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HEALTH INFORMATION EXCHANGE & TECHNOLOGY MUST MEET PATIENTS' NEEDS, SAY LEADING CONSUMER, HEALTH & CIVIL-RIGHTS ORGANIZATIONS

ORGANIZATIONS OUTLINE KEY PRINCIPLES FOR EVALUATING HEALTH INFORMATION EXCHANGE AS CALIFORNIA BEGINS TO BUILD SYSTEM WITH FEDERAL STIMULUS DOLLARS

SAN FRANCISCO, CA -- State officials must ensure that a new system of electronic health information exchange and technology meets the needs of patients, leading consumer, health, and civil-rights organizations said today. The organizations today released a set of consumer and patient principles for evaluating whether electronic health information exchange will do that as California begins to spend \$38 million in federal stimulus dollars to build such a system.

“Health information exchange and technology can bring substantial benefits to better health and better health care in California, including better quality data for population health improvements,” said Mark Savage of Consumers Union, the non-profit publisher of *Consumer Reports*. “Patients and consumers will use these nine principles to evaluate the design and implementation of health information exchange and technology and whether they meet patients’ needs. We urge California’s policymakers, providers and other stakeholders to adopt and use these nine principles as well.”

The consumer principles balance patients’ various needs—for example, coordinating health care and information among the patient and diverse providers, ensuring the security and privacy of personal health information, and accessing safety and quality data about providers and treatments—within the overall context of patient health and health care. An extraordinary cross-section of consumer, patient, and civil-rights organizations came together over the past six months to discuss and frame these key principles for health information exchange. The principles are currently endorsed by:

AARP

American Civil Liberties Union of Southern California
Asian & Pacific Islander American Health Forum
Association of Asian Pacific Community Health Organizations
California Pan-Ethnic Health Network
California Rural Indian Health Board
Center for Democracy & Technology
Consumer Action

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National Partnership for Women & Families
Pacific Business Group on Health
Privacy Activism
Summit Health Institute for Research and Education, Inc.
The Children's Partnership

Electronic health information exchange and technology (often abbreviated as HIE or HIT) allows the patient, doctor or hospital, and laboratory or specialist to share the patient's health information so that they all have immediate, complete, and accurate information about relevant medical history, medications, and tests. This improves the patient's health care; and it avoids medical errors, adverse interactions among different prescriptions, treatments, or tests by different doctors, and duplicative care and costs. Patients who know more about their health can thus become more engaged and empowered with their providers and their health care.

Broadly used, health information exchange and technology can also improve public health outcomes; improve quality, safety, and efficiency of health care; reduce health disparities and systemic medical errors; evaluate the comparative effectiveness of medical practices; reduce overall costs; improve care coordination; measure the quality and performance of physicians and hospitals; and improve the privacy and security of personal health information.

Electronic health information exchange will be increasingly important to successful implementation of health care reform as a key means toward reducing costs, increasing quality and efficiency, and enhancing access to health care across the spectrum, including underserved communities.

The nine principles address (1) benefits for personal health; (2) benefits for population health; (3) ensuring that all patients and consumers benefit; (4) designing the technology and services to meet the range of needs without barriers or diminished function for some, such as people who use languages other than English or people with disabilities; (5) ensuring the privacy and security of patients' health information; (6) preventing misuse of patients' data; (7) building partnership and HIT literacy among patients, providers, and public health officials; (8) accountability for realizing the benefits of health information exchange; and (9) enforcing these protections for patients and communities. A copy of the principles is at <http://www.consumersunion.org/pdf/HIE-Principles-6-10.pdf>.

In February 2009, Congress enacted the American Recovery and Reinvestment Act, with unprecedented revenues and compressed timelines for advancing health information exchange and technology much more rapidly throughout the nation. In February 2010, the U.S. Department of Health and Human Services awarded California a \$38.75 million grant to accelerate planning and implementation of health information exchange in California. California could also receive up to \$1.4 billion in Medicaid incentive funds if all eligible facilities and providers apply for and receive incentive funds for adoption of electronic health records.

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