

Aligning Incentives for Health Information Exchange and Public Health

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Public Health Agencies and Health Information Exchanges Must Collaborate to Ensure Greatest Value

- Sustainable Health Information Exchange efforts are sensitive to local context.
- Payment reform is aligning incentives for providers and payers to support HIE, needs better connections to public health agencies.
- To create value, policymakers should focus on the *efferent* arm of HIE –the delivery of relevant, appropriately-identified, health information to clinicians, public health officials, and researchers.

Health Information Exchange: Not just for EHRs

- Health Information Exchange (HIE) represents a huge investment.
 - State HIE Cooperative Agreement Program
 - Federal incentives to adopt EHRs
 - State appropriations
 - Provider investments
- Many models of payment reform require HIE.

Research Methods & Data

- How can HIE be leveraged to support public health?
 - Semi-structured interviews (n=41)
 - Review of primary policy documents (n=84)
 - Secondary analysis of existing survey data
 - Legal analysis
 - Literature review (scholarly, evaluations)

How can HIE support public health?

- Literature posits significant benefits:
 - Improve quality of public health data
 - Speed up investigations
 - Assist in community needs assessment
- Interviewees hope for modest benefits:
 - Real-time reporting
 - More accurate demographics
 - Better identification

Public Health HIE: The State of the States

- PH Dept participation:
 - 58% HIE involves public health depts receiving information
 - 37% HIE involves public health depts sending information
- PH and Meaningful Use:
 - Submit immunization data to registry (39%)
 - Submit syndromic surveillance data to PH agency (29%)
 - Incorporate lab test results into EHRs as structured data (60%), but...
 - Submit reportable lab results to PH agency (26%)

Source: Harvard School of Public Health, Mathematica & RWJF. 2013. Health Information Technology in the United States: Better Information Systems for Better Care.

What's missing?

- Interviewees explain what's missing:
 - Difficult to cross-subsidize public health HIE using available funding
 - Providers wanted to sell on our data
 - Without being able to draw data from EHRs, HIE can't deliver the best benefits for public health agencies
 - Some organizations are reluctant to store their data anywhere but locally
 - Quality of vendors difficult to judge

Policies to Support Public Health HIE

- Emphasize *efferent* arm of HIE -delivery of relevant, appropriately-identified, health information to clinicians, public health officials, and researchers, e.g.
 - Cost and quality transparency requirements should consider the role of HIE
 - Meaningful Use requirements should support population health objectives and data access
 - Facilitate ease of data access and query for public health officials and researchers

For more information

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