ISSUE BRIEF

ASCO in Action

Making Patient Healthcare Information Readily Accessible to Ensure High-Quality Care
Interoperability of Electronic Healthcare Record Systems Remains an Obstacle

Issue Overview

Electronic health records (EHRs) offer many advantages over traditional paper records for both patients and providers. The ability to exchange health information electronically can help doctors and other members of the healthcare team provide higher-quality, better-managed, and safer care for patients by:

- Providing accurate, up-to-date, and complete information about patients at a doctor's office or hospital
- Enhancing the privacy and security of patient data and securely sharing electronic information with patients and other clinicians
- Helping providers more effectively and reliably diagnose patients, reduce medical errors, and prescribe medications
- Promoting legible, complete documentation and accurate, streamlined coding and billing
- Helping providers improve productivity and efficiency
- Reducing costs through decreased paperwork and duplication of testing and improved safety and health.[1]

However, EHRs often cannot share data with other EHR platforms impeding efforts to use this data for the purposes of quality improvement, public health reporting, or healthcare analytics. ASCO has observed a trend of commercial business practices that are creating barriers to interoperability, including information blocking—the practice of knowingly and unreasonably interfering with the exchange or use of electronic health information. While some information-sharing challenges are a result of legitimate processes for safeguarding privacy and security, ASCO believes that information-blocking schemes appear to be on the rise. Examples include:

- Per-transaction fees within contracts for each import or export of information to a different platform for electronic health information
- Refusal to establish connections to permit information exchange with systems developed by competitors
- Technological limits to the amount of historical health information that can be exported to a different company's electronic health record platform
- Proprietary standards for communicating clinical information documents that are inconsistent with established industry standards
- Contractual requirements that give an electronic health record company exclusive license to use a healthcare provider's data

> *"You only have to look as far as your smartphone to appreciate how electronic information, and the ability to share it, has improved nearly every aspect of our modern lives. … Unfortunately, health care has not kept pace with this progress because many electronic health record (EHR) systems cannot "speak" to each other."*
>
> **Richard L. Schilsky, MD, FACP, FASCO**
> ASCO Chief Medical Officer

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A number of factors contribute to the lack of EHR interoperability: technical requirements of connecting numerous systems, the lack of commercial de facto and government standards, and the difficulty of transforming the basic way in which we receive, access, and share patient information in an increasingly complex and fragmented health care system.

Lack of EHR Interoperability Impedes Patient Care

In a recent poll of cancer patient advocates conducted by ASCO, 80% said they would describe the experience of sharing health data between providers as "difficult" or "very difficult."[2]

These advocates cited many examples of how a lack of interoperability affected their care or the care of people they know. For instance:

- One advocate described the care he receives in a single healthcare system that uses multiple EHR systems. The oncology department could not see his scheduled appointment or lab information that had been entered by the radiation department of the same healthcare system, and a simple request for pain medication on a Friday afternoon was unnecessarily difficult to fulfill.
- Another described the experience of an 80-year-old woman who had to travel to her local hospital to retrieve medical records to send to another provider. She then had to buy and set up a fax machine so that she could fax her information to her care providers.

Addressing the Need for Better Data Sharing

ASCO strongly advocates for the customized use of health IT, believing that technology can affect and revolutionize the quality of cancer care in our country. The organization has been working to facilitate the adoption of EHRs in oncology and has published educational resources; held conferences to disseminate the latest developments in health IT and public policy; and, in conjunction with the National Cancer Institute, released core functionality criteria recommended for oncology-specific EHRs. These criteria formed the basis for the Certification Commission for Health Information Technology oncology certification for ambulatory EHRs.[3]

In December 2016, President Obama signed into law the 21st Century Cures Act, which contained language addressing interoperability and banning information blocking. ASCO is committed to working with Congress and federal agencies to ensure successful implementation of the law.

ASCO has outlined steps Congress should take to advance the widespread interoperability of electronic health records and prevent the practice of "information blocking." ASCO outlined these recommendations in a **position statement** released during a Capitol Hill briefing on big data when the Society also described its vision for CancerLinQ®, a health information technology platform that will harness big data analytics to help oncologists deliver high-quality care to patients with cancer.

In February 2016, ASCO **stated its support** for the Health and Human Services' Office of the National Coordinator for Health Information Technology's **Interoperability Pledge**. By signing this pledge, ASCO agreed to improve consumer access to data, facilitate information sharing, and implement national interoperability standards.

> *"An interoperable health IT ecosystem makes the **right data** available to the **right people** at the **right time** across products and organizations in a way that can be meaningfully used by recipients."* [**]
>
> **Office of the National Coordinator for Health Information Technology**

Interoperability and CancerLinQ®

Achieving interoperability will enhance ASCO's healthcare quality platform, CancerLinQ®. Once complete, CancerLinQ® will enable physicians to monitor clinical quality measures in real-time; identify groups of anonymous patients with shared characteristics, making it possible for them to understand how similar patients were treated; and make better of use of EHRs by creating a personalized patient timeline that provides a visual snapshot of a patient's treatments, side effects and outcomes.

Interoperability among EHR Systems

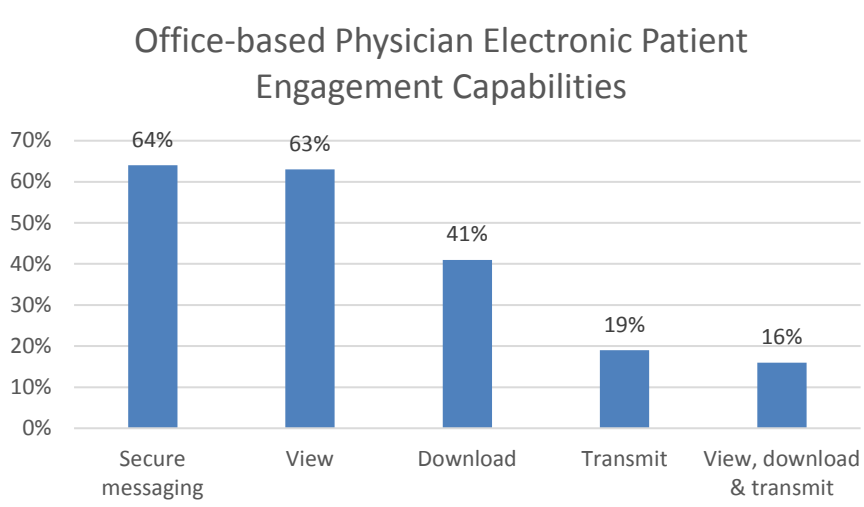
Key Data Points

The federal government and health care providers have invested billions of dollars in implementing EHR systems and achieving interoperability with relatively little success. Physicians and hospitals report:

- When treating patients, only 41% of hospitals have routine access to patient data outside their own networks.[4]
- Fewer than half of hospitals say they integrate data they receive into individual patient records.[5]
- EHR implementation and data sharing was the no. 2concern among oncologists surveyed by ASCO, when asked to describe the top pressures that affect their practices.[6]

While interoperability at hospitals showed overall improvement between 2014 and 2015, problems remain.

- Fewer than half of hospitals reported they used patient health information received electronically from outside providers when treating their patients.
- Approximately one-third of hospitals (36%) reported they rarely or never used patient health information received electronically from outside their hospital system when treating patients.
- Less than one-fifth of hospitals (18%) reported they used patient health information received electronically from outside their hospital system when treating patients.
- Approximately one-third (35%) of hospitals reported they sometimes used patient health information received electronically from outside their hospital system when treating patients.
- Among hospitals that rarely or never used patient health information electronically received from outside their hospital system, 45% indicated that they experienced difficulty integrating the information in the EHR, and 40% indicated the information was not always available when needed. [7]



In 2015, 64% of physicians had an EHR with the capability to exchange secure messages with patients, 63% of physicians had the capability for their patients to electronically view their medical records, 41% had the capability for patients to download their medical records, and 19% had the capability for patients to electronically send (transmit) their medical records to a third-party. Together, 16% of all physicians had the capability to provide all three functionalities to their patients. (Source: The Office of the National Coordinator for Health Information Technology. https://dashboard.healthit.gov/quickstats/quickstats.php)

For More Information

- Read ASCO's **position statement** regarding interoperability and information blocking.
- Read a **fact sheet** that explains interoperability and information blocking.
- Read a **policy brief** about ASCO's position on health IT and "meaningful use" for EHRs.
- Read **an article** on interoperability by ASCO Chief Medical Officer Richard L. Schilsky, MD, FACP, FASCO
- For the latest news and information on this and other cancer policy topics please visit **http://ascoaction.asco.org**.
- Visit Health and Human Services' Office of the National Coordinator for Health Information Technology's **Interoperability Pledge** and ASCO's **statement of support** for it.
- For more information about this and other ASCO policy priorities, please visit **http://ascoaction.asco.org**.
- To schedule a media interview with an ASCO spokesperson or oncology expert, please contact **mediateam@asco.org**.

About ASCO

Founded in 1964, the American Society of Clinical Oncology (ASCO) is committed to making a world of difference in cancer care. As the world's leading organization of its kind, ASCO represents more than 40,000 oncology professionals who care for people living with cancer. Through research, education, and promotion of the highest-quality patient care, ASCO works to conquer cancer and create a world where cancer is prevented or cured, and every survivor is healthy. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation. Learn more at **ASCO.org**, explore patient education resources at **Cancer.Net**, and follow us on **Facebook**, **Twitter**, **LinkedIn**, and **YouTube**. For policy and advocacy news and analysis, visit our **ASCO in Action news page**.

About CancerLinQ LLC

CancerLinQ® and CancerLinQ Discovery™ are projects of CancerLinQ LLC. For more information on how to participate or partner with CancerLinQ, please visit **CancerLinQ.org**.

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[1] "What are the advantages of electronic health records?" HealthIT.gov, Sept. 4, 2014. http://www.healthit.gov/providers-professionals/faqs/what-are-advantages-electronic-health-records.

[**] "Connecting Health and Care for the Nation—A Shared Nationwide Interoperability Roadmap." Office of the National Coordinator for Health Information Technology. Final version 1.0. https://www.healthit.gov/sites/default/files/hie-interoperability/nationwide-interoperability-roadmap-final-version-1.0.pdf.

[2] American Society of Clinical Oncology (2016). Survey on Interoperability of Patient Records in Cancer Care [data file].

[3] American Society of Clinical Oncology. "EHR 'Meaningful Use' Federal Incentives." http://www.asco.org/sites/new-www.asco.org/files/content-files/advocacy-and-policy/documents/2013_ehr_mu_1.pdf. Accessed on Aug. 10, 2016.

[4] The Office of the National Coordinator for Health Information Technology. "Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap." Final version 1.0, 2015. http://www.healthit.gov.

[5] *Ibid.*

[6] American Society of Clinical Oncology. The State of Cancer Care in America, 2017: A Report by the American Society of Clinical Oncology [published online ahead of print March 22, 2017]. J Oncol Pract. http://ascopubs.org/doi/10.1200/JOP.2016.020743.

[7] The Office of the National Coordinator for Health Information Technology. http://dashboard.healthit.gov/evaluations/data-briefs/non-federal-acute-care-hospital-interoperability-2015.php. Accessed on Aug. 12, 2106.