Interoperability: Connected Ecosystem or Modern Tower of Babel



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A little about me

Work for DXC Technology which is the world's leading independent, end-to-end IT services company which was brought about by the merger of CSC and HP in 2016.

Responsibilities focus on Population health, IT innovation and digital transformation

Experience as a clinician, hospital leader and consultant.

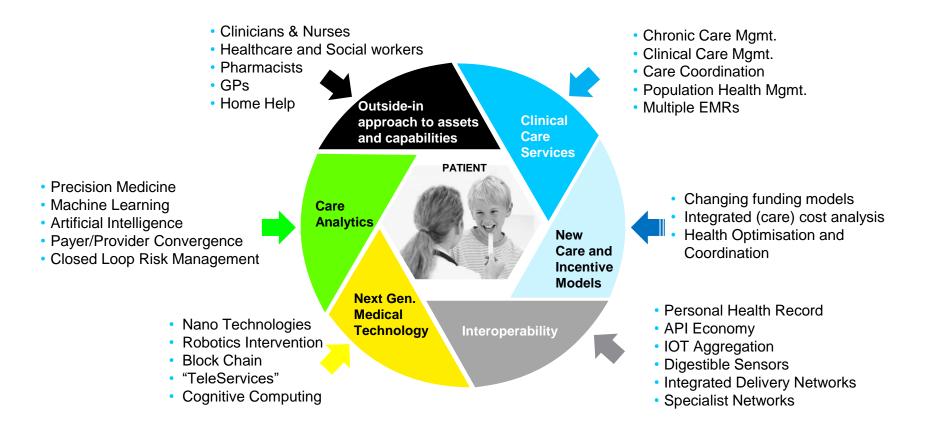
Favorite's include Big 10 football, watercolor painting, traveling, and family

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HealthCare 3.0 ... Is an Integrated Journey



Clinical Transformation & Population Health Management Requires a New Approach



Broad Shifts in the IT Industry are Happening

Siloed IT Functions	Integrated, collaborative, shared processes across Development and Operations
Data center and asset rich	Cloud and asset light
Technology / Services	Business solution services
IT Metrics	Business Metrics
Managed / Limited Partners	Governed / Many Partners / Ecosystems
Homogenous	Heterogeneous & Hybrid
Traditional applications	Cloud native/aware application / microservices



Digital disruption is the next big cycle for IT services



Paradigm Shift For IT Services



Outside-in innovation Digital platforms



Digitization of workflow at scale







Impact on all Consulting fatigue sectors



Beyond Just IT



Product, service, business model



Enterprise transformation



Customer experience



CEO top of mind



Requiring
Excellence On
Multiple
Dimensions



Scale & skills



Agility & cost efficiency



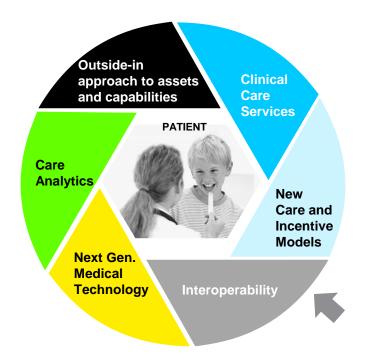
Technology access



Customer intimacy



Interoperability..... where are you today?



- · Personal Health Record
- API Economy
- IOT Aggregation
- Digestible Sensors
- Integrated Delivery Networks
- Specialist Networks

Are the challenges of interoperability contributing to patient, consumer, provider and physician burnout?



A few questions to think about....

- Has digital transformation moved faster than your organization can plan, fund and execute?
- Are you stuck in an interoperability strategy that is not supporting where you need to go toady?
- Can the EMR really be the center of all things?
- What can we learn from other industries?
- How are you thinking about blockchain and can there be use cases that can be applied today?
- How can we manage security around all this connectedness?
- Where does workplace and mobility fit into interoperability?
- How can we really drive and support customer engagement?

An Interoperability Success Story



New York Presbyterian: DXC Integration & Interoperability Engine, is the backbone for application integration

Business need

- Critical integration and interoperability services across the NYP Health System
- Integration between disparate clinical applications and 7 different EMR systems
- The need for EMPI and myNYP; interfaces to support lab orders, scheduling and revenue cycle
- Connectivity with Healthix (NY RHIO)
- · NYP need to provide physicians with a broader range of clinical data access for better care coordination
- NewYork-Presbyterian ■ The University Hospital of Columbia and Cornell



DXC solution

- Viaduct Integration Engine allows NYP to aligned with Population Health Management and helped them to enable the innovation using data sets in support of the longitudinal patient record.
- DXC developed the interoperability that NYP required in order to operate more efficiently.
- Providing interfaces for 7 different EMR systems and more than 1,500 interfaces allowed NYP to streamline operations
- Integration with NYP EMPI and myNYP interfaces
- Support lab orders interfaces
- Allow patient scheduling across disparate systems and integration of revenue cycle
- Provide physicians with a broader range of clinical data access for better care coordination
- NYP has over 1,500 interfaces
- Processes more than 20M transactions daily

Client outcome

- DXC provided critical integration and interoperability services across the NYP Health System through our Viaduct Integration Engine. DXC developed the interoperability that NYP required in order to operate more efficiently.
- Providing interfaces for 7 different EMR systems and more than 1,500 interfaces allowed NYP to streamline operations.
- Remove issues with disparate systems
- Integration with NYP EMPI and myNYP; interfaces
- · Support lab orders, scheduling and revenue cycle
- Connectivity with Healthix (NY RHIO) and my NYP to provide physicians with a broader range of clinical data access for better care coordination. Currently NYP has over 1,500 interfaces and processes more than 20M transactions daily.

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"We wanted to create a Golden Record for our 5.8 Million patients where the majority of UPMC staff can effectively and efficiently interact with them and no longer be required to work from source systems like our EMR."

— UPMC



An integrated global nonprofit health enterprise that has 60,000 employees, over 20 hospitals with more than 5,000 licensed beds, 500 clinical locations including outpatient sites and doctors' offices, a 3 million-member health insurance



Thank You!



Lisa Esch • 1st

Helping others thrive via disruption and change as the Chief Population Health Innovation Officer at DXC



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