Options for IIS and EHR Feature Overlap

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Background

- All states/territories have an IIS
- Provider access: paper→web→EHR
- IIS product market consolidation
- PH agency IT staff consolidation
- Increasing IIS functionality through program integration, VTrckS

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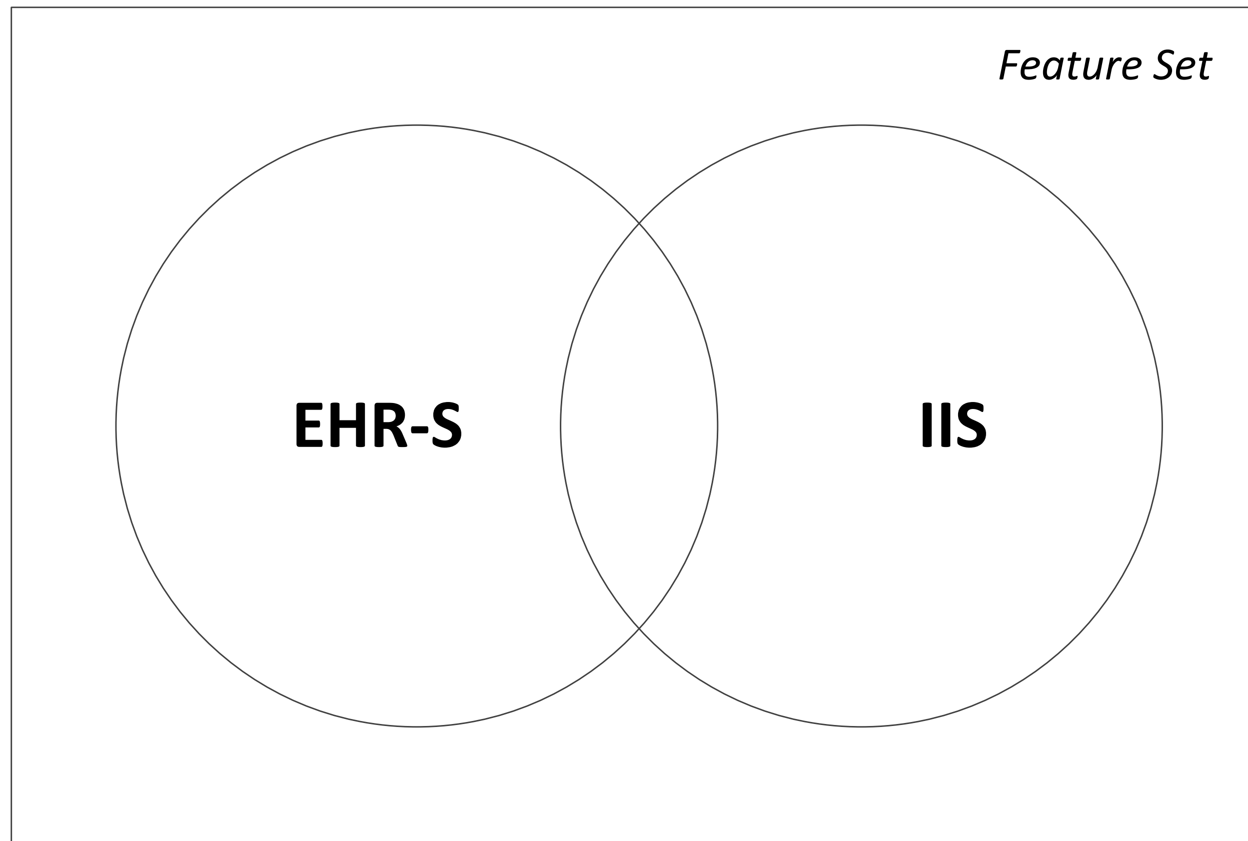
IIS/EHR-S Feature Overlap



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Core IIS Functions → EHR-S

- Online data entry to IIS
- Clinical Decision support (CDSi)
- Reminder/recall to ensure a patient returns when an immunization is due
- Practice-level assessment of up-to-date status
- Patient Access to Immunization Data

Online Data Entry to IIS

- Terminal→client/server→WWW→HL7
- EHR-S limitations:
  - Patient matching difficult via messaging
  - Support for secondary demographics
  - Support for vaccine inventory/ordering
- CMS EHR Incentive Programs: strong motivation for greater EHR functionality
- Coherence at the user site

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CDSi

- Well-developed in IIS; limited in EHR-S
- Potential EHR-S CDSi strategies:
  - Natively within the EHR-S, deployed locally: vendor control, but huge investment/maintenance
  - Natively within the EHR-S via a web service accessed by each EHR-S installation: more central management and service options
  - Via HL7 query/response with an IIS: *see next slide*
  - As a web service provided by the IIS: Less vendor responsibility, but difficult national vendor strategy
  - As a web service provided by an independent organization, public or private: Less vendor responsibility, potentially better reliability, supports a national vendor strategy

CDSi Via IIS HL7 Query/response

Advantages

- IIS, not vendor, is responsible for rules & algorithms
- May be required by Stage 3 MU
- CDSi customized to each jurisdiction
- Ensures IZ history sent from EHR to IIS

Challenges

- Some IIS may not support query/response
- IIS response not uniform increasing vendor work
- Rules and algorithms outside of vendor control may lead to incorrect customer expectations

- Big interest in patient-focused functions
- Variability in how IIS projects support these functions
- MU 2 V/D/T and Direct messaging may increase EHR interest
- Potential patient confusion if R/R comes from multiple sources
- Dependent on CDSi, so previous strategy affects feasibility for EHR and IIS

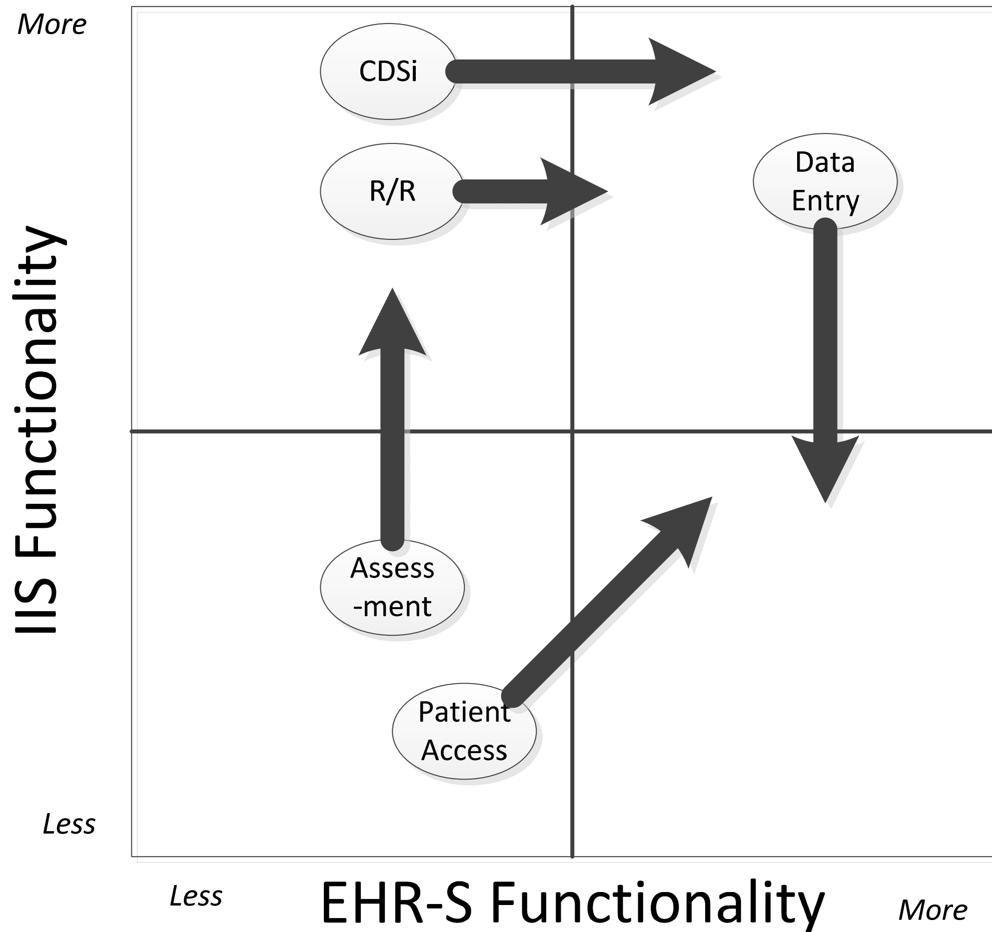
Practice-level Assessment of UTD Status

- Related to AFIX, HEDIS, CQMs
- Relevant at practice, jurisdictional, national level
- Movement from chart pulls→system-driven
- Phase-out of CoCASA
- Again, dependent on CDSi
- AFIX more than just calculation: high priority for IIS projects
- Lower priority for EHR vendors

Patient Access to IZ Data

- ONC/CDC priority
- Policy, technology, identity, communications challenges
- Various IIS strategies
  - Modify or supplement IIS
  - Encourage EHR-S to support
    - MU Stage 2: Core measure (V/D/T)
- Both strategies viable and will likely persist for some time

Summary: Future Direction



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Implications for Action

- Consider investments wisely with an eye to overlap
- CDSi: Central to most other functions; opportunities for IIS to provide services
- Online data entry will continue to migrate from IIS to EHR-S
- Reminder/recall: Toss-up – will depend on where patient is comfortable
- Practice-level assessment: Complex, difficult; tied to CQMs; IIS will dominate but watch out for ACOs!

Resources

- HLN White Paper:

https://www.hln.com/assets/pdf/HLN-IIS-EHR-Overlap-White-Paper.pdf

- HLN/Deloitte/ONC/MN Patient Access:

http://www.health.state.mn.us/e-health/patientengage.html
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