

Health Information Exchange Services

	HIE Services	IHIE	Health-Bridge	MedAllies /HVHIE	Mid-South eHealth Alliance	Northern Berkshire	Red-wood MedNet	INHS	DHIN	VTIL	Care-Entrust	KC-BHIE	KC Care Link	KC QIC	MAAC-Link	MO-PCA	Community CareLink	Care-Scope	MARC	St Lukes Care Link
0.1	Record Locator Service																			
0.2	Master Patient Index																			
0.3	Additional Architectural Foundation																			
A.1	Administrative Data Sharing	•	•		•			•	• (limited)		•			•						•
A.2	Claims Processing and claim repository	•	Planned								•									Planned
B.1	Clinical Messaging (Orders, Results, Referral Mgmt)	•	•	•	•			•	•	•										• (orders q409)
B.2	Medication History	•			•				Planned	Pilot	•			•						•
B.3	e-Prescribing	Planned	Planned						Planned					Planned						•
B.4	Medication Compliance / Reconciliation	•		Planned					Planned											Planned
C.1	Health (Medical) Home Care Coordination Basics (PPC-PCMH)																			
C.2	Health (Medical) Home Realtime/Near Realtime Care Coordination among Providers																			
C.3	Health (Medical) Home Realtime/Near Realtime Care Coordination to Consumers																			
C.4	Health (Medical) Home Utilization and Reporting																			
D.1	Quality Metrics / Disease Mgmt.	•	Planned	X						Pilot										
E.1	EMR-Lite	Planned	•					•	Planned											•
E.2	EHR Adoption			•						•										
F.1	Personal Health Record		Planned																	•
F.2	Consumer Access to Health Information		•					Planned			•									•
G.1	Public Health Surveillance	•	•	•																
G.2	Public Health Reporting	•	•	Planned																
G.3	Secondary Use (Research)	Planned							Consider-ing											

Legend: Type of Health Information Exchange		
Federated	"A federated architecture uses interconnected independent databases that allow for data sharing and exchange, granting users access to the information only when needed. A distinguishing feature of a federated system is that the system employs multiple patient identification technologies, often called Global Patient Indices and Master Patient Indices. This architecture is located centrally and at participant stakeholder organizations."	
Centralized	"The HIO collects and stores patient data in a centralized repository, data warehouse, or other database. The HIO has full control over the data and the ability to authenticate, authorize, and record transactions among participants."	
Statewide	"Some state governments may develop and manage the statewide electronic HIE infrastructure and functions."	
Health Bank	"A health record bank (HRB) is described as an electronic repository developed to collect, store, and distribute a patient's health record. This architecture allows patients to be actively involved in the management of their health information because they are able to review information submitted by providers and enter their own information if desired. Patients would authorize the release of their information to specific providers through the HRB."	
Rollup Exchange	An exchange of health information exchanges. Intended to integrate the services offered by other exchanges into a comprehensive set of services, integrate regional areas and/or to integrate provider communities supported by individual exchanges. The functionality offered may rollup to include services that connect to the National Health Information Network.	

Adapted from the National Governor Association Report: "PUBLIC GOVERNANCE MODELS FOR A SUSTAINABLE HEALTH INFORMATION EXCHANGE INDUSTRY", Report to the State Alliance for E-Health, University of Massachusetts Medical School Center for Health Policy and Research (CHPR) in collaboration with the National Opinion Research Center (NORC) and the National Governors Association Center for Best Practices.

HIE Electronic Service Descriptions

A. Administrative

1. Administrative Data Sharing. Reflected in the basic information commonly completed at registration, including patient demographics, insurance, family history, current medications, etc.
2. Claims processing. Shared insurance claims processing similar to the basic service offered by Utah's state health information exchange. Includes access to past claims data.

B. Basic clinical support including orders/results and clinical messaging as well as medication management.

1. Clinical messaging. Fundamental messaging between providers and other health service organizations, such as lab, imaging, etc., that support the diagnostic and consulting capability of a provider. Additionally supports handoffs between providers.
2. Medication history. Current and historical repository of prescribed and over the counter medications including medication, dosage, frequency, etc.
3. E-Prescribing. Service and available information that facilitates placing prescription orders, filling orders, refilling orders and monitor patient fundamental compliance with these orders.
4. Medication compliance/reconciliation. Active monitoring of patient compliance with medication management, dosages, etc. as well as realtime or near realtime monitoring of patient psychological, physiological, etc. factors that might be impacted by a medication. This most likely includes home or personal monitoring and an alerting strategy into the health system to respond to an alert.

C. Medical (health) home as a coordinated focus of care for patients/caregivers as well as focus of care for a system of providers and health professionals.

1. Care coordination basic services reflected in Level 1 and Level 2 scoring for medical homes.
2. Realtime and near realtime services reflected in Level 3 and future levels for scoring medical homes that connect providers involved in a system of care for a patient or patient condition(s).
3. Realtime and near realtime services reflected in Level 3 and future levels for scoring medical homes that connect patients and caregivers to their medical home and providers involved in a system of care.
4. System wide, provider specific and patient perspectives utilization and other reporting contained within Level 3 and future scoring of medical homes.

D. Quality metrics and disease management. Facilitating the reporting of quality metrics and maintaining a repository of patients with diseases of regional interest.

E. EMR/EHR related services.

1. EMR lite. As part of the exchange a fundamental EMR is available to a provider organization.
2. EMR/EHR adoption. A range of services that facilitate the adoption of EMR/EHR in a provider organization. These range of services are at least preparatory to utilizing other health information exchange services.

F. Patient/caregiver access to information and patient/caregiver contributions to care.

1. Personal health record is available to users of an exchange and that personal health record supports patient/caregiver contributions to the health data shared with a provider during an encounter.
2. Consumer has access to provider level data, such as order/results, through some type of web-based portal or more sophisticated application. The value of the consumer's access is impacted by the breadth of health information exchange services the consumer is able to access through a single portal and/or perspective.

G. Public health and research uses.

1. Public health surveillance is the realtime or near realtime capture of clinical data that contributes to the health intelligence about a region's population. Surveillance includes awareness of the full range of health domains.
2. Public health reporting and intelligence reflects the reporting, decision support and emergency management services related to preventing and managing impacts to population health.
3. Research and other secondary uses of information maintained by a health information exchange. Appropriately de-identified as well as secure, private, confidential uses of data created through the various services of a health information exchange.