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## Health Data Exchange is a welcome sign of movement

Imagine this scenario: An alarmed friend drives an unconscious co-worker to a hospital emergency room. The friend can probably answer questions about the company's medical plan and provide basic information about the co-worker's medical condition. But the friend may not know everything about the co-worker's medical history - such as a potentially dangerous allergy to medication.

In this dire situation, access to health information can be critical. Day in and day out, a good flow of information can make the health care system a little less costly and a little less cumbersome.

A Health Data Exchange, which Gov. Butch Otter unveiled during his Jan. 7 State of the State address, is a step in this direction.

Maybe more importantly, it's something the public and private sectors can do - in cooperation and in Idaho - to improve health care at home.

By breaking down software language barriers, the data exchange will allow hospitals, doctors and pharmacists to share patient information. "Intuitively, we know this is going to lead to better, smarter decisions," said Ed Dahlberg, CEO of St. Luke's Health System.

Everybody benefits. Physicians should be able to better diagnose health conditions, based on a patient's complete medical profile. Insurers - and their policyholders - will not get saddled with the cost of duplicative and unnecessary tests. Patients won't have to endure the physical discomfort, and the hassle, of a procedure they don't really need.

Costs are shared as well, between hospitals and insurers, including Idaho's taxpayer-funded Medicaid system. The Department of Health and Welfare will seek \$500,000 in startup costs from the 2008 Legislature, a line item that deserves support.

These kind of data systems have been tried in other communities, but this would be the first statewide database in the nation. Organizers will take it slowly, adding hospitals and physicians over five years. In the final year of startup, they will look at allowing patients to check their own health records on the database - a necessary next step in fostering good health-care decisions.

A good statewide information exchange will not cure all of Idaho's health care problems. Idaho still has a shortage of doctors - especially, but not exclusively, in small towns. The state has an aging, overburdened nursing sector, and will need to add some 5,000 nurses statewide by 2020. More than 220,000 Idahoans are uninsured - and many of them work for small businesses that can no longer afford health coverage for employees.

*Health data 1*

Software cannot solve these tough problems.

But we hope creating a data exchange carries a subtle, added benefit. The process has brought together key players - hospitals such as St. Luke's and Saint Alphonsus Regional Medical Center; insurers such as Blue Cross and Regence Blue Shield; employers and state government. In the years ahead, they will have to work together to get this program in place.

And these are the same parties who will have to work together to solve Idaho's other health-care problems. The data exchange carries a relatively modest cost, and works to everyone's benefit. Still, a successful launch could help build a coalition that can solve more costly and contentious health-care issues.

We can no longer just accept a system that doesn't work very well for patients, and await a federal solution that may not come. We can no longer afford passive patience, or allow the enormity of the issue to paralyze us. The Health Data Exchange is a welcome sign of movement.