

Studies of health information exchanges yet to show strong evidence of benefits

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Nir Menachemi Credit: Indiana University

Health information exchanges are supposed to improve the speed, quality, safety and cost of patient care, but there is little evidence of that in existing health information exchange benefit studies, according to a research paper published this month in the prestigious journal *Health Affairs*.

Researchers synthesized and quantitatively assessed 27 health information exchange benefit studies, said Nir Menachemi, a professor and chair of the Department of Health Policy and Management in the Richard M. Fairbanks School of Public Health at Indiana University-Purdue University Indianapolis and one of the authors of the paper. He was at the University of Alabama at Birmingham while the review of the health information exchange studies study was conducted.

Health information exchanges allow doctors, nurses, pharmacists and other health care providers to share a patient's computerized medical information electronically. For this study, researchers combed through data from previous benefit studies, looking for evidence that health information exchanges boosted efficiency, reduced [health care costs](#) or improved outcomes.

"There is no strong documented evidence in the studies that [health care benefits](#) are directly attributable to the use of HIE, rather than being correlated or incidentally related," Menachemi said.

To be clear, the paper isn't saying there are no benefits from the use of health information exchanges, Menachemi said. "It's simply premature to say if we have or have not gotten our money's worth out of HIE."

According to the paper, "There is a dearth of rigorous studies that link HIE adoption to clear benefits. Moreover, the scant high-quality evidence that does exist was conducted in disparate settings and evaluated different outcomes."

"We need to eliminate any confounding issues implicating the correlation between benefits and HIE," Menachemi said. "For example, how do we know that the correlation between computerization and good outcomes isn't really just being driven by the fact that early adopters of HIE are exemplary [health care providers](#)? We need to rule out those

kinds of things."

Prior studies that were designed to identify causal relationships were significantly less likely to find a benefit from health information exchanges for all outcomes except health care cost measures than studies not using such designs.

Two of six such studies found beneficial effects largely as a result of a reduction in diagnostic and imaging tests, associated costs or both, and these studies were based in a single clinic affiliated with an Indiana hospital or in one health care system in Israel.

Menachemi said he would be hard pressed to say for sure that these benefits will happen in every [health care](#) setting that computerizes and uses health information exchanges. "We still expect HIE benefits will accrue, but currently no one has been able to demonstrate in a general and convincing way that we can expect to see these benefits."

There are several possibilities why that's so, he said.

One is that use of health information exchanges in the United States is still in its infancy. Most studies are focusing on first-generation systems and exchanges in institutions where active usage is low. Widespread meaningful use as a result of the continued rise of the exchanges use may allow better evaluation of their adoption.

Menachemi hopes to do just that, now that he is in Indianapolis, where an earlier [health information](#) exchange benefit study of a clinic associated with a hospital occurred. Given that Central Indiana is home to what is probably the most mature [health information exchange](#) system in the country, there is a "huge opportunity to generate evidence of HIE benefits using more rigorous studies than have been done in the past."

More information: *Health Affairs*,
content.healthaffairs.org/content/34/3/477.full

Provided by Indiana University

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