Interoperability and Quality Improvement

The Value Proposition Beyond the Clinical Setting

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Interoperability: A Driver of Quality Improvement

Clinical Interoperability

Health Information Sources

Clinical Quality Improvement

Health Care Delivery Quality Improvement
Health Plans Face Unique Challenges in Quality Improvement

- Quality Reporting (HEDIS, STARS, QRS)
  - Aggregating the right data for reporting
  - Obtaining adequate sample of data
  - Transparency in reporting

- Quality of Care Delivery
  - Reducing variance in utilization
  - Efficiency and effectiveness in transitions in care
  - Understanding population health trends

Payers (need to) care about the totality of the continuum of care
Current State

EHR → CCDA/QRDA → Payer
- Obtain
- Abstract
- Populate
- Report → HEDIS/Stars

Other Data
(e.g., Patient satisfaction Secondary sources)

High level of one-off, manual collection and integration.
The Value of FHIR

Common Clinical Data Set
- Common clinical data for informed decision making

FHIR
- Getting the right data more efficiently through enhanced operability

Reusability
- Faster, more accurate reporting at lower cost with less need for manual resources

Packaged into CDA's
Payer Opportunity

Can we use FHIR to pre-integrate, reducing time, cost, and labor?
Payer Opportunity

Use elements of the Common Clinical Data Set, combined with FHIR and Data Science to “pre-integrate” reports.
Value for Health Plans

- Better aggregate perspective on quality measures
- Representative sample of populations
- Greater efficiency obtaining data
- Less resources and risk
- Greater utility of health information
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