



Highlights of [GAO-10-361](#), a report to congressional committees

Why GAO Did This Study

To promote the use of information technology for the electronic exchange of personal health information among providers and other health care entities, Congress passed the Health Information Technology for Economic and Clinical Health (HITECH) Act. It provides incentives intended to promote the widespread adoption of technology that supports the electronic sharing of data among hospitals, physicians, and other health care entities. Pursuant to a requirement in the HITECH Act, GAO is reporting on practices implemented by health information exchange organizations, providers, and other health care entities that disclose electronic personal health information.

GAO's specific objectives were to describe (1) the practices implemented for disclosing personal health information for purposes of treatment, including the use of electronic means for obtaining consent, as reported by selected health information exchange organizations, their participating providers, and other entities; and (2) the effects of the electronic sharing of health information on the quality of care for patients as reported by these organizations.

To address both objectives, GAO conducted case studies of 4 of more than 60 operational health information exchanges and a selection of each of the exchanges' participating providers.

[View GAO-10-361 or key components.](#)
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ELECTRONIC PERSONAL HEALTH INFORMATION EXCHANGE

Health Care Entities' Reported Disclosure Practices and Effects on Quality of Care

What GAO Found

The health care entities GAO studied reported that they implement disclosure practices that reflect widely accepted practices for safeguarding personal information—the Fair Information Practices—to help ensure the appropriate use and disclosure of electronic personal health information for treatment purposes. For example, providers in the study described various implementations of practices that require direct interaction with patients, such as informing patients of the use and disclosure of personal health information and providing patients access to their own records. Some of them inform patients that their electronic personal health information may be shared through health information exchanges—entities that were formed to facilitate the electronic sharing of patients' health information among providers. Both the providers and exchanges in the study described practices that limit disclosure of information, secure electronic information that they store and transmit, and help ensure accountability for safeguarding electronic personal health information.

Although the health information exchanges reported that they have not conducted formal studies or evaluations of the overall effect of electronically sharing personal health information, both the exchanges and providers reported examples of ways that sharing electronic personal health information about patients has had a positive effect on the quality of care that providers deliver to patients.

- Officials from two exchanges stated that they provide a direct connection from participating hospitals to their state's Department of Public Health for real-time reporting of conditions and for supporting the early detection of disease outbreaks. According to one of these officials, this service facilitated the state's ability to obtain information about cases of H1N1 more quickly than other states.
- A large hospital that participated in one of the exchanges reported that a cardiologist was able to obtain an abnormal laboratory result electronically from the exchange one day earlier than they would have otherwise. This timely access to the patients' electronic health information allowed the provider to perform earlier intervention for a potentially life-threatening condition.
- Another hospital reported that information obtained through its health information exchange helped its emergency department physician ascertain that a patient who was requesting medication for pain had been in five area hospitals in seven nights seeking pain medication. As a result, the physician did not prescribe any additional pain medication.