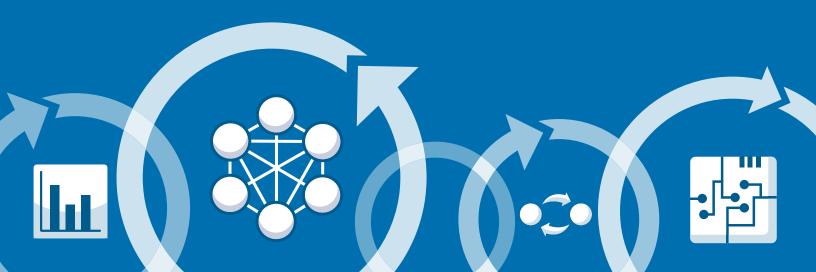
## THE INTEROPERABILITY IMPERATIVE

How interoperability unlocks silos in enterprise applications and connects the business logic needed to support value-based reimbursement



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nteroperability is about more than just moving data from one application to another. It's about easily and seamlessly capitalizing on the business logic that is locked within separate—and often siloed—applications to create new capabilities that can solve business problems in a unique way.

Today, interoperability must occur both within the four walls of a payer or provider's IT infrastructure as well as within or between on-premise, off-premise, cloud, hybrid, and other hosting approaches in a manner that appears to be one seamlessly interwoven ecosystem.

Thoughts of interoperability within healthcare historically centered on the movement of financial data between providers and payers. More recently, the interoperability conversation centered on the movement of clinical data within and between EMRs. While these approaches played a foundational role in connecting healthcare IT, the focus was limited to exchanging data, often accomplished using brittle point-to-point integrations with proprietary data formats.

Moreover, healthcare applications were typically managed within organizational silos that were often difficult to integrate. Healthcare reform has forced the industry to rethink workflow interactions as the market redefines how care is delivered, managed, and paid for.

As the industry shifts to value-based care and reimbursement, the technology supporting this shift must become more flexible and allow for the systems to interact in a more open and agile manner. The business logic traditionally contained within enterprise applications must be unlocked and accessible in a cohesive ecosystem of connected services that work together.

But what do we mean when we say "connected services?" A "service" is specific business function or event that occurs within a software application. In the McKesson world, we think of "business services" such as an eligibility request, a medical review or authorization, a provider or contract lookup, or claim pricing.

Each service resides in various applications across the McKesson portfolio, and each service has a particular purpose. But when integrated and coordinated with other services within McKesson—and further, when combined with services exposed through our customers' and vendor partners' systems—

they can be combined to deliver new and needed capabilities for complex notions such as value-based reimbursement calculations, authorization automation within the end-to-end care management workflow, and much more.

We take this vision seriously at McKesson, and are committed to furthering true interoperability within healthcare. We actively participate in the HL7® FHIR®¹ initiative (the basis of our Enterprise Information Model), the Argonaut Project (which seeks to define a standard semantic data layer across healthcare), and have made incorporation of FHIR a top priority across our portfolio. We're changing our development culture and pushing the interoperability envelope in the work we do every day.

That's why we've invested several years into development of the McKesson Intelligence  $Hub^{TM}$ , our new enabling platform for interoperability, which we launched publicly in September 2016. The Intelligence Hub is designed to connect our portfolio of automated reimbursement solutions by making interoperability easy across our suite and the healthcare ecosystem overall.

The foundational technology around the Intelligence Hub and McKesson Health Solutions' approach to interoperability lies in our robust *API Management*; our growing catalog of business and technical services exposed across our portfolio; and our standard, consistent approach to *Identity and Access Management (IAM)* to retain user context and security across services.

Central to this is an *Enterprise Service Bus (ESB)* to orchestrate the discrete business services into unique and value-adding solutions. We have aligned our ESB integration on a common adapter model so that customers or third-party organizations who choose to connect, integrate, or share services with us will only have to integrate once to become part of the ecosystem.

The physical infrastructure of the Intelligence Hub is managed via *Platform as a Service (PaaS)* technology, which provides for optimal deployment of the services within the McKesson-hosted cloud or, soon, within a public cloud option. In addition, the Intelligence Hub can connect back to our customers' or vendor partners' data centers via a bus-to-bus ESB deployment model. This creates a virtual environment which seamlessly links hosted- and customer-deployed services and solutions together.

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What does this mean in plain English? When a McKesson solution, customer application, or third-party product is connected to the Intelligence Hub, interoperability with other applications that use the Intelligence Hub will be enabled and simplified.

While we've taken significant steps toward interoperability, we're just getting started. And we're not the only organization in healthcare IT working toward these goals. That's good news. The benefits of interoperability can't be fully realized unless everyone—McKesson, payers, providers, partners, and other vendors—does their part to change the development culture.

If you work for a hospital or health plan, you have a crucial role to play. Raise your expectations for the interoperability you expect from all of your HIT providers. Push them to deliver intelligent interoperability. Incorporate interoperability into your own systems' designs. Rethink the possibilities of breaking down barriers between your systems, between the parts of your organization, and between your organization and others you do business with.

The most successful payers, providers, and technology vendors in the value-based reimbursement era will be those who work better together because their HIT systems work better together. Now is the time to get smart about interoperability in healthcare.

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