



Moving the Needle on Interoperable Health Information Technology

PART 2 OF IMPLEMENTING HEALTH SYSTEM IMPROVEMENT

PREAMBLE

During the 2009 election season, the Council of Accountable Physician Practices (CAPP) urged political candidates at all levels to focus on three critical health policy issues to support a better health care delivery system.¹ These issues – on platforms – can support a better health care delivery system and should be at the top of every policymaker's and thought leader's health care agenda:

- **IMPROVED AND STANDARDIZED QUALITY MEASUREMENT AND REPORTING**
- **ROBUST AND COORDINATED USE OF HEALTH INFORMATION TECHNOLOGY**
- **VALUE-BASED PAYMENT**

In this brief, the second in a three-part series entitled "Implementing Health System Improvement," the physician leaders of CAPP provide more detailed guidance to elected officials, members of the administration, and other thought leaders about how to move forward on one of these issues: coordinated use of health information technology, focusing specifically on interoperability.

KEY POINTS

- Fragmentation in the U.S. health care delivery system is perpetuated by a lack of interoperability in our health information technology (HIT) systems. Different HIT vendors' systems were not designed to speak to one another and, as a result, information about a single patient may be scattered across multiple health systems and providers. In the absence of easily accessible and complete information about patients, health care providers are challenged in their efforts to coordinate care, eliminate redundancy and ensure positive health outcomes.
- With the 2009 Health Information Technology for Economic and Clinical Health (HITECH) Act, Congress ensured that nearly every doctor and hospital in the country now has an electronic health record (EHR). But the Act did not go far enough, focusing too narrowly on electronic recordkeeping, rather than on the