This is SHIEC.

% of US Population Served
SHIEC: The Details

55 member HIEs across 34 states...

- Provide person-centric health records
- Unbiased data trustees focused on better health
- Altogether currently serve >195M patients
- Rapid growth from foundation 2 years ago
- 30 strategic business and technology partners
Every person deserves to have their complete, longitudinal health record available whenever and wherever it is needed for decisions that affect their care, their health and their well-being.
3 Key Questions

- Where did my patients get care?
  - Where do I need to query to get the information?

- When did my patients get care?
  - Who is getting it right now that I don’t know about?

- Who is the patient that got care?
  - Do my identifiers for the patient match all of the other organizations’ identifiers?
Overall PCDH Flow

1. Alert (ADT)
2. Alert to Patient’s Home HIE
3. Acknowledgement of Clinical Data
4. Query/Response
5. Add/Update Data

Patient receives care at facility outside their data home

Non-Home HIE

Patient’s Data Home (PCDH) HIE

Hospital Care Team
Patient Centered Data Home™: The Vision

- Standards based, cost effective, scalable data exchange
- Links existing HIE systems together
  - Maintain patient-centric data view
- Provides comprehensive real time patient information
  - Requires ability to PUSH
- Answers the three key questions
  - Who, When, Where
- Resolve identity across HIEs
  - Single “universal” identifier not required
- Preserves local governance and protects local stakeholders—honors local data use policies
- Enhances data aggregations required for quality reporting and shift to value based payment models (VBPMs)
Implications of PCDH

Centralization of all data on each patient in their PCDH enables:

- Nationwide ADT alerting (with complete histories)
- More accurate care gap analysis (support quality)
- More accurate quality measures (support VBPM’s)
- National patient identity assurance
- Possibility of centralized patient consent management
- Patient access to their entire record in one place— for the first time (patient empowerment & engagement)

Costs:

- Relatively little— must maintain governance, geographic relationships, and minimal technology
PCDH: How IT Works
PCDH: How IT Works
Resident of UT appears in an AZ ER. Health Current receives the ADT and checks the zip code. Zip 84743= UHIN.

If patient recognized and consented, ADT notification passed to provider. Follow-up queries to AZ can be made for complete records and results.

Result: All health record data on UT residents returns to PCDH. PCDH: How IT Works.
Governance & Other Considerations

- Facilitated by pre-existing relationships
  - Members of Strategic Health Information Exchange Collaborative - SHIEC
  - Level of trust already established
  - Respect for existing provider / HIE relationships
  - Currently, three (3) regional PCDH initiatives

- Consent – honored and based upon model of each HIE
  - Implementation respects consent gathered at the HIE
  - Complexities between various policies state-to-state could limit exchange – need further discussion and consideration of these variabilities

- Legal agreements created
  - Three (3) regions had different data sharing agreements
  - National agreement now finalized to bind all regions together
PCDH Governance

National Governance

- PCDH Governance Council
  - Technical Committee
  - Policy Committee
  - Privacy & Security Committee

Goverance Council
- Two (2) representatives from each region
- Approve national PCDH policies, new regions, members, etc.

Committees
- Set national standards for PCDH framework
- Only meet as often as needed
- Make recommendations to Governance Council

Key Concepts of National Governance
- Don’t make it more complicated than it needs to be
- Balance national governance vs. regional autonomy
- Make it flexible enough for change over time
PCDH Governance

National Governance

- PCDH Governance Council
  - Technical Committee
  - Legal Committee
  - Privacy & Security Committee

Region #1 (Western)
- Steering Committee
- Member Council
- Comm Comm Comm

Region #2
- Coordinating Committee

Region #3
- Member Council
- Comm Comm

Region #4
- No Regional Governance
Current PCDH Regions

Western Region

- Health Current (AZ)
- Quality Health Network (CO)
- UHIN (Utah)
- Nebraska Health Information Initiative (NeHII)
- San Diego Health Connect
- Santa Cruz HIE
- HealHIE Nevada
- Idaho Health Data Exchange
- Others Planning to Join:
  - CORHIO
  - North Dakota

Central Region

- MyHealth Access Network (OK)
- Arkansas Office of Health Information Technology
- Many Others Planning to Join

Heartland Region

- East Tennessee Health Information Network (etHIN)
- Great Lakes Health Connect
- HealthLINC
- Indiana Health Information Exchange (IHIE)
- Kentucky Health Information Exchange (KHIE)
- Michiana Health Information Network (MHIN)
- The Health Collaborative (OH)
- Others to Join TBD
Technical Plan: Current State

Since April 2016:
- 3 regions in production
- 17 HIEs connected
- Serving 34M+ patients
- 2M+ notifications PUSHED in response to events
- 1,000’s of CCDAs pushed
Note: These are not confirmed additional regions, but simply to illustrate that more regions will be added. It will be up to SHIEC members to determine which regions are created.
Technical Specifications

- National ADT specs drafted for push
- Leveraging existing IHE profiles for query standard
- Standards within regions may vary slightly, but not too much
- ADT push use case live, CCD use case currently in development
- Use existing standards where possible, no intention to reinvent the wheel
PCDH Value & Strengths

• It works! It’s low cost. It’s effective.

• Leverages existing connectivity & trust agreements
  • Local consent honored
  • Standards based architecture
  • Easilyexpandable use cases

• Provides data aggregation across 3 domains
  • Medical, behavioral, social services
  • Supporting opioid crisis assessment and intervention
  • Supports QCDR services for VBPMs

• Meets HIEs and their participants “where they are”

• Governance model for nimble national interoperability
A “Win” for Health Information Exchange? How the Patient-Centered Data Home Could Shift the Narrative

By Rajiv Leventhal
Discussion & Questions