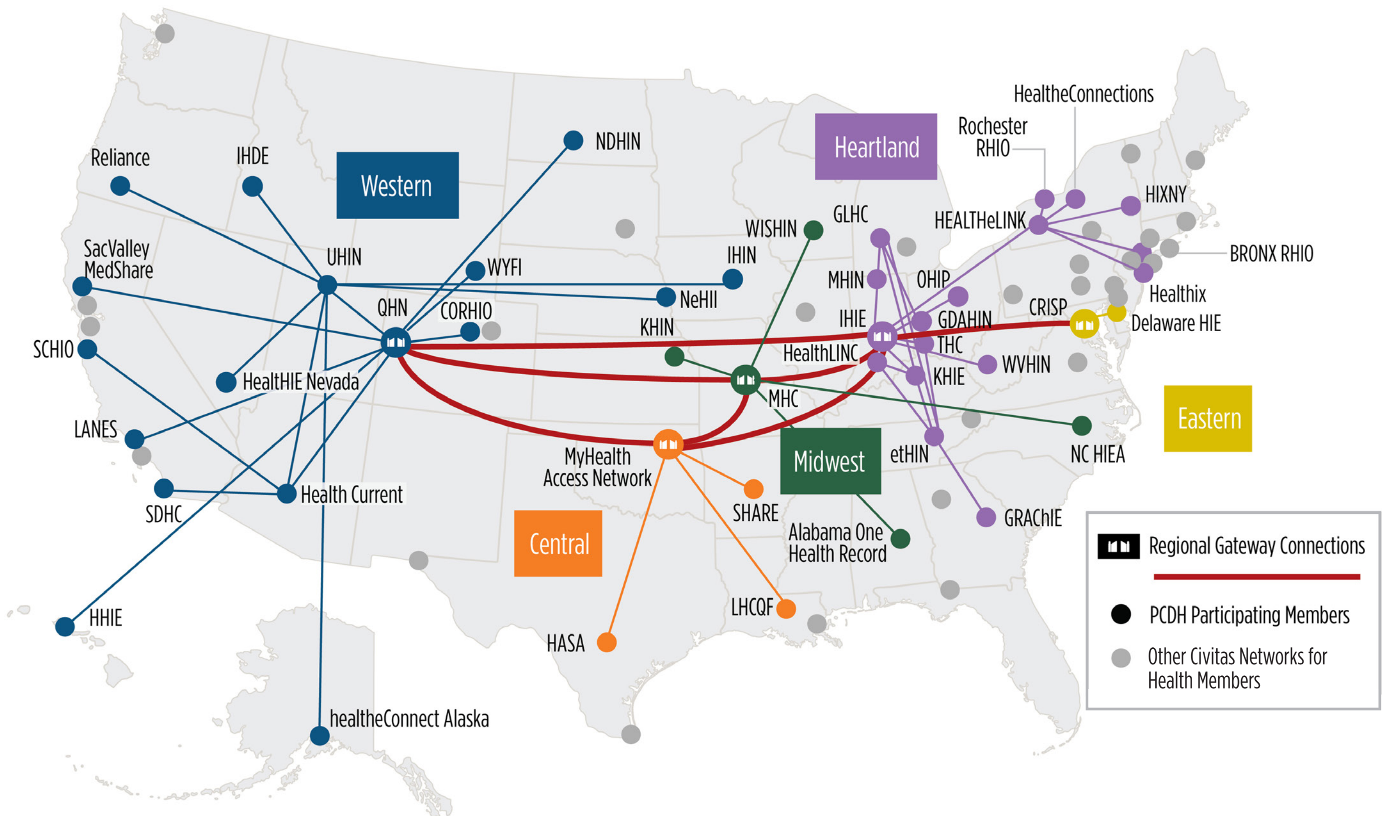
CIVITAS
Networks for Health

Civitas Networks for Health

Patient Centered Data Home®

Health information exchanges (HIEs) are connecting nationwide to seamlessly deliver patient health information across state lines and across health systems, improving the patient experience by making their health information available whenever and wherever their care occurs.



PATIENT CENTERED DATA HOME®

OVER	SERVING	WITH
1 BILLION	177 MILLION	45 HIEs
Total event notifications exchanged	Patients in PCDH regions	Participating

For more information reach out to us at contact@civitasforhealth.org

PATIENT CENTERED DATA HOME® IS A REGISTERED TRADEMARK OF CIVITAS NETWORKS FOR HEALTH ASSOCIATION.

About PCDH®

The Patient Centered Data Home (PCDH) is a cost-effective, scalable method of exchanging patient data among health information exchanges (HIEs). It's based on triggering episode alerts, which notify providers a care event has occurred outside of the patients' "home" HIE, and confirms the availability and the specific location of the clinical data, enabling providers to initiate additional data exchanges to access real-time information across state and regional lines and the care continuum.

PCDH is an initiative of Civitas Networks for Health that puts into practice the vision that clinical data should be available whenever and wherever care occurs and "centered" around the patient to improve patient care. In this model, all clinical data becomes part of the comprehensive longitudinal patient record in the HIE where the patient resides, called the Patient Centered Data Home.

PCDH Features

- ✔ **Provides a vehicle** to close the loop on care when a patient is seen outside their normal care area
- ✔ **Enables nationwide access** to patient information that follows the patient and facilitates better treatment
- ✔ **Links existing communities of trust** established by health information exchanges
- ✔ **Preserves** local governance
- ✔ **Protects** local stakeholders

How it works

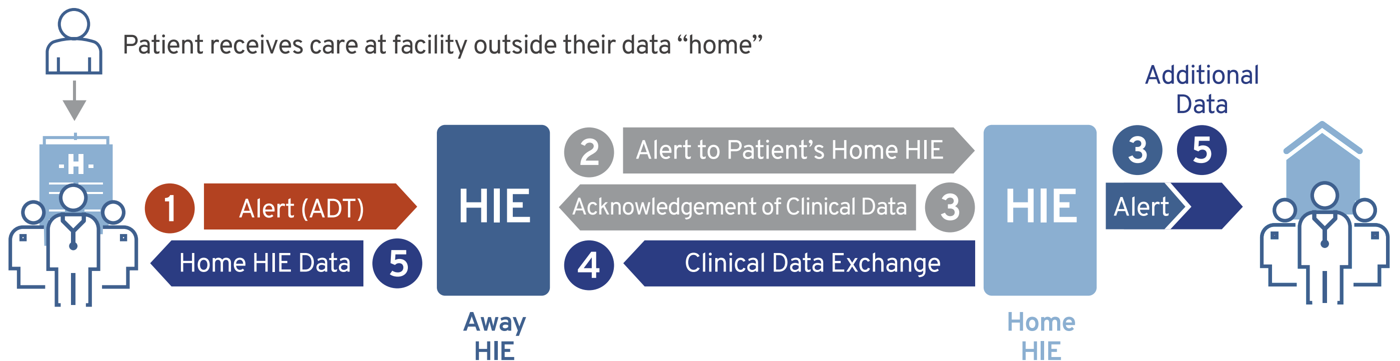
STEP 1: Away Care Team facility sends Alert to Away HIE of a patient encounter (ADT).

STEP 2: Away HIE sends Alert to Home HIE based on ZIP code look up tables.

STEP 3: Home HIE notifies Away HIE if there are patient records. At the same time, the Home HIE sends the Alert to the patient's usual home doctors.

STEP 4: Home HIE and Away HIE exchange clinical data on the patient to improve short and long-term care coordination.

STEP 5: Away HIE delivers records to Away Care Team and Home HIE shares post-encounter summary with Home Care Team.



About Civitas Networks for Health

We're a mission-driven, member-centric national organization dedicated to using health information exchange, health data and multi-stakeholder, cross-sector approaches to improve health.

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