



Interoperability Key to Coordination of Care

The majority of patients in the United States receive their health care from more than one provider, which under the current health care system often results in errors, duplication and lack of coordination across sources and sites of care. The adoption and use of health information technology (HIT) is increasingly viewed as key to improving this coordination, while also contributing to cost reductions and increased quality.

With new government initiatives and funding going to support HIT, discussions about interoperability and what is needed to make it happen in the near future are expected to be fast-tracked in the coming months. According to the Certification Commission for Health Care Technology (CCHIT), “achieving interoperability means setting standards so one system can talk to another and exchange data accurately, efficiently and securely.”

Doing this well will not only provide payers, providers and other stakeholders with the data necessary to accurately measure cost and quality, it will ensure patients are getting the right care at the right time. It will also enable patients to have better and more complete information on their health — empowering them to become more involved in decisions about their health.

“Without interoperability and health information exchange, health information will remain in proprietary silos in which the health care enterprise hopes to gain comparative advantage by imposing high costs on consumer switchover and by exercising market leverage over small-niche players such as solo physicians and community hospitals,” said David Brailer, the former national HIT coordinator in the U.S. Department of Health and Human Services in a 2005 *Health Affairs* article.

Even more important, without interoperability, the true potential of electronic health records (EHRs) will not be reached. Interoperability could allow for decision support tools at the point of care, improved monitoring of patient

adherence to medications, timely distribution of patient education materials and/or FDA warnings about drug or device recalls and much more. “The future of interoperability is to bind together a wide network of real-time, life-critical data that not only transform health care but become health care,” says Brailer.

The American College of Cardiology (ACC) is working to support interoperability efforts in a number of ways, including involvement with CCHIT. CCHIT has developed a set of testing criteria for ambulatory EHRs that focuses on the functionality desired for the primary setting and that span the areas of functionality, security and interoperability. The benefit of CCHIT is that you know the application will meet certain standards. In addition, the College’s new IC³ Program[®] is currently working with several EHR vendors to meet the data collection standards and export requirements of the program. Key IC³ objectives include facilitating coordination of care across multiple providers and providing real-time reporting of performance measures and clinical guideline recommendations.

For more information on HIT, visit www.acc.org/healthit. For more on the IC³ Program, go to: www.ncdr.com. In addition, ACC Informatics Committee Co-Chair **James Tcheng, M.D., F.A.C.C.**, discusses the role of HIT in improving clinical quality and the tools and resources available to ACC members interested in implementing HIT in a recent *Cardiosource Video News (CVN)* segment available at www.cardiosource.com/cvn/.



1949 Helen Faith Reichert, wife of Founder Philip Reichert, M.D., F.A.C.C., becomes unofficial secretary of the fledgling ACC. She takes notes while the founders meet around her dining room table and keeps them in a box behind the drapes when the College is not meeting.