Background

What is Interoperability?
The Healthcare Information and Management Systems Society (HIMSS) defines interoperability as “the ability of different information technology systems and software applications to communicate, exchange data, and use the information that has been exchanged.”

Enabling a complete and accurate medical record is foundational for patient care, care coordination and research.

The Facts

Interoperability:

- Allows providers to integrate health data for care coordination. Ensuring all physical, mental, dental, and behavioral treatment data is stored into a single, complete electronic health record (EHR), allows for seamless care of the patient.

- Is pivotal to patient empowerment and improves patient experience. Having a complete and accurate medical record is of paramount importance, as it enables patient’s greater convenience and portability of their health records, regardless of location or provider.

- Is increased dramatically through 2015 Certified EHRs standards. OCHIN recognizes that moving from the 2014 Edition CEHRT to a 2015 Edition CEHRT may be onerous and challenging for providers that have not yet upgraded. However, OCHIN views this transition as foundational to improved interoperability, exchange of data and patient safety. Accordingly, we encourage CMS to foster provider transition to the upgraded technology by streamlining and aligning reporting requirements and providing incentives like MIPS bonus points to adopters of 2015 CEHRT.

- Should be driven by national health information exchange frameworks.
  - Enabling a national framework such as Carequality and Commonwell, ensures a more efficient method of data sharing than state or regional level alternatives. This framework is the superhighway to data exchange, and this vendor-based method of data exchange has exploded in growth since January 1, 2018. This equates to more complete medical records for safer patients nationally and a reduction in provider burden. Health information exchange driven on a national level, enabled locally through provider EHRs, has proven to be the most effective method of data exchange.
  - OCHIN has demonstrated within the safety net community that the national frameworks work throughout the country to exchange data, creating a complete medical record at little or no cost. As a national health information exchange leader, OCHIN has learned regional health information exchange organizations (HIO’s), unless continuously funded by the government, struggle to maintain value propositions for communities while adding complexity in local healthcare communities.

- Decreases costs. A single, complete medical record in the national frameworks improves efficiencies in the healthcare delivery system, reduces provider burden, streamlines workflow, and prevents duplication of services, thus reducing costs.

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OCHIN Supports

- **State and federal policies that encourage free and open data exchange.**
  - A robust national standards for health information exchange.
    - The national frameworks for health information exchange are working and should be given time to mature further.
    - TEFCA should give preference to existing national frameworks and should not introduce new concepts to disrupt their continued adoption.
  - Support policies to encourage data sharing such as reforms to 42 CFR Part 2, H.R. 6082.
  - Support the rule development on Data Blocking from the 21st Century Cures Act.
  - Support policies that continue to allow free and direct access to state level services such as immunizations records and Prescription Drug Monitoring Programs (PDMPs).

- **Encouraging behavioral health providers to obtain 2015 certified EHR.** Use all available federal funds to support adoption by behavioral and dental providers (excluded from meaningful use) to 2015 or later Certified EHRs that enable the national framework of health information exchange at little to no cost. Government standards should direct all providers to be use a 2015 certified EHR at minimum and enable national frameworks, such as Carequality and Commonwell.

- **Drawing federal funds to provide technical assistance for providers.** Some providers may need support to enable national frameworks within their EHR.

Questions?

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