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## **Advancing Interoperability Across Care Settings**

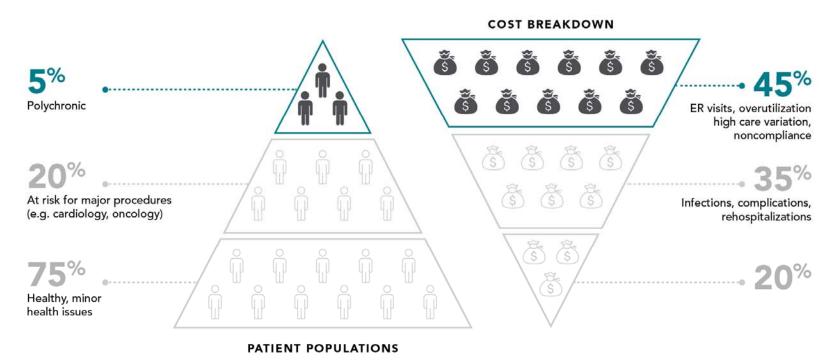


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# Advancing Interoperability Across Care Settings: A Strategic Imperative

### Strategic Imperative for Health Care

Shift from reactive care to proactively and predictably managing populations



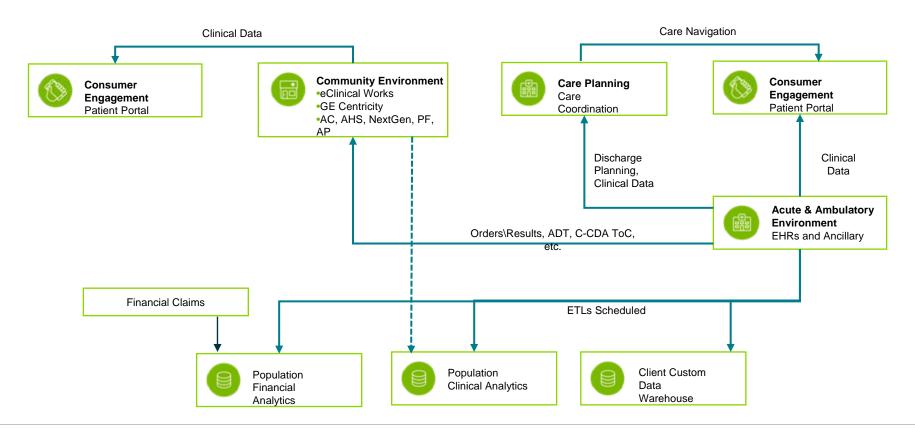
Note: Data excludes the uninsured and VA populations, year = 2012. | Source: Oliver Wyman analysis, Kaiser, CMS, Census Bureau. CDC.

## The Vision: A Closed Loop Healthcare Platform

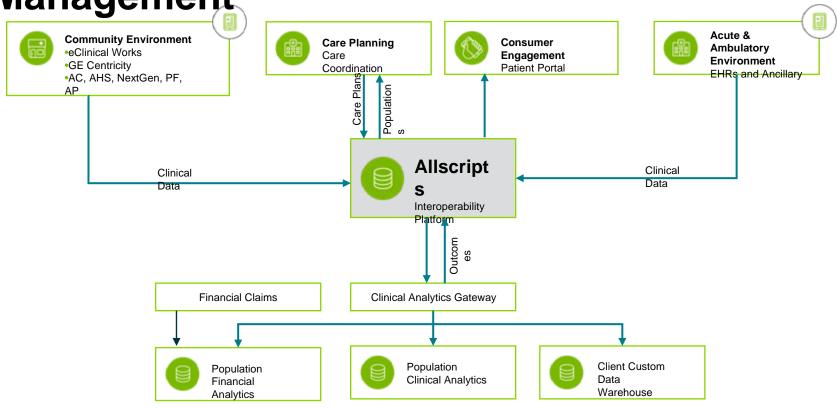




### The Reality: Heterogeneous Environments



The Solution: Data Design for Population Management





**Point-of-Care Analytics | EHR Agent HUB** 

## **Interoperability Case Studies**

### **UPMC Today: Snapshot**



\$12 billion integrated global health enterprise

60,000 employees

22 academic, community and regional hospitals with more than 4,200 licensed beds

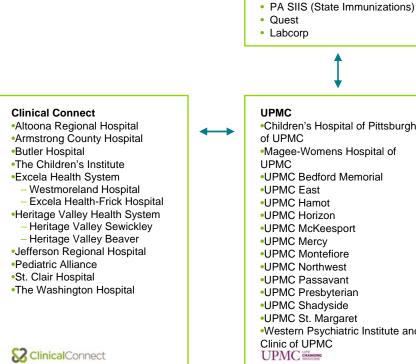
More than 187,000 inpatient admissions and 165,000 surgeries performed annually

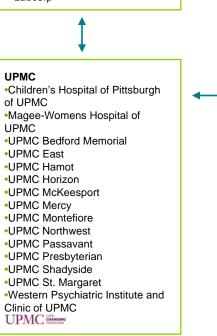
Each year, more than 4.5 million outpatient visits and 480,000 emergency visits

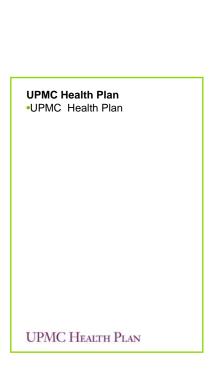
More than 40 UPMC Cancer Centers with 180 affiliated oncologists UPMC Health Plan:
2.4 million total
members, a network of
more than 125
hospitals and other
facilities and more
than 11,500 physicians



### **UPMC Three-Node Deployment**

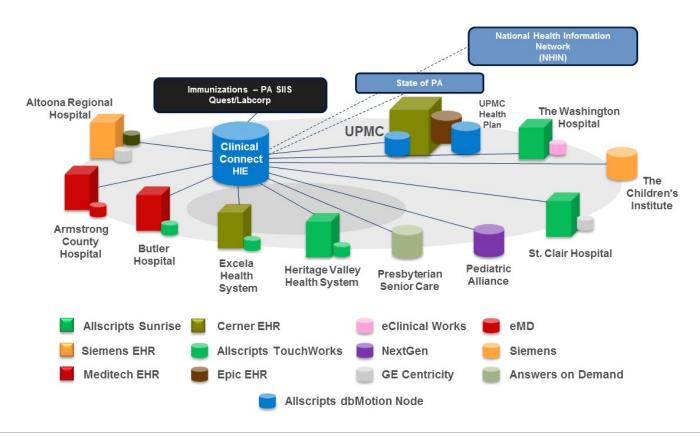




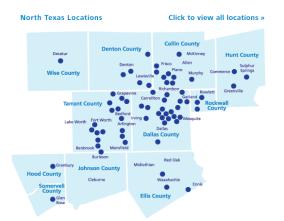






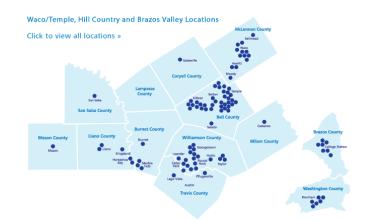


### **Baylor Scott & White Health**









### **Baylor Scott & White Health**

- Baylor Scott & White Health includes 46 hospitals and 6,000 affiliated physicians
- Baylor Scott & White Quality Alliance ACO covering over 100,000 Patient Lives across Central and Northern Texas
- Workflow Integration across 250 care sites in the North Texas area comprising over 74 distinct vendor systems.
- Value on the Day One:
  - 2 ,603 unique users using Agent and Clinical Viewer
  - 956 patients viewed in the system and
  - 3,447 views distributed across different clinical domains
  - Risk Stratification delivered to point of care



## Thank You!



Jennifer Bolduc, MD Principal Clinical Advisor, Office of Strategy Management and Marketing, Allscripts, Burlington, VT

# Advancing Interoperability Across Care Settings: A Clinician's Perspective

### **Faces of Interoperability**

#### **Technical definition:**

In healthcare, interoperability is the ability of different information technology systems and software applications to communicate, exchange data, and use the information that has been exchanged (HIMSS)

#### **Clinical definition:**

For clinicians, interoperability is the ability to immediately access, view and utilize relevant patient information that is new to them and that exists in other systems from within their own EHR. (Dr. Jen)

## A Day in the Life of Dr. Jen

5:00 AM	Call the baby line to check for newborns to see in the hospital
5:30 AM	Coffee and preload patients for the day, kids and dogs are up
7:00 AM	Turn on pager and leave for the hospital
8:00 AM	Interrupted for a C-section- twins!
9:00 AM	Late for clinic, 12 patients scheduled, 2 already arrived
11:45	Called to the ED for infant with respiratory distress who requires hospitalization
AM	Late for clinic, 15 patients scheduled, 3 already arrived, reception extending my
1:30 PM	day
4:00 PM	Interrupted for question about infant with respiratory distress and did I see the
6:00 PM	labs/x-rays?
8:00 PM	7 patients added to evening clinic, another new baby to see but at the other hospital
10:00 Copyright © 2P17Miscr	Clinic patients seen, but documentation nowhere near complete, did I eat today aprints Healthcare Solutions, Inc.

Why do clinicians resist interoperability?

Right knee sprain Need for flu vaccine

DERMATOPHYTOSIS OF FOOT

Carpal tunnel syndrome

Polyneuropathy in diabetes

Right ankle pain

Acute otitis externa

Chronic back pain

HIV counseling

Hoarse voice quality

LACK OF ADEQ SLEEP

HYPERSMN W/SLEEP APN UNS

DM neuro manif type II

Plantar fasciitis

JOINT PAIN-L/LEG

Arthritis, rheumatoid

Extreme obesity with respirator

Obstructive sleep apnea syndrome

Astigmatism

**HYPERMETROPIA** 

**PRESBYOPIA** 

Allergic conjunctivitis

Dry eyes

Lumbar radiculopathy

Keratoderma, acquired

Xerosis cutis

OM (onychomycosis)

Type II Diabetes Mellitus

**Numbness** 

**IS JUST** THE FIRST Why do clinicians resist interoperability?

Username \* Password \* Forgot your password? Log In

Why do clinicians resist interoperability?



Why do clinicians resist interoperabilit



## The Good Really Old Days





### Interoperability Tools of the Past



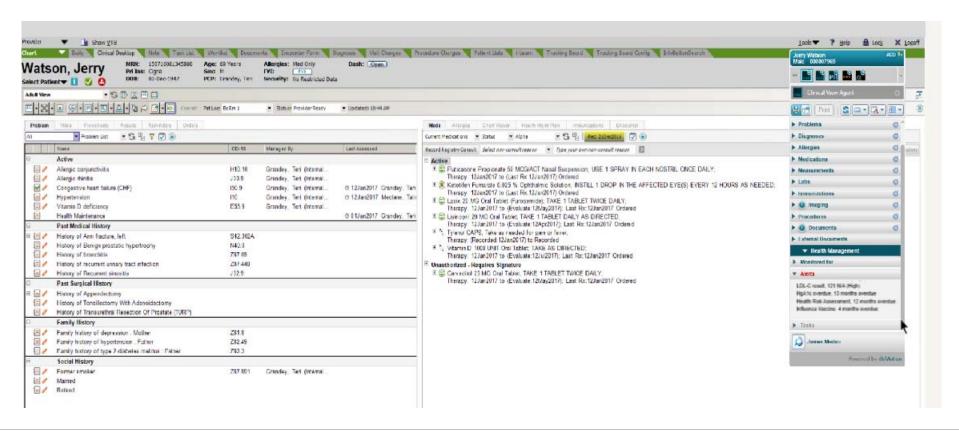


## Making interoperability work for clinicians

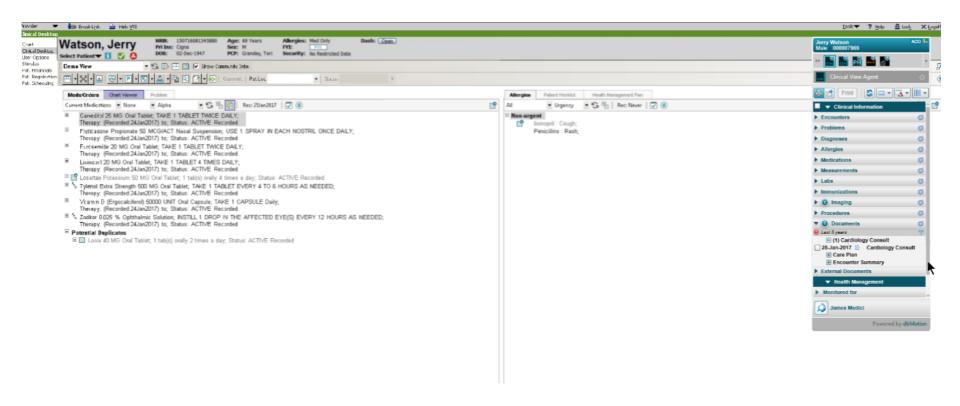
- clinicians Immediate access from within the EHR to avoid login and password overload
- ✓ View the most relevant clinical data with option to view details to decrease the noise
- ✓ View care across care settings
- ✓ Add selected community clinical data to the EHR to utilize it as if you entered it yourself

## **Example of Interoperability**

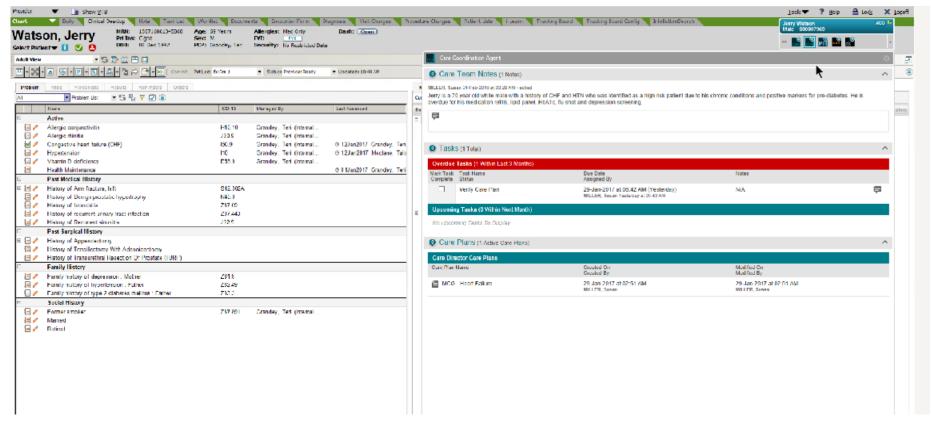
### **Access within the EHR**



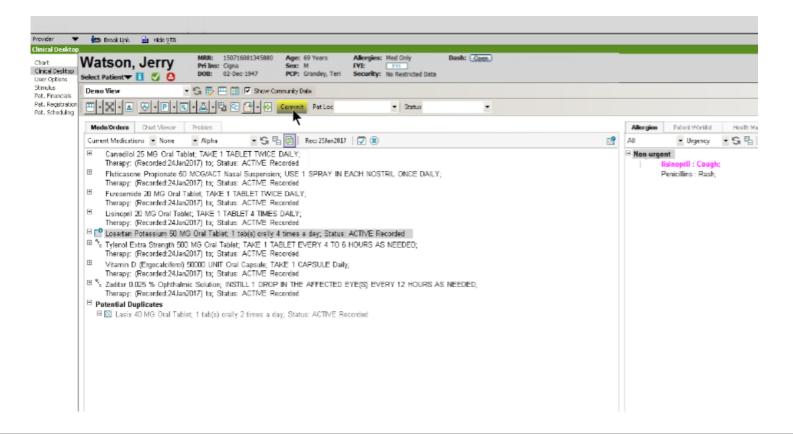
#### View other clinician's notes



## View care across care settings



#### Add clinical data to the EHR



## What successful interoperability looks like

#### **Triple Aim of Health Care:**



And this... remotely, using appropriate KPIs maintenance alerts Enable advanced Develop better product tracking and products, faster, informed by a much authentication larger data set based to prevent on patient outcomes counterfeits Monitor medical device functionality for better customer service, reduced risk, and insight to improve product designs Aggregate and correlate data from disparate medical Anticipate medical device devices with Healthcare Monitor device data to maintenance needs, and alert medications and patients to schedule a doctor make more timely health Provider health outcomes for visit for replacement or repair decisions, such as advanced insight adjusting dosages





### A closing story

- 75 yo female patient discharged from hospital after new onset CHF exacerbation.
- Started on an ACE inhibitor and aldosterone blocker.
- Seen by homecare nurse in follow up and they documented new medications on med list.
- Patient seen by PCP 7 days after discharge (homecare note was not yet received via paper fax).
- ACE was not identified by patient as a new medication.
- Patient found unconscious by homecare nurse 4 days later.
   Outcome: Admitted with renal failure and life threateningly high potassium secondary to ACE and diuretic therapy.

#### Preventable failures

- No discharge communication.
- No communication/sharing of med list between hospital and homecare nurse.
- No communication/sharing of med list between homecare nurse and PCP.
- Lack of real time communication between various touch points with patient: hospital, homecare nurse and PCP.

# Open Discussion

## Thank You!