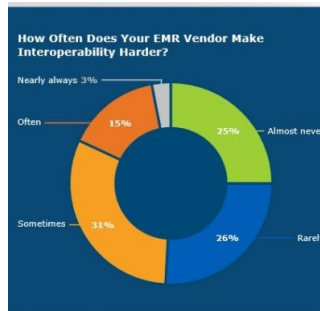


EMR Interoperability in 2020: Major Trends



KLAS and CHIME [report](#) on the state of EMR interoperability in 2020 outlining 10 interoperability trends that highlight areas of progress and opportunities for industry improvement.

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Compared to the previous KLAS' report on interoperability published in 2017, the data for 2020 suggest substantial progress including improved access to external records and data exchange through APIs. Still, there is room for growth. The 'Trends in EMR Interoperability' report outlines 10 trends in the interoperability area that could inform the interoperability development in the future.

Progress in deep interoperability. In general, organisations that are achieving deep interoperability are still few, but their number has increased twofold since 2017. About two-thirds of providers report to often/nearly always have access to required records, and the records' viewing and use has become much more user-friendly.

Improved external connections. The report shows that nearly all EMR vendors now provide much more efficient connectivity to outside EMR records despite the regulatory challenges and lack of technical expertise in some cases. Vendors are now more focussed on API adoption and standardisation for better interoperability (e.g. FHIR adoption).

Smaller institutions are more connected. This shift is driven, on the one hand, by increasing expectations with regard to EMR interoperability that push vendors to improve shared access to data, and, on the other hand, by the ongoing EMR vendor consolidation and, consequently, ability for users to connect to a wider network of one vendor.

High costs and lack of support are major problems. Half of surveyed providers mentioned inadequate vendor support, and cost of both acquisition and maintenance was prohibitive for both smaller and larger organisations.

Growing use of national networks. Providers' perceived value and adoption of national network is all-time high due to the completeness of data available and their user-friendliness. Public HIE is reported as the most valuable sharing method often combined with direct messaging.

Use of apps is growing. While in general applications are yet to be widely adopted, many healthcare providers use patient-facing apps. There is a mix of both vendor and internal solutions, with the latter implying the need for FHIR-based certification.

FHIR adoption expands. Proprietary APIs adoption is still wider than FHIR APIs' but the latter is catching up in advanced organisations with EMRs from a larger vendor. FHIR APIs are commonly used for patient-record exchange, clinician-enabling tools and patient-facing tools.

FHIR's value is unclear. Regardless of whether providers have already adopted FHIR or not, they share three major concerns about the standard, namely low adoption of apps by patients, unclear connection between adoption and outcomes, and challenges of quantifying identified outcomes.

Value in proprietary APIs. The application areas of proprietary APIs are the same with those of FHIR APIs, but the value of the former is much more clearly perceived and the user satisfaction levels are higher, especially in terms of operational benefits.

Record exchange and population health are priorities. Bidirectional and easier patient-record exchange is the most in-demand interoperability application. Providers also expect expanded functionality of population health tools and the incorporation of more social determinants of health (SDOH) data.

In conclusion, the two organisations acknowledge the progress achieved since 2017 but note that “there is still a significant opportunity for EMR vendors and provider organizations to partner effectively to help data exchange truly impact patient care”.

Source and image credit: KLAS and CHIME

Published on : Mon, 1 Feb 2021