



California eHealth (HIT/HIE) Environment: Supporting Transformation of Patient Care and Public Health

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DPAC Presents

California Department of Public Health

January 25, 2012

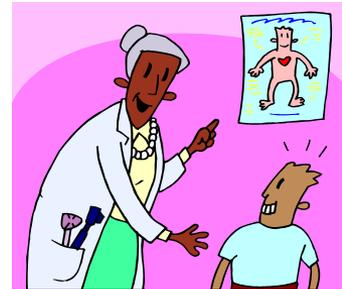


What is Meaningful Use?

- What is HITECH?
- How will this affect me?
- What is EHR, HIE, HIT, Beacon, Sharp, Workforces, REC, MU Measures, Incentives?
- Introduction:
 - <http://informatimusicology.blogspot.com/2011/03/meaningful-yoose-rap-music-video-world.html>



Transforming our Services



Opportunities

*To make the healthy choice
the easy choice*

*Change the environment
(Also known as business
process redesign)*

Courageous Impatience

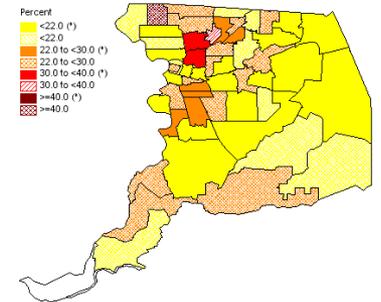
*Prevention addressing
social determinants*

Ten Great Public Health Achievements -- United States, 1900-1999 (CDC)

- Vaccination
- Motor-vehicle safety
- Safer workplaces
- Control of infectious diseases
- Decline in deaths from coronary heart disease and stroke
- Safer and healthier foods
- Healthier mothers and babies
- Family planning
- Fluoridation of drinking water
- Recognition of tobacco use as a health hazard

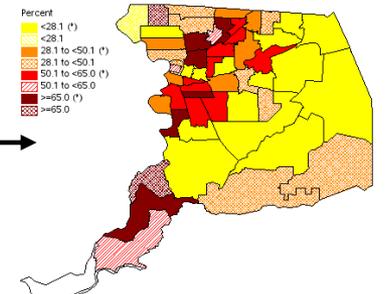
Health is tied to Place

- Percent of Births with Late Entry into Prenatal Care, Sacramento County, 2006-2008
- Percent of Births with Medi-Cal as Primary Payer, Sacramento County, 2006-2008
- Percent of Births to Mothers with No High School Degree, Sacramento County, 2006-2008
- Infant Mortality Rate, Sacramento County, 2005-2007



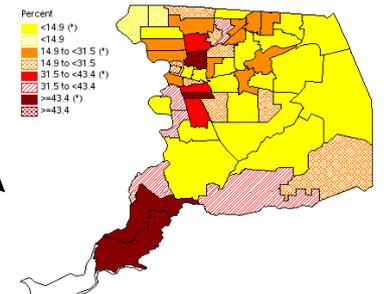
The star in parenthesis after the legend entry indicates a statistically significant percent compared to the Healthy People 2020 Objectives (alpha=0.01, two-tailed test). For white areas in the map, no data are available.

PODR-CCPR Sacramento, JAN/26, 2011



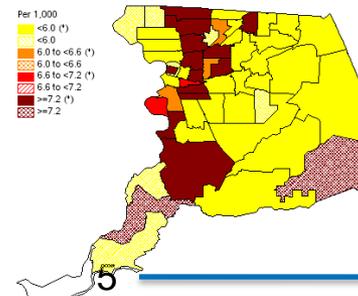
The star in parenthesis after the legend entry indicates a statistically significant percent compared to the California average (alpha=0.01, two-tailed test). For white areas in the map, no data are available.

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PODR-CCPR Sacramento, JAN/26, 2011

Introducing ...

- HITECH Act – Health Information Technology for Economic and Clinical Health Act
- HITECH Act is part of ARRA and lays the basis and framework for activities in the Affordable Care Act
- HITECH Act represents the seed that is growing into a revolution that is transforming health care
- New expectations from patients ... for providers ... for vendors ... for government
- Build the trust environment for transformation to occur

eHealth in California - Purpose

To dramatically improve safe and secure patient and provider access to personal and population health information and decision-making processes, benefiting the health and wellbeing, safety, efficiency, and quality of care for all Californians.

Health Information Technology for Economic and Clinical Health (HITECH) Act

- Signed into legislation on February 17, 2009 as part of the American Recovery and Reinvestment Act (ARRA)
- **ONC HIE Cooperative Agreement Program**
 - CHHS received \$38.8 M over 4 years ending Feb. 2014
- **CMS EHR Incentive Program**
 - Funding to Eligible Providers and Eligible Hospitals
(more than \$17 billion nationally) – eligible means a specified \$ or % of the patient panel is Medicare and/or Medicaid
 - Must use Certified EHR (ONC)
 - Must meet Meaningful Use Requirements (CMS)
 - Medicare Program launched attestation April 18, 2011
 - Medi-Cal Program launched first phase October 3, 2011

National Strategy for Quality Improvement in Health Care - March 2011

- **Better Care:**

Improve the overall quality, by making health care more patient-centered, accessible, and safe.

- **Healthy People/Healthy Communities:**

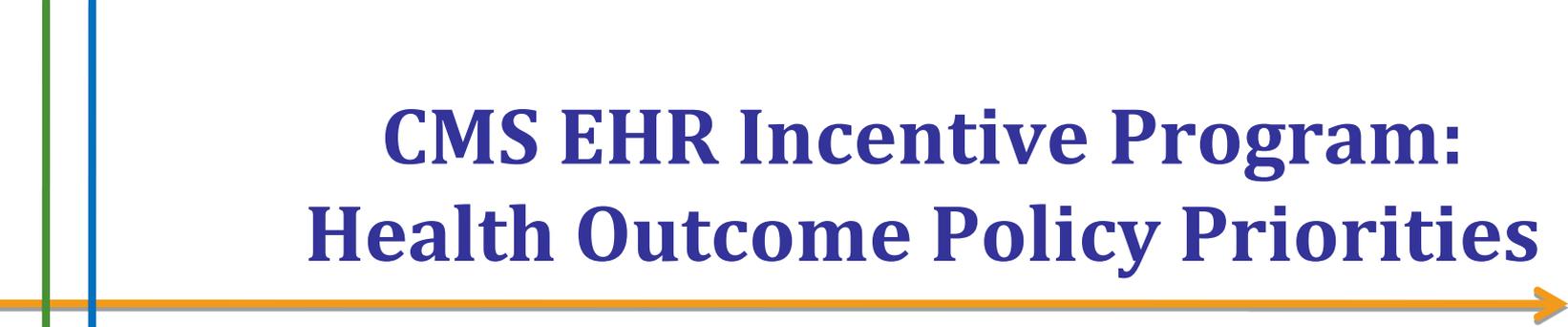
Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care.

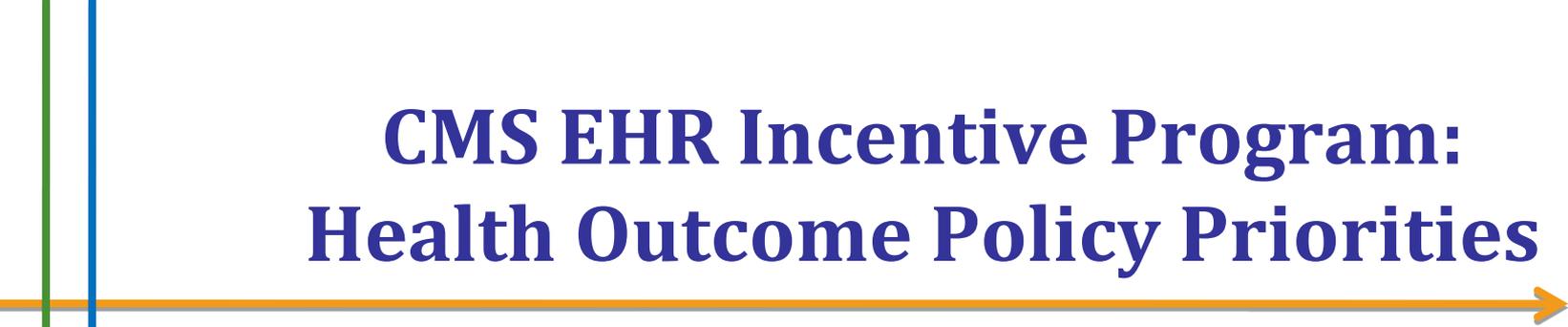
- **Affordable Care:**

Reduce the cost of quality health care for individuals, families, employers, and government.



CMS EHR Incentive Program: Health Outcome Policy Priorities



1. Improving quality, safety, efficiency and reducing health disparities.
 2. Engage patients and families in their healthcare.
 3. Improve care coordination.
 4. Improving population and public health.
 5. Ensure adequate privacy and security protections for personal health information.
- 

EHR Incentive Program

(Information provided by CMS)



A Conceptual Approach to Meaningful Use

STAGE 3 (expected to be implemented in 2015)

STAGE 2 (expected to be implemented in 2013)

STAGE 1 (2011 and 2012)

Data capture and sharing

Advanced clinical processes

Improved outcomes

MEANINGFUL USE STARTS NOW!



What does the future look like?

- 
- Fully adopted EHRs providing decision-support to providers that can integrate care across multiple provider types – the right information at the right time for the right patient
 - Patients and families fully engaged in the management of their health with the assistance of mobile devices, personal health records, and bi-directional communication with their providers
 - State systems supporting local and state delivery of care (behavioral, social, and medical) that are integrated with an EHR-based environment that supports the highest-quality and most-efficient services to improve outcomes and the health of our constituents

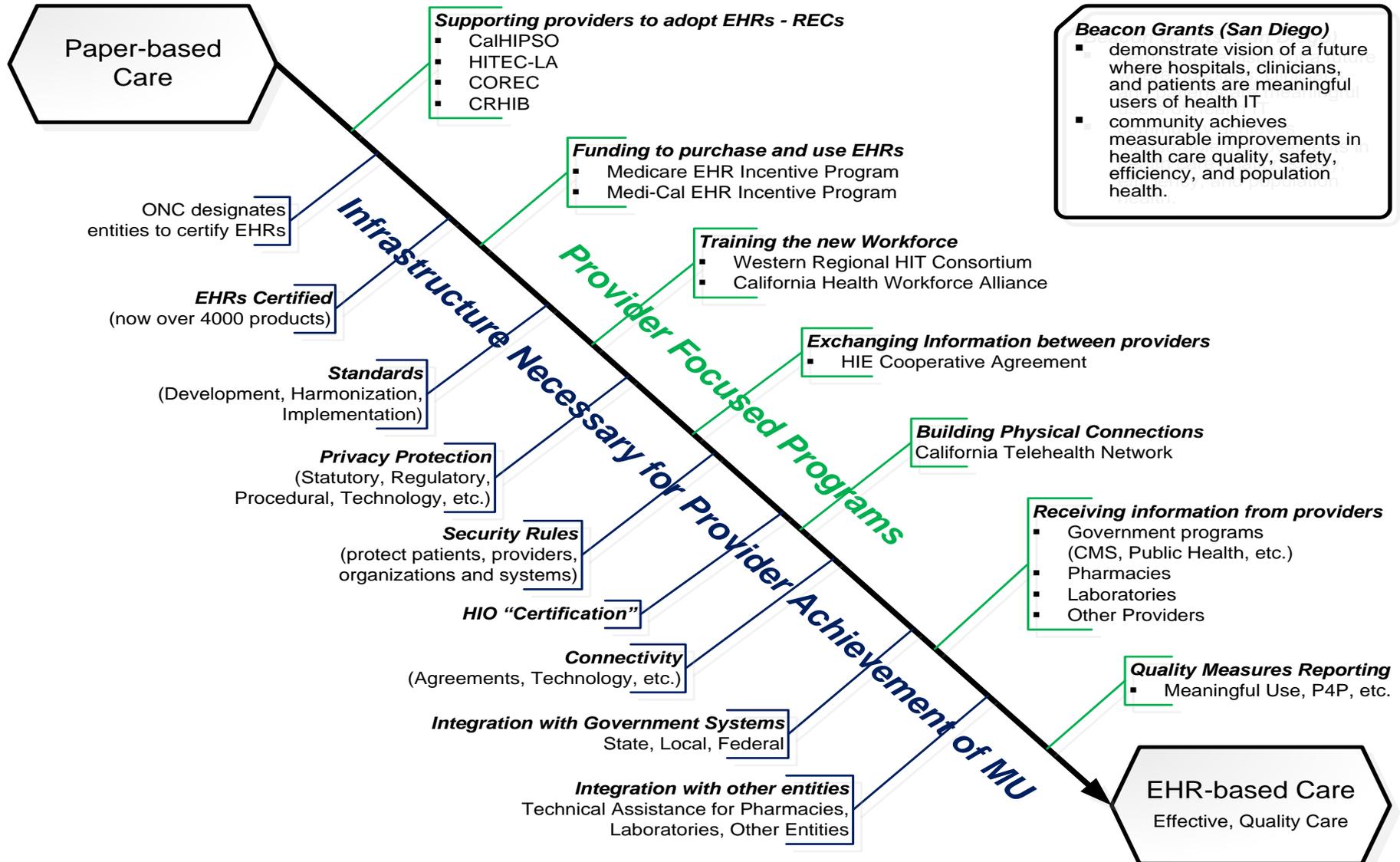
**Paper-based
Care**

**Provider Focused
Programs**

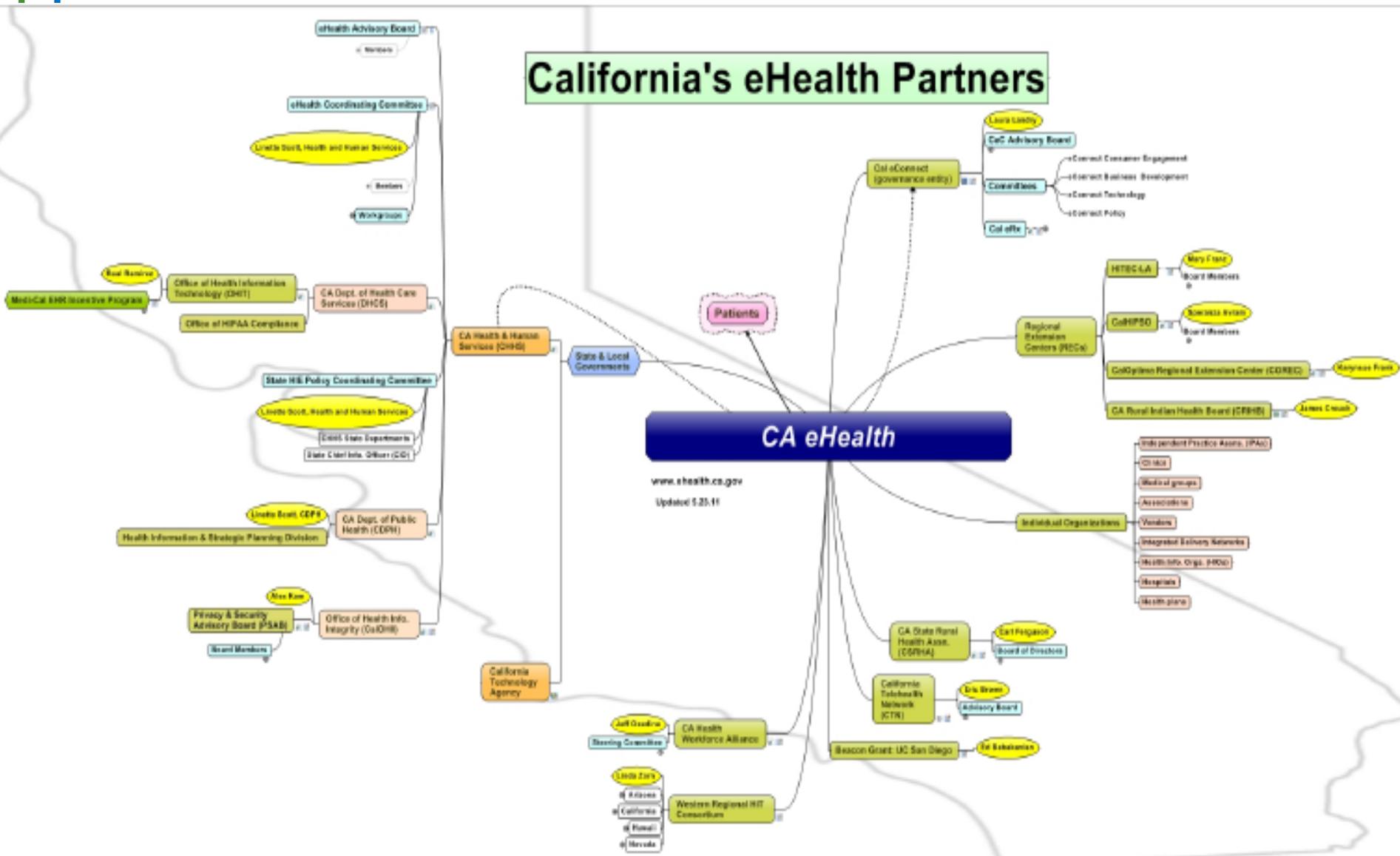
**Infrastructure
Necessary for Provider
Achievement of MU**

**EHR-based
Care**
Effective, Quality Care

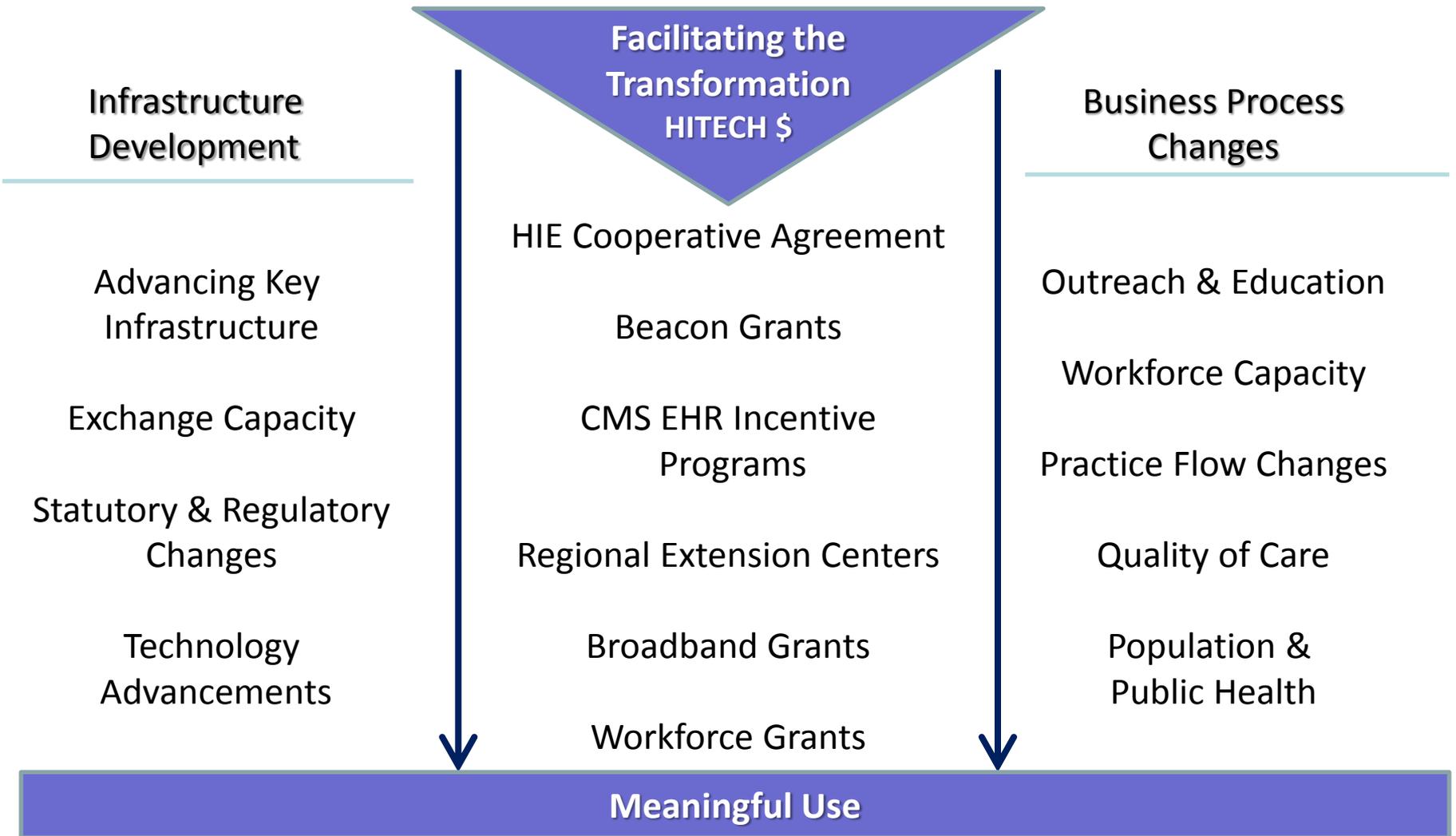
HITECH Supported Activities



CHHS Scope of Coordination for eHealth



California's eHealth Transformation Strategy



EHR Incentive Payments

(as of December 31, 2011)

Medicare in CA

- Hospitals – 16
\$29,903,296
- Providers – 893
\$16,074,000

Medi-Cal

- Hospitals – 0
\$0
- Providers – 0
\$0

- Total Payments in California: \$45,977,296*
- Total Payments in Nation: \$2,533,689,145*

(*All payments are federal funding under ARRA – HITECH)

Improving Health Care for All Americans

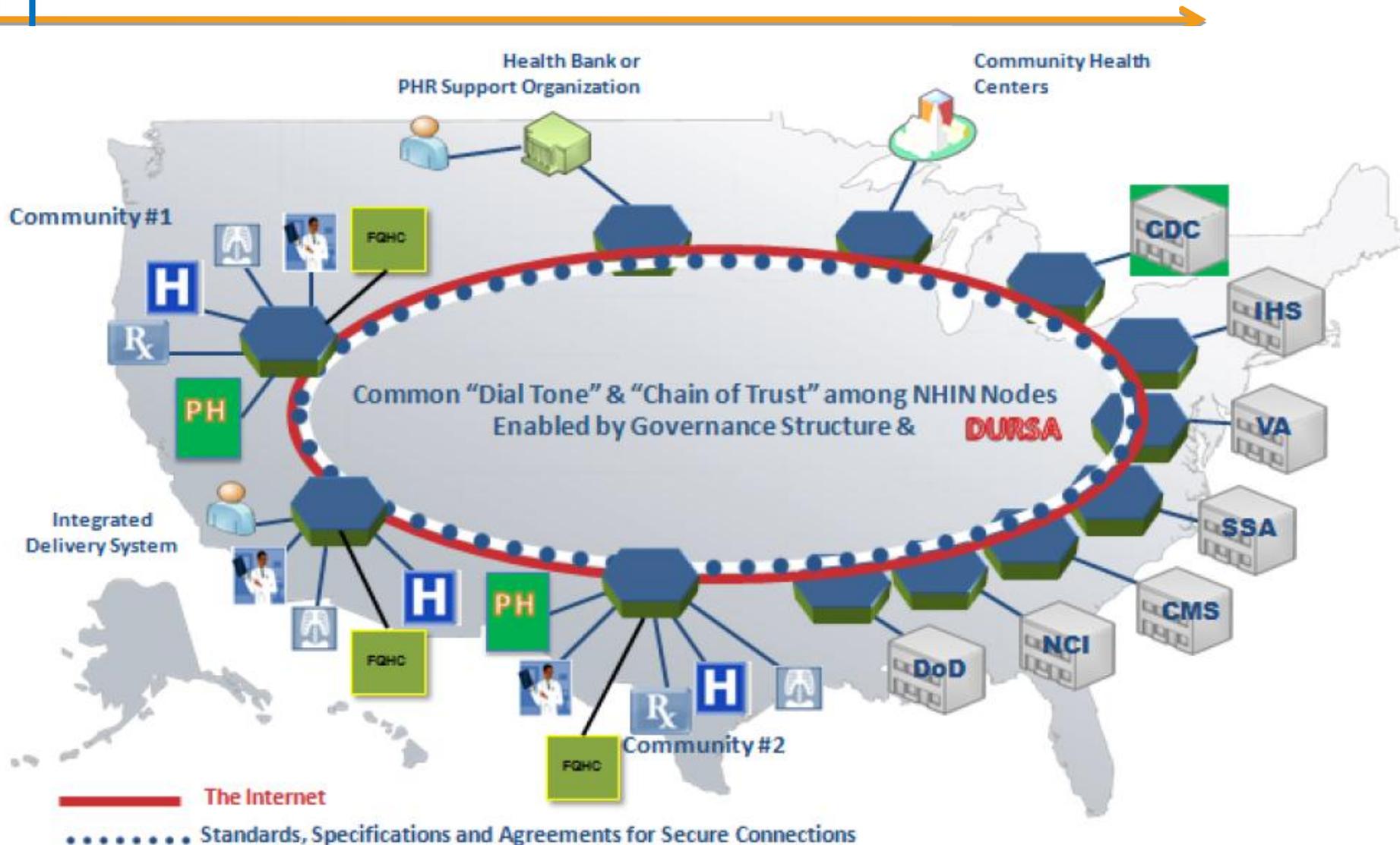
Health Information Exchange (HIE)

- Facilitates more coordinated patient care
- Reduces duplicative treatments
- Avoids costly mistakes



Nationwide Health Information Network

<http://www.hhs.gov/healthit/healthnetwork/background/>



For more information,

Visit the California eHealth Portal: www.ehealth.ca.gov

CA.GOV California Health & Human Services Agency
California eHealth Initiative

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WELCOME TO THE REVOLUTION

EHealth is a revolutionary way to improve healthcare. It's electronic records. Instant access to life-saving responses. Communication with labs & pharmacies. Telemedicine. We passionately believe that by increasing collaboration & communication, eHealth has the potential to transform healthcare.

[Learn More](#)

What California's eHealth Initiative means for you

Providers | Patients | Vendors | Workforce

Making eHealth Work for You

Navigating the eHealth options for your hospital, clinic, or practice can be confusing. We can help. Learn how electronic health information and the Health Information Exchange (HIE) can work for you.

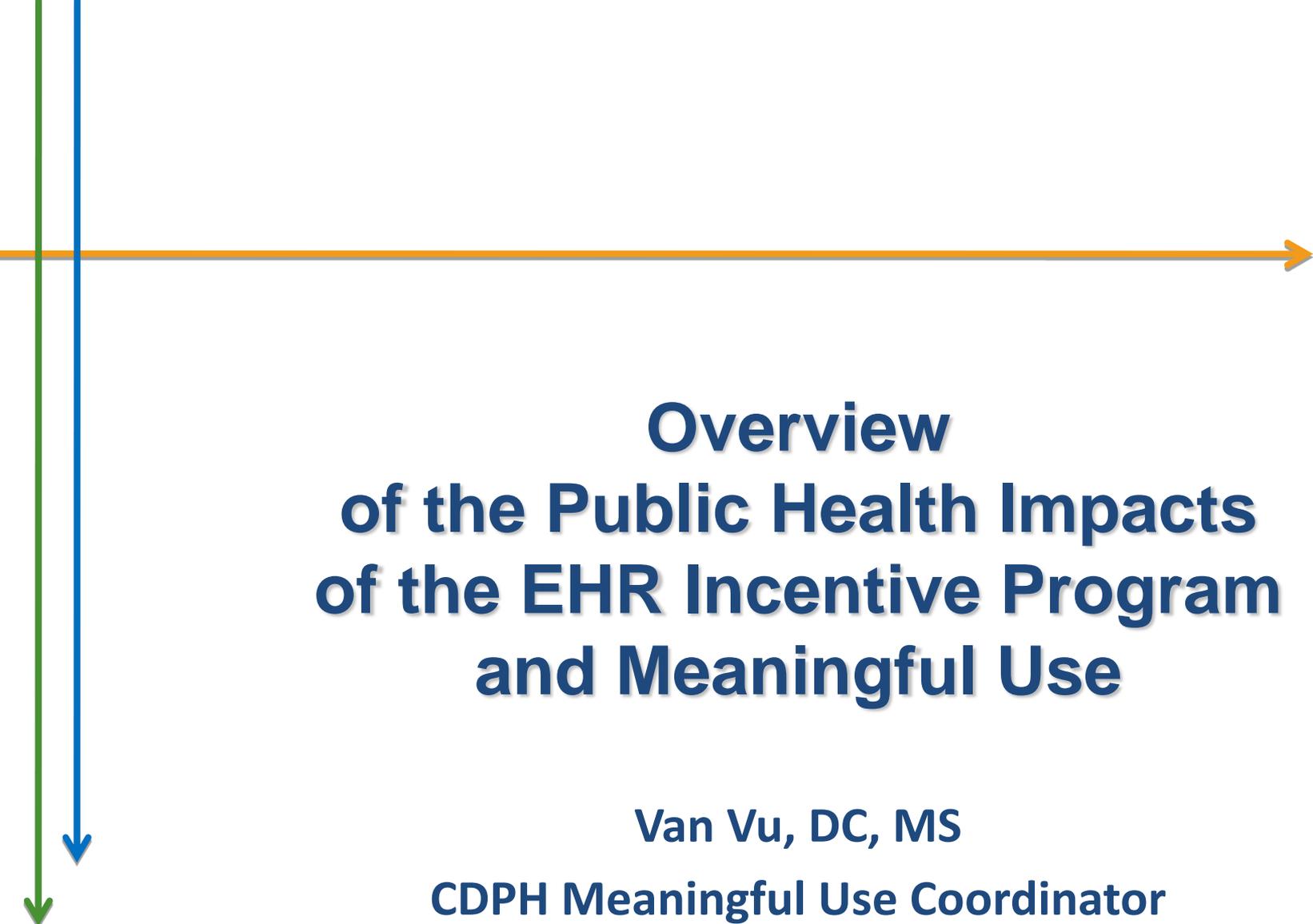
- Clinics
- Solo Physicians and Small Practices
- IPAs and Physician Groups
- Hospitals

Upcoming Events

JAN 8	Cal eConnect Engagement Advisory Group
JAN 9	Monthly CHHS Stakeholder Webinar
JAN 13	Nomination for Board of Directors Due
JAN 15	CHHS: eHealth Coordinating Committee Quarterly Meeting
JAN 21	CalHPSO: California Association of Rural Health Clinics Conference
JAN 22	Provider Directory Provider Services RFP Due

eHealth in California

- What might this mean for me? As a patient, provider, public health professional?
- From the HIE Summit in California, November, 2011:
 - <http://vimeo.com/31619183>



Overview of the Public Health Impacts of the EHR Incentive Program and Meaningful Use

Van Vu, DC, MS

CDPH Meaningful Use Coordinator



Three Main Components of Meaningful Use

The CMS Final Rules specifies the following 3 components of Meaningful Use:

- Use of certified EHR in a meaningful manner (e.g., e-prescribing)
- Use of certified EHR technology for electronic exchange of health information to improve quality of health care
- Use of certified EHR technology to submit clinical quality measures (CQM) and other such measures selected by the Secretary

Stage 1 Requirements for Meaningful Use



Stage 1 Objectives and Measures Reporting

Eligible Professionals must complete:

- 15 core set
- 5 out of 10 from menu set (**1 must be a Public Health measure**)
- 6 total Clinical Quality Measures (3 core or alternate core, and 3 out of 38 from additional set)

Hospitals must complete:

- 14 core set
- 5 out of 10 objectives from menu set (**1 must be a Public Health measure**)
- 15 Clinical Quality Measures

Meaningful Use (MU): Public Health Measures

To improve public and population health:

- All EPs and hospitals must choose at least one of the population and public health measures to demonstrate as part of the menu set
- Eligible providers must choose either immunization reporting or syndromic surveillance reporting
- Eligible hospitals must choose either immunization reporting, syndromic surveillance reporting or lab reporting

Public Health and Meaningful Use

- **Immunization Reporting:** CDPH looking at short-term and long-term solutions to support statewide reporting that meets MU requirements
- **Lab Reporting:** CDPH established Public Health Lab Work Group with three programs participating: Cancer Research and Surveillance Branch, Center for Infectious Disease-CalREDIE, and Childhood Lead Poisoning Prevention Branch
- **Syndromic Surveillance:** CDPH evaluating BioSense 2.0.



Public Health Capacity to Accept Test Messages

- CDPH unable to accept direct test messages for immunization, reportable lab results, and syndromic surveillance.
- Local Health Department(s) that are able to accept test messages, as of November 10, 2011, are:
 - For Immunization Reporting: *Alpine, Amador, Calaveras, Mariposa, Merced, San Diego, San Joaquin, Stanislaus, and Tuolumne*
 - See also our capacity list at:
<http://www.cdph.ca.gov/data/informatics/Documents/CDPH-MngUse-Imm.pdf>
 - For Reportable Lab Results: *San Diego*
 - See also our capacity list at:
<http://www.cdph.ca.gov/data/informatics/Documents/CDPH-MngUse-ELR.pdf>
 - For Syndromic Surveillance: *Alameda, San Diego, Stanislaus, and Tulare*
 - See also our capacity list at:
<http://www.cdph.ca.gov/data/informatics/Documents/CDPH-MngUse-SS.pdf>

Other Objectives of Particular Public Health Interest

Lists of Patients by Specific Conditions:

Objective: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.

Measure: Generate at least one report listing patients of the EP or eligible hospital with a specific condition.

Stage 1 EHR Standards and Certification

Final Rule Text:

Generate patient lists. Enable a user to electronically select, sort, retrieve, and generate lists of patients according to, at a minimum, the data elements included in:

- (1) Problem list;
- (2) Medication list;
- (3) Demographics; and
- (4) Laboratory test results.

Other Objectives of Particular Public Health Interest Cont.

- Record demographics
 - preferred language
 - gender
 - race
 - ethnicity
 - date of birth
 - date and preliminary cause of death in the event of mortality in the eligible hospital or CAH.
- Maintain an up-to-date problem list of current and active diagnoses

CDPH eHealth Webpage for Guidance on Preliminary Cause of Death

<http://www.cdph.ca.gov/data/informatics/Pages/MeaningfulUseRequirements-PCOD.aspx>



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» Department of Health Care Services (includes Medi-Cal)

» State Agencies Directory

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Stage 1 Core Criteria for Eligible Hospitals or Critical Access Hospitals (CAHs) Record Demographics - Preliminary Cause of Death

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This web page provides background for the Meaningful Use requirement to record "preliminary cause of death" as part of the overall objective to record selected patient demographics in the Electronic Health Record (EHR). "Cause of death" is one of the data items collected on the Death Certificate as part of the California vital records system is overseen by the California Department of Public Health (CDPH). While Preliminary Cause of Death is not the same as Cause of Death, CDPH would like to provide information to assist in clarifying the differences.

The Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program Final Rules references the Stage 1 Core Set Objective as below:

Section 495.6(f)(6)(i) Objective. Record all of the following demographics;

- (A) Preferred language.
- (B) Gender.
- (C) Race.
- (D) Ethnicity.
- (E) Date of birth.
- (F) Date and preliminary cause of death in the event of mortality in the eligible hospital or CAH.

Section 495.6(f)(6)(ii) Measure. More than 50 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (F or 23) have demographics recorded as structured data.

Other Objectives of Particular Public Health Interest Cont.

- Record and chart changes in vital signs:
 - Height
 - Weight
 - Blood pressure
 - Calculate and display BMI
 - Plot and display growth charts for children 2-20 years, including BMI
- Record smoking status for patients 13 years old or older

Stage 1 EHR Standards and Certification

Final Rule Text:

Smoking status. Enable a user to electronically record, modify, and retrieve the smoking status of a patient.

Smoking status types must include:

- current every day smoker
- current some day smoker
- former smoker
- never smoker
- smoker, current status unknown
- unknown if ever smoked

Note: This reflects agreement among CMS, ONC, and CDC; the fields associated with this measure should mirror those expressed in CDC, National Center for Health Statistics, National Health Interview Survey related to smoking status recodes.

Stage 1 Clinical Quality Measure: Tobacco Use Cessation

- NQF Measure Number 0028 -- Preventive Care Screening Measure Pair:
 - Tobacco Use Assessment
 - Tobacco Cessation Intervention
- NQF Measure Number 0027 -- Smoking and Tobacco Use Cessation, Medical Assistance (for eligible providers only):
 - a) Advising Smokers and Tobacco Users to Quit
 - b) Discussing Smoking and Tobacco Use Cessation Medications
 - c) Discussing Smoking and Tobacco Use Cessation Strategies
- CMS approves of referral to CDPH's California Smoking Helpline in as a tobacco cessation intervention.



California Smoking Helpline

<http://www.californiasmokershelpline.org/>

- Meets the definition of **tobacco cessation intervention** in the clinical quality measure for meaningful use.
- Offers free telephone counseling and printed materials in six languages (*English, Spanish, Mandarin, Cantonese, Vietnamese, Korean and TDD/TTY*).
- Services include coaching, counseling, referral, mailed materials and training to healthcare providers.
- Effective intervention and easy accessibility for patients.



The screenshot shows the website for the California Smokers' Helpline. At the top right, the phone number "1-800-NO-BUTTS" is displayed. The main heading is "California Smokers' Helpline" with a sun icon. A vertical sidebar on the left contains buttons for "Smokers", "Tobacco Chewers", "Health Care Providers", "Health Effects of Smoking", "En Español", "中文", "한국어", "Tiếng Việt", "About Us", "Order Free Materials", and "Register With Us". Below these is a note about funding from the California Tobacco Control Program. The main content area includes a description of the helpline, a Google Custom Search box, a photo of two smiling men, a video overview link, and a newsletter sign-up form. At the bottom right, there is a "CLICK NOW" button and the text "We're here to help 1-800-NO-BUTTS" with a cartoon character.

Core and Alternate Core Clinical Quality Measures (CQM) for Providers

- Providers must record 6 CQM (3 must be core or alternate core below)
 - Hypertension: Blood Pressure Measurement
 - Preventive Care and Screening Measure Pair: a) Tobacco Use Assessment, b) Tobacco Cessation Intervention
 - Adult Weight Screening and Follow-up
 - Weight Assessment and Counseling for Children and Adolescents
 - Preventive Care and Screening: Influenza
 - Immunization for Patients 50 Years Old or Older
 - Childhood Immunization Status
- Eligible Hospitals and CAHs must complete all 15 clinical quality measures from list.

MU – Other Issues

There is an overlap between the CHIPRA core measures and the Stage 1 measures for MU.

- BMI 2-18 yrs old
- Pharyngitis -appropriate testing 2-18 yrs old
- Childhood Immunization status
- Chlamydia screening in women

Alignment of these programs is a CMS priority.

CDPH eHealth Website

<http://www.cdph.ca.gov/data/informatics/Pages/eHealth.aspx>



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eHealth in Public Health

On July 28, 2010, the Centers for Medicare and Medicaid Services (CMS) released their final rule for the Electronic Health Record (EHR) Incentive Program as a complement to the final rule on standards and certification released by the Office of National Coordinator for Health Information Technology (ONC).

As part of the Health Information Technology for Economic and Clinical Health Act of 2009, or the "HITECH Act," these final rules provide authority to establish programs to improve health care quality, safety, and efficiency of patient care through the promotion and meaningful use of health information technology (HIT), including qualified electronic health records (EHRs) and private and secure electronic health information exchange.

Meaningful Use of Health Information Technology (HIT)

Under the EHR Incentive Program, eligible providers and hospitals receive incentive payments for Stage 1 (in years 2011 and 2012) when they have shown that they are able to implement certified EHR technology and/or have demonstrated "meaningful use."

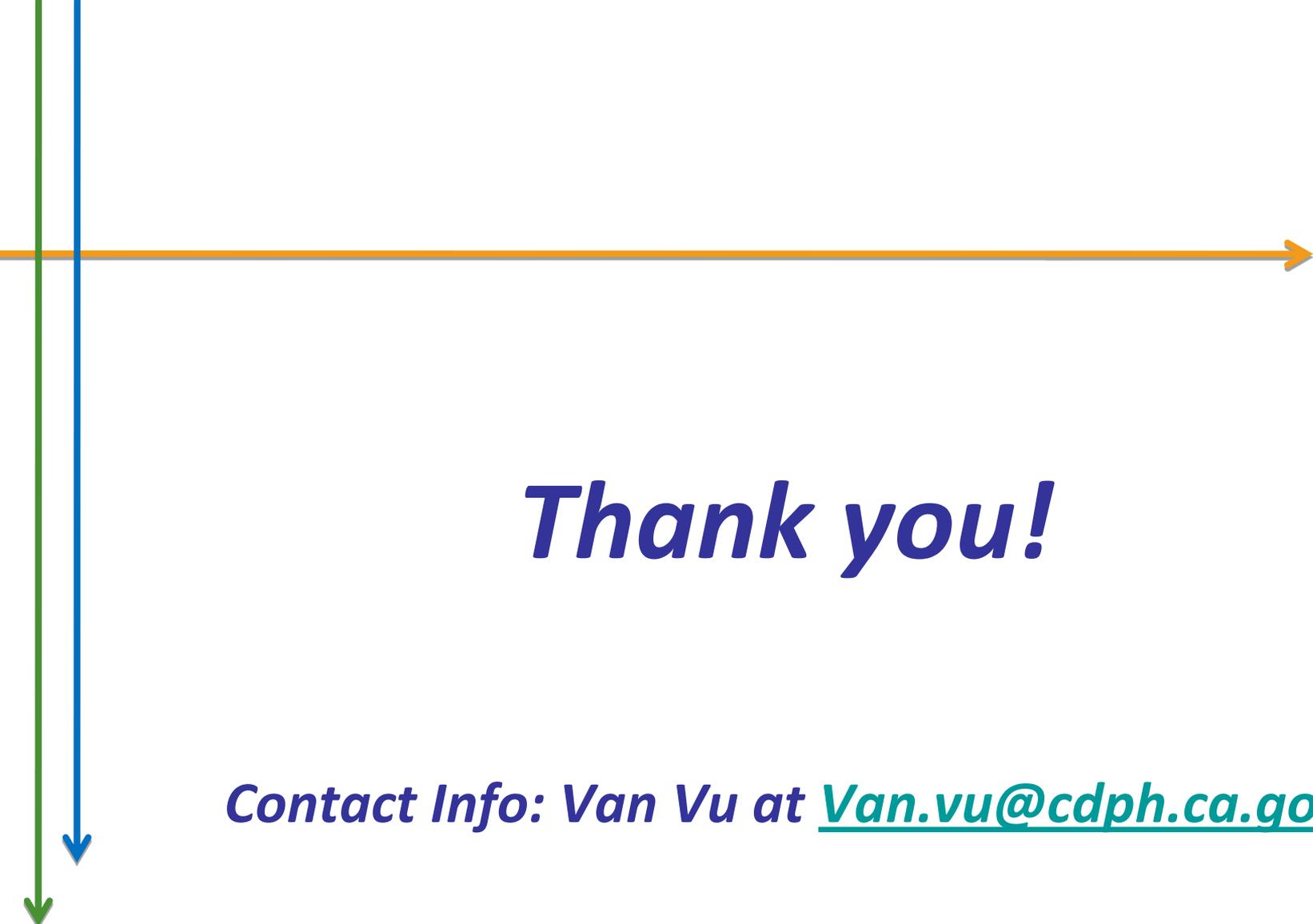
ONC Standards and Certification

EHR technology adopted by eligible providers and hospitals will need to include the required standards, implementation specifications and certification criteria established by ONC to achieve meaningful use in Stage 1.

ONC Resources

On This Page

- [Meaningful Use of HIT](#)
- [ONC Standards & Certification](#)
- [Objectives & Measures](#)
- [Privacy & Security](#)
- [California eHealth Initiatives](#)
- [National eHealth Support](#)
- [Grants & Funding](#)



Thank you!

Contact Info: Van Vu at Van.vu@cdph.ca.gov



A Recap

[http://informatimusicology.blogspot.com/2011/03/
meaningful-yoose-rap-music-video-world.html](http://informatimusicology.blogspot.com/2011/03/meaningful-yoose-rap-music-video-world.html)