## THREE CORE ELEMENTS PUT HEALTHCARE ON THE FAST TRACK TO COMPLETE INTEROPERABILITY

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As the transition to value-based care continues to pick up momentum, one thing has become abundantly clear: the ability to exchange electronic patient data securely with providers at every point in the healthcare continuum is no longer a "nice to have." It is a must-have because the success of any provider in delivering quality outcomes is dependent on the actions of all the other providers who touch that patient.

Electronic health record (EHR) companies have done a great job of enabling interoperability among large hospitals and health systems that can afford expensive projects. That is only one small sliver of the continuum, however. What about the rest, such as smaller hospitals, independent physician practices, skilled nursing facilities, long-term post-acute care communities, physical therapists, emergency medical services and others whose budgets don't accommodate complex, expensive interoperability projects?

The better approach for them is to incorporate solutions that can already be accessed easily and universally — such as Direct messaging and document query — into the workflows of EHRs, multi-function printers and other tools that these providers already have. That way, all providers will be able to exchange patient data electronically and, more importantly, consume it directly into their systems rather than requiring someone to re-enter the data.

Enabling this free exchange of information requires three core elements:

 A network that is readily available and accessible, enabling each provider to connect and share patient information directly with any other provider across the care continuum.

- Security protocols that represent a trusted network.
  Providers must have confidence that the information will only be seen by those authorized to view it. In the heavily regulated healthcare industry, compliance with all requirements around security and protected health information is non-negotiable.
- A national directory that makes it easy for providers to locate one another quickly, regardless of the underlying technology they're using. Use of the directory must fit seamlessly into the workflows of providers on both sides in order to streamline communication.

If any of these three elements is missing from the foundation, the ability to achieve efficient, secure electronic exchange of patient information evaporates.

Build the network with process requirements that make it difficult to access, and providers will eschew it in favor of a technology that is easier to use, such as faxing. Fail to provide adequate data security and the risk of compliance violations (and fines) becomes too great. Neglect to create the directory that makes it easy to find other providers and the system will be abandoned because it requires too much effort.

When all three are present, however, exchanging and consuming patient data becomes virtually effortless. At that point, we will have achieved the ability to ensure that the most important information is available to the right people at the right time and place. This capability will put healthcare on the fast track to interoperability, improving patient outcomes as providers transition to value-based care.

