# Community HIE

**Leadership : N/A (Varies by entity)**
**:**
**Date Formed : Varies (KeyHIE is one of the oldest and was founded in 2005)**

## Ownership

Varied. Several HIEs are run/managed/funded by the state; others are non-profit organizations in the private sector; a few are for-profit entities.

## Governance

Governed by Participant Agreements, usually in turn governed by a Board of stakeholders. In some cases governed by State or Local government.

## Geographic Reach (within US)

Local/Regional/State

## Mission

Varies by HIE.  Mission statement dependent on structure of organization and needs of member organizations.

## How does this approach facilitate exchange?

Community-based HIE organizations serve states or specific regions to provide services to enable the sharing of information across providers and care settings. These services include (but are not limited to) query exchange, Direct messaging, trigger alerts, data repositories and more.

## Access Method (Use Cases)

Various use cases include: ADT alerts, results delivery, electronic order delivery, order entry, query, public health reporting, longitudinal clinical records, claims data, data cubes, analytics engines, public health reporting

## Primary Goals/Objectives

Dependent on the original focus/objectives of the HIE and the community/region they serve.  These may include but are not limited to:
Assist their members in meeting the interoperability requirements of Meaningful Use.
Deliver clinical results/messages
Serve as a conduit for their members to report quality measures and assist the community to improve the health of the population
Illustrate value to their customer/members.

## Type

 Varied

## Number of Live Connections and/or Participants

Varies, depending upon the capabilities of the HIE.  While some HIEs place focus on a particular type of member (hospital, provider, long-term care) the focus shifts as they successfully achieve needed penetration into a given focus area.

## Members

Members may range from providers, provider organizations, post-acute care organizations, private labs and other ancillary

services, pharmacies, public health, payers, and researchers.

## Primary Participants

Systems may include nearly any EHR, lab, pharmacy, or other HIT system, payer systems

## Costs (Amount and/or Party Incurring Cost)

Varies greatly depending on funding mechanisms, grant funding, capabilities of the HIE and size of HIE staff.

## Directory/MPI Details

Various levels of centralized resources necessary to meet participant needs though most maintain a master-patient index from member ADT contribution.

## Standards Leveraged

Varied use of IHE standards, HL7 standards, C-CDA standards, and/or a combination of these and other standards.

## Onboarding Process (Requirements to connect)

Varies, depending upon the capabilities of the HIE and the needs of the members/customers.

## Data Persistance

Varies, depending upon the capabilities of the HIE. Some are based upon query/retrieve models, while others persist data in a centralized manner that may or may not be normalized. Others may provide record locator services utilizing a federate data model. Most maintain a master-patient index based upon ADT contribution from member organizations.

## Certification Requirements for Participation

Depending upon the services provided by the HIE, many have received certification for portion of their solutions in order for their customers to meet Meaningful Use requirements.

## Testing

Generally, standard test scripts based upon transaction type and required minimum content.

## Future Plans

Varies by HIE
Growing focus on providing data cubes for analytics, expanding available clinical and claims data along with expanding delivery methodologies.

## Current Collaboration across Efforts

Numerous community HIEs are DirectTrust members, with some even serving as accredited HISPs for the implementation of Direct secure messaging. ([source](#))
Community HIEs are participants of eHealth Exchange. ([source](#))
Community HIEs are members of Carequality. ([source](#))
Numerous HIEs can exchange clinical messages with Surescripts users as a result of a HISP-to-HISP connection with Surescripts. ([source](#))
HIE organizations are included in NATE membership ([source](#))