



ISSUE BRIEF

Health Information Management at State Health Agencies

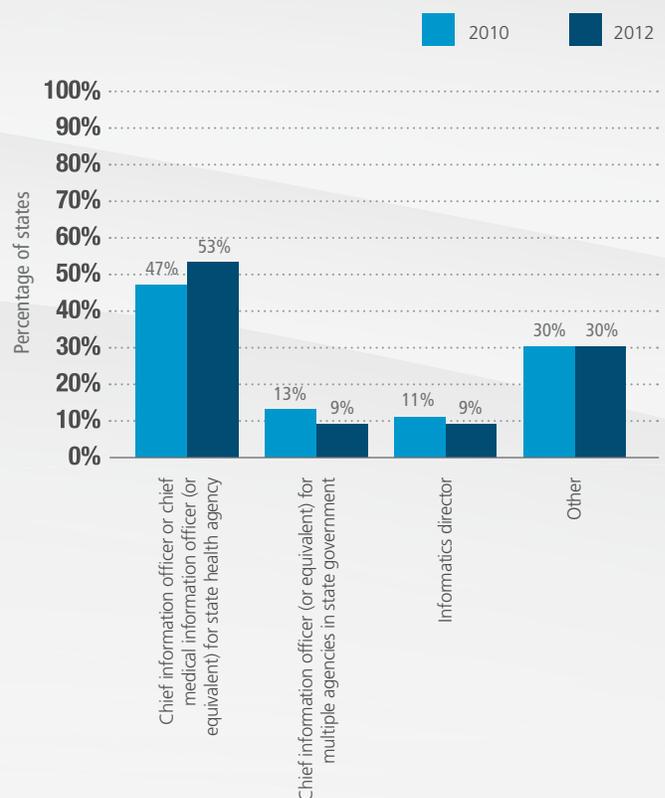
Health information management and exchange are important elements of the work of state health agencies in promoting and protecting health. Because these are still relatively new areas of public health, uptake and activities vary considerably from state to state. The *ASTHO Profile of State Public Health, Volume Three*, provides the most current data on state health agency health information management.

Responsibility for and Decisionmaking on Health Information Management

Health information exchange and health information technology are dynamic and growing areas at state health agencies. As of 2012, in 41 percent of state health agencies the chief information officer/chief medical information officer or equivalent has primary responsibility for decisions regarding health information exchange and health information technology. In another 16 percent, the chief information officer or equivalent for multiple agencies has the primary responsibility.

In more than half of state health agencies, the chief information officer/chief medical information officer or equivalent has overall decisionmaking authority for state public health information management systems in 2012. Overall authority lies with another entity in 30 percent of state health agencies among those states that responded in both years of the survey.

Overall Decisionmaking Authority for State Public Health Information Management Systems, 2010-2012 (n=47)



Health Information Exchanges

Health information exchanges can be used both to assess population health and communicate about a variety of public health topics. While just more than half (51%) of state health agencies use health information exchanges to assess population health, this is more than in 2010, when 42 percent reported using health information exchanges to assess population health. The greatest percentage of states use health information exchanges to identify emerging infectious diseases (33%), environmental exposures (21%), and chronic disease indicators and risk factors (both 13%).

Thirty-nine percent of state health agencies use health information exchanges to communicate about various health topics, which represents a slight decrease from 2010. The greatest percentage of state health agencies use health information exchanges to communicate about communicable disease outbreaks, drug warnings, or environmental risks (all 31%); vaccination guidelines and requirements (24%); and disease case definitions and diagnostic guidelines or criteria (18%).

Electronic Data Exchange

State health agencies often collect, receive, and exchange program-specific information electronically, either following a state or federal mandate or to better protect the health and well-being of populations in their jurisdictions. Electronic data exchange is common at the majority of state health agencies, though less so in the areas of water wells, electronic health records, and onsite waste water treatment. Of those states that conduct electronic data exchange for a given topic, bidirectional data exchange occurs among the greatest percentage of state health agencies for electronic health records (71%), Medicaid billing (56%), and lab results (53%). Data are most commonly collected using a state system, rather than a local one, for all topic areas.



Meaningful Use

The majority of state health agencies have all of the systems in place to meet Meaningful Use Stage 1 public health objectives. Bidirectional data reporting and exchange for the Meaningful Use Stage 1 public health objectives are currently performed most frequently with immunization registry systems, electronic communicable disease reporting systems, and electronic laboratory communicable disease reports.

Additional Information

For additional information on state health agency health information management as well as other data, please refer to the *ASTHO Profile of State Public Health, Volume Three*, available at www.astho.org/profile. The Profile is the only comprehensive source of information about state public health agency activities, structure, and resources. Launched in 2007 and fielded every two to three years, the Profile Survey aims to define the scope of state public health services, identify variations in practice among state health agencies, and contribute to the development of best practices in governmental public health.

Recommended citation: Association of State and Territorial Health Officials. *ASTHO Profile of State Public Health, Volume Three*. Washington, DC: Association of State and Territorial Health Officials. 2014.