

# What's HIT/HIE got to do with Community Health?

June 2, 2010

2010 CPHA-N Annual Business Meeting & Scientific Program

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# Learning Objectives

1. Understand the role of the Office of the National Coordinator for Health Information Technology in setting public health priorities for the nation.
2. Understand opportunities for public health to shape the California eHealth environment.
3. Identify potential data streams for public health from the EHR Incentive Program.

# Public Health and Health Information Exchange



- Health Information Technology for Economic and Clinical Health (HITECH)
- California eHealth
- EHR Incentive Program and Meaningful Use

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

- Improve American health care delivery and patient care through an unprecedented investment in health information technology
- Provide necessary assistance and technical support to providers
- Enable coordination and alignment within and among states
- Establish connectivity to the public health community in case of emergencies
- Assure the workforce is properly trained and equipped to be meaningful users of EHRs



# Opportunities to Engage

- Office of the National Coordinator for Health Information Technology (ONCHIT)
  - Created by Executive Order – 2004
  - Established by Legislation – ARRA - 2009
- HIT Policy Committee
- HIT Standards Committee
- More information: <http://healthit.hhs.gov>



# California eHealth

<http://www.ehealth.ca.gov>



# Purpose - California eHealth

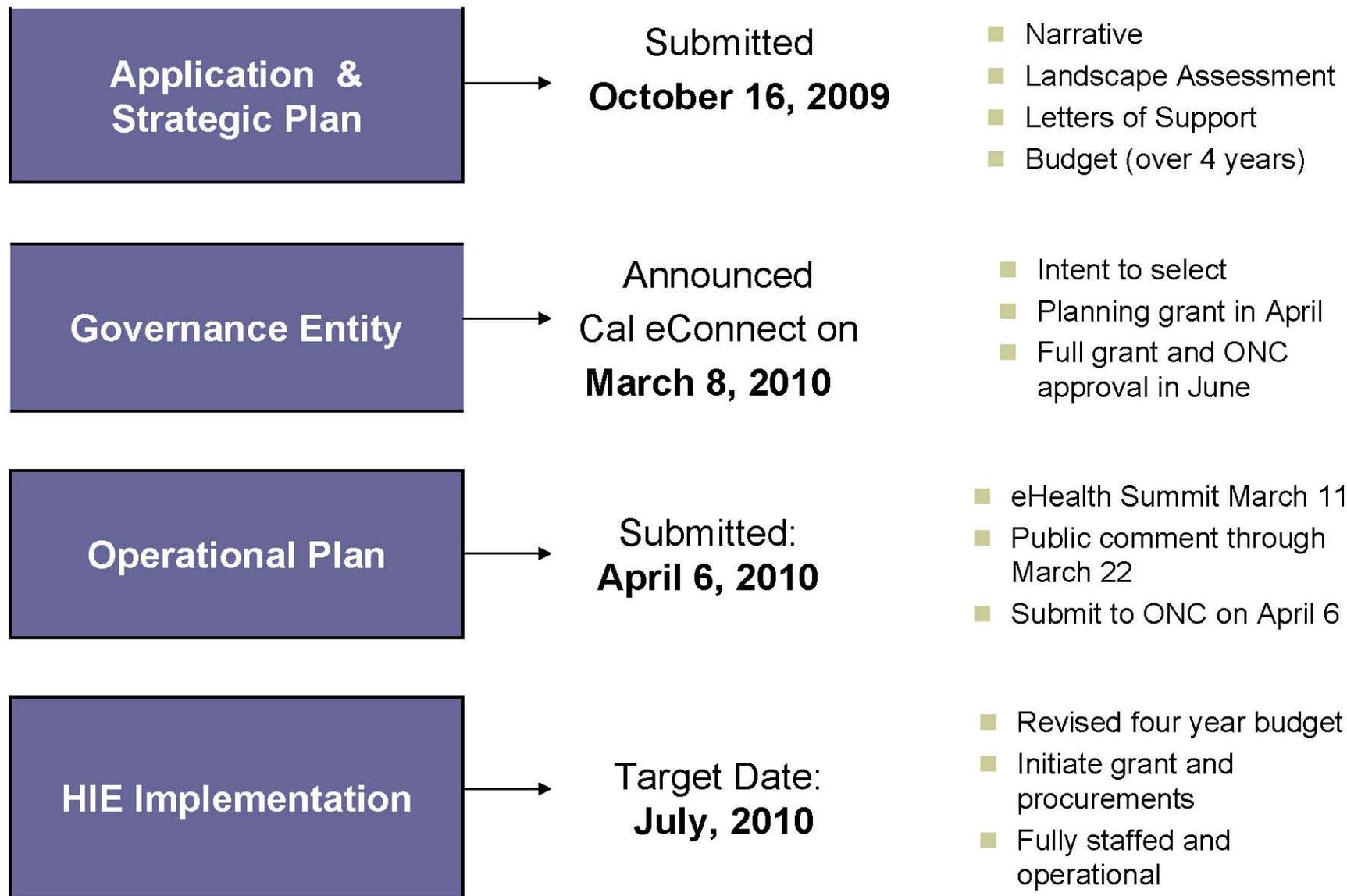
To dramatically improve safe and secure patient and provider access to personal and population health information and decision-making processes, benefiting the health and wellbeing, safety, efficiency, and quality of care for all Californians.



# California eHealth Objectives

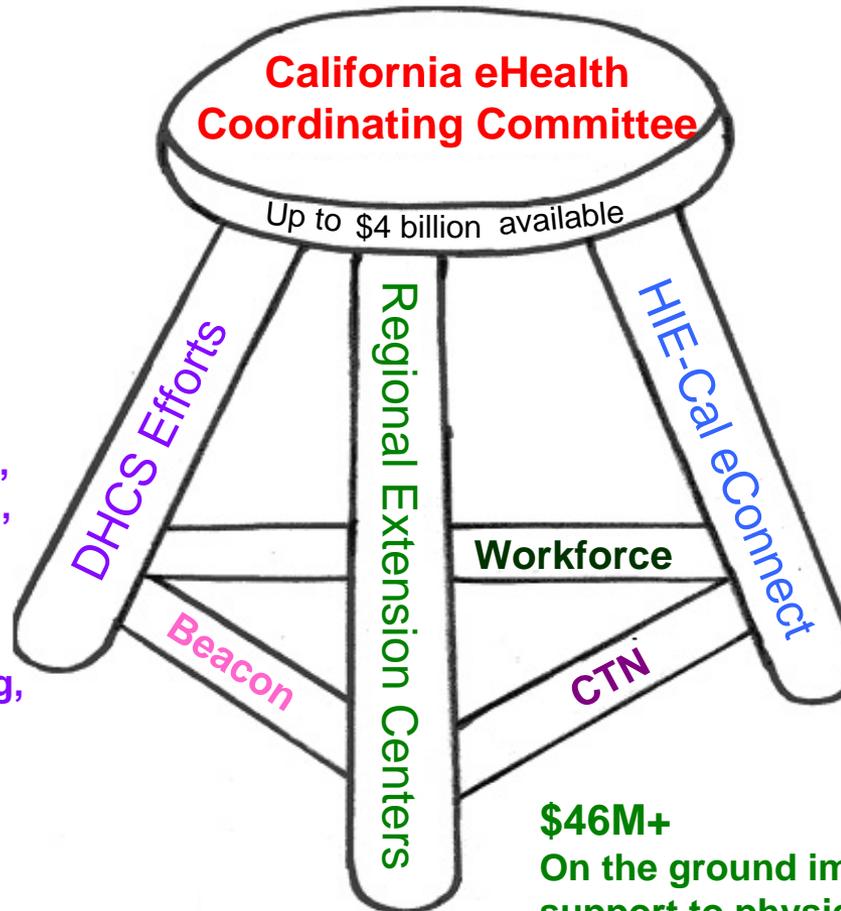
- 1) To ensure patients have safe, secure access to their personal health information and the ability to share that information with others involved in their care
- 2) To engage in an open, inclusive, collaborative, public-private process that supports widespread EHR adoption and a robust, sustainable statewide health information exchange
- 3) To improve health care outcomes and reduce costs
- 4) To maximize California stakeholders' access to critical ARRA stimulus funds
- 5) To integrate and synchronize the planning and implementation of HIE, HIT, telehealth and provider incentive program components of the federal stimulus act
- 6) To ensure accountability in the expenditure of funds
- 7) To improve public and population health through stronger public health program integration, bio-surveillance and emergency response capabilities

# Health Information Exchange (HIE) Timeline



# The Big Picture

**\$1.4 billion in Medi-Cal EHR incentives + ~\$25-\$30M Overall EHR Medicaid admin, plan, promotion, payment, consumer education, quality reporting, oversight**

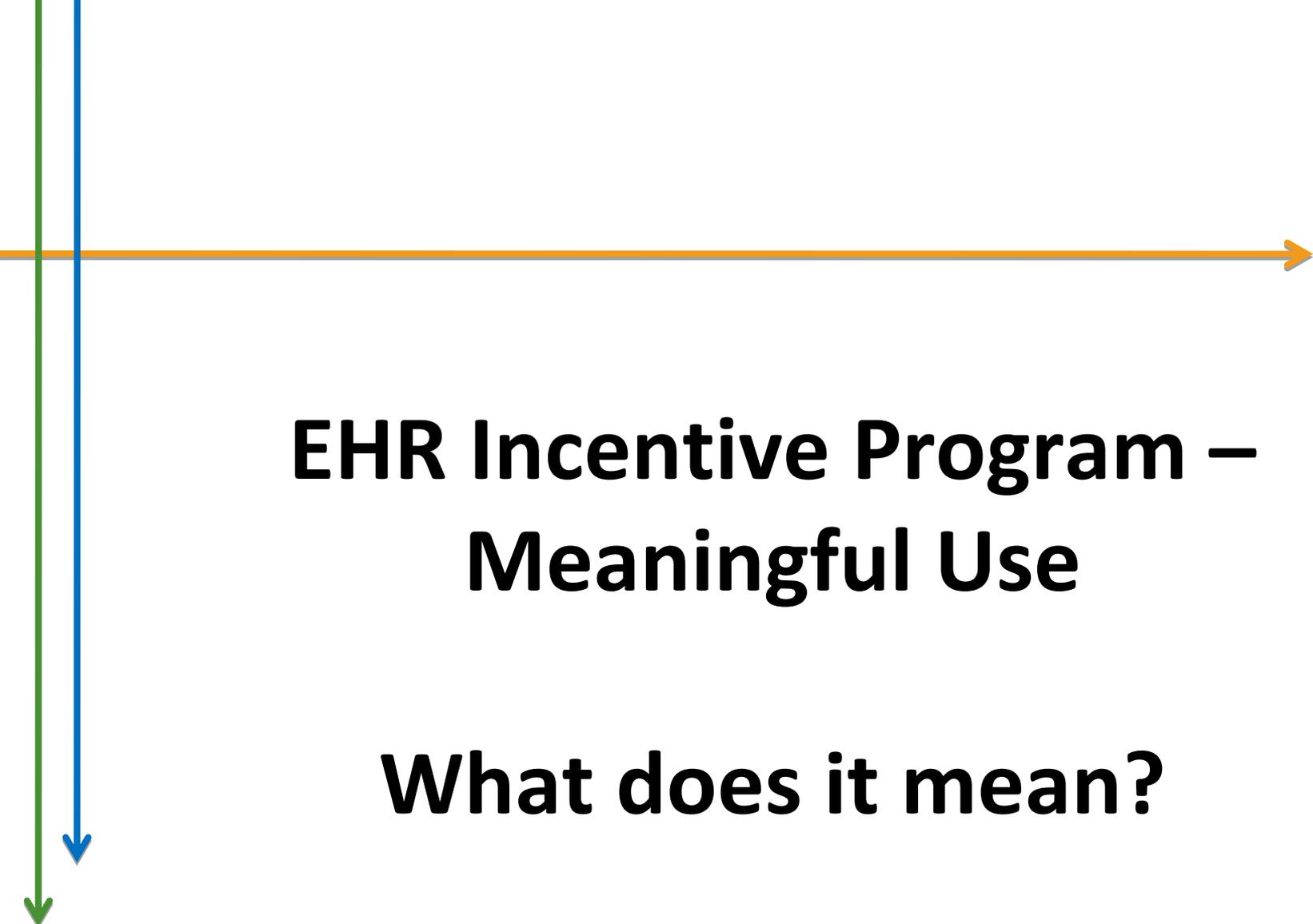


**\$38.8M Support and infrastructure to make information exchange between sectors faster, more efficient and more secure**

**\$46M+ On the ground implementation support to physicians, hospitals and community health centers**

# California eHealth Updates

- **Monthly Stakeholder Conference Calls**
  - For schedule link to <http://www.ehealth.ca.gov/>
- **California eHealth Bulletins**
  - Communicates the status of California's eHealth initiatives, including the development of a strategic plan and preparation for submitting proposals to the Federal government to support Health IT, Exchange and Telehealth programs.



# EHR Incentive Program – Meaningful Use

## What does it mean?

# Requirements for Federal Dollars

- Funding to Eligible Providers and Eligible Hospitals (*more than \$17 billion*) – Eligible means a specified % of the patient panel is Medicare and/or Medicaid
  - **Must use Certified EHR (ONC)**
  - **Must meet Meaningful Use Requirements of the EHR Incentive Program (CMS)**
- Dept. of Health Care Services Office of Health IT:  
<http://www.dhcs.ca.gov/Pages/DHCSOHIT.aspx>

# Meaningful Use Stages

## Stage 1

- ePrescribing
- Lab results into EHRs
- Send clinical summary to providers and patient
- Public health reporting
- Quality reporting (2012)

## Stage 2

*Proposed*

- Patient PHR access
- ePrescribing refills
- Electronic summary record
- Receive health alerts
- Immunization information

## Stage 3

*Proposed*

- Access comprehensive patient data
- Automated real-time surveillance

# Meaningful Use and Public Health

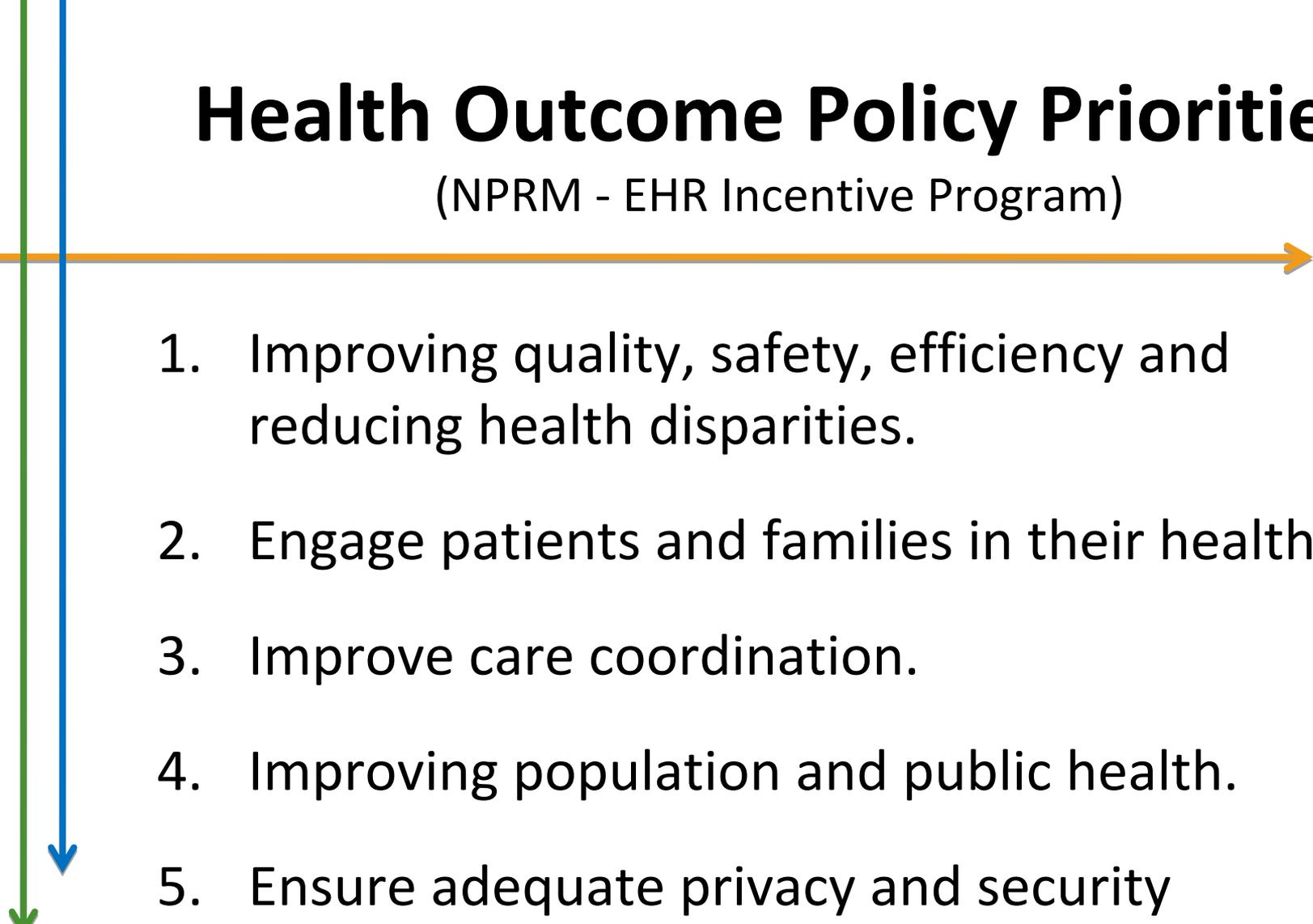
(NPRM - EHR Incentive Program)

- Collect information in an EHR
- Decision support integration with EHR
- Use EHR information for
  - Improved quality at the point of care
  - Improved population and public health



# Health Outcome Policy Priorities

(NPRM - EHR Incentive Program)

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- A decorative graphic on the left side of the slide consists of three vertical lines: a green line on the far left, a blue line in the middle, and an orange line on the right. The orange line is a thick horizontal arrow pointing to the right. The green and blue lines have downward-pointing arrows at their ends.
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.

# 1. Improving quality, safety, efficiency and reducing health disparities

(NPRM - EHR Incentive Program)

- 5 distinct Care Goals
- 16 distinct Objectives
- Most do not require health information exchange in Stage 1
- Potential for public health impact in Stages 2 and 3

# 1. Improving quality, safety, efficiency and reducing health disparities - Example

## Objective for Stage 1:

- Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT®.

## Measure for Stage 1:

- At least 80% of all unique patients seen by the EP or admitted to the eligible hospital have at least one entry or an indication of none recorded as structured data.

## EHR Certification:

- Patient Summary Record – Content Exchange – HL7 CDA R2 CCD Level 2 or ASTM CCR
- Problem List – Vocabulary – Stage 1 Applicable HIPAA code set required by law (i.e., ICD-9-CM); or SNOMED CT®; Stage 2 Applicable HIPAA code set required by law (e.g., ICD-10-CM) or SNOMED CT®.

# Implications for Stage 3 Meaningful Use and Public Health

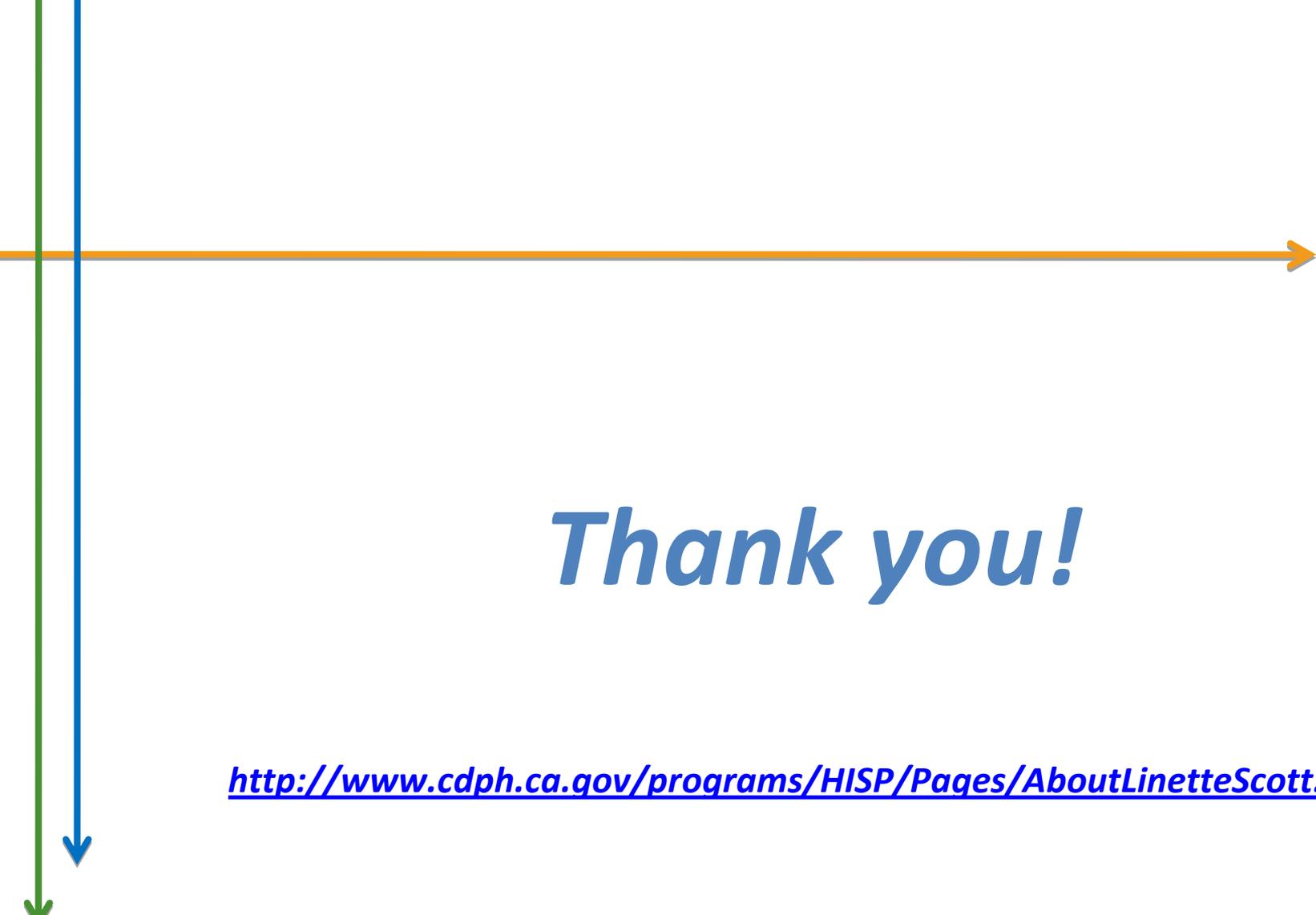
Continuity of Care Document (CCD) Includes:

- Current medical problems
- Procedures
- Family history
- Social history
- Payers
- Advance directives
- Alerts (allergies, adverse reactions)
- Medications
- Immunizations
- Medical equipment
- Vital signs
- Functional status
- Results
- Encounters
- Plan of care



# In Closing

- Health Information Technology for Economic and Clinical Health (HITECH)
  - Engage in national standard setting
- California eHealth
  - Opportunities to engage and shape HIE in California
- EHR Incentive Program and Meaningful Use
  - Final Stage 1 Regulations expected in June
- Public Health is essential to achieving HITECH and California eHealth goals and objectives



*Thank you!*

<http://www.cdph.ca.gov/programs/HISP/Pages/AboutLinetteScott.aspx>

