
Community Health Information Exchange Reduces Likelihood of Re-Hospitalisations and Emergency Visits



A team of researchers conducted a study to assess whether primary care physicians who used a community health information exchange were able to improve patient care transitions, from hospitalisation to outpatient care.

Electronic health records (EHRs) are available to enhance coordination and efficiency of care, but several issues have made it challenging to share information. To address the challenges, health information exchanges (HIEs) were developed, merging EHRs into a single database, filling the gaps in data sharing.

To assess how a community HIE might affect primary care transitions, researchers investigated the use of a health information exchange in El Paso County, Texas.

The study shared important insight into the direct benefits HIE use can have on patient outcome. After evaluating data from a cohort of 8,216 hospital inpatients ages 18 and above, who were discharged from January through to November, it was revealed that all patients saw their primary care provider within one month of discharge.

Of the cohort, 1,780 were controls; the rest were split into comparison groups: 2,627 were rehospitalised and 3,809 visited an emergency department (ED) window during the follow-up.

It was found that HIE-lookup reduced the likelihood of rehospitalisation by 61% and ED use by 53%. If primary care providers used HIE for rehospitalised patients, the median length of time to the subsequent visit more than doubled. Furthermore, the median time to ED use after inpatient discharge increased from 99 to 238 patient days when using HIEs.

The research demonstrates that following the first month after hospital discharge, there was often no follow up with a primary care provider. So far, the study proved that community HIEs were successful in receiving data, integrating it and making it available to physicians, so that they can increase the time to future hospital use.

The take-away message for primary care providers is that HIEs should be encouraged. They support the transition of care from hospital to primary provider. When exchanges are available, primary care providers can review patient records from hospital stays and use the data to impact patients' need to reuse hospital services, saving them time and costs from returning to inpatient care.

Source: [Annals of Family Medicine](#)

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