

# 5 Questions to Ask Your Current EHR Vendor

*about the ONC Interoperability Rule & Information Blocking Provisions*

The 21st Century Cures Act provisions on Information Blocking are about more than just hoarding data.

**Information blocking** is about your organization not doing enough to make data available to patients and other providers in an **interoperable way**. This feat cannot be done without support from your vendors.

Avoid heartache and seek the benefits that are possible with the 21st Century Cures Act Information Blocking Provisions mandated by the Centers for Medicare & Medicaid Services (CMS) and The Office of the National Coordinator for Health Information Technology (ONC).

1

## Do your systems or the systems you're looking to purchase align with current and upcoming federal regulations?

It is important to be familiar with these regulations to inform your purchasing decisions. As regulations continue to evolve, it would be beneficial to buy your systems for tomorrow. If you're buying an electronic health record (EHR), make sure it **always aligns** with CMS payment rules and underlying information blocking/ONC requirements.

2

## Are there plans for the Fast Healthcare Interoperability Resources (FHIR) Application Programming Interface (API) to grow into something even more useful to your organization and your patients?

Understand from your IT department if your systems allow for consuming information. Your system **must be** capable of information sharing under the new provisions. How can you use a standards-based API – basically, a shiny new connector on the back end of your EHR – not just for other people but for your organization?

Take advantage of the API (*e.g., your EHR's role in hospital registration*), which could cut down on the need of information exchanges to report on hospital registration events.

If you're providing this API for other people, can you use it for yourself? What does your organization want to do better with your EHR in a very convenient way (*e.g., research, analysis, more population research, bulk export of data, etc.*)?

3

## What capabilities are there to write backend information into your EHR or EHR-managed repository for new APIs?

What are the order or schedule procedure capabilities, etc.? Will the FHIR API be **read only or allow you to submit form data from patients**? Current APIs give other systems access to information that is produced and managed by EHRs; for instance, lab results managed by an EHR but sent prior for laboratory use. Consider if the information is native to the EHR and if the EHR takes in patient data. Note that some systems can't maintain third party and local information.

4

**How is your vendor using capabilities for patient access?**

Information blocking is not just a policy of not sharing information. The policy is about utilizing technology that **creates the ability to share with other organizations and patients**. Negotiate patient access with your vendor. What pricing is in place so patients can access their data?

Take note that access to patient information should not cost you more than your patient portal should cost you; technology-wise, it is equivalent. Restful APIs are using “http,” so providing restful APIs to enable patient data access to third party data is similar to how information is provided to a browser. *(You could even say that a read-only app is a glorified browser).*

**Is your liability covered for the Information Blocking Rule if your vendor lets you down?**

Ask your vendor **how they are protecting you from liability related to complaints** that your organization may receive from the Inspector General for information blocking. Consider how much it would cost you to internally separate from your current EHR versus the license cost of going through a new EHR installation.

As you can see, **interoperability is not a one-and-done process**. The COVID-19 global pandemic showed us how we had to turn on a dime where systems in place needed to be modified, updated, and enhanced quickly. Data that is exchanged is interoperable, but capabilities can be added incrementally. These evolving changes can be challenging to navigate alone. Read more about information blocking and benefits of the new rules.

**Are You Ready to Start an Interoperability Assessment?  
We can help.**



CareNexus® was designed to navigate these nuances, analyze your current systems to determine any gaps in interoperability, brainstorm your dream EHR needs, choose the right EHR to achieve those dreams, and use a checklist to **ensure interoperability and compliance**.



**Brian Book**  
*Interoperability Expert*

✉ [brian.book@carenexus.com](mailto:brian.book@carenexus.com)

☎ 727-214-2000



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