

HIE Myths

MYTH ❌

Health Information Exchange (HIE) is in decline as evidenced by the decrease in the number of HIEs.

BUSTED ✓

The decline in the number of HIEs reflects a natural consolidation in the market. As a new technology, various companies and other stakeholders approached HIE in a variety of successful (and unsuccessful) ways. Today, Strategic Health Information Exchange Collaborative, known as SHIEC, represents a successful community of mature HIEs covering nearly every state. This community of HIEs serves as the foundation for the sharing of data nationally through SHIEC's Patient Centered Data Home (PCDH) initiative.

MYTH ❌

Interoperability is delivered best in markets that are dominated by one large electronic health record (EHR) system.

BUSTED ✓

While one or two EHRs dominate certain markets, in the age of value-based health care, patients seek care through a variety of sources and locations creating data silos. HIEs can consume, digest and disseminate information from multiple sources and from multiple languages and present to the end user that information in a format they can understand. This means that HIEs provide a normalized, longitudinal clinical record for each patient, incorporating information from all care settings.

MYTH ❌

Interoperability is when technology enables two or more different health information systems to exchange and share information

BUSTED ✓

Cutting-edge technology is just a tool; without local governance, knowledge and application of local, state and federal laws, and without the hard work of integrating shared data into clinical work flows, meaningful interoperability is not possible. HIEs use clean, clear and concise data to effectuate a result in order to better deliver patient outcomes. HIEs serve this role for their members and as part of the national interoperability framework.

MYTH ❌

A new data format standard (e.g. FHIR) is needed to enable interoperability among various EHR and data systems.

BUSTED ✓

While there is no doubt that FHIR will be a capable tool in addressing interoperability requirements, the real problem is not with the lack of standards, but with gaining consensus and adoption within the industry. And while this debate continues, HIEs continue to provide interoperability services to a large portion of patient and provider populations every day.

MYTH

HIEs are effective for allowing information exchange on a local level, but they cannot provide effective exchange on the national and regional level.

BUSTED

When exchange is needed nationally, HIEs can participate in the national networks just as easily – or better in many cases – as the EHR vendors or individual providers. SHIEC has also initiated the Patient Center Data Home (PCDH) model and is actively sharing data between a growing number of HIEs throughout the US; appropriately sharing data when and where needed for patient care. For example, HIEs helped during Hurricane Florence when patients were unable to visit their regular doctors in the state they lived. HIEs made it possible for their records to be available to the necessary providers where they evacuated.

MYTH

HIEs cause “Data Fatigue.”

BUSTED

In the age of value-based healthcare, providers must have access to relevant clinical information. While EHRs provide in-network data, HIEs hold the unique position of combining data from all stakeholders and care locations to provide providers with a more complete patient history and useable clinical data as possible.

About MHC

Midwest Health Connection (MHC) is one of the largest health information exchange (HIE) networks in the country with more than 28+ million electronic patient health records from across the Midwest. MHC’s health data exchange services support the entire health care ecosystem, including health care providers, payors, State/Federal agencies and other health care stakeholders by providing complete and accurate patient electronic health records in real-time. This enables those within the health care delivery system to transform care delivery through better coordination of care, informed clinical decision making, reducing preventable errors and avoiding treatment duplication. No matter where a patient goes for treatment, patients expect their health information to be available to their treating providers. Providers need comprehensive health records available to them to be properly informed when making care decisions. Public health officials need access to public health data in order to properly respond and prevent health care emergencies. MHC fulfills these expectations and needs for the health care community by connecting each of these health care stakeholders to our network and enabling the sharing of electronic health data throughout the MHC network. MHC is a non-profit 501(c)(3) organization governed by a public-private board of directors. For more information, visit www.MHC-HIE.org.

