



Information, Please!

Better exchanges of health data could fundamentally change the nation's health-care systems, especially for older patients.

By Dylan Scott

In the ongoing effort to rein in health-care costs, many policymakers and health wonks view data and information as a crucial next frontier. The increasing expenses of health care, the thinking goes, are often a symptom of poor coordination and communication, a problem that could be remedied if health-care providers and governments were better equipped to share data.

“More and more innovation is happening with more and more data being made available,” U.S. Chief Technology Officer Todd Park said at the 2012 Health Datapalooza in Washington, D.C., in June. “Health data is no longer a government initiative. It is an American initiative.”

Seniors—and specifically dual eligibles [see “Stay at Home, Mom,” page 32]—could benefit the most. With the dual-eligible demonstration projects created by the Affordable Care Act, intended to improve coordination between state-run Medicaid and federally run Medicare for the nine million people under both, states are gaining access to Medicare data for the first time.

Some state officials are almost giddy at the prospect. “We had a huge void because we didn’t have access to that data,” says Denise Levis, director of clinical programs and quality improvement at Community Care of North Carolina, the organization overseeing that state’s demonstration. “Now that we do, it should have a huge impact.”

North Carolina is one of 26 states developing dual-eligibles demonstrations under the health-care reform law. It has already begun integrating Medicare data into its existing health information exchange, an online warehouse that collects information from several state agencies and now the Centers for Medicare & Medicaid Services (CMS). In March, the exchange received Medicare data on hospital and primary care claims for the first time. The state is currently negotiating with CMS to access its prescription data as well.

Once it has as much federal data as it can get its hands on, North Carolina will run the information through algorithms to identify dual eligibles with the highest risks. Those individuals can then be targeted for disease management and medication management to make sure they are controlling their conditions as best they can. That should lead to lower costs. State officials project they’ll see savings within the first 12 to 18 months if all goes according to plan.

More than 250 health information exchanges like the one at work in North Carolina are operating across the country. Some are government-run; others are run by insurance companies or health-care providers. They allow patient data to be shared electronically across providers and government agencies, giving doctors and hospitals a more complete picture of the people they’re treating. For a high-needs population like dual eligibles, who typically have a history of health issues, that information can be invaluable.

Many analysts have extremely high hopes for these information exchanges. A recent survey of senior health IT specialists found that 40 percent believe that health information exchanges, more than anything else, “can have the most impact on patient care by improving clinical and quality outcomes.”

Obstacles remain. Maintaining these exchanges requires funding, and it can be difficult to facilitate trust among the health-care providers involved. Overcoming those challenges is important, advocates say, because of the potential for data exchanges to revolutionize the health-care industry. “Electronic health information exchange addresses a critical need in the U.S. health-care system to have information follow patients to support patient care,” wrote officials with the federal Office of the National Coordinator for Health Information Technology in *Health Affairs* this March. “Today little information is shared electronically, leaving doctors without the information they need to provide the best care. ... The demand for health information exchange is poised to grow.” **G**

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