Journal of Scientific and Engineering Research, 2021, 8(10):244-249



**Research Article** 

ISSN: 2394-2630 CODEN(USA): JSERBR

# **Breaking Down Silos: The Benefits of Interoperable EHRs**

## Satyaveda Somepalli

satyaveda.somepalli@gmail.com ORCID: 0009-0003-1608-0527

Abstract: The article discusses the transformative impact of Electronic Health Records (EHRs) on healthcare delivery. It highlights how interoperable EHR systems enhance patient care by improving data accessibility and continuity, leading to better decision-making and reduced medical errors. The paper outlines the concept of interoperability, which encompasses functional, technical, and semantic dimensions, and emphasizes its importance in creating a connected healthcare ecosystem. Despite the advantages of interoperable EHRs, the document also addresses significant challenges such as technical barriers, organizational resistance, and financial constraints that hinder widespread adoption. It presents case studies of successful interoperability initiatives and explores future trends, including emerging technologies such as blockchain and artificial intelligence, that promise to further enhance interoperability in healthcare.

**Keywords:** Electronic Health Records (EHRs), Interoperability, Patient Care, Healthcare Delivery, Data Silos, Operational Efficiency, Medical Errors, Emerging Technologies, Blockchain, Artificial Intelligence

## 1. Introduction

Electronic Health Records (EHRs) have revolutionized healthcare delivery by digitizing patient information and streamlining access to critical data. The benefits of EHRs are manifold and include improved patient care through enhanced data accessibility and continuity, increased operational efficiency, and reduced instances of medical errors. Studies have shown that EHRs facilitate better decision-making by providing comprehensive patient histories and enabling swift communication among healthcare providers (Shah et al, 2014).

Despite these advantages, the health care industry still faces significant challenges stemming from data silos. These silos, created when systems within or across organizations fail to integrate or share information, can delay timely care, increase operational costs, and increase the risk of medical errors (HealthIT.gov, 2017). Addressing these silos is crucial for achieving the full potential of EHRs and ensuring that healthcare systems operate efficiently and effectively.

## 2. Understanding Interoperability

Interoperability in healthcare refers to the ability of different systems, organizations, and applications to communicate, exchange, and interpret information seamlessly. It encompasses three primary levels: functional interoperability, which enables basic data exchange between systems; technical interoperability, which ensures that the data can move across networks using shared protocols; and semantic interoperability, which allows systems to interpret and utilize the information in a meaningful way (HIMSS, 2020). These layers of interoperability are essential for creating a connected healthcare ecosystem where patient data flow effortlessly across providers, ensuring continuity of care.

Various standards and frameworks have been developed to achieve this interoperability. Standards like HL7 (Health Level Seven) and FHIR (Fast Healthcare Interoperability Resources) provide guidelines for structuring and exchanging healthcare information, while frameworks such as the ONC Interoperability Standards Advisory

serve as a comprehensive reference for industry stakeholders (HealthIT.gov, 2017). These tools and guidelines are critical for enabling systems to overcome barriers to data exchange and drive improvements in patient outcomes and operational efficiency.

### 3. Benefits of Interoperable EHRs

Interoperable Electronic Health Records (EHRs) offer transformative benefits for the healthcare sector by addressing critical gaps in patient care, operational efficiency, and cost management.

### **Improved Patient Care**

Interoperable EHRs enable real-time access to patient information across multiple healthcare providers, fostering enhanced care coordination. This seamless data sharing ensures that providers have accurate up-to-date information, which significantly reduces the likelihood of medical errors (Kruse et al., 2018). Furthermore, timely and informed decision making supported by interoperable EHRs can lead to improved patient outcomes, such as better chronic disease management and reduced hospital readmissions (Adler-Milstein et al., 2014).

#### **Increased Efficiency**

Healthcare organizations benefit from streamlined administrative processes facilitated by automated data exchange and digital documentation, thereby reducing the need for manual paperwork. These systems enable faster access to patient records, enhance productivity, and allow healthcare providers to focus more on patient care than administrative tasks (HealthIT.gov, 2017).

#### **Reduced Costs**

Interoperability reduces administrative costs by minimizing paperwork and manual data entry, thus enabling healthcare systems to allocate resources more effectively. Additionally, access to a patient's complete medical history prevents unnecessary duplicate tests and procedures and further reduces expenses. Enhanced efficiency and improved patient satisfaction can also contribute to increased revenue for healthcare providers (Reisman, 2017).

#### 4. Challenges And Barriers to Interoperability

Although interoperable Electronic Health Records (EHRs) offer significant benefits, achieving full interoperability in healthcare faces several challenges across both technical and organizational dimensions. **Technical Challenges** 

One of the primary technical hurdles to interoperability is the lack of standardized data formats and coding systems across healthcare systems. Inconsistent or incompatible data standards can impede seamless data exchange and reduce the accuracy of patient information (Wu & Larue, 2015). Additionally, integrating diverse healthcare systems is a complex task because many existing systems are not designed to communicate with each other. This issue of system integration and compatibility often requires significant investment in technology and expertise (Adler-Milstein et al., 2014). Furthermore, as healthcare data become increasingly digitized, cybersecurity and data privacy concerns have become paramount. Ensuring that EHRs are secure from breaches and comply with regulations, such as HIPAA, is a persistent challenge that must be addressed to foster trust and adoption (Kruse et al., 2018).

#### **Organizational Challenges**

On the organizational side, the adoption of interoperable EHRs is frequently hindered by legacy systems, which are costly and difficult to update. Many healthcare organizations rely on outdated technologies, and transitioning to modern interoperable systems can be both disruptive and resource intensive (Goldstein et al., 2019). Additionally, there is often resistance to change within organizations, with staff and leadership reluctant to adopt new technologies due to perceived complexity and operational disruptions (HIMSS, 2020). Financial constraints also pose significant barriers, as many healthcare organizations lack the resources required to implement and maintain interoperable systems. Finally, a shortage of interoperability expertise in both the technical and regulatory domains further complicates the process, limiting effective implementation and long-term sustainability (Kruse et al., 2018).



#### 5. Case Studies: Real-World Examples of Successful Interoperability Initiatives

### The Veterans Health Administration (VHA) - Comprehensive EHR Integration

The Veterans Health Administration (VHA) is a notable example of a successful interoperability initiative in the U.S. healthcare system. The VHA's initiative to integrate its electronic health record system across various healthcare providers and locations has created a comprehensive, interoperable platform for veterans' health records. The VHA implemented the "Veterans Affairs (VA) Open-Source Electronic Health Record," which allowed real-time information exchange across its large geographically dispersed network. By utilizing this interoperable system, the VHA improved the coordination of care, reduced administrative burdens, and minimized duplicate tests and procedures, all contributing to improved patient outcomes (Oliver, 2007). This integration was made possible through the consistent adoption of standardized protocols and data formats, such as HL7 and CCD (Continuity of Care Document), which allowed various systems to communicate effectively.

## Cleveland Clinic and Epic Systems - Partnership for EHR Interoperability

The Cleveland Clinic, one of the largest non-profit academic medical centers in the U.S., collaborated with Epic Systems to create a more interoperable and unified health data ecosystem. The Cleveland Clinic integrated its EHR system with Epic's interoperable platform, focusing on ensuring that patient records could be accessed seamlessly across multiple departments and even external healthcare organizations. The system enabled data sharing between the Cleveland Clinic's facilities and other hospitals, allowing real-time access to patient information for improved decision-making and patient care. This interoperability initiative improves care coordination, reduces errors, and contributes to faster treatment times by eliminating the need for patients to repeat medical tests (Cleveland Clinic, 2019). The collaboration also addressed the issue of fragmented patient records and helped to establish an integrated care model that enhanced both efficiency and patient satisfaction.

### Intermountain Healthcare - The Use of Standardized Health Information Exchange (HIE)

Intermountain Healthcare in Utah implemented a Health Information Exchange (HIE) to address the problem of disconnected patient data across various healthcare facilities. The HIE system allowed Intermountain Healthcare to exchange data not only within its own network of hospitals but also with external providers and laboratories. By ensuring that all data from various sources could be integrated into a single platform, the healthcare provider improved clinical decision-making and patient care while also reducing unnecessary tests and medical errors. The HIE utilized standards such as HL7 and CCD to ensure consistency in data transfer and interpretation. This initiative has proved to be beneficial in both urban and rural areas, where access to immediate patient data is limited (Intermountain Health, 2013).

## Patient Perspective: How Interoperability Can Improve the Patient Experience

From a patient's perspective, interoperability in Electronic Health Records (EHRs) fosters a seamless and efficient healthcare journey. One of the primary benefits is better care coordination, as interoperability ensures that patient data are available across different providers and healthcare settings, enabling continuity of care without the patient needing to repeatedly provide a medical history (Kruse et al., 2018). For instance, if a patient visits a specialist after seeing a primary care physician, interoperable systems allow the specialist to access the relevant records immediately, thereby reducing redundant tests and improving treatment accuracy.

Interoperability also enhances the convenience of access to personal health information. Patients can view their medical history, test results, and treatment plans through patient portals, empowering them to actively participate in their healthcare decisions (Bates et al., 2014). Furthermore, interoperable systems reduce administrative burdens such as paperwork and duplicate data entry, thereby minimizing delays in treatment.

Another critical aspect is the improvement in patient safety. By enabling healthcare providers to access accurate, up-to-date information, interoperability reduces the likelihood of medical errors such as prescribing contraindicated medications or overlooking critical allergies (Rudin et al., 2014). These fosters trust and confidence in the healthcare system, significantly enhancing overall patient experience.

### 6. Future Trends: Emerging Technologies and Their Impact On Interoperability

The future of interoperability is shaped by emerging technologies that promise to address existing barriers and unlock new possibilities in healthcare data exchange. Blockchain technology is one such advancement that offers a secure and decentralized method for sharing patient data. Using blockchain, healthcare systems can

ensure data integrity and patient consent management while mitigating cybersecurity concerns (Krawiec et al., 2016).

Another transformative trend is the adoption of FHIR (Fast Healthcare Interoperability Resources), a standard developed by HL7 that simplifies data sharing and ensures compatibility across various systems. FHIR allows healthcare providers to exchange granular data in real time, thereby improving the efficiency of care coordination (Mandel et al., 2016).

Artificial intelligence (AI) and machine learning (ML) are expected to play significant roles. These technologies can analyze vast amounts of health data to identify patterns, predict outcomes, and provide clinical decision support, further enhancing interoperability by making the data more actionable and contextually relevant (Jiang et al., 2017).

In addition, the increasing integration of Internet of Things (IoT) devices into healthcare will drive the need for interoperable systems capable of handling real-time data streams from wearables, remote monitors, and other connected devices. These advancements promise to extend interoperability beyond traditional EHRs, thereby creating a comprehensive ecosystem for healthcare data exchange (Kotz et al., 2016).

As these technologies continue to evolve, the vision of a fully interoperable healthcare system becomes increasingly attainable, offering profound benefits to providers, patients, and the broader healthcare ecosystem.

## 7. Overcoming Barriers and Promoting Interoperability

Efforts to overcome barriers to interoperability in electronic health records (EHRs) focus on addressing technical, organizational, and cultural challenges through a combination of government policies, industry collaboration, education, and advanced technologies.

### **Government Policies and Incentives**

Governments play a crucial role in promoting interoperability, by providing funding and creating supportive regulatory frameworks. Programs such as the Health Information Technology for Economic and Clinical Health (HITECH) Act in the United States have provided financial incentives for healthcare providers to adopt interoperable EHRs, encouraging widespread data sharing (Blumenthal & Tavenner, 2010). Policies such as the 21st Century Cures Act mandate data sharing requirements and discourage information blocking to facilitate interoperability (Adler-Milstein & Pfeifer, 2017).

### **Industry Collaboration**

Collaborative efforts among healthcare providers, technology vendors, and policymakers are vital to achieve interoperability. Initiatives such as the Common Well Health Alliance and Care-Quality bring together stakeholders to develop shared standards and frameworks, ensuring consistent and reliable data exchange across systems (Tripathi et al., 2018). Such collaborations enable the alignment of goals, standardization of processes, and resolution of compatibility issues.

### **Education and Training**

The development of a workforce that is skilled in interoperability is essential for successful implementation. Training programs and certification courses, such as those offered by the Healthcare Information and Management Systems Society (HIMSS), build expertise in health IT and interoperability standards (McGonigle & Mastrian, 2018). Educating healthcare professionals about the importance of data sharing fosters a culture of collaboration and reduces their resistance to change.

### Adoption of Advanced Technologies

Advanced technologies, such as artificial intelligence (AI) and machine learning (ML), are pivotal in addressing interoperability challenges. AI can analyze and integrate disparate data sources, enabling seamless communication between EHR systems (Jiang et al., 2017). Natural language processing (NLP) tools enhance semantic interoperability by converting unstructured data into standardized formats, thus facilitating easier data exchange and analysis (Meystre et al., 2008).

### 8. Conclusion

Interoperable Electronic Health Records (EHRs) are pivotal for transforming healthcare systems into more efficient, patient-centered, and cost-effective models. By breaking down data silos and enabling seamless data exchange, interoperable EHRs can enhance patient care, improve operational efficiency, and reduce unnecessary

expenses. They allow healthcare providers to make informed decisions with real-time access to comprehensive patient data, ultimately improving patient outcomes and fostering trust in the health care system.

Despite these benefits, significant challenges remain. Technical barriers, such as inconsistent data standards and integration complexities, coupled with organizational resistance, financial constraints, and cybersecurity concerns, must be addressed to achieve true interoperability. Overcoming these hurdles requires coordinated efforts from government policymakers, industry stakeholders, and healthcare organizations. Investments in advanced technologies, workforce training, and collaborative frameworks are essential for building an ecosystem that supports consistent and reliable data-sharing.

Looking forward, the potential of emerging technologies such as AI, blockchain, and IoT offers hope for a future in which healthcare systems operate seamlessly and cohesively. By prioritizing interoperability, the healthcare industry can pave the way for a more connected and patient-centered care model. Now is the time for increased investment, innovation, and collaboration to realize the vision of a fully interoperable healthcare ecosystem, ensuring better outcomes for all stakeholders.

#### References

- [1]. Adler-milstein, J., & Pfeifer, E. (2017). Information blocking: is it occurring and what policy strategies can address it?. The Milbank Quarterly, 95(1), 117-135.
- [2]. Adler-Milstein, J., Kvedar, J., & Bates, D. W. (2014). Telehealth among US hospitals: several factors, including state reimbursement and licensure policies, influence adoption. Health Affairs, 33(2), 207-215.
- [3]. Bates, D. W., Saria, S., Ohno-Machado, L., Shah, A., & Escobar, G. (2014). Big data in health care: using analytics to identify and manage high-risk and high-cost patients. Health affairs, 33(7), 1123-1131.
- [4]. Blumenthal, D., & Tavenner, M. (2010). The "meaningful use" regulation for electronic health records. New England Journal of Medicine, 363(6), 501-504.
- [5]. Cleveland Clinic. (2019, December 6). How Cleveland Clinic's EHR Transformation Ensures the Delivery of World-Class Care Everywhere. Retrieved from https://consultqd.clevelandclinic.org/how-cleveland-clinics-ehr-transformation-ensures-the-delivery-of-world-class-care-everywhere
- [6]. HealthIT.gov. (2017). Benefits of EHRs. Healthit.gov. Retrieved from https://www.healthit.gov/topic/health-it-and-health-information-exchange-basics/benefits-ehrs
- [7]. HIMSS. (2020, August 4). Interoperability in Healthcare. Retrieved from https://gkc.himss.org/resources/interoperability-healthcare
- [8]. Intermountain Health. (2013, July 15). Reason for Electronic Health Information Exchange. Intermountainhealthcare.org. Retrieved from https://intermountainhealthcare.org/blogs/reason-forelectronic-health-information-exchange
- [9]. Jiang, F., Jiang, Y., Zhi, H., Dong, Y., Li, H., Ma, S., ... & Wang, Y. (2017). Artificial intelligence in healthcare: past, present and future. Stroke and vascular neurology, 2(4).
- [10]. Jiang, F., Jiang, Y., Zhi, H., Dong, Y., Li, H., Ma, S., ... & Wang, Y. (2017). Artificial intelligence in healthcare: past, present and future. Stroke and vascular neurology, 2(4).
- [11]. Kotz, D., Gunter, C. A., Kumar, S., & Weiner, J. P. (2016). Privacy and security in mobile health: a research agenda. Computer, 49(6), 22-30.
- [12]. Krawiec, R., Housman, D., White, M., Filipova, M., Quarre, F., Barr, D., Nesbitt, A., Fedosova, K., Killmeyer, J., Israel, A., & Tsai, L. (2016). Blockchain: Opportunities for Health Care. https://www2.deloitte.com/content/dam/Deloitte/us/Documents/public-sector/us-blockchainopportunities-for-health-care.pdf
- [13]. Kruse, C. S., Stein, A., Thomas, H., & Kaur, H. (2018). The use of electronic health records to support population health: a systematic review of the literature. Journal of medical systems, 42(11), 214.
- [14]. Mandel, J. C., Kreda, D. A., Mandl, K. D., Kohane, I. S., & Ramoni, R. B. (2016). SMART on FHIR: a standards-based, interoperable apps platform for electronic health records. Journal of the American Medical Informatics Association, 23(5), 899-908.



- [15]. McGonigle, D., & Mastrian, K. (2018). Nursing informatics and the foundation of knowledge. Jones & Bartlett Learning.
- [16]. Meystre, S. M., Savova, G. K., Kipper-Schuler, K. C., & Hurdle, J. F. (2008). Extracting information from textual documents in the electronic health record: a review of recent research. Yearbook of medical informatics, 17(01), 128-144.
- [17]. Oliver, A. (2007). The Veterans Health Administration: An American Success Story? Milbank Quarterly, 85(1), 5–35. https://doi.org/10.1111/j.1468-0009.2007.00475.x
- [18]. Reisman, M. (2017). EHRs: The Challenge of Making Electronic Data Usable and Interoperable. Pharmacy and Therapeutics, 42(9), 572. https://pmc.ncbi.nlm.nih.gov/articles/PMC5565131/
- [19]. Rudin, R. S., Motala, A., Goldzweig, C. L., & Shekelle, P. G. (2014). Usage and effect of health information exchange: a systematic review. Annals of internal medicine, 161(11), 803-811.
- [20]. Shah, J. R., Murtaza, M. B., & Opara, E. (2014). Electronic health records: challenges and opportunities. Journal of International Technology and Information Management, 23(3), 10.
- [21]. Tripathi, M., Delano, D., Lund, B., & Rudolph, L. (2009). Engaging patients for health information exchange. Health Affairs, 28(2), 435-443.
- [22]. Wu, H., & Larue, E. (2015, January). Barriers and facilitators of health information exchange (HIE) adoption in the United States. In 2015 48th Hawaii international conference on system sciences (pp. 2942-2949). IEEE