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Taking Interoperability to the Next Level

Carequality in a Nutshell

Carequality creates a standardized, national-level interoperability framework to link all data sharing networks.

Carequality is creating a web of interconnected communities.

Live Implementers & Their Clients

surescripts
– Homecare Homebase
– AdvancedMD
– DocuTAP

commonwell HEALTH ALLIANCE
– Cerner
– Brightree
– Evident
– Greenway Health
– Meditech

Kno2
– MatrixCare
– Experian Health
– Collective Medical

90M+
DOCUMENTS EXCHANGED MONTHLY

600,000+
HEALTH CARE PROVIDERS

50,000+
CLINICS

1,900+
HOSPITALS

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Coming Soon

State of Interoperability – Good News First

- **Basic connectivity is widespread**: The overwhelming majority of providers with EHRs have access to basic document query or Direct Messaging capabilities

- A significant percentage of providers have **national connectivity**

- Early returns on point-to-point **HL7 FHIR-based exchange** are very promising

- **ADT alerts** are also increasingly available, and should become more so

- Users are often able to **reconcile outside meds, allergies, and problems** into local systems

Mission Accomplished? Perhaps Not Quite…

- **Patient Matching** remains inconsistent
- **Content Quality** is highly variable
- **Content Standardization** is a work in progress
- **Usability Improvements** are needed within systems
- **Participation by Non-Providers**, including consumers, remains spotty

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Practical Steps – Patient Matching

- **Short Term**
  - Standardize demographics (e.g. USPS formatting for address)
  - Use available fields
    - Email
    - Mobile phone numbers
    - Past addresses
  - Don't rely on exact string matching
- **Longer Term**
  - Change the paradigm; there is only so much we can do to improve demographics-based matching
  - Perhaps biometrics?

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Content Quality & Standardization

- **Short Term:**
  - Expand the use of consistent terminologies beyond "PAMI" data
  - Enable reconciliation of lab results from clinical documents
  - Expand support for C-CDA document templates…
  - And expand support for HL7 FHIR resources…
  - …but do so with coordination across the industry on key terminologies and metadata
  - Easy to say but hard to do: strike the right balance between innovation and experimentation, and multi-stakeholder coordination
- **Long Term**:
  - In implementing HL7 FHIR, don't repeat past history

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Usability Improvements

- Improving the user experience is directly tied to content quality and standardization

- Content efforts are necessary but not sufficient; EHR vendors and other UI developers still need to take advantage of them

- In the absence of content improvements, however, developers are playing whack-a-mole with pairwise issues across different partners

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Participation by Non-Providers

- Interoperability functions used for provider-to-provider exchange are often not re-used for exchange with consumers, payers, and others
- Greater access to data for these groups, and efficiencies for all, could be realized by re-using capabilities
- **Short Term**:
  - Content tailored to payer needs can be delivered using existing tools
  - Development to support HL7 FHIR should be done with generalized exchange partners in mind
- **Longer Term**:
  - Consumer access must be freed from its dependence on separate login accounts for each system
  - Privacy law modernization may be helpful

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Thank You!