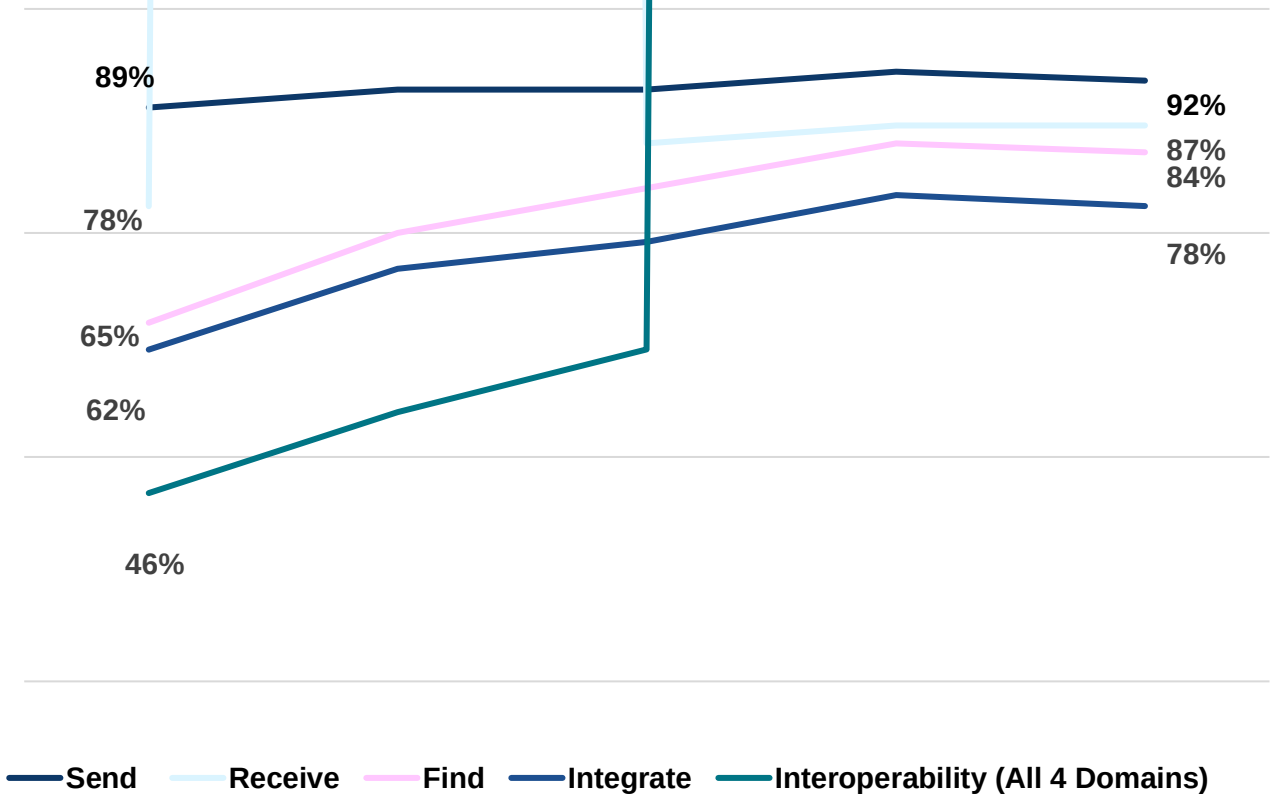
ARTI

In 2023, 70% of hospitals engaged in all four domains of interoperable exchange, maintaining the same level from 2022 to 2023.

FINDINGS

Figure 1: Percent of U.S. Non-Federal Acute Care Hospitals Engaged in Interoperable Exchange of Electronic Health Information: 2018-2023.



Source: 2018-2023 AHA Annual Survey Information Technology Supplement.
Notes: Study population are non-federal acute care hospitals. Please refer to the Definitions and Methods sections of this brief for more information. Please see full trend graph from 2014 to 2023 available here: https://www.healthit.gov/data/quickstats/electronic-health-information-exchange-hospitals

A greater share of higher-resourced hospitals reported routine engagement in all 4 domains of interoperable exchange.

FINDINGS

Over half (53%) of system-affiliated hospitals routinely engaged in all 4 domains of interoperable exchange compared to just 22% of independent hospitals.

Over half (55%) of independent hospitals were not fully engaged in all 4 domains of interoperable exchange.

53% of large hospitals reported routinely engaging in all 4 domains of interoperable exchange compared to 38% of small hospitals. In comparison, 30% of large hospitals reported sometimes engaging in interoperable exchange compared to 23% of small hospitals.

As of 2023, about 2 in 5 rural and critical access hospitals were not fully interoperable, and therefore did not at least sometimes engage in all 4 domains of interoperable exchange

Table 1: Interoperability Frequency Among Non-Federal Acute Care Hospitals by Hospital Characteristics: 2023

Hospital Characteristics	Routinely Interoperable	Sometimes Interoperable	Not Fully Interoperable
Overall Interoperability	43%	27%	30%
Small Medium	38% 46%*	23% 33%*	39% 21%*

Hospitals that routinely engaged in all 4 domains of interoperable exchange more often reported routine access and use of patient health information from outside providers.

FINDINGS

Overall in 2023, 71% of hospitals routinely had access to necessary clinical information available electronically from outside providers at the point of care, but only 42% of clinicians often used that information.

A majority of hospitals engaged in interoperable exchange reported their clinicians had routine access to patient health information from outside organizations (92% of routinely interoperable hospitals and 80% of sometimes interoperable hospitals).

70% of hospitals that routinely engaged in interoperable exchange reported that clinicians often

In 2023, hospitals reported electronic exchange with external hospitals and ambulatory care providers

SUMMARY

This brief explores the current state of interoperability among non-federal acute care hospitals, focusing on hospitals' frequency of engaging in the four domains of interoperable exchange that ONC has tracked for several years. The successful uptake of interoperable technology drove this approach: from 2018 to 2023, the percent of hospitals that reported at least sometimes engaging in each interoperability domain (find, send, receive, integrate) increased to between 78 and 92%. It is therefore necessary to 'raise the bar' to focus on often or routine interoperable exchange to continue to assess progress in interoperability. This focus demonstrated that hospitals shifted from sometimes engaging in interoperability to routinely engaging in interoperability between 2021 and 2023. The percent of hospitals routinely engaging in interoperable exchange increased substantially (from 29 to 43%), while hospitals reporting sometimes interoperable exchange declined from 33 to 27%.

Underscoring the complexity of achieving interoperable exchange, the resources available to hospitals play a crucial role in interoperability engagement, with larger, urban, and system-affiliated hospitals demonstrating higher rates of engaging in routine interoperability across all four domains compared to their smaller, rural, and independent counterparts. Half (53%) of large hospitals often or routinely engaged in interoperable exchange compared to 38% of small hospitals. Furthermore, system-affiliated hospitals also reported higher rates of interoperability compared to independent hospitals, with 53% routinely engaging in interoperable exchange compared with 22% of independent hospitals. Similarly, urban hospitals more frequently engaged in routine interoperable exchange (47% were routinely interoperable) than their rural counterparts (36% were routinely interoperable).

The availability and use of patient health information at the point of care was higher among hospitals that routinely engaged in interoperable exchange across all four domains, emphasizing the importance of routine interoperability in ensuring information is used to support clinical decision-making and patient care outcomes. Overall, in 2023, 71% of hospitals routinely had access to necessary clinical information available electronically from external providers at the point of care and 42% of hospitals often used that information. Hospitals that routinely engaged in interoperable exchange across all four domains had higher rates of patient health information availability (92%) and use at the point of care (70%) compared to those only sometimes engaged or not engaged in interoperable exchange. Among hospitals that were sometimes interoperable or not interoperable, 26% and 18%, respectively, used information electronically received at the point of care.

Not Fully Interoperable: Non-federal acute care hospitals that reported rarely or never finding, sending, and receiving electronic health information and did not integrate electronic patient health information from sources outside their hospital or hospital system.

Receive: Whether providers at your hospital receive a summary of care record electronically (not eFax) from providers or sources outside your hospital system/organization.

Routinely Interoperable: Non-federal acute care hospitals that were routinely or often interoperable, and reported they often find, often send, often receive, and routinely integrate electronic patient health information from sources outside their hospital or hospital system.

Rural hospital: Hospitals located in a non-metropolitan core-based statistical area

Large hospital: Non-federal acute care hospitals of bed sizes of 400 or more.

Medium hospital: Non-federal acute care hospitals of bed sizes of 100-399.

Send: Whether providers at your hospital sends a summary of care record electronically (not eFax) when a patient transitions to another care setting outside of your hospital system/organization.

Small hospital: Non-federal acute care hospitals of bed sizes of 100 or less

System-affiliated hospital: A system is defined as either a multi-hospital or a diversified single hospital system. A multi-hospital system is two or more hospitals owned, leased, sponsored, or contract managed by a central organization. Single, freestanding hospitals may be categorized as a system by bringing into membership three or more, and at least 25 percent, of their owned or leased non-hospital pre-acute or post-acute health care organizations.

DATA SOURCES AND METHODS

Data are from the American Hospital Association (AHA) Information Technology (IT) Supplement to the AHA Annual Survey. Since 2008, ONC has partnered with the AHA to measure adoption and use of health IT in U.S. hospitals. ONC funded the 2023 AHA IT Supplement to track hospital reported adoption and use of electronic health records (EHRs) and the exchange of clinical data.

The chief executive officer of each U.S. hospital was invited to participate in the survey regardless of AHA membership status. The person most knowledgeable about the hospital's health IT (typically the chief information officer) was requested to provide the information via a mail survey or secure online site. Non respondents received follow-up mailings and phone calls to encourage response.

This brief reports results from the 2018-2023 AHA IT Supplement. The 2018 survey was fielded from January 2019 to May 2019; and the 2019 survey was fielded from January 2020 to June 2020. Due to pandemic-related delays, the 2020 survey was not fielded on time and was fielded from April 2021 to September 2021; the 2022 survey was fielded from July 2022 to December 2022;

For the *integrate* domain, hospital representatives were asked if they integrated electronic summary of care records received from external providers without the need for manual entry. Hospitals that indicated they integrated electronically received summary of care records routinely were coded as ‘routinely’ integrating, hospitals that indicated that they