The dream of interoperability between electronic health record systems may be shocked awake by a dose of reality from some unexpected sources. Hospitals and EHR vendors, which are supposed to be two beneficiaries of information sharing, may be intentionally blocking that data.

This is a report for iHealthBeat, a daily news service of the California HealthCare Foundation. I’m David Gorn, with additional reporting by Tara Siler.

It’s one of the cornerstones of the meaningful use program and health care reform: the idea that health care facilities should and will be able to seamlessly access patient records across all platforms and from all sources. Interoperability, experts say, is key to boosting efficiency, reducing costs and most importantly improving patient care.

But now there’s potentially a huge roadblock to EHR interoperability, and it may be coming from the vendors and users of those EHRs.

(Alexander): “Welcome. This is the hearing of Health, Education, Labor and Pensions …”

The U.S. Senate and Sen. Lamar Alexander (R) of Tennessee took up the cause on Capitol Hill in July.

(Alexander): Today’s hearing is on information blocking, what does that mean? …"

What it means is that, when you go to a hospital’s emergency department or a local clinic, providers may not be able to access your health information for a variety of reasons -- even if they have their EHR system up and running at full speed. Sen. Alexander:

(Alexander): It could be that my usual hospital refuses to share my information. The electronic systems at both hospitals don’t talk to each other, that could happen. Could be my hospital says it will charge a huge fee to send my electronic record. My hospital could say it won’t share them for privacy reasons.”
All of those roadblocks get in the way of the $30 billion effort to get EHRs in place and to achieve interoperability between them. And, according to David Kibbe -- president and CEO of Direct Trust, a not-for-profit collaborative network of health IT and provider organizations -- sometimes those barriers are put up intentionally.

(Kibbe): "The interference of exchange involves some knowledge on the party that's doing that blocking that they're doing it. And some willfulness on their part."

Some vendors and hospitals purposely make their health IT systems incompatible with other systems to limit competition and encourage customer loyalty. Others simply see a new business opportunity, with vendors charging providers anywhere between $5,000 and $50,000 to transmit information between their organizations and other entities, such as laboratories, health information exchanges and government agencies.

Making EHR vendors stop the practice, Kibbe says, really comes down to market demand -- as providers who buy those systems make it clear they don't want information blocking, it will stop, Kibbe says. And to speed up that process, he says ...

(Kibbe): "I think that the certification process could be much improved. You've got to go into the field and see how those products actually are useable, how easy they are to use and if there are any technical barriers they've put in place either willfully or for the most part non-willfully so that you're shining a light on the situation."

William Rich is medical director of health policy for the American Academy of Ophthalmology. He says it's criminal to use billions of dollars in public money to help fund EHR systems that then turn around and block that information. But, he says, the market will out. Just like rock beats scissors, he says, competition quashes attempts to limit competition.

(Rich): "If you look at the history of innovation and regulation, oligopolies really don't survive for a long time -- and that's what we have here. We have an oligopoly of a couple of very large vendors who are blocking the flow of data, and basically it doesn't work long-term because innovation occurs too quickly."

But after conducting a series of stakeholder hearings, the Health IT Policy Committee's interoperability task force last month concluded that intentional information blocking is not the main barrier to interoperability.

(Tripathi): "To the extent that there are active blockers, perhaps with malice, it didn't feel like we heard a lot of that."
That's Micky Tripathi, president and CEO of the Massachusetts eHealth Collaborative and a member of the task force. Instead, he said the task force found that the main barriers to interoperability were variation among EHR systems, the cost of interfacing and lack of standards.

Like Kibbe and Rich, Tripathi believes the market can solve this issue.

*(Tripathi):* "Demand seems to be the answer here. ... We’re now in a position where demand really does seem to be sort of working its way through the system and working its way into provider mindsets, which is translating into shifts in vendor mindsets around this."

That wait-and-see approach didn't work for the American Society of Clinical Oncology, which on Sept. 15 outlined its recommendations for halting information blocking. They include urging Congress to pass legislation prohibiting the practice and figuring out ways to reward organizations for facilitating interoperability.

The Senate Committee on Health, Education, Labor and Pensions will include information blocking in its innovation plan, and that should be out by the end of the year, according to Alexander.

This has been a report for *iHealthBeat*, a daily news service of 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 David Gorn, with help from Tara Siler, thanks for listening.