
Impediments to EHR Interoperability



A survey of health information exchange (HIE) professionals reveals that both EHR vendors and health systems are employing a variety of tactics – notably information blocking – that impede progress in EHR interoperability.

“Half of respondents reported that EHR vendors routinely engage in information blocking, and 25 percent of respondents reported that hospitals and health systems routinely do so,” write University of Michigan professors Adler-Milstein and Pfeifer in their report. “Among EHR vendors, the most common form of information blocking was deploying products with limited interoperability. Among hospitals and health systems, the most common form was coercing providers to adopt particular EHR or HIE technology.”

The survey gets more interesting as it delves into specific tactics. Respondents said information blocking among EHR vendors usually takes these eight forms and occurs with a corresponding frequency shown in parentheses.

- Products have limited interoperability (49 percent)
- High HIE fees unrelated to cost (47 percent)
- Third-party access to data is difficult (42 percent)
- Refuse to support particular HIEs (31 percent)
- Data export is difficult (28 percent)
- HIE contract terms change after implementation (19 percent)
- Unfavourable HIE contract terms (17 percent)
- Gag clauses on speaking about info blocking (12 percent)

Most of the survey respondents are of the opinion that those tactics are employed by EHR vendors in order to maximise short-term profit and increase the likelihood their products will be selected,

The survey also found that hospitals and health systems try to block information by pressuring providers to adopt specific technology (28 percent), controlling patient flow through selective data sharing (22 percent) and using HIPAA as an excuse to not share patient data (15 percent).

“What has been substantially underappreciated, however, is the fact that, for the key actors needed to enable HIE to occur – provider organisations and vendors – there might be more benefit, or at least more certain benefit, from not [participating in HIEs],” writes Julia Adler-Milstein in Health Affairs. “And as a result, these actors may behave in ways that interfere with the free flow of patient information that is needed to improve health and healthcare.”

The solution, according to the Michigan study, is a change of incentives. While the federal incentives for EHR adoption are obviously reimbursement, the incentives that enable the free flow of patient information between systems and doctors remains elusive.

Source: [Health Data Management](#)
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