

Digital Health

Interoperability: How Can We Exchange Data Safely?

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Background

- Saint Louis University (SLU) School of Medicine
 - Approximately 700 employed clinical faculty
 - Approximately 720 medical students
 - Approximately 600 sponsored residents in more than 30 programs
 - Partnered for ownership/management of hospitals since 1998

Background

- SSM Health – St. Louis
 - Has owned two of three academic hospitals since inception
 - Acquired SLU Hospital in complex agreement in 2015 from Tenet Healthcare
 - Now serves as (nearly) exclusive non-governmental partner for our AMC

Background

- St. Louis area
 - Two AMC/medical schools
 - Several medical groups, IPAs, and hospital systems beyond those mentioned
 - Due to minimal risk arrangements and broad payer networks, patients frequently shift between systems

Global Challenges

- Differing EHR platforms and information systems
- Complex interactions between health care systems
- Proprietary nature of data (“who owns what?”)

Remedies

- Dialog between groups
 - Care Everywhere “summit” for Epic organizations
 - Outreach to other groups to interface data (primarily registration/demographics)
- Pushing information
- Extending EHR platforms

Big Internal Remedy

- Consolidation of EHR platform among entire academic medical center
 - Multistate EHR instance
 - Clear challenges
 - Still figuring it all out...

Unique Interoperability Challenges

- Student health data
 - HIPAA? FERPA?
- Behavioral health data
 - Lack of clear primacy of regulations among users
- Data governance
 - Who “owns” data both internally and externally

Relationships with Others

- Health Systems
 - Inherent EHR framework
 - Interface
- IPA/MSOs
 - CCD
 - HISP
- Non-aligned physicians

Lessons Learned

- Use existing tools (inside EHR, HISP, clearinghouse) to facilitate communication
- Clearly define between organizations data ownership and stewardship
- Define internally and jointly what patient care and business needs are served