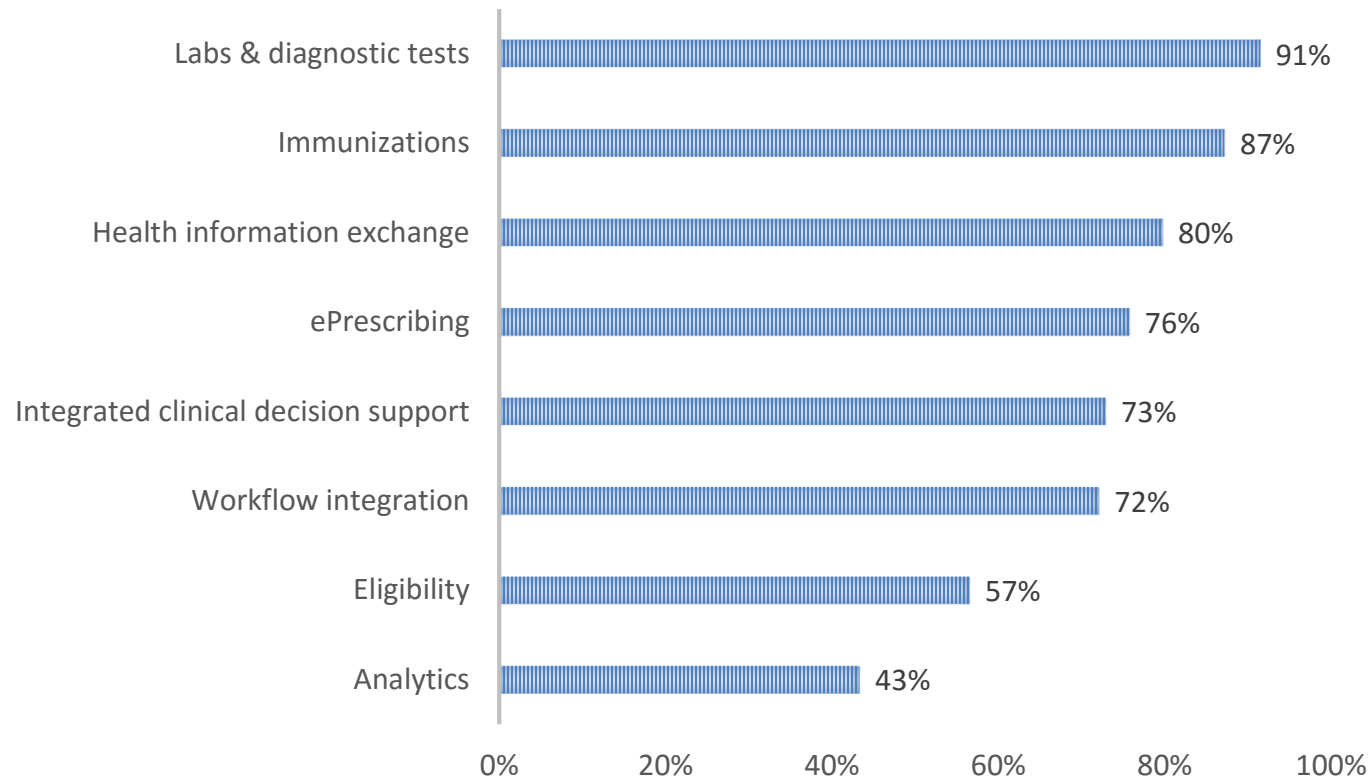


# How Do IT Vendors Charge?

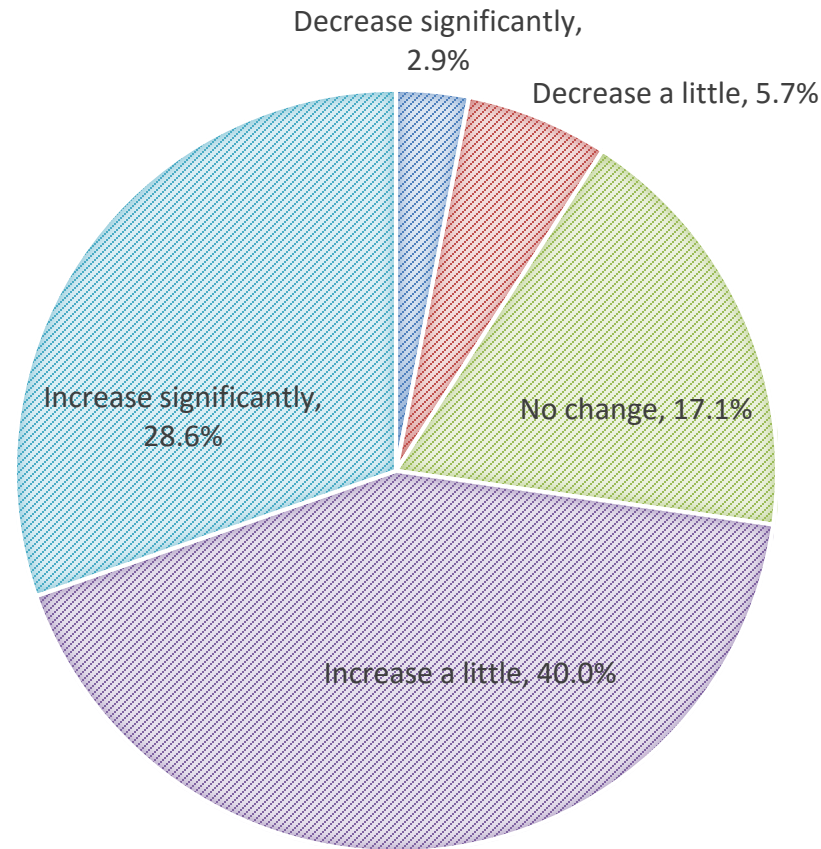
	<b>Rolled into our core IT platform (i.e. EMR, RCM, PHM, Claims Administration) or No Charge</b>	<b>Separate add-on fee</b>
<b>Health information exchange</b>	<b>21%</b>	<b>41%</b>
<b>Direct messaging</b>	<b>21%</b>	<b>38%</b>
<b>HL7 Version 2 interfaces</b>	<b>19%</b>	<b>36%</b>
<b>Secure messaging</b>	<b>25%</b>	<b>34%</b>
<b>CCDA (Consolidated Clinical Document Architecture)</b>	<b>32%</b>	<b>24%</b>
<b>HL7 FHIR (Fast Healthcare Interoperability Resources)</b>	<b>12%</b>	<b>24%</b>
<b>Vendor-sponsored HIE (e.g. CommonWell Health Alliance, Carequality)</b>	<b>10%</b>	<b>22%</b>

# Capabilities Expected In Core Interoperability Platform (Not Add On Cost)

(Core includes: EMR, Pt Engagement, Pop Health and Payer-Provider Collaboration systems)



# Interoperability Budget Changes Over Next 2-3 Years





# Perspectives on Regulations

- 60% do NOT believe current federal policies, committees, and regulations are sufficient to help the nation attain interoperability by 2020.
- 69% agree additional federal incentives need to be created and/or redesigned to enable delivery system transformation.
- Mixed reactions on self-regulation, 35% agree on self-regulation, 39% disagree.
- 60% do NOT believe providers clearly understand which clinical information can be legally shared with other providers and payers.

# Comments from Respondents

**What is lacking in the interoperability solutions your organization is using today?**

Need for  
Standardization

- Lack of standardization among vendors.
- Need for standardized vocabulary and well-defined operational definitions of data fields.

Integration with  
EMR

- Information coming from another provider needs to be integrated in our EMR.
- There should be a query and retrieve function.

Strong Business  
Case

- There needs to be increased willingness to share patient data among providers.
- Currently difficult to directly show improved outcomes as a result of investment.

Data Ownership

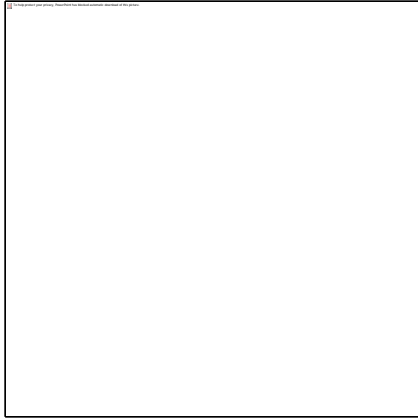
- Payers still own data, so it is difficult to retrieve.

# Overall Trends

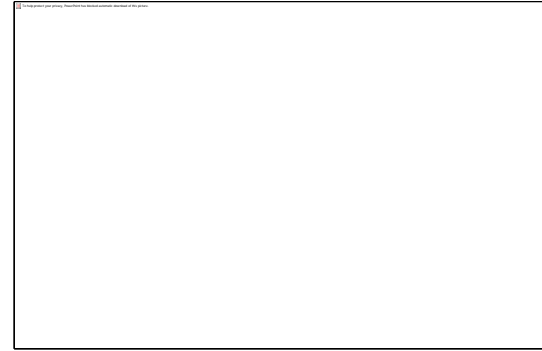
- **Importance of interoperability to value based care.** There is strong agreement that interoperability is needed for value based care. The majority of respondents feel that their interoperability solutions were providing benefits for value based care.
- **Interoperability costs have an impact on organizations.** Majority of respondents did not feel interoperability was decreasing healthcare costs in their organizations, and many expect their budgets for IT to increase in the coming years. 41 percent to pay over 100K, 22 percent to pay or 500K over next three years.
- **Value of interoperability is dependent upon the type of info exchanged.** Access to labs, tests, results are expected to be included in core platforms and seen as most valuable. Connectivity across provider organizations is most important to organizations. Exchanging data for regulatory reporting and industry wide data for research purposes is not as important connectivity area for payer, provider and HIE organizations.
- **Mixed reaction to federal intervention with interoperability, deems further research.** Majority felt federal policies and regulations are not currently sufficient to help the nation achieve interoperability by 2020, however majority believe more federal incentives are needed.



# Discussion



Jon Zimmerman  
General Manager, Clinical Business  
Solutions, GE Healthcare Digital



Christopher Ross  
Chief Information Officer, Mayo Clinic

# Thank You



GE Healthcare

