



EMR Integration

The HITECH Act of 2009 was the spark that lit the fire on the adoption of Electronic Medical Records (EMR). Today, the Office of the National Coordinator estimates that three out of four hospitals have an EMR and almost 60 percent of providers report using an EMR in an ambulatory environment.¹ Government incentives to adopt EMRs and meet measures for data capture, through programs like Meaningful Use and PQRS, have led to massive amounts of data being entered into proprietary EMR systems that, until recently, have provided no “meaningful” way to aggregate and share data or to integrate data beyond traditional lab, diagnostic, and pharmacy integration.

With a growing shift from a Fee-for-Service to a Fee-for-Value model in healthcare reimbursement, there is greater interest on the part of providers, health plans, government entities, and other stakeholders in examining data from multiple sources and in mining the terabytes of data being entered in EMR systems in order to look for opportunities for improvements in quality and potential reimbursement. Further, as providers, ACOs, and health plans take on more risk, there is a pressing need for caregivers to have data at the point of care that alerts them about suspected conditions and supports treating verified conditions. EMR integration can help to bring many pertinent sources of data together and present a more complete picture of the patient that can be mutually beneficial for patients, providers, and payers. EMR integration can also help to streamline provider workflows, saving time in having to search for and then piece together data that may be in different formats and in different systems.

EMR integration with non-traditional sources, such as personal health records, health plan claims data, biometric and other medical devices, and wearable tech, has huge potential in identifying suspected medical conditions and pre-disease dispositions and for better informing treatment regimens, especially when coupled with tools that can mine years of data in a longitudinal EMR record.

Admittedly, more work is needed in streamlining data transfer standards that will help to deliver secure clinical information from non-traditional sources. Processes for normalizing and vetting the data before they are accepted into a system can also vary greatly among EMR vendors.

The adoption of EMRs has had the *unintended* consequence of honing the data entry skills of clinicians and caregivers. The integration of EMRs with other systems and data sources has the *intended* benefit of giving caregivers the data they need for better decision-making, where they need it to keep the patient at the center of care. More and better data, delivered conveniently and expeditiously to the Point of Care – that is the promise of EMR Integration!

¹Source: ONC Data Brief ■ No. 23 ■ April 2015