The biggest interoperability holdup? There's no business case for it

Although many organizations claim interoperability is a major focus, progress is slow, at best. For HL7 CEO Charles Jaffe, the reason is a lack of financial reward, as for-profit vendors can’t be expected to “connect everyone on their own dime.”

By Jessica Davis
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The healthcare industry has struggled to figure out the right way to make interoperability happen for years. Seen as the holy grail for the sector, nationwide interoperability, while touted as a major focus for many, is elusive.

In fact, a Rand report in Health Affairs 12 years ago, praised interoperability for its cost-saving capabilities and safety benefits. But the only way to reap those benefits is with an interconnected system.

Providers also see the benefit. A recent National Health Information Exchange and Interoperability Landscape report found that 80 percent of providers saw increased efficiency and 89 percent saw improved care quality by using electronic data exchanges.
Yet with all of these benefits, we’re still no closer to nationwide interoperability. In actuality, there’s been scant progress, according to a recent Health Affairs report. Just 29.7 percent of hospitals engaged with finding, sending, receiving and integrating patient data from outside providers. And that’s only up about 5 percent from 2014.

To HL7 CEO Charles Jaffe, MD, the reason interoperability hasn’t truly progressed is due to a lack of business case.

For example, a business case fueled the mass adoption of EHR adoption, Jaffe said. In 1980, an entire emergency department used the EHR because it solved the issue of easy access to a patient’s chart.

“But if you told me, nearly 40 years later that we wouldn’t have interoperability, I wouldn’t have believed you,” said Jaffe.

“Fundamentally, I consider the biggest impediment the business case. Why would I do it?” he continued. “You can’t expect the for-profit vendors to connect everyone on their own dime… Why would I want to share data with my competitor when I’ve been trying to keep data from him for about 10 years?”

Likening the issue to the banking industry, Jaffe pointed to the use of ATMs. While its users balk at the fees for the service to use an ATM not associated with their bank, the fees pay for the costs associated with the convenience of an interconnected banking system.

“You'll pay the vendor and you'll pay your bank because you pay for interoperability,” said Jaffe. “Simply: They take the risk.”

Healthcare organizations also lack the resources to make interoperability feasible, explained Jaffe. “It doesn’t happen magically.”

The healthcare sector just invested millions to get the infrastructure in place to support interoperability, but Jaffe said it did so without getting the business model or trust case involved. Trust is more than just validating the user, it’s more of whether an organization has the same interest as you.

“That requires trust, and we don’t have a framework to build upon that,” he said.

To Jaffe, although many vendors have the best intentions to enable their tech to seamlessly share data, those efforts are often compromised by policy issues -- whether right or misunderstood. HIPAA and information blocking are just two areas that often hinder the sharing of data, due to actual restrictions or misinterpretation of the rules.

Another issue lies in the data itself.
As FHIR has advanced and proven successful to connect disparate EHRs, Jaffe said a lack of a uniformed patient identifier has proved challenging.

“We have a lack of clarity in the meaning of the words we use,” said Jaffe. “If we’re having a conversation, you may not hear it correctly. But you may still understand me even with an error. The computer can’t do that.”

“Moreover, if I use a term with which you’re not immediately familiar, you’ll ask what do you mean? The computer can’t do that,” he added.

Since a lot of EHR information in centralized around claims data, a lot of the data used in the EHR can be inaccurate, as “we also misconstrue the meaning of constant and accurate,” explained Jaffe.

Medical terms are especially troubling, as not all providers agree with what a heart attack is, for example, explained Jaffe. “We’re trying to sift through clinical information with an interoperability council so that when a term is said, it means the same thing to all providers.”

And it’s more challenging than you think, said Jaffe. It requires specialists and primary care providers to agree. HL7 and Intermountain Healthcare are hosting a series of meetings later this year and early 2018 to try to get everyone to agree on terms.