



SHARE

State Health Alliance FOR Records Exchange

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SHARE a Key Component to Transitions of Care (TOC)

Access to real time patient data when you need it

Without good communication between providers, patient care may suffer. In an effort to improve care coordination, Long term post-acute care (LTPAC), behavioral health, primary care providers and hospitals are using the statewide health information exchange (SHARE) to improve their transitions of care.

Transitions of Care (TOCs) “refer to the movement of patients between health care locations, providers, or different levels of care within the same location as their conditions and care needs change. Transitions of Care are a set of actions designed to ensure coordination and continuity of care. They should be based on a comprehensive care plan and the availability of practitioners who have current information about the patient’s treatment goals, preferences, and health or clinical status.”¹ The lack of connectivity between providers in the health care system is a nationally recognized problem².

Studies show that if a patient has been contacted by their doctor within 48 hours of discharge, the patient is more likely to follow instructions and less likely to be readmitted to the hospital while improving the transition of care to that patient.³ After receiving notifications when a patient is admitted or discharged from the hospital through SHARE, health care providers are able to better manage patients during care transitions. This results in lower rates of readmission and higher rates of medication adherence which all translates into better care and lower costs for the provider and patient.

OHIT Interim Director Shirley Tyson stated, “Health information exchanges, like SHARE, play an important role in supporting transitions of care and value based care. By building just one data connection to the HIE, providers can exchange information with hospitals and practices on the network, rather than buying and building individual interfaces to each.” Tyson added that this potentially saves providers time and money, and allows them to provide more personalized care when a patient is transitioning from a hospital allowing for prompt care. In an effort to improve TOCs, the Office of the National Coordinator included it as a part of its Meaningful Use (MU) Standard.⁴ SHARE can help meet MU Standards by providing a summary care record for each transition of care or referral where the recipient receives the summary of care record via exchange.

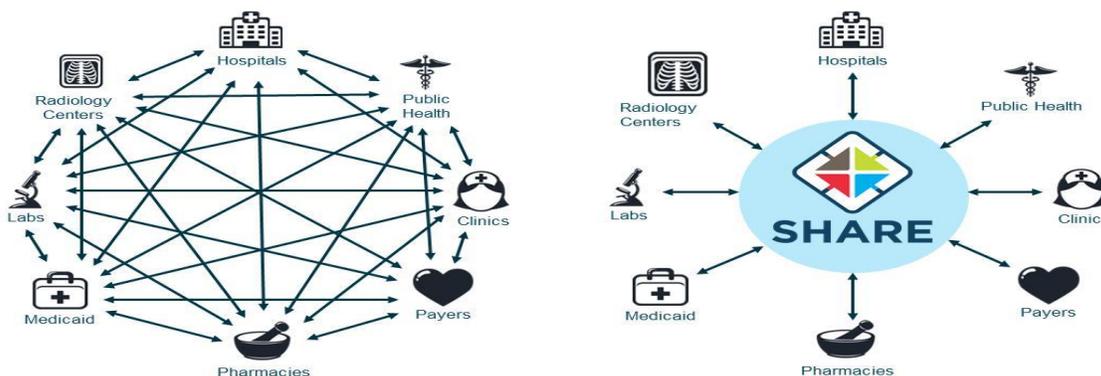
Health professionals across Arkansas can work on TOCs in care teams using SHARE to coordinate and improve the safety and effectiveness of care transitions. Improvements in care are needed for all transitions—from one setting to another (e.g., hospital to nursing home), care transitions within an institution (e.g., between units, or emergency department to hospital admission), and from a health care setting to the care of the family and community at home (e.g., hospital or nursing home to home care). SHARE can provide health care providers key information in real time by providing the most accurate and up-to-date information available on each patient. Providers using SHARE are able to ensure proper follow-up with patient referrals to include Behavioral Health, primary care and Long-term Post-Acute Care that provides better care coordination, improving the treatment, and having better outcomes.

Care coordination is a dynamic process that allows patient health information to be available when and where it is needed in real time.⁶ Currently, many electronic health records do not “talk” to each other, creating delays, which adds cost and erodes quality and timeliness of interventions. By connecting to SHARE, providers can access current medical information that is meaningful and accurate and available to all members of the health care team, regardless of location while improving transitions of care throughout Arkansas.

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About SHARE

The State Health Alliance for Records Exchange (SHARE) is a secure, electronic system that allows authorized health care providers, health services professionals and public health authorities in Arkansas to exchange accurate patient medical information in real time. The Arkansas Office of Health Information Technology (OHIT), created by Act 891 of 2011, has implemented SHARE in a series of phases, beginning with Secure Messaging to help providers meet meaningful use requirements, and a fully-functional health information exchange (HIE) that gives health care providers access to hospital discharge summaries, lab results, immunization records and other vital information. For more information, visit www.SHAREarkansas.com.



[1] National Transitions of Care Coalition, 2010. Position Paper: Improving Transitions of Care with Health Information Technology, available at: <http://www.ntocc.org/Portals/0/PDF/Resources/HITPaper.pdf>

[2] See Statement of Richard J. Gilfillan, M.D., Director, Center for Medicare and Medicaid Innovation, Centers for Medicare & Medicaid Services on Reform of the Delivery System, Before the Committee on Finance, U.S. Senate, March 20, 2013.

[3] National Institute for Health Care Reform. Physician Visits After Hospital Discharge: Implications for Reducing Readmissions. Washington, DC, US: NIHCR; 2011. http://www.nihcr.org/Reducing_Readmissions.html.

[4] Transitions of Care (TOC) Measures in the Stage 2 Summary of Care Objective; 2014. https://www.healthit.gov/sites/default/files/transitions_of_care_toc_0.pdf

[5] Kaelber DC, Bates DW: Health information exchange and patient safety. *Journal of Biomedical Informatics* 2007, 40:S40-S45.

[6] Shapiro JS, Kannry J, Lipton M, Goldberg E, Conocenti P, Stuard S, Wyatt BM, Kuperman G: Approaches to patient health information exchange and their impact on emergency medicine. *Annals of Emergency Medicine* 2006, 48:426–432.