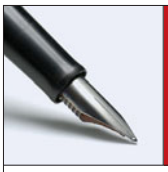

LETTER FROM THE EDITOR-IN-CHIEF

EHR Interoperability: A Bridge to Nowhere

In the beginning, interoperability and health information exchange (HIE) were key selling points for physicians considering adoption of and investment in electronic health records (EHRs), but today most are left feeling misled, stranded on a bridge that leads nowhere.

The Healthcare Information and Management Systems Society (HIMMS) defines EHR interoperability as "the ability of different information technology systems and software applications to communicate, exchange data, and use the information that has been exchanged."[1] In addition, the organization notes that HIE standards should allow "data to be shared across clinicians, lab, hospital, pharmacy, and patient regardless of the application or application vendor."[2] The ultimate goal of interoperability is to ensure that health information systems eliminate all barriers to the flow of information, within and between health-care organizations, and that would limit the ability to provide care for patients seamlessly. The Health Information Technology for Economic and Clinical Health (HITECH) Act, signed into law early in the Obama administration, made EHR interoperability a fundamental priority. In fact, meaningful use designation and compliance mandate interoperability and HIE, yet little has been done to enforce this key component of the law.

Many early adopters now find themselves held hostage by outdated, inefficient systems whose creators have no incentive to innovate and improve. These physicians and hospitals would readily switch their EHR systems, but then they realize the tremendous cost they would incur to get the patient data to a new system. Worse yet, many of these systems' developers will claim that they are unable to transfer the data at all, let alone preserve its original form and get it into the correct "buckets." The result is a dramatic restriction of consumer choice and a stagnation of innovation in health-care information technology.

The EHR companies know that by creating barriers to data transfer and information exchange, they make it harder for us to leave. And the harder it is to leave, the less incentive there is to satisfy your customer. No other industry is allowed to restrict consumer freedoms like this. Despite the fact that HIE represents one of the most important directives of health-care reform as we know it, we have somehow allowed an environment to persist that nearly eliminates the possibility of its stated goal. There is simply no incentive for most of the large EHR companies to change their ways. There is certainly no business case for doing it, and apparently the federal government lacks the will to enforce the mandate for it.

Urgent care has been a success story for innovation in health-care delivery, and EHRs tailored for urgent care centers have always demonstrated a more consumer-focused, responsive, and innovative approach to software development. Unfortunately, as health systems increase their penetration into the urgent care market, they bring their rigid, bloated, and inefficient EHRs with them. Although many would like to adopt an urgent care EHR, their existing systems make this nearly impossible to accomplish. Ideally, and in the spirit of the law, these large health-system EHRs should allow for other systems more capable of providing efficient patient care in different settings to sit side by side as part of the free flow of health information.

Thus despite the opportunity to meet consumer needs and promote more efficient health-care delivery, health systems are stuck trying to shove a square peg into a round hole. Workflow is predictably disrupted, and all of the efficiencies and the consumer focus that make urgent care so valuable are lost. Until government enforces HITECH as it was intended, little can or will be done to achieve interoperability. And the promise of EHRs to streamline care, to improve quality, and to empower patients and their physicians will be lost. ■

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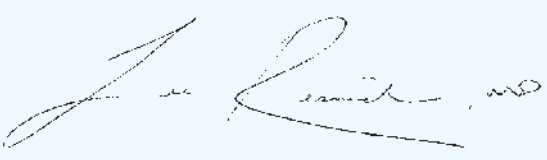

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