eHIE Basics: Pennsylvania

What is Electronic Health Information Exchange?

Electronic health information exchange, or eHIE, allows patients, physicians, nurses, pharmacists, and other healthcare providers to appropriately access and securely share a patient's medical information electronically. Appropriate and timely sharing of vital patient information can better inform decision-making at the point of care and allow providers to:

- Coordinate care more effectively
- Obtain clinical results more quickly
- Reduce unnecessary duplication of medical tests
- Improve patient safety and healthcare quality
- Enhance the patient experience
- Expand public health monitoring and tracking
- Improve population health
- Support a "learning healthcare system"

Does Pennsylvania have eHIE?

Yes. eHIE is being implemented in Pennsylvania—locally, regionally, and statewide.

Locally, eHIE occurs within physician practices, health systems, and other provider organizations through their own electronic health records (EHR) systems. EHRs allow secure, instant access to a patient's medical records; reduce storage needs when compared to paper records; improve accuracy of patient information; and permit broader monitoring for improved public health.

Regionally, providers connect to a network known as a regional health information organization, or HIO. Patient records held by an HIO-connected provider are available to other providers connected to that same HIO. An example would be a primary care physician sharing patient records with a specialist to whom a patient has been referred for further evaluation and treatment. Pennsylvania is home to at least eight private-sector HIOs.

Statewide, regional HIOs are starting to connect to the **PA Patient & Provider Network, or P3N**. A main service of the Pennsylvania eHealth Partnership, the P3N facilitates the secure sharing of patient information across a larger geographic area. For example, if a critically ill patient is in an emergency room in northeastern Pennsylvania, but the patient's primary care physician and medical records are in Philadelphia, the providers can exchange vital information—about a drug allergy, for example—that could save the patient's life.

For a patient to benefit from statewide eHIE, healthcare providers at both ends of the communication must be connected to a regional HIO that is, in turn, connected to the P3N. In addition, information about a patient who is seen by a P3N-connected provider (through its connection to a P3N-connected regional HIO) is automatically included in the P3N. HIOs connected to the P3N must follow all applicable federal and state privacy laws.

What if a patient doesn't want health information shared?

A patient may opt out of sharing his or her information in the P3N, but health information that already is being electronically stored or shared outside the P3N—such as for information held locally or regionally, for public health reporting, or for payment-related communications between a provider and insurer—is not changed by a patient's P3N opt-out choice.

Does eHIE work?

Statewide eHIE adoption in Pennsylvania is in its early stages, with the first real-world test of the P3N occurring in mid-2014. However, states with established eHIE networks are showing promising results. In neighboring New York, for example, one regional HIO found more than 2,700 CT scans to be potentially unnecessary (at a cost of more than $1.3 million), with 9 out of 10 potentially needless CT scans ordered by physicians who never or infrequently used the state's eHIE network. Yet frequent network users accounted for only 1.1% of duplicate scans.

While we don't yet have statewide Pennsylvania data to draw on, patients are seeing the benefits of eHIE at a local level. In one example, an organ transplant patient who lives in a rural western Pennsylvania community contacted a local ER physician with a health concern. The physician was able to view the patient's medical history electronically and contact the transplant coordinator. The result was the prevention of an unnecessary and costly readmission that also would have required the patient to travel to Pittsburgh. And in central Pennsylvania, a regional HIO has shown the reduction of unnecessary readmissions for patients with heart failure and COPD.

Who pays for eHIE in Pennsylvania?

Implementation of eHIE in Pennsylvania, via the P3N, is supported by a combination of state appropriations, federal health IT funding, private contributions, and P3N participation fees.

What is the role of the PA eHealth Partnership?

The Pennsylvania eHealth Partnership is a Pennsylvania Department of Human Services (DHS) program. Previously an independent agency, it was merged with DHS via Act 76 of 2016. This law authorizes DHS to establish the P3N to develop, implement, and maintain:

- State-level patient identity management services
- State-level patient consent management services (opt-out, opt-back-in) reflecting patient choice
- State-level directory of healthcare providers
- Certification programs for entities engaging in eHIE through the P3N
- Public Health Gateway in support of effective eHIE between public and private sector to improve community health status
- Education and awareness materials for consumers and providers about eHIE
- Sustainability model to cover the costs of governing and operating the P3N
- Open meetings, annual reporting, and auditing

Where can I get more information?

Additional information about eHIE, the P3N, and PA eHealth is available at www.paehealth.org, or by contacting PA eHealth at ra-paehealth@pa.gov.