Executive Summary

Introduction
The purpose of this learning guide is to offer insights and lessons learned related to connectivity, care coordination, and population health to those considering or already in the process of implementing a community health information exchange (HIE). This learning guide includes eight recommendations, supported with case examples and lessons learned based on the San Diego Health Connect (SDHC) experience. Each recommendation is described briefly below, with greater detail provided in the guide.

Recommendation 1: Select a technical architecture that supports the HIE’s long-term goals.
Committing to a technical architecture is a key decision point for an information exchange and has implications for the short-term and long-term utility of the platform. In 2010 when SDHC was awarded the Beacon grant, an HIE was a new, relatively untested model. This is why the San Diego Beacon Community decided to start with a federated (decentralized) model, as it was the lowest risk start-up model at the time. However, after years of implementation experience it became clear a centralized data repository would have been more advantageous in supporting long-terms goals.

Recommendation 2: Establish workgroups to enhance trust, communication, collaboration, and problem-solving.
The workgroup format, in which representatives from multiple member organizations including those with specific topic expertise regularly convene around an important aspect of the HIE, is an effective way to support community collaboration and consensus building. It ensures members look beyond the needs of their own organizations to make recommendations for the benefit of the entire community. It is also a forum for subject matter experts to leverage the experience and expertise of workgroups members to identify solutions to challenges as they arise.

Recommendation 3: Use a community-wide “opt-out” consent model to increase patient participation.
To assure the highest possible patient participation rate, and therefore the greatest amount of information available to health care providers, HIEs should use an opt-out, community (multi-provider) consent model. This means patient data is automatically added to the HIE unless patients actively decline participation; accordingly, all of the patient’s providers in the HIE can automatically access information with an opt-out model.

Recommendation 4: Improve patient matching by being vigilant about data quality, establishing a strong master patient index and record locator service, and working with a patient matching management company.
Patient matching is a process of data validation to ensure accuracy that requires constant vigilance, discipline, and the commitment of member organizations to ensure complete and accurate patient data from its entry into the exchange. The master patient index (MPI) and record locator service (RLS) assure that when a provider seeks information on a patient, correct and complete information comes up on the screen. There is no “silver bullet” for patient matching, but there are a few effective methods to help increase your organization’s patient matching accuracy.
Recommendation 5: Leverage patient matching capability with community partners.
Matching a patient to his/her correct medical record is fundamental to improving quality, interoperability, and population health outcomes, as well as preventing fraud and abuse. It is an integral function of an HIE and is very expensive to get right, which is why HIEs with strong patient matching functionality should leverage this asset with community partners rather than having community partners create their own systems. Thus, the HIE can serve as the central hub to ensure accurately matched records for patients from other sources such as community service organizations.

Recommendation 6: Know your region’s community information technology assets and build trust with potential partners.
Building trust, maintaining open lines of communication, and staying committed to continued improvement of one’s own information exchange is critical—especially when there are multiple information systems in place. The goal is to have a 360-degree client data view integrating medical, social, and local government data when feasible and appropriate.

Recommendation 7: Help healthcare providers achieve Meaningful Use and establish electronic transmission of reportable events to the County Public Health Department.
As part of achieving Meaningful Use requirements (Stage 2) and now Advancing Care Information objectives, eligible hospitals and providers are required to establish ongoing data communication for care transitions, immunization records, reportable critical lab results, and syndromic surveillance. The HIE helped health care providers by providing the infrastructure needed to link providers with the County Public Health Department through a single hub or portal to transmit these data electronically instead of by fax or mail or having to set up multiple independent electronic connections. Electronic submissions make it easier or even automatic for providers to forward results and thus hasten informing the County and community about potential disease outbreaks, patient safety events and other time-sensitive events with public health repercussions.

Recommendation 8: When working with community partners on population health, start small with a defined condition or population.
Using the HIE to improve population health is something that happens incrementally – not all at once. Because funding is usually limited and the technology environment is ever changing, start with efforts that are small and focused collaborative population health initiatives for which results are measurable and attainable. Focusing on a defined condition or population makes it possible to design an HIE plan that is achievable, while also allowing time to identify and solve challenges before full-scale implementation.

Conclusion
The learning guide provides an inside look at how one HIE addressed connectivity, care coordination, and population health by examining lessons learned from SDHC. These examples provide practical value to other communities embarking upon similar efforts. We encourage others to document their experiences and lessons so they too can “pay it forward” to those beginning their own HIE journeys.