LEVERAGING INTEROPERABILITY BEST PRACTICES TO REDUCE WASTE

Jamel Giuma

Product Manager Interoperability, MU, & Community Care Solutions



Agenda

- Brief Bio
- What is Interoperability?
- Why Interoperate?
- Identifying Waste
- Leveraging Best Practices
- Pitfalls to Avoid
- Q & A



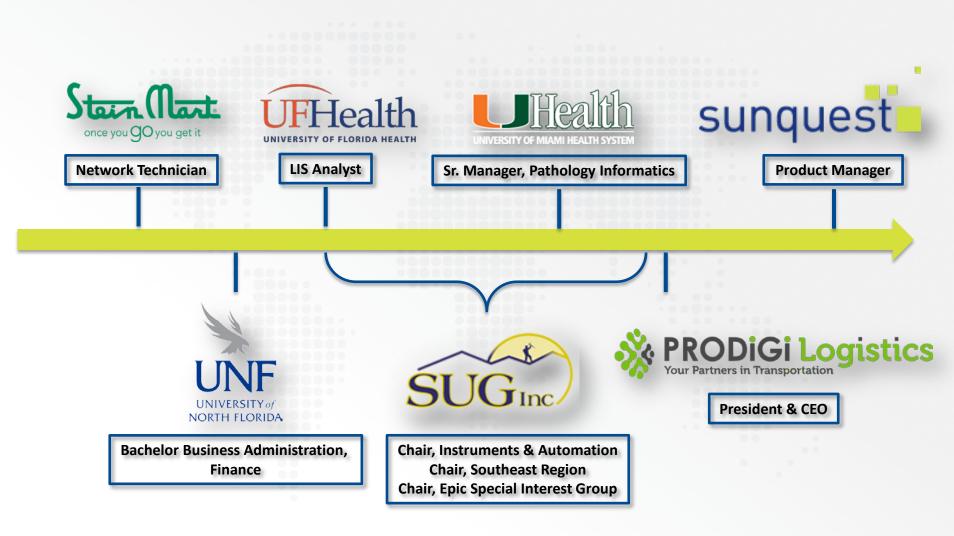




BRIEF BIO



Brief Bio





In the Press

THE LATEST HEALTHCARE JOBS! WWW.adv

MEANINGFUL USE cess, that the am

ation and testing process, that the amount of time available after the publication of the Stage 2 final rule in which to make the required cod-ing changes to make their EHP products to be ortified to the 2014 Edition of EHR certification criteria was much too short." Healthcare providers are expressing concerns over meeting the tight deadlines and adopting the newly developed technology. Technolog, vendors are in the position to actively kelp cli

the news or in the position to activity usep co-vendors are in the position to activity usep co-ents and enable them to meet the criteria set forth in regulations. Involvement with the CDC and other focus groups further increases a ven-tional other focus groups further increases a ven-tional set to help position clients to meet cerdor's ability to help posit tain MU me ONE HOSPITAL'S EXPERIENCE At Huntsville Hospital System in Huntsville, Alabama, the challenges are similar. Their larg-

Alabuma, the challenges are similar. Their larg-text hurdle to prepare for Stage 2 requirements is meeting. This core measure entry of or eligible providers should be able to provide patients the ability to view data colline, download, and transmit their health information within four hurdens of the information being avoidable wasn't nec running their many information being available to the provider. The ability to implement an exchange for EMR vendors to publish the Consolidated Clinical Document Architecture (CCDA) is very challenging. While the CCDA has been

mation Exchanges (HIEs). In North Alabama,

very challenging. While the CCDA has been around for a number of years, how here the impuished on above collecting dust. Thus, from the perspective of MAU, it is very imma-ture. Regardless, this approach reduces the need for multiple portial into dispute data-hours, striving for the aliants og soil of true in-bours, striving for the aliants og soil of true in-spective for the aliants og soil of true in-puter the aliants (HRU) in Nature Alasmut, proach for now. wardes Cited

through the use of a single portal, patients not 16 | EXECUTIVE INSIGHT | www.advand

sunquest

the ability to view their health download and transmit it, but to at their providers participate in btain a longitudinal view of

> **3ES, DEVELOPMENTS** ore measure item 14 renic report. u item 6 for eligible hospitals to

red electronic lab results to am bu provide structured electronic iab resurs to smoo-latory providers through the use of Certified EHR Technology (CEHRT), both name HL7 2.5.1 and Technology ICEHR13, both name H17 / 23. and LOINC as part of the standards cateria. This has not only provided challenges for hospitals and providers, but it has created new development for EHR vendors. While this is tweed as a more in the right encion to help facilitate better name outcomes through the received as a more in the right direction to herp facilitate better patient outcomes through the use of interoperability best practices, the time-lines to plan doubles that and and and

use of interoperating out practices, the inner lines to plan, develop, test, and implement have been challenging. While some vendors have we the necessary changes, other been able to make the necessary changes, others are still struggling to keep up. Likewire, PHAs a struck, from different CDHRT rendors. Many loogialis are still in quues for there is call PHA to begin insteface builting and testing. Huntsville is able to send LODNC and H17 v2.5.1. we matter reserving renders agance ac-

Aunsville is able to send LODAC and HAZ V2.5.1, yet most receiving systems cannot ac-cept the messages. Given that they have been replaced on the neutron with shared on Comeept the messages. Given that they have been exchanging lab results with physician EMRs for years, the requirement to move to HL7 v2.5.1 has created confusion, where confusion The dust has yet to even begin to settle on

The dust has yet to even segm to secure on Stage 2 requirements and quarticular and popping up regarding what Stage 3 requirements might look like and if the proposed timeline is feasi-ble. While many speculate that some additional terms will move from being a menu item to be considered and the security of the security of the second security of the second between with the coming a core measure, we work know until the final ruling is published. Keeping the hospital focused on a successful Stage 2 is the best ap-

CMS & Health and Human Servi Register. 25 May 2014. 1 July 2014. regnets. 2010/00/0000.1 July 2014. CMS. Center for Medicare & Medicaid Services. 18 July 2014. Document. 12 June 2014. ation Officer Jamel Giuma, 25 July Corn, Rick. Chief Info

> Executive Insight September 2014

esting to MEANINGFUI USE presents challenges

MEANING

The importance of interoperability



^a Anatomic pathology

Decreasing error rates

the

The fut

software An automat body fluid a

The future of healthcare continues to change at an exponential rate-almost to the point that it's hard to determine what is the next move for laboratories. Some of the largest software requirements today, and even more so in the future, are revolving around interoperability, and for good reason. Declining inpatient visits are forcing the laboratory to expand its services

outside the hospital walls and become even more connected to physician EMRs, nursing homes, clinics, and pharmacies. Additionally, CMS guidelines in Stage 2 for Meaningful Use require major certified technology changes to interfaces, to standardize on HL7 v2.5.1, to include LOINC, SNOMED CT, and other reporting standardizations. Data warehousing and business intelligence continue to be of utmost importance, especially for the C-Suite; subsequently, interoperability across multi-system platforms is another must-have. As we move more toward population management and a value-based payment, away from a fee-for-service model, the demand for HIEs to provide shared patient information for diagnosis algorithms and clinical test validation increases, while EMPI and interoperability are not only required, but are the keys to success.

 Jamel Giuma, Product Manager, Interoperability & MU, Sunquest Information Systems, Inc.

Medical Laboratory Observer June 2014

5



WHAT IS INTEROPERABILITY?



The ability of making systems and organizations work together (inter-operate)

- Exists in nearly every industry...
 - Healthcare

Hospitality

Logistics

• Tech

Retail

- Construction
- Types of Healthcare Interoperability
 - Foundational
 - Allows data exchange from one information technology system to be received by another and does not require the ability for the receiving information technology system to interpret the data.
 - Structural
 - Defines the syntax of the data exchange. It ensures that data exchanges between information technology systems can be interpreted at the data field level.
 - Semantic

sunquest

- Takes advantage of both the structuring of the data exchange and the codification of the data including vocabulary so that the receiving information
 - technology systems can interpret the data.

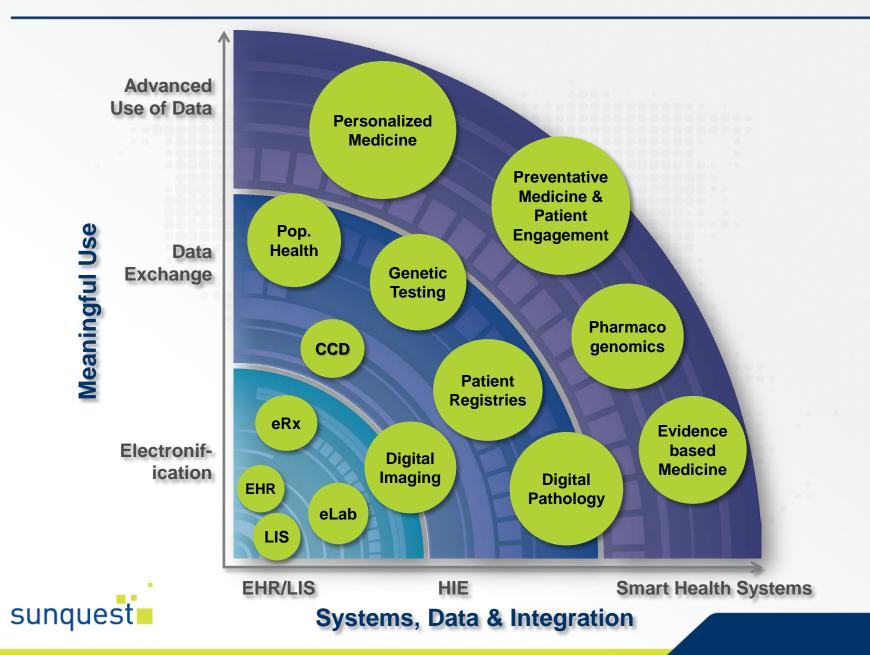


Interoperability Standards

- Standards for Healthcare Interoperability
 - Standards provide a common language and set of expectations that enable interoperability between systems and/or devices
 - Instrument interfaces (i.e. ASTM, HL7, etc.)
 - Application interfacing (HL7, XML, etc.)
 - Label printers
 - Patient devices



Healthcare IT Role in Advancing Care





WHY INTEROPERATE?



Who Needs the Data?





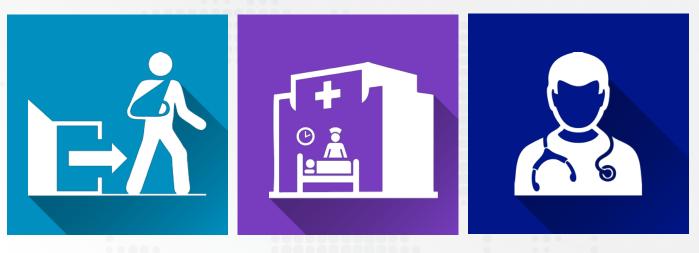
Why Interoperate?

- It's ALL about the PATIENT
 - Ability to provide the highest level of care
 - Data accuracy is crucial
 - Eliminate waste
 - Productivity
 - Duplicate testing
 - Lab
 - Radiology
 - Pharmacy
 - Streamlines processes
 - Increase efficiencies





Moving Care from Acute to Ambulatory



- 70% of care is delivered outside of hospital
- Additional 32 million insured lives
- 50% of hospital revenues coming from outside hospital
- Interoperability is key to success

- 44% have outreach programs
- 67% have outreach plans in next 3 years



Reimbursement Focus on Value Based Care

Value-Based Reform		
Population Management	Care Coordination	Cost Management
 Diagnostic intelligence Informatics for early-risk identification 	 Lab registries across care settings 	 Dashboards for effective use of labs
	 Testing workups for referrals 	 Unit cost efficiency; minimal time to accurate diagnosis





IDENTIFYING WASTE



Identifying Waste







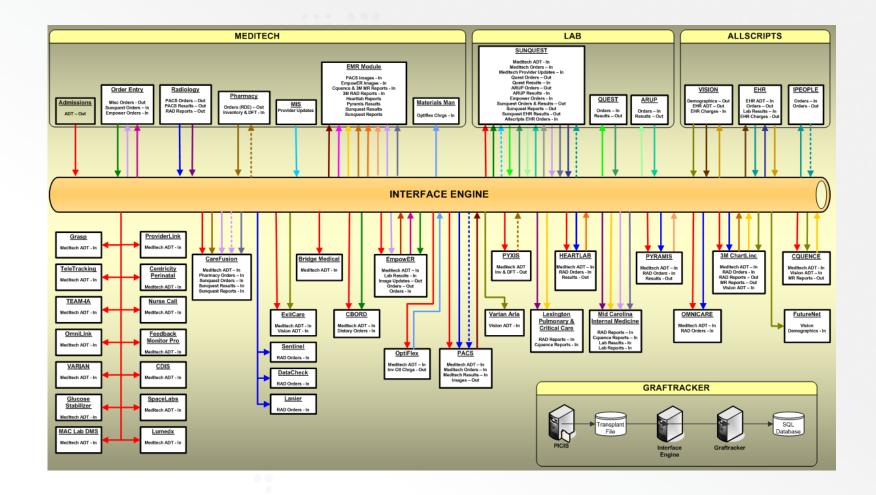


Take a Deeper Dive...

- Routine workflows conceal interoperability failures
- Look at your workspace, lab benches, IT architecture diagrams, and filing cabinets
 - Evaluate current configurations, costs, and personnel overhead
 - Get involved in focus groups and speak with peers in our industry
 - No need to reinvent the wheel
 - Create benchmarks
 - Compare with other labs & hospitals
 - Ask your clients (physicians and patients) for feedback!
 - Work with your IT vendors for support and let your voice be heard

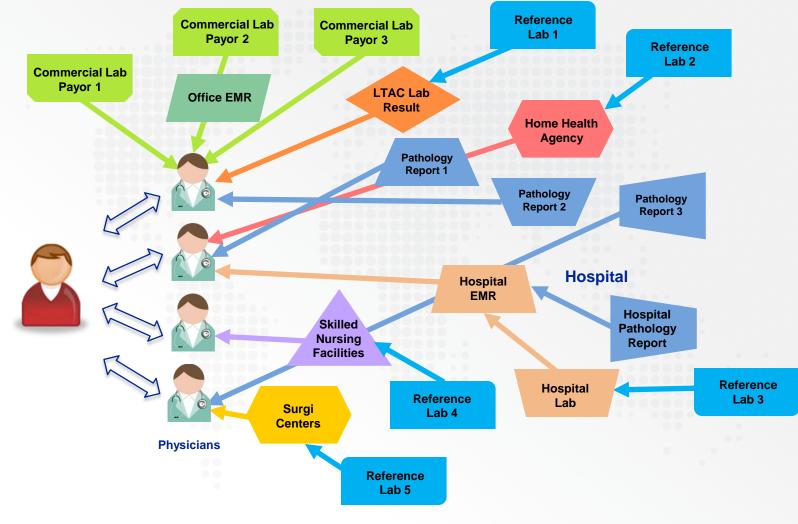






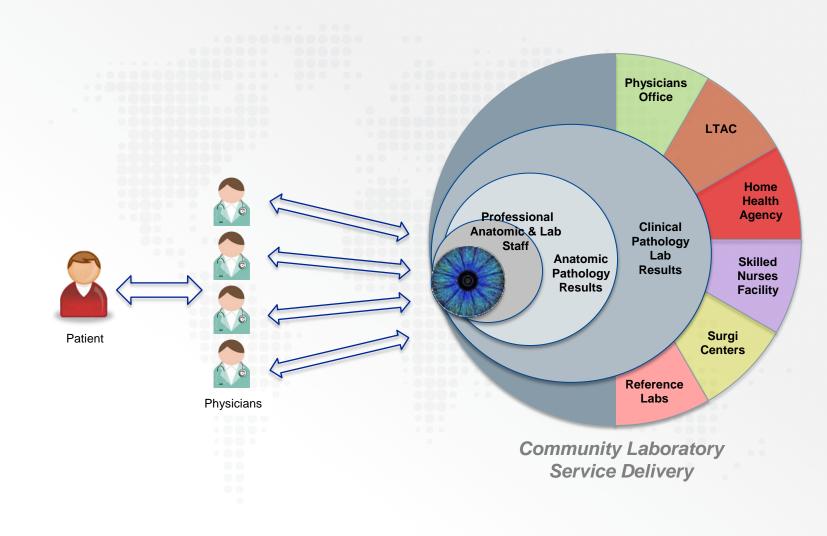


The Reality of Today



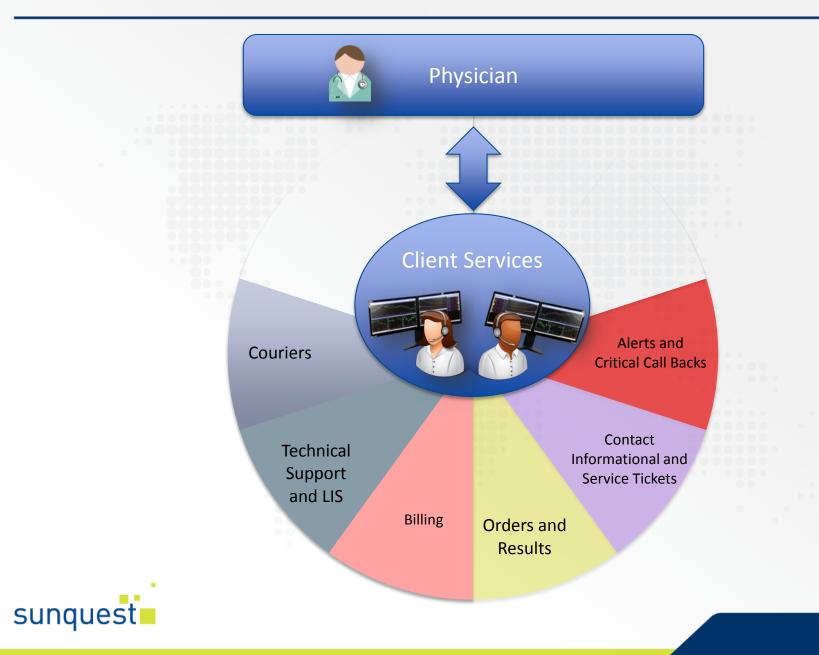


What the Patient Really Wants



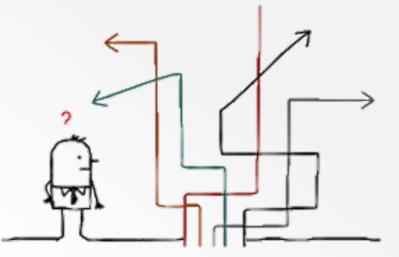


What the Physician Really Wants

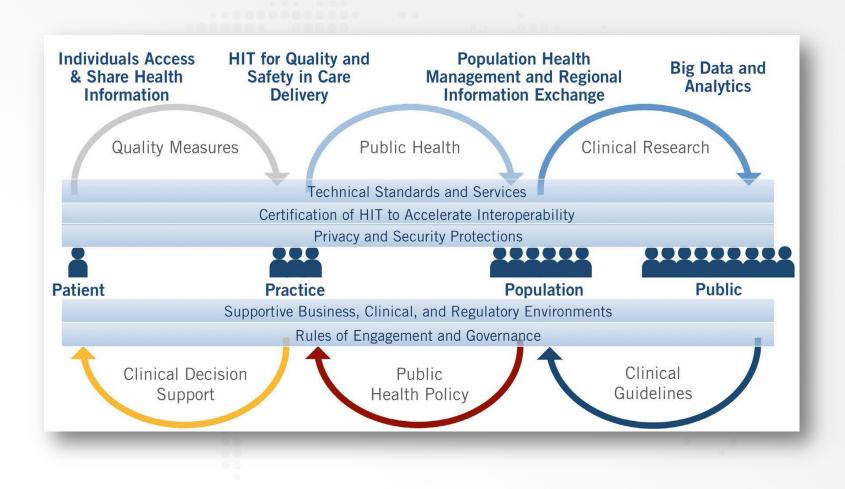




LEVERAGING BEST PRACTICES



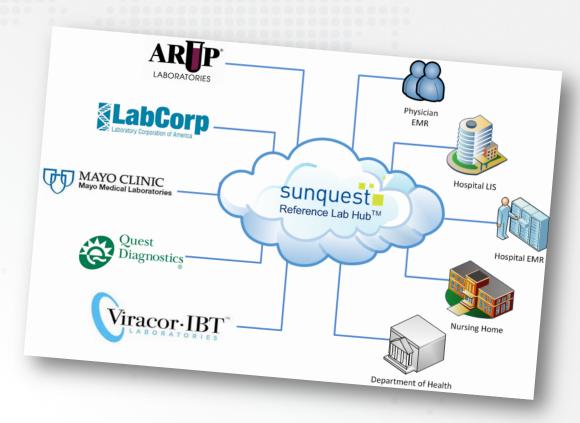
Health IT Ecosystem





What are Interoperability Best Practices?

- Less point-to-point
 - Move towards Hub & Spoke
- Advantages
 - Less overhead/costs
 - Less points of failure
 - Faster implementation
 - Cloud based solutions require no hardware
 - Better High Availability
- Faster Access to Data





Leveraging Best Practices







PITFALLS TO AVOID



Pitfalls to Avoid

- Don't bite of more than you can chew
 - Prioritization is KEY
 - Critical
 - Nice to Have
 - Future
 - Create Critical Path
 - Build Business Case
 - Prove ROI
 - Ensure plan is patient centric
 - Remember, Rome was not built in a day
 - Testing and validation is a MUST





Thank You!

sunquest

Jamel Giuma 520-570-2183 Jamel.Giuma@sunquestinfo.com www.linkedin.com/in/jgiuma/

References

- HIMSS Dictionary of Healthcare Information Technology Terms, Acronyms and Organizations, 2nd
 Edition, 2010, Appendix B, p190, original source: Wikipedia
- ONC Connection Health and Care for the Nation: A 10-Year Vision to Achieve an Interoperable Health IT Infrastructure, 2014
- Institute of Electrical and Electronics Engineers. IEEE Standard Computer Dictionary: A Compilation
 of IEEE Standard Computer Glossaries. New York, NY: 1990



