Interoperability Today: Why Checking a Box is No Longer Enough

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What does the current landscape around interoperability in U.S. healthcare look like to you right now?

The interoperability landscape in the US is changing as more consumers demand access to their clinical data, hospitals discover the value of their data assets, and national networks expand connectivity to include more use cases.

- Hospitals juggle many competing projects and demands for access to and exchange of data for internal initiatives, community partners, social service agencies, home health providers, etc.
- Clinical and administrative leaders have to balance the demands for data against the technical, security, and patient safety considerations required for the development of interfaces.
- There is a spectrum of services and technology available to help organizations meet these data exchange challenges from the DIY (roll-your-own) solution to a fully managed service with a trusted partner.

What are the most significant obstacles to the U.S. healthcare system moving forward into greater interoperability, right now?

The biggest obstacle to greater interoperability today is the alignment of the financial incentives. In most fee for service arrangements where a transactional procedure is the entire basis of payment, interoperability typically takes a back seat. In the VBC world that is emerging, interoperability plays a central role in all aspects of patient care:

- data exchanged ahead of a visit identifies gaps in care, update clinical information, and backfill with information the provider didn't have
- data exchanged after the visit can notify other care team members, automate the exchange of orders and results

As health information exchange (HIE) organizations move forward, what elements might they need to change about how they currently operate, in order to better facilitate significant health data exchange going forward?

HIEs must pivot to become full data utilities for their region. This requires a major pivot for most traditional HIEs away from simply being a document delivery or encounter notification service. Rather, HIEs must proactively identify clinical and operational opportunities for its constituents. As a utility, HIEs connect everyone in their area and enable equitable data access.

How do you see the role of TEFCA, as it continues to be finalized and elaborated for the industry, shaping industry-wide interoperability into the future?

TEFCA is the latest buzzword in healthcare and it is a core part of what's going to make interoperability expand in the future. It is a core part of the 21st Century Cures rule and it requires HHS to establish a Trusted Exchange Framework and Common Agreement (TEFCA)

TEFCA has three main goals:

- Establish a universal policy and technical floor for nationwide interoperability
- Simplify connectivity for organizations to exchange information
- Enable individuals to gather their healthcare information

Organizations like Carequality, eHealth Exchange, Common Well Health Alliance, Direct Trust, Civitas Networks for Health, and state-designated HIEs all provide data sharing for their respective members and downstream participants—within the confines and capabilities of their separate domains. TEFCA brings the capabilities of these networks together and expands them by requiring support for more use cases, exchange participants, and methods of exchange.

What should the role of the vendor community be, strategically speaking, in supporting providers, payers, and policymakers in remaking the interoperability landscape in U.S. healthcare?

Vendors are playing a significant role in all aspects of this interoperability story from product certifications (CHPL), the development and support of interoperability standards (HL7 and FHIR), participation in testing and validation sessions (Connectathons), and the operationalization of the TEFCA with the establishment of QHINs. ■