

Zpaper Podcast: CEO Session with Jon Elwell

Corey Washington: Hello everyone. My name is Corey Washington, Director of Marketing here at Zpaper. Today, we are tackling the evolving and highly important topic of interoperability in healthcare for this session, we'll discuss how healthcare IT organizations are impacted and ultimately why some upcoming changes in this space or.

To help us better understand this topic I'm joined by Jon Elwell. Jon is the CEO of Kno2, a leader and innovator in the space of interoperability. Kno2's mission is to solve interoperability for the healthcare industry and truly transform the way patient information is exchanged.

Not only am I impressed by the people who work in future-focused vision of Kno2, I also value their joint commitment. Both of our organizations are transforming healthcare through connected experiences. Jon, it's a pleasure having you here today. Thanks again for joining me.

Jon Elwell: Thank you Corey; looking forward to it.

Corey Washington: The majority of the healthcare industry uses electronic health record systems. Yet the ability to send, receive, find, and even integrate patient information among the EHRs remains a challenge, even in 2022. So, Jon, what obstacles do you feel are stopping providers from achieving interoperability?

Jon Elwell: First of all, the topic of interoperability is often solved at the technology level. So, the providers is almost a victim to the outcome, meaning they can't affect it until their technology partner does. So, 1) They're not in total control. 2) When you think about healthcare, the industry is vast, as well as the number of systems that need to speak to one another.

The simple definition of interoperability is system to system communication. But you're tackling a very, very large topic. And when you think about the thousands of disparate systems that sit across, not only healthcare, but in different care settings, where what's important to me as a provider - if I'm a physical therapist versus a neurosurgeon - you can imagine that my system and the data I'm collecting and the

things that are important to me are different. And thus, how do we normalize and start to understand what needs to be exchanged and then how that possibility exists. So that's why it's taken us so long to get here. It's an incredibly complex formula that's trying to be solved.

That being said, there's a lot of work being done to get there. I think we've made serious strides. I think the HITECT Act referred to Meaningful Use - now almost \$40 billion in funding - is setting us up for success. But the challenges are vast and it's not an easy solution. So, we still have some work to do, but we're getting there. But I put the challenge on the technology vendors. The providers should just have the outcome.

We didn't work with the banks to figure out how the ATM works. We just got the benefit of the ATM working. Much of the way we should think about a provider - They should just feel the benefit, but not get caught up in how we are fixing it.

Corey Washington: Oh, most definitely. You raised some really good points. What are some advantages that you see for both patients and providers in the field?

Jon Elwell: I think we've all experienced showing up at a doctor's office and they ask us the exact same questions that I was asked two months ago, a year ago, or maybe in the day before. What do you mean my meds? My allergies? What procedures previously? Just my name and my address...you know, I just did this. How do you not know?

We all fill out the same forms. Typically, with pen and paper on a little clipboard. And that just starts the road of eroding confidence when they realize that not one party knows the other.

And when you really think about healthcare in the interdependency in which multiple care settings, multiple providers are responsible for your holistic care, and now you're having individual conversations that don't appear to be synched. That's an obvious one, right?

Back to your point. Another obvious one for patients where they say, well, we need to do an MRI, or we need to do this test. And they're like, well, I just did that MRI. Or I just did that test and the doctor's answers: Well, I don't have that result. And I need that result to give you proper guidance. So, the sharing of information so that I'm properly prepared as

a provider to know what's already been done for me to garner that information in advance of your scheduled appointment or the episode of care is hugely valuable and starts to bring a lot of confidence to the patient.

I think it also dovetails into the second part of your question, which is how do the providers benefit? Imagine what it takes, the amount of knowledge, right? These are highly skilled individuals that went through years of training to be able to do what I consider a blend of art and science. And the more informed you are, the better you can perform your task. If we're still sharing information via fax 92 DPI on a piece of paper, versus systems be able to present opportunities, you know, any kind of medication conflict, allergies I need to be concerned about as issuing a potential immunization or drug. Just simple things like that. Forget the complex case.

You can imagine how information, how systems help aid a provider and being able to see and identify opportunities for improvement, risk reduction further process of care. All of that is aided by the system of the system as a proper information. Well, that's only the case if the systems are talking to one another.

Both have huge benefits, and I think that links to my earlier statement where that should just be what the providers are just receiving. They shouldn't be trying to figure out how that happens. They should just wake up. They've got a schedule patient today, they're fully informed and they're not spending this critical time. As we all complain about time with the provider. They're not wasting time asking these questions that they just answered. And they're fully informed or we're getting straight to the issue that I'm most concerned about, which is my health.

Corey Washington: Most definitely. It's really about transforming the experience throughout the care continuum. Really making sure that a person has control of their care, and the provider is able to provide a better quality of care because they have more information and there's less, I was put on the patient to constantly grab and obtain this information across disconnected systems and providers and organizations. It's just amazing how this can truly transform everybody's way of life and your quality of life.

Moving onto the operational side as well - let's talk about accountable care organizations, also known as ACOs. Avoiding duplicate services

and reducing or preventing medical errors are a major part of an ACO's overall mission in providing coordinated high-quality care to Medicare patients. How can interoperability contribute to this goal?

Jon Elwell: We often forget that while providing healthcare to me is critically important, there's actually a business behind the scenes, and oftentimes a for-profit business. So, this is really an economic question that sits behind an ACO, whether it be a value-based care contract, and I've now assumed risk in a certain population --- whatever that may be -- - transparency is critically important.

If my care is provided by several different individuals, likely not in my network and likely not on my EHR system. So how does a provider assess and get in front of issues to control costs to get to better outcomes? We probably don't have good visibility of what's happening when I travel five miles down the street to the next provider...something occurs. Some guidance is given, some prescription has aided, some test has been taken...and that is not available to the entire care team.

You can imagine just how important this topic of interoperability is when you start to take that type of economic responsibility, whether it's an ACO or value-based care contract, providers are taking a risk to say that I'm going to be efficient enough to make this a profitable transaction. But they can't do that if they don't have a proper visibility.

We all know the cost of healthcare in the United States. We know the burden of the Medicare program. We're all feeling that - anywhere from our pocketbooks to availability and care so these organizations - an ACO or somebody taking on a value-based care contract - has a natural benefit to the holistic system - but only to the extent that they can manage it, and that access to data is critically important. So, interoperability is a very important word to those topics.

Corey Washington: Most definitely. And especially as we're thinking about making this transition and as we're pulling in all of this data -we have to also think about data integrity and data accuracy.

Some of the hurdles, especially in referral management include maintaining accurate provider directories and coordinating care between doctor's office without interoperability, providers must manage document handling and touch-point tasks associated with these processes manually, which is slow, inefficient and definitely mistake prone.

What are some other disadvantages of not having these operational processes in place? And what role does interoperability play in solving those challenges?

Jon Elwell: Let me, let me first start by saying, I think it's an interesting perspective, because as you mentioned earlier, we do a huge amount of work in this space. It's all we do. And we happen to garner a lot of feedback from end user customers that our perspective. So, the manual processes today, unfortunately in healthcare is largely attributable to a fax machine. It can be a cloud fax, it could be an electronic fax or fax machine, but they both still exist in the space.

Now what's amazing about that is that because they've been doing it for so long, they feel that they have an efficient process. They don't often complain about the process because I've been doing it for 30 years. It's really the change when they start to experience an electronic form of exchange or true interoperability or systems speaking to one another, without a human in the middle - the initial reaction is somewhat uncomfortable because you're changing a process that has been so well ingrained.

And that's why we need to focus on the outcomes to these providers, not the technology which solves it, or the standard, or the discussion about FHIR or C-CDA, HL7. Those are all important things for us to consider as technology vendors. I think the mistake is we've let that conversation go too close to the provider because we're asking them to change.

And they're taking something that may be burdensome. It takes a lot of time, a lot of staff, it's not productive - meaning information needs to be read in order to be understood versus interpreted by a system. But the truth is that they have really good processes in place because they had to, and they've done it for years.

So, the way that this is really going to create efficiency operationally, is that we truly understand the right information at the right time and right place so that we can replicate the benefit that they've created over these 30 years, 40 years, 50 years of their old and antiquated process. And that's when they'll benefit when their internal systems will improve their processes.

The other thing we have to take into consideration is it doesn't happen overnight. And so now I have two processes. I have the process I know

well, but inefficient, called the fax, and all of a sudden, I've got a new workflow because the referral came in electronically and now, I've got to manage both.

And in the early stages of interoperability and incentives through meaningful use, there's a very small percentage that was. Well, a big portion of it was still happening through a very traditional method. That becomes a burden that the fact that I'm managing two processes versus one, whatever, the one process is actually becomes more burdensome.

The pressure on us, all of us, collectively as technology vendors in this space, to get this problem solved even faster, to reduce the fact that I'm now managing multiple processes. Because any one thing I can get. It's hard when you tell me there's 3, 4, 5 different ways to get the same information.

So that's, that's what we lose sleep about every night - is how do we solve that problem? Because all of this information that's moving around needs to be actionable, not a distraction to a staff. And unfortunately, that's the case. Manual processes absolutely exist. They have to be removed. It's one of the last industries to still be in this archaic and on a topic that's really, really important.

So yes, you're correct in your assessment. While at the same time, we have to realize the change management we're putting these organizations through, and respect that they did at least have a process with the old process. And now everything's new and we've got to do our best to try to mimic those things and bring together a bunch of data in a way that's meaningful, instead of just a huge amount of data that I just get overloaded, then I'd rather just go read a fax. We've got a lot of work to do to make this perfect for the provider and we should take that responsibility.

Corey Washington: Most definitely. And with that, the deadline for healthcare providers to reach interoperability is literally less than two years away per the Cares Act. While there are other deadlines throughout this year and beyond, in 2024 all EHR has be required to provide single patient exports and fully in full system exports at any time.

How do you think organizations can find connected, secure, and scalable solutions to help prepare for this change by 2024?

Jon Elwell: I think a couple things are very tangible. The Information Blocking Rule is now clearly defined and in place. Just the motivation to understand the availability of the data and ensure it's available. I think the federal government has done a good job by putting a focus to something called information blocking and made it simple to understand. It's not necessarily simple to understand the risks to it. It's really complex, but at the end of the day, it's a simple statement: Don't block information, make it available.

And if not, technology vendors have a lot of risks because they're putting the burden on us to make sure that it is, and if not, we actually hold risk in that equation. The second point you made is a very aggressive stance that says by October of this year all electronic health information needs to be accessible.

Now what's interesting about that is that not all electronic health information sits in the electronic health record, often referred to as the EHR. There are many systems that hold electronic health information. It could be a document management system. It could be a lab system, a radiology system. It's not all sitting in the EHR, and depending upon my level of adoption of technology, that may be even more complex.

But there's two really easy targets: The availability of all electronic health information and ruling of information blocking converging into a very clear statement that said we funded \$40 billion to put electronic records in place across the United States, and we want the return. That was done for a reason. It wasn't just to chart electronically.

It was to allow these systems to communicate, reduce costs, improve the patient experience, and ultimately the outcome. And you can see the aggressive nature that's being put in place to make sure that we get there.

It's a, it's a tall task - meaning think about if you're a well-funded health system with staffs that are sitting there capable of helping guide and execute these deadlines and these capabilities. And you're backed by a very large electronic health record vendors that are well positioned to serve it. That's great.

But what happens if you're a single doc practice or two PT office, and you're up against the same challenge where you're just doing your work

every single day, and you don't have a staff to help you navigate things that are coming down?

And that's really where the technology vendors have to step in and take accountability for the requirement that's been put in place and unlock it. That's why we're single threaded company. And that's why Kno2 is so focused strictly on connectivity and enabling interoperability at scale – because this shouldn't be the two-provider office trying to provide excellent therapy delivered to their patients while they're trying to figure out information blocking in how I get the entire electronic record available.

So, there's absolutely skin in the game now. There's a tremendous amount of focus, incentive and de-incentive - I call it the carrot and the stick - to make sure that this happens. Now we've got to execute, and a lot of that pressure falls on us. We've got to do this on behalf of our providers, so the providers can do well.

They didn't go to school to be a technologist. They went to school to take care of us. And so I think our responsibility to them is as technologists to solve the problems so they can do their craft.

Corey Washington: It is a very tall task that we have, but we're up for it. And I really do think that the work we do is so meaningful. And we are thoroughly excited to help providers get to this point, especially with folks like Kno2 ensure that we can help them create these truly connected, better engaged experience for patients and providers alike. Awesome. I believe this all the time, all the time we offer a day. Jon, thanks so much for joining me today. This has been incredibly informative. For all of you who are listening in, you want to learn more about Kno2's platform solution by visiting www.kno2.com. Thanks everyone. And thanks again, Jon.

Jon Elwell: Thank you Corey.