

# Promoting Interoperability

## 6 Actions Every Hospital Should Take To Boost Results HIE Measures

*Promoting Interoperability scores are getting tougher to achieve, with the goal increasing from 50 to 60 points in 2022. This Advisory Note focuses on the HIE Measures, which account for 40 out of 100 points, and sets out a 6 step action plan that every hospital should implement to maximize results.*

### 6 Actions To Take

careMESH has worked with hospitals and practices for the past four years, helping them increase their Promoting Interoperability scores. Working with hospital EHRs including Epic, Cerner, and ambulatory EHRs such as Allscripts, eClinicalWorks, Athenahealth, Amazing Charts, and others, we have learned valuable lessons about the actions that hospitals should take. Here are our Top 6:

#### **ONE: Determine Whether You Have A Local HIE That Supports True Bi-directional Exchange**

In 2022, a hospital can capture all 40 points for the HIE measure if they engage in bi-directional exchange through their local HIE. But this must involve bi-directional exchange and reconciliation for all patients admitted or discharged from the hospital or ED, and all patient records stored or maintained in the EHR “without exclusion, exception or allowances.” Bi-directional exchange and reconciliation of the “Common Clinical Data Set” is a high bar. Still, if your hospital sits in a region with an HIE that supports this, it is certainly a strategy to consider.

#### **TWO: Decide If You Want To Do More Than “Check The Box”**

You can look at Promoting Interoperability as part of your strategy to build relationships and coordinate patient care with independent providers (an opportunity) or as something the government is telling you you must do (a burden). It is important to choose because that will inform your actions. Even if you choose to work with your HIE on bi-directional exchange, ensuring that you deliver high-quality and relevant referrals and transitions of care to independent providers and post-acute care facilities is an important strategic consideration.

#### **THREE: Sort Out The Provider Directory Stored In Your EHR**

Fundamental to delivering Referrals and Transitions of Care in digital form is the quality of the provider directory in your EHR, along with their digital addresses (in most cases “Direct Addresses”). If this information is not comprehensive (covering hundreds of thousands of providers and tens of thousands of practices and locations) and not up to date (refreshed at least quarterly), your clinical staff will not be able to find the provider they need to reach or deliver the information digitally.

#### **FOUR: Address The Delivery Problems With Direct Secure Messaging**

Keeping Direct Addresses up to date will solve part of the problem with Direct Secure Messaging. But in our experience, a significant portion of Direct Messages (10% to 30%) will fail. Reasons include: content being added to the body of the message, unsupported attachments, missing content in the message header, out-of-date certificates, recipients whitelisting senders, and recipients rejecting messages if they can't match them with one of their patients.

In addition, many EHRs (incorrectly) do not send back Message Disposition Notifications, even if they have correctly received the referral or transition of care. Without an MDN, the digital delivery of a message cannot be confirmed or counted under Promoting Interoperability.

All of the above means you need a process to identify failed messages and address them one by one.

#### **FIVE: Set Up A Digital Delivery Mechanism For Providers That Don't Have Direct Addresses**

Just over 50% of all Physicians have published Direct Addresses. That means nearly half of the providers you are trying to reach do not have Direct Addresses, despite the Direct Project passing its tenth anniversary in 2020. Since the Promoting Interoperability goal is for at least 60% of messages to be sent digitally, you will need to establish another digital delivery mechanism, outside of Direct Secure Messaging, to expand reach—and online faxing services such as eFax do not count.

#### **SIX: Review Your EHR Workflows**

Epic, Cerner, and other hospital EHRs have specific workflows that determine how messages are sent and to whom they are sent. Epic, for example, gives two broad options for sending referrals and transitions of care, which are configured at the department level. One uses Fax, and the other uses “Outside Provider Messaging” (OPM) as the default. Unfortunately, it's not as simple as flipping a switch from Fax to OPM since those workflows often include other actions, documents to include and expectations from recipients. Nevertheless, hospitals should evaluate these workflows and progressively move them to digital delivery.

Additionally, it is important to make sure that patient charts are updated with the referring provider and PCP at patient intake—along with their contact information. Often, this information gets out of date, and most EHRs use the contact information stored in the patient chart versus the contact information maintained in the EHR directory.

## About careMESH

*We help our customers communicate with any provider nationwide, close digital referral loops, eliminate manual processes, drive business decisions with real-time analytics, and improve the coordination of patient care. To learn more, please reach out to [info@caremesh.com](mailto:info@caremesh.com).*