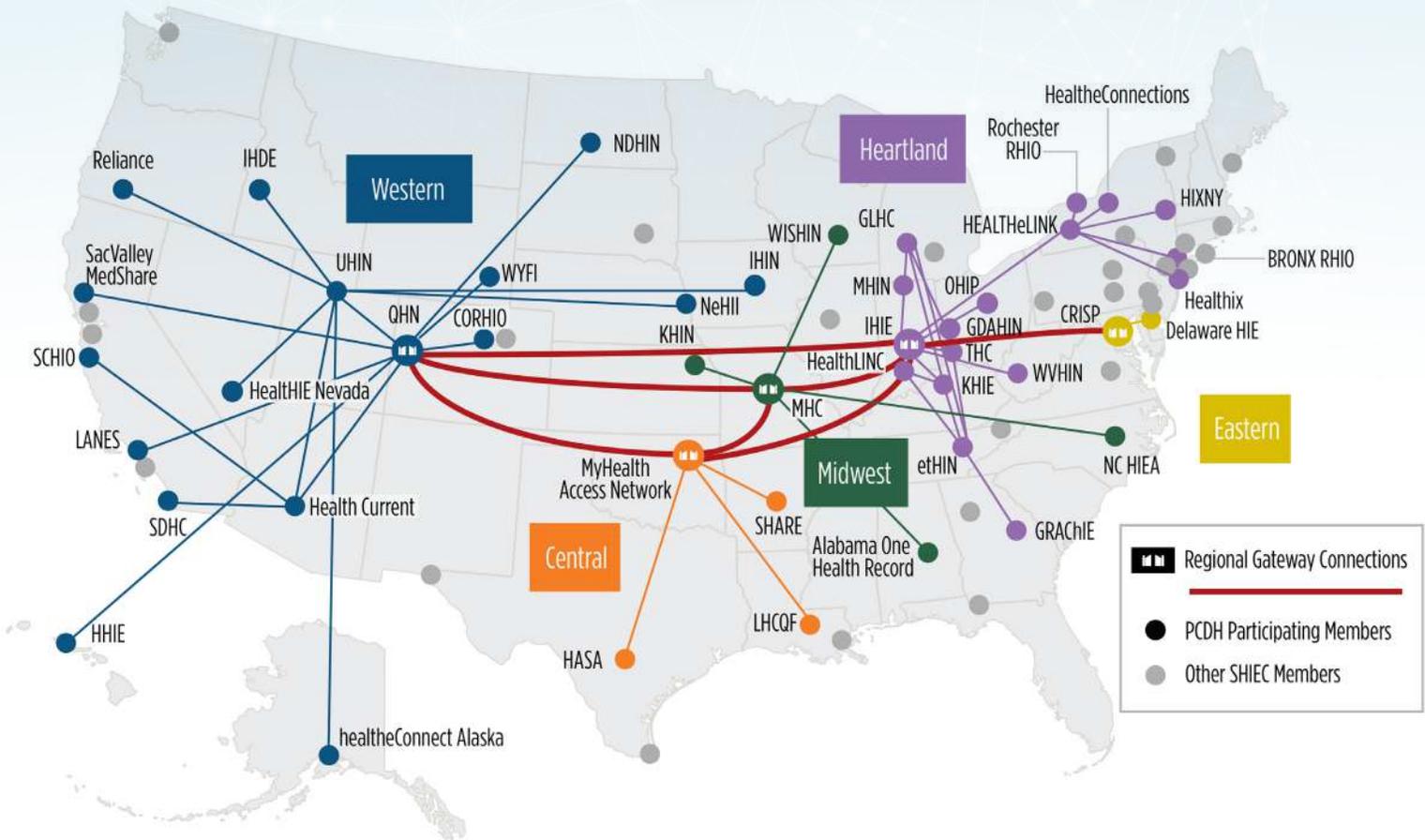




Strategic
Health
Information
Exchange
Collaborative

SHIEC Patient Centered Data Home™

Health information exchanges (HIEs) are connecting nationwide to seamlessly deliver patient health information across state lines and across health systems, improving the patient experience by making their health information available whenever and wherever their care occurs.



PATIENT CENTERED DATA HOME™

OVER
1 BILLION

Total event notifications exchanged

SERVING
177 MILLION

Patients in PCDH regions

WITH
45 HIEs

Participating



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ABOUT PCDH

The Patient Centered Data Home (PCDH) is a cost-effective, scalable method of exchanging patient data among health information exchanges (HIEs). It's based on triggering episode alerts, which notify providers a care event has occurred outside of the patients' "home" HIE, and confirms the availability and the specific location of the clinical data, enabling providers to initiate additional data exchanges to access real-time information across state and regional lines and the care continuum.

PCDH is an initiative of the Strategic Health Information Exchange Collaborative (SHIEC) that puts into practice the vision that clinical data should be available whenever and wherever care occurs and "centered" around the patient to improve patient care. In this model, all clinical data becomes part of the comprehensive longitudinal patient record in the HIE where the patient resides, called the Patient Centered Data Home.

PCDH FEATURES

- PROVIDES A VEHICLE** to close the loop on care when a patient is seen outside their normal care area
- ENABLES NATIONWIDE ACCESS** to patient information that follows the patient and facilitates better treatment
- LINKS EXISTING COMMUNITIES OF TRUST** established by health information exchanges
- PRESERVES** local governance
- PROTECTS** local stakeholders

HOW IT WORKS

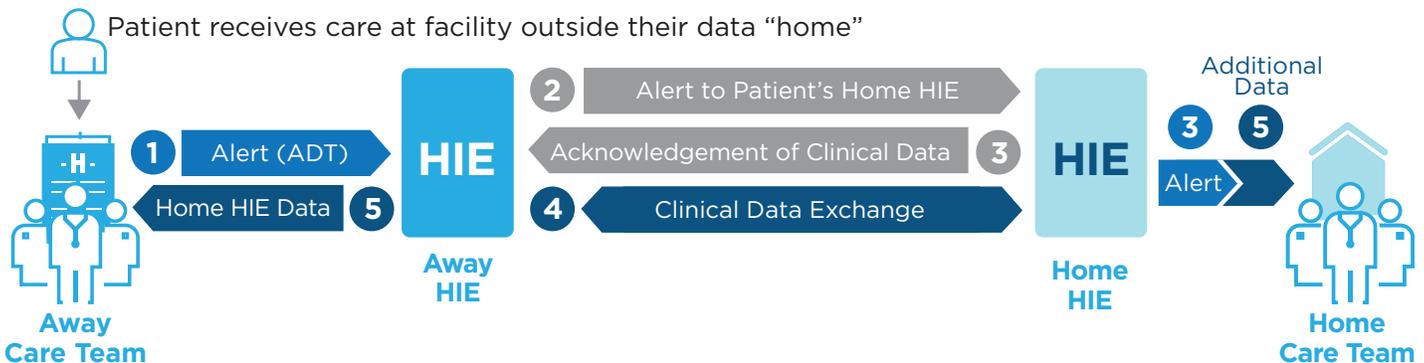
STEP 1: Away Care Team facility sends Alert to Away HIE of a patient encounter (ADT).

STEP 2: Away HIE sends Alert to Home HIE based on ZIP code look up tables.

STEP 3: Home HIE notifies Away HIE if there are patient records. At the same time, the Home HIE sends the Alert to the patient's usual home doctors.

STEP 4: Home HIE and Away HIE exchange clinical data on the patient to improve short and long-term care coordination.

STEP 5: Away HIE delivers records to Away Care Team and Home HIE shares post-encounter summary with Home Care Team.



ABOUT SHIEC

SHIEC is a nonprofit national consortium and collaborative of statewide, regional and community health information exchanges (HIEs) and strategic business and technology partners. Its 60-member HIE organizations manage and provide for the secure digital exchange of health data for hospitals, healthcare providers and other participants serving more than half of the U.S. patient population. As the unbiased data trustees in their communities, SHIEC member organizations are critical to advancing effective, efficient healthcare delivery locally, regionally and nationally to improve health. PCDH is an initiative of the Strategic Health Information Exchange Collaborative (SHIEC) that puts into practice the vision that clinical data should be available whenever and wherever care occurs and "centered" around the patient to improve patient care. In this model, all clinical data becomes part of the comprehensive longitudinal patient record in the HIE where the patient resides, called the Patient Centered Data Home.

