

ENHANCE CARE COORDINATION WITH KHIE

Better Information —> Better Coordination —> Better Outcomes

KHIE is Kentucky's statewide health information exchange, offering providers secure access to patient information from across the healthcare continuum.

Patients receive care from multiple providers and healthcare organizations throughout their healthcare journey. KHIE connects these points of care by creating a longitudinal patient record that gives authorized providers access to a more complete view of a patient's health history. By delivering timely clinical information and actionable insights, KHIE supports informed decisions, stronger care coordination, and improved patient outcomes.

 Clinical Challenge	 How KHIE Helps
Providers <u>lack</u> visibility into care delivered at other facilities	Provides a <u>longitudinal</u> patient record with diagnoses, medications, allergies, labs, imaging, and care history from across participating organizations
Patients <u>fall through</u> the cracks during care transitions	<u>Real-time</u> ADT notifications and discharge information support timely follow-up and care coordination
Care gaps are <u>difficult</u> to identify and address	Population Explorer <u>helps</u> identify at-risk patients and individuals due for preventive services
Duplicate <u>tests</u> and fragmented <u>care</u> increase costs	<u>Shared</u> access to previous results reduces unnecessary testing and promotes coordinated decision-making
Quality reporting is <u>time-consuming</u> and incomplete	<u>Automated</u> reporting and population health tools reduce administrative burden and improve reporting accuracy



Why Providers Use KHIE

- **More complete** patient histories
- **Better visibility** across care settings
- **Enhanced care** coordination
- **Improved** transitions of care
- **Reduced** duplicative testing
- **Faster identification** of care gaps
- **Better quality** reporting
- **More informed** clinical decisions



Seamless Care Transitions

Care transitions are often high-risk moments in a patient's healthcare journey. When information does not follow the patient between providers and facilities, opportunities for timely follow-up and intervention can be missed.

- **ADT notifications** alert care teams when patients are admitted, discharged, or transferred
- **Access** discharge summaries as soon as documentation is available
- **View** medication changes across participating organizations
- **Identify** high-risk patients requiring follow-up
- **Support** post-discharge outreach and care management



Identify and Close Care Gaps

Population Explorer transforms healthcare data into actionable insights that help providers proactively manage patient populations and improve quality outcomes.

- Patients **overdue for preventive screenings**
- Patients **due for immunizations**
- Patients with **abnormal A1c results**
- At-risk populations **requiring outreach**
- Patients requiring **chronic disease follow-up**

Support for Quality Reporting

KHIE equips care teams with timely clinical data and population health insights that support quality reporting, care gap closure, and proactive patient outreach. Automated reporting capabilities reduce administrative burden, while real-time notifications and patient registries help organizations improve follow-up care, meet quality measure requirements, and enhance patient outcomes.