Summary for Work Panel 4: Health Information and Decision Support. What's Next?

The group discussed a wide range of issue and ideas and identified several areas where efforts could have a high leverage impact in this area.

Correctly resolving the identity of patients across different data systems would lower costs and enable other innovative uses of health information. A solution from the federal government seems unlikely. Utah could address this problem by establishing a Secure Statewide Patient Directory or possibly by a government or voluntary effort to establish a health care unique patient identifier.

The clinical Health Information Exchange (cHIE) can improve care and reduce cost by providing a complete picture of a patient's medical history to all providers caring for that patient. Utah has chosen an "opt in" consent model which means a patient's information will only be added to the cHIE if the patient consents. Two approaches to accelerating the process of obtaining patient consent were discussed. The first would require all persons receiving government benefits to make a consent decision (consent would not be mandated, only a decision on consent would be required). The second would engage employers to obtain a decision on patient consent at initial and along with annual benefits renewals.

The importance of better engaging patients and consumers in several areas of health information was discussed. Patients need to be educated to help gain trust in a solution to the identity issue and to obtain consent for the cHIE. Patients are essential partners in improving their care (e.g., better adherence to treatment plan, changing health behaviors) and could be better engaged by opening electronic health records to patient use.

Another recommendation was to use the All Payer Claims Database (APCD) to identify high cost and high variability conditions where there is potential to reduce costs by standardizing care around best practices. Clinical decision support could be developed for use in Electronic Medical Record systems and the cost and care pattern data generated could be provided to clinicians to support their efforts at adopting best practices to improve quality and reduce costs. The panel also recommended using the APCD now and the cHIE when data are available to provide cost and quality information to consumers and employers to improve the market for health care.

Several cautions regarding expectations were raised by members of the panel. These included: 1) Don't expect that data will directly answer all questions, rather it will inform and add perspective to assist in answering them; and 2) Use of data tied to incentives must be done thoughtfully or it can cause harm. The panel came back several times to emphasize the importance of the advice provided by Clayton Christiansen, to look for simple solutions.

Summarized by Robert Rolfs, MD, Deputy Director, Utah Department of Health