How are you Tackling Interoperability?
Currently, providers, patients and payers use healthcare data in silos, with no incentives to share information. The healthcare industry, in its quest to meaningfully exchange and interpret shared data, continues to make strides toward interoperability, which can provide a better overall picture of the patient’s health, and lead to better diagnoses, care and treatment. However, the industry must resolve many challenges in order to truly achieve health care system interoperability.

Putting the “P” in Interoperability:
Over the next few weeks, we’ll provide insight on current challenges from the perspective of the 3 Ps: Patient, Provider and Payer. In this first installment, we’ll take a closer look at how the complexity of data within a health information system presents roadblocks toward interoperability from the provider’s perspective.

Problems with Processes:
A large hospital system may have hundreds of information systems running concurrently. These systems manage the administration during the patient’s experience, as well as the personal information and clinical data needed for the patient’s care. These include:

- Patient Demographic
- Data Registration
- Scheduling
- Nursing
- Lab/Testing/Microbiology
- Cardiology
- Radiology
- Pharmacy
- Billing
- Patient Medical History
- Clinical Notes
- Billing Codes
- Prescriptions

As many of these systems were built independently, they often do not integrate with each other, and may have different data entry and data formats. The challenge lies when it’s time to share data between disparate systems. Separate systems capture this information, while individualized software runs each process, and each one breaks down the data into different...
fields, which may not be captured in the same fashion or format.

Beyond the systems inside a network, other networks exist from different institutions and vendors, in various locations and states. All of the data must be collected and used to coordinate patient care, as well as analyzed to make accurate clinical decisions on behalf of the patient.

**Provider Headaches:**

From the health care provider's perspective, this disconnect between IT systems has created mounds of extra paperwork and manual entry for staff members. Without interoperability, patient records are often incomplete, and thus providers cannot freely make decisions, but rather must verify treatment (or dangerously rely on the patient’s word) before providing service or continuity of care. Often this inaccurate information causes duplicated efforts, such as incorrect billing or identical tests ordered for the same patient because information was not available at the point of care. According to the Department of Health and Human Services, 20 percent of preventable medical errors are caused by a lack of access to health information, and one of seven primary care visits is impacted by missing medical information. Not only does this frustrate the patient and provider, but can also result in inaccurate diagnoses or even government fines and reimbursement issues.

When patients must change providers, patient records and data must transfer to a different system. If these systems don’t connect, then the new provider won’t have the correct patient records, and may have to request paper copies from the previous provider. This leads to more paperwork and data entry in order to make it usable in the new system. Even with something as simple as a change of insurance, each part of the system must update with the new information in order to keep the patient’s records current.

Because of these challenges, the government and private sector have begun working toward creating interoperability for health information. However, without common standards for integration, it’s understandable why hospitals are hesitant to invest millions of dollars into a new system that may not have cross-vendor interoperability.

**P is for Planning:**

As the healthcare industry moves more toward an integrated system along with corresponding standards, it will help facilitate a seamless communication between the 3 P’s: patients, providers and payers. Until then, health care organizations should begin the process of readying
their systems for integration. With a strategic plan and a budget in place to tackle interoperability in a manageable fashion, the process itself won't seem so overwhelming.