

WHITEPAPER

Appreciating the Benefits of Data Sharing is Easy

The road toward true systems interoperability, however, is fraught with challenges



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APPRECIATING THE BENEFITS OF DATA SHARING IS EASY

The road toward true systems interoperability, however, is fraught with challenges

Imagine this: Your mother is rushed to the emergency department (ED) in the middle of the night. The doctor treating her doesn't have access to her medication list. Your mother is under duress and can't communicate with clinical staff, so intake questions are left to you. What medications does your mother take? Has she had an adverse drug reaction? When did her symptoms start? All you can do is stare at the doctor and say, "I don't know. I don't live with her, and she has always taken care of herself."

Eventually, your mother is treated in the ED and admitted to the hospital. A week later, she is released to a skilled nursing facility (SNF). When she arrives at the nursing home, clinicians don't have detailed information about the care delivered at the hospital. The doctor requests records and—after a long wait—receives a stack of documents via fax.

During both transitions, your mother's care is obviously compromised since clinicians can't readily access vital information. However, if the information systems used by your mother's outpatient care physicians, the hospital, and the SNF were interoperable, clinicians would have quick and seamless access to a complete picture of your mother's healthcare.



“Interoperability is obviously important because, at the core, it really impacts the patient,” said Anthony Laflen, Senior Director and Industry Market Leader at PointClickCare. Interoperability becomes even more critical when dealing with more complex patients. Consider a patient experiencing congestive heart failure—it’s vital for a physician to be aware of the patient’s diabetes status before prescribing Lasix, a drug that can result in negative interactions.

While patient care is the most obvious benefit, healthcare leaders should also consider how information sharing can positively impact many other factors. “More broadly, on the periphery, interoperability impacts cost. It impacts time. It impacts quality outcomes, and it impacts the reputation of the organization as a whole,” Laflen explained.

To quantify potential cost savings, PointClickCare conducted a third-party survey of numerous provider and payer organizations. The top rationales for adopting broader care collaboration software included gains in efficiency and cost reduction.

Unsurprisingly, the federal government is calling for interoperability and data sharing via the [21st Century Cures Act](#), which makes access to and sharing of patient’s information among healthcare organizations commonplace. While the Act was signed into law by President Barack Obama in 2016, healthcare organizations are continuing to adapt their practices as new regulatory requirements take effect. The Information Blocking or Open Notes Rule, which requires healthcare organizations to make eight categories of clinical notes immediately available to patients through a secure online portal, took effect in April 2021, with [proposed fines of up to \\$1 million for noncompliance](#). In addition, by October 6, 2022, healthcare providers will be [required to share a larger set of electronic health information upon patient request](#).

“The overall goal of the Trusted Exchange Framework and Common Agreement (TEFCA) is to establish a universal data sharing standard for interoperability across the country. The United States Core Data for Interoperability (USCDI) is this standardized set of health data classes. Over the past few years, USCDI has increased in scope and coverage of certain data elements. On October 6 of this year, these standards will now include all elements of a patient’s electronic health record and, upon request by the patient, must be shared,” Laflen said.

Understanding the importance of interoperability—and the call to comply with emerging regulatory requirements—isn’t easy. In fact, interoperability/integration was voted the top care coordination challenge faced by organizations in the PointClickCare survey.

“This reinforces the perception that interoperability has moved from a casual conversation topic to a poignant objective. We have seen a significant increase in requests for proposals thematically centered on data exchange from ACOs, health systems, and health plans,” Laflen said.

REAL-WORLD DIFFICULTIES

When the rubber meets the road, many healthcare leaders are discovering that interoperability is not as easy to implement as it looks.

The overall information technology infrastructure in the healthcare industry is a major stumbling block. For decades, various healthcare organizations—from ambulatory care organizations to hospitals to SNFs and others—zeroed in on developing their own approach to treating patients, a practice that was mirrored in their software systems.

“So, you have different software platforms that grew up historically. And none of these were really designed to extract data and allow for data sharing. In fact, most of them have built upon themselves architecturally, so that even an aggregated longitudinal record within that one setting is difficult to achieve,” Laflen said.

As a result, the “cohesive longitudinal record is still a bit of the Golden Goose; it’s not built yet,” Laflen noted. “We are building it on a one-off basis. So, we are engaging with the more sophisticated hospital partners who want to share data and we’re building bi-directional interfaces with them. Eventually, we need to get to a point where we do what a health information exchange (HIE) was really intended to do: Create that longitudinal record that connects everything.”

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– Anthony Laflen, Senior Director and Industry Market Leader at PointClickCare

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HARDER THAN IT LOOKS

As leaders move toward this goal, they are discovering that interoperability is a complex endeavor that requires a sophisticated, multi-faceted approach.

Understand the complexity and level of effort needed to deliver interoperability. Multiple options are available for integrations, including point-to-point integration with the provider electronic health record (EHR), one-to-many integration with a regional HIE, and purchasing clinical data from a vendor with existing integrations across your chosen providers.

In addition to choosing the right approach, organizations will need to normalize their data sets. Effective clinical data for care coordination and utilization management needs conformed structure and content. Disparate systems need to exchange data with a shared meaning. For example, medication name, dosage, and frequency all need to be consistent to support medical decision making.

Workflows from different providers and provider types, as well as EHR documentation functionality, varies widely from organization to organization. For example, a hospital might document using a codified entry, while a SNF might use a free-text entry. Also, some EHRs only allow for 10 diagnosis fields, while others allow for an infinite number of co-morbidity capture. These discrepancies must be accounted for and reconciled for an operational, longitudinal view of the patient.

Beyond this view, organizations must devote significant resources to the effort. “The actual technology itself is not something that’s going to be easily deployed, nor is it inexpensive. So, you’re looking at expense, that’s going to come into play,” Laflen noted.

Move beyond yesterday’s technology. “The flat file, 1990s approach to data sharing just isn’t going to work. The adoption of SMART on FHIR as a way to dynamically request specific data elements is becoming more prevalent,” Laflen said. “It is quickly becoming the new standard—instead of consuming the entire record from each patient, healthcare staff could just query the server and request the medication list. This dynamic ability, which frees up efficiency and bandwidth, makes the solution more applicable to the patient.”

Predict all data needs upfront. Healthcare organization leaders often fail to predict future data needs when entering an interoperability project. “Knowing the objective upfront of what you’re trying to share and why you’re trying to share it is critical to the success of the endeavor to connect. It’s not uncommon for a healthcare organization to have a standard list of things they’re wanting to achieve and then through the iterative growth, those needs expand,” Laflen said. To achieve this iterative process, organizations must then circle back and rebuild the data integration infrastructure.

Drill down to the details. It's important for healthcare organizations to understand the details of what they need. Organizations commonly request a medication list, but months later discover a patient medication consumption list was more appropriate, which is a unique data set that requires rebuilding.

To mitigate this duplicative effort, organizations must precisely define needs. "Do you want the medication names? Do you want the medication drug class? Do you want the dose? Do you want the strength? Do you want the frequency with which it was dispensed? Do you want to know the likelihood of success?" Laflen explained.

Effectively share information across systems. "Understanding necessary SNF data elements and how those fit into the architecture of the EHR is step one—step two is understanding the trigger mechanism. So how do organizations connect the two data elements and how do they pull the information over?" Laflen noted.

Consider workflow. Understanding how the data fits into an organization's workflow is also important. "When an organization has data, leaders need to decide if they want to apply it to the clinical record. Do they want to put it into a queue to triage it? Do they want to make modifications to the order set? These are some of the things that really need to be thought about when considering interoperability," Laflen said.

Overcome restrictive (or nonexistent) data usage agreements that limit data exchange. A common misconception is that data usage agreements are easy to obtain. However, because of silos created by the disparate nature of healthcare across the provider base, there isn't a one-size-fits-all approach. Healthcare leaders need to carefully create data user agreements and need to be especially wary of obtaining the consent of the submitting provider or the patient before integrating clinical data, making it possible to comply with state and federal data privacy and security laws.

To accomplish this, leaders must engage with legal resources to seek indemnification. Data ecosystems may necessitate a mutual data usage reciprocal support agreement (DURSA). DURSAs define liability and indemnity necessities between parties and should apply to any data sharing initiatives that link payers, providers, and vendors acting as data intermediaries.

Intervene with the most acute/expensive populations to control costs more substantially. To successfully work with these complicated patients, live data access is key, as it enables staff members to view, react, and collaborate in a timely manner.

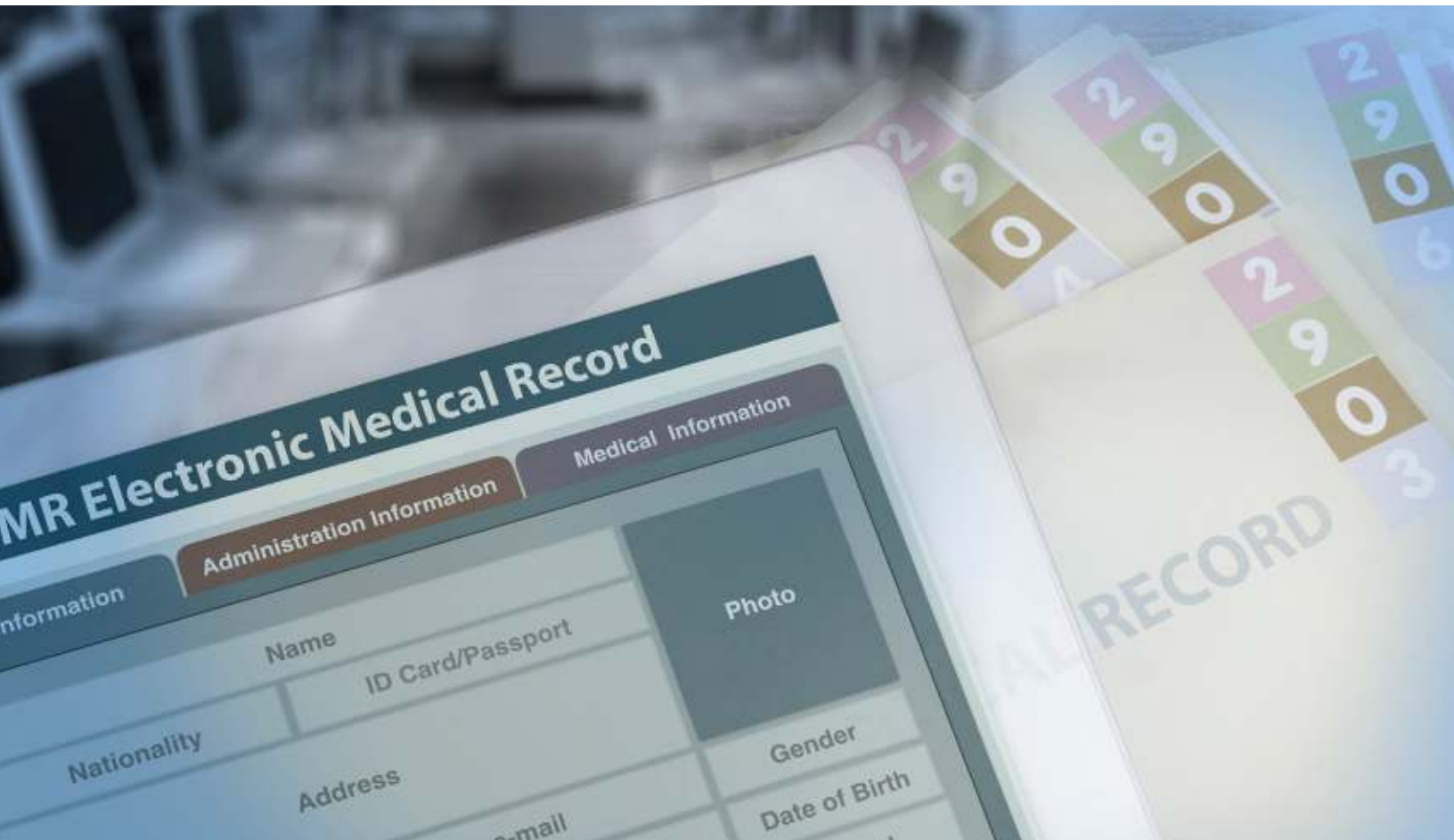
Align incentives between payers and providers. Value-based care programs—which reimburse providers based on outcomes rather than volume of services delivered—are poised to help encourage data sharing. While data sharing is key to value-based models, provider and payers must also decide where it is most beneficial to house the longitudinal patient record.

EVALUATING OPTIONS

To truly achieve the interoperability necessary to support optimal data sharing and care coordination, healthcare organizations should work with a reputable, experienced partner.

When searching for such a partner, it's important to evaluate software vendors transparency with post-acute care providers, transition capabilities, data sharing across care settings, and real-time access to patient information.

PointClickCare's PAC Network Management platform provides what is needed by connecting hospitals and health systems with post-acute care partners to facilitate seamless care transitions. The power of this platform has increased significantly through acquisitions such as [Collective Medical](#) and [Audacious Inquiry](#). Collective Medical's platform connects more than 1,300 hospitals, thousands of ambulatory practices and long-term post-acute care (LTPAC) providers, as well as accountable care organizations (ACOs) and every national health plan in the country, across a 39-state network. With the addition of Audacious Inquiry's network, PointClickCare now serves over 2,700 hospitals, more than 2,000 ambulatory sites, and more than 27,000 long-term and post-acute care facilities.



With PAC Network Management, organizations can efficiently:

- Share data across and within care settings
- View patient location and status
- Enhance the post-discharge experience
- Immediately identify high-risk patients that need attention
- Receive insights—including prior ED utilization, security concerns, social determinants, prescription histories, advanced directives, and Continuity of Care Documents (CCD)—at the point-of-care within existing workflows
- Identify medically-preventable admissions and readmissions and redirect patients as necessary
- Collaborate with the full community care team to determine a patient’s best path forward
- Reconcile medications into a single value from hundreds of potential variations
- Standardize units of measurement
- Map routine data entries to a single codified value

Organizations that have implemented the PAC Network Management platform can:

- *Create seamless care transitions with fewer blind spots.* A healthcare system improved collaboration between hospitals and post-acute care providers, enabling better care for patients in just 10 months.
- *Achieve better care outcomes.* Within six months of implementation, an acute provider saw decreased readmissions while ensuring an 83% inter-facility EHR transfer success rate.
- *Improve financial health.* Integrated information saves time with regulatory reporting, insurance billing, coordinating care with external partners, and fulfilling medical records requests, saving 2,000 nursing staff hours yearly.



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inter-facility EHR transfer success rate.

CASE IN POINT

TriHealth, a Cincinnati-based integrated health system, relied on the PointClickCare platform to share patient data between institutions to save time and empower clinicians to more keenly focus on patient care during the COVID-19 pandemic. The platform enabled the healthcare organization to eliminate silos among and between care settings while gaining clinical insights that can help mitigate risks after a discharge into post-acute care.

TriHealth deployed the PAC Network Management pilot project with five of its facilities. These participating locations agreed to complete all transitions of care communications between the acute setting and long-term care partners via the EHR. The new process is more efficient for staff, giving clinicians time to focus on care for their patients. It also provides case managers with accurate information to make the best transition decisions for patients. Perhaps most importantly, the integration enabled TriHealth to better handle the complexities of the pandemic.

“PAC Network Management facilitates the seamless, automatic flow of patient data between our acute and post-acute care institutions. This means that when a patient is transferred from the hospital to a skilled nursing facility, their data is sent with them. This continuity helps to make processes more efficient for our staff and provide families with accurate information to make the best transition decisions for their loved ones, through a single, secure platform,” concluded Lori Baker Director, TriHealth. “Improving outcomes for all stakeholders involved in the care journey has always been our goal, and especially while navigating the uncertainties of the COVID-19 pandemic. PointClickCare has helped us to realize that goal.”

PointClickCare®

PointClickCare is a leading healthcare technology platform enabling meaningful collaboration and access to real-time insights at any stage of a patient’s healthcare journey. PointClickCare’s single platform spans the care continuum, fostering proactive, holistic decision-making and improved outcomes for all. Over 27,000 long-term post-acute care providers, and 2,700 hospitals use PointClickCare today, enabling care collaboration and value-based care delivery for millions of lives across North America.

Learn more at www.pointclickcare.com