

Health Information Exchange & Physicians

What is HIE and the Current Landscape?

New care and payment models like Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) will soon be stressing care coordination and quality outcomes across the care continuum. The expanded exchange of health information can transform care delivery by improving access to health information, increasing communication among and between care teams and individuals, improving workflow and reducing healthcare costs. Access to health information through a secure exchange can achieve better care, smarter spending and healthier people.

Benefits of HIE

Care Coordination

- Allows care team to access and share an individual's medical history, no matter where care occurs.
- Improves accuracy of medication reconciliation to ensure an individual's medications are based on the most up-to-date information available.

Efficiency

- Improves efficiency and savings in process flow because information is available when needed (see [ONC's HIE return on investment calculator](#)).
- Reduces duplicate diagnostic tests, streamlining care and increasing efficiency.
- Avoids readmissions and associated penalties by improved monitoring of at-home needs and notifying care team members of hospital and ED admissions/discharges through alerts.
- Allows the care team to qualify for financial incentives for care coordination and the exchange of health information from the Centers for Medicare & Medicaid Services (CMS) and other health plans.

Emergency

- Allows care team to respond quickly to individuals in emergency.
- Protects individuals' information in the event of disaster.

Reasons to Consider Connecting to an HIE

1. Missing information when an individual arrives at a care facility.
2. Care team suspects incomplete medication list
3. Before administering medicine, care team members can use the HIE to understand an individual's medical history
4. An individual forgets or doesn't remember a part of their history
5. An individual's care team needs the most recent EKG tracing or imaging report
6. The care team doesn't have time to wait for another care facility to share labs, etc.
7. Care team members need to see the trend in lab value over time
8. An individual shares information with their care team that is not in their record
9. The care team and individual are having trouble communicating about the individual's medical history
10. The care team can use the HIE to capture outcomes data needed to improve quality measure reporting



Improves Health

- Tailors care decisions to individual needs and promotes person-centered care through greater patient engagement.
- Provides information when verbal communications is difficult (e.g. language barrier, dementia or lack of consciousness).

Facts and Figures

- In 2014, four out of ten physicians (39.1 percent) electronically shared health information with other care teams.¹
- Of practices participating in an HIE organization, 52 percent reported experiencing better access to health information, 20 percent reported experiencing safety benefits, and 12 percent said health information exchange led to time savings among clinicians.²

How is HIE accomplished?

There are various ways to exchange health information³:

- Directed Exchange (also referred to as “Direct”) (push) – capability to send and receive a message from one provider to another provider (or individual). This is also referred to as “point-to-point” or “transactional” exchange. An example is automated results delivery established through a subscription service offering from the query-based health information exchange.
- Query-Based Exchange (pull) – enables users to find and/or request information about one or more individuals from a variety of other care team members, allowing for the creation of a comprehensive, longitudinal view of an individual’s medical history.
- Consumer Mediated Exchange – ability for individuals to aggregate and control the use of their health information.

¹ Jamoom, Eric W., Ph.D., M.P.H., M.S, Ninee Ninee, Ph.D., and Esther Hing, M.P.H. "Adoption of Certified Electronic Health Record Systems and Electronic Information Sharing in Physician Offices: United States, 2013 and 2014." National Center for Health Statistics. Centers for Disease Control & Prevention, Jan. 2016. Web.

² "2013 HIMSS Analytics Report." (n.d.): 5. Sept. 2013. Web.

³ Health Information Exchange (HIE)." HealthIT.gov. The Office of the National Coordinator for Health IT, 12 May 2014. Web