

HEALTH IT
CERTIFICATION



HIE

(Health Information Exchange)

Goals and Governance

Course V.

Content for CPHIE

Introducing . . .



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Objectives

- Upon completion of this course, participants should be able to:
 - Describe the need for and define health information exchange (HIE)
 - Identify participants in HIE
 - List steps for forming a successful HIE
 - Define governance and its attributes, and describe organizing and governance models for HIE
 - Identify challenges in HIE and critical success factors to overcome barriers
 - Describe the value proposition, set measurable goals, identify funding and financing sources, and build and manage to a business case for an HIE

Topics

Part 1. Introduction to HIE

Part 2. Steps to HIE Formation

Part 3. Governance Models and Overcoming Barriers

Part 4. Business Case, Funding and Financing Sources, and Managing Return on Investment

HIE

Goals and Governance

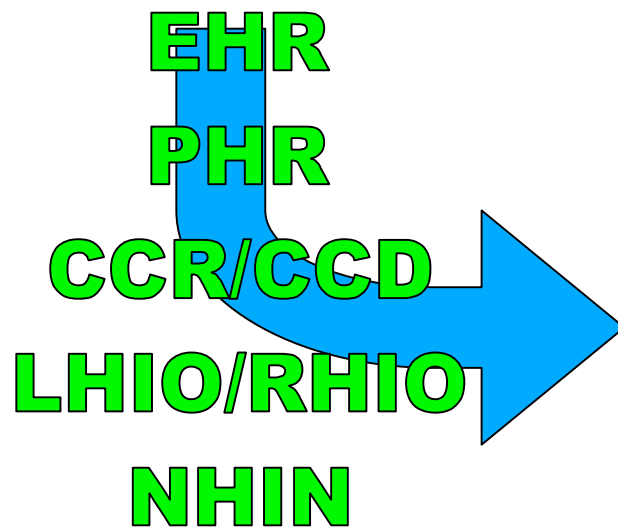
Part 1. Introduction to HIE

Content Part 1.

- Need for HIE
- Definitions of HIE
- HIE Architectural Models
- Data Stewardship within HIE

Need for HIE

- Fragmented system of care
- Multiple care settings
- Medical specialization
- Mobility of patients
- Health plan changes
- Global economy



Network

Record Locator

Person ID

Privacy & Security

- Access to data issues
- Coordination of care issues
- Duplicate tests, contraindicated medications, treatment delays
- Health maintenance
- Public health & biosurveillance
- Quality of care information

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Definition of HIE

- HIE is seamless exchange of health information in support of
 - improved care delivery
 - preventative and population health
 - efficiencies for the healthcare delivery system
 - consumer empowerment and health maintenance
- HIE is also a formalized concept of
 - specific agreements made among connection points
 - for the private and secure exchange of health information
 - among parties who conform to a model, agreement, or ultimately a certification process for use of a network
- HIE may refer to the vendor supplying the data integration and/or connectivity
 - which the Certification Commission for Health Information Technology (CCHIT) expects to certify in 2008

Health Affairs Taxonomy of HIEI

1. Non-electronic data exchange

- Examples: postal mail or telephone

2. Machine-transportable data

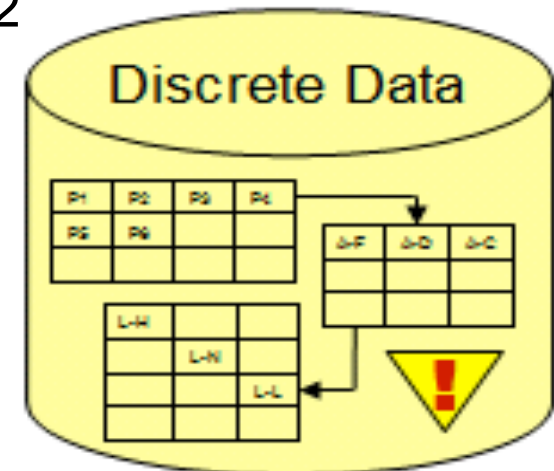
- Transmission of non-standardized information
- Examples: fax, other scanned image forms, PDF files, HL7 Clinical Data Architecture (CDA) Levels 1-2

3. Machine-organizable data

- Transmission of structured messages containing non-standardized data, requiring interfaces
- Examples: proprietary file formats, HL7 Clinical Data Architecture (CDA) Levels 2-3, HL-7 messages

4. Machine-interpretable data

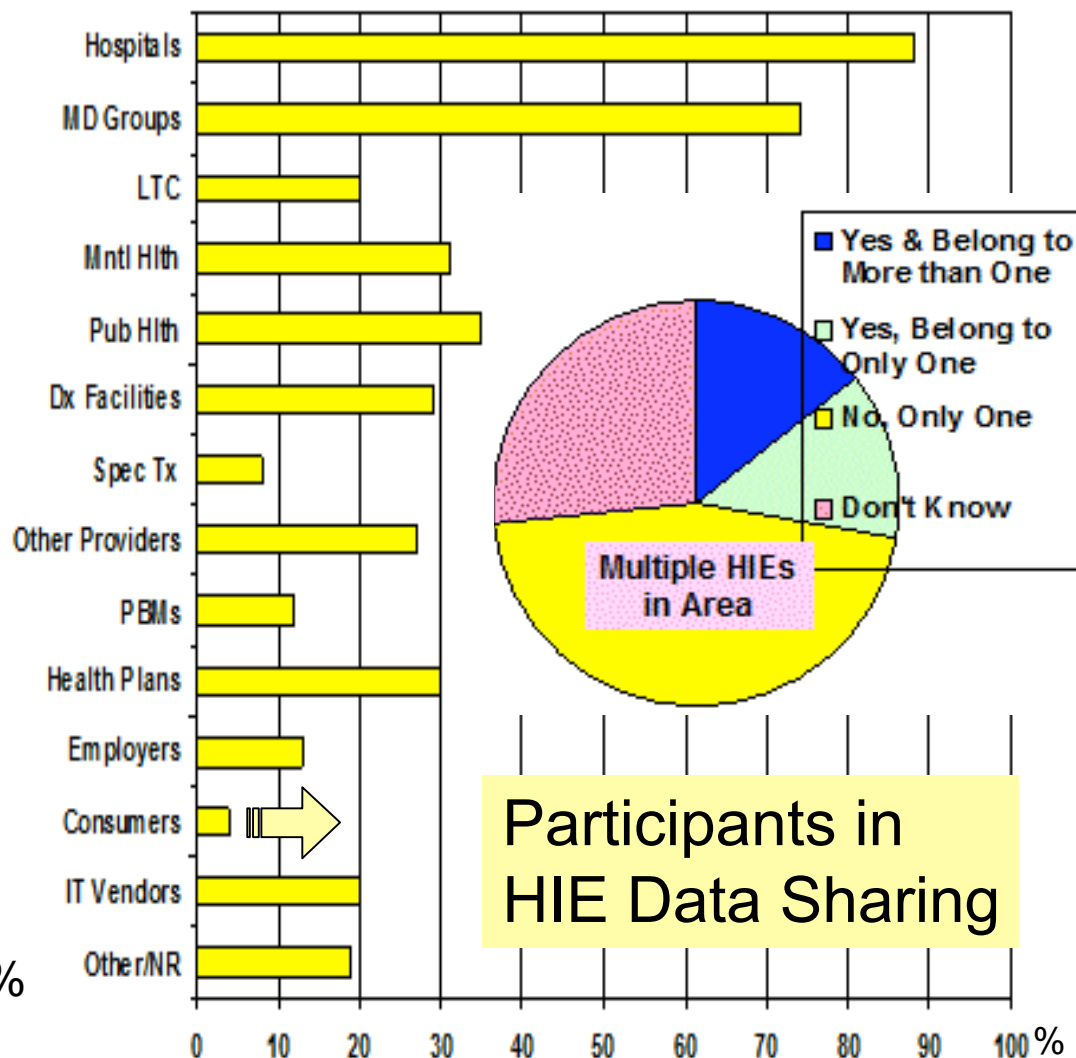
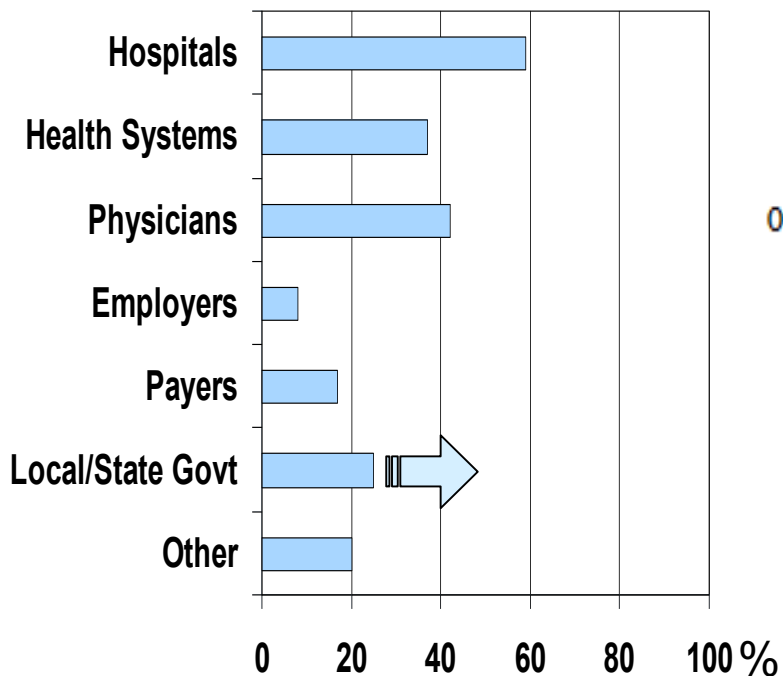
- Transmission of structured messages containing standardized and coded data
- Example: ELINCS exchange of LOINC-encoded lab data



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HIE Parties to Data Sharing

Organizations Responsible for Creation of HIE



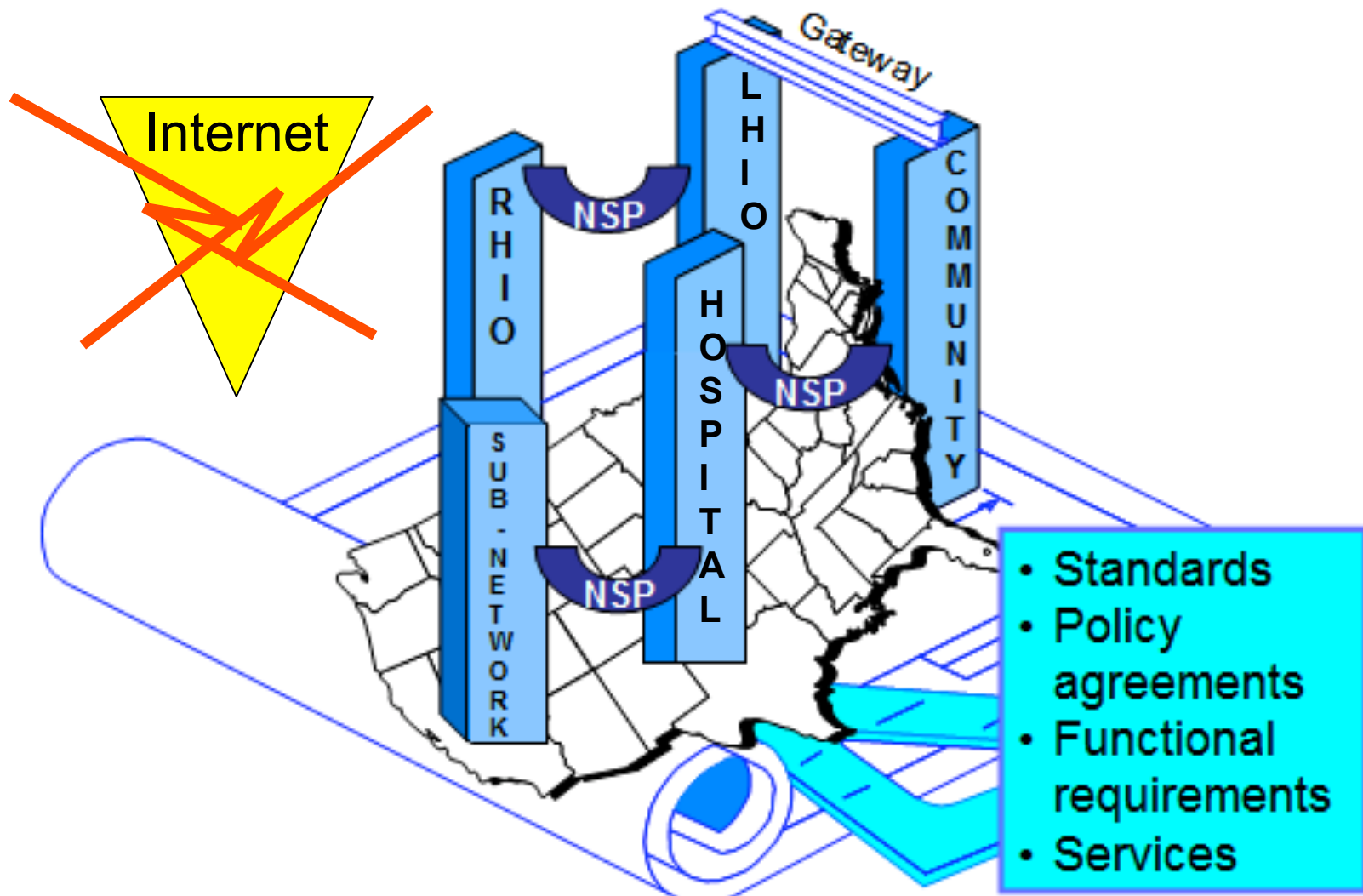
Participants in HIE Data Sharing

RHIO Survey, *Healthcare Informatics*, September 2005

HIE Architectural Models

- Models:
 - **Federated**: multiple independent enterprises (generally in the same region) agree to connect and share specific information largely **without a centralized repository**
 - **Consolidated** (a.k.a., co-op, or community): multiple independent enterprises (in the same region) agree to share resources and create/share a **central repository** to do so, at least in part
 - **Hybrid**: combination of federated and consolidated models
- Nationwide health information network (NHIN)
 - HIE across the nation

NHIN Conceptual Model



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Data Stewardship

- Stewardship . . . is personal responsibility for taking care of something one does not own
- **Data stewardship** (corporate) is the management of the corporation's data assets in order to improve their reusability, accessibility, and quality. Data stewardship needs are especially recognized when using data warehouses for data mining
- **Health data stewardship** (AMIA) “encompasses the responsibilities and accountabilities associated with managing, collecting, viewing, storing, sharing, disclosing, or otherwise making use of personal health information”

Health Data Stewardship Attributes						
<i>Accountability/ Chain of Trust</i>	<i>Transparency</i>	<i>Individual Participation</i>	<i>HIPAA De- identification</i>	<i>Security Safeguards & Controls</i>	<i>Data Quality & Integrity</i>	<i>Oversight of Data Uses</i>

National Committee on Vital and Health Statistics, Report to the Secretary of the U.S. Department of Health and Human Services on **Enhanced Protections for Uses of Health Data: A Stewardship Framework for “Secondary Uses”** of Electronically Collected and Transmitted Health Data, December 19, 2007

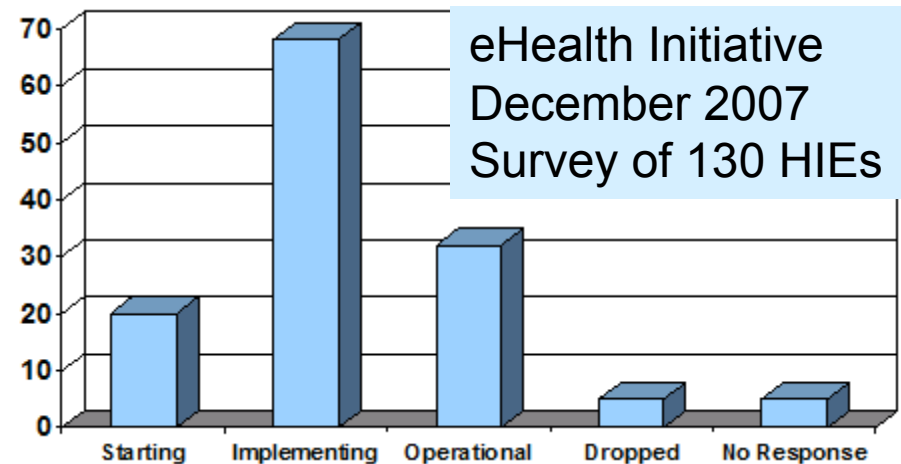
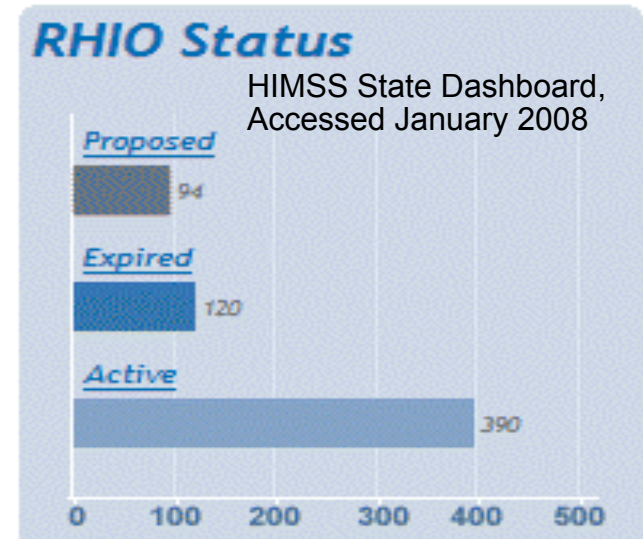
HIE

Goals and Governance

Part 2. Steps to HIE Formation

Content Part 2.

- Resources
- eHealth Initiative Roadmap
 - Getting started
 - Organization and governance
 - Value creation and financing
 - Practice transformation
 - Policies for information sharing
 - Technology
 - Public policy and advocacy



HIE Resources

- **Agency for Healthcare Research and Quality**
(www.ahrq.gov) administers government funding for HIT and HIE projects
- **Connecting for Health and Markle Foundation**
(www.connectingforhealth.org and www.markle.org)
- **eHealth Initiative (eHI)** and eHealth Initiative Foundation
(www.ehealthinitiative.org)
- **Healthcare Information Management and Systems Society** (www.himss.org) HIMSS State Dashboard
- **Health Resources and Services Administration**
(www.hrsa.gov) provides government funding for HIT and HIE projects
- **Robert Wood Johnson Foundation** (www.rwjf.org)

E-Health Initiative Roadmap

1. Getting Started

- a. Explore opportunities and barriers
- b. Create a mission and vision
- c. Develop a communication plan
- d. Identify stakeholders

2. Organization & Governance

- a. Develop recognition among stakeholders about value
- b. Hold an initial meeting of community stakeholders
- c. Conduct follow-up research and communications
- d. Hold organizational meeting(s)
- e. (If necessary) File articles of incorporation

3. Value Creation & Financing

- a. Identify readiness and local needs
- b. Engage all stakeholders and address concerns early
- c. Identify and prioritize functionalities
- d. Model operational costs
- e. Identify and explain value
- f. Identify sources of revenue for long term sustainability
- g. Identify and address interim steps that may not be beneficial to all stakeholders
- h. Engage stakeholders in evaluating incentive programs
- i. Institute evaluation program

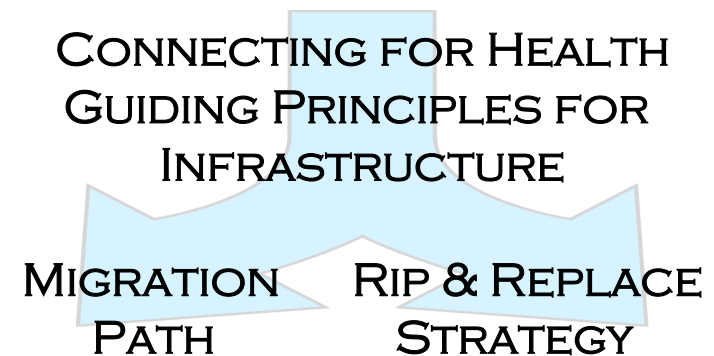
E-Health Initiative Roadmap

4. Practice Transformation

- a. Identify start up costs for EHR
- b. Identify benefits of EHR and care transformation
- c. Review resources for EHR
- d. Evaluate incentives or financing
- e. Identify potential P4P programs
- f. Identify a physician champion
- g. Discuss cultural impact of EHR
- h. Identify and prioritize interfaces to outside information sources
- i. Develop long term plan for add on functionality
- j. Analyze workflows and business case for new care models

5. Policies for Information Sharing

- a. Review and understand privacy and security for data sharing
- b. Apply principles of data sharing to specific use cases
- c. Reach consensus on real limits for initial implementation
- d. Work through model agreements with all stakeholders for each use case



E-Health Initiative Roadmap

6. Technology

- a. Review policy issues impacting technology
- b. Ensure data sharing agreements are in place
- c. Decide on architectural solutions relative to privacy, confidentiality, and security; link to use cases
- d. Address terminology (coding and translating) and message standards for data transmission
- e. Design network support services
- f. Decide on hardware and software in order to implement above decisions

7. Public Policy & Advocacy

- a. Communicate to state legislators and U.S. Senators and Representatives about regulatory barriers to HIE and to deliver important requests for seed funding
- b. Conduct grassroots advocacy to tell stories about local needs, successes, and situations – both good and vexing
- c. Build relationships with members of Congress, their staffs, and state officials
- d. Maintain regular communication with your legislators

HIE

Goals and Governance

Part 3. Governance Models and Overcoming Barriers

Content Part 3.

- HIE Organizing Models
- HIE Governance
 - Attributes
 - Stakeholders
 - Models
- Challenges and Lessons Learned to Overcome Barriers

HIE Organizing Models

- Integrated Delivery Network (IDN)/Health System
 - Special cases: Veterans Administration, Department of Defense, Indian Health Service
- Geographically Defined
 - Regional (RHIO)
 - Local (LHIO)/Connected Community
 - Statewide HIE
- Other Models
 - Community health information exchange
 - Health record banking
 - Data pooling
- NHIN
 - Sub-Network Organization (SNO)
 - Prototypes
 - Pilot implementations

Lessons Learned from IDNs:

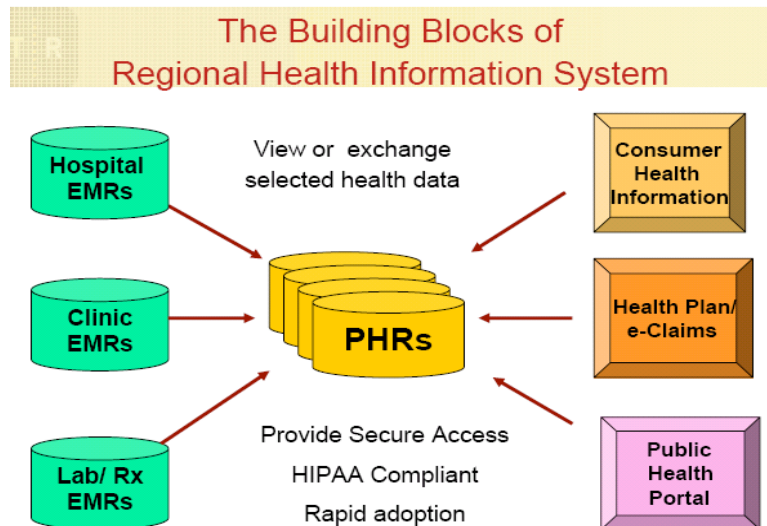
- False assumptions
- Too much too fast
 - Learning curve
- Structure vs. process
- Lack of competence in new markets
 - Managing opposites
 - Focus on competitive rather than consumer interests

Emerging HR Banking Concept

- Distinguished from healthcare banks that enable consumers to administer health reimbursement
- Health record banks emulate commercial banking:
 - An organization would serve as a trusted custodian of up-to-date copies of any electronic healthcare information selected by the consumer for inclusion in his or her account
 - Access to the information would be controlled by the consumer, who would make the information available to healthcare providers and others as necessary
- Health record banks draw upon the concept of personal health records
- The Health Record Banking Alliance at www.healthbanking.org identifies interest by several states in using this model for HIE

HR Banking Case Study

- **Willmar PHR Project for Health Information Exchange**, funded by MN e-Health Initiative Grant Program & co-sponsored as research study for patients with congestive heart failure by University of Minnesota & Stratis Health



Goals: Provide single source for remote access to individual patients' health information, to improve:

- » Health information exchange
- » Health outcomes
- » Patient-provider relationships

Project: Implement a personal health record as a central registry of current medications & medical history with chronological history of changes to registry by any provider. Patients can authorize viewing PHR & medication list by any health provider at point of care, and can be reminded through e-mail to document any changes

- What issues do you expect Willmar is facing?
- Do you believe the project is set up for providers or patients?
- How might Willmar measure success?

Data Sharing vs. Data Pooling

PREDOMINANT FOCUS:

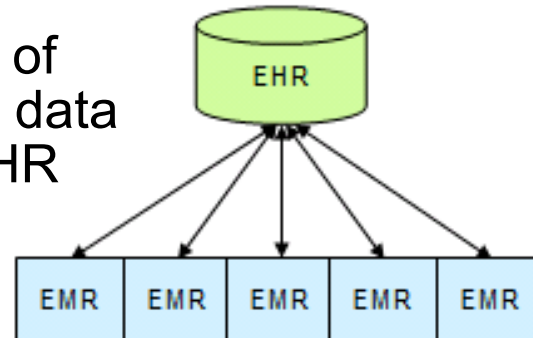
- HIE
 - Initially directed toward achieving **economies of scale** in HIE
- Provider IT
 - **Clinical process improvement** with HIE

VS.

Examples:

- CMS Value-Driven Health Care
- Blue Health IntelligenceSM
- CDC BioSense Project
- Commercial, e.g., Thomson Medstat
 - Joint Commission ORYX Performance Measure Reporting
 - Top 100 Hospitals

Alberta Canada model of local EMR contributing data for HIE to provincial EHR



Value-Driven Health Care

Transparency: Better Care Lower Cost

- Objective is to provide the public and providers with reliable and consistent measures of quality care, based on four cornerstones:
 - Connecting system, including standards and support for e-health
 - Measuring and publishing quality data
 - Measuring and publishing price information
 - Creating positive incentives
- Three components:
 - **Better Quality Information (BQI)** for Medicare Beneficiaries: Aggregate commercial, Medicare, and Medicaid administrative data
 - **Community Leaders** for Value Driven Health Care: Precursor to becoming a Value Exchange (VE)
 - **Value Exchanges:** Facilitate use of provider-level measurement across six Institute of Medicine domains (safety, timeliness, effectiveness, efficiency, equity, and patient-centered care) and foster collaboration across multiple stakeholders in the community of interest and serve as a hub for sharing information and dialogue

Blue Health IntelligenceSM (BHI)

- “**BHI** brings together claims experience of 79 million Blue Cross and Blue Shield (BCBS) members nationwide with all personal details removed, making BHI the broadest, deepest pool of claims information ever created, with proportionate advantage in accuracy.”
- BHI will create opportunities for physicians, researchers, and health policy makers – working with BCBS companies – to improve quality and consistency of care.
- Employers will receive comprehensive information, comparisons with organizations like their own and specific recommendations for improving their benefit design, including:
 - Inpatient, outpatient and professional services data
 - Insights into demographic and risk trends
 - Insights into disease states and high-cost claims experience
- **Blue Distinction** is a planned program to:
 - Engage consumers to enable more informed healthcare decisions
 - Collaborate with providers to improve quality outcomes and affordability

HIE Governance Attributes

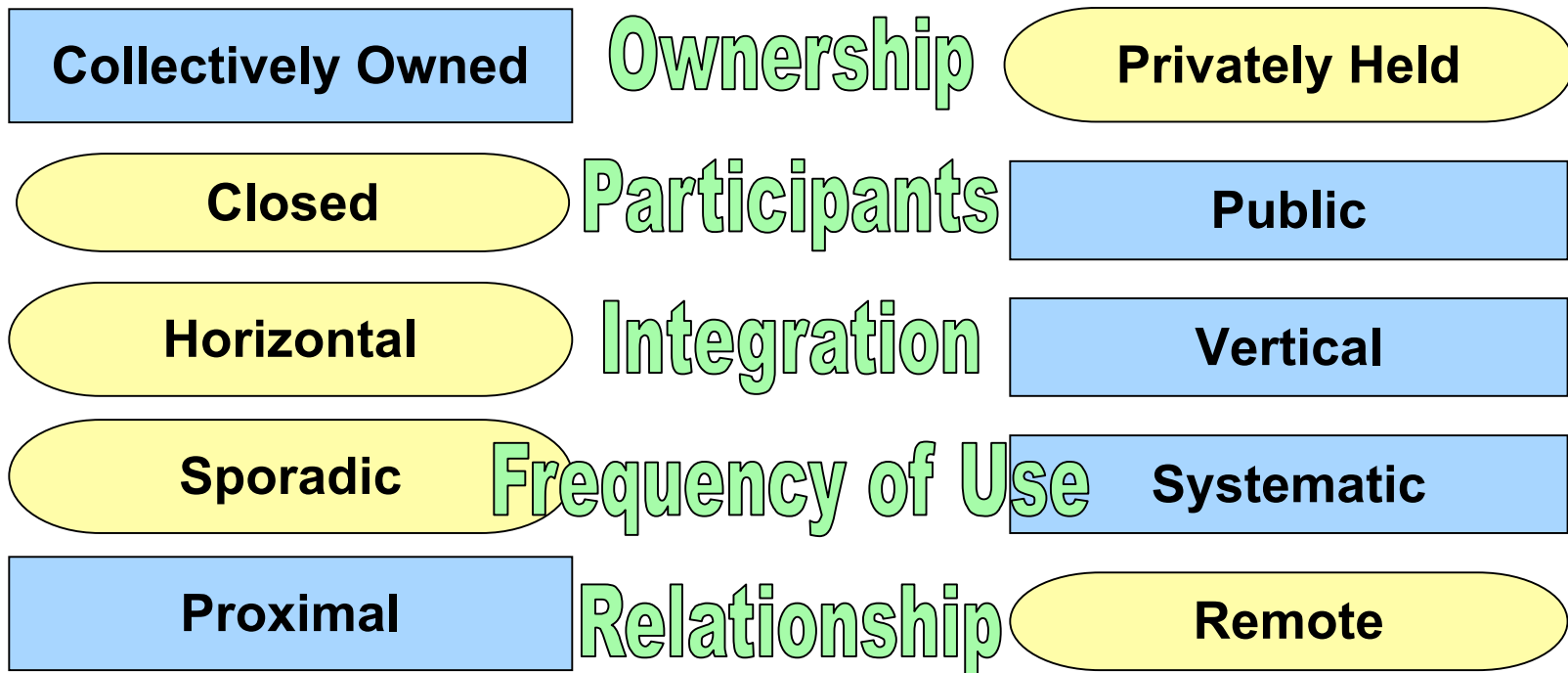
- **Governance** may be defined as rules of a political system to solve conflicts & make decisions, including proper functioning of organizations and their acceptance by the public (**legitimacy**)
- Governance is not government, although sometimes governments are set up to perform these functions
- Governance is used to invoke the efficacy of government and achievement of consensus by democratic means (**participation**)
- In a non-profit organization, governance develops and manages consistent, cohesive policies, processes, and decision rights

From: United Nations Development Programme

HIEs require:

- Engagement of all stakeholders
- Recognition of
 - Organizationally competitive environment
 - Patient-centric goals
- Trusting relationships
- Information sharing policies and procedures, that must be:
Bill Braithwaite, MD, PhD, July 17, 2006
 - Under contract
 - Minimum necessary and not impinge on local decisions unless absolutely necessary
 - Based on mutually agreed upon principles

Governance Attributes of Inter-Organizational Systems



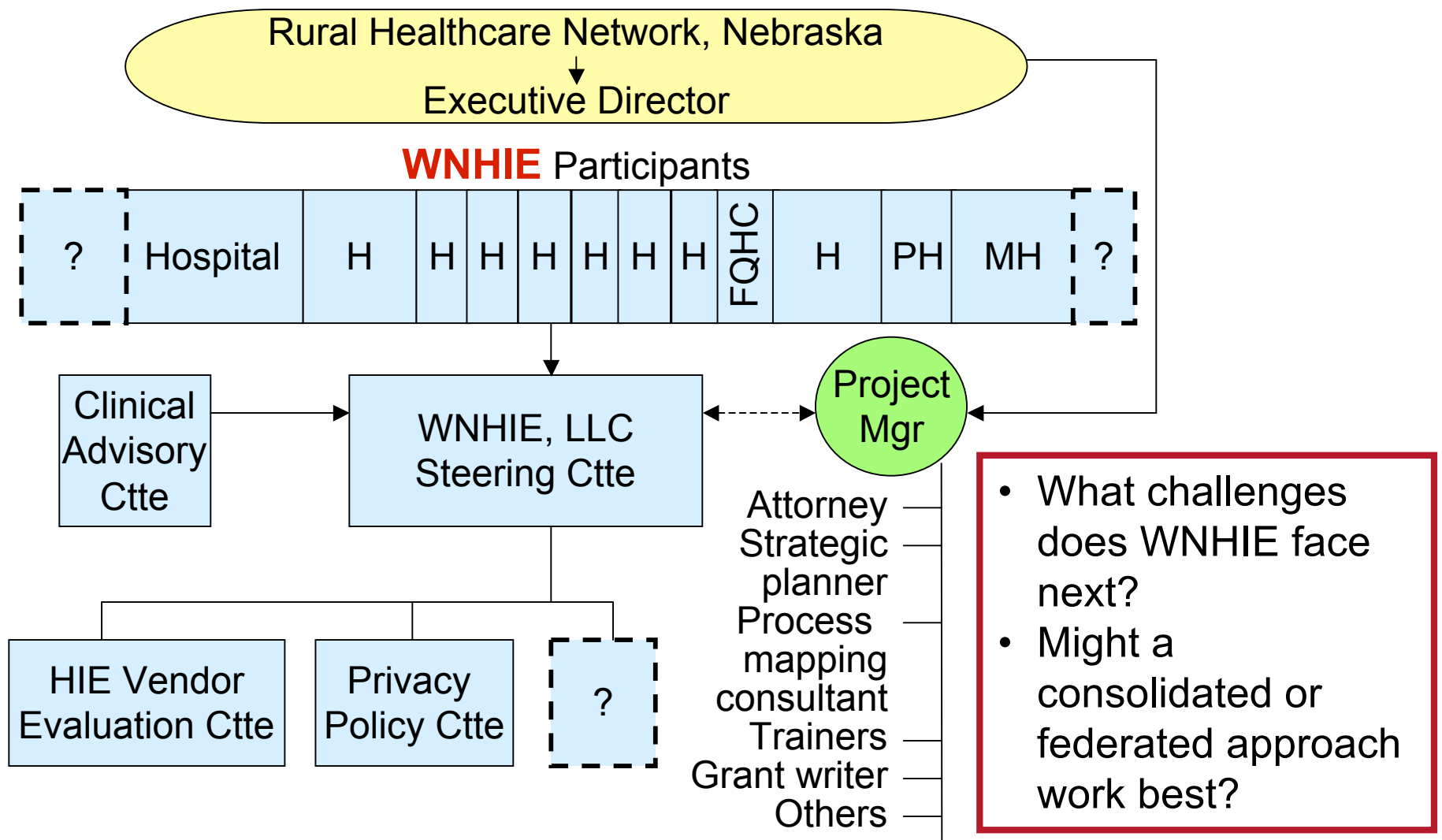
Example: Most HIEs today

Example: Drug research

Are these the "right" attributes for HIE?

Glaser and Lo, "Concepts for Building Inter-Organizational Systems for Healthcare: Lessons from Other Industries," *Journal of Healthcare Information Management*, Vol. 20, No. 3

Rural HIE Governance Model Case Study



Other Governance Models

- **Electronic commerce models**
 - Utah Health Information Network (UHIN)
 - Since 1993, coalition of insurers, providers, and others
 - To reduce costs through use of electronic data interchange (EDI)
 - Provides private, secure electronic postal service
 - Charging only for costs of running network
 - New England Healthcare EDI Network (NEHEN)
 - Since 1998, membership organization managed by CSC
 - For point-to-point exchange of standard transactions
 - All members pay a flat monthly fee regardless of number of transactions
- **Clinical messaging in communities**
 - HealthBridge, Cincinnati
 - Since 2004, coalition of hospitals & other community leaders
 - Using technology to “push” patient records through a physician portal
 - Funded by 5-year loan from 5 health systems & 2 insurers + member fees
 - Taconic Healthcare Information Network (THINC), Fishkill, NY
 - Physician-driven HIE, focusing on technology & narrow band of functionality
 - Massachusetts Simplifying Healthcare among Regional Entities Initiative (MA-Share)
 - Operated by MA Health Data Consortium, initially funded BCBSMA
 - MedsInfo in ED Project
 - E-Prescribing Gateway Project

Still Other HIE Governance Models

- **State health information network models**

- Delaware Health Information Network (DHIN)

- Initially focused on EDI,
- Long term goals for research and policymaking, such as:

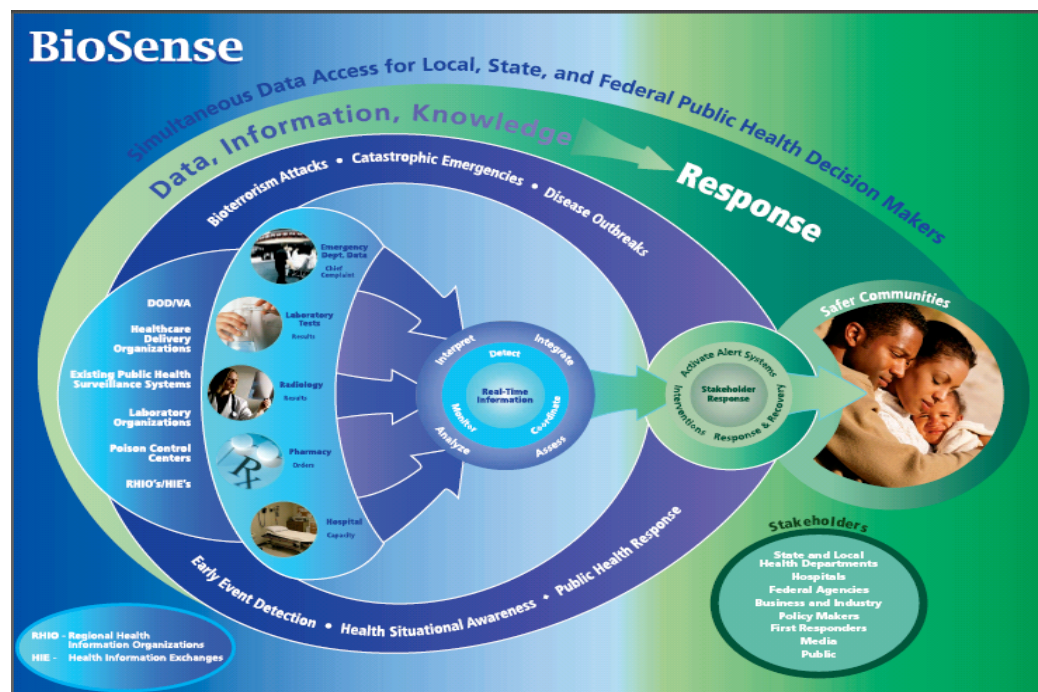
- Identify health care problems
- Measure and understand changes in health status
- Develop more competitive and consumer-oriented health care marketplace to gauge value in terms of cost, quality, access
- Analyze comparative information on health status and socioeconomic indicators
- Utilize national, regional, & “best practice” benchmarks

- **Public health as enabler of HIE**

–San Joaquin County HIE goals over time:

- Integrate public health lab and clinical services master person index (MPI)
- Integrate communicable disease & epidemiology functions
- Integrate public health data within county
- Fit into a RHIO

–Centers for Disease Control and Prevention (CDC)



Factors for Overcoming Barriers

- **Barriers**

- Lack of clear objective: exchange data or save money?
- Diverse cultures and focus of stakeholders; lack of polarity management skills
- Competitive environment; too much too quickly
- Misunderstanding, unfounded apprehension, or specific fears concerning privacy/legal issues
- Lack of consumer engagement
- Structure without process integration
- Lack of standards & technical infrastructure
- Need for sustainability & value proposition

- **Success Factors**

- Avoid jumping to governance in advance of objective
- Make HIE inclusive
- Learn about trust & building consensus
- Keep focus simple
- Create immediate practical value
- Use technology to accommodate diverse levels of sophistication
- Focus on workflow
- Measure performance
- Be proactive in sharing aggregated data to demonstrate value
- Develop & assure adherence to common set of principles & standards for policy & technical aspects of information sharing

Building Consensus

Everyone wants progress, but no one wants change

- Goal is for HIE to be a central, neutral and conciliatory foundation for building value in a situation of competing values and priorities
 - For example, reduction in duplicate lab tests may reduce expenses for payers and be preferred by patients, but may cover a hospital's cost of caring for uninsured
- HIE leadership should reflect, or inject, a foundation where communal goals can be achieved

1. Each stakeholder identifies their value propositions without interruption
2. Each stakeholder repeats or describes the other stakeholders' values
3. Each stakeholder describes how others' value propositions are in conflict with their own
4. Stakeholders brainstorm to find creative solutions/prioritization of projects that will lead to achievement of communal goals
5. Each stakeholder volunteers how they will contribute to communal goals
6. A formal agreement is drawn, with agreed-upon actions for all stakeholders, and including any agreements to disagree
7. A procedure is identified should disagreement arise
8. Progress toward goals is monitored, and rewarded or celebrated

HIE

Goals and Governance

Part 4. Business Case, Funding and Financing Sources, and Return on Investment

Content Part 4.

- Value Proposition for HIE
- Samples of Estimated Benefits and Costs
- Setting Goals and Expectations
- Building and Achieving a Business Case for HIE
- Sources of Funds
- Uses of Funds/Budgeting
- Return on Investment

Value Proposition for HIE

- U.S. healthcare costs expected to consume nearly 16% of gross domestic product in 2007, almost \$2 trillion. Costs rise at a rate of 7% to 10% each year.

Thornewill, J. and R. J. Esterhay, Capitalizing the NHIN: A Strategy for Funding an Integrated Nationwide Network of Community HIEs, *Journal of Health Information Management*, Vol. 21, No. 3, Summer 2007.

- Potential cost containment through HIE estimates, range from
 - \$77.8B per year (5% of \$1.6T total U.S. health care cost in 2003)

Walker, J, et al, The Value of Health care Information Exchange and Interoperability, *Health Affairs*, January 2005.

- 8% to 20%

Middleton, B. Evaluating the Value of Healthcare Information Technology: Finding the Diamond in the Rough, and Tumble, AMIA Annual Symposium Proceedings, 2006; 1172-1173.

Samples of Estimated Benefits

- Value of alerts to potential lab test redundancy (13.7%) and test cost (\$87.81) = **\$31.8 B annual national benefit**
- Value of reduction in avoided imaging procedures = **\$26.2 B annual national benefit**
- Also eliminates medical errors associated with reporting results orally, delays in treatment due to need to repeat tests or not having reminders when follow-up studies are indicated; reduction in inconvenience of repeat testing; and for imaging procedures, the ability to recommend optimal testing, avoid test contraindications, and lessen adverse environmental impacts
- Reduction in phone calls between providers and pharmacists through use of e-prescribing (that manages prescription writing, fill status, refills, and formulary adherence) = **\$2.71 B per year**
- Complete medication lists also improve patient safety in reducing duplicate therapy, drug interactions, and other adverse drug events; reduce medication abuse; increase compliance with therapeutic regimen; enable drug recall and support post-marketing surveillance

Walker, J, et al, The Value of Health care Information Exchange and Interoperability, *Health Affairs*, January 2005.

Estimated Costs and Net Value

- Medium-sized hospital (50-199 beds) participation in HIE
 - Initial investment in clinical systems and interfaces to achieve full interoperability for HIE = \$2.7M
 - Annual maintenance = \$250,000

Walker, J, et al, The Value of Health care Information Exchange and Interoperability, *Health Affairs*, January 2005.

- HIE start up and ongoing costs
 - \$5.0M to \$12.0M development costs
 - \$2.0M to \$3.0M operating costs

Special Supplement to *H&HN*, A Primer for Building RHIOs, 2006

- Net value of national adoption of HIE

	Implementation Years 1-10	Annual, Starting Year 11
Benefits	\$613B	\$94.3B
Costs	\$276B	\$16.5B
Net value	\$337B	\$77.8B

Walker, J, et al, The Value of Health care Information Exchange and Interoperability, *Health Affairs*, January 2005.

Setting Goals and Expectations

Objectives

- Save money
- Reduce costs
- Improve health of citizens
- Reduce medical errors

Value is both

What is the purpose of the HIE?

1. Define objectives before starting
2. Ensure objectives work for all
3. Focus objectives for early wins
4. Ensure objectives sustain the future

EXAMPLE OF GOAL:

- Provide access to lab results to reduce redundancy by 10% and treatment delays by an average of 3 days

Measurable goals help set expectations, for not only successful implementation but full adoption of HIE

**You can't manage
what you can't measure**

Building a Business Case for HIE

1. Readiness Assessment

- Objectives, opportunities, strategic alignment among stakeholders
- Leadership, funding resources, technology
- Market demand for functionalities; baseline data for all functionality variables and projected changes over time
- Measurable goals for HIE and timeline

2. Value Proposition

- Revenue sources
- Start up and ongoing costs
- Operations, market, and execution risk
- Potential value of functionalities

3. Business Plan

- Financial projections/ROI and requirements
- Governance, technology, funding, and financing commitments

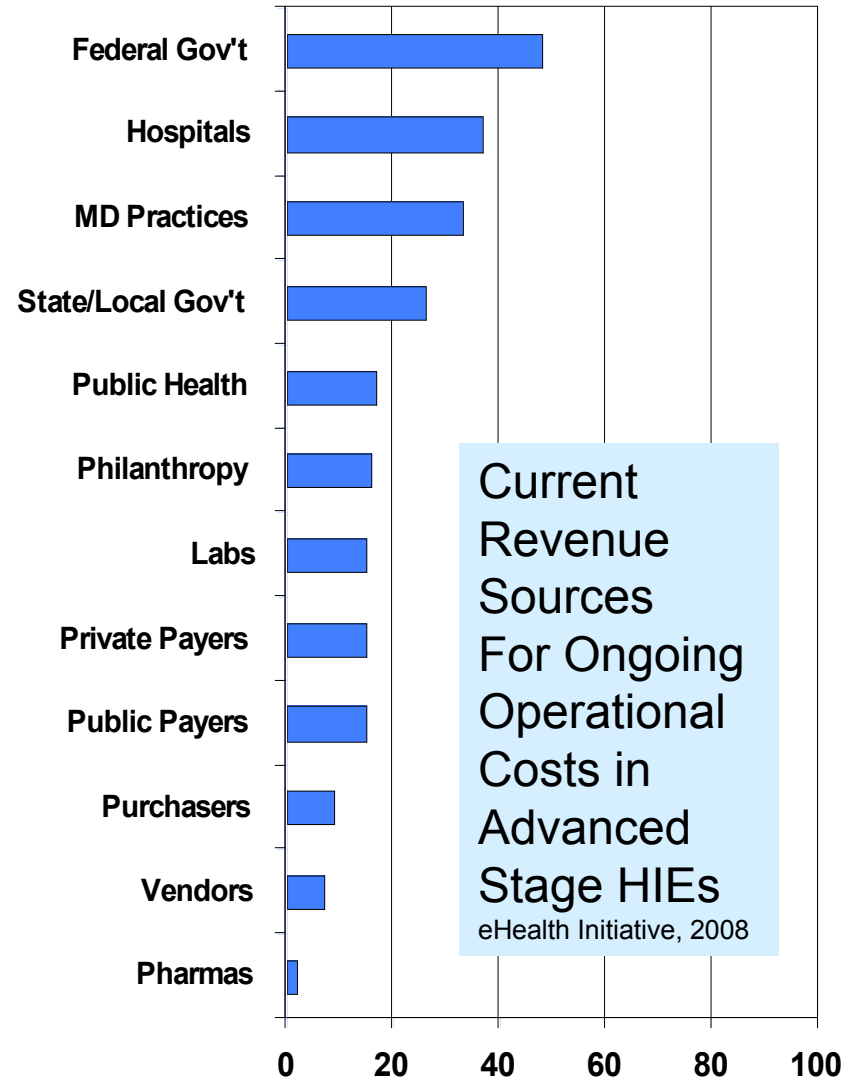
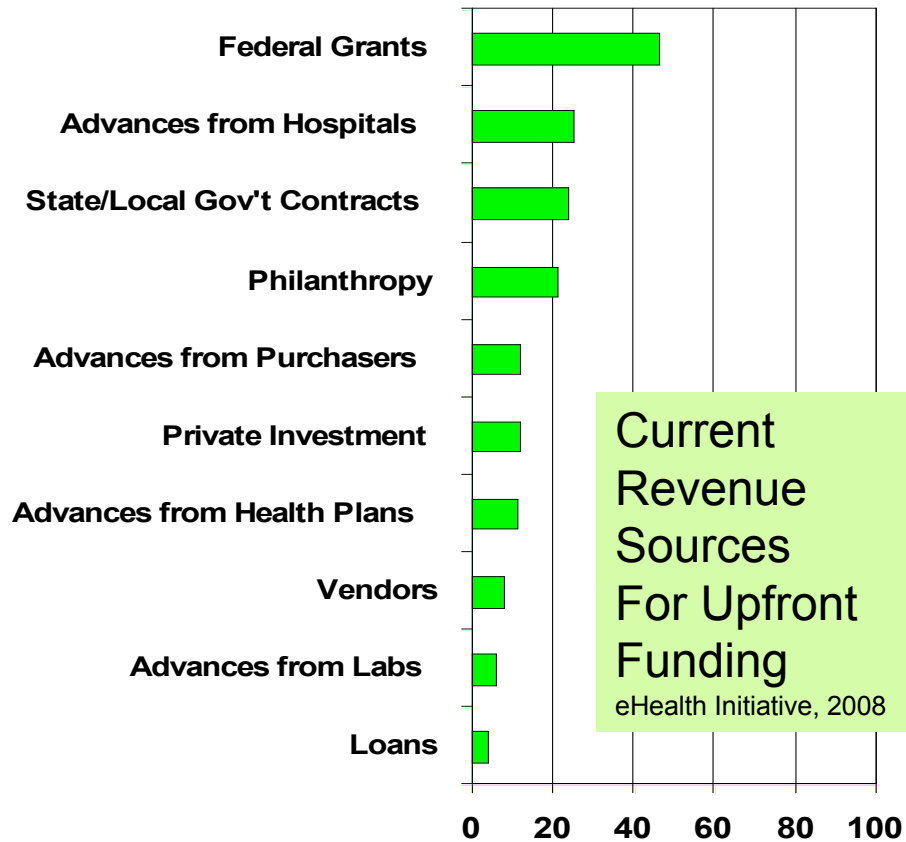
4. Execution

- Deliverables, expectations
- Approach, controls
- Phase/stage definitions
- Dependencies
- Management team
- Communication plan

A business case must be:

- Adaptable
- Consistent
- Oriented to business capabilities and impact (rather than technical)
- Comprehensive
- Understandable
- Measurable
- Transparent
- Accountable

Sources of Funds



Fee Structure:

- Enrollment
- Transaction
- Access

Uses of Funds

Define	Plan	Design	Implement	Operate	Evaluate
<ul style="list-style-type: none"> • Vision • Mission • Guiding principles • Bylaws • Articles of Incorporation • Objectives • Goals • Expectations 	<ul style="list-style-type: none"> • Education • Communications • Business plan • Business case (financial plan) • Systems plan 	<ul style="list-style-type: none"> • Policies & procedures • Data sharing agreement • Use case development • Requirements definition • Vendor selection • Technology acquisition 	<ul style="list-style-type: none"> • Technology installation • System configuration • Testing • Training • Implementation guides • Roll out • Repeat for each stakeholder & for each functionality 	<ul style="list-style-type: none"> • Strategic operations • Business operations • Administrative operations • Network operations • User support • Quality & performance reporting • Incentives 	<ul style="list-style-type: none"> • User satisfaction • Consumer satisfaction • Return on investment • Benefits realization • Course correction • Celebration • Planning for future

Budget

Personnel	Operations	Cost of Revenue	Taxes	Property & Equipment
(if applicable)				

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Examples of Technologies

- Core processes

- Data center
- User authentication services
- Network connectivity
- Person matching
- Record location
- Clinical data repository
- Clinical decision support
- Vocabulary mapping
- De-identification
- Data filtering
- Clinical data warehousing
- Statistical deviation detector

- Interfaces

- Lab, imaging, other Dx
- Dictation/transcription
- Practice management
- Electronic health records
- Claims processors
- Eligibility
- Formulary
- Personal health records

- Functionalities

- Clinical messaging
- E-prescribing
- Quality measurement and reporting
- Medication reconciliation
- Results review
- Order entry
- Public health surveillance
- Electronic billing support
- Document review, edit, sign
- Referrals and authorizations

Budget

	Phase 1: Define Goals, Governance, Business Case; Address Legal	Phase 2: HIE Vendor Selection & Implement Core Network Services	Phase 3: Implement Clinical Messaging & e-Prescribing	Phase 4: Acquire CDW & Use Enhanced Claims Data for Quality Measurement
Personnel	\$	\$	\$	\$
Operations	\$	\$	\$	\$
Cost of revenue	\$	\$	\$	\$
Taxes	\$	\$	\$	\$
Property & Equipment	\$	\$	\$	\$
Total cost	\$	\$	\$	\$

Return on Investment

Benefits

- Cost savings
- Productivity results
- Value of cost avoidance
- Revenue
- Contribution to profit

Less Costs

- Personnel
- Operations
- Cost of revenue
- Taxes
- Property and equipment

= Cash Flow

ROI

- o Payback period
- o Internal rate of return
- o Net present value

Value

- o For patients
- o For providers
- o For payers
- o For employers
- o For other stakeholders
- o For community

Test Your Understanding

. . . using the quiz provided in the handout materials.

Also join us for one or more of our future audio conferences which will cover the remainder of the six courses in the HIE track.

If you are interested in earning the **CPHIE** certification, please visit www.HealthITCertification.com for information on enrolling in the four core courses and how to take the certification exam.