

Sharing Health Information

THE ISSUE

Providing the best care to patients and reducing health care costs requires sharing relevant health information among providers and with individuals. At the same time, health care transformation and new models of care require bringing together and using many more kinds of data than have traditionally been used by hospitals and health systems. Nevertheless, health information technology (IT) tools available to hospitals and health systems do not generally support these new health information sharing and analysis needs without undue expense and effort by

the provider to connect organizations and individuals. This is true despite federal programs that prioritize health information exchange, such as the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs and the related federal program to certify EHRs.

The AHA recently released a report of its Interoperability Advisory Group, which concluded progress will require collaborative work across public and private sectors and identified specific actions different stakeholders should take to move forward.

AHA POSITION

The nation must make rapid progress on developing secure, efficient sharing of health information, not only for improving care, but also for engaging patients and supporting new models of care that focus on value, not just volume. The AHA supports more efficient and effective sharing of health information through:

- **Greater use of and adherence to data and other technical standards;**
- **Improvements to the federal EHR certification program;**
- **Greater transparency on how health IT vendors support the interoperability of their products; and**
- **More robust testing of EHRs and other health IT systems.**

The AHA opposes heavy-handed provider penalties on “information blocking,” such as those included in H.R. 6, the 21st Century Cures Act.

WHY?

- **The need to share data in health care grows daily.** Shared health information will allow clinicians and patients to have the data they need at their fingertips to make the most informed, timely decisions about treatments and to better manage individual and population health.
- **Hospitals want to share information, but face challenges.** According to a recent report from the Office of the National Coordinator for Health Information Technology (ONC), only one in four hospitals have IT products and capabilities that allow them to electronically find, sense, receive and use summary of care records from outside their health systems. They face significant technical, operational and financial barriers to sharing. In the meantime, they use many expensive work-arounds to share information for care and to engage patients.
- **Unfortunately, the certified EHRs hospitals are required to purchase under the EHR Incentive Programs do not meet the mark when it comes to sharing information to improve care and support new models of care** (see AHA Fact Sheet on Meaningful Use). The ability of these expensive technologies to support the sharing of information across systems within a hospital or across care settings remains limited. Hospitals are finding that they still cannot share data with others outside their organization without significant work and expense. This is true whether providers are using the same or different vendor platforms.

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Top Barriers to Electronically Sharing Health Information

Barrier	Percent of Hospitals Experiencing Barrier
The intended recipient does not have an EHR or other system capable of receiving the data	62%
The intended recipient does have an EHR, but it is not capable of receiving information electronically	60%
Difficult to find provider's electronic address	46%
Those receiving summary of care records do not find them useful	30%
Cumbersome workflow to send the information	29%
Extra costs to send/receive data	28%
Difficult to match or identify patients between systems	27%

AHA Analysis of the 2014 AHA Health Information Technology Supplement.

- **A key part of the problem is the lack of consensus on which standards to use and how to use them.** Standards allow data to flow between computers and keep the same meaning for both the person sending it and the person receiving it. While multiple standards have been included in the meaningful use program, many of them are immature. As a result, vendors have the flexibility to interpret and implement them differently. Hospitals and health systems find it challenging to share information to support clinical care because of unique system configurations and unique implementation of standards by vendors. The result is that sharing and integrating data across EHRs is complex and costly due to unique interfaces and other work-around to support data sharing. AHA members widely report that the cost and complexity of the interfaces vendors sell to create information-sharing workaround solutions are simply not sustainable. Similarly, the new transaction fees being imposed for information exchange also present an unsustainable model.
- **Hospital and other providers are required to purchase and use certified EHRs. Therefore, vendors must be accountable for the design and marketing of interoperable products.** At a minimum, ONC must fix the certification program for EHRs so that vendor products go through rigorous testing in a way that reflects real-world conditions. ONC also should provide more oversight of vendors, including developing transparency metrics on vendor performance parallel to the many quality reporting programs HHS has implemented for providers, such as *Hospital Compare*.
- **Federal support of widely available conformance testing would improve the ability of vendors and providers to create solutions that work.** It is only by thorough and widely available testing that true interoperability can be ascertained. In the EHR space, testing should include both the EHR itself, as well as interfaces to ancillary systems (such as laboratory information systems) that connect to EHRs. Testing systems should be widely available to developers and end users of EHRs on an ongoing basis to support development, certification and assessment of implementations. Testing requirements should be developed in consultation with providers – the end users of the products tested.
- **Given the serious challenges providers face in exchanging health information, policymakers should focus on positive solutions, rather than negative sanctions for “information blocking.”** The AHA opposes heavy-handed penalties included H.R. 6, the 21st Century Cures Act that would apply to providers who engage in “information blocking.” The bill lays out an overly broad definition of that term that could result in large penalties applied to reasonable technology and operational choices by hospitals. Heavy-handed sanctions on providers for failure to share information would be duplicative of the meaningful use requirements to share health information and could have unintended consequences. The AHA strongly opposes any “information blocking” sanctions on providers beyond those in the existing EHR Incentive Programs and recommends the use of those existing structures to promote information sharing. Any definition of “information blocking” by providers should be limited to deliberate actions to:

 1. Limit or restrict electronic sharing, through certified EHRs, of patient information necessary for the care of the patient that is permissible to be shared under relevant federal and state privacy laws, insofar as the technology and supporting infrastructure have the capability to carry out such electronic sharing; or
 2. Limit or restrict patients’ access to their electronic records, as specified in existing federal and state privacy laws, insofar as the provider has current capability to efficiently and effectively share the data electronically.