

The following newsletter will be sent weekly, and include the latest information on health information technology and the federal stimulus funding.

The newsletter is organized as follows:

- Update
- Word on the Street
- Timeline
- Resources

All old newsletters can be found on the [website](#).

If you have any questions/comments about the content of the newsletter please direct your inquiry to Andie Martinez, Associate Director of Policy at [amartinez@cpc.org](mailto:amartinez@cpc.org).

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## Update

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- I. Electronic Health Records and Meaningful Use
- II. Health Information Exchange
- III. Regional Extension Center
- IV. EHR Loan Fund
- V. Workforce
- VI. Telehealth and Broadband
- VII. Privacy and Security

### I. **Electronic Health Records and Meaningful Use**

Federal: The following provides answers to two commonly asked questions, a statement from Dr. David Blumenthal, and an article about the ONC Policy Committee and the troubles with electronic lab exchange.

#### A. Questions

There have been a number of questions around the incentive payments. Below are some answers to two commonly asked questions:

*(Q/A's found on the Wisconsin Department of Health Services website:*

*<http://dhs.wisconsin.gov/ehealth/FederalFAQ/MedicaidProfessionals.htm>)*

1. Is the funding available upfront to help an eligible professional purchase an EHR system, or will the eligible professional only receive incentive payments after implementation?

Through 2016, eligible professionals can receive a one-time incentive payment for 85% of net average allowable costs (not to exceed \$25,000 or less based on HHS studies of average costs) for the purchase, and initial implementation and upgrade of a certified EHR technology, including support services and training.

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After acquiring an EHR and receiving the first incentive payment, eligible professionals can then subsequently receive incentive payments for up to 5 years (but not beyond 2021) for the net average allowable costs to operate, maintain, and use their EHR (allowable cap per year is \$10K or less based on HHS studies of average costs) if they meet the definition of a meaningful EHR user in accordance with the regulations set forth by the HHS Secretary. A Medicaid provider who has completed adopting and implementing, or upgrading to a certified EHR technology prior to 2011 must be a meaningful EHR user to receive the first payment as well as subsequent payments.

2. When will the incentive payment program begin, and how much incentive funding is available for eligible professionals?

The Medicaid incentive payment program will begin January 1, 2011 for eligible professionals. An eligible professional can receive Medicaid incentive payments over a 6-year period with a first-year payment of up to \$21,250 and five subsequent annual payments of up to \$8,500. The eligible professional must demonstrate meaningful use of a certified EHR by the second payment year. A potential Medicaid payment schedule is displayed below.

View table outlining incentive payments- [Click here.](#)

B. Letter from Dr. David Blumenthal, National Coordinator for HIT

The Office of the National Coordinator for Health Information Technology (ONC) has distributed a message about meaningful use. To see full message, [click here](#). The message discusses the process by which the ONC is determining what meaningful use should be. CPCA would like to point out the paragraph that provides guidance to providers about what they should be doing RIGHT NOW in anticipation of the meaningful use criteria.

– “In the meantime, what can providers do to move toward becoming “meaningful users” – even in the absence of a formal definition? Naturally, while understanding that the final definition will be adopted through a formal rulemaking process, it will be helpful to be as familiar as possible with the discussion of meaningful use criteria to date. (You will find that information posted at [healthit.hhs.gov/meaningfuluse](http://healthit.hhs.gov/meaningfuluse).)”

C. The HIT Policy Advisory Committee's information exchange workgroup

The information exchange work under the HIT Policy Committee is currently discussing the exchange of electronic lab results. According to an [article](#) they are hearing that this requirement will create many barriers for providers. Deven McGraw, co-chairman of the workgroup investigating potential barriers to HIT adoption and lab data exchange, said the committee will be deliberating the issue for weeks and will take public comment through the end of October.

State: No new information at this time.

CPCA: The National Association of Community Health Centers has been participating in the ONC Policy Committee meetings. They were asked to provide written and oral testimony to the committee regarding meaningful use for a public meeting on October 28. Because CPCA has been so vocal and involved in the HIT discussions, NACHC invited CPCA to provide written comments that would be integrated into

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NACHC's comments. Last week, CPCA's EHR meaningful use workgroup met to discuss comments to provide to NACHC. To view comments- [click here](#).

As a result of preparing for the written comments for NACHC and for the CMS meaningful use definition set to be released in December, CPCA staff Andie Martinez, Associate Director of Policy who staffs the EHR meaningful use workgroup, and Senely Navarette, Associate Director of Clinical Affairs who staffs the Standardized Measures group, have been strategizing the best ways to address the criteria that have been created to date. We believe that the most efficient manner in which to focus on the array of criteria is to create 5 workgroups, one for each EHR meaningful use goal. To discuss this proposal and to begin looking at the meaningful use criteria proposed to date, there will be a call in early November. Details will be emailed out to members at a later date. If you have any questions, about meaningful use please refer them to Andie Martinez ([amartinez@cpca.org](mailto:amartinez@cpca.org)).

## II. Health Information Exchange

Federal: No new information at this time.

State: The state received 7 applications for the HIE Governance Entity. They dismissed five and requested information from two others. The state will not reveal the identity of any of the entities that applied. They have yet to announce the official HIE Governance Entity selected, however the announcement is believed to be any day now.

As part of the state's process for receiving HIE funding from the Office of the National Coordinator, they have to submit two documents: HIE Strategic Plan and HIE Operational Plan. CPCA's HIE workgroup reviewed and commented on the HIE Strategic Plan (which were included in the official comments submitted by the California Safety Net Coalition) and those comments, along with all the others, are being incorporated into the final Strategic Plan now. The next step is creating an operational plan that will describe the technical infrastructure of the HIE in California. The state, and Jonah Frohlich (Depty. Sec. of HIT) specifically, is recruiting CIO and HIT-related staff to participate in the Operational Plan workgroups. The workgroups will convene in November and hopefully conclude the plan by March.

CPCA: CPCA solicited participation from CIOs and any other CPCA members with HIT expertise to participate in the state's HIE operational plan process. Seven CPCA members volunteered to participate and CPCA commends each of them. As details about the plan are presented, we will keep you updated.

## III. Regional Extension Center

CPCA: CPCA received a startling clarification from the federal Office of the National Coordinator of HIT this week that will significantly affect how much federal funding Regional Extension Centers (RECs) can draw down on behalf of large clinics with multiple sites and public hospitals. The ONC has told us that RECs can only draw down funding on behalf of 10 priority primary care providers per organization or tax ID. So for a CCHC with 10 sites with 5 eligible providers per site, the REC program will only be able to draw down \$50,000 (\$5,000x10 providers) to support EHR adoption for that clinic, rather than the previously assumed \$500,000 (\$5,000 x 50 providers).

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Because many clinics and public hospitals have many primary care sites under a single corporation, this will disproportionately affect their ability to draw down federal funds. If upheld, this policy will make Cal-REC eligible for only \$20 million in grant funds, as opposed to the \$60 million we have built our business model on. This will significantly affect our project plans to get primary care providers in large, multi-site clinics and public hospital settings to meaningful use.

This provider cap was not clear in the RFP. In fact, the ONC has yet to make this clarification regarding caps by organizational tax ID public. CPCA received this clarification in an email and a phone call on Monday after a very confusing Technical Assistance call hosted by the ONC last Thursday. According to the ONC, there is uproar across the country about this development. We have heard from other states that this is turning many projects on their heads.

CPCA has been in contact NACHC on this issue. Both CPCA and NACHC believe this policy is in conflict with the Regional Extension Center's original statute. NACHC currently is taking measures to get further clarification from the ONC that this cap should NOT apply to community clinics. If Dr. David Blumenthal, Director of the ONC, takes the official position that the cap does indeed apply to CCHCs, NACHC intends to go back to the congressional Ways and Means Committee to get a statutory clarification that RECs were designed to prioritize federal dollars to primary care providers that serve predominantly vulnerable populations, i.e. public/critical access hospitals and community clinics. Therefore, the cap should not apply to those settings.

While we continue to advocate for a change in this clarification at the federal level, the Cal-REC partners are busy creating alternative scenarios on how we can maximize support to priority primary care providers under these new budget constraints.

We will continue to keep you updated as things progress with the ONC as well as with revised project plans. Please contact Robert Beaudry at 916-440-8170 or [rbeaudry@cpca.org](mailto:rbeaudry@cpca.org) for more details.

#### **IV. EHR Loan Fund**

No new information at this time.

#### **V. Workforce**

CPCA: With the support of the Safety Net Coalition, Cal-REC partnered on a grant application to the federal Department of Labor to increase trained HIT workforce in the primary care safety net. The project was a partnership between Cal-REC, the California State University system, the Chancellor of California Community College's Office, the UC Davis Extension Program, and the NoRTEC Workforce Investment Board. We applied for funding to create a series of subsidized, short-term certificate programs around EHR Optimization for primary care safety net employees. We expect to hear a decision on the application in January of 2010. For questions regarding this project, contact Jen Ring at [jring@cpca.org](mailto:jring@cpca.org) or Caryn Rizell at [crizell@cpca.org](mailto:crizell@cpca.org).

#### **VI. Telehealth and Broadband**

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State: Two Day Workshop on Telehealth

**THE BASICS OF TELEHEALTH: DEVELOPING A SUSTAINABLE PROGRAM A TWO DAY WORKSHOP**

**SPONSORS:** California HealthCare Foundation

HRSA Office of Information Technology

Open Door Community Health Centers

Humboldt State University

**LOCATION:** Telehealth and Visiting Specialist Center, Eureka, California

Humboldt Bay Aquatic Center, Humboldt State University,

Eureka, California

**DATES:** Wednesday, November 4th through Thursday, November 5th

**Audience:** This workshop will be most useful to participants in the early stages of designing and developing uses for telehealth technologies. It will focus on the basics of incorporating telehealth into health center activities and the provision of acute, chronic, specialty, educational and administrative services. Established programs looking to expand services will also find this workshop to be valuable. Small implementation teams are encouraged to apply.

**OVERVIEW:** This practical workshop will cover a variety of topics found to be most important to the development of a sustainable, effective, efficient and patient-centered telehealth program. Participants will gain an understanding of:

- Telehealth technology and applications (face-to-face, broadcast, store-and-forward);
- Initial and ongoing equipment and personnel needs and costs;
- Recruiting, contracting and accessing providers and other resources, locally and remotely;
- Mix of services, financial relationships, billing and rate setting required to implement and sustain telehealth programs;
- Orientation and training of providers and support staff to incorporate telehealth as a usual part of treatment;
- Risk management, credentialing and liability issues;
- Integrating telehealth as a routine part of health center practices, including patient referrals and follow-through;
- Special considerations for using telehealth in the provision of psychiatric and behavioral health services;
- New and innovative uses of telehealth technologies; and,
- Importance and value of networking with other telehealth providers.

**Information:** If you have any questions about this conference, your registration, hotel accommodations or need to inform us of any special needs, please contact Jana Hoffman at [jhoffman@opendoorhealth.com](mailto:jhoffman@opendoorhealth.com) or 707-826-8633 x 143.

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## VII. Privacy and Security

State: At the California Privacy and Security Advisory Board's (CaIPSAB) last board meeting they finalized a recommendation on consent for health information exchange. The motion is as follows:

Patient Consent to Transmit Information through HIE – Motion:

After much discussion, a motion was made to recommend the following:

1. An Opt Out policy be in place to transmit individual health information through an electronic health information exchange for the purposes of clinical treatment, i.e., where a treatment relationship exists between the provider and the patient.
2. A break-the-glass be provided for situations where a patient is not capable to make a choice if their information should be excluded from the exchange in clinical treatment situations.
3. An Opt In policy be obtained to transmit individual health information through an electronic health information exchange for all other purposes before the information may be exchanged electronically.
4. The Privacy Committee will provide a proposal after evaluating consent policy options for the electronic exchange of individual health information between the provider and the health plan for purposes of care management for the December 2009 CaIPSAB meeting.
5. For entities already exchanging individual health information electronically, an implementation period (such as up to one year) should be allowed within which entities would be required to obtain the necessary HIEconsents.
6. This policy should be carefully monitored and amended as necessary, after careful review by the HIE and Legal Committees.
7. Disclosures required by law or authorized by the patient will not require consent.

CalOHII has posted to its website ([www.ohi.ca.gov](http://www.ohi.ca.gov)), on the PSAB page, the CaIPSAB motions passed at the September 16, 2009 meeting and the latest version of the Interim Privacy and Security Guidelines for Health Information Exchange. These two documents have been posted for a 30-day public comment period which ends on November 16th. Due to the divergent opinions about the recommendations passed at the Board meeting and the subsequent inclusion into the Guidelines, we determined that we need to provide an opportunity to gather all perspectives on these recommendations prior to submittal to the Secretary of the California Health and Human Services Agency.

CPCA: The HIE workgroup met last week. The workgroup drafted comments in response to the CaIPSAB consent recommendation, outlined above. To view CPCA's comments, [click here](#). At the time that CPCA submitted comments there was no formal comment period, but rather an agreement from Bobbie Holm, Advisory Board Manager of CalOHII, that they would accept comments from CPCA on the proposed policies. Since CPCA submitted comments, CaIPSAB has opened up their proposal for public comments. One of CPCA's comments was a recommendation that the proposal be vetted in a public comment period. We are appreciate to CaIPSAB for recognizing the recommendation, and thank the CPCA members for providing such strong content for feedback.

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If there are any additional comments not included in CPCA's comments, please share

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them with Andie Martinez ([amartinez@cpca.org](mailto:amartinez@cpca.org)). The HIE workgroup has a conference call on November 5 at 3pm and will be discussing the comments again in case additional points are necessary.

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## Word on the Street

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CPCA has created a schematic of the HIT players and the resources associated with HITECH. To view [click here](#).

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## Timeline

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To view the timeline, [click here](#).

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## Resources

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CPCA:

- [EHR meaningful use comments for NACHC](#)
  - [Comments to CalPSAB re: bi-level consent recommendation](#)
  - [HIT Schematic](#)
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