6 Interoperability Myths to Dispel Right Now

Recognize these misconceptions. Avoid the mistakes they can cause.

NEXTGEN® HEALTHCARE

It's no tall tale.
Yes. We need interoperability.

Without it there's no meaningful data sharing. No change. No improvement.
No "better" anything, including your organization's future success!

- Population health and value-based care won't happen without it
- Better clinical outcomes won't happen without it
- Improved patient experiences won't happen without it
- Better, faster workflows won't happen without it
- A better bottom line for your practice won't happen without it

It's time to get with it.

What's interoperability, anyway?

Basically, it's all the HIT software we use, working together easily.

The "working together" part means sharing data — regardless of origin or system — and the "easily" part means doing this with fewer clicks and little or no frustration.

The Healthcare Information and Management Systems Society (HIMSS) has lots of information on interoperability… because it's important:

Systems that allow providers to share data among different practitioners, insurers, billing/scheduling systems, and health information exchanges (HIEs).

You need both…

A great EHR user experience… and…open interoperability for easy, secure data sharing.

When you make health information technology (HIT) decisions it's tempting to focus more on data capture functions and the user experience.

But a robust level of EHR system interoperability — making sure your system can seamlessly exchange information with any other system, regardless of where it came from — is what may transform your practice or facility from merely "sustaining" to "thriving" in our brave new world of healthcare informatics.

Don't make critical interoperability decisions based on poor or even inaccurate information about this topic. In this eBook, we'll debunk some of the most common myths about interoperability.

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You need to work with your HIT partner to identify your interoperability goals.

- Are you trying to meet the Meaningful Use Stage 2 criteria?
- Do you need more data sources to improve your population health management?
- Do you simply need to exchange specific data with your local hospital?
- Or, are you building an accountable care platform?

INTEROPERABILTY MYTH #1

One size fits all.

No. Your solution must meet standards but be flexible.

With costly data gaps, duplications, and silos, it can be hard to integrate and share information across systems, locations, and your community. Software interfaces are deployed when incomplete or unsupported formats are encountered between data origination and destination points. The HIT world is bursting with interfaces of every kind, and for every reason. But be wary.

Custom interfaces can have a short shelf life and are among the most difficult software solutions to create for even the best developers. They also need to be maintained and supported. And sometimes interfaces just don't work as intended. Frustration and added costs can soon follow.

Now, in the face of persistent interoperability barriers created by proprietary vendor technologies, there's an open solution available to help you more easily build and maintain interfaces to move data from one system to another. With Mirth® Connect, it's easy to transform non-standard data into standard formats (such as Consolidated-Clinical Document Architecture, or C-CDA) – and monitor multiple interfaces.

INTEROPERABILTY MYTH #2

There is one standard to live by.

With HL7… it might seem like it; but HL7 is evolutionary.

The vision of Health Level Seven International (HL7), the non-profit ANSI-accredited standards developing organization with chapters in 30 countries, is to develop through consensus the best and most widely used standards in healthcare. The most current version of HL7 is Version 3.0 but it's not yet widely adopted. HL7 versions "2.x" are still widely used by HIT vendors.

It's sometimes referred to as "the non-standard standard" because almost every hospital, facility, imaging center, lab, etc., is "special" in that there is no such thing as a single, standard business or clinical data model for interacting across the healthcare spectrum. So HL7 is used as a flexible core standard upon which users "build to suit" using accepted HL7 formatting.

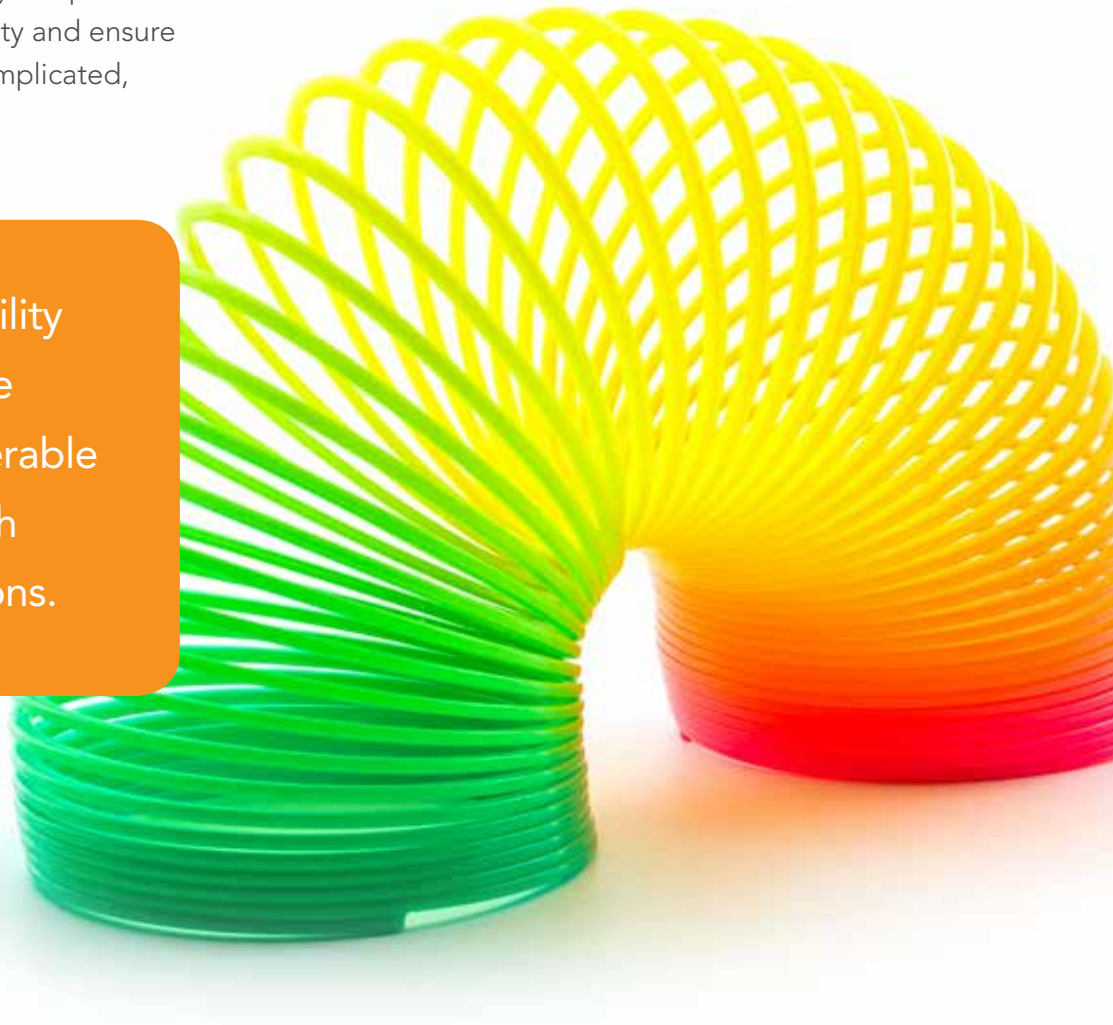
Users have seen the evolution and maturation of HL7 Version 2.x through the Continuity of Care Record (CCR), Care Record Summary (CRS), Continuity of Care Document (CCD), and Consolidated-Clinical Document Architecture (C-CDA). Increasingly more sophisticated, these standards are forming the backbone of how Protected Health Information (PHI) is shared, including best practice transitions of care.

Open up to open source.

Data standards are supposed to streamline and improve data workflows. In the shorter term, they've done the opposite in HIT. Consensus around key HIT data standards and related workflows is elusive. Healthcare is far behind other industries (think banking) in seamless interoperability.

The most important takeaway about HIT standards is to make sure your clinical, administrative, and financial software system(s) are flexible. Using an open source software solution is an excellent way to "build-in" system flexibility and ensure your HIT platform and systems can react quickly to transcend complicated, ever-changing standards.

Talk to your vendors about their interoperability plans and approach. While some vendors are developing adaptable and dynamic interoperable systems, many others are not — even though they offer ONC-Certified* HIT Edition solutions.



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INTEROPERABILTY MYTH #3

I can only "talk" to providers on the same EHR as mine.

What a waste that would be! And it's totally not true.

Lots of people think that EHR vendors don't want you to share their data with other systems. But it's not their data. And it's not your data. It's the patient's data and it's the patient's decision to approve the sharing of their patient health information/protected health information (PHI) with other authorized providers, caregivers, or facilities.

The idea that EHR vendors are cloistered in software development war rooms figuring out ways to "protect" their EHR and practice management platforms from working with other HIT vendor systems just isn't accurate.

It's the opposite; there's more collaboration among "competing" EHR and HIT vendors than ever before!

Share data with all providers in your community regardless of what EHR they use!

You need to communicate, collaborate, and coordinate in real time with all the providers in your community and beyond.

Your EHR vendor should be able to demonstrate EHR vendor-neutral communication to you with any one of the examples below — the most commonly seen/used instances of provider-to-provider electronic communication.

- Electronic referrals/transition of care
- Clinical record
- Appointments

Ask your vendor how they address providers in your community that do not use an EHR but with whom you still need to collaborate for patient care. Mirth® solutions allow these providers to access a Provider Portal for a community-wide view of patient data.

With Mirth® solutions you can create a fast, seamless, and cost-efficient flow of patient information across your care community.

INTEROPERABILTY MYTH #4

If I give up control of my data, I'll lose patients.

Actually, it's quite the opposite.

When you share PHI across a care team, you can gain better control over clinical outcomes and shared risk, making your patients happier. Plus, you could actually gain patients.

All of which can lead to better revenue streams.

Still hesitant? Think referrals and a better bottom line.

Investigate establishing or joining an HIE. Because when your patient's PHI is electronically available to other providers, you not only empower your patient to receive the value of care continuity, but also you're visible to the community as a referring provider.

Plus, if you can be found more easily by other providers in your community, it's easier for those providers to send referrals your way.

And since there's power in numbers, having control of data with a larger pool of providers will enable you to better negotiate payer contracts, receive incentives, and ultimately strengthen your bottom line.

Health Affairs, the leading journal of health policy thought and research, last year conducted the first-ever national survey of ACOs and found that 51% of them were physician-led, with another 33% jointly led by physicians and hospitals.
The survey also revealed that in 78% of ACOs surveyed, physicians comprised a majority of the governing board and physicians owned 40% of ACOs.

INTEROPERABILTY MYTH #5

Hospitals lead in interoperability.

Not so fast. Actually…some of the best PHI comes from ambulatory.

Yes, hospitals are important to the progress of healthcare interoperability. Mostly because of the patient volume they see and the enormous pools of PHI generated in these settings. But some of the most actionable patient data is collected in ambulatory settings, places such as practices, clinics, and public health agencies.

That's where the majority of patient encounter dialog happens and is captured in the EHR; data discovered and recorded in the EHR in these settings can have profound effects on a patient's future outcomes, including hospital visits.

Plus, there's the strong physician influence on ACOs.

ACOs are on the rise. And interoperability ranks high among the key characteristics of successful ACOs. Since physicians currently drive ACO leadership, the topic of interoperability (or data sharing) isn't foreign to them.

If physicians are leading the ACO charge, then they need to be active drivers in the interoperability dialog.

Interoperability is the foundation for collaborative care and population health. It allows you to aggregate data across disparate systems and analyze it for meaningful actions.

INTEROPERABILTY MYTH #6

Interoperability doesn't really "do" anything. It's just a fad like HMOs in the 90s.

We understand your skepticism. But we don't share it.

Cycles and fads come and go; interoperability in healthcare is here to stay. If not, collaborative, coordinated care won't work. And improved population health is just a pipe dream.

It's a long-term, front burner issue.

Interoperability as an industry issue won't be going away anytime soon. In fact, it will grow in importance and be a requirement for better healthcare.

The Office of the National Coordinator for Health Information Technology (ONC) has made it the number one issue for progress in healthcare reform. In June 2015, the ONC issued a new 13-page treatise on how interoperability may be achieved in this nation over the next 10 years.

"Now it is time to begin the next chapter to promote interoperable health IT solutions that support the ultimate goal of better health for all."

Karen DeSalvo, MD
National Coordinator for HIT
Office of the National Coordinator for HIT

Interoperability of the future …it's already happening!

First state-wide specialty health HIE up and running.

We see all kinds of innovative models to support better care, powered by interoperability. In one example, an information network, serving a health specialty market across one state, conquered its data sharing needs by deploying a vendor-agnostic interoperability platform, thus creating the first state-wide HIE in the nation developed specifically for a particular health specialty; but providers from every specialty as well as health IT professionals nationwide are watching it closely.

In fact, this HIE enables patient data to be exchanged not only with other clinicians in that specialty, but also with primary care providers, medical specialists, and myriad public and private health agencies across the state. The result: easy, seamless, secure sharing of specialty PHI across multiple systems and organizations regardless of EHR or HIT vendor.

And the impact has been immediate. With new levels of clinical data communication and the architected consent management services created by NextGen Healthcare with Mirth® solutions, they now have access to both general health and specialty health patient data right at the point of care. This new HIE can transform the way these providers can help patients in times of need, improving both provider coordination and patient care.

Forget the Myths. It's time to get on board.

Interoperability. The time to start is now!

Focus on interoperability goals that are central to your organization's sustainability and growth model. You'll benefit. Your patients will benefit. Your community will benefit. And you'll play a part in improving the nation's health.

Get a proven interoperability HIT partner with a data sharing vision that makes sense to you and fits the healthcare reform environment. **More than 100 million patients are already benefitting from Mirth® interoperability solutions.** Make sure you and your patients do too.

Achieve your goals with Mirth® solutions

Our Solutions

We help ambulatory care organizations to thrive in value-based care through tailored technology and technology-enabled solutions that empower practices to foster healthier communities, drive better outcomes, and lower costs, while placing patients at the center and leveraging cloud technology. Our interoperability solutions share data between disparate systems to facilitate the collaborative care of more than 150 million patients.

To learn more, contact us at results@nextgen.com, call 855.289.6478, or visit nextgen.com

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*NextGen Ambulatory EHR version 5.8.2 is 2014 Edition compliant and has been certified by ICSA Labs in accordance with applicable certification criteria adopted by the Secretary of Health and Human Services. This certification does not represent any endorsement by the U.S. Department of Health and Human Services. ONC CHPL Number: 140204R01. Read more about our certifications at https://nextgen.com/Certifications

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