# "A Shared Call to Action":
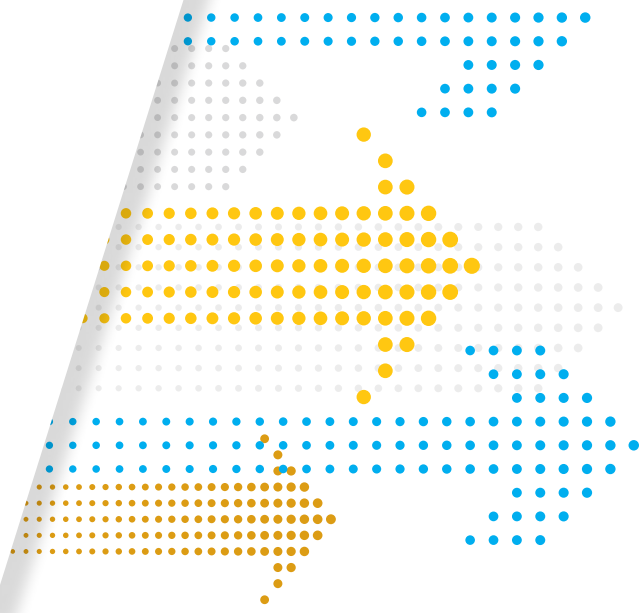## How Leaders are Creating a Longitudinal View of Data

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With pressure coming from the federal government and challenges brought on by the COVID-19 pandemic, the need for interoperability is growing in healthcare.

But merely exchanging bits of patient data isn't enough. More healthcare organizations are setting their sights on providing a longitudinal view of data as a way to improve care.

The difficulty in providing a complete picture of a patient's health history was the focus of a recent webinar – Delivering Informed Care Based on a Longitudinal View of Patient Data – sponsored by ELLKAY, which offers data connectivity and migration services in the healthcare industry.

Despite the widespread use of EHRs, patient information remains fragmented. Patients receive treatment in many different settings, and their data typically is isolated in the systems of physician offices, hospitals, urgent care centers, pharmacies, and labs; this results in disjointed and uninformed care. Ideally, providers' systems should be able to pull patient data from disparate sources into a comprehensive view with meaningful, actionable information.

Particularly in value-based care scenarios, or situations when traditional care delivery is upended by health calamities such as COVID-19, providers need to know a patient's entire care history, said Mike Greiwe, MD, CEO of OrthoLive, a company that offers a telemedicine platform for orthopedic practices.

"As a surgeon, I don't want information overload. I want to know what's important," Greiwe said. "I'd like to know what a patient is dealing with now — not their blood pressure from five years ago."
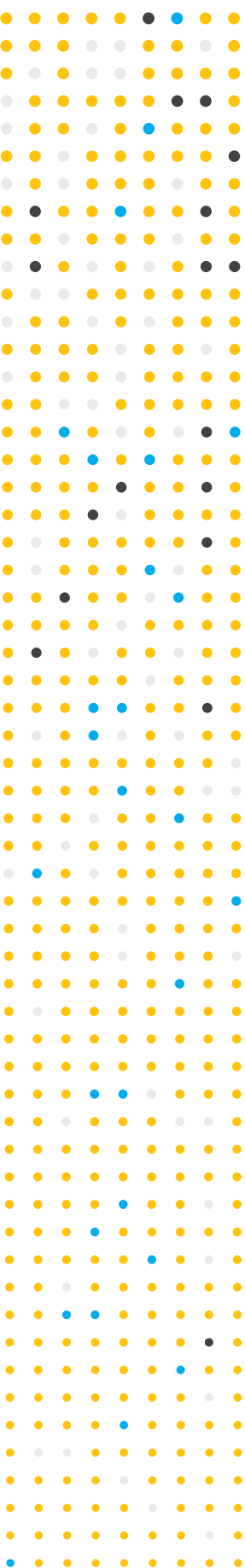
The difficulty comes in bringing all of the data together in a clean way," says GP Singh, Vice President of Interoperability Solutions for ELLKAY. "As it is now, ambulatory care providers don't always have access to patient information once they receive care in an acute-care setting, and vice versa. We need to generate a holistic view where patient data flows and is visible at all times."

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*— GP Singh*

In addition, truly effective data exchange demands that systems be semantically interoperable, said Mariann Yeager, CEO of The Sequoia Project, a not-for-profit advocate for nationwide health information exchange.

Achieving that depends on the quality of the data, the ability to de-duplicate it, and the technological "plumbing" that can coalesce it into a logical, longitudinal record, Singh said. "A lot of information (in patient records) is in unstructured data," he noted. "As more population health and analytic programs come along, that unstructured data will become extremely valuable. Being able to make it available in a distributable format will be important."

Interoperability initiatives such as Carequality and CommonWell are providing more information-sharing capabilities, and healthcare organizations are increasingly taking advantage of them, Yeager said. CareEquality has enabled the sharing of more than 1 billion documents, with the lion's share being exchanged in the last 12 months. "We'll continue to see unprecedented volumes of data being shared, but with that will come increased frustration that the data is not usable by clinicians."

The COVID-19 pandemic has added fuel to the fire, Greiwe said, especially as care increasingly is delivered in distributed fashion or by telemedicine. Interoperability standards, such as HL7's FHIR, offer a technological path to make information exchange easier, as use cases mature and move into production.

"It's helping that people are catching on to a single standard (like FHIR) for sharing data," Singh said. "In the last six months, people have recognized that interoperability is no longer optional. There are pain points around telemedicine introducing issues around interoperability and data (from those encounters) not making it back into EHRs, so that's another area that will improve in the near future. Telemedicine will figure out a way to get that data back into the 'source of truth,' which is still the EMR."

The pandemic has served as "an accelerant" for interoperability, Yeager added. "There's been a shared call to action to make information more widely available, especially to public health agencies."

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The federal government also is using policy levers to encourage interoperability, recently issuing regulations are that expected to go into effect soon to forbid healthcare organizations from information blocking practices. Also, agencies and other industry groups, including the Sequoia Project, are working on the Trusted Exchange Framework and Common Agreement (TEFCA), which will offer a structure to aid interoperability efforts.

While TEFCA is expected to be implemented next year, the path for interoperability with health information will take time, Yeager predicted.

"When will we have interoperability figured out? It's going to be a lifetime evolution, but we expect substantive progress in about five years," she concluded.

*To view the archive of this webinar – Delivering Informed Care Based on a Longitudinal View of Patient Data (Sponsored by ELLKAY) – please click here.*