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EHR makers, Epic and Netsmart, team up on interoperability effort

By Dennis Grantham, Editor-in-Chief

After a year-long development effort, Netsmart, a major EHR provider in behavioral health, and Epic, the largest EHR provider to acute care hospitals, announced an effort to accelerate clinical information interoperability and improve care coordination across all modalities of care for people with mental health and addiction disorders.

The effort is going live in February, between “interested” Epic and Netsmart customers including hospitals, medical providers, and behavioral health providers in Florida, Oregon, Massachusetts, and New York. The initial phase of the interoperability effort will link the companies’ user networks together, based on a series of mental health “referral” use cases that were developed with the help of hospitals and behavioral health providers. Participants will make actual care referrals between hospital emergency rooms, behavioral health facilities, and other local care organizations using a set of electronic tools that reflect current standards for interoperability and current requirements for patient consent.

Making data sent between two major EHR systems interoperable within the context of referral use cases is one way to advance interoperability as while policymakers grapple with the complexities involved in hammering out an industry-wide interoperability standard, explained Kevin Scalia, Netsmart's EVP, Corporate Development. The solutions produced could be far reaching, enabling clinical data sharing for behavioral health use cases between healthcare providers that serve more than half the U.S. population, Netsmart said.

Referral cases were a very practical place to begin, Scalia continued. “Studies show that when a person with mental illness appears for treatment in a hospital emergency department, that person is often held for up to 18 hours as the emergency department seeks the patient information required to initiate treatment.” During that hold and during any subsequent treatment, that ED bed is unavailable for other patients.

Scalia noted that with improved interoperability, the exchange of summary patient information from a mental health provider to a hospital can be made using a standards-based Continuity of Care document (CCD) in a fraction of that time, enabling emergency care, patient admission, or patient referral to proceed more quickly. The same technology works in reverse, too, cutting referral times from hospital EDs to behavioral health treatment facilities, while providing up-to date and interoperable patient and coordination-of care information. The result: more available ER beds.

Interoperability between the participating organizations will be based existing national interoperability standards, such as the Continuity of Care Document (CCD), which will include summary behavioral health data, and [OpenHealthTools' IHE XDR document exchange profile](#).

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