If You Can't Measure It, You Can't Improve It

(William Thomson, Lord Kelvin)
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Brief History of Study
1. What types of electronic data sharing are taking place today, how frequently, and with what benefit?

2. What technologies are relied on most to facilitate outside clinical data sharing?

3. How are suppliers perceived by customers relative to the suppliers’ role in facilitating interoperability?
141 individuals at 124 unique organisations across England participated in the research. Individuals working within a CCG or STP often provided insights about multiple care records and multiple settings of care. All told, these 141 individuals provided insights into care records and interoperability across 149 unique care settings and numerous care records/EPRs.
Methods for Viewing Exchanged Patient Data
(n=149)

- Fully Integrated: 9%
- Separate Tab: 22%
- Multiple Portals: 13%
- Single Portal: 27%
- Fax/Scan Only or No Electronic Sharing: 7%
- Unspecified: 21%

Within Care Record:
30% bringing into clinician’s workflow

Electronic Viewing, Outside Care Record: 35%

What Exchanged Data Is Being Accessed? (n=67)

- Orders and/or Results: 47%
- Hospital Data or Discharge Summaries: 43%
- GP Records: 39%
- Nondiagnostic Data: 25%
- Medications and/or Allergies: 23%
- Social Care Data: 16%
- Diagnoses: 14%
- Mental Health Data: 9%
- Other Patient Data: 9%
- Clinic Letters: 7%
- Community Data: 7%
Current Interoperability Method(s)

Which methods are you using to access outside patient data?

- Market Average (n=148)
- Primary Care Setting (n=70)
- Secondary Care Setting (n=55)

- Clinical Portal/HIE
- None (Part of Future Plans)
- Point-to-Point Interface
- Fax and Scan
- APIs or Web Services
- IHE XDR (Direct) Messaging
- Unsure

Note: In addition to primary and secondary care, the market average includes responses from community, mental health, and social care settings.
How Often Does Exchanged Patient Data Benefit Care? (n=89)

- Nearly Always: 10%
- Often: 47%
- Sometimes: 35%
- Almost Never: 3%
- Rarely: 4%

Garbage In, Garbage Out
The biggest challenges with incoming data all stem from presentation issues—data isn’t discrete or coded, data has different formatting, or data is missing key elements. Some respondents feel the NHS should intervene and set data-sharing standards.

Top 3 Shortcomings of Exchanged Patient Data (n=89)
- Key Data Is Missing: 17%
- Cumbersome Formatting: 20%
- Exchanged Data Is Unstructured: 25%
Market barriers include insufficient technical and clinical standards, lack of patient education or willingness to share, lack of clarity on information governance, lack of understanding of disparate care settings among care providers (e.g., secondary care not understanding social care), etc.

Supplier barriers include unwillingness to enable data sharing, lack of supplier resources and/or expertise, poor quality or missing interoperability tools (e.g., inability to share structured data), pricing model, inability to accurately match patient records, etc.

Internal barriers include lack of strategy or interoperability road map, lack of resources/expertise, internal data-sharing difficulties, clinician unwillingness to adopt tools, unwillingness to share data, etc.
## Supplemental Interoperability Product Ratings

How well do other suppliers used for interoperability purposes support sharing?  

<table>
<thead>
<tr>
<th>HIE Solutions</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>InterSystems HealthShare (n=6)</td>
<td>8.0</td>
</tr>
<tr>
<td>Cerner HIE (n=3)</td>
<td>7.8</td>
</tr>
<tr>
<td>Tiani SpineHR (n=3)</td>
<td>7.3</td>
</tr>
<tr>
<td>Orion Health HIE (n=4)</td>
<td>6.5</td>
</tr>
<tr>
<td>Graphnet CareCentric (n=5)</td>
<td>6.1</td>
</tr>
<tr>
<td>Docman (Various) (n=4)</td>
<td>7.3</td>
</tr>
<tr>
<td>Microtest Guru (n=3)</td>
<td>6.7</td>
</tr>
<tr>
<td>Sunquest IC (n=5)</td>
<td>6.6</td>
</tr>
<tr>
<td>Healthcare Gateway MIG (n=10)</td>
<td>5.4</td>
</tr>
</tbody>
</table>

Other Solutions (Niche, Departmental, etc.):

- Docman (Various) (n=4) 7.3
- Microtest Guru (n=3) 6.7
- Sunquest IC (n=5) 6.6
- Healthcare Gateway MIG (n=10) 5.4
EPRs - Provider Satisfaction

KLAS®

Care Record/EPR Interoperability Ratings

GP Clinical System Supplier

- Microtest Open Evolution
  - n=3
  - Core Care Record Supplier: 5.7
  - Data-Sharing Partner Supplier: 6.6

- EMIS Health Web
  - n=41
  - Core Care Record Supplier: 5.7

- TPP SystemOne GP
  - n=41
  - Core Care Record Supplier: 4.0

- INPS Vision
  - n=4
  - Core Care Record Supplier: 7.3

- Advanced Adelastra
  - (After-hours GP)
  - n=6
  - Core Care Record Supplier: 2.3

Mental Health & Social Care Supplier

- Servelec HSC RIO
  - n=15
  - Core Care Record Supplier: 4.4

- System C Liquidlogic
  - n=4
  - Core Care Record Supplier: 5.9

Secondary Care Supplier

- Cerner
  - Millennium PowerChart
  - n=12
  - Core Care Record Supplier: 4.9

- System C Medway
  - n=4
  - Core Care Record Supplier: 5.8

- InterSystems TrakCare
  - n=4
  - Core Care Record Supplier: 3.4

- DXC Technology Lorenzo
  - n=7
  - Core Care Record Supplier: 3.4

- MEDITECH 6.4
  - n=3
  - Core Care Record Supplier: 4.0

- Allscripts
  - Sunrise Clinical Manager
  - n=4
  - Core Care Record Supplier: 4.8

- Bespoke
  - n=4
  - Core Care Record Supplier: 4.8

- IMS MAXIMS EPR
  - n=3
  - Core Care Record Supplier: 5.7
Questions

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