

Connected care for clinicians

Q&A from clinician health IT expert Dr. Michael Blackman

What does interoperability mean to you as a clinician?

At its broadest concept, interoperability means having “everything” working together no matter the source. Looking at typical consumer items, “interoperability” is why a DVD or DVR works with any TV set. In Health IT, it involves both hardware and software from multiple vendors working together, plus the ability to see patient information (data) no matter where the information originated. Additionally, clinicians want the information to be available in ways which fit seamlessly within their workflow.

How do interoperability challenges today differ from interoperability challenges five years ago?

While interoperability has progressed in recent years, that progression now presents new challenges. Today, thanks in large part to the work by organizations like CommonWell and Carequality spurred by regulatory changes, it is now easier to access clinical information from other health systems via a CCD/CCDA. In many cases, however, the information is presented simply as a collection of documents, which can be time consuming to sort through.

In some cases, it is possible to extract discrete data elements from the information, but often this a manually initiated process. While this is certainly better than not having ready access, it is not as good as true semantic interoperability, where the information is combined and presented in a way that facilitates clinical care. Part of today’s challenge is to continue moving forward and not rest on the progress of document exchange alone.

Is interoperability gaining momentum or stalled, and why?

While the progress made in document exchange may have somewhat slowed the momentum, the drive toward greater interoperability will continue. Reducing clinician burnout remains a priority and interoperability work leading to increased efficiency within workflows will help that aim.

As a clinician, what does your usual daily workflow look like? What are some challenges you face?

Clinician workflows vary by specialty, within specialties and by practice setting, so is it difficult to describe a “common” clinician workflow. But some challenges and needs are consistent.

- **Increasing quantity of information.** While interoperability has the potential to connect information from multiple sources to improve patient care, unless the information is presented well the time needed to review it can increase dramatically.
- **Reimbursement and regulatory changes** that drive additional documentation requests
- **Economic pressures** that exacerbate an environment where one is expected to see more and more patients

How does technology both hinder and help you as a clinician on a day-to-day basis?

Health IT can provide access to information which might not otherwise be easily available, can provide decision support to help prevent errors, and offers efficiencies, such as ePrescribing, which are beneficial for patients. Many of the workflows, however, especially those related to documentation, can be cumbersome and take more time than they did prior to the implementation of the EHR.

What would your ideal EHR system do to address your challenges?

In my opinion, an ideal EHR would focus on the following:

- Supporting an efficient clinician workflow which enables users to work to the top of their license
- Easy searching
- Clinical decision support which can be, as appropriate, adjusted to the user to minimize nuisance alerts
- Highlighting information clinicians need to make decisions most of the time at the top level
- Integrated reporting and analytics capability
- An open system which easily interoperates with others
- Being responsive. Unless it is apparent why something is taking longer, the system should be waiting for the user, not the user waiting on the system.
- Being mobile. Information should be available on the device best suited to where the clinician is working and what they are trying to do.

Similar challenges exist in different approaches to interoperability

Healthcare leaders can learn from each other's processes and solutions

By Mike McAfee, Associate Vice President, Interoperability, Connected Communities

I led an interoperability discussion among healthcare executives last year. They came from different organizations and many faced significant transitions. They used a variety of electronic health records (EHRs) and diverse approaches to data exchange.

Despite these differences, there are remarkable similarities in their interoperability journeys.

Do we trust the data?

During the session, we asked about the executives' primary concerns with data that they use to manage patient populations. Data quality and trust concerns were at the top of the list. The dialogue that followed that survey question focused on trust in terms of cybersecurity, which is certainly top of mind these days.

However, trust can have a different meaning when it comes to pulling in data from different sources. We've learned from our clients that clinicians need to be confident in this information for it to be useful. When another data source reports a patient has an allergy, for example, a clinician needs to know if that is stale information or newly updated.

One field that drives the success of interoperable information more than anything else: who documented that element? Is it a trusted clinician who is known for accurate diagnoses? Ultimately for interoperability efforts to be successful, we must establish trust in the security and reliability of the information provided.

How do transitions affect tech?

Almost everyone in the room reported having experienced an organizational transition in the last six months, including acquisitions, mergers, joining an Accountable Care Organization (ACO) and tackling shifting payment models.

The number one challenge reported as a result of these transitions is data migration. Moving information from one system to another can be a key component of health system strategies to maximize the value of a merger or network realignment.

One-third of the executives we spoke to said that the challenges of transitions have caused them to consider moving to a new EHR system. Frankly, I thought this number would be higher. I was curious if organizations that had moved to a single EHR system would report finding greater success with interoperability than those that had not. Whether they chose a single vendor or implemented an interoperability platform—everybody was in the same boat.

A monolithic vendor is not the answer

Even organizations that have gone to a single vendor are reporting that one system will never tell clinicians everything they need to know about the patient. There will always be another system to connect, and organizations will still need to make sense of the data when it arrives.

In reflecting on this meeting, I'm reminded of another conversation I had with a CIO of a large hospital system. She oversees dozens of instances of the same EHR across more than 150 hospitals. Even though it is the same EHR, the data is different in every single instance. She said, "I can't count anything. I can't tell you how many patients came to our ED [emergency department] because the instances all call an ED stay by a different name." Something as simple as managing "intra-operability" within a system is not simple when there's no synchronization.

These health systems share a common goal. They are trying to manage their populations more efficiently by delivering the right care to the right people at the right time. The key to success is to use data as an asset at the point of need.