EHR Interoperability Continues to Climb in Acute Care Hospitals

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Over half of acute care hospitals reported engagement in all four domains of EHR interoperability in 2019.

EHR interoperability among acute care hospitals increased from 2018 to 2019, according to the 2019 American Hospital Association IT Supplement published by the Office of the National Coordinator (ONC) for Health IT.

Interoperability continues to be a challenge for health systems across the country. Still, the report found that over half of acute care hospitals participated in all four interoperability domains (send, receive, find, and integrate). This number has steadily increased from 26 percent in 2015, to 29 percent in 2016, to 41 percent in 2017, to 46 percent in 2018, and then to 55 percent in 2019.

Roughly 70 percent of hospital respondents integrated data into the EHR, which was a considerable increase from 2018. Furthermore, 75 percent of hospitals reported finding or querying patient data from outside hospitals.

The number of small and medium to large hospitals with 2015 Edition Certified EHR technology increased from 2018 to 2019.

The national average of US non-federal acute care hospitals jumped from 83 percent in 2018 to 91 percent in 2019. Nearly 90 percent of small hospitals had certified EHR technology in 2019, while 95 percent of medium to large hospitals adopted certified EHR technology. The latter was at 67 percent just two years ago.

Health information exchanges (HIEs) are crucial for connecting communities and ensuring patient medical records are available at all times. While interoperability remains a major issue for HIE implementation, HIE connectivity is becoming more prevalent across the country.

According to the survey, there was nearly a 40 percent increase in the proportion of hospitals that used a national network to find patient data between 2018 and 2019.

On the other hand, state, regional, or local HIEs were the most common method utilized by hospitals to find patient data from outside providers. This percentage increased from 46 percent in 2018 to 53 percent in 2019.

A little over four in 10 hospitals utilized an interface connection, such as an HL7 interface, between EHR systems. A similar percentage used provider portals or national networks to find patient data in 2019.

Hospitals reported a 4 percent decrease from using other healthcare organization HER logins credentials. This percentage fell from 31 percent in 2018 to 27 percent in 2019.

National network participation dramatically rose from 2018 to 2019.

Nearly 70 percent of hospitals participated in any national network, and almost 50 percent of hospitals participated in more than one national network. These percentages increased from 57 percent and 33 percent, respectively.

DirectTrust and Sequoia Project's Carequality connections both increased more than 10 percent.

The report found that 80 percent of medium to large hospitals participated in either a state, regional, or local HIE network. This compared to only 68 percent of small, rural hospitals that participated in HIE networks. Less than 50 percent of small, rural, and critical access hospitals (CAHs) participated in national as well as state, regional, or local HIE networks.

Small, rural, and CAHs reported participating in neither a national HIE, a state, regional, or local HIE compared to larger or more suburban hospitals.

Hospitals reported patient data exchange barriers in 2019. Roughly 70 percent of hospitals noted information blocking barriers, such as exchanging patient data across separate EHR vendor platforms and attempting to exchange patient data with outside providers.

In March 2020, ONC released the next phase of the 21st Century Cures Act, the interoperability rule, which primarily focused on interoperability and patient information blocking. The published rule aims to drive patient access and sharing of patient electronic health information, allowing individuals to coordinate their own healthcare.

"ONC is working to improve the flow of EHI between patients, health care providers, and health information networks," concluded ONC.