

HIM Prepped to Shape the Future of Population Health through HIE

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The Affordable Care Act (ACA) and value-based programs have created opportunities for population health initiatives in relation to health information exchange (HIE) and greater data sharing across the care continuum. HIE allows providers and patients to securely access and share a patient's vital medical information electronically, improving the speed, quality, safety, and cost of patient care. HIE also facilitates progress towards the longitudinal patient record through data aggregation. With this in mind, the authors of this article reached out to HIE organizations across the country to understand how those HIEs are being utilized for population health management.

HIE and Population Health Management Use Cases

In simple terms, population health management is managing the health outcomes of a group of individuals. HIE has become a key enabler of this. Whether facilitating care across a population, performing mandated reporting, or looking at predictive analytics, there is a greater need to share patient information. Below are some examples.

Dr. Jan Lee, MD, CEO of the Delaware Health Information Network (DHIN), reports that the DHIN has a robust exchange of admission, discharge, and transfer messages which provide several accountable care organizations (ACOs) with information about the patients whose lives they are covering. In this scenario, the ACO knows immediately when a member is seen in an emergency department so follow-up services can be provided, thus preventing a repeat visit. Many HIEs are seeking to provide consumers with more direct access to their health data or to enable various provider organizations to do so while meeting "meaningful use" Electronic Health Record (EHR) Incentive Program requirements. DHIN recently requested a proposal for a patient portal that could be utilized with several different provider integration models.

Similarly, the Indiana Health Information Exchange (IHIE) is providing care managers access to a data repository through an easy-to-use web application. Drew Richardson, director of population health at IHIE, reports that this application allows care managers to view their attributed patients' records online, thereby facilitating coordinated, comprehensive care across health systems. Access to the clinical data is also available through the clinical values report, a valuable supplement of data on a specific patient population. This report assists a client in care management.

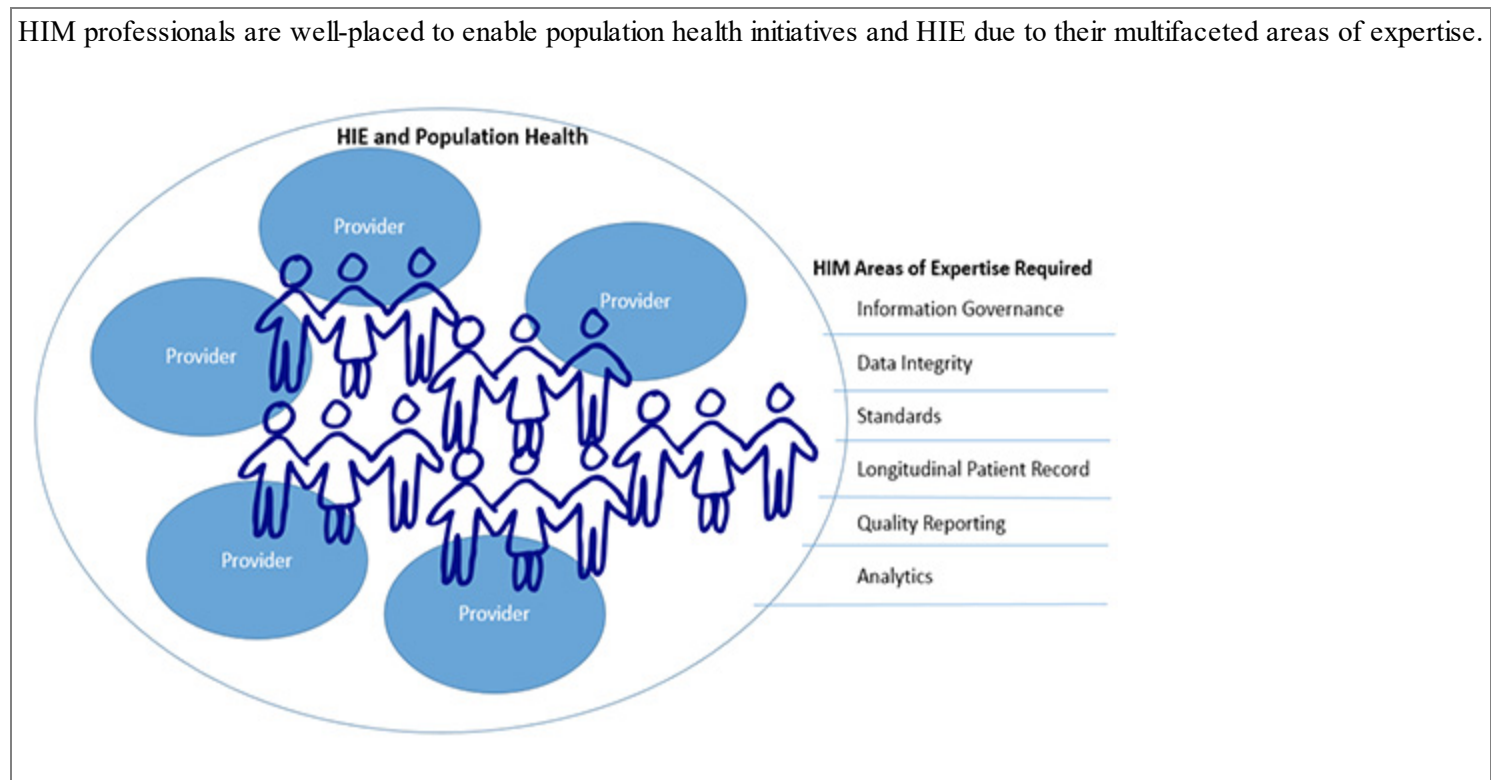
Facilitating quality reporting is another use case. HIEs are in a unique position to provide value by serving as a central collection point for data elements and supporting national metrics, such as the Healthcare Effectiveness Data and Information Set (HEDIS), ACO measures, and the Medicare five-star rating program. The Medicare Access and CHIP Reauthorization Act ([MACRA](#)) will also increase attention on quality reporting. IHIE is looking to increase support for reporting needs for new care models such as bundled payments.

Healthix, a HIE in New York, has taken charge of better managing the care for its Medicaid population. Tom Check, CEO of Healthix, noted the state's Medicaid waiver program is focused on providing comprehensive care management, connecting a network of medical and community health providers, and providing supportive services such as housing. Care plans are created and expressed in the clinical document architecture (CDA) standard as part of this process. In Maine, HealthInfoNet has merged behavioral health data with medical data for a Medicaid population to reduce emergency department usage.

HIEs also are managing data for registries, as in the case of Healthix and the New York AIDS registry. Whenever there is new information regarding a person in the AIDS registry, Healthix sends a notification to the AIDS Institute, which currently receives about 400,000 notifications per month. These updates allow the AIDS Institute to proactively manage this patient population and identify new patients as well.

HIEs also have a role to play in health data analysis—they can be either a data supplier or a provider of analytic services. In some cases, large health systems have already invested in their own analytics tools and use the data received from a HIE to feed those analytic engines. In other situations, the HIE provides “analytics as a service” to its participants. For example, Maine HealthInfoNet offers analytic modules on hospital performance, risk, and variation as a subscription service via a partner to current HIE participants who share patient data with the system. Devore S. Culver, CEO and executive director of Maine HealthInfoNet, reports that predictive models have also been developed to identify and prevent readmissions or returns to the emergency department as well as the probability of diabetes developing in certain populations.

Figure 1: HIE and Population Health



Challenges Associated with Using an HIE for Population Health Management

Based on feedback from HIE staff, the most common challenges of using a HIE for population health management fall into the following major categories:

- Data capture and workflow
- Data integrity, definition, representation, and standards
- Legal constraints
- Technical constraints

To achieve the goals and objectives of population health management, data is needed to inform care providers, payers, government bodies, and the public on the status of a defined population’s health, disease, or condition. At its most basic level, this is the data that is recorded by a provider during an episode of care. It is critical to keep primary and secondary uses of data in mind beyond the immediate care of the patient when defining clinical workflow and configuring an EHR.

If this data is inaccurate, incomplete, misinterpreted, or does not conform to organizational, professional, and technical standards, it cannot positively contribute to managing a population’s health. As EHRs mature, it is imperative that the industry and health information technology (HIT) vendors alike conform to standards-based and well-defined data so the data has a nationally recognized, single meaning. Use of standards will help to ensure that the sender and receiver interpret the data in the same way. AHIMA’s HIM [Body of Knowledge](https://bokold.ahima.org/doc?oid=302077) contains a wealth of information on both technical and data standards for HIT.

The two remaining categories include legal and technical constraints. An example of a legal constraint would be data that cannot be shared across state lines due to privacy laws. Many states have enacted privacy regulations that exceed what is required by HIPAA, making it difficult to understand the nuances of each state's requirements. From a technical perspective, every HIT organization and vendor needs to use, adhere to, and promote the use of recognized technical data standards for healthcare.

Supporting HIE Population Health Management through IG

HIEs struggle with issues such as patient identity, privacy, security, data management, and data quality. As HIEs mature, they, too, are beginning to actively pursue information governance (IG) initiatives that help address these issues. AHIMA defines IG as an "organization-wide framework for managing information throughout its lifecycle and supporting the organization's strategy, operations, regulatory, legal, risk, and environmental requirements." IG has become a recognized need in healthcare with many organizations taking steps to implement an [IG program](#). HIEs expect data integration and maturity to continue to expand. There is also more data management complexity as data sources expand and more patient matching is required.

HIEs and Population Health Going Forward

The HIE has a tremendous opportunity to impact the health of patients. By utilizing a HIE to collaborate on health issues facing patient populations, facilities and agencies will have the ability to improve and expand data and information exchange. The data set may be non-traditional (i.e., social determinants such as housing and transportation status). The non-traditional data sets could have a direct impact on patient health, such as access to food, medication, housing, and transportation. HIEs will continue to fine tune the use of social determinant information, assisting healthcare providers in reducing costs by early identification of socioeconomic drivers, poor outcomes, and their resulting higher costs. Use of standards will continue to grow in importance, supporting broader data sharing for population health management. HIEs can play a leadership role supporting this effort.

The Opportunity for HIM

As HIEs expand into population health management, the universe of health information is also expanding. This larger ecosystem presents opportunities for HIM professionals to take on a broader role. Information management is central to HIE operations and managing population health. Therefore, HIM staff has a role in managing data and information in this larger ecosystem.

HIEs are focused on standards implementation to promote data sharing initiatives. HIM professionals know the importance of standards and can help lead this work. There is a greater need for quality reporting and analytics in the context of improving the health of populations to support federal mandates—and HIEs are facilitating these efforts. HIM professionals can champion information governance in this context. HIE support of population health is just getting started. Much remains to be addressed and HIM professionals have an opportunity to shape this future.

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