# Clinical Practice Transformation

How Interoperability efforts are impacting ACO participants

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## Agenda

- Overview
- What is Interoperability
- Current State
- Impact to Value Based Care and Population Health Programs
- Future
- Q & A

# HealthCare Transition

There are a number of things impacting HealthCare including:
regulatory
increasing competition
value payment reform
care delivery
service demand
seamless integration….
( AKA Interoperability )


# What is Interoperability

*"In healthcare, interoperability is the ability of different information technology systems and software applications to communicate, exchange data, and use the information that has been exchanged.1 Data exchange schema and standards should permit data to be shared across clinicians, lab, hospital, pharmacy, and patient regardless of the application or application vendor.2 Interoperability means the ability of health information systems to work together within and across organizational boundaries in order to advance the health status of, and the effective delivery of healthcare for, individuals and communities".*

*- April 5, 2013 - HIMSS*

## CURRENT STATE

Role of Interoperability in Healthcare - Specifically Population Health Management

- Requirement under federal law
  - Covered Entities
- Facilitates the *Population Health Management Framework*:
  - Data Aggregation
  - Data Analysis
  - Care Management
  - Admin/Financial Report
  - Patient Engagement
  - Clinical Engagement

Framework Source: KLAS Population Health Management 2017, Part 1 – Validating the adoption of PHM Functionality


## Current State - Successes – We've come a long way!

- ✓ Sequoia Project – Linking many systems together; many vendors participating
- ✓ Successful state and private HIE's
- ✓ Greater engagement of EMR vendors to 'talk' to one another
- ✓ Direction from CMS on 'promoting interoperability'
- Innovative agnostic solutions creating an emerging market to solve problem
  - **Vendor solutions, 3rd party that can help put the puzzle together**

## Status Quo with EMR Vendors…

- EMR vendors attempting to be the single source of truth of interoperability:
  - They provide much needed integration and clinical function
  - They are excellent data repositories for clinical and other data
  - Data is KING and has monetary value
  - A recent survey of primary care physicians found EHR technology as the second most commonly cited factor contributing to physician burnout. (EHR Intelligence, Kyle Murphy, PHD, June 2016)
  - EHR vendors to not cooperate and collaborate
  - Organizations like ACO's are often dealing with multiple EMR's and other systems that don't communicate (24-30 on average, Healthcare IT News, Mike Millard, 2015)
  - Data fragmentation or incomplete information, multiple formats, CCDA, FHIR, API, Flat file, lack of standardization
  - The common way healthcare organizations have been bringing this longitudinal information together for a patient is via point-to-point interfaces, working with vendors of the various technologies to build interfaces to pull information from one system to another
  - Cost – integration of many systems cost $2,000-$10,000 for interface builds, per vendor
- HIPAA
  - Consent and other state regulatory restrictions on data sharing

## Succinct summary of the issue

- *Nishant Anand, MD, chief medical officer for Adventist Health System, said that about two thirds of the physicians that his organization works with across its ACOs and clinical integrated networks are independent—and, as a result, operate more than 30 different EHR platforms. This makes it increasingly difficult to share patient information between the providers that make up our network," said Anand in his testimony. "The result is a consumer experience that is difficult and cumbersome, tests and treatments that are duplicated, and vital lifesaving information that is not always available."*

Lack of EHR, data interoperability holding back value-based care. Health Data Management , September 17, 2018

## So how do we address this issue?

## IMPACT TO ACO'S

## Let's Look at a Typical ACO Organization

ACO 'Mothership'

Employed Physicians

**Programs:**

- ✓ Multiple Medicare ACO's
- ✓ Commercial Risk
- ✓ Bundle Programs
- ✓ Medicaid ACO's'
- ✓ Other FFS arrangements

Affiliated Network Hospital participants

Patient Portals


State and Other HIE's

Telehealth

Skilled Nursing Facilities

Independent Primary Care and Specialty Practices

## ACO - Challenge

- Typical ACO organizations have:
  - Multiple EMR's
  - Several programs ( some risk )
  - Independent practices
  - Alignment with Skilled Nursing Facilities
  - Affiliated hospitals
  - State and other HIE's

- This creates challenges with interoperability, data integrity and timing
- The lack of availability of data limits the ability to provide care at the right time and affects the overall health outcomes of the patient.
- Most ACOs struggle with the collection and sharing of data while they try and manage through to a value-based ecosystem.
- ACO's were intended to help transition to value based care and population health management
- Many organizations feel a new enterprise-wide EHR system will solve this problem, but it doesn't fully and is is not a requirement for effective PHM
  Data from the EHR as well as from patient registries or HL7 feeds needs to be comprehensive and timely for meaningful analysis and reporting. **That's why organizations need to seek out a platform that is truly vendor agnostic and easy to integrate.**

# SO HOW DO WE GET THERE ?

In any given moment we have two options:

To step forward into growth

OR step back into safety

Abraham Maslow


- As we move into a more transparent health industry across all levels of care, it's going to become more important that we share our information efficiently, effectively, and safely. Interoperability is the way we accomplish that.
- Strategically, organizations need to align their PHM strategy and value-based care quality goals. There are a number of programs, both commercially and at the federal level, that continue to evolve the landscape and that organizations need to consider. An enterprise EMR alone cannot respond to this evolving landscape in a timely manner – to thrive in the transition organizations need to focus on these key strategies:
  - Adopt innovative technologies that unlock access to data across their communities, regardless of the technologies in play, and independently of the vendors involved.
  - Curate meaningful, rich, timely insights from the data across their ecosystems (clinical, claims, social determinants of health, patient reported outcomes, and more).
  - Present contextual data to the clinician at the point of care, in the workflow so action can immediately be taken to enhance the patient satisfaction, improve clinical outcomes, lower costs, and remove administrative burden from the care team.

- Create internal organizations and requirements that support the ACO and the need for interoperability
  - Including strategic direction
  - Funding
  - Appropriate resources
- Monitor the proposed CMS changes to include:
  - Requiring ACOs to report that a certain threshold percentage of participating clinicians are using certified EHR products — both upon applying to the ACO program and each year afterwards. CMS also proposed simplifying the process by which ACOs measure EHR use, focusing on the percentage of clinicians using certified EHRs instead of the quality performance measures reflecting their level of adoption
- Ensure data from multiple sources including claims, EMR data, SNF data and SDOH are all included so a full picture of the patient is evident
- Look for innovation to lead the way – don't be afraid to look for EHR alternatives to organizing and collecting this information.


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