# Interoperability in Healthcare
# FACT SHEET
# June 2016

In the past year, there have been several legislative and regulatory proposals prescribing specific interoperability functionality for EHRs and associated requirements for providers, as well as an attempt to develop metrics to determining how much interoperability is occurring and how physicians would rate their products. Based on its members' work with the majority of healthcare organizations using health IT to deliver high quality, coordinated care services, the EHR Association holds the position that additional legislation is unnecessary to achieve broad-based interoperability among healthcare organizations, especially given that many legislative proposals target areas where such legislation would either be duplicative or even disruptive of current private sector efforts.

- **Interoperable data exchange is occurring now.** The Office of the National Coordinator for Health IT (ONC) announced at its 2016 annual meeting in May 2016 that 85 percent of hospitals sent data outside their organizations in 2015, up from 78 percent the previous year. National cross-provider, cross-vendor initiatives, such as Direct Connect, Carequality and Commonwell, are gaining traction; for example, the eHealth Exchange, a rapidly growing network of exchange partners who securely share clinical information using a standardized approach and serve more than 100 million patients amongst their members in all 50 states, includes in its membership four federal agencies (DoD, VA, CMS, SSA); nearly 50% of all US hospitals; 26,000 medical groups; and more than 3,400 dialysis centers.

- **Value-based payment and delivery system reform remains the biggest driver of interoperability.** The use of EHRs and health IT remains a key driver of interoperability, given that these technologies are critical to providers' success in new alternative payment models (APMs) driving the delivery of high quality, cost-efficient, coordinated care. A good example of such a reform underway is CMS's new Comprehensive Primary Care Plus (CPC+) program, a national advanced primary care medical home model that aims to strengthen primary care through a regionally-based, multi-payer payment reform and care delivery transformation. Interest in this program and others has increased significantly, as providers understand the importance of such cooperation and exchange to both care delivery and their bottom line. With these changes, health IT customers will provide vendors guidance and make requests for system functionality as their interoperability requirements evolve.

- **There is now a MACRA-authored definition for interoperability, as well as expectations for "widespread interoperability" by 2019.** Under MACRA, interoperability is defined as the ability for two or more disparate health technologies to exchange clinical information and to use that information under a standard set of guidelines to coordinate patient care, ultimately improving patient outcomes. Currently, HHS is drafting a set of metrics to measure interoperability relative to this definition and determine if the goal of "widespread interoperability" is successfully achieved by December 31, 2018.

- **To remain ONC-certified, EHRs must adopt extensive standards-based interoperability features.** Both the 2014 and 2015 editions of certified electronic health record technology (CEHRT) require extensive standards-

based interoperability, with 84% of hospitals using the 2014 Edition in 2015 and vendors already well underway on work to achieve 2015 Edition certification.

- **Fast Healthcare Interoperability Resources (FHIR), or "fire" as it's pronounced, is being rapidly adopted** to improve the exchange, integration, sharing, and retrieval of health information, based on private sector investment rather than specific regulation requiring its use.

- **Companies adopting the EHR Developer Code of Conduct commit not to block information sharing.** More than twenty companies have adopted the EHR Developer Code of Conduct, which explicitly describes how those organizations will support interoperability. In signing onto the Code, members pledge that:
  - *We will enable, to the greatest extent possible, our clients to exchange clinical information with other parties involved in the care of a patient, including those using other EHR systems, through standards-based technology.*
  - *We will be transparent, to the greatest reasonable extent, with clients regarding pricing and costs to our clients related to interoperability products and services that we offer.*
  - *Given our strong support for interoperability, adherents to the Code do not engage in data blocking.*

- **Failures in interoperability can be addressed by ONC through existing decertification levers.** Under the current health IT certification program, ONC has the authority to certify and decertify EHRs and other health IT products. In the past, ONC has in fact used this authority to decertify products for various reasons. (http://www.healthcareitnews.com/news/onc-yanks-certification-two-ehr-products**)**

- **The FTC already has the authority to regulate competition in the health IT marketplace, has stated it is "well-positioned" to do so, and is currently actively monitoring the industry.** "The FTC [U.S. Federal Trade Commission] is well-positioned to monitor competition in today's burgeoning health information technology (IT) marketplace, ...relying on our combined expertise in healthcare, technology, and health-related privacy and data security issues…FTC staff, together with our ONC partners, will continue to pay close attention to developments in health IT markets." (https://www.ftc.gov/news-events/blogs/competition-matters/2014/10/promoting-healthy-competition-health-it-markets)

- **There are multiple private rating and evaluation systems for EHRs in place now.** There are a number of private sector resources that provide commentary and rankings of EHRs and other health IT, including the American College of Physicians' American EHR web site (www.americanehr.com), the Black Book Rankings (www.blackbookrankings.com/healthcare), Gartner (www.gartner.com/technology/research/content/healthcare-providers.jsp ), the HIMSS Analytics EMR Adoption Model (www.himssanalytics.org), and KLAS (www.klasresearch.com), among others**.**

Established in 2004, the Electronic Health Record (EHR) Association is comprised of 35 companies that supply the vast majority of operational EHRs to physicians' practices and hospitals across the United States. The EHR Association is a partner of the Health Information and Management Systems Society (HIMSS). For more information, visit www.ehra.org.