Interoperability tops the list of 2015 goals for health IT stakeholders. This is an audio report for *iHealthBeat*, a daily news service of the California HealthCare Foundation. I'm Deirdre Kennedy.

2014 brought steady growth in electronic health record adoption across the health care industry, particularly among hospitals, says National Coordinator for Health IT Karen DeSalvo.

*(DeSalvo):* "We’ve digitized the care experience by and large in this country, particularly the acute care experience, and now it needs to move so it can be put to use whether that’s by patients, by providers, by payers, by purchasers, by public health or by scientists."

Until recently one of ONC’s primary roles was distributing federal grants to spur adoption and innovation of health IT. But as that funding wound down this year, ONC shifted its focus to building strong partnerships between federal agencies and the private sector to encourage interoperability.

*(DeSalvo):* "Interoperability doesn't just require standards interoperability, but of course policy interoperability. So what are the VA and DOD and Social Security Administration and CMS policies around privacy and security. How do we ensure that state privacy laws, for example, are sufficiently aligned that it’s not a barrier to data moving? What are the ways that we would expect standards to flow?"

Interoperability is just one of the major challenges for health IT in 2015. Tom Leary, vice president of government relations with the Healthcare Information and Management Systems Society, says that as providers are expected to do more with EHRs, they will expect more from their systems.

*(Leary):* "2015 is going to be critical for what's the value of health IT. Part of the story that we have to be able to tell is, as you’re getting ready to share this data, is what are you able to do with the technology to improve the experience for all of the stakeholders involved in health care delivery."
American Medical Association President-elect Steven Stack says physicians have struggled to integrate EHR systems into their workflow.

( Stack): "The current user interface is very cumbersome and inefficient, and I would say ineffective so it takes way too long for physicians to interact with their EHRs and diminishes their productivity. The current vendors are not as responsive as they need to be to the end-users’ concerns about ... confusing alerts and pop-ups, clunky or cumbersome multi-step processes to put in information."

The lack of standardization among vendor products means physicians can't easily go between systems at different hospitals, and the tools can't be customized to let providers delegate work to other team members. AMA and other groups have urged CMS to make the program simpler and more flexible.

( Stack): "I think the vendors will get better with this if we can help undo some of this burden of meaningful use because they're spending all their time trying to design tools that can get certified so that their purchasers can demonstrate the use of a certified tool against the checklist and therefore not get a penalty."

AMA and others are working with Congress on legislation that would modify federal oversight of health IT and remove meaningful use penalties, among other things. Brian Ahier is director of Standards and Government Affairs at Medicity:

(Ahier): "There's been a lot of discussions in ... various committees in Congress, as well as with the Office of the National Coordinator and CMS and even the FDA and the FTC around how we can all sort of row together in the same direction to provide a more comprehensive and cohesive policy environment."

Ahier says new payment models around shared savings and accountable care will also provide incentives for improving data sharing among providers.

Meanwhile, Google, Apple and other tech giants launched new consumer health applications this year and plan to unveil wearable devices that track personal health statistics.

Jennifer Covich Bordenick, CEO at the eHealth Initiative, says patients might want to share those data with their providers.

(Bordenick): "People really want to leverage broader services. ... And we really have an ecosystem of all of these applications that need to interoperate and they all use different technologies ... so it's much more complex than when we initially started this journey."
DeSalvo and her staff have been meeting with payers, state health systems, community health organizations and providers to get feedback on their specific needs. ONC plans to release its Interoperability roadmap sometime in January 2015.

This has been a report for *iHealthBeat*, a daily news service from the California HealthCare Foundation. If you have feedback or other issues you’d like to have addressed, please email us at iHB@CHCF.org.

I'm Deirdre Kennedy. Thanks for listening.