

SERVICE: *Profile360°*

Profile360° provides timely updates of clinical information to subscribing Participant Organizations. This enables an organization that does not have technical ability to receive daily clinical updates in a simple, secure, easy-to-read format.

When individual client consent is collected, Healthix will send a secure, comprehensive health profile to the Participating Organization. This will be followed by daily, new clinical updates for the client.

Participating Organizations may specify the facilities and data elements for which they will receive data.

Profile360° Details

Client consent is necessary for all *Profile360°* functionality.

- Clinical data provided from Healthix facilities only (No Cross QEs/ eHealth Exchange)
- The initial file will be a full longitudinal CSV data file, followed by just new clinical updates as they occur. All files are provided by a secure sFTP connection, which Healthix will set up for you.
- The initial full client profile can cover a time period of up to 3 years. This time period is customizable.
- Files will remain accessible for 4 weeks
Note: Healthix will only post if there is new data available
- The Participant Organization can select which clients to include by sending an enrollment/registration feed or subscription file to Healthix every 180 days
- Subscription methods include all clients, or a rule-based file (based on demographics, diagnosis, etc.)
- Any subscription files created for *Profile360°* will not impact your existing Healthix Alerts

Healthix will generate CSV files for the following info types

DEMOGRAPHICS	ALLERGIES	ADV DIRECTIVES	LAB RESULTS	DOCUMENTS
Patient Details	Date	Date	Order Item	Surgical Pathology Results
Title	Description	Alert Category	Cumulative	Order Start Date
Last Name	Allergy Type	Alert	Result 1	Description
First Name	Reaction	Source (Type)	Result 2	Status
Middle Name	Source (Type)	Date Entered	Lab Episode Number	Results
Suffix			Order Description	Documents
Gender	MEDICATION	EMOLST	Result status	Activity Date
Date of Birth	Effective Date	Activity Date	Test Item Code	Doc Type
Country	Description	Document	Collection Date	Description
Driving License	Dosage	Doc Type	Collection Time	Clinician
Address Details	Frequency	Full Notes	Test Item Status	Source (Type)
Address	Calculated	Clinician	Value	
City	Quantity	Entered At	Units	PAYER DATA
State	Prescribe By	Description	Reference Range Trans	Claim Number
Zip Code	Source (Type)		Comments	Service Begin Date
Country		ENCOUNTER	Tagged	Service End Date
Home Phone Number	VACCINATIONS	Date of Encounter	Test Item status	Provider/Facility Name
Work Phone Number	Effective Date	Source	Reference Comment	Primary Diagnosis
Mobile Phone Number	Description	Source Type	Flag	Primary Procedure
E-Mail	Dosage	Encounter Type	Other Flag	Additional Claim Info
Patient Personal Info	Quantity	MRN	Details	
Marital Status	Administered	Admitting Clinician	Sort Order	
Religion	Frequency	Referring Clinician	Performed At	
Race	Prescribed By	Encounter Number	Result Date	
Ethnicity	Drug Form	Insurance	Result Time	
Language Spoke at Home	Source (Type)	End of Encounter		
Translator Required		Date	OB RESULTS	
Clinical Details	DX/PROCEDURES		Order Start Date	
Date of Death	Date		Description	
Blood Type	Description		Status	
Local Doctor Details	Code		Report	
GP Name	Source (Type)			
Insurance	Encounter Number		RADIOLOGY RESULTS	
Health Fund	Body System		Order Start Date	
Plan	Problem		Description	
Card Number			Status	
Expiry Date			Report	