EXECUTIVE BRIEF

Overpromised Interoperability?

Three Ways to Close the Gaps Missed by PACS, VNAs and Enterprise Imaging Platforms

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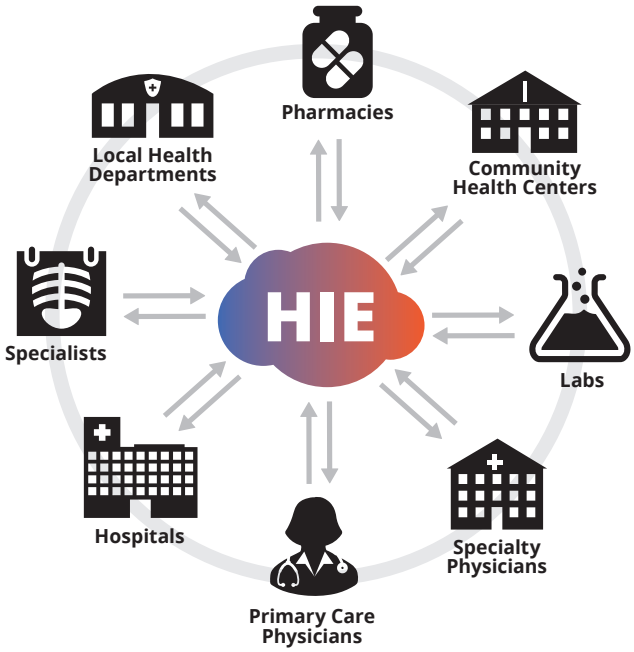
Leverage HIEs

Learn why healthcare IT teams are turning to public and private health information exchanges (HIEs) to fill imaging interoperability holes.

2017 marks a decade since the federal government's Affordable Care Act (ACA) introduced the foundational principles of patient data sharing, meaningful use and interoperability. The exchange of imaging files between electronic health record (EHR) systems and image archiving and communication systems (PACS, VNAs, RIS) is a core component of the ACA and is central to completing the patient care picture. Ten years later, there are imaging connectivity challenges in every healthcare organization. Those missed connections slow collaboration and diagnosis, drive higher costs, and increase radiation exposure risk for patients.

Part 1 of this 3-part Executive Brief examines HIEs as a critical connection point for medical image exchange and sharing. HIEs help fill image sharing gaps to move the interoperability needle a bit closer to the connected and collaborative healthcare imaging ecosystem a decade in the making.



How Important is Medical Imaging to Interoperability?

Medical imaging drives an estimated $300 billion in downstream healthcare spend each year,[i] making it a key component of clinical workflow. How many surgeries can be performed without an image or scan? Over 67 percent of all patient encounters result in an image order, so having the right imaging strategy extends beyond regulations and even beyond the provider's and payer's bottom line. Imaging strategy reaches the patient to ensure a highly-connected healthcare ecosystem delivers optimal, informed care decisions. Filling holes in that strategy is paramount to achieving business and patient care goals.

Leverage a Connected Community Through a Private or Public HIE

Of the healthcare delivery organizations (HDOs) still lagging in prioritizing interoperability, only 17 percent place the blame on their organization's available funding or executive interest level. Fifty-seven percent place culpability on their HIT/EHR vendors for connectivity defects and silos. Proprietary, siloed patient data and a failure by PACS, VNA and Enterprise Imaging vendors to break down image sharing barriers is inhibiting sharing and interoperability. IT teams are turning to HIEs as interoperability alternatives.

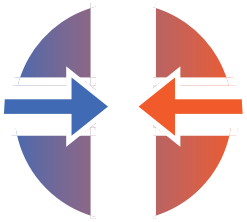
The ONC Tracks Interoperability and Standards According to a 2015 brief issued by The Office of the National Coordinator for Health Information Technology (ONC), four-in-ten hospitals in the United States can now engage in some degree of meaningful health information exchange.[ii] These hospitals can access electronic data from external care providers or settings, allowing them to see a more complete patient care record. This broader view of patient care helps inform care decisions and reduces exam duplication.

HIE Participation Reduces Redundant Testing

A study conducted by University of Michigan researchers examined the impact of HIEs on care in emergency departments (EDs). The study found that patients were 59 percent less likely to have a redundant CT scan, 44 percent less likely to get a duplicate ultrasound and 67 percent less likely to have a repeated chest X-ray when their emergency visits were at hospitals that shared information across an HIE[iii]

Across the healthcare ecosystem, stakeholders note that HIEs are a path to successfully building a longitudinal view of patient care; but standards are lacking. In Black Book Research's 2016 survey of hospital and health system executives, physician administrators, and payer organization IT leaders, connectivity challenges ranked as a primary concern.[iv] The survey noted, "While 83% of physician practices and 40% of hospitals admit they are behind the curve in planning for data sharing and exchange, 26% of self-identified connectivity-ready hospitals intend to keep expanding into robust exchanges despite the delays by peer providers to electronically share patient data beyond meaningful use requirements."[v]

How to Fill the Image Sharing Gap



HIT teams are working around EHR, PACS and VNA vendor interoperability roadblocks by moving to private and public HIEs. Whether fueled by consolidation events, regulatory and reimbursement demands, or care delivery and throughput initiatives, CIOs are joining the HIE conversation to fill interoperability and image sharing gaps.

Citations

[i] Steve Tolle, "Incorporating imaging at the core of your interoperability plan", Healthcare IT News., May 12, 2015. Last referenced November 2016: http://www.healthcareitnews.com/blog/incorporating-imaging-core-your-interoperability-plan

[ii] Dustin Charles, Matthew Swain, Vaishali Patel, "Interoperability among U.S. Non-federal Acute Care Hospitals", ONC Data Brief, No. 25, August 2015. Last accessed November 2016: https://www.healthit.gov/sites/default/files/briefs/onc_databrief25_interoperabilityv16final_081115.pdf.

[iii] Lia Steakley, "Can sharing patient records among hospitals eliminate duplicate tests and cut costs?", Stanford Medicine, January 24, 2014. Last accessed November 2016: http://scopeblog.stanford.edu/2014/01/24/can-sharing-patient-records-among-hospitals-eliminate-duplicate-tests-and-cut-costs/.

[iv] "Payers Accelerate Private HIE Executions; Providers Judge HIE Replacements, Middleware and FHIR Options, 2016 Black Book Interoperability Survey", Black Book Research, April 7, 2016. Last accessed November 2016: https://blackbookmarketresearch.newswire.com/news/payers-accelerate-private-hie-executions-providers-judge-hie-9866842.

[v] Ibid.

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