EHR Interoperability

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Agenda

- NJ-HITEC - Who we are and what we do

- Meaningful Use Stage 1 Exchange Requirement

- Meaningful Use Stage 2 Summary of Care Requirement

- Challenges and Barriers in Stage 2 EHR Interoperability

NJ-HITEC

- Federally-designated Regional Extension Center
  - Funded by the Office of the National Coordinator (ONC),
  - Provide Meaningful Use Services to NJ Primary Care Physicians
- Specialists and Sub-Specialist Providers.
- Services include:
  - Health IT Selection,
  - Adoption and Workflow Assistance,
  - Meaningful Use,
  - PQRS Data Registry,
  - Patient Centered Medical Home, ACOs, ICD-10

EHR Interoperability:
Meaningful Use Stage 1 Exchange Requirement

- <u>Objective</u>: Exchange key clinical information among providers of care and patient-authorized entities electronically

- <u>Benefits</u>: Improve the speed, quality, safety and reduce cost of patient care

- <u>Measure</u>:   Perform at least **one test** to electronically exchange key clinical information (no requirement for real patient summary of care)

- Requirement **obsoleted** in 2013 due to challenges faced by providers in understanding requirement

- <u>Objective:</u> The EP should **provide a summary care record** for each transition of care or referral.

- <u>Core Measure</u>: Converted to **CORE** Measure in Stage 2

- <u>Exclusion</u>: Any EP who transfers a patient to another setting or refers a patient to another provider **less than 100 times** during the EHR reporting period is excluded.

3 Measures Comprise Requirement:

- Measure 1: Transition summary of care record for **more than 50 percent** of transitions of care and referrals. **Does not** need to be **transmitted electronically**; can be paper.

- Measure 2: Transition summary of care record transmitted <u>electronically</u> for more than **10 percent** of such transitions and referrals either:
    - EHR (Direct or Simple Object Access Protocol (SOAP))
    - eHealth Exchange

- Measure 3: An EP must conduct **one or more** successful electronic exchanges of a summary of care document with a recipient who has a **different** EHR vendor or conduct one or more successful tests with the CMS **designated** test EHR

Provider Interoperability Issues

- **Additional Costs to Practices**
  - Direct
  - eHealth Exchange
    - Subscription, Per Click, Free?
- **Additional Functions Required by Practices**
  - Implementation
  - Interface Support
  - Coordination with Vendors and Partners
  - Sending Tests to Different Vendor EHR
- **Additional Training and Changes to Practice Workflow**
  - Information Content - Summary of Care / Data Captured in Encounter
  - Roles and Responsibilities in sending/receiving Summary of Care
    - Dependent on deployment model
- **Security**

- **Standards / Compatibility**
  - Multiple transport standards and Deployment Models
    - Direct and HISP
    - eHealth Exchange for transport and translation
    - Universal HIE Standards
    - 24/7 availability
  - Content
    - Normalize Nomenclature / CCD vs CCDA
    - Data mapping to 3rd party systems
    - Acknowledgement of receipt of transaction
  - Interoperability between different vendors' EHRs
  - Interoperability between 2011 and 2014 Certification Versions in the field
- **Security**
  - Authentication, Audit trails, Breach

- **Certification Testing**
  - Will the Certification companies be ready in time?
  - Certification requires that vendors handle all levels of communication
- **Additional Data Storage**
  - How will vendors handle additional Data elements in their databases?
    - Technical issues
  - Who will own the data?
    - Legal Issues

- **Interoperability Work Group (IWG) – supports Direct & HIE standards.**
  - IWG standards will be ready