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Improving The Quality of Healthcare Through Health Information Exchange

Selected Findings from eHealth Initiative's Third Annual Survey of Health Information Exchange at the State, Regional and Community Levels

Over the last year, interest in and recognition of the importance of health information technology (HIT) and the mobilization of health information electronically (health information exchange) to improve our nation's health and healthcare has continued to grow significantly. At the same time, interest in improving the quality and effectiveness of healthcare has accelerated, with policies rapidly emerging from the Administration, Congress and the private sector. The President's Executive Order, issued Aug. 22, 2006, called for actions by the federal government by Jan. 1, 2007, which will increase focus on the quality and cost of healthcare, as well as drive the adoption of standards for HIT interoperability.

eHealth Initiative's 2006 Third Annual Survey of Health Information Exchange at the State, Regional and Community Levels highlights trends across the U.S., analyzing the results of 165 responses from health information exchange (HIE) initiatives located in 49 states, the District of Columbia and Puerto Rico.

The following provides a "snapshot" of the key findings from eHI's 2006 survey:

1. The level of policy activity and leadership at the state level has increased significantly in the last year. Thirty six bills were passed in 24 states during 2005 and 2006, calling for the use of HIT to improve health and healthcare, and 10 state governors have passed executive orders related to the same.

2. Policy development, planning, and HIE implementation activities are taking place at various levels of the system, but survey results indicate trends in the types of activities that are taking place at the regional, state and local levels. Two-thirds of community-based or locally-focused respondents are focusing on the implementation of health information exchange (HIE) networks, while only 29 percent of state-level initiatives are focusing on the implementation of HIE networks. Forty-two percent of state-level initiatives are focusing their efforts on assessment, policy development and planning, while only 20 percent of local efforts are focusing on this work.

3. Health information exchange initiatives are continuing to mature. Among the 165 HIE initiatives identified by the 2006 survey, 45 are in the implementation stage (stage four) and 26 have identified themselves as fully operational (stage five or six). This is significantly in line with 2005 results, which indicated that 40 HIE efforts expected to be in implementation within six months, and 25 expected to be fully operational within the same time period.

4. Interest in improving quality and safety, inefficiencies experienced by providers, and rising healthcare costs are the primary drivers for health information exchange efforts. Ninety-two percent of respondents cited "improving quality" as a significant driver of their HIE efforts, while 82 percent cited "improving safety". Additionally, 70 percent cited "inefficiencies experienced by providers who need information to support patient care" as a significant driver, while 56 percent cited "rising healthcare costs".

5. Over 20 percent of respondents are exchanging clinical data. At least one-fifth of respondents are now transmitting a broad range of data electronically including claims, dictation, emergency department episodes, enrollment or eligibility data, inpatient and outpatient episodes, laboratory results, and radiology results.

6. Services designed to support care delivery processes continue to be the primary focus of health information exchange efforts. Similar to 2005, the most common functionalities of HIE efforts are those related to care delivery. More than one-fifth of respondents are offering the following services: clinical documentation (26 percent), results delivery (25 percent), consultation/referral (24 percent), electronic referral processing (23 percent), and alerts to providers (20 percent).

7. Health information exchange efforts are continuing to offer services focused on quality improvement, positioning them for "value-based healthcare" support. Similar to 2005 results, in addition to supporting care delivery processes, a number of HIE efforts have expanded upon their services to support quality improvement and reporting activities, with 20 percent of all respondents providing disease or chronic care management services, 11 percent providing quality performance reporting for purchasers or payers, and ten percent providing quality improvement reporting back to providers.

8. Engagement of the multiple stakeholders in healthcare is expanding considerably with largest increases in hospital, health plan, employer and primary care physician involvement. Engagement of hospitals, health plans, employers, and primary care physicians is up considerably from 2005 with 96 percent, 69 percent, 54 percent, and 91 percent of respondents now actively engaging such stakeholders, respectively, in their efforts.

9. Health information exchange efforts are significantly increasing efforts to connect with physicians. In addition to more fully engaging clinicians in their organizations, with 91 percent of HIE efforts engaging primary care physicians and 77 percent engaging specialty care physicians, increasingly HIE efforts are offering services directly to physician practices. Eighty-six percent of respondents have an approach in place that enables access to data by physician practices that have electronic health records (EHRs), and 83 percent offer data access to those who do not have an EHR. The most common methods that HIE initiatives are using to engage clinicians is outreach through hospital systems, medical societies, quality improvement organizations or health plans, and in some cases, direct visits and phone calls to the physician practice.

10. Increasingly, health information exchange efforts are tapping into users of their services to provide funding for ongoing operations. While the primary funding source for health information exchange efforts continues to be the federal government, increasingly HIE efforts are deriving funds from other sources--those who both provide and use data--to fund ongoing operations. Based on the 2006 survey results, 24 percent of respondents cited that they were currently receiving funds from hospitals, while 21 percent cited they were receiving funds from payers. In addition, 16 percent were receiving funds from physician practices and 13 percent from laboratories.

Key Insights from the Report

In summary, the number of health information exchange initiatives is up from last year, and such efforts are continuing to mature, with the engagement of an increasingly diverse set of stakeholders, the creation of formal structures and organizations, advancement in the development and implementation of business plans and models, and an increasing amount of electronic data being exchanged. However, challenges remain for such efforts, which include the ability to secure sufficient start-up funding and the ability for a majority of the initiatives to develop sustainable business models.

The confluence of efforts surrounding not only information technology and health information exchange, but also requirements for and the alignment of incentives with quality improvement, create a near-term opportunity for transformation in the U.S. healthcare system. As efforts to both measure against and align incentives with goals around quality improvement and effectiveness continue to grow, health information exchange initiatives are beginning to explore expanding their services to offer an approach for supporting quality improvement that builds multi-stakeholder trust and creates a policy and technical infrastructure for information sharing with mutual agreement among providers, purchasers and payers.

As the results of the 2006 survey indicate, increasingly multi-stakeholder efforts across the country have successfully engaged and begun to build trust among the diverse stakeholders in their regions to enable them to come together and create both information sharing policies and a technical infrastructure to support secure electronic information sharing while protecting patient privacy. In one-fifth of these initiatives, clinical data is already moving to support care delivery processes. And in about ten percent of such initiatives, data services are supporting quality improvement processes for clinicians as well as reporting requirements of purchasers or payers.

As pressures on the system for quality and efficiency improvement continue to grow, policy makers at the national, state, and local levels should look to align policies for both quality and HIT, enabling the infrastructure currently being built in communities across America to support the mobilization of data for care delivery, to also support the infrastructure being contemplated to improve quality and efficiency. Both efforts require trust, the engagement of multiple stakeholders, special attention to information sharing policies related to privacy and confidentiality, and an electronic data infrastructure--and can benefit from being addressed in a complementary fashion.

The eHealth Initiative will continue to assess trends and develop policies, principles and solutions--for which there is multi-stakeholder consensus--to drive improvements in health and healthcare, through information and information technology. This particular area of convergence--issues related to quality, and issues related to health information technology--will be the primary area of focus for eHI in the coming months, with the goal of accelerating the improvement of the quality, safety and effectiveness of healthcare for all Americans.

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About eHealth Initiative

The eHealth Initiative and its Foundation are independent, non-profit affiliated organizations whose missions are the same: to drive improvements in the quality, safety, and efficiency of healthcare through information and information technology.

eHI engages multiple stakeholders, including clinicians, consumer and patient groups, employers, health plans, healthcare IT suppliers, hospitals and other providers, laboratories, pharmaceutical and medical device manufacturers, pharmacies, public health, and public sector agencies, as well as its growing coalition of more than 280 state, regional and community-based collaboratives focused on improving healthcare by mobilizing health information electronically, to develop and disseminate common principles, policies and best practices for improving the quality, safety and effectiveness of America's healthcare through information and information technology.

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Real Solutions, Better Health

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