

**California
Health Information Exchange**

May 10, 2011

Government Technology Conference

***Linette T Scott, MD, MPH
Interim Deputy Secretary, HIT
California Health & Human Services Agency***

California's Landscape

- Almost 37 million inhabitants
- Providers (approximate):
 - 65,000+ physicians active in patient care
 - 400 hospitals
 - 1,200 nursing homes
- Safety Net (approximately 7-8 million residents served):
 - ~10,000 Medi-Cal oriented physicians
 - 900 community clinic sites (180 corporations)
 - 28 critical access hospitals
 - 16 public hospitals, 62 public health departments and affiliated clinics

Context to eHealth in California

- California has been in a readiness state to engage in health information exchange
- January 2007 – Governor Schwarzenegger’s Health Care Reform Proposal unveiled – identified Health Information Technology (HIT) as an integral component of comprehensive health care reform
- March 14, 2007 – Governor Schwarzenegger signed an executive order reflecting his commitment to value-driven health care

National Background

- 2004 – President Bush signed an executive order calling for the implementation of interoperable electronic health records in 10 years
- 2006-2007 – The U.S. Department of Health and Human Services advocates that value-driven health care encompasses health information technology, health care price and quality transparency, and quality and efficiency improvement.
- February 2009 –HITECH Act was passed (Health Information Technology for Economic and Clinical Health Act)

Purpose of HITECH Act

- Encourage the adoption and use of certified electronic health record (EHR) technology by the States to:
 - Improve health care outcomes
 - Improve care
 - Ensure quality
 - Permit greater access to care
 - Reduce costs
- EHR technology is not an end in itself but a means to achieve the goals.

...A Foundation for Health Reform

“...investments in electronic records and preventive care are just preliminary steps. They will only make a dent in the epidemic of rising costs in this country...

But what accounts for the bulk of our costs is the nature of our health care system itself – a system where we spend vast amounts of money on things that aren't making our people any healthier; A system that automatically equates more expensive care with better care...

Health care reform is the single most important thing we can do for America's long-term fiscal health..”

Barack Obama, Speaking to the American Medical Association, June 15, 2009

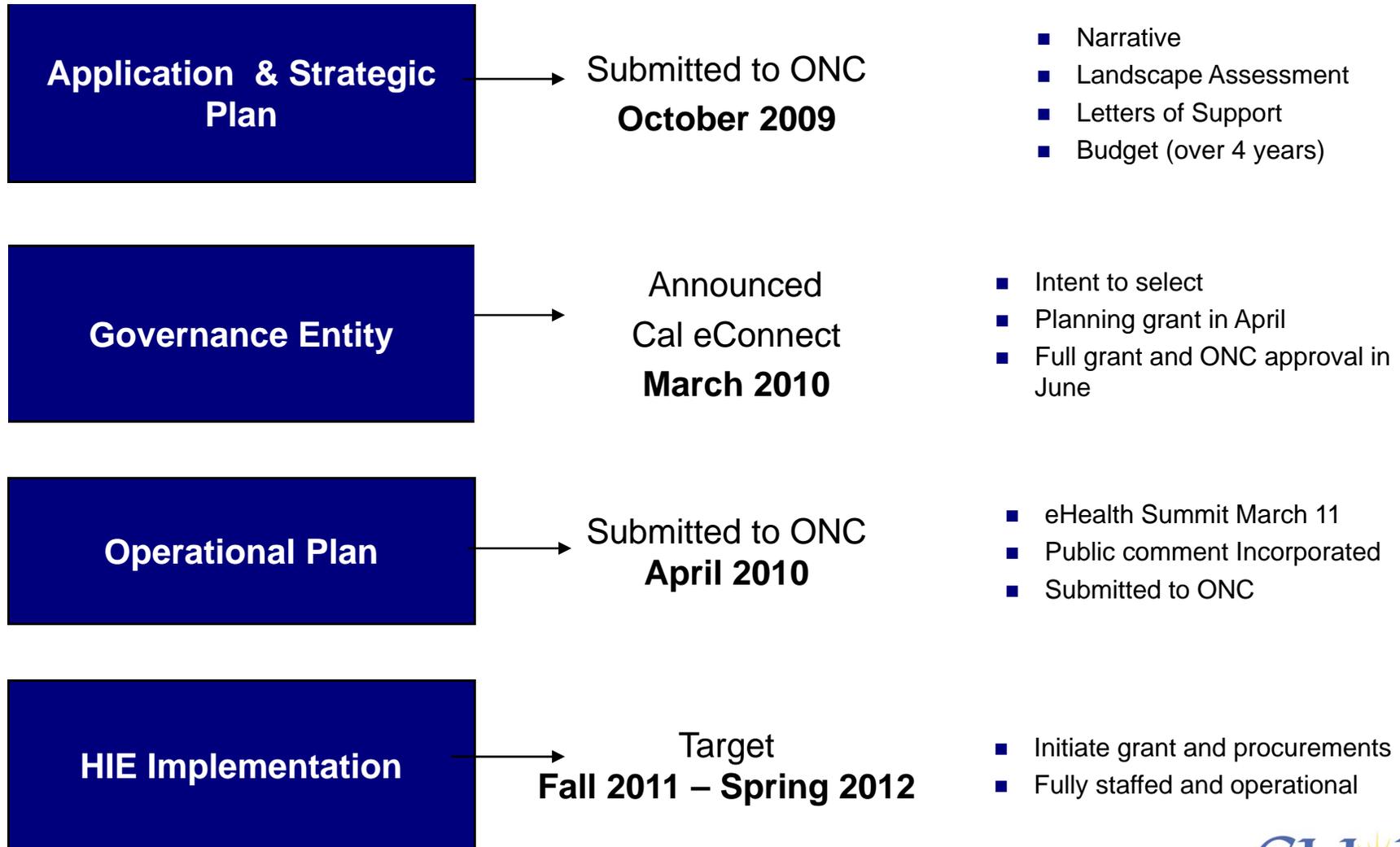
eHealth in California - Purpose

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.

eHealth in California - Goals

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' collective 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) Cooperative Agreement - Timeline



HIE Cooperative Agreement - Awarded

CHHS was awarded \$38.8 million federal HIE Cooperative Agreement to implement HIE in February 2010

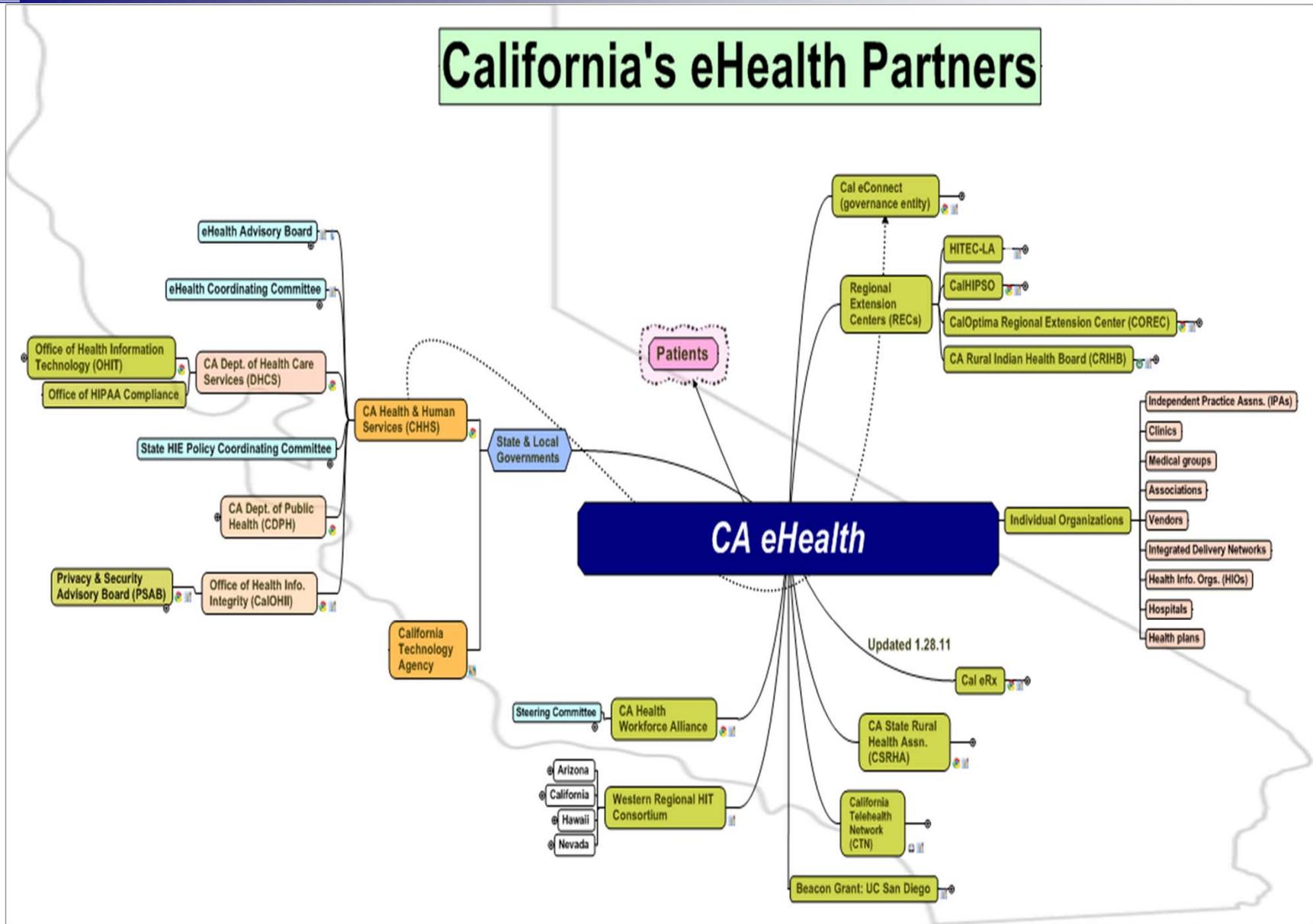
- CA recognized a Governance Entity, Cal eConnect (nonprofit), to drive HIE implementation
- Cal eConnect implements the State's Strategic and Operational Plans for HIE
 - Leverage existing infrastructure where viable, extend scope and scale where applicable
 - Support regions and eligible hospitals & providers where no infrastructure exists
 - Allow networks to connect with each other: "network of networks"
 - Require use of standards that all must adhere to

eHealth in California

Diverse Resources to Support EHR Adoption and Improve Health

- CHHS HIT Coordinator (HIE Cooperative Agreement)
- California Office of Health Information Integrity (Cal OHII)
- Medicare EHR Incentive Program (CMS)
- Medi-Cal EHR Incentive Program (DHCS)
- Public Health (CDPH and Local Health Departments)
- Cal eConnect HIE Services
- Regional Extension Centers
 - Cal HIPSO
 - COREC
 - HITEC-LA
 - CA Rural Indian Health Board (CRIHB)
- Beacon – San Diego
- Health Workforce Initiative
- California Telehealth Network

California's eHealth Partners



EHR Incentive Programs

- Medicare EHR Incentive Program
 - Registration available now with CMS
 - Meaningful Use Attestation anticipated in April, 2011
 - Incentive payments anticipated May, 2011
- Medi-Cal EHR Incentive Program
 - Registration can be initiated now through CMS
 - After state launch, registration can be completed through DHCS
 - A/I/U (Adopt/Implement/Upgrade) Attestation in 2011
 - Incentive payments anticipated May, 2011

Notable Differences Between Medicare & Medicaid EHR Incentive Programs

Medicaid	Medicare
Voluntary for States to implement	Feds will implement
No Medicaid fee schedule reductions	Medicare fee schedule reductions begin in 2015 for physicians who are not MUers
AIU option is for Medicaid only	Medicare must begin with MU in Y1
Max incentive for EPs is \$63,750	Max incentive for EPs is \$44,000
States can make adjustments to MU (common base definition)	MU will be common for Medicare
May appeal decisions	Appeals process yet to be developed
Program sunsets in 2021; last year a provider may initiate program is 2016	Program sunsets in 2016; fee schedule reductions and market basket update begin in 2015
Five EPs, two general types of hospitals (includes CAHs)	Only physicians, subsection(d) hospitals, and CAHs

Medicare EHR Incentive Program

- **Registration for the Medicare EHR Incentive Programs is now open.**
 - We encourage providers to register with CMS for the Medicare and/or Medicaid EHR Incentive Program(s) as soon as possible.
 - You can register before you have a certified EHR.
- **Step-by-step guides to help you register for EHR Incentive Programs.**
http://www.cms.gov/EHRIncentivePrograms/20_RegistrationalAttestation.asp
- **CMS EHR Incentive Programs Listserv**
http://www.cms.gov/EHRIncentivePrograms/65_CMS_EHR_Listserv.asp#TopOfPage



Registration Opens for Medicare & Medicaid EHR Incentive Programs on January 3, 2011

Registration for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, administered by the Centers for Medicare & Medicaid Services (CMS), starts on January 3, 2011.

The U.S. Department of Health and Human Services has resources available for you to adopt, implement, or upgrade to a certified EHR product and help you register to receive incentive payments:

- The CMS Medicare and Medicaid EHR Incentive Programs website: www.cms.gov/EHRIncentivePrograms
- Regional Extension Centers, which offer direct support in adopting certified EHR technology. Find the REC in your area by visiting: www.healthit.hhs.gov/rec
- Begin participating in 2011 and 2012 to earn the maximum incentive—up to \$44,000 for Medicare and up to \$63,750 for Medicaid!

The Medicare and Medicaid EHR Incentive Programs are providing incentive payments to eligible professionals and hospitals as they demonstrate meaningful use of certified EHR technology.

Certified EHR technology can help improve the quality of health outcomes and the efficiency of health care, while providing privacy and security safeguards.

Get Connected to a Certified Electronic Health Record!



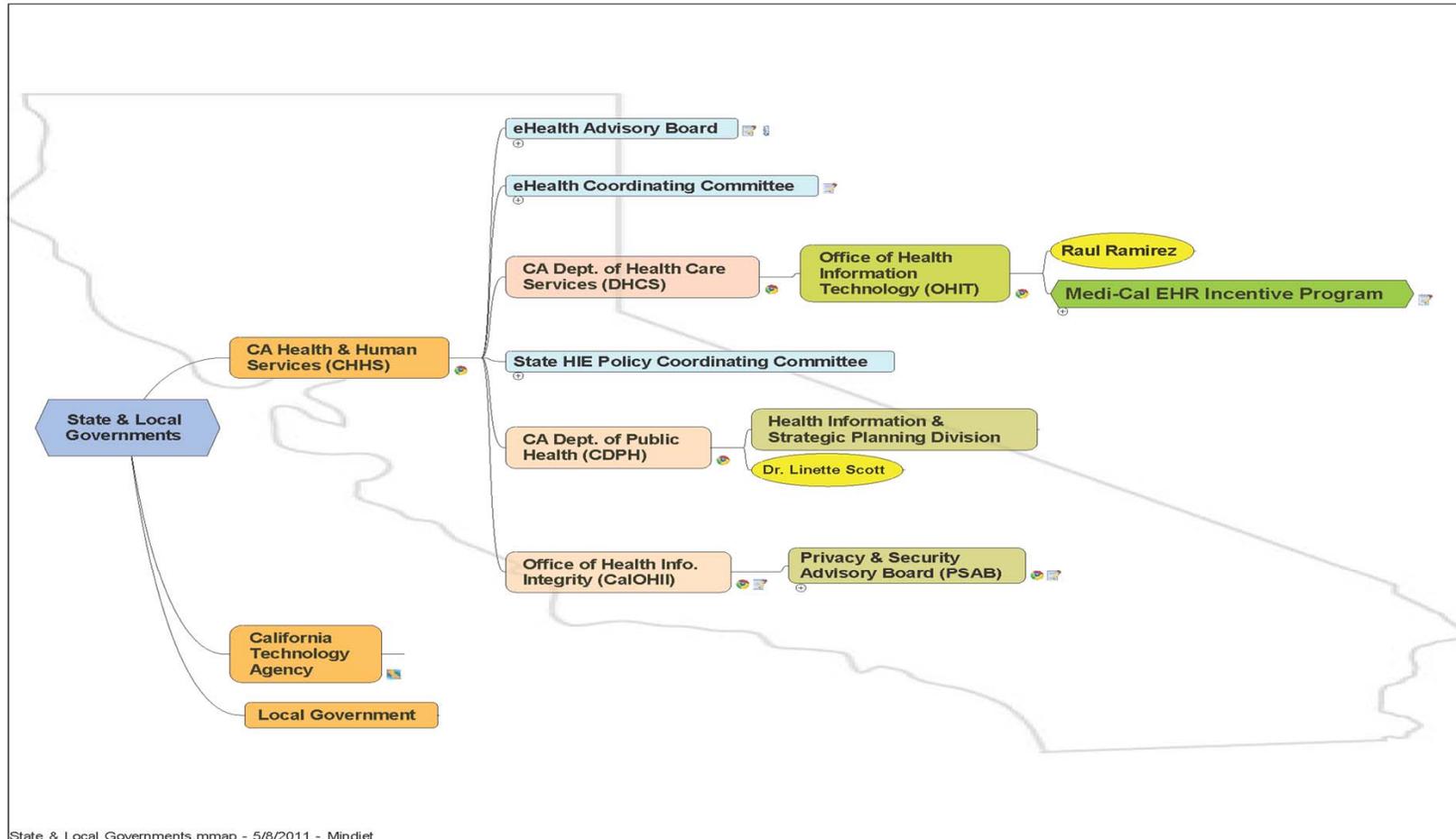


* The Medicaid EHR Incentive Program is voluntarily offered and administered by states and territories and can also begin in 2011. Actual start dates will vary by state.

CHHS-specific Activities

- Department of Health Care Services
 - Medi-Cal EHR Incentive Program - Providers can begin to receive EHR incentive program payments in 2011
- Department of Public Health:
 - Align priorities with State meaningful use criteria to support Medi-Cal providers receiving EHR incentive payments
 - Strengthen public health infrastructure including:
 - emergency response
 - registries
 - population health services
 - bio-surveillance
 - lab reporting

eHealth Partners: State & Local Government



Transformation of Health System

- EHR Incentive Program is driving market place changes so that incentive \$ can be distributed
 - ***Meaningful Use is determining functionality***
 - ***EHR Certification is putting funding behind standards capabilities***

EHR Incentive Program

Providers must demonstrate meaningful use by:

1. Use of certified EHR technology in a **meaningful manner** such as e-prescribing;
2. That the certified EHR technology is connected in a manner that provides for the **electronic exchange** of health information to improve the quality of care; and
3. In using this technology, the provider submits to the Secretary information on **clinical quality measures** and such other measures selected by the Secretary

Final Rule Released – July 13, 2010

Initial Stage 1 Objectives / Measures

- Core (required) and Menu (partially optional)
 - 25 for Eligible Providers / 24 for Eligible Hospitals
 - 10 Menu Measures – 5 may be excluded
 - 2 Public Health Measures in the Menu list for Eligible Providers – one must be chosen
 - 3 Public Health Measures in the Menu list for Eligible Hospitals – one must be chosen
- 15 Clinical Quality Measures for Eligible Hospitals

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.

Improve Care Coordination

- Care Goal – Exchange meaningful clinical information among professional health care team.
- Stage 1 Objectives –
 - Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically
- Stage 1 Measure –
 - Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information

Transformation of Government Systems

- Information will be available electronically that was not previously
- Focus on exchange of information in later stages will provide opportunity to change reporting structures to Government
- Standards will be adopted that Government Systems will need to understand and receive
- Opportunities for improved care of our most vulnerable populations
- Opportunities for Enterprise Architecture alignment with Meaningful Use

Keep updated!

Add your name to our [contact list](#) or email ehhealth@chhs.ca.gov

Next California eHealth Stakeholder Webinar

May 12, 2011

1pm – 2pm Pacific Daylight Time

Participant Toll Free: (877) 531-2985

Passcode: 177106

Webinar sign up:

<https://www1.gotomeeting.com/register/322159785>

Our eHealth planning process has been supported in part by grants from ARRA stimulus funding.