EHR Interoperability

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Agenda

- NJ-HITEC - Who we are and what we do
- Meaningful Use Stage 1 Exchange Requirement
- Meaningful Use Stage 2 Summary of Care Requirement
- Challenges and Barriers in Stage 2 EHR Interoperability
• Federally-designated Regional Extension Center
  – Funded by the Office of the National Coordinator (ONC),
  – Provide Meaningful Use Services to NJ Primary Care Physicians
• Specialists and Sub-Specialist Providers.
• Services include:
  – Health IT Selection,
  – Adoption and Workflow Assistance,
  – Meaningful Use,
  – PQRS Data Registry,
  – Patient Centered Medical Home, ACOs, ICD-10
EHR Interoperability: Meaningful Use Stage 1 Exchange Requirement

- **Objective**: Exchange key clinical information among providers of care and patient-authorized entities electronically
- **Benefits**: Improve the speed, quality, safety and reduce cost of patient care
- **Measure**: Perform at least one test to electronically exchange key clinical information (no requirement for real patient summary of care)
- **Requirement** obsoleted in 2013 due to challenges faced by providers in understanding requirement
Meaningful Use Stage 2 Exchange Requirement

• **Objective:** The EP should **provide a summary care record** for each transition of care or referral.

• **Core Measure:** Converted to **CORE** Measure in Stage 2

• **Exclusion:** Any EP who transfers a patient to another setting or refers a patient to another provider **less than 100 times** during the EHR reporting period is excluded.
Meaningful Use Stage 2 Exchange Requirement

3 Measures Comprise Requirement:

– **Measure 1**: Transition summary of care record for *more than 50 percent* of transitions of care and referrals. *Does not* need to be transmitted *electronically*; can be paper.

– **Measure 2**: Transition summary of care record transmitted electronically for *more than 10 percent* of such transitions and referrals either:
  - EHR (Direct or Simple Object Access Protocol (SOAP))
  - eHealth Exchange

– **Measure 3**: An EP must conduct *one or more* successful electronic exchanges of a summary of care document with a recipient who has a *different* EHR vendor or conduct one or more successful tests with the CMS *designated* test EHR
Provider Interoperability Issues

- **Additional Costs to Practices**
  - Direct
  - eHealth Exchange
    - Subscription, Per Click, Free?

- **Additional Functions Required by Practices**
  - Implementation
  - Interface Support
  - Coordination with Vendors and Partners
  - Sending Tests to Different Vendor EHR

- **Additional Training and Changes to Practice Workflow**
  - Information Content - Summary of Care / Data Captured in Encounter
  - Roles and Responsibilities in sending/receiving Summary of Care
    - Dependent on deployment model

- **Security**
EHR Vendor Interoperability Issues

• **Standards / Compatibility**
  – Multiple transport standards and Deployment Models
    • Direct and HISP
    • eHealth Exchange for transport and translation
    • Universal HIE Standards
    • 24/7 availability
  – Content
    • Normalize Nomenclature / CCD vs CCDA
    • Data mapping to 3rd party systems
    • Acknowledgement of receipt of transaction
  – Interoperability between different vendors’ EHRs
  – Interoperability between 2011 and 2014 Certification Versions in the field

• **Security**
  – Authentication, Audit trails, Breach
EHR Vendor Interoperability Issues

- **Certification Testing**
  - Will the Certification companies be ready in time?
  - Certification requires that vendors handle all levels of communication

- **Additional Data Storage**
  - How will vendors handle additional Data elements in their databases?
    - Technical issues
  - Who will own the data?
    - Legal Issues

- **Interoperability Work Group (IWG)** – supports Direct & HIE standards.
  - IWG standards will be ready