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INTEGRATION & INTEROPERABILITY NEWS

Finances Stymie Patient Data Sharing, Interoperability at FQHCs

Safety net providers such as FQHCs do not have the funds to invest in EHR systems that support interoperability, which hampers patient data sharing.

Source: Getty Images

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By Hannah Nelson (mailto:hnelson@xtelligentmedia.com)

October 15, 2021 - Federally qualified health centers (FQHCs) and other safety-net providers face interoperability challenges that limit their patient data sharing capabilities, according to a new **whitepaper (https://care-advisors.com/insights/cG9zdDooMzk=)** published by CareAdvisors.

As the digital health transformation has progressed, the main beneficiaries of increased health data exchange have been large health systems that mostly treat privately insured patients.

The majority of safety net providers, including community hospitals, **FQHCs (https://ehrintelligence.com/news/major-ca-fqhc-connects-to-nonprofit-health-information-exchange)**, and community health clinics, have been excluded from **patient data sharing (https://ehrintelligence.com/news/3-ways-the-biden-admin-hhs-could-boost-patient-data-sharing)** opportunities due to a lack of resources for investment in EHR systems such as Epic and Cerner that interoperate with other providers.

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Safety net providers are often left to rely on an assortment of strategies to access patient health information. This hodge-podge process of patient data collection can lead to poor care delivery for underserved populations.

"Record retrieval is often delayed and depends on multiple manual steps, from obtaining patient authorization to accessing, reviewing, and digitizing information from lengthy Continuity of Care Documents (CCD) in unreadable format," the paper noted. "Without timely access to this vital patient data, clinicians often are unable to diagnose and treat their high-risk patients in a safe, appropriate and effective manner."

The authors noted that real-time patient data access is needed in up to 50 percent of follow-up cases at community health centers post-hospital discharge.

Without timely access to patient data, healthcare providers often duplicate expensive procedures. Other times, providers are unable to treat acute conditions, maintaining patients' high emergency department utilization rates.

The report authors noted that even if safety net providers had the funds for EHR system implementations from top vendors like Epic or Cerner, these systems may not support the distinct needs of FQHCs and community hospitals.

"Epic and Cerner systems are built for large hospitals that primarily treat commercially insured patients and are not functionally aligned with the lived experiences of safety net patients," the authors wrote.

For example, they noted that patient matching in Cerner and Epic systems is based on identifiable patient attributes such as date of birth, name, and address. This information is usually known among privately insured patients but are not always available or knowable among safety net patients.

"This misalignment yields a patient matching rate that is far lower for safety net providers (50 percent) than for large hospitals (85 percent), resulting in incomplete medical records for many safety net patients and hindering effective care delivery to this population," they wrote.

The report authors noted that most safety net providers also lack connections to national data sharing frameworks such as CommonWell or Carequality.

"While large health systems connect to CommonWell and Carequality through gateways in their Epic and Cerner EHRs, safety net providers are unable to connect directly using legacy EHR systems," the authors wrote. "In fact, as structured, Carequality and CommonWell are not intended for direct connection by safety net providers, presenting numerous technical and cost barriers to implementation."

"Consequently, safety net providers have limited access to Carequality and CommonWell patient data and cannot share their own patient data with framework members," they continued. "In Chicago alone, this connection gap translates into an estimated 4 million encounters per year with missing patient records."

Both Carequality and CommonWell recommend that safety net providers work alongside a bridge organization to boost interoperability through a customized health IT solution.

Paul Wilder, executive director of CommonWell, emphasized the benefits of connecting to a nationwide **interoperability (https://ehrintelligence.com/news/cms-interoperability-rule-compliance-adt-messaging-hinge-on-hies)** network through a bridge organization.

"It allows safety-net providers to act big, while running small," he said. "Instead of owning all the data, you have access to it, allowing you to improve health outcomes."

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