

How state laws affect health information sharing practices

March 16 2023, by Kelly Tucker



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Recent increases in the use of health information technology (health IT) and electronic health records (EHR) provide avenues to untapped potential for improving health care productivity and efficiency. Health

information exchanges, or HIEs, store health information so that patient care can be tracked even when it spans multiple health care providers. However, despite the promising nature of the rapidly growing amount of digital health information, health information sharing has had little effect on health care to date.

Some of the factors that might affect the uptake of [health information](#) sharing practices are the [government policies](#) facilitating or hindering HIEs. A [study](#) recently published in *NEJM Catalyst Innovations in Care Delivery* analyzes the role of state [policy](#) in the adoption and use of HIEs.

Using a novel database of state laws from 2000 through 2019, Cason Schmit, assistant professor in the Department of Health and Policy Management at the Texas A&M University School of Public Health, and colleagues from MIT, the London School of Economics, and Google evaluated 12 policy dimensions from four categories: governance of HIEs, sustainability and financial incentives, uses and users, and protections for underlying data. The policy dimensions were measured for each state by using an HIE Law Index, with higher scores predicting increased adoption of HIEs. The researchers first used time series and cross-sectional comparisons to analyze health IT usage and variations in policies before examining connections between the states' legal environments and health IT use.

Health information sharing and related policy changes have increased considerably in the 21st century. Growth in state legislative activity related to the 12 policy dimensions picked up considerably after the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, which provided \$30 billion in subsidies for increasing health IT adoption in the U.S., went into effect. Similarly, health care provider usage of HIEs rose considerably over the study period, with a particular uptick following the implementation of the

HITECH Act.

The researchers observed substantial spatial variation in the HIE Law Index but no clear systematic differences in economic or political factors that might be related to the variation. Texas and states in the Midwest developed legal environments most favorable to HIE adoption, while the deep south, Rocky Mountains, and Great Lakes regions were the regions least conducive to HIE adoption.

All four categories of policy dimensions positively correlated with HIE usage, but data protection laws had the strongest relationship with increased health information sharing. Policies that make data protection less costly or implements default patient participation increase usage by 18 percent and 16 percent, respectively. Enacting policies that allow for charging participant fees or requesting funding from state, federal or private sources also appear to be important factors for encouraging HIE adoption and success.

The results of this study show which policy categories and specific laws have had the most success for increasing health IT use and HIE adoption. Such information is especially useful for state governments and policymakers interested in creating new legislation or updating existing laws to improve adoption and meaningful use of health IT. Federal agencies and technology innovators could also benefit by being able to better develop future federal policies (especially related to privacy) and cost-lowering technologies.

More information: Ari Bronsoler et al, The Role of State Policy in Fostering Health Information Exchange in the United States, *NEJM Catalyst* (2022). [DOI: 10.1056/CAT.22.0302](https://doi.org/10.1056/CAT.22.0302)

Provided by Texas A&M University

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