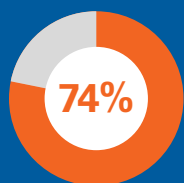# MatrixCare®
by **ResMed**

The Great Divide:
Research reveals continued interoperability gaps in post-acute care

74% *referring providers say they are likely to change post-acute partners to those they believe can more effectively process electronic referrals.*

Summary of key findings from second annual Porter Research survey of post-acute care leaders and referring physicians regarding interoperability progress.

Interoperability is a term that is often discussed but more often misunderstood in the healthcare industry. It has been the topic of much debate as tens of billions of dollars have been poured into changing the US healthcare industry from paper to electronic.

It's been more than a decade since the federal government started subsidizing the "meaningful use" of electronic healthcare record (EHR) systems for acute and ambulatory care providers and beginning the journey to interoperability. But one of the biggest flaws in their strategy was and continues to be leaving the post-acute care (PAC) providers out of the loop… and leaving them behind.

Now, we find ourselves in the Great Divide – with nearly 100% of acute and ambulatory providers doing business electronically and expecting their downstream counterparts in post-acute care to keep up.

The purpose of this paper is to help the industry determine how far apart we really are and what PAC providers need to consider as we enter the second decade of trying to achieve true interoperability across the healthcare continuum.

One year later

In 2019, MatrixCare commissioned Porter Research to conduct a study of referring physicians and PAC providers that investigated the understanding and adoption of interoperability strategies among these groups. While the definitions of interoperability varied slightly, the bulk of respondents aligned most closely with the HIMSS definition. The original study uncovered three major interoperability gaps between those who were sending the referrals and those who were receiving them:

1. The importance gap
2. The data gap
3. The perception Gap

To see how far both parties have come and what the future of interoperability holds, MatrixCare commissioned a similar survey in late 2020. This time, insights were collected from 300 home-based care providers, representing home health, hospice, palliative, and private duty organizations as well as 100 referring physicians, care navigators, and discharge planners.

"*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 definition of interoperability, updated 2019

Key findings from 2020 interoperability study

- **Referring physicians are even more apt to change PAC partners to those they believe can more effectively process electronic referrals**, growing from 60% last year to 74% this year. This demonstrates the growing demand for providers to take interoperability seriously in 2021.

- PAC providers appear to have a better understanding of the importance their referral sources are placing on interoperability, with **95% now reporting that they believe interoperability is important** to their referral sources, up from 34% last year.

- More than half (58%) of PAC providers believe their EHR/AMS systems have made progress over the past 12 months when it comes to interoperability, but there is still a long way to go, **with 79% of responders not fully satisfied with their EHR/AMS** when it comes to supporting their most important interoperability needs.

- Both PAC providers and their referral sources still have gaps in their understanding of what true interoperability means, and **many still cling to the traditional means of sending and receiving referrals via phone and fax**. With only half of PAC providers able to receive and use much of this critical data, serious frustrations between both sides of the referral equation are still very prominent.

The game has changed

While 2020 brought more challenges than most of us ever thought possible, it also ushered in a new wave of digital health technologies, such as telehealth platforms, home monitoring devices, and greater demand for care in the home by patients and their family members.

These seismic changes have reshaped healthcare delivery for good (and forever) according to most industry experts. The pandemic forced healthcare professionals to adopt new ideas and new ways of making sure their patients stayed safe and on track with their recommendations.

As a result, interoperability – or the capability for bi-directional exchange of data amongst disparate systems – has become even more important to hospitals and physicians who are referring more patients to PAC settings, such as home health, hospice, palliative care and private duty homecare.

As the home becomes more of the healthcare hub in this new decade, PAC providers must not only be able to accept referrals electronically, but also be able to send and receive machine-readable data from virtually any system at any time.

More work must be done

The new research indicates that PAC providers and their EHR/AMS vendors have made some progress when it comes to interoperability over the past 12 months, but there are still serious gaps to be filled. These interoperability gaps pose major threats to the PAC providers' ability to compete effectively for referrals and earn a seat at the table with rapidly forming care networks.

- **Importance gap:** PAC providers are starting to acknowledge the important role interoperability plays in their ability to meet the needs and preferences of their referral sources. Last year, only 34% of PAC providers thought interoperability was important to their referral sources. This year, 95% of responders acknowledge that interoperability is important to their referral sources, which is good news given that 99% of referring physicians agree that the ability to send/receive data with their PAC providers is important (71% of this group calling it very important).

- **Satisfaction gap:** Both sides also agree that there is much work to be done in the

area of interoperability, given that 48% of PAC providers claim to be "not satisfied" or "very dissatisfied" when it comes to their system's ability to meet their most important interoperability needs. And 85% of referral sources reported being not fully satisfied with PAC providers' ability to receive electronic referrals.

- **Knowledge gap:** Last year's survey highlighted a gap in the understanding of what true interoperability means among PAC providers. So, this year's study dug deeper into the different types of data providers and referral sources can send and receive and placed them on a Maturity Map to help PAC providers understand where they are along their journey.
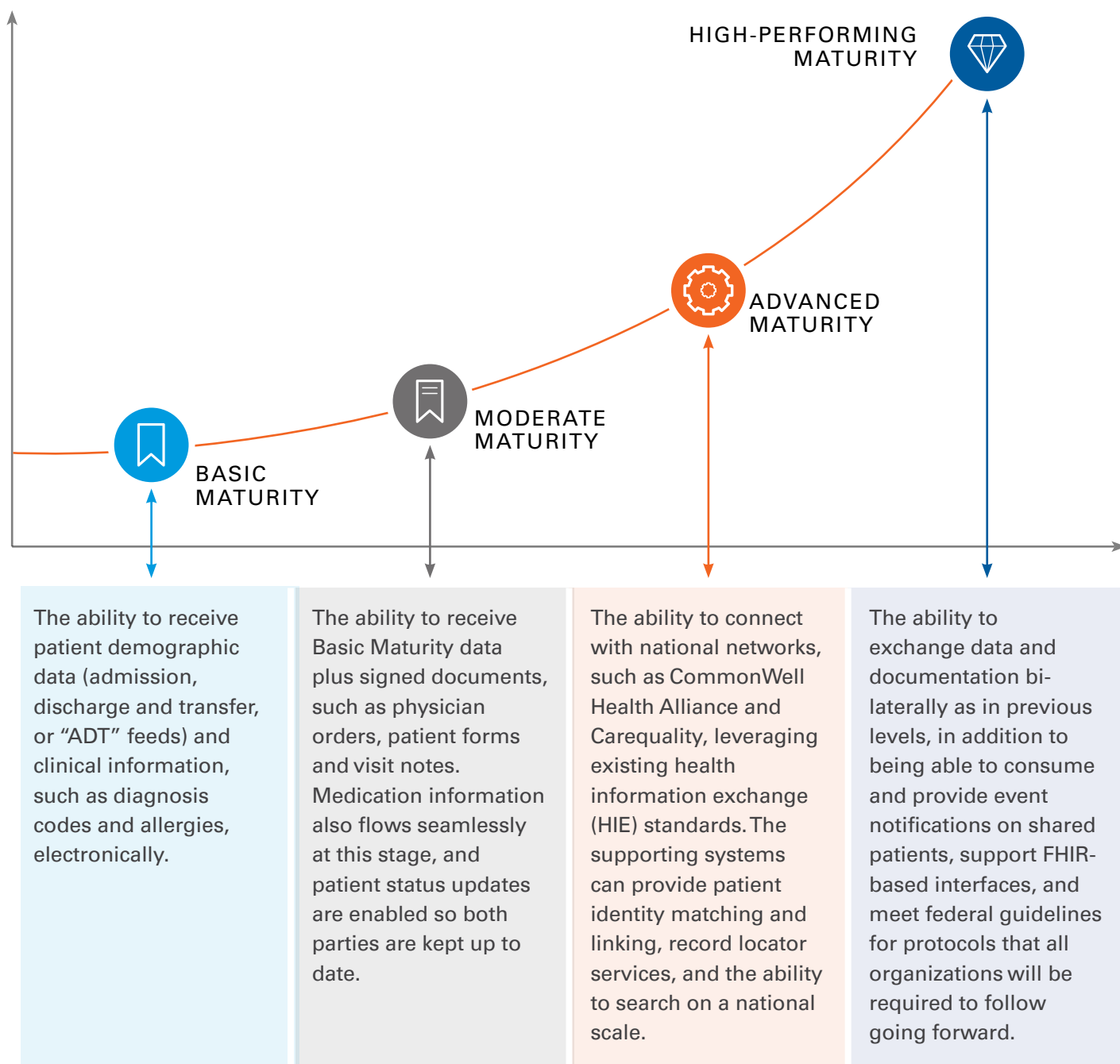

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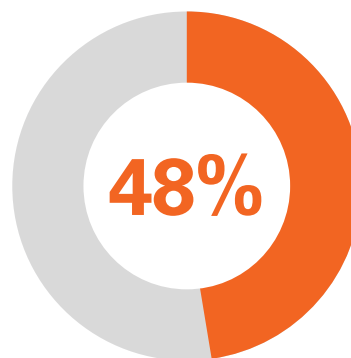
of PAC providers said they would likely switch their EHR/AMS vendor for one that better supported their most important interoperability needs, compared to last year's 31%.

PAC progress on ability to receive demographic and clinical data

	Patient demographic	Clinical information
2019	34%	34%
2020	85%	72%

Interoperability maturity map

HIGH-PERFORMING
MATURITY

ADVANCED
MATURITY

MODERATE
MATURITY

BASIC
MATURITY

The ability to receive patient demographic data (admission, discharge and transfer, or "ADT" feeds) and clinical information, such as diagnosis codes and allergies, electronically.	The ability to receive Basic Maturity data plus signed documents, such as physician orders, patient forms and visit notes. Medication information also flows seamlessly at this stage, and patient status updates are enabled so both parties are kept up to date.	The ability to connect with national networks, such as CommonWell Health Alliance and Carequality, leveraging existing health information exchange (HIE) standards. The supporting systems can provide patient identity matching and linking, record locator services, and the ability to search on a national scale.	The ability to exchange data and documentation bi-laterally as in previous levels, in addition to being able to consume and provide event notifications on shared patients, support FHIR-based interfaces, and meet federal guidelines for protocols that all organizations will be required to follow going forward.

How mature are PAC providers today?

Basic maturity: This is the most fundamental level of interoperability that is expected by virtually all reference sources. Survey responders overwhelmingly reported that they can accept demographic and clinical documents. More specifically, 85% claim to be able to accept ADT information and 72% can accept clinical information in some format, be it documents or discrete data. This is up from last year's 34% being able to receive these two types of data. But given the high levels of dissatisfaction reported among referring physicians when it comes to their PAC partners' ability to receive electronic referrals as stated above, basic maturity is not enough.
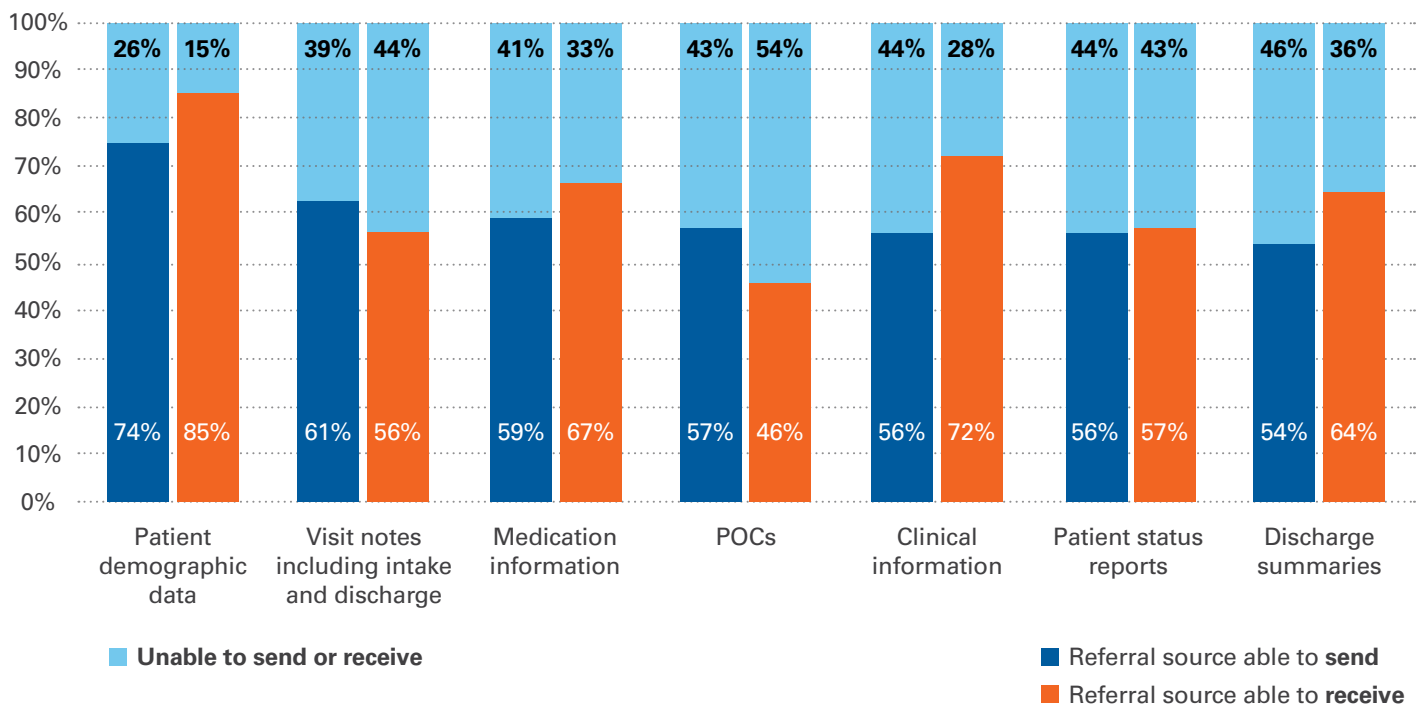
Moderate maturity: Moving beyond patient demographic and clinical data, referring physicians also have the ability to send and receive additional data and documentation electronically. Signed physician orders and patient forms, visit notes, medication information, and even patient status updates are all available in moderately mature states of interoperability.

According to the survey, only half of PAC providers say they can automatically send status reports and half can send discharge summary reports, both of which tie directly to referral sources' most-mentioned areas of frustration with their PAC providers:

- Poor response times
- Communication breakdowns
- Receiving information / confirmation

As lines of communication break down between referring physicians and those who handle the patient's follow-up care, frustration and uncertainty creep into the relationship.

PAC providers send and receive data and documentation

	Patient demographic data	Visit notes including intake and discharge	Medication information	POCs	Clinical information	Patient status reports	Discharge summaries
Unable to send or receive (send / receive)	26% / 15%	39% / 44%	41% / 33%	43% / 54%	44% / 28%	44% / 43%	46% / 36%
Referral source able to send	74%	61%	59%	57%	56%	56%	54%
Referral source able to receive	85%	56%	67%	46%	72%	57%	64%

Legend:
- Unable to send or receive
- Referral source able to **send**
- Referral source able to **receive**

Advanced maturity: At the same time independent software vendors are working hard to "open up" their systems and allow deeper levels of interoperability, national networks like CommonWell Health Alliance and Carequality have taken hold. In these networks, care providers, EHR/AMS system vendors, and data exchange vendors all agree to leverage the same health information exchange (HIE) standards and give members choices of how they want to connect to the network to access any data from any participating member. With CommonWell, the system can provide patient identity matching and linking, record locator services, and the ability to search on a national scale.

These scalable networks provide the surrounding services that take interoperability from specifications to out-of-the-box usability and scalable functionality – such as connectivity, privacy, security, audit trails, brokered query and retrieval, and an exponentially growing set of endpoints with which patient-centric interoperability can be enabled.

According to a system administrator from a large, regional PAC provider in the mid-west who is able to connect to the CommonWell network via her EHR vendor MatrixCare, *"CommonWell is not a database or HIE; it's more like a train station. We turn it on to pull data from other trains, which are other providers who use the services too, and drop it straight into our MatrixCare system. And our partnered providers can easily see our charting in their EHR."*

High-performing maturity: As the highest level of interoperability maturity, this level encompasses all previously mentioned capabilities plus the ability to meet the definition of true interoperability, which is the ability to digest and use information regardless of whether it was communicated in a clinically structured document or in a discrete format. High-performing organizations also have the ability to consume and provide event notifications on shared patients, allowing PAC providers to take advantage of recently released federal rules and provide further value to their referral sources. Their systems are able to support FHIR-based interfaces, meeting the federal guidelines for protocols that all organizations will be required to follow going forward. And finally, these organizations are actively involved in advocacy efforts to support the PAC space across all different types of interoperability initiatives.

commonwell
HEALTH ALLIANCE

The CommonWell network gives healthcare providers in any care setting access to health information without having to alter workflows within their practice. Participating caregivers have access to information about the care a patient has received no matter where the care was delivered within the network.

car*e*quality

Carequality is an interoperability framework that supports standards-based health information exchange between and among multi-platform networks, providers and EHR and HIE vendors.

So what's the hold up?

If both parties agree interoperability and electronic referrals are important, and 74% of referral sources state they are likely to send more referrals to PAC providers who can receive orders electronically, why are so few providers making big moves to do so?

When asked what the biggest barriers are to advancing their interoperability strategies, PAC providers pointed to cost and time to convert as well as the difficulties of interfacing disparate systems. But both the short- and long-term cost of not supporting advanced interoperability strategies can be even greater with PAC providers being locked out of referral networks and poor therapy adherence rates, which can lead to poor outcomes and ultimately fewer referrals.

Other challenges mentioned by survey respondents included the maturity level of the software systems they use. While 58% believe their EHR/AMS systems have matured over the past year, this is not happening fast enough. Some systems, like MatrixCare, have been focused on advancing their interop platforms for many years, resulting in higher customer satisfaction rates and supporting the company's Best in KLAS rating for Home Health and Hospice EMR Systems this year.

In addition, Cerner, one of the largest acute care EHR system vendors, selected MatrixCare for its health systems that include PAC providers. The two companies have been aggressively pursuing interoperability strategies for years, particularly through the CommonWell Health Alliance and now even more directly between the two systems, meeting the high-performing maturity level on the Maturity Map.

> *"Ease of exchange of information makes it more timely, accurate, and efficient. There are many duties performed inside our agency (sending and orders, insurance auth, supply ordering, new patient intake, transferring patients to other providers, etc), and the easier and more efficient a process can be the better."*
>
> VP Patient Care Services, large home health and hospice provider using MatrixCare

What will the next decade of interoperability bring?

There's no doubt that progress has been made by both providers and the software systems that support them on closing the interoperability gap. But what does the next decade of interoperability look like?

Prior to the pandemic, massive changes were already in progress in the way healthcare providers were delivering care and being reimbursed for their services. But now, everything from the way we develop drugs to the way patients want to receive care has been upended. As providers were physically disconnected from their normal settings and systems, modern technology had to bridge the gap. Instead of chasing down doctors in the hall for signatures, providers had to find new ways to get in front of them and get things done.

Survey responders indicated that both PAC providers and referral sources expect EHR/AMS vendors to lead the way. In fact, 48% of PAC providers said they would likely switch vendors to one that better supports their most important interoperability needs.

When referral sources were asked what the future of interoperability between their organization and PAC providers holds, 80% of the comments were tied to the ability for software systems to speak to each other more seamlessly. So as providers and payers start to realize it is possible to provide high quality care in the home without having to be in the home, these trends are not likely to reverse.

In the new decade, the following trends are expected to evolve and place more pressure on PAC providers' interoperability strategies.

1. CMS will continue to build on its Interoperability and Patient Access ruling (CMS-9115-F) that requires federal programs to improve electronic exchange of healthcare data and streamline processes for prior authorization.

2. The ONC will continue to advance its guidelines, such as the Trusted Exchange Framework and Common Agreement (TEFCA), aimed at making sure systems don't block patient or provider access to data. The data will flow, and the systems will be ready.

3. Alternate care delivery models, such as hospitals-at-home and patient-centered medical homes, continue to demonstrate positive outcomes for patients and payers, and therefore, are expected to grow. To participate, PAC providers must have strong interoperability frameworks and systems in place to compete for participation in these models.

4. Value-based care contracts continue to dominate healthcare reimbursement models, and PAC providers are playing a critical role in keeping costs down and patient outcomes up. Pressure to demonstrate their ability to perform in these networks will continue to rise.

5. Established interop governing bodies like the Post-Acute Care Interop Workgroup (PACIO Project) will play a larger role in driving the adoption of Fast Healthcare Interoperability Resources (FHIR)-based APIs to support the unique needs of PAC providers, patients and other stakeholders.

6. Integration of telehealth and care in the home will continue to rise among payors who expect PAC providers to help them achieve their triple-aim objectives.

Ensuring success

PAC providers who are able to put their businesses on a path to interoperability maturity are the ones who will survive this next decade. It starts with evaluating where your organization is on the Interoperability Maturity Map and where you need to be – based on the expectations of your referral sources.

Second, you need to make sure your EHR/AMS system can meet those demands to not only protect your current relationships, but also help you grow and compete more effectively in value-based care networks. If not, now is the time to evaluate new systems and move to a more modern technology platform that will serve you for the new decade of interoperability.

And finally, know that your interoperability status can be used to differentiate your organization when building relationships with new care networks, referral sources, and even payors.

To learn more about how you can prepare your organization for the future of interoperability, visit www.matrixcare.com.

Research methodology:

The survey was administered to approximately 16,500 providers of home health, hospice, palliative and private duty services with a response rate of 6%. The referring provider survey was sent to 7,000 referral sources with an 5% response rate. Both surveys were administered by Porter Research in collaboration with MatrixCare.

About Porter Research

Porter Research has been providing custom research for the healthcare industry for nearly 30 years. Combining unparalleled experience, proven methodologies and knowledge-based analysis, Porter provides the unbiased results that clients need to make informed strategic business decisions. With significant experience working with Fortune 500 healthcare companies and venture-backed emerging technology companies, Porter Research has built a significant practice in the healthcare technology, provider, payer and life sciences sectors.

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.

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