



CABINET FOR HEALTH
AND FAMILY SERVICES

Turning Data into Action: How KHIE Supports More Effective Care Coordination

October 13, 2026

Agenda



1. Welcome



2. Latest Updates/ What's New



3. How KHIE Addresses Challenges of Care Coordination



4. Demonstration of the Population Explorer Tool



5. Q&A



Welcome!



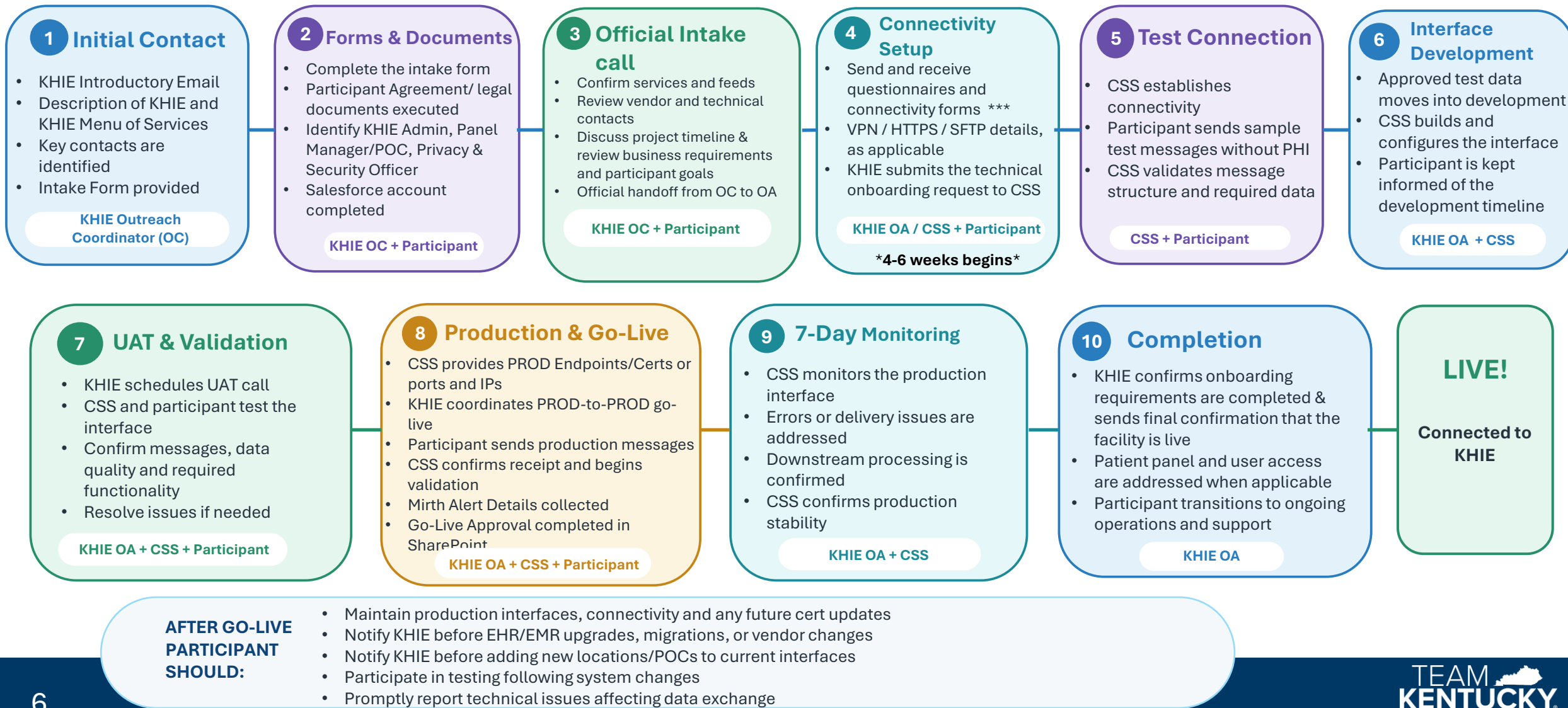
Latest Updates



Latest Updates from KHIE

Historical Data Migration	Patient Matching & Data Quality Enhancements	Participant Onboarding Improvements
• All 2025 AND 2024 historical data is now present in the KHIE Portal, ahead of schedule! • Data is available in patient records under 'Structured Documents'. • Historical data for 2023 data is now being processed.	• Continuing to strengthen patient identity matching across KHIE. • Leveraging additional demographic data elements to improve match accuracy. • Working to expand our MPI team to improve patient matching.	• Established clearer onboarding steps, expectations, and readiness requirements to help organizations move successfully toward production. • Onboarding is actively underway for organizations previously on the waitlist.

Participant Onboarding Process – Phases



What's New in KHIE?

Population Explorer/CEND	KHIE Portal (Clinical Information Application)	HIE Admin
Discharge dispositions are now displayed as descriptive labels rather than numeric codes.	New! Access beta features available immediately after they're enabled in your portal user settings. - Go to "User Settings" - Click "Beta Features" - Click "Enabled" toggle on the Beta Features you want to use. Congratulations! You are now a beta feature user.	New Enhancement: Reminder Emails now sent daily to notify HIE Administrators when an action is required.
New A1C Alerts: Available in both Bulk Extract Reports and Population Explorer.	Enhanced Timeline View: - Test names are now displayed directly in the dialog box - Access details faster by clicking directly on a Timeline View cell.	
New Preventive Screening & A1C Filters - Added Cervical, Breast, and Colorectal Cancer screening filters. - Added Abnormal A1C identification filters.	Medicaid ID available within Patient Demographics for easier access to key patient information.	
Communication of panel failure to be sent to Panel Loaders.	Discharge dispositions are now displayed as descriptive labels rather than numeric codes.	
Upcoming: Inclusion of all diagnosis codes and descriptions when data is exported.	Redesigned Patient Demographics view and Health Records view.	
Upcoming: Labor and delivery alerts delivered to a patient's providers.		



Improving Care Coordination With KHIE

How KHIE Supports Care Coordination

KHIE connects timely health information across the care continuum—helping care teams identify needs, coordinate services and support better patient outcomes. The KHIE Portal’s suite of advanced tools support effective, simplified care coordination, with integration into your usual workflows. Through the KHIE Portal, you can improve:



Timely Follow-Up

Event notifications support timely follow-up after hospital admissions, discharges, and transfers.



Preventive Care

Longitudinal clinical information gives providers greater visibility into a patient’s care history.



Care Gap Identification

Information from across participating organizations can help identify potential gaps and follow-up needs.



Behavioral Health Integration

Appropriate information sharing can support more coordinated physical and behavioral healthcare.



Transitions of Care

Timely information helps coordinate care as patients move between providers and care settings.

Timely Follow-Up

The Challenge

- Patients may miss important follow-up after a hospital stay.
- Care teams may not always know when their patients are admitted, discharged, or transferred.
- Delayed follow-up can contribute to gaps in care and avoidable readmissions.

KHIE's Solution

- Receive timely notifications when attributed patients are admitted, discharged, or transferred.
- Customize alerts based on organizational priorities, including high ED utilization and other risk indicators.
- Access discharge summaries and other clinical information as it is shared through KHIE.

Practical Takeaway

- Configure ADT alerts in Population Explorer under Settings > ADT Alerts.
- Choose dashboard, email, or both—and establish a routine workflow to prioritize follow-up.
- Establish a daily workflow to review alerts, prioritize high-risk patients, and complete timely follow-up outreach.

Care Gap Identification

The Challenge

- Patients with chronic conditions require ongoing monitoring, preventive care, and follow-up.
- Care may be spread across multiple providers and settings, making gaps harder to identify.
- Missed screenings, tests, or follow-up can contribute to complications and avoidable utilization.

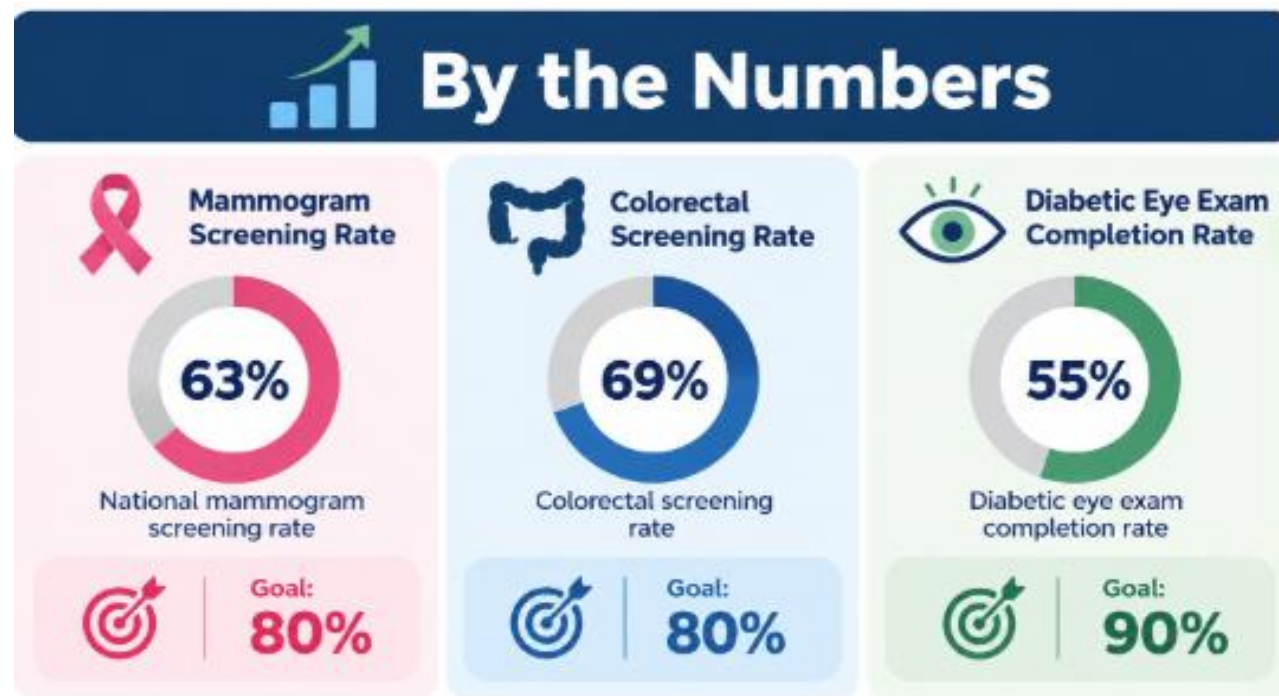
KHIE's Solution: Population Explorer

- Create condition-specific patient registries for diabetes, hypertension, asthma, heart failure, and more.
- Use available data and filters to identify potential care gaps and patients who may need follow-up.
- Bring relevant patient information together to support more coordinated care planning.
- Prioritize outreach for patients with multiple or overdue care needs.

Care Gap Practical Takeaway

Practical Takeaway

- Use Population Explorer registries and filters to identify patients with potential open care gaps.
- Prioritize outreach and incorporate care-gap review into routine population health workflows.
- Track follow-up efforts and measure progress toward quality and population health goals.



Common Care Gaps to Watch

Diabetes

- Overdue A1C testing
- Eye exam follow-up
- Foot exam follow-up
- Other diabetes-related monitoring needs

Hypertension

- Missing or overdue blood pressure monitoring
- Follow-up after elevated readings
- Medication-related follow-up needs

Heart Failure

- Missed follow-up appointments
- Medication-related follow-up
- Transitions-of-care needs after an acute event

Practical Takeaway

Use KHIE information to help identify patients who may benefit from timely outreach, follow-up, or additional care coordination.

Behavioral Health Integration

The Challenge

- Behavioral health, addiction treatment (SUD), and physical health services may occur across separate care settings.
- Limited information sharing can make it difficult for providers to see a more complete care history.
- Fragmented treatment information can create challenges for care coordination and clinical decision-making.

KHIE's Solution: Consent Tool

- Supports the capture and management of patient consent for information protected under 42 CFR Part 2.
- Allows appropriately authorized providers to access and share permitted addiction treatment information when consent requirements are met.
- Supports a more complete view of available treatment information to improve coordination across care settings.
- Helps inform care planning and prescribing decisions using information available through KHIE.

Practical Takeaway

- Understand your organization's consent workflow and use available information to support coordinated, whole-person care.
- Encourage appropriate patient-provider discussions about consent options when protected information may support care coordination.

Consent Tool in Practice

Practical Takeaway

Discuss consent options with patients when appropriate and consistent with your organization's workflow.

Review available behavioral health and addiction treatment information when coordinating care and when access is permitted.

Use available KHIE information to support safer prescribing, reduce fragmentation, and improve coordination across care settings.

KHIE Consent Tool

The screenshot displays the KHIE Consent Tool interface. On the left is a sidebar menu under 'Reports & Applications' with options: Consent Tool, Overdose Fatality Review Staging, Overdose Fatality Review, Panel Processor Staging, MDPCP eQMs Staging, Reports, and Consentric - Staging. The main area shows a 'Consent' form for a patient. The form includes fields for Date of Birth (01/01/1984), Address (4145 Earl C Adkins Dr), City (Birch River), State (WV), and Zip (26610). Below these fields is a section titled 'Information about this Consent' which contains text explaining that by completing the form, the user is allowing their 42 CFR Part 2 - Substance Use Disorder treatment provider to share information with CRISP and other healthcare team members. A 'Next' button is visible in the top right corner of the form area.

Consent Tool screenshot

Behavioral Health Success Story

The Opportunity

A KHIE partner in the CRISP Shared Services network, West Virginia Health Information Network helped Valley Healthcare Systems strengthen care coordination, reduce avoidable emergency department utilization, and support its transition to the CCBHC model.

95%

reduction in behavioral health-related ED visits

61 visits → 3 visits in four months

Behavioral Health Success Story



Real-Time Visibility

Timely awareness of patient encounters across the care continuum.



More Complete Information

Access to available medication histories, clinical information, and care-team details.



Targeted Outreach

Better identification of high-utilization patients and those needing follow-up.

Additional impact: improved follow-up and crisis planning • supported CCBHC reporting and quality improvement • enabled chronic-condition outreach

The KHIE Portal: Population Explorer

Population Explorer Benefits

Powerful insights at no additional cost to KHIE participants.

KHIE's Population Explorer tool puts actionable patient data in the hands of care teams, helping organizations move from reactive care to proactive care coordination.

Access detailed patient data and customizable insights directly within the KHIE Portal:

- Near real-time patient event notifications
- High-utilization patient identification
- Care gap and preventive screening tracking
- Custom population monitoring and outreach
- Population health and quality reporting support

The best part?

These powerful notification and population management capabilities are available to KHIE participants at no additional cost, helping organizations maximize the value of their HIE participation.



Population Explorer Overview

Population Explorer is KHIE's powerful analytics tool that turns patient data into actionable insights, helping care teams proactively manage populations, prioritize outreach, and improve care coordination.

Using Population Explorer, care teams can:

Monitor near real-time patient events and encounters across your patient populations.

Analyze patient activity at both the individual and population level.

Filter and organize results to identify trends, priorities, and opportunities for intervention.

View notification details and statuses to support care management workflows.

Review preventive services and screening information to help identify and close care gaps.

Export data for reporting, outreach, and quality improvement activities.

Launch directly into a patient's clinical record for additional clinical context.

Information Available in Population Explorer

Preventive Services	Automatic Enabled Filters
Track patients who have completed recommended preventive screenings, including: • Breast Cancer Screening • Cervical Cancer Screening • Colorectal Cancer Screening <i>Screening data is displayed separately from notifications and can be used to support preventive care initiatives and quality reporting.</i>	Death Indicator • Identify patients who have been reported as deceased Mental Health Follow-Up • Monitor patients with mental health-related diagnoses or self-harm events • Track follow-up services to support continuity of care after a behavioral health event Non-Fatal Overdose • Identify patients who have experienced a non-fatal overdose • Enable timely outreach, care coordination, and connection to support services

Customizable Filtering in Population Explorer



In Population Explorer, users can create **basic filters** using common criteria such as admission date, discharge date, encounter type, or patient identifiers. For example, users can find “***all patients discharged from the emergency department yesterday.***”

For more powerful filtering, the **Advanced Filter Builder** allows users to create more detailed and customized searches for patient populations, such as:

- Allowing multiple criteria to be combined to narrow down results.
- Using if/then-style logic and conditions to help users drill down to the information they need.
- Helping users find specific groups of patients or events when Quick Filters are not detailed enough.
- Providing greater flexibility for creating targeted searches based on available data.

The Advanced Filter Builder must be enabled before first use. For details, please see page 16 of the [Population Explorer User Guide](#).

Population Explorer Demonstration

[Click here to view the demonstration](#)

Questions?



Thank You

Visit our website:
www.khie.ky.gov

Email us: khie@ky.gov