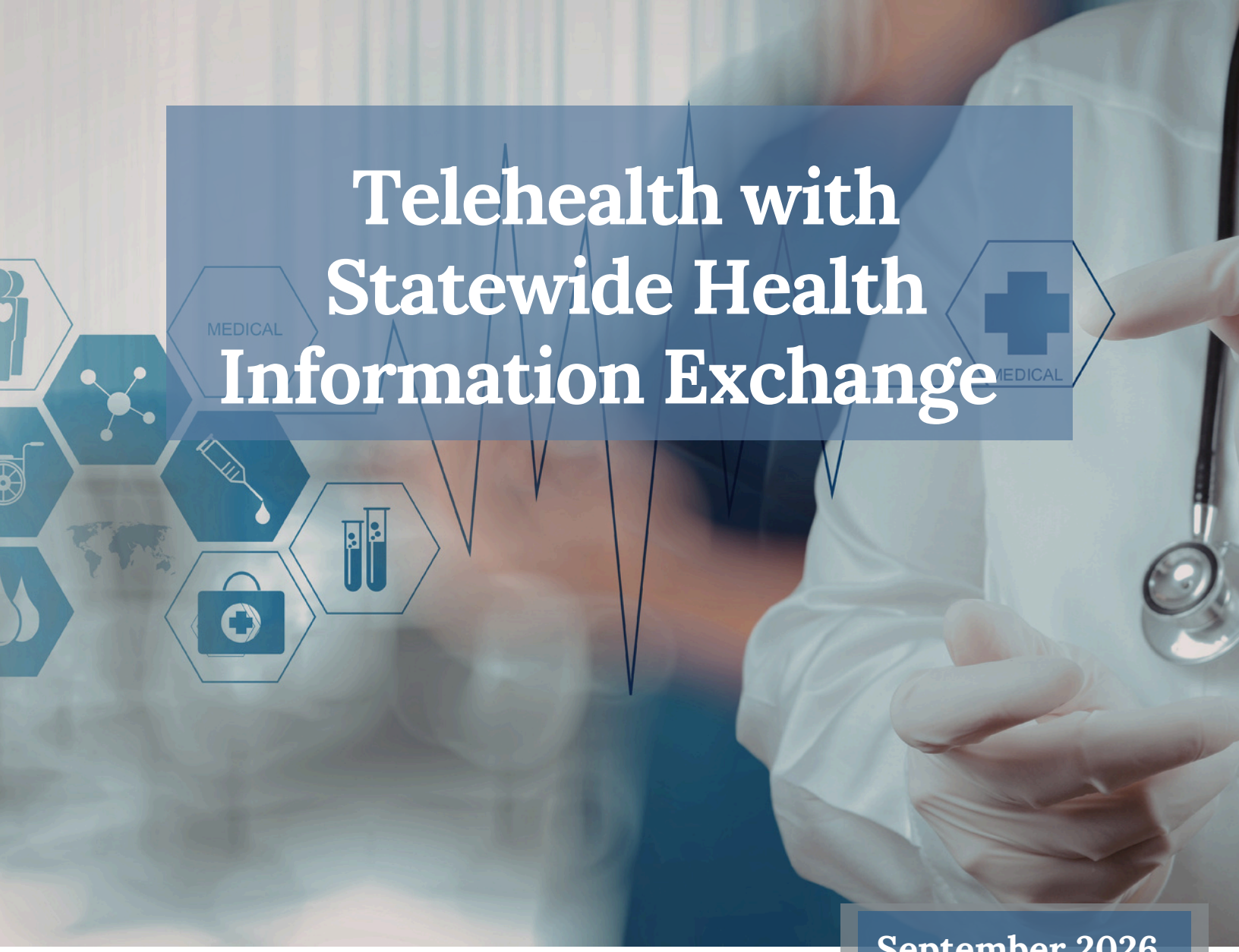

# Telehealth with Statewide Health Information Exchange

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UMMC™
Center for Telehealth and Emerging Technologies


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# Table of Contents

# Introduction

Welcome!
This playbook documents the implementation of a telehealth notification system that leverages Mississippi's statewide Health Information Exchange (HIE) to improve care coordination for populations with limited access. It's designed to serve as a comprehensive guide for health care organizations looking to replicate this model or to understand how HIE data can enhance the effectiveness of telehealth programs.

Whether you're a care coordinator, IT specialist, or health care administrator, this playbook provides the foundation for understanding how real-time hospital and emergency department utilization data can transform patient care.

## Key Goals

✅ **Enable real-time utilization monitoring**
Allow care teams to see when their patients access acute care services anywhere in the state

✅ **Reduce care team response time**
Decrease the time between a patient's ED visit and follow-up contact from their care team

✅ **Improve care coordination**
Ensure patients receive timely outreach after acute care encounters

✅ **Demonstrate telehealth impact**
Provide data showing how telehealth programs reduce unnecessary acute care and ED utilization

✅ **Create a replicable model**
Document the process so other care teams and organizations can implement similar notification systems

# Project Impact

**Same or next day**

Care teams are now notified when a monitored patient visits an outside ED previously a minimum of 30 days.

**28+ days**

Sooner than care coordination can begin after an acute-care encounter.

**6,475**

Patients monitored across six populations, demonstrating the model scales across affected groups.

Populations with limited access, including children with medical complexity and individuals receiving HIV care, often move across multiple health systems. When they visit an emergency department or are hospitalized outside their primary system, their care team may not learn of it for days or weeks, missing the window for timely follow-up, medication reconciliation, and intervention.

By delivering near real-time encounter notifications through the statewide Health Information Exchange, this model closes that gap. In our own implementation experience, notification of outside ED visits for a care-managed pediatric panel of more than 500 patients dropped from a minimum of 30 days to the same day or the next day, allowing care coordination to begin at least 28 days sooner. Beyond faster follow-up, the model provides organizations with statewide visibility into utilization patterns and a way to demonstrate the impact of telehealth programs in reducing unnecessary acute care.

The phases, partner structures, and sustainability principles in this playbook are designed to be replicable for any care-coordination program seeking to close visibility gaps across health systems.

# Project Overview

## Telehealth and Care Coordination Through a Health Information Exchange

A Health Information Exchange enables the electronic sharing of patient health information across organizations within a region or state. This model uses HIE encounter data, admissions, discharges, and emergency department visits to notify care teams in near real time when their patients access acute care anywhere in the connected network.

A monitored patient list is matched against the exchange. When a patient on that list has a qualifying encounter at any participating facility, a notification is routed to their care team, who can then follow up. This gives care teams visibility that does not depend on whether the patient returns to their own health system.

The model is demonstrated here for disproportionately affected populations and is designed to be adapted to any program that benefits from cross-system encounter awareness.

# Acronyms & Abbreviations

>> Glossary of Terms & Acronyms

## Clinical & Care Delivery Terms

**ADT:** Admission, Discharge, Transfer.

**ED**: Emergency Department.

**EHR:** Electronic Health Record.

**MRN**: Medical Record Number.

**PHI:** Protected Health Information.

## Technical & Program Management

**API:** Application Programming Interface.

**VPN:** Virtual Private Network.

**HIE:** Health Information Exchange.

**IT:** Information Technology.

**UAT**: User Acceptance Testing.

**KPI**: Key Performance Indicator.

## Legal & Compliance

**BAA:** Business Associate Agreement.

**DUA:** Data Use Agreement

**HIPAA**: Health Insurance Portability and Accountability Act.

## Organizations & Programs

**CCHP:** Center for Connected Health Policy.

**CMS:** Centers for Medicare & Medicaid Services.

**HHS:** U.S. Department of Health and Human Services.

**HRSA:** Health Resources and Services Administration.

**UMMC:** University of Mississippi Medical Center.

# Implementation Workflow

Health Information Exchange (HIE) Notification System

## Pre- Implementation

### Planning & Preparation

1. Identify Need & Define Scope
2. Project Kickoff
3. Regulatory & Compliance
4. Technical & Infrastructure Readiness
5. Partner Engagement
6. Workflow Design
7. Pre-Launch Testing

## Implementation

### Deployment & Adoption

1. Identify Champions
2. Compile Patient Lists
3. Configure Notification Recipients
4. Activate Notification Pathways
5. Care Team Training
6. Go-Live Support

## Post -Implementation

### Continuous Improvement

1. Monitor Performance Metrics
2. Gather Care Team Feedback
3. Refine Workflows
4. Expand to New Populations
5. Ensure Sustainability
6. Knowledge Dissemination

# Pre-Implementation

*Planning and Preparation*

Planning and preparation are the foundation of a successful HIE notification launch. Focused on organizational readiness, data-sharing agreements, technical setup, and partner alignment before go-live.

# Planning and Preparation

The goal of this phase is to lay the foundation for a successful Health Information Exchange (HIE) launch. The steps below outline an overall workflow that ensures consistent execution across all partners.

## »» Identify a Need & Define Scope

**Purpose:** Clearly identify the problem the HIE will solve and establish parameters for the project.

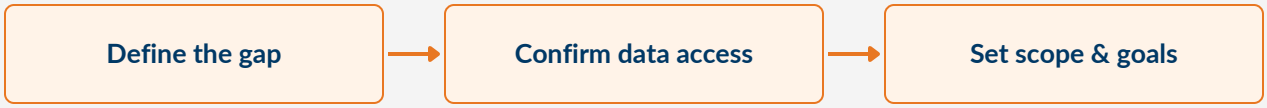
### 1. Identify the Problem

- Identify patient populations that would benefit most from care teams receiving near-real-time notifications.
- Assess current gaps in care coordination
- Document how care teams currently learn about patient acute-care encounters
- Quantify delays in response time (e.g., how long does it take to learn a patient visited an ED?)

**In Practice**

The organization identified a three-part problem:
(1) No reliable cross-facility notification meant care teams had no consistent way to know when target-population patients were seen at outside facilities. For one care-managed pediatrics panel, learning of an outside ED visit previously took at least 30 days.
(2) No statewide eConsult data foundation, a provider-to-provider eConsult network was needed, and the supporting data could be built through HIE.
(3) Limited visibility into program impact. The impact of telehealth was difficult to measure from a single system alone, since many patients (especially those in programs like school-based telehealth) receive care outside the usual catchment area.

💡 **Tip:** Evaluate baseline response times before implementation. This is what you'll measure improvement against.




### 2. Gather Care Team Input

- Interview care teams about pain points and workflow gaps

### 3. Define the Scope

- Identify the target patient population(s) for initial implementation
- Determine geographic scope (single facility, regional, or statewide)

### 4. Define Success Criteria

- Establish measurable goals for the project

**In Practice**

Three success criteria were set at the start:

- The ability to generate reports from the statewide HIE that demonstrate the effectiveness of telehealth programs.
- The ability to use exchange data as the foundation for provider-to-provider eConsults.
- The ability for care teams to receive near real-time notifications.

# Planning and Preparation

## »» Project Kickoff

**Purpose:** Formally launch the project, establish the team, and align on goals, timeline, and responsibilities.

### 1. Identify Project Leadership

- Designate a Project Lead/Manager
- Identify an Executive Sponsor for organizational support

### 2. Assemble the Project Team

- Core team members may include: Project Manager, Clinical Champion(s), IT/Technical Lead, Data Analyst, Compliance/Privacy Officer, HIE Liaison, or Vendor Contact
- Define role and responsibilities for each team member

### 3. Kickoff Meeting

- Present project background, scope, goal, success criteria, and timeline
- Introduce team members and roles

> 💡 **Tip:** Establish a regular meeting cadence early. Consistency builds momentum.

## »» Regulatory & Compliance

**Purpose:** Ensure the HIE notification system meets all legal, regulatory, and organizational compliance requirements.

### 1. Engage Compliance and Legal Teams

- Obtain legal review of agreements and compliance approvals as needed

> **In Practice**
> The Legal and Information Security teams were brought in early to assess privacy and HIPAA compliance concerns, before any contracting with the vendor.

### 2. Review HIPAA Requirements

- Confirm your use case is permitted under HIPAA.
- Document how the minimum-necessary standard will be met
- Review Business Associate Agreements (BAAs) with the HIE vendor

Rationale: HIPAA already allows data sharing to HIEs.

### 3. Assess State and Local Regulations

- Identify state-specific health information exchange laws
- Review any special protections for sensitive data (e.g., behavioral health, substance use)

### 4. Obtain Necessary Agreements

- Execute Data Use Agreement (DUA) with HIE
- Review and sign the Business Associate Agreement (BAA) if required
- Obtain any required organizational approvals

# Planning and Preparation

### 5. Address Patient Consent Requirements

- Determine if patient consent is required for HIE participation
- If opt-in model: Establish process for obtaining consent
- If opt-out model: Ensure patients are informed of their rights
- Document consent approach and process

> **In Practice**
> This HIE operates under an opt-out model. Patients are informed of data sharing through the notice of privacy practices and may opt out by submitting a form through a participating provider.

## »» Technical & Infrastructure Readiness

**Purpose:** Ensure all technical systems, connections, and infrastructure are in place to support the HIE notification system.

### 1. Assess Current Technical Environment

- Document existing EHR system and current data interfaces
- Evaluate network and security infrastructure

### 2. Engage HIE Technical Team

- Schedule technical discovery meetings with HIE
- Review available integration options (portal, direct feed, API, EHR integration)

### 3. Determine Integration Approach

  - Option A: HIE Portal Access – Users log into HIE portal to view notifications
  - Option B: Email/Alert Notifications – Notifications sent directly to users
  - Option C: EHR Integration – Notifications appear within EHR workflow
- Select approach based on workflow needs and technical capabilities

> **In Practice**
> This project uses a combination of HIE portal access (Option A) and email/alert notifications (Option B), choosing whichever fit each care team's workflow best.

### 4. Establish Connectivity

- Set up a secure connection to HIE (VPN, direct connect, etc.)
- Configure firewall rules and network access
- Test connectivity and data transmission

> **In Practice**
> The organization was already contributing data to the statewide HIE through a secure VPN connection before this project began; this effort focused on using that data. The primary connection for accessing patient information is the HIE's web portal.

# Planning and Preparation

### 5. Configure User Access

- Set up user accounts, credentials, and appropriate access levels
- Test user authentication

### 6. Prepare Data for HIE

- Understand HIE patient matching requirements
- Identify data elements needed for patient list uploads
- Assess data quality in source systems
- Plan data extraction and formatting process

**In Practice**
Before this project, the organization was already contributing data to the statewide HIE through a secure VPN connection. This project focused on using that data, accessing patient information primarily through the HIE portal.

### 7. Address Security Requirements

- Ensure encryption for data in transit and at rest
- Implement audit logging for HIE access

💡 **Tip:** Test connectivity before configuring users.

## »» Partner Engagement

**Purpose:** Identify, engage, and align all partners who will be affected by or involved in the HIE notification system.

### 1. Identify Partners

- Internal: Executive leadership, clinical care teams, IT, Compliance/Privacy, Quality improvement
- External: HIE organization, participating hospitals/facilities

### 2. Establish Governance Structure

- Define the decision-making process and escalation path for issues

### 3. Develop Communication Plan

- Define key messages, communication frequency, and channels for each group

### 4. Engage Clinical Leadership Team

- Present project for buy-in and address workflow concerns
- Begin identifying clinical champions within each care team

**In Practice**
Clinical leadership buy-in was secured by presenting the probable workflows and expected outcomes to senior leadership. The clinical teams involved helped frame the core problem: the need for a more reliable way to be notified when their patient populations presented to health systems outside their own.

# Planning and Preparation

### 5. Engage End Users Early

- Introduce the project to the care team members and gather input on workflow preferences

## »» Workflow Design

**Purpose:** Design the end-to-end workflow for how notifications will be received, processed, and acted upon by care teams.

### 1. Map Current State Workflow

- Document how care teams currently learn about patient encounters
- Identify pain points, inefficiencies, and time delays

### 2. Design Future State Workflow

- Define notification trigger events (ED visit, admission, discharge)
- Establish notification recipients (who receive alerts)
- Design response protocol (what action to take upon receipt)

> **In Practice**
> Notifications are delivered as generic emails, indicating that new information about a patient in a monitored population has new data available. This keeps unencrypted email compliant with PHI requirements; recipients log into the HIE portal to view the encounter.

### 3. Document Workflow

- Create visual workflow diagrams and step-by-step procedures
- Develop quick reference guides and review with end users

### 4. Define Metrics and Tracking

- Determine how response times, notification volume, and outcomes will be measured

> 💡 **Tip: Establish a Succession Plan:** Identify a backup champion for each population in case of turnover.

## »» Pre-Launch Testing

**Purpose:** Validate that all systems, processes, and workflows function correctly before going live with actual patient data.

### 1. Develop Test Plan

- Define test scenarios, success criteria, and timeline
- Assign testing responsibilities

### 2. Conduct Technical Testing

- Test connectivity, patient matching accuracy, notification delivery, and user access

# Planning and Preparation

### 3. Perform User Acceptance Testing (UAT)

- Have end users test the system in realistic scenarios
- Gather feedback on usability and identify any gaps

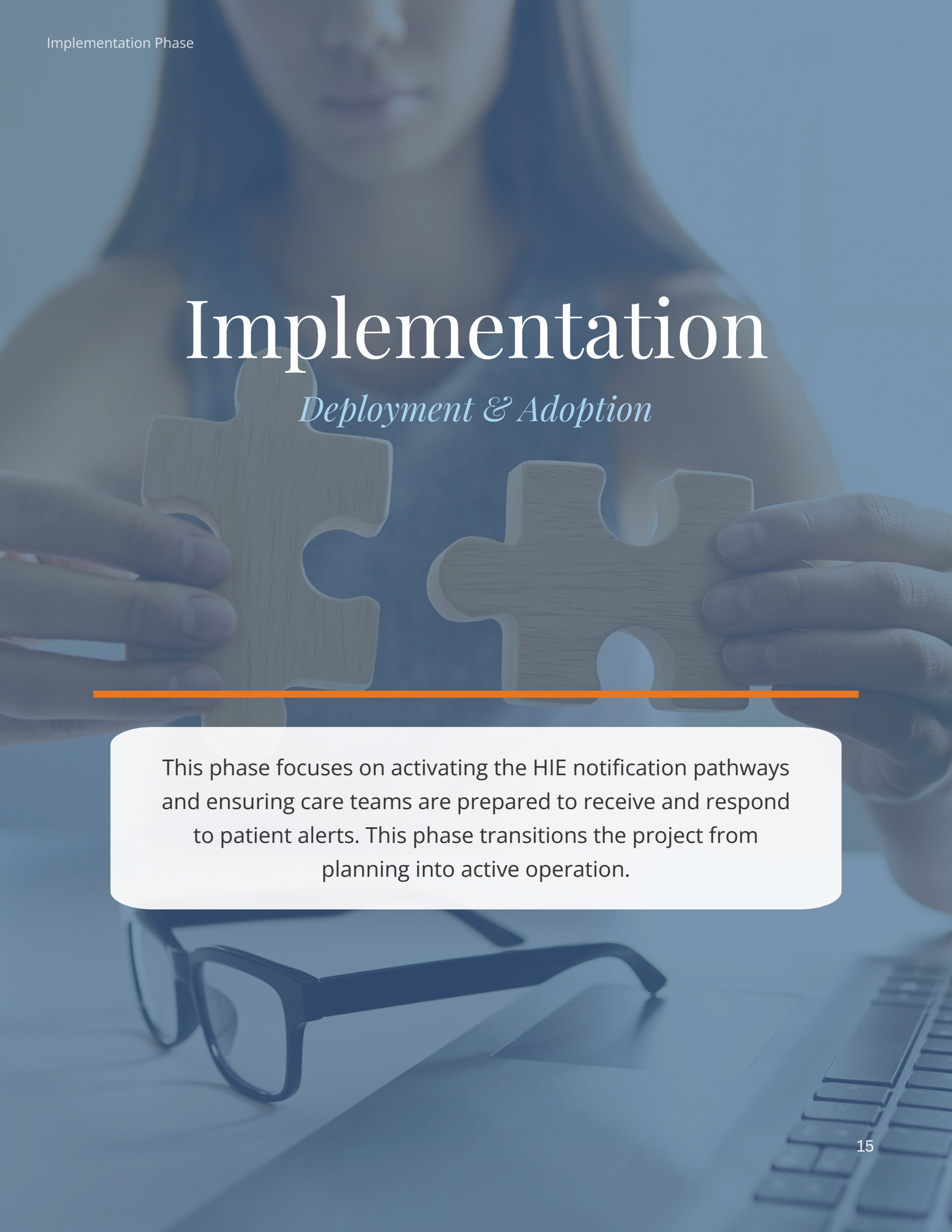
### 4. Remediate Issues

- Document and prioritize issues identified during testing
- Implement fixes and retest

### 5. Prepare Go-Live Criteria

- Compile test results and obtain formal approval to proceed
- Confirm go-live date

> **In Practice**
> Patient matching was tested prior to go-live with no issues identified, and clinical data validation has continued post-launch with none reported to date. With no significant issues to remediate, the clinical teams provided formal sign-off on the notification system.



# Implementation

## *Deployment & Adoption*

This phase focuses on activating the HIE notification pathways and ensuring care teams are prepared to receive and respond to patient alerts. This phase transitions the project from planning into active operation.

# Deployment and Adoption

The goal of this phase is to deploy the encounter notification system through the statewide HIE, ensure care teams are trained and equipped to act on real-time patient alerts, and provide support during the early phase of operations.

## »» Identify Champions

**Purpose:** Designate clinical leaders who will own the notification pathway for each target population and serve as the primary point of contact for their care team.

### 1. Select a Champion for Each Target Population

- Identify a clinical leader within each care team who has authority and influence
- Consider individuals who are enthusiastic about the project and understand the value of real-time notifications

### 2. Define Champion Responsibilities:

- Serve as liaison between IT/project team and clinical care team
- Validate patient list accuracy
- Establish response protocols for their team
- Monitor adoption and address barriers
- Provide feedback for system improvements

### 3. Champion Orientation

- Determine geographic scope (single facility, regional, or statewide)
- Review project goals and expected outcomes
- Walk through the notification system functionality
- Discuss timeline and go-live expectations
- Establish communication preferences and meeting cadence

## »» Compile Patient List

Create accurate, up-to-date lists of patients who will be monitored through the HIE notification system.

### 1. Define Patient Inclusion Criteria

- Work with clinical champions to establish clear criteria for each target population
- Document inclusion/exclusion criteria

### 2. Extract Patient Data

- Pull patient lists from the EHR or relevant clinical systems
- Required data elements:
  - Patient name
  - Date of birth
  - Medical record number (MRN)

◆ The HIE typically requires these identifiers to accurately match patients across participating facilities.

# Deployment and Adoption

### 3. Validate Patient Lists with Champions

- Champions review lists for accuracy
- Remove patients no longer in active care and add any missing patients

### 4. Format Patient List for HIE Upload

- Ensure data matches required HIE format specifications

### 5. Establish List Maintenance Process

- Define how often lists will be updated (e.g., weekly, monthly)
- Assign responsibility for ongoing list maintenance
- Document process for adding/removing patients

## »» Configure Notification Recipients

Determine who will receive notifications when a patient on the care list has an acute care encounter, and how those notifications will be delivered. Define which encounter types will trigger notifications (ED visits, admissions, discharges)

### 1. Identify Notification Recipients

- Work with each champion to identify appropriate team members
- Consider roles such as care coordinators, nurses, or case managers
- Determine primary and backup recipients

### 2. Determine Notification Delivery Method (Select method based on workflow preferences and technical capabilities)

Options may include:

- Email notifications,
- HIE portal alerts
- Secure messaging platforms

### 3. Configure Recipient Settings in HIE System

- Set up user accounts if needed
- Configure notification preferences
- Test delivery to confirm receipt

### 4. Establish Backup/Escalation Contacts

- Define who receives notifications if the primary recipient is unavailable
- Set up coverage for weekends/holidays if applicable

# Deployment and Adoption

## »» Activate Notification Pathways

Turn on the live connection between the HIE and care teams so notifications begin flowing.

### 1. Upload Patient Lists to HIE

- Submit validated patient lists to HIE system
- Confirm successful upload and patient matching

### 2. Enable Notification Triggers

- Activate alerts for defined trigger events:
  - Emergency Department visits
  - Hospital admissions
  - Hospital discharges
  - Other events as determined by your HIE capabilities

### 3. Conduct Pre-Go-Live Testing

- Send test notifications to verify system functionality
- Confirm recipients receive alerts as expected
- Validate data accuracy in notifications

### 4. Resolve Any Technical Issues

- Address failed notifications or matching errors
- Work with HIE technical support as needed

### 5. Document Go-Live Date

- Record activation date for each target population
- Communicate the go-live to all care teams

## »» Care Team Training

Ensure all care team members understand how to receive, interpret, and respond to HIE notifications

### 1. Develop Training Materials

- Overview of HIE notification system
- How to access/view notifications
- What information is included in a notification
- Response protocol and expectations

### 2. Conduct Training Sessions

- Schedule training for all notification recipients
- Include a hands-on demonstration
- Allow time for questions and practice

# Deployment and Adoption

### 3. Training Content to Cover:

- What triggers a notification (ED visit, admission, etc.)
- What patient information is included in the notification
- Expected response time (same day/next day)
- How to document outreach in the EHR
- Who to contact for technical issues
- How to request changes to patient list

### 4. Distribute Quick Reference Guide

- One-page guide for easy reference
- Include key contacts and troubleshooting tips

### 5. Confirm Training Completion

- Track who has completed training
- Follow up with any team members who missed sessions

## »» Go-Live Support

Provide intensive, hands-on support during the first weeks after go-live to resolve issues quickly and build early adoption. This is a short, reactive period; ongoing performance monitoring begins in the Post-Implementation phase.

### 1. Establish Go-Live Support Period

- Define duration (typically 2-4 weeks post-launch)
- Identify support contacts and availability

### 2. Monitor Early System Performance

- Monitor for failed or delayed notifications during the first weeks
- Watch for unexpected errors or issues, matching problems, or delivery gaps

### 3. Provide Rapid Issue Resolution

- Respond quickly to reported problems
- Escalate technical issues to HIE/IT as needed
- Communicate resolutions to care teams

### 4. Conduct Daily/Weekly Check-Ins

- Brief touchpoints with champions during go-live period
- Identify any barriers to adoption
- Gather initial feedback

### 5. Document Issues and Resolutions

- Log all reported issues
- Track resolution status
- Hand off recurring patterns to the Post-Implementation review for system improvements

# Post -Implementation

*Continuous Improvement*

This phase focuses on monitoring system performance, gathering feedback, and refining workflows to maximize impact.

# Stabilization

First 3–6 months

Once the notifications are live, the focus shifts to making sure the system is working — and proving it. Here's how to settle into a steady rhythm of monitoring and improvement over the first few months.

## » Monitor Performance Metrics

Track key indicators to measure how well the HIE notification system is working and spot opportunities to improve.

### 1 Define Key Performance Indicators (KPIs)

- Notification volume (daily, weekly, monthly counts)
- Response time (from notification received to patient contact)
- Response rate (share of notifications that lead to outreach)
- Patient outcomes (ED revisits, readmissions, care-plan adherence)

### 2 Establish Data Collection Process

- Choose the data source for each metric
- Set up dashboards or tracking tools
- Assign who owns data collection and analysis

### 3 Set Benchmark and Targets

- Set baselines from your initial rollout period
- Set improvement targets for each KPI
- Define acceptable performance thresholds

> 💡 **Tip**
> Set your baselines before you start improving. A snapshot is what every later result gets measured against.

### 4 Conduct Performance Reviews

- Review metrics on a set schedule (weekly, monthly, quarterly)
- Compare performance against your targets
- Watch for trends and patterns

### 5 Report Findings to Partners

- Share results with care teams, leadership, and sponsors
- Highlight wins and spots to improve
- Use the data to support continued investment

# Stabilization

First 3–6 months

## » Gather Care Team Feedback

Collect input from end users to understand their experiences with the notification system and identify improvement opportunities.

### 1 Establish Feedback Channels

•Create easy ways for care teams to provide input (surveys, suggestion box, regular meetings)
•Designate a point of contact for feedback and questions

### 2 Conduct Regular Check-Ins

- Schedule periodic meetings with care team champions
- Ask about what's working well and what could be improved
- Discuss any barriers to responding to notifications

### 3 Administer Surveys

- Conduct surveys at regular intervals (e.g., quarterly)
- Ask about system usability, workflow fit, and perceived value
- Track satisfaction over time

### 4 Document Feedback

- Log all feedback received
- Categorize by type (technical issues, workflow concerns, feature requests)
- Prioritize based on frequency and impact

### 5 Close Feedback Loop

- Communicate back to care teams about how their feedback is being addressed
- Recognize contributions and suggestions implemented

# Stabilization

First 3–6 months

## » Refine Workflows

Continuously improve notification workflows based on performance data and user feedback.

### 1 Review Workflow Effectiveness

- Review response times and identify bottlenecks
- Assess whether current protocols are being followed
- Identify steps that are unclear or cumbersome

### 2 Identify Improvement Opportunities

- Based on metrics: Where are delays occurring?
- Based on feedback: What do care teams find difficult?
- Based on outcomes: Are notifications leading to desired patient outcomes?

### 3 Implement Workflow Adjustments

- Update response protocols as needed
- Adjust notifications routing or recipients
- Modify timing or frequency of notifications
- Streamline documentation requirements

### 4 Update Documentation and Training

- Revise workflow guides and quick reference materials
- Communicate changes to care teams
- Provide refresher training if significant changes are made

### 5 Monitor Impact of Changes

- Track metrics after workflow changes are implemented
- Gather feedback on whether changes improved the experience
- Make further adjustments as needed

*In Practice*
The initial notification workflow has performed reliably since launch; the process above supports ongoing refinement as feedback is gathered

# Growth

6+ months

## » Expand to New Populations

Extend the HIE notifications system to additional patient populations to maximize the value and reach of the investment.

### 1 Identify Patient Populations

- Assess which patient groups could benefit from real-time notifications.
- Consider populations with high acute care utilization or care coordination
- Prioritize based on organizational goals and resources

### 2 Assess Readiness for Expansion

- Evaluate technical capacity to add new patient lists
- Confirm care team readiness and willingness to participate
- Ensure adequate support resources are available

### 3 Engage New Partners

- Introduce the notification system to new care teams
- Identify champions for each new population
- Gather input on workflow needs and preferences

### 4 Replicate Implementation Process

- Follow established implementation steps (patient list, recipients, training)
- Leverage lessons learned from initial implementation
- Customize workflows as needed for new populations

### 5 Monitor and Support New Populations

- Provide go-live support for newly added groups
- Track metrics separately to assess adoption
- Gather feedback and refine as needed

*In Practice*
This framework supports extending the model to additional patient populations as organizational priorities and capacity evolve

# Sustainability

## » Ensure Sustainability

Establish the structures, resources, and processes needed for long-term success of the HIE notification system.

### 1 Secure Ongoing Funding

- Identify funding sources for continued HIE access and support
- Understand cost structure (member vs. non-member fees if applicable)
- Review fee schedule with HIE vendor — fees are often tiered by volume (e.g., number of ED visits or patient encounters)
- Build costs into operational budgets

### 2 Define Operational Ownership

- Assign long-term responsibility for the system oversight
- Clarify roles for IT support, clinical leadership, and administration
- Document escalation paths for issues

### 3 Establish Maintenance Processes

- Define a process for ongoing patient list updates
- Create a schedule for regular system reviews
- Plan for staff turnover and training of new team members

### 4 Build into Standard Operations

- Integrate notification response into job descriptions and expectations
- Include in orientation for new care team members
- Make metrics part of regular operational reporting

### 5 Plan for Technology Changes

- Stay informed about HIE system updates or changes
- Maintain a relationship with HIE technical contacts
- Plan for EHR upgrades that may impact integration

*In Practice*

- (Funding Model): HIE fees are tiered by the number of ED visits in the health system, with a reduced rate available to organizations that are members of the state hospital association.
- (Beyond Grant): To sustain the program after grant funding ends, discussions are underway with the clinical divisions that benefit from the notifications to absorb ongoing costs into operational budgets.

# Sustainability

## » Knowledge Dissemination

Share lessons learned and best practices to help other organizations implement similar HIE notification systems.

### 1 Document Lessons Learned

- Capture what worked well and what could have been done differently
- Document challenges encountered and how they were addressed
- Record key success factors

### 2 Develop Replicable Resources

- Create this playbook as a guide for other organizations
- Develop templates (project plan, workflow diagrams, training materials)
- Package materials for easy sharing

### 3 Present at Conferences

- Submit abstracts to relevant national and regional conferences
- Develop poster or oral presentations highlighting outcomes
- Share implementation approach and lessons learned

### 4 Publish Findings

- Consider submitting articles to peer-reviewed journals or trade publications
- Write case studies or white papers
- Share through organizational newsletters or websites

> *In Practice*
> Findings from this project have been shared with both state and national audiences.

# Program Barriers and Mitigations

| Barrier | Mitigation |
|---|---|
| Data-sharing and legal agreements (BAAs, data use agreements) can take months to finalize. | Start agreements early and involve compliance and legal at the first meeting so they don't become the critical path. |
| Sustaining the program once grant funding concludes. | Engage the clinical divisions that benefit from the notifications to build ongoing costs into operational budgets. |
| Notifications limited to generic, non-clinical content to stay compliant with unencrypted email. | Recipients log into the secure HIE portal to view full encounter detail. |
| Patient-list accuracy and patient matching across systems. | Champions validate lists; matching is tested before go-live and monitored on an ongoing basis. |
| Care-team adoption and consistent response to alerts. | Provide training, quick-reference guides, and go-live support, with survey feedback driving refinement. |

◆ *Addressing these barriers requires a clear strategy — strong security measures, seamless integrations, provider training, and a compelling business case.*

# Frequently Asked Questions

Common questions about the HIE notification model.

## ABOUT THE MODEL

**Q1 What is a Health Information Exchange (HIE)?**
The HIE is an electronic exchange of health care information across organizations within a region, community, or hospital system.

**Q2 How does a care team get set up to receive notifications?**
Most care teams receive an email notification prompting them to log into the HIE system to view the triggered event.

**Q3 What type of event triggers a notification?**
The two main triggers are an encounter notification (e.g., an ED visit, admission, or discharge) and a completed clinic note for either an inpatient or outpatient visit.

**Q4 How quickly are notifications delivered after a patient encounter?**
Notifications are processed by the HIE as soon as the originating health system sends the encounter data. Usually shortly after the patient checks in, though timing can vary by each health system's configuration.

## PRIVACY & CLINICAL USE

**Q5 How is patient privacy protected?**
Patients are informed of data sharing through the notice of privacy practices and may opt out by submitting a form.

**Q6 What should a care team member do when they receive a notification?**
It depends on the receiving team. A care-coordination team, for example, would typically reach out to the patient to continue support and care navigation.

**Q7 How is the patient list maintained and updated?**
Each group reviews their patient panel on a regular basis. The frequency depends on the service and how often they add or remove patients to their patient panel. Typical frequencies are monthly or quarterly.

**Q8 What if a notification is received for a patient no longer in our care?**
A request is submitted to remove that patient from the notification list.

## OPERATIONS & COMPLIANCE

**Q9 Can other care teams or organizations use this system?**
Yes. Any health system in the state can use the service; an organization that isn't already connected would establish a contract with the HIE.

**Q10 Who do I contact if I have technical issues?**
There will typically be a person, or team, responsible for technical issues within your health system. This person, or team, will be responsible for working with the vendor to remediate any technical issues.

# Appendix: Contacts & Key Resources

***Connect with our team and explore additional resources.***

## Connect with the UMMC Center for Telehealth and Emerging Technologies

University of Mississippi Medical Center
Center for Telehealth and Emerging Technologies
2500 North State Street, Jackson, MS 39216
601.815.2020
telehealth@umc.edu

*Scan the code or visit our contact page: https://telehealthcoe.org/about-telehealth-centers-of-excellence/ummc-coe/contact-ummc/*

## Support resources by category

### HIE & State Partners

- Mississippi Hospital Association
- HIE Information: Contact your statewide Health Information Exchange

### Center Resources

- UMMC Center of Excellence

### Federal & Regulatory

- HRSA Office for the Advancement of Telehealth
- HIPAA Telehealth Resources
- Telehealth.HHS.gov
- CMS Telehealth Services

### Interoperability & Policy

- Center for Connected Health Policy (CCHP)
- State HIE program resources

### Share your experience

*If you've used this playbook to plan or launch an HIE notification program service, we'd love to hear about your experience. Email telehealth@umc.edu with your feedback, lessons learned, or suggestions for future editions.*

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