

# Hospital EMRs Improve With Interoperability

*Connecting disparate systems creates efficiencies*

THIRD IN A SIX-PART SERIES

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Last May, Health and Human Services Secretary Kathleen Sebelius appeared before the House Ways and Means Committee to discuss health care reform. Among her many comments was this statement: "... just shifting our paperwork to computers won't work, unless we make it so they can talk to each other." Sibelius also stressed the need for interoperability to resolve any potential privacy issues.

In short, Sibelius testified that interoperability and health care reform are inseparable. As this interoperability relates to the adoption of electronic medical records (EMRs), hospitals have not been quick to make this important IT integration decision. In fact, a recent study in the *New England Journal of Medicine* found that a mere "eight percent of the 3,000 hospitals studied by researchers used even a basic EMR in a single unit, which included nurse or physician notes. And only 1.5 percent of non-federal U.S. facilities use a comprehensive EMR."

The EMR has been slow to be adopted for several reasons. A sufficient budget is, of course, one of them. Another reason is the shortage of (and need for) an interoperability expert who has the knowledge to implement and oversee the program. Furthermore, clinicians are intolerant of the additional work that is currently introduced by EMRs due to insufficient attention to workflow requirements. There is also a lack of faith in acquiring a system that is truly interoperable, as vendor promises generally exceed actual application capabilities.

As quoted recently by [healthimaging.com](http://www.healthimaging.com), Michael W. Davis, vice president, HIMSS Analytics™, Chicago, Illinois, says, "It's been very, very difficult in the past to effectively exchange information between systems because many of the vendor environments were set up as proprietary environments. They weren't set up to be service oriented architectures that could easily share information from the data stream generated from these systems." The EMR is dependent on seamless system integration to succeed.

In order for the EMR to be completely effective, each medical department must address the requirements of

its prospective users. Images are a critical component of EMRs and, in themselves, contain specific challenges.

Those enterprises conducting the due diligence for purchasing an interoperability solution should note these five key challenges:

- 1) Patient documentation must include more than just images, and it must have the ability to include physician orders, patient histories, contrast media, technologists' input, and more.
- 2) Technology should allow you to keep your existing system and should not force you to replace your current IT (such as viewers and PACS); it should accommodate future requirements.
- 3) Single-viewer capabilities are needed to consolidate data into one virtual patient folder, permitting optimal and open information sharing.
- 4) The interoperability choice should provide complete and seamless connectivity and should access information regardless of whether the data are from multiple locations or multiple vendors' products. It should have autorouting capability by subspecialty and by other essential parameters, and it should appear as if all the data originated from a single source.
- 5) Reintegrating data is key. Reports, annotations, and key images, for example, all need to be deposited back into the host system in the same format in which they were extracted.

MEDxConnect offers a holistic solution. Designed to manage the workflow of an imaging health care enterprise, the MEDxConnect system provides a suite of offerings that has the power to connect disparate systems, that offers proven interoperability, and that allows an organization with disparate multivendor systems to function as one virtual enterprise.

As health care reforms unfold, the interoperability and workflow solutions provided by a system such as MEDxConnect will be essential to the successful implementation of electronic patient-information systems, as well as to their value in cost reduction and improved patient care.

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