

Broadening the concept of “interoperability”



In the eyes of certain business executives and nonprofit leaders in the healthcare field, the U.S. healthcare system is wasting a big opportunity.

[In recent years](#), technology has transformed other industries and led to remarkable improvements in the quality and efficiency of services. Yet in health care, some argue that the impact of technology lags behind, despite that useful technology does exist. The lag, they say, results in part from the failure of policymakers and industry leaders to properly define the desired outcomes of healthcare technology adoption.

[“Interoperability”](#) has been a critical concept in the spread of electronic health records (EHR). As it is currently defined, it refers to the exchange of data – namely, health records – across platforms and between providers. Lack of interoperability has been one of the most significant barriers to more widespread adoption of new health technologies.

In response to requests for comments from the Office of the National Coordinator for Health Information Technology (ONC) about a piece of legislation, business and nonprofit executives in the healthcare field have spoken out about why they feel the pace of change (in terms of the development and adoption of new technologies) has been slower in health care than in other industries, and what role policy could play in paving the way for progress toward better medical care.

Steven Stack, MD and President of the American Medical Association, contends that redefining interoperability is key. “The lack of interoperability is one of the major reasons why the promise of electronic health records has not been fulfilled,” he wrote in a statement.

Flawed benchmarks

Back in 2009, the American Recovery and Reinvestment Act introduced the idea of “Meaningful Use,” designed to promote the implementation of electronic health records (EHR) to improve quality and safety in healthcare. To meet Meaningful Use, it is not enough to simply use EHR; physicians must do so to achieve measurable outcomes. According to Health Resources and Services Administration (HRSA), the five goals of Meaningful Use are:

- To improve the quality, safety and efficiency of care and reducing disparities
- To engage patients and families in their care
- To promote public and population health
- To improve care coordination
- To promote the privacy and security of patient information

“Vendors have been incentivized to meet the flawed benchmarks under the Meaningful Use program,” argued Stack in a statement released in response to ONC’s request for comments on interoperability for the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). “We need to replace those benchmarks with ones that focus on better coordinated care. MACRA offers that opportunity and we need to take advantage of it.”

An opportunity for reform

The [Medicare Access and CHIP Reauthorization Act of 2015 \(MACRA\)](#) is a Medicare payment reform law which makes changes in how providers who treat Medicare patients are reimbursed. It scraps the sustainable growth rate formula (SGR) as a way of determining payments for physicians, instead creating a new system called the Merit-Based Incentive Payment System (MIPS), which incentivizes doctors to promote quality of care rather than quantity.

Stack and others in the field believe that while measuring data exchange may have been a useful metric in the early stages of EHR, there are far more important factors to consider now to maximize the benefits of new technologies for patients: “usefulness, timeliness, correctness and completeness of data,” and “the ease and cost of information access.”

The concept of interoperability should be reimagined as something more ambitious than merely boomeranging electronic health records back and forth between hospitals and providers; it can be a way to enhance coordination and continuity of care in a way that puts patients first, while limiting the burden on providers.

Alistair Erskine, MD and chief strategic information officer of Geisinger Health System, believes that emphasizing the needs of patients in healthcare policy decisions is an important way to encourage meaningful progress in health IT. “We expect patients to come to us on our terms and our schedule,” he said. “But that needs to change. We have to activate that culture of medicine and remind ourselves that patients are consumers as well and they have a choice.”

“MACRA gives us a chance to start fresh and produce metrics that enhance the wellness of patients,” said Stack. “We are willing to work with CMS and ONC to get there.”

For more information/questions regarding any legal matters, please email info@nelsonhardiman.com or call 310.203.2800.