



CONSORTIUM FOR CITIZENS  
WITH DISABILITIES

## **EFFECTIVE HEALTH INFORMATION EXCHANGES THAT INCLUDE DATA ON SOCIAL DETERMINANTS OF HEALTH MAY PREVENT UNNECESSARY DIMINISHED HEALTH AND DISABILITY**

A briefing was held at the Brookings Institution on “Policy Change and Health Information Exchanges”. Presenters at the briefing were representatives from the Federal government and experts from policy organizations with expertise in health information exchanges.

**Summary** Health care represents one-sixth of the overall economy and has costs that are growing well beyond inflation rates. Because there are multiple stakeholders such as patients, physicians, hospitals, vendors, payers and advocacy organizations that are important to healthcare, it has been difficult to enhance communication channels among these constituents. Health information exchanges represent one way to improve health care capacity to share data. State health information exchanges establish organizational frameworks for building information technology-based connections, and bringing relevant groups to the table for discussion. The goals of health information exchanges are to increase the flow of information across relevant organizations and improve efficiency and effectiveness of the health care system. However, barriers remain in terms of governance, financing and policy vision. Many States and localities have experienced difficulties in producing consensus on strategies and approaches and identifying consistent revenue streams for health information exchanges. There are initiatives for exchanging health information across the health care system both within and across states. This includes insurance information for those without insurance coverage and clinical and medical data to connect health care providers and patients. There are needs for adequate financial resources and sustainable business models to support proposed changes and there are problems of organizational coordination, resource and capacity constraints, and political interference. A number of organizations are not participating in HIEs. For instance, 14% of hospitals and 3% of ambulatory practices are participating in health information exchanges.

**Disability Prevention issue** Improvement of the effectiveness of health care systems through health information exchanges may contribute to prevention of diminished health that may contribute to disability. Information systems with medical data and social determinants of health, designed to prevent diminished health of vulnerable populations would be helpful. There are many safety net programs with public health features for vulnerable populations that could be included in a system for effective health interventions.

**Activity** There were discussions with presenters in post briefing sessions concerning inclusion of social determinants of health in information exchanges.

**Principle** Information exchanges should include data on social determinants of health.