

HIE Interoperability: Community Health Record

Provide clinicians and authorized users with a full view of a patient's clinical history, aggregated from multiple systems, so patients get the right care at the right time.



Type: Interoperability (additional cost)

ID: 3024

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The **Community Health Record** application aggregates clinical information contributed from community stakeholders to provide a comprehensive view of patient health via the on-demand cloud-based application or directly from the EHR. Sources include, demographic, lab, radiology, cardiology, pathology, medication, transcription, and clinical summaries.

Note: Community Health Record is Acquired Technology and is NOT included in the Technology Access subscription unless otherwise noted in an order form.

CITY Community Health Record Colin Bank MD

Home > Search Results > Patient Summary

Smith, Tiffany MRN 10001

Female Age 56 years DOB 1/21/1963 Create Care Summary

Profile & Face Sheets

Patient Summary Showing All Inpatient Outpatient ER

Additional Records May Be Available

Allergies Most Recent		Medications Most Recent		Problems/Conditions Most Recent	
Date	Allergen	Date	Description	Date	Description
12/15/2018	OPTIRAY 320	11/28/2017	traMADol 50 mg TAB [Ultram]	03/12/2019	Diabetic Ketoacidosis
12/15/2018	RUSSIAN THISTLE	04/10/2017	traMADol 50 mg TAB [Ultram]	03/12/2019	Diabetic Ketoacidosis
12/15/2018	CANINE	04/10/2017	traMADol 50 mg TAB [Ultram]	03/10/2019	Type 2 Diabetes Mellitus

Results Most Recent		Care Summaries Most Recent		Reports Most Recent	
Date	Description	Date	Description	Date	Description
03/12/2019	HGB A1C	02/20/2019	Summarization of Episode Note (CCD)	03/13/2019	DISCHARGE SUMMARY (TRANSCRIPTION)
03/12/2019	CBC with Diff and Plt	12/12/2001	HCS Continuity of Care Document (CCD)	03/12/2019	ECG 12 LEAD (RAD)
03/12/2019	Comprehensive Metabolic Panel			03/12/2019	CHEST PA/LAT (RAD)

Community Health Record gives users a comprehensive view of a patient's health history contributed from sources from across the community.

The problem

Providing patients with the right care at the right time is a goal for all healthcare organizations. To meet that goal, healthcare professionals need a comprehensive view of a patient's clinical history. With CHR, professionals can easily and securely access patient clinical history via the cloud-based application or directly in their EHR.

Clinicians have instant access to all previous encounters, which allows them to see patient data based on episodes of care or they can search for information related to a specific problem or condition. Users can filter data by date range, data type, inpatient/outpatient status, or simply use a search function to find what they need quickly. With a rich view of a patient's health history, clinicians can easily identify what has been completed to avoid duplicate testing and to streamline transitions of care. With the Community Health Record, healthcare professionals will spend less time tracking down patient records and more time focused on delivering better patient care.

Intended Users

- All healthcare providers across the continuum of care.
- Physicians, providers, specialists
- RN, LPN, CNA, referral coordinator, medical records, etc.
- EMT and emergency care providers
- Care coordinator
- Case managers
- Payer case managers

Potential data sources

- EMR - Clinical
- HIE
- Other Sources
- CHR data services are able to queue, manage, validate, translate, standardize, and de-identify health information coming in a variety of messaging formats including:
 - HL7
 - ANSI
 - C-CDA
 - DICOM
 - FHIR
 - Other recognized national standards

Our approach

CHR aggregates patient information from multiple sources to provide a longitudinal, comprehensive view into a given patient so clinicians can identify opportunities for improving the quality of care for an individual patient. The CHR aggregates a wide variety of data types including ADT, lab results, radiology results, cardiology results/reports, medications, immunizations, transcriptions, C-CDA/CCD care summaries, and more, giving clinicians a 360-degree view of their patients.

Interoperability: Organize eliminates the challenge of disparate clinical data gathered from across the community. Three modules with advanced "Interoperability 2.0" capabilities ensure quick and easy access to all the clinical insights providers need.

Benefits and features

- **Reduce costs associated with duplicate testing** – Provides access to recent diagnostic test and lab results performed anywhere in the community, so clinicians can avoid duplicate testing.
- **Improve quality of care** – Provides a comprehensive view of a patient's health history, so clinicians will spend less time tracking down patient records and more time focused on delivering better care to patients.
- **Provide vital information in emergency situations** – Gives clinicians timely access to comprehensive patient information, so they can quickly get started on providing the needed patient care.
- **Support medication reconciliation** – Helps facilitate medication reconciliation processes by providing insights into which prescriptions patients have filled and alerting clinicians to possible medication non-adherence or possible drug interactions.
- **Enable effective transitions of care** – Gives clinicians access to both acute care and ambulatory patient information, aggregated from multiple systems from across the community, to help facilitate seamless transitions of care.

Use cases

- A new patient presents for care, and the **specialist provider** leverages the Community Health Record to view the most up-to-date clinical history for the new patient; to avoid duplicate testing and improve the quality of care.
- Unconscious patient presents in the Emergency Department, and the **ED provider** accesses the Community Health Record to determine the patient's allergies and current medications before proceeding with treatment.
- Patient is discharged and transferred to a skilled nursing facility. The **referral coordinator** leverages the patient's longitudinal health record to view the patient's results from their recent inpatient admission to help streamline the patient's transition in care.
- The **payer case manager** views results from the patient's recent inpatient admission, to simplify payment reimbursement processes.
- A high-risk patient is being treated by multiple providers in the community, and the patient's **care coordinator** is able to monitor the treatment and effectively coordinate the care provided by all of the providers.

Success stories

For examples of how customers have used Health Catalyst products and services to improve outcomes, see our [success stories at healthcatalyst.com](https://www.healthcatalyst.com/success-stories)

Contact us

For more information on how Health Catalyst products and services can help your organization, please contact us:

- Reach out to your sales representative
- Call us at (855) 309-6800
- Email us at info@healthcatalyst.com

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