



August 13, 2009

RE: White Paper- What California’s Safety Net Providers Need for Successful Health Information Exchange

The attached *White Paper: California’s Safety Net Providers Need for Successful Health Information Exchange* was drafted by the following:

- CALIFORNIA SAFETY NET COALITION
 - California Academy of Physician Assistants
 - California Association of Alcohol and Drug Program Executives
 - California Association of Physician Groups
 - California Association of Public Hospitals
 - California Association of Rural Health Clinics
 - California Association of Social Rehabilitation Agencies
 - California Chapter of the American College of Physicians Services
 - California Council of Community Mental Health Agencies
 - California Hospital Association
 - California Institute for Mental Health
 - California Medical Association
 - California Mental Health Directors Association

- California Primary Care Association
- California Rural Indian Health Board
- California School Health Centers Association
- California State Rural Health Association
- Planned Parenthood Affiliates of California

The California Safety Net Coalition (CSNC) provides a unified voice for the safety net provider community on decisions and activities regarding the California State HIT Strategic Plan and the activities stemming from the Plan, including those outlined by the American Recovery and Reinvestment Act. CSNC's objectives are to advocate for the safety net providers in California on issues of health information technology, provide clear position statements regarding the needs of safety net providers to meet meaningful use criteria, disseminate appropriate HIT-related information to the safety net provider community, and support a safety-net governed regional extension center in California.

White Paper: What California's Safety Net Providers Need for Successful Health Information Exchange

Introduction

The passage of the Health Information Technology for Economic and Clinical Health (HITECH) Act initiated a furor of activity at the national, state and local levels. Healthcare providers from across the spectrum are quickly trying to assess whether or not they meet the qualifications to receive Medicare/Medicaid incentives for the acquisition and implementation of electronic health records (EHRs), and further, if they will be capable of meeting the definition of meaningful use. One of the primary requirements of meaningful use is the exchange of health information. As a means to support this requirement, the HITECH Act outlines that a yet-to-be-determined amount of funding will be available for states to build a statewide health information exchange (HIE) infrastructure.

Because safety net providers are the target for EHR incentive funding, their needs, along with the associations that represent their interests in policy relative to HIT projects, must be a fundamental consideration in the construction of local Health Information Organizations (HIOs) and/or a statewide HIE infrastructure. This paper outlines what safety net providers need for successful HIE in California.

Background

Safety net providers play a critical role in ensuring access to health care for one third of California's population, who include low-income, uninsured, and medically-underserved children and adults. These providers operate independently or within an organization that either by legal mandate or explicitly adopted mission offer care to patients regardless of their ability to pay. There is also a cadre of safety net providers who by personal choice choose to serve uninsured and underserved patients as a portion of their patient mix. The safety net providers in California include public hospitals, solo and small group practice physicians, community clinics and health centers, and local health departments, as well as special service providers such as behavioral health and school-based health services.

While only eligible professionals serving specified thresholds of Medicare or Medicaid patients, as outlined in the H.R. 1, are eligible for the EHR incentive funding, there are thousands of additional providers that serve large segments of uninsured and medically-underserved patients. These providers will not meet the thirty percent Medicaid and other related requirements; however, they are a vital component of California's safety net. All of these providers will eventually adopt and implement electronic health records and ultimately exchange health information in and outside of California. Therefore, the HIE needs of providers serving as California's safety net must be an essential consideration in the creation of local HIOs and/or a statewide HIE infrastructure.

Solution

Safety net providers are uniquely positioned to help California achieve improved health outcomes while reducing cost and improving the economic well-being of the state as a whole. In order to do this, however, they must be recognized and appropriately supported in any regional or statewide HIE efforts. The following is a set of twelve principles that will help to ensure successful HIE for safety net providers:

1. Improved patient care must be the ultimate goal of HIE in California.

Patient care should be equally as important as any other consideration in development of a sustainable business model for an HIE. It is clear in the HITECH Act and in the initial definition of meaningful use that improved patient outcomes is the ultimate goal of the HIT stimulus funding. To ensure that there is a patient-oriented focus for HIE in California, HIE needs to assist in streamlining care by providing the clinician with patient and medical information at the point of care.

2. HIE must strengthen, support, and be inclusive of the safety net.

Safety net providers serve low-income, uninsured, and medically-underserved patients. These patients often have complicated health conditions, delay care until their conditions become serious, and are often frequent users of the emergency rooms. These compounding factors result in high costs to the overall health care system. Ensuring that the health information of safety net patients is exchanged and shared among their array of providers will result in significant savings to the state's health care system.

Yet, while there are potential cost savings to the state and third-party payers by including safety net providers in HIE efforts, historically safety net providers have not been actively involved. The lack of involvement is due to the limited resources of safety net providers. This barrier will persist unless additional effort is put forth to include them in HIE efforts. Financial incentives should be provided to safety net providers to be actively involved.

3. The scope of health information exchanged must go beyond primary and emergency room related care, and additionally include specialty medicine, services for mental health and substance use disorders, oral health, and school-based care.

The stresses, environmental factors, and socio-economic circumstances patients in the safety net face are often associated with complex health conditions. It is therefore necessary to have multiple providers. Managing complex health conditions requires the exchange of all healthcare information. It reduces the possibility of redundancy, medication conflicts, and potential treatment conflicts that could result in even more serious medical problems. If HIE is to be successful at improving the overall health of Californians, there must be HIE capacity that serves the many dimensions of an individual's health, including specialty, behavioral, oral, and school-based health. Providers of these health services, including both solo practitioners and organizations, must be included in HIE efforts.

4. Successful HIE should begin at the local level and build upon existing networks and relationships among care providers.

First and foremost, HIOs should meet the local/regional health information exchange needs for community service delivery partners, including primary care, behavioral health, specialty medicine, pharmacies, dentistry, educational institutions, etc. This should include allowing for information exchange among public and private sector partners involved in health care service delivery. Comprehensive health information assists providers in making the best medical judgment for their patient. Because patients most frequently utilize the health care system within their local community, the creation of local HIOs is of most value to the providers.

Further, it is widely agreed upon that building and securing trust is fundamental to the success of any HIE efforts. Trust is a fragile commodity, and not easily garnered and nurtured at a state level. Therefore, it is reasonable and efficient to build HIE locally first. There are already numerous efforts taking place in California, which have been built through hours of conversations, meetings, and negotiations. Any statewide attempt to exchange health information should begin among those HIOs that are active or soon will be active in exchanging data. For regions that do not have active HIOs, support should be made available to encourage health care stakeholders to begin the initial conversations about HIE.

However, there may be instances where health care discipline may require discipline-specific HIOs, rather than locally-based. These HIOs would exchange data amongst entities of a particular discipline, e.g., multi-site comparative, mental health quality improvement monitoring. A statewide infrastructure will need to account for both types of HIOs and ensure that there are gateways connecting each to a larger statewide exchange infrastructure.

5. Any successful HIO, whether local or statewide, must acknowledge and accommodate the variation in the continuum of HIT readiness among California's safety net providers.

HIE efforts in California must be sensitive to the capability and resources necessary to implement and launch an EHR, and further the readiness of sites and providers to engage in HIE. Most safety net providers in California do not have fully operational EHRs and thus are not prepared to participate fully in HIE. From past implementation experience and through research, we know that workflow redesign and quality improvement efforts help to ensure a successful EHR implementation. A successful HIE effort in California should lay the foundation necessary for safety net providers to be successful in implementing EHR, and further ensure that an HIE infrastructure is created to help ease the transition into electronic exchange of health information for all providers.

Even with the Medicaid/Medicare incentive funding, many safety net providers will face financial, infrastructure, and organizational challenges in implementing EHRs. The state's budget reductions will further complicate this process. However, providers will eventually need to implement EHRs and participate in HIE. In order to make this process efficient and expedient, the state needs to pay particular attention to safety net providers and their needs relative to HIE.

While safety net providers plan for EHR adoption, many already use disease registries and/or chronic disease management (CDM) systems. The data being collected in these systems will be

invaluable to any HIE activity in California. A statewide or regional HIO infrastructure should ensure that the disease registry and CDM systems can be integrated.

6. The business model utilized by a local and statewide HIE must be cost effective for safety net providers.

While there is some federal funding for HIT, the state budget crisis is deepening the financial limitations of safety net providers, thereby limiting their ability to engage in HIT-related activities. In order to ensure ease of participation, it is imperative that HIOs and/or an HIE infrastructure operate a business model that is inclusive of safety net providers and that recognizes their financial limitations. For example, a transactional model would be cost prohibitive to safety net provider involvement and should not be the only funding mechanism for HIE. Rather, a more equitable model might be based on a capitated membership fee, tiered for safety net providers.

7. The data exchanged in the local or statewide HIE must account for all types of Californians, both insured and uninsured.

Many HIEs utilize claims data as the primary source for patient information. This cannot be the sole source utilized as it excludes one sixth of California's patient population, the uninsured. Uninsured Californians are more likely to delay care and thus have serious and expensive health complications. Accounting for the uninsured through HIE can help to ensure that the uninsured have better health outcomes and that California's health care system realizes cost savings.

8. The governance for local HIOs and the statewide HIE infrastructure must have legislative and regulatory oversight to ensure equity and accountability among all players.

Health care providers have a range of resources and capabilities and serve various segments of the population, thereby making their HIT needs variable. They range from large private hospitals with extensive financial resources to single-site, nonprofit free clinics with negligible financial resources. Because the needs of the providers are starkly different, the process by which HIE occurs for each will require different considerations. Further, the financial investors in a statewide and/or regional HIO infrastructure will expect and demand specific outcomes, which may differ from outcomes sought by health care providers. For these reasons, it is imperative that the governance of the local HIOs and statewide HIE infrastructure have legislative and regulatory oversight. This will provide appropriate avenues for transparency and accountability. It will also reinforce the message to Californians that the public good is of utmost importance, and the public interest is being represented.

9. Safety net provider representatives must be included in the governance structure at each of the local HIOs, as well as at the statewide HIE.

Safety net providers add significant value to regional and statewide HIE efforts thus requiring that there be safety net provider positions on both local and state HIE governance structures. The safety net perspective and involvement are paramount to the success of any HIE effort in California and cannot be relegated to an advisory role capacity.

10. Statewide HIE infrastructure is necessary to improve population health.

While local HIOs should be the nexus of HIE activity, all local efforts must eventually connect to a statewide HIE infrastructure. As patients are not bound to their geography, medical discipline-specific HIEs will span the state, and aggregated data is necessary for public health considerations, a statewide HIE infrastructure will ensure that the health care provided at a local level is translated to the larger health care system helping to ensure efficiencies and improved population health.

For a statewide HIE to succeed, all HIOs that feed into it should be capable of exchanging and reporting performance and surveillance data to appropriate repositories/data warehouses, and receiving subsequently aggregated/analyzed information to be used to promote quality, accountability, transparency and population health.

11. The business model for the chosen statewide HIO must be sustainable independent of federal stimulus funding.

The HITECH Act funding provides a unique opportunity for California to realize improved health outcomes through HIE. To ensure that the state effectively capitalizes on the funding available and builds a foundation that is inclusive of all providers and patient needs, it is imperative that the state-designated entity chosen to receive the HIE funding can prove that their business model is sustainable into the future, absent federal stimulus funding. As stated in principle six, the business model must be inclusive of safety net providers and their financial limitations.

12. Privacy and security measures must be built into any local or statewide HIO.

The data exchange processes of the HIOs and/or statewide HIE must conform to applicable federal, state and local laws/regulations with regard to access, privacy and security. Protocols for privacy and security should make use of national and other state level work in this area, e.g. Health Information Security and Privacy Collaboration findings and the California Privacy and Security Advisory Board principles. The HIOs and/or statewide HIE should adopt standard consent policies and processes for health information exchange.

Although some privacy challenges need to be overcome, HIV/AIDS, mental health and substance use disorder services, reproductive health services data should be included in an HIE. Exclusion of this data would hinder the ability to reduce errors and improve quality of care.