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Aligning Incentives:

Public Health Agencies and Health Information Exchanges Must Collaborate to Ensure Greatest Value from Taxpayers' Investment

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Summary

This project, funded by the Robert Wood Johnson Foundation via the National Coordinating Center for Public Health Services and Systems Research, assesses the potential for Health Information Exchange (HIE) to support access to public health relevant data. The project draws lessons from primary documentation, secondary analysis of survey data and interviews in the Great Lakes Region, currently the largest concentration of operational HIE in the United States. The key findings are as follows:

- Sustainable HIE innovations are sensitive to local context, building trusted partnerships among stakeholders over long time periods. The incentives for participation among different stakeholders must be aligned to the greatest possible extent.
- Driven by the Affordable Care Act, healthcare payment reform is already changing incentives within the health sector. Incentives for providers and payers to support HIE are beginning to align, reducing one of the most substantial barriers to HIE. This is an unprecedented opportunity to reorient the health system towards improving population health, a core function of public health agencies.
- To facilitate this reorientation, policymakers should intensify their focus on the *effluent* arm of HIE –the delivery of relevant, appropriately-identified, health information to clinicians, public health officials, and researchers- if they are to secure the most value from taxpayers' investment in HIE.

What is Health Information Exchange (HIE)?

Health Information Exchange (HIE) is the process of moving health-related information from one organization to another. When combined with the right analytical tools, pushing and pulling health-related information between organizations can have a wide range of benefits, improving the quality of care for patients, reducing healthcare administration costs, and speeding up public health investigations.

HIE initiatives vary widely but have one shared goal: to integrate silos of health data that are held by providers, payers, governments, patients, and other organizations.

Building a health sector oriented towards population health, as envisioned in the Affordable Care Act, requires HIE.

Many models of payment reform cannot be effectively implemented without considering Health Information Exchange. Accountable Care Organizations (ACOs), for example, must meet quality and cost goals for an assigned patient population, tracking patients across multiple settings. This is not possible without participation in an HIE system.

HIE can support BOTH public AND population health.

Operational HIE efforts are already sharing immunization data, lab reports, and piloting the exchange of data to facilitate syndromic surveillance. Public health officials anticipate that timely data, drawn from Electronic Health Records (EHRs), will not only support traditional public health goals, but also allow more preventative approaches to population health.

HIE also has the potential to incur cost savings for public health agencies through economies of scale in some areas such as certification and security procedures.

Nevertheless, the participation of public health agencies and officials in HIE across the country remains low. A lack of coordination between registries and other data repositories run by public health agencies and HIE efforts runs the risk of We are in danger of building a series of discrete systems which purport to have similar goals but do not effectively leverage the clinical and public health data.

Policies Should Encourage Access to HIE data in clinical settings and beyond

The stakes are high. The Federal Government is spending \$2bn of public money to facilitate HIE, in addition to appropriations made by individual states. Although some HIEs are moving towards funding sustainability, most remain partially or wholly supported by public funds.

The true value of this investment will not be realized unless policies are developed which support access, at the appropriate level of anonymity, to the data currently held in EHRs and HIEs by clinicians, public health officials, researchers, and the public themselves. Greater transparency surrounding price and quality data is a good first step, but transparency requirements currently under development should take into account the need for wider access.