



The Real Story on Interoperability: Implications for Provider Organizations

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7 October 2005

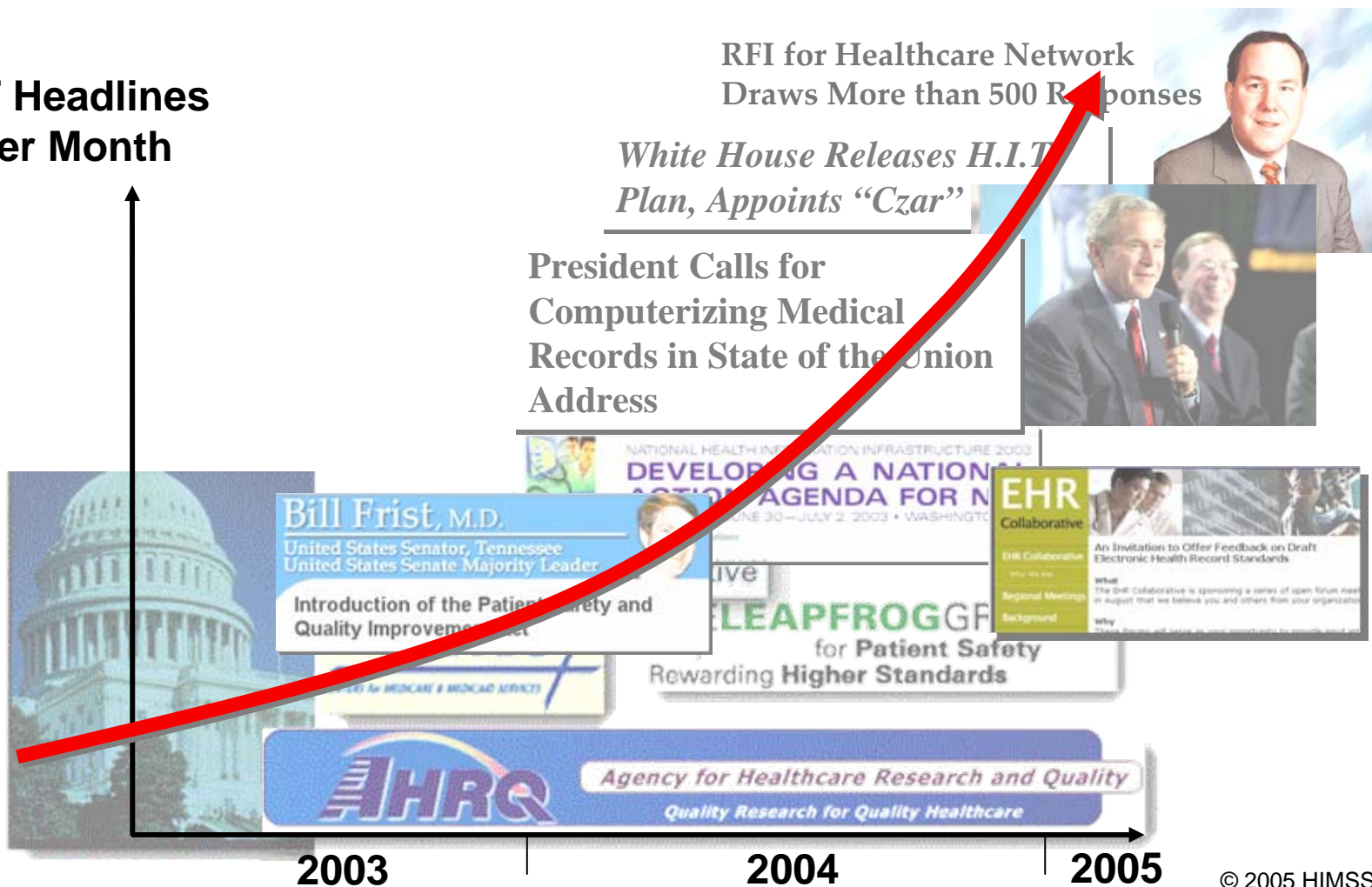


Caveat & Problem

- Caveat – HIMSS Analytics doesn't have much in the way of data on “interoperability” in healthcare organizations
- Problem: “Interoperability” is at the peak of the Hype Cycle with conflicting definitions, lots of discussion with little action, and not much in the way of prospects for solutions in the near future.

The dot.Gov Phenomenon in HIT

HIT Headlines
per Month





Secretary Leavitt's 500 Day Plan

- Expressing a clear vision of health information technology that conveys the benefits to patients, providers and payers.
- Convening a national collaboration to **further develop, set and certify health information technology standards and outcomes for interoperability**, privacy and data exchange.
- Realizing the near-term benefits of health information technology in the focused areas of adverse drug-incident reporting, e-prescribing, lab and claims-sharing data, clinic registrations and insurance forms.



Secretary Leavitt's 5000 Day Plan

- **Nearly all health records can be linked **through an interoperable system** that protects privacy as it connects patients, providers and payers – resulting in fewer medical mistakes, less hassle, lower costs and better health.**
- Consumers are better informed and have more choices.
- Wellness and prevention are sought as rigorously as treatment.
- New drugs and innovation are rapidly approved and continually monitored afterwards, and new information is proactively communicated to providers and patients.
- Payers reward providers for healthy outcomes rather than quantity of care and services.
- 12-14 million more Americans have health insurance.
- Inequalities in health care are eliminated.
- Common-sense medical liability reform makes health care more affordable and accessible for all Americans.



Definition of Interoperability

- **Interoperability** is the ability of two or more systems or components to **exchange** information and to **use** the information that has been exchanged.
 - Problem: Information/data standards need to be developed to facilitate this process.
 - Problem: Key standards organizations are battling over how to create the standards!!



The difference between EMR & EHR

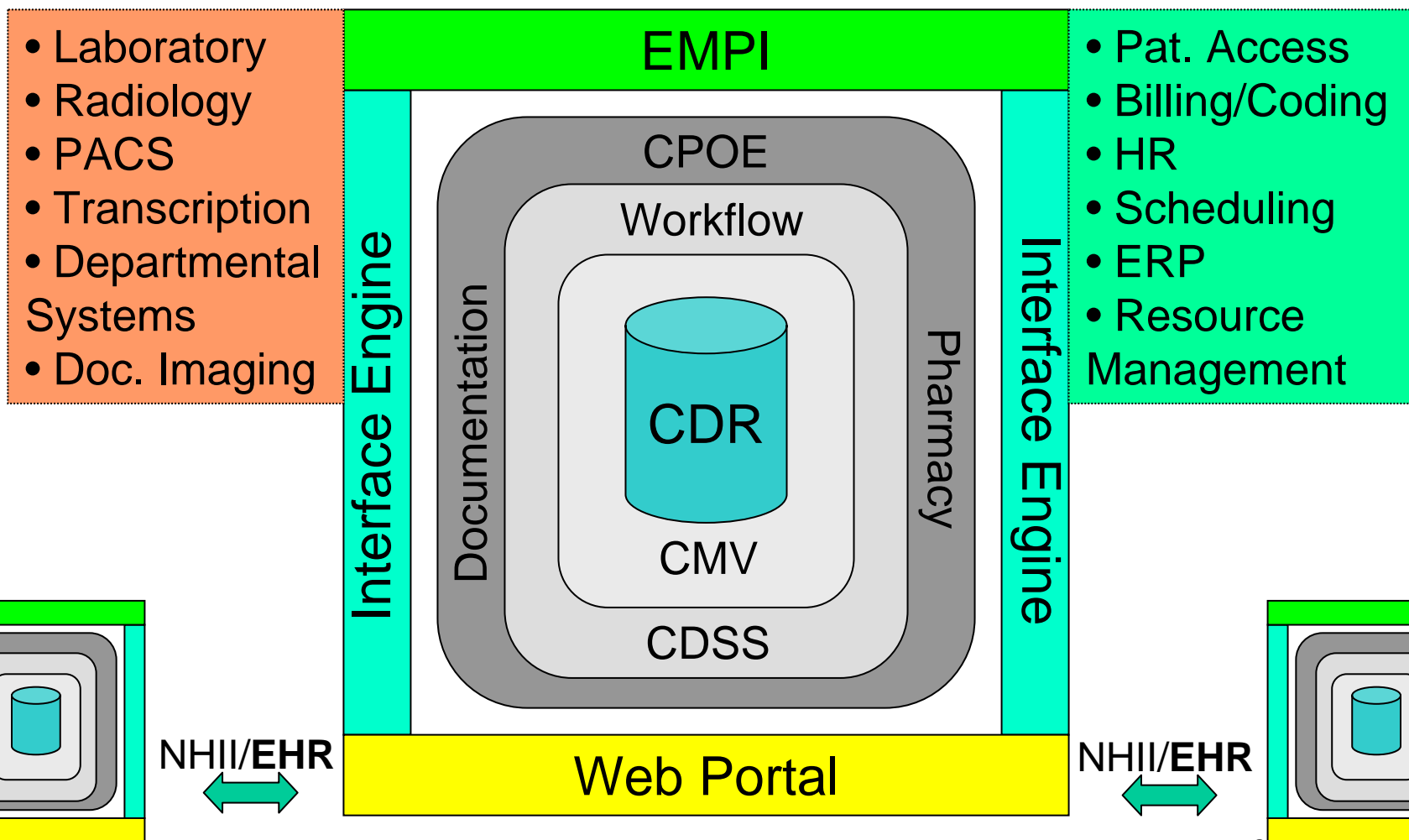
Electronic Medical Records

- The legal record of the HCO
- Complete record of all patient encounters in that HCO
- Owned by the HCO
- It's what's being sold by vendors and installed by hospitals, health systems, clinics, etc.
- May have patient access to some results info through a portal
- Does not contain other HCO encounter information

Electronic Health Records

- Subset (CCR) of information from various HCOs where patient has had encounters
- Owned by patient
- State, regional, or nationwide (RHIOs)
- Has patient access as well as the ability for the patient to append information.
- Connected by NHII

EMR and EHR Environments





Interoperability Issues

- Prerequisites:
 - Standards for exchange as well as content
 - Why is it vendors' best interest to level the playing field?
 - When are we going to have CMV standards?
 - When are we going to have an atomic-level data dictionary?
 - When are ASTM and HL7 gonna stop fighting?
 - When is the federal government going to step up to “mandating” standards for exchange and content?
 - Replicable business model for RHIOs
 - Lots of smoke and little fire
 - Lots of wheel reinvention going on
 - What are the business incentives?



Interoperability Issues

- Prerequisites:
 - Integration within HCOs
 - Move to best of suite helpful but insufficient
 - Robust controlled medical vocabularies required
 - Need discrete data elements rather than text blobs, at least until natural language processing hits the “plateau of productivity”
 - Clinical documentation needs to be implemented to provide discrete data elements
 - Much greater penetration of EMRs than at the present
 - 56% of acute care HCOs claim to have them
 - 10%-18% of physician practices claim to have them



Thank You!

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