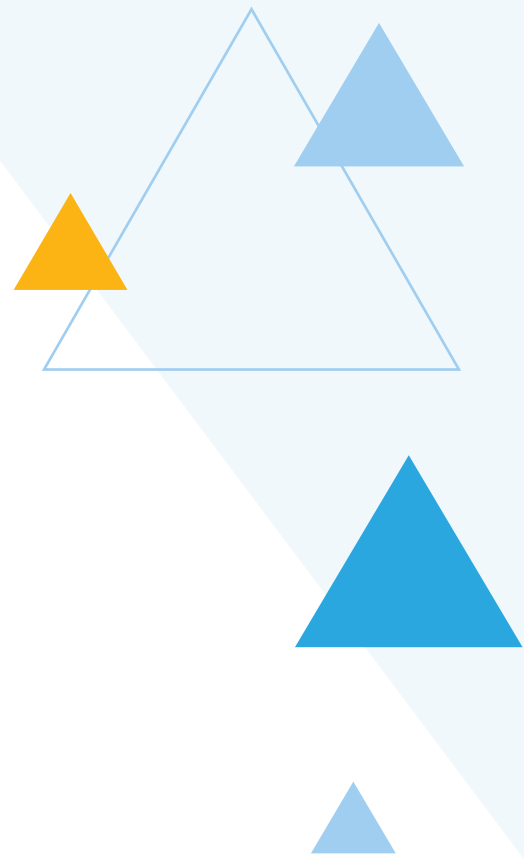




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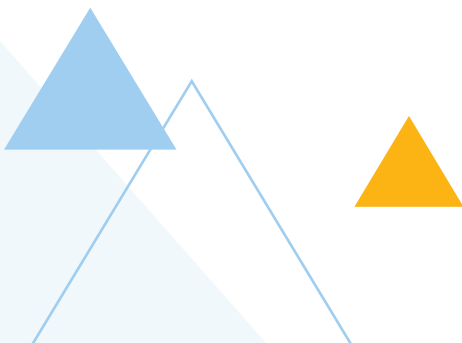


Whitepaper

Verisma's Universal Connector™

Looking Beyond Claims of 'Interoperability'

Reframing the interoperability challenge as an
“operational issue,” not a technological absolute



Anthropologists in the future will have no shortage of elusive legends from previous ages to study: Unicorns. The Holy Grail. Healthcare Interoperability.

The quest for true interoperability dates to the 1960s with the advent of electronic data interchange (EDI) for adjudicating claims¹. Electronic health records (EHR) likewise achieved widespread use in the 1990s. But, because these systems were unable to share data, government initiatives like the 2009 Health Information Technology for Economic Clinical Health (HITECH) Act were enacted, later supported by new technologies and standards such as Fast Healthcare Interoperability Resources (FHIR) standard, the Common Clinical Data Set and the 21st Century Cures Act.

Where does this leave us? Much farther down the interoperability road, certainly, but well short of seamless data sharing – a serious restriction hampering optimal release of information activities (ROI).

Confusing integration with interoperability


Because the quest has gone on so long and its path became so circuitous, the concept of interoperability unfortunately has mutated into a sales buzzword. Healthcare leaders and vendors alike mistake the development of integrations or connections for genuine interoperability.

“Consider the universe of Apple devices,” explains Anupriyo Chakravarti, Chief Technology and Product Officer at Verisma.

“If you have the lightning connector for Apple, you can connect to 10 million Apple products. You are interoperable among all those various devices. But only about 20 percent of the devices in the world are Apple. So, you cannot claim to be fully interoperable across the breadth of consumer electronics.”

This concept applies to so-called healthcare IT interoperability as well. “Developers can create an Epic API (application programming interface) to talk to Epic systems, for instance,” Chakravarti adds. “Am I integrated? Yes. Am I interoperable? No, because they cannot use that API to talk to Meditech.”

Many organizations and technology vendors measure their “interoperability success” by touting the volume of integrations they have completed – on their websites, at professional conferences and in marketing materials. They list the hundreds of connected EHRs and healthcare IT systems, buttressed by a litany of the technologies they employ – e.g., APIs, FHIR, etc.



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Chief Technology and Product Officer

But, as the saying goes, the proof of the pudding is in the eating. A “chef’s kiss” is not earned when a cook simply lists the ingredients used to make the pudding. Kudos and five-star reviews are received only when the signature product is tasted and exceeds expectations.

This logic follows when healthcare organizations are assessing a partner’s ability to support data sharing for critical activities like ROI. Healthcare organizations need to shift the conversation when vendors claim interoperability. “Leaders need to look beyond the obvious, beyond the list of logos and connections,” says Mike McAfee, Vice President of Product at Verisma.

Litany of logos found lacking

Chakravarti notes that healthcare organizations must determine if an ROI vendor can access, retrieve and deliver the scope of specific information it needs – regardless of the litany of logos found in sales materials.

Secure connection to the full breadth of source systems, regardless of the organization’s technological sophistication, is key. “Let’s say you have received a continuity of care request,” says Chakravarti. “That requires only the medical record from the patient’s recent visit, usually stored in a recognized EHR. A FHIR API will work for that. FHIR will also support a request from a health plan for the previous year’s risk adjustment data.”

But, he continues, what if the request is from an attorney? “You have a subpoena for a broad range of information. You might have to get

dental records, or mental health history, or images, or scanned documents, or archived records. It’s unlikely they are available via the most common integrations or connections.

“I don’t think you can consider any vendor interoperable unless they can handle 99.9 percent of any request that comes their way,” adds Chakravarti.

Connecting to anything, to get everything

Claiming interoperability but being able to access only a portion of required information – even if it is a large percentage – isn’t good enough in the ROI field, says Chakravarti. “We believe healthcare leaders have to dig deeper to select the best ROI partner.”

Verisma’s goal, according to McAfee, is to “connect to anything, to get you everything.”

That requires much more than technological connections and integrations, he says. “We’ve developed Verisma’s Universal Connector™ that enables our team to retrieve and release information with superior accuracy and speed, regardless of source system.”

The Universal Connector enables Verisma professionals to activate a variety of strategies, matching specific tools with the clients’ unique technology environment. “In short, we meet clients where they are,” says McAfee. “If they are a large organization, they might be on a system like Epic, Oracle or Meditech. Or they might be a small organization with a homegrown EHR. Verisma works with each of them to find the best-fitting solution for their use case.”

Likewise, the Verisma Universal Connector enables teams to access information in noncertified technologies, like dental records or archived medical records, as well as back-end operations like billing and claims systems. “All of these elements may not be part of the legal clinical record, but they might be

included in an ROI request,” Chakravarti points out.

He adds, “there is no current mandate to organize all of this data. We can’t wait for ‘someone’ to do it. We have to step in and solve the problem in a universal way.”



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Mike McAfee

Vice President of Product

From cutting-edge integrations to customized retrieval

With the Universal Connector, Verisma responds to ROI requests by applying a matrix of tools, including direct EHR integrations via FHIR and other APIs, hybrid robotic process automation with “human in the loop” support, and manual review and retrieval.

What sets Verisma apart and renders the Universal Connector so effective, McAfee says, are the protocols that underpin the company’s approach. “Regardless of the ROI request, we need to understand, precisely, what information is being requested and where

within the healthcare ecosystem to go for that information.”

That might not be as easy as it sounds, he adds says, pointing out that some organizations that have grown through mergers and acquisitions, for example, may have scores of source systems.

Additionally, ROI requests are highly prescriptive. They may ask for Patient X’s information from December of 2007 through May of 2009, including all imaging, mental health records and scheduled appointments with a cardiologist, for instance. “The request often represents a diverse collection of data that is stored all over in different areas over a period of time,” McAfee notes. “And the

authorization that's been provided requires that we retrieve and deliver a highly defined set of information, no more and no less. The information released has to match up perfectly with the authorization."

The Verisma protocol, executed through the Universal Connector, enables this to happen. "We are able to access information wherever it resides. Do we find the cardiology records in the ambulatory EHR, for example, or the inpatient system?" McAfee notes. "And, in either case, which instance of the software?

If the organization has changed technologies, were the records included in a history load or are they in archiving?"

The variables – and potential source systems – are nearly infinite, he points out. "When we get this request, we may be able to identify that some of the information resides in Oracle, so we can rely on an API integration. But some might still be stored in a legacy system and Verisma will use the MRT for that. And still other pieces need to be pulled from a flat file."

Verisma's Universal Connector meets clients where they are with:

- **Direct EHR integrations** via FHIR and other APIs to enable fully automated, bidirectional data transfers.
- **Robotic process automation (RPA)** via Verisma's proprietary Monitored Retrieval Tool (MRT). By combining the efficiency of automation with human expertise and quality assurance (QA) oversight, the hybrid MRT approach accelerates high-volume

record retrieval while leveraging ROI specialists at critical junctures.

- **Retrieval and review from flat files** or by placing fingers on the keyboard to acquire records from even the most obscure data sources. This may include manually obtaining files on location if necessary.
- **Custom retrieval** to accommodate clients with specialized connectors or processes that fall outside of standard pathways.

Agentic AI Enables Inference and Greater Reliability

Another element that differentiates the Universal Connector is how it leverages agentic AI to improve the performance of its RPA.

Verisma, like many technology companies, has long used bots equipped with AI to navigate

user interfaces and retrieve information. For instance, AI enables a bot to access source systems and automatically fill repetitive data fields, like username, password, patient information or transaction identifiers. "It can do the same thing over and over again," Chakravarti explains.

Agency equips the bot to go a step further. “Perhaps the user interface changes,” he adds. “The bot may encounter a pop-up notifying users about upcoming downtime for maintenance, for example. This displaces the coordinates on the interface where the bot usually finds data fields.”

When modifications to user interfaces are made, the bot needs to be retrained. But if the change isn’t communicated, the bot can no longer function as before. “In that case, the bot needs to infer where to find the information it needs – such as the log-in fields,” says McAfee. “We’ve given our RPA the agency to adjust in order to perform these prescribed functions, which makes it more reliable and accurate with minimal care and feeding.”



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Mike McAfee

Vice President of Product

Success: Accommodating client source systems

Experts agree that integrations – or so-called interoperability – can take you a long way. But not all the way.

The quest for superior data access, retrieval and delivery for ROI can be fulfilled only with a set of protocols and leading-edge tools that match the request with the client and its information ecosystem.

“At the end of the day, the ROI vendor needs to deliver quality – excellent turn-around time, completeness of information, unimpeachable accuracy and full compliance with request parameters,” says McAfee. “With Verisma’s Universal Connector, we have the people power, surrounded by a portfolio of technology, that allows us to earn the trust of our clients.”

“The next time a vendor tells you they’re interoperable,” adds Chakravarti, “ask what happens when the request includes 2007 dental records. That’s the only one that matters – the proof of the pudding.”

¹ [Evolution Of Healthcare Interoperability: Then And Now - Healthcare Business Today](#)

² [Interoperability: A Brief History - Health IT Answers](#)