

# INTRODUCTION

## **Policy Forum:** *Data and Health Policy*

North Carolina is fortunate to have many rich sources of data that provide a solid foundation for making good policy and practice decisions to improve health and health care. Relevant, timely data and high quality analyses and interpretations provide justification for the development of evidence-based medicine, public health practice, and health policy to improve health in North Carolina.

Recently the role of evidence-based health care has been expanded with the announcement of a new, data-driven initiative from Governor Mike Easley. In April, Governor Easley announced a groundbreaking health care initiative in which insurers, organizations working to improve physician practices, providers, and others will collaborate to ensure North Carolinians receive optimal health care. Clinical as well as claims data are at the very core of the initiative. The goal is to extract information from these data, and the information will be used in innovative ways to promote optimal care through performance feedback and encouragement of best practices.

Despite the wealth of health data in the state, significant health information needs remain. For example, due to small samples, some data characterizing ethnic and racial groups yield imprecise estimates, and data pertaining to patient-practitioner interactions are also needed. Likewise, data representative of small geographic areas and subsets of the population—especially those at risk—are needed so that interventions and limited resources can be best targeted. Relatively new technologies such as electronic health records and geographic information systems are filling these gaps and providing researchers with access to much-needed data.

The issue brief by Sandra Greene, DrPH, discusses the relationship between health policy and data and provides an excellent backdrop for the commentaries. The commentary on the North Carolina Health Professions Data System (HPDS) highlights a prime example of data providing useful information to spur policy action and guide state health planning. Thanks to HPDS data, areas with health professional shortages have been identified and a possible future decline in the ratio of health providers to residents has been detected. As a result, medical schools in the state are expanding their programs, incentives are being offered to increase the number of medical school graduates, and physician retention is being encouraged.

In the run up to the fall 2008 elections, data and information systems are also at the heart of several proposals to improve health care quality and reduce the rapid growth of health care costs. North Carolina has explored the development of coordinated electronic data systems for over 15 years starting with data and information committees that were part of the Health Planning Commission and its successor, the Health Reform Commission. The Planning Commission issued a report in 1996 that formed the basis for a strategic plan for the adoption of statewide standards and systems for electronic medical records and information exchanges. The North Carolina Health Information and Communications Alliance (NCHICA) was subsequently formed to help move that plan forward. The time is now right for taking specific tactical steps toward implementation of a comprehensive health information strategy.

This issue of the *Journal* highlights the work of many organizations and individuals committed to collecting, analyzing, interpreting, and using data to improve health within the state. We hope this issue provides readers a broad understanding of the existing data resources in our state and provokes thoughtful discussion about how to enhance existing data resources, recognize possible synergy among datasets, and identify needs and potential solutions.

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