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The new age of interoperability:

Making meaningful use of the data in post-acute care

HOME HEALTH / HOSPICE / PALLIATIVE CARE / PRIVATE DUTY

Third biannual research report on interoperability trends among post-acute care providers reveals some progress has been made, but ever-evolving expectations from referral sources continue to raise the bar.

Executive summary

Since the dawn of the HITECH Act more than a decade ago, the healthcare industry has been obsessed with enabling interoperability, which is generally defined as the ability of computer systems or software to exchange and make use of information.

> " Interoperability is the ability of different information systems, devices or applications to connect, in a coordinated manner, within and across organizational boundaries to access, exchange, and cooperatively use data amongst stakeholders, with the goal of optimizing the health of individuals and populations.
>
> **HIMSS, 2019**

More recently, CMS doubled down on its efforts to accelerate interoperability adoption with the Interoperability and Patient Access Final Rule of 2021, which sought to make health information more available to patients and providers as patients move through the continuum of care.

Going forward, interoperability will not only be about the ability to share data between systems, but it will also be about the ability to share data between all care stakeholders: medical professionals, patients, family members, and other non-medical care team members. When we achieve true interoperability, patient outcomes improve, healthcare costs are reduced, and the patient experience improves — the original intent of the HITECH Act.

In a nutshell, the next decade will be about enabling the right information to be made available to the right individuals, when and where care is needed.

To better understand how the current state of interoperability among post-acute care (PAC) providers is progressing, MatrixCare commissioned a research project that included a series of independent studies among 300 operational and clinical leaders within home health and hospice organizations and 130 physicians and care providers who typically refer patients to PAC providers.

This research builds on previous studies completed in 2019 (The Interoperability Gap: What home health and hospice providers need to know) and 2021 (The Great Divide: Research reveals continued interoperability gaps in post-acute care) that are referenced through this year's report.

The current state of interoperability

Key findings from this year's survey reveal that PAC providers have made advancements toward the technical definition of interoperability. Later in this report, we dig deeper into the specific types of data providers are able to exchange, but high-level findings show providers are lacking when it comes to the ability for medical and non-medical care team members to put the data to good use.

Only 39%

of PAC providers say their organizations have advanced or matured their interoperability capabilities in the past 12 months, leaving 61% of the industry stagnant.

99%

of referral sources said they would likely send more referrals to PAC providers who were more capable of receiving orders electronically.

96%

of referral sources said they would likely send more referrals to PAC providers with strong patient engagement capabilities.

PACs

are still using outdated mechanisms, such as phone calls and emails, most of the time to exchange data and information with their medical and non-medical care team members.

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Interoperability is more important than ever

There are several contributing factors to the rising importance of interoperability, but perhaps the biggest source of urgency comes from the rapidly growing adoption of value-based care payment arrangements. The research tells us that:

65%
of referral sources surveyed reported greater than 25% of their revenue is now tied to value-based care arrangements.

51%
expect that percentage to grow over the next 12-18 months.

Under value-based care agreements, what happens to the patient when the four walls of the healthcare facility or office now have a direct impact on the reimbursement rates these organizations receive. Being able to exchange data is a fundamental premise of successful value-based care models, because without accurate and timely electronic data, the risk of costly complications dramatically increases.

As a result, referring entities appear to have greater confidence in PAC providers who have more advanced interoperability and patient engagement capabilities. Patient engagement data is a new addition to this year's survey, so we've compared year over year:
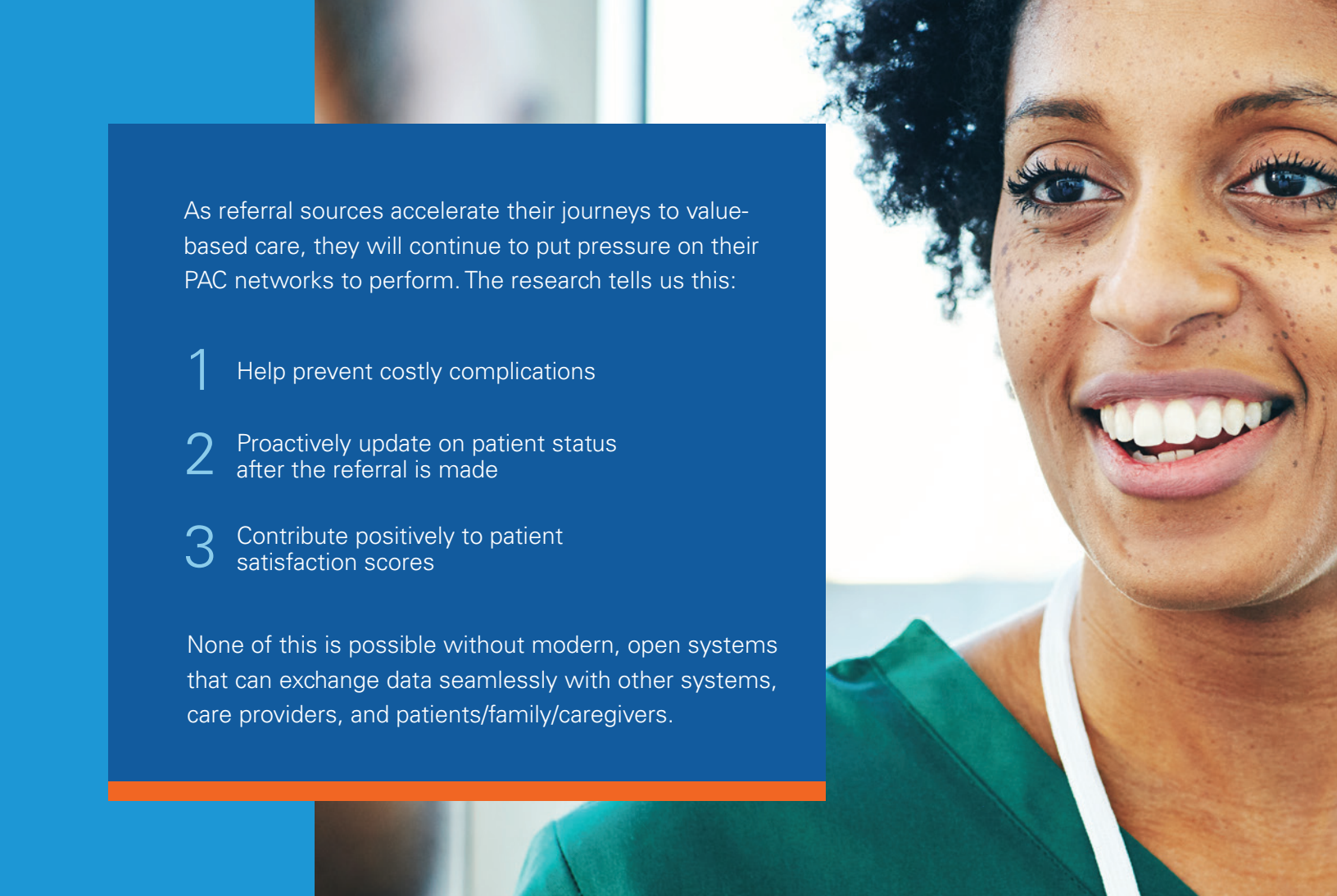
99%
of referral sources reported that they are likely to change to PAC providers who can support their interoperability needs, such as accepting electronic referrals. This is up year-over-year:

2019	**60%**	
2021	**74%**	
2023	**99%**	

96%
of referral sources reported that they are likely to send **more referrals** to PAC providers who have more advanced patient engagement capabilities, demonstrating the value of providers being able to make use of the data.

As referral sources accelerate their journeys to value-based care, they will continue to put pressure on their PAC networks to perform. The research tells us this:

1   Help prevent costly complications

2   Proactively update on patient status after the referral is made

3   Contribute positively to patient satisfaction scores

None of this is possible without modern, open systems that can exchange data seamlessly with other systems, care providers, and patients/family/caregivers.

Another contributing factor to the growing importance of full interoperability is the rising expectations among healthcare consumers. As buyer behaviors have been shaped by retail experiences with companies like Amazon and Google, healthcare providers are struggling to catch up due to the lack of useful data that is accessible. Personalized, instantaneous, and meaningful experiences are now expected in healthcare. And as COVID forced many healthcare consumers to adopt technologies that support remote engagement with their care providers, long hours in waiting rooms and inconsistent experiences are no longer acceptable. Today's healthcare consumers expect more.

And finally, the healthcare worker shortage in hospitals and other care settings is forcing providers to do more with less. Technology and electronic data sharing can help everyone work more efficiently to provide better care to their patient populations. Gone are the days when relaying patient or medication data into an EHR from a fax is acceptable. PAC providers must be able to engage electronically for the greater good of their own operations as well as their referral sources.

Referral source's evolving demands

According to this year's survey respondents, 100% of referral sources place importance on interoperability. This is evidenced by the fact that 68% say it is very important and 32% say it is somewhat important for their PAC partners to have a basic level of interoperability. While this is up slightly from previous years, interoperability has consistently been an important factor for referral sources.

However, this year's study revealed a new requirement from referral sources: a growing desire to stay more informed about patient status details via electronic data exchange. **69%** say it is very important and another **30%** say it is somewhat important (total 99%) for their PAC partners to be able to electronically send updates on patients' status and care services being delivered.

Unfortunately, from the PAC respondents, **56%** of PACs say they are not able to do so today. The inability to see patient progress has been an issue for referral sources in 2019, when **23%** ranked this as one of their biggest frustrations with PAC providers.

Measuring the interoperability gap

In the 2019 Interoperability Gap report, three primary gaps between PAC providers' capabilities and their referral sources' demands were identified: Importance Gap, Data Gap, and Perception Gap. In 2021, those gaps were reassessed against evolving expectations from both sides and revealed that little progress had been made. The research showed that the Interoperability Gap was turning into the Great Divide.

This year, PAC providers are demonstrating progress against their referral source expectations, even as those expectations continue to rise among referral sources and consumers. But there is still much work to be done.

In fact, only 39% of PAC providers say their organizations have advanced their interoperability capabilities over the past 12 months. The most commonly cited reasons for the lack of progress include the lack of progress their EHR system has made, lack of resources and time to invest in interoperability, and lack of available resources. These barriers are similar to those that were reported in 2021, which included cost and time and difficulties interfacing disparate systems.

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Points of progress

97%

of PAC providers believe it is important to be able to send and receive electronic data feeds with their referral sources. This is up slightly from 95% in 2021, and dramatically from 34% in 2019.

98%

of PAC providers understand that interoperability is important to their referral sources. This is up significantly from 85% in 2021, and 34% in 2019.
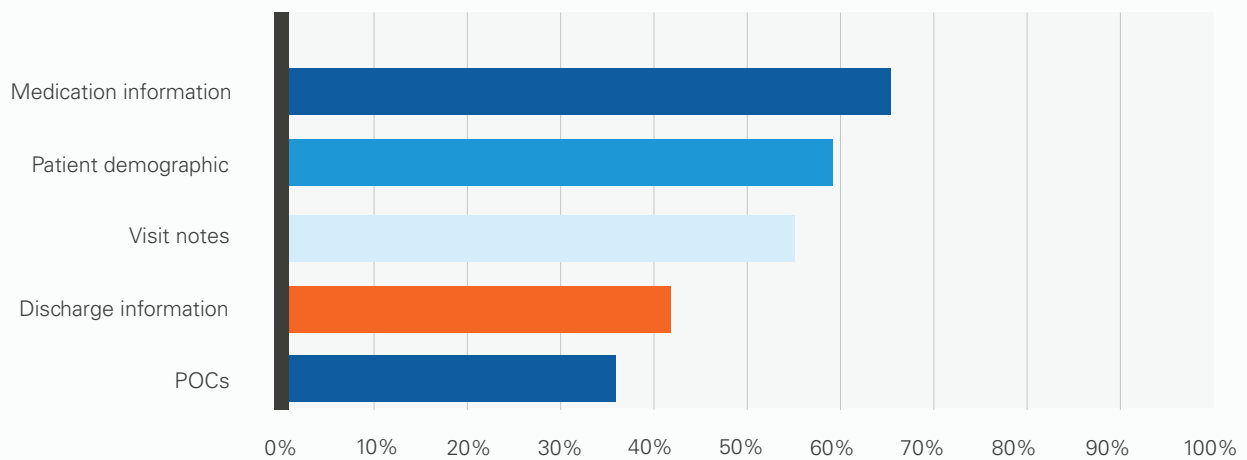
65%

of PAC providers are less than fully satisfied with their EHR vendor's ability to meet their most important interoperability needs. This is down slightly from previous years: 79% in 2021, and 85% in 2020 were less than fully satisfied.
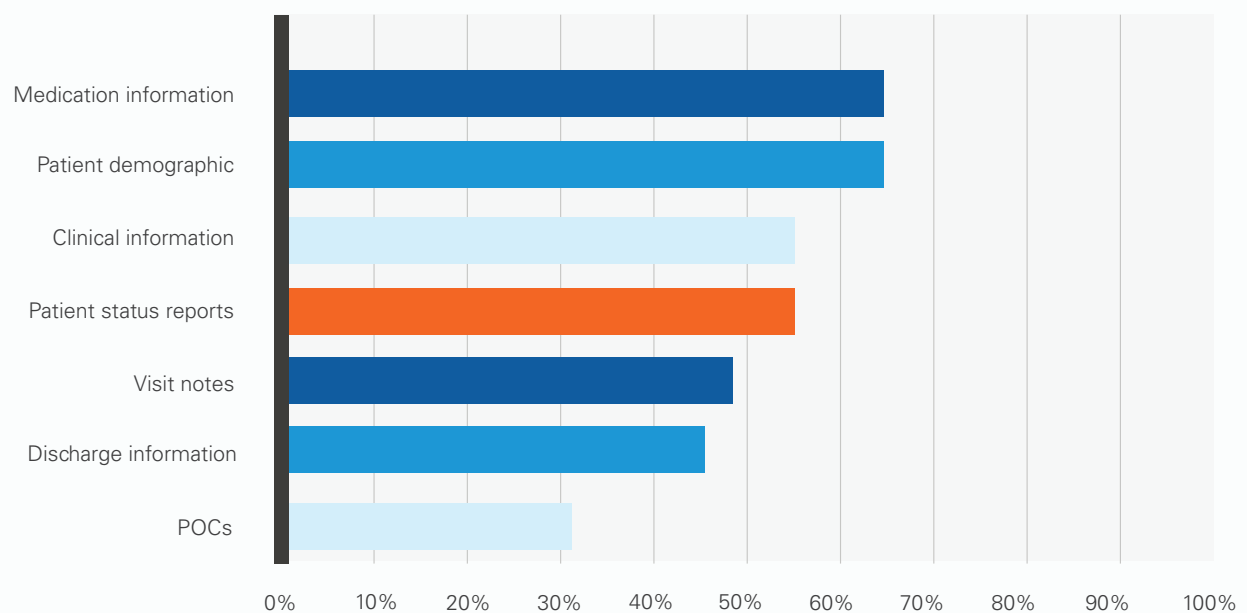

In addition, PAC providers can share more types of data these days. Previous years' studies showed that only 34% of PAC providers could send/receive patient demographic data. Today, that number is up to 59% who can electronically send and 55% who can electronically receive patient demographic data. Similarly, only 34% could send/receive clinical information back in 2019, but that number is up, too — 55% can electronically send/receive clinical information.

For this year's study, we dug deeper into the specific types of clinical and operational data that PAC providers were able to send and receive electronically.

Able to electronically send to referral sources

Medication information	~67%
Patient demographic	~60%
Visit notes	~56%
Discharge information	~42%
POCs	~36%

Able to electronically receive from referral sources

Medication information	~66%
Patient demographic	~66%
Clinical information	~56%
Patient status reports	~56%
Visit notes	~49%
Discharge information	~46%
POCs	~31%

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Room for improvement

Relying on outdated patient and care team member engagement mechanisms to exchange important data and documentation with both medical and non-medical care team members is perhaps the biggest area that PAC providers need to address in 2023. The challenges these mechanisms create are significant and must be considered part of an organization's overall interoperability strategy.

The survey shows that when trying to communicate and collaborate with other medical care team members and back-office staff, PAC providers are frustrated with the following:

32% Not able to communicate in real time

26% Unable to share important data seamlessly

19% Lack of security/risk of HIPAA violation

19% Inability to capture signatures in a timely manner

When it comes to communicating and collaborating with non-medical care team members, such as social services, family members, and patients, 54% of respondents reported that the phone is their primary mechanism, with another 16% using email. The resulting frustrations of communication with non-medical team members is similar to those felt with medical team members:

35% Not able to communicate in real time

22% Unable to share important data seamlessly

12% Lack of security/risk of HIPAA violation

18% Inability to capture signatures in a timely manner

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In addition, when referral sources were asked about the most common ways PAC providers attempt to track down necessary documentation, emails (39%) and phone calls (29%) were the most common approaches. This results in frustration on both sides as well as delays in care services and payments for PAC providers. Virtual care technologies that include engagement and care collaboration as an extension of their core patient engagement capabilities can enable PAC providers to capture digital signatures on documents — without requiring separate apps or logins.

The good news is that PAC providers appear to recognize the importance and value of having advanced engagement technologies, as 60% say they intend to invest in more advanced patient and care team member engagement technologies in the near future.

The benefits of highly interoperable and engagement systems

From this year's study, it appears that PAC providers understand the tangible benefits of having advanced interoperability capabilities. When asked an open-ended question about the biggest benefits of having more advanced interoperability capabilities, responders most often mentioned:

Ease of sharing important data across disciplines and care teams

Streamlined processes/greater efficiencies across the organization and referral networks

Faster response times and signatures on important documentation

Better patient and partner service

More accurate information for better patient safety and outcomes

Less paperwork and more automated workflows

To take full advantage of these benefits, PAC providers must reset their expectations and invest in solutions that help them send and receive all types of data between systems and make the data more accessible to both medical and non-medical care team members.

A path to success

At the core of an organization's ability to easily exchange meaningful data between medical care team members, patients, and caregivers is the electronic health record (EHR) system they choose.

PAC providers recognize this and are looking for the right solution. In fact, 68% said they would be very likely or somewhat likely to switch to an EHR system that could better support their most important interoperability needs. This number is up from previous years, which reported 48% in 2021, and 34% in 2019, demonstrating the growing pressure PAC providers are feeling when it comes to interoperability.

Those who appear to be least satisfied are those who operate on systems that were mainly designed for acute care facilities. This is likely because these systems typically fall short when it comes to understanding and meeting the unique needs of PAC providers. Providers depending on legacy EHR systems cited dissatisfaction due to the outdated technology not supporting any or most interoperability modalities.

One of the highest performing vendors, MatrixCare/Brightree, has been leading the way on interoperability for PAC providers for years. In fact, MatrixCare/Brightree was the first PAC solution provider to join the **CommonWell Health Alliance®** — a network of major EHR vendors and other healthcare stakeholders that have come together to drive health data exchange to improve care coordination and health outcomes nationwide. In addition, the team embraces several other industry-wide interoperability initiatives, including:

CommonWell Health Alliance and Carequality

A nationwide interoperability network and framework, respectively, that support standards-based health information exchange between multi-platform networks, providers and EHR and HIE vendors.

The PACIO Project

A collaborative effort to advance interoperable health data exchange between post-acute care (PAC) and other providers, patients, and key stakeholders across health care and to promote health data exchange in collaboration with policy makers, standards organizations, and industry through a consensus-based, use-case driven approach.

DirectTrust

A non-profit, vendor-neutral alliance of hundreds of vendors working together to develop, promote, and, as necessary, help enforce the rules and best practices necessary to maintain security and trust within its trust community.

MatrixCare also offers a purpose-built solution for enabling care team collaboration and patient/caregiver engagement. These solutions are based on the same interoperability principles. but focuses on securely exchanging data with other care team members — including physicians, non-medical caregivers and care team members, family caregivers, and patients.

To thrive in today's growing value-based care world, PACs must align with modern, interoperable EHR systems that meet the demands of both referral sources and patients.

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Ensuring success

Due to the unique role PAC providers play in managing the care of patients outside the four walls of the hospital and in between face-to-face visits, access to real-time data that can be used and shared between medical and non-medical team members is critical to success.

This year's study on interoperability trends in the PAC market reveal that PAC providers are making some progress toward achieving technical success with interoperability initiatives, but the pressure continues to mount from referral sources who want more.

PAC providers must invest in systems and technologies that not only make the exchange of data between systems work better, but also systems that support the extension of that data to those who need it most — disparate medical team members, patients, and family/caregivers.

To learn more about how your organization can win in the new age of interoperability, visit www.matrixcare.com.

Research methodology & audience

Commissioned by MatrixCare, a ResMed SaaS company, In90group Research surveyed 300 operational and clinical leaders from post-acute care organizations whose primary business was skilled home healthcare or hospice. Respondents anonymously answered a web-based questionnaire.

Consistent with previous years' studies, responders represented a wide variety of different size organizations, with the largest segments being 100-250 (40%) daily census, 250-500 (22%) daily census, and 500-1,000 (15%) daily census.

Many organizations reported having multiple lines of business, with skilled nursing facilities being the most popular (21%), private duty/home care being second (18%), and hospice being third (12%). The majority of these organizations (72%) reported to be using the same EHR system for their multiple lines of business.

About MatrixCare

MatrixCare provides software solutions in out-of-hospital care settings. As the multiyear winner of the Best in KLAS award for Long-Term Care Software and Home Health and Hospice EMR, MatrixCare is trusted by thousands of facility-based and home-based care organizations to improve provider efficiencies and promote a better quality of life for the people they serve. As an industry leader in interoperability, MatrixCare helps providers connect and collaborate across the care continuum to optimize outcomes and successfully manage risk in out-of-hospital care delivery.

About In90group Research

In90group Research is an independent research firm that specializes in measuring and monitoring emerging trends in the healthcare sector. With deep domain expertise in the healthcare industry, In90group provides unique insights that lead to better business decisions.

About ResMed SaaS

As a global leader in health technology, ResMed has developed transformative cloud-connected medical devices and solutions for people with sleep apnea, COPD and other chronic diseases. Today the company is applying this digital health expertise more broadly through its SaaS solutions, MatrixCare and Brightree, offering comprehensive software platforms that support healthcare providers in settings outside of the hospital.