

HealthCareOne Data Integration Challenge Brief

Top Integration Barriers

Barrier	Description
Interoperability Standards	Systems use different data standards and formats (e.g. HL7 v2 vs. FHIR, proprietary APIs), limiting seamless data exchange.
Data Ownership and Access	Departmental systems are owned and managed by separate units, resulting in inconsistent data sharing policies and unclear accountability for integration.
Data Quality and Consistency	Variations in coding practices, unstructured notes, duplicate entries, and incomplete fields reduce data reliability for AI model training.
Legacy Systems and Technical Debt	Older systems lack modern integration capabilities or APIs, requiring custom interfaces or manual extracts.
Privacy and Compliance Constraints	HIPAA and internal data governance policies restrict access to certain datasets, delaying integration projects or limiting training data availability.
Organizational Alignment	Competing priorities and siloed budgets across departments hinder coordinated integration efforts needed for cross-functional AI solutions.

Brief Examples:

- **Pharmacy Data Integration:** PharmaTrack Rx Management is not fully integrated with MediCore EHR medication lists, requiring manual reconciliation between dispensing records and patient charts.
- **Staffing Data Silo:** ShiftWise Workforce Manager operates independently from MediCore, meaning real-time staffing data is not linked to patient acuity or census data, limiting AI-driven staffing optimization.

- **Imaging Metadata Gaps:** ImageLink Radiology (PACS) stores large imaging files with inconsistent metadata tagging, complicating AI training for diagnostic support models.
- **Telehealth Data Fragmentation:** ConnectCare Telehealth clinical notes are uploaded manually, leading to incomplete or delayed updates in the EHR, affecting longitudinal patient records.