Taking Up the Interoperability Mantle

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In May the Office of the National Coordinator for Health IT (ONC) released a Data Brief describing the state of interoperability among non-federal acute care hospitals in 2015.[1] The report looks specifically at four "domains" of interoperability: the ability for health systems to electronically send, receive, find, and use health information with other electronic systems outside their organizations.

The report finds that progress is definitely happening. The number of hospitals electronically sending, receiving, and finding key clinical information has grown significantly since 2014. And about half of hospitals reported their providers used patient health information received electronically from outside providers when treating their patients.

But there are still significant barriers to interoperability. A number of hospitals (about one third) rarely or never use information from outside their hospital systems because they are unable to access such information within their electronic health record (EHR) systems. And 33 percent of respondents reported difficulty with patient matching.

Better understanding such findings will help us move to the next phase of EHR implementation and use, in which systems "talk" to each other and we can more easily turn data into information for decision making purposes.

Standards are an important piece of the interoperability puzzle. You can read findings gleaned from our standards work in the *Journal*'s regular "Standards Strategies" column. AHIMA's collaboration with Integrating the Healthcare Enterprise (IHE) on the white paper "Health IT Standards for Health Information Management Practices," published last year, is another example of this work.

The articles in this month's special issue provide an idea of how healthcare is moving toward greater interoperability—or, in some cases, still working to bridge the gaps. Our cover story, "Solving the Health IT Interoperability Quagmire," examines why interoperability has become such an issue in healthcare and what is currently being done to fix it, as well as HIM's role in the fight. In "Making the Call for Patient Experience," Kim Labow discusses lessons providers have learned while trying to engage with patients through mobile apps, patient portals, and other communication tools. Along similar lines, staff members at the University of Washington describe their experience participating in the OpenNotes initiative and steps taken to address HIM issues that arose in "Health Records All-Access Pass."

Meanwhile, success doesn't stop with the EHR. In "Improving Coding and Documentation Quality Through Real-Time Collaboration," Kelli Horn describes how one facility's clinical documentation improvement efforts have strengthened coding quality and productivity. Also, several authors take a look at the impact of ICD-10 implementation: Sue Bowman in "A Look Back on the ICD-10 Transition: Crisis Averted or Imaginary?" and Valerie Watzlaf and Patty Sheridan in "ICD-10 Coding Productivity Study Highlights Emerging Standards."

The emphasis on interoperability means healthcare is recognizing the importance of information… and the importance of people who manage information. With our knowledge and expertise, AHIMA members should prepare to contribute to the process of developing standards and furthering interoperability. It's time for the next phase.

Notes

1. Patel, Vaishali et al. "Interoperability among US Non-federal Acute Care Hospitals in 2015." ONC Data Brief 36 (May 2016). http://dashboard.healthit.gov/evaluations/data-briefs/non-federal-acute-care-hospital-interoperability-2015.php.

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