CHeQ Emerging HIE Forum

June 25, 2013
# Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Description</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00am</td>
<td>Welcome</td>
<td>Scott Christman, Rebecca Kriz</td>
</tr>
<tr>
<td>11:05am</td>
<td>Introductions</td>
<td>Participants</td>
</tr>
<tr>
<td>11:30am</td>
<td>HIE Spotlight – Tulare-Kings</td>
<td>Rob Pokelwaldt</td>
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<tr>
<td>12:00pm</td>
<td>Lunch sponsored by Orion</td>
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<tr>
<td>12:45pm</td>
<td>Discussion – Dealing with Challenges</td>
<td>Rebecca Kriz, Participants</td>
</tr>
<tr>
<td>1:45pm</td>
<td>CHeQ Initiatives</td>
<td>Scott Christman, Rayna Caplan</td>
</tr>
<tr>
<td>2:15pm</td>
<td>Group Issues</td>
<td>Rebecca Kriz, Participants</td>
</tr>
<tr>
<td>2:50pm</td>
<td>Wrap-up</td>
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California Health eQuality Program (CHeQ)

- Implementing California’s Health Information Exchange (HIE) programs with California Health and Human Services Agency (CHHS), under state’s Cooperative Grant Agreement with federal Office of the National Coordinator for Health Information Technology (ONC)

- CHeQ promotes coordinated health care for Californians by catalyzing the adoption and implementation of Health Information Exchange by:
  - Building a trusted exchange environment that enables inter-organizational and interstate exchange while respecting and protecting patient privacy
  - Supporting uniform standards for exchanging health information
  - Improving public health capacity
  - Accelerating HIE implementation by supporting regional HIE initiatives
CHeQ Portfolio of HIE Acceleration Awards

Total Funding: $6 million

Award Types:
- Expansion Awards - $3.1 million
- Infrastructure Awards - $780,000
- Innovation in Data Analytics Awards - $150,000
- Interface Awards - $260,000
- Planning Grants - $100,000
- Rural/IE Incentive Program - $1 million (not included on map)

Awarded:
1. ConnectHealthcare - Sonoma, Napa, Yolo, Solano
2. Dignity Health - Sacramento
3. BCCIA/CVCA - Stanislaus, Fresno
4. IEHIE - San Bernardino, Riverside, San Joaquin
5. LANES - Los Angeles
6. NCHH - Humboldt, Del Norte
7. OCPhio - Orange
8. Redwood HealthNet - Mendocino, Lake, Sonoma, Napa, Marin
9. SCHIE - Santa Cruz
10. SJHIE - San Joaquin
11. SynerMed, Inc. - San Diego, Riverside, San Bernardino, Los Angeles, Kings, Fresno, Madera, Sacramento
12. Tahoe Forest Hospital District (TFRHD) - El Dorado, Inyo, Lassen, Nevada
13. Tulare Kings HIE - Tulare, Kings

*An asterisk indicates multiple awards. A dark background color indicates additional award type.

UC Davis Institute for Population Health Improvement
California Health Equity
Both North State Health Connect and SVMS have a presence in Tehama County.

Both RAIN and San Luis Obispo Medical Education and Research Foundation have a presence in San Luis Obispo County.

NOTE: Shading indicates a presence but not necessarily full coverage in a county. Additionally, shading in counties with two HIE efforts represents only the presence of both efforts, not geographic coverage.
Introductions

- Name
- (Planned) service area
- Status update
- Recent successes
- Top two challenges
Tulare Kings HIE
Tulare-Kings Health Information Exchange [TKHIE]

“THE CARE AND NURTUREING OF YOUR HIE”

ROB POKE LWALDT
JUNE 25, 2013
Our Community Providers

- Adventist Medical Center – 297 beds
- Community MD’s, not affiliated – 100 MD’s
- Family Health Care Network – 50 MD’s
- Kaweah Delta Health Care District – 581 beds
- Key Medical Group – 293 MD’s
- Sierra View Local Health Care District – 165 beds
- Tulare Community Health Clinic – 23 MD’s
- Tulare Health and Human Services – 25 MD’s
- Tulare Regional Medical Center – 112 beds
- Visalia Medical Clinic – 53 MD’s
Community Demographics

- Kings County Population – 152,000
- Tulare County Population – 452,000
- Medi-Cal Patients = 35.7% [highest in the state]
- Uninsured = 16.5 %
- Unemployment Rate = 13.7%
- Population below the federal poverty level = 23.2%
- “Appalachia of the West” - consistent chronic poverty, high unemployment, low educational attainment, insufficient infrastructure, and other socio-economic ills
Early HIE History

- Hospitals and clinics installed or upgraded their internal EMR systems 2008-11; process is ongoing today.
- Ca. HealthCare Foundation [CHCF] grant, initiated in 2009 assisted in helping rural clinics implement EHR’s using eClinicalWorks – over 100 providers transitioned from paper to EMR’s, and the process is still expanding.
  - Provided a mini HIE case study for the medical community.
- HIE attempt in early 2010 failed.
Early HIE Attempt

- HIE creation process was viewed as being ‘dominated’ by the ‘Big Hospital’
  - Both the Chair and Vice-Chair positions were from the same provider
  - Driven by the area Hospitals
- Limited, or, non-existent input from Doctors – it was seen as Hospital driven, and therefore greeted with suspicion – no effort was made to explain the benefits
  - No community outreach, participation or focus groups
  - No marketing
- No business plan
- Left a bit of a stigma in the medical community
Recent History

- CHCF Grant in early 2011 to assess community interest in an HIE determined that broad support existed in Tulare and Kings Counties
  - Survey included a broad spectrum of the community
  - Business plan, community involvement, and a ‘critical mass’ participation were deemed essential to success
  - Key point was getting support from doctors
Recent History

- A preliminary business plan was written in Dec. 2011
  - Focus was on financial and organizational planning
  - Feedback from the community providers was that the detailed functionality should be determined by the Exchange Members
  - Plan detailed a path to a sustainable HIE, from a financial and operational standpoint
  - Community support was aided by the continued rollout of EHR’s to rural clinics – the benefits were real and evident
After the business plan, we were left with choices on how to proceed:

- Intense level of mistrust among the hospitals, and between the hospitals and clinics
- High degree of suspicion from the MD’s
- Fear that ‘someone’ was going to gain leverage from the data, patient records, or the HIE concept
- General feeling was “I want your data, but I’m not going to share mine...” Plan proposed a central data repository
- Many years of underlying animosity were brought out

We needed a Unifying Theme, and a quick accomplishment
How to Resolve?

- A ‘neutral party’ concept was developed to ensure that all participants had an equal voice in decisions
  - In our case we decided that the consultant would lead the discussions, meetings, and set agendas and direction to get the process moving
  - This ensured that no group could gain leverage over the process, and everyone had an outlet to vent
  - I had frequent, in-depth individual chats with each potential exchange member to identify concerns, dispel myths, and learn what the real concerns of each organization were
First Steps as a Team

- We decided to tackle writing a Charter as the first step, with the Charter consisting of:
  - Mission
  - Purpose
  - Stakeholder definition
  - Goals
  - Principles
  - Governance Council – Definitions, Responsibilities, Elections, Voting and Officers, Community Outreach
- TKHIE Preliminary Charter was approved in April, 2012
Developing the Council

- The Charter helped solidify the group by identifying a common goal
- We developed a ‘fee structure’ to ensure that each exchange member had both financial and personnel commitments to the HIE; enough to be significant, but not too much to require months of approval
  - Big Group - $20,000
  - Small Group - $10,000
- The Foundation for Medical Care of Tulare and Kings Counties agreed to ‘sponsor’ our organization
  - Very important to ensure the financial integrity of the process
  - They have successfully managed prior grants and had a solid track record with the state
Developing the Council

- A Governance Council was formed in May by four initial exchange members – 2 hospitals, the IPA, and a clinic:
  - representing approximately 60% of the region’s MD’s,
  - with a 5th member joining in Sept. –
  - this was the ‘critical mass’ needed
- Council voting rights are based on payment of fees to join the Council
- Protects the interests of the members who are actually paying the bills
- Funding approach was approved by Council in July
- Timing was perfect to apply for the new Cal eConnect development grant
- Cal eConnect grant was awarded in August
- Effort was fully funded in September; 5th member joined
Our Community Providers

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Black - members of the Governance Council
Red – have participated in meetings but have not joined yet
Preparing an RFI

- The next step was to develop a matrix of the key functionality that the exchange members wanted in the HIE
  - Each member voted, we tallied the votes, and then discussed the results to reach an agreement
  - CHeQ has solid examples on their web site
- Once we had a plan for what we desired the HIE to look like, we began to interview prospective vendors
- Two potential paths:
  - Join an existing HIE as a subset, or use their infrastructure;
  - Work with a company that has first class software and develop your own organization
- Both approaches have pros and cons, and you should try to reach a unanimous verdict with your Governance Council
Current Steps

- We finalized our RFI in March
- We chose 3 potential vendors from each type, all were pre-screened by the group [6 total]
- We were ready to make a decision in late April
- Be prepared for unexpected events
- In our case, an HIE group in a neighboring community split up, leaving them scrambling
- We are discussing joining forces, which has delayed us 30 days or so; other communities have also expressed some interest in our progress
What Are We Debating?

- **Cost**
  - If we expand from our core group, implementation and overhead costs are spread across a greater base
  - More negotiating power with vendors – we are bigger!

- **Governance Implications**
  - As we grow, the influence of each individual member is reduced
  - Joining an existing HIE can mean adopting their policies and procedures

- **Implementation timing**
  - If we keep expanding/changing our mission, we can get caught in a loop and never make a decision
  - The ‘natives’ are restless, and MU deadlines loom large

- **How big is too big, what can we manage?**

- **Are there other synergies from adding communities**
Process to Create an HIE

- Determine long term goals
- Put the politics on the table and hash out the issues – how do you handle the data
- Write a Charter – capture the spirit and needs of the members
- Use the CheQ resources – the web site is now full of manuals, examples, technical briefs
  - We didn’t have the luxury of this help when we started
  - We likely spent 6-9 months reinventing the wheel
Process to Create an HIE

- Talk with existing HIE’s – they are very helpful with specific questions
- Create a Governance Council – who in the Community is willing to support the initiative, both financially and from a personnel standpoint
- Make sure that they are decision makers in their organization –
  - Our group is all “C” level
  - They have the support of the CEO/Board/Final Authority
- Governance Council drives the process – funds the development, determines the structure, sets the goals, and drives the implementation
Challenges
**CHeQ Activities – National & Local**

- **Building a trusted exchange environment and promoting national standards**
  - Trust environment
  - Provider directories
  - *HIE Ready*
  - *LOINC mapping*

- **Regional and local HIE investments**
  - California Blue Button® initiative *
  - CAIR IMP & Immunization Interface Implementation Awards
  - HIE Acceleration & Rural HIE Incentive Program
Trust Environment

Problem

– Community, enterprise HIOs create information stovepipes
– Thousands of point-to-point data sharing agreements between organizations are not practical nor affordable on a statewide or national level

Solution

– Create **Trust Communities** based on
  – a common set of polices and practices,
  – a multiparty sharing agreement, and
  – a simple technical framework

– Western States Consortium (now NATE) created the nation’s first Trust Community; under pilot November 1, 2012
– ONC now promoting Trust Communities as the preferred method for inter-organizational trust
– California Association of Health Information Exchanges (CAHIE) working to develop California’s governance structure and trust framework
Provider Directories

**Problem**

- No way to discover exchange methods with a provider. “What is Dr. Smith’s Direct address?”
- No way to ensure the identity of an exchange partner. “How do I know this is really the right Dr. Smith?”

**Solution**

- Create a searchable, federated **Provider Directory** that
  - Is maintained by HIOs, clinics, hospitals with provider relationships so data is correct
  - Establishes provider identity
  - Identifies how to exchange data with individuals or organizations

**Key Advances**

- Western States Consortium (California and Oregon) entered production in April, transitioned to NATE
CHeQ’s California Trust Framework Pilot

- Collaboration between CHeQ and California Association of Health Information Exchanges (CAHIE)

- Pilot will investigate policies, practices, and technical components for both certificate management and directory services to inform the use of D&TS for interstate and inter-organizational exchange.

- Open to HIOs and HIE Service Providers who have implemented and are using Direct and Exchange specifications.

- First applications are due July 1st. This Pilot will go through November 30th.

- Please see our website for more information and the application: [http://www.ucdmc.ucdavis.edu/iph/Programs/cheq/cheqfunding.html](http://www.ucdmc.ucdavis.edu/iph/Programs/cheq/cheqfunding.html)
<table>
<thead>
<tr>
<th>HIE Ready</th>
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</thead>
<tbody>
<tr>
<td><strong>Problem</strong></td>
</tr>
<tr>
<td>– Stage 1 Meaningful Use doesn’t actually promote standards for interoperability. Stage 2 still has gaps</td>
</tr>
<tr>
<td>– Too expensive to custom-develop interfaces each time</td>
</tr>
<tr>
<td><strong>Solution</strong></td>
</tr>
<tr>
<td>– Create <em>HIE Ready</em>, a set of interface capabilities</td>
</tr>
<tr>
<td>– Based on standards in current products vs. future plans;</td>
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<tr>
<td>– Bundled with a single price so they are easy to buy; and</td>
</tr>
<tr>
<td>– Published as side-by-side comparison so buyers are informed</td>
</tr>
<tr>
<td><strong>Key Advances</strong></td>
</tr>
<tr>
<td>– Published the first <em>Buyers’ Guide</em> in November 2012</td>
</tr>
<tr>
<td>– ONC and several states interested in joining or encouraging their vendors to participate</td>
</tr>
<tr>
<td>– Planning version 2.0 for Summer 2013 to align with Stage 2 MU</td>
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</table>
# HIE Ready Buyers’ Guide

## HIE READY

Health information exchange from any system

## HIE READY Capabilities

<table>
<thead>
<tr>
<th>Vendor or Organization</th>
<th>AMBULATORY</th>
<th>HIE READY</th>
<th>Capabilities</th>
<th>Relative Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>4medica (Ambulatory)</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
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<tr>
<td>.mdstreaming (All</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
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<tr>
<td>Med A-Z</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
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<tr>
<td>Office Ally (EHRS 24/7)</td>
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<td>⬜</td>
<td>⬜</td>
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<tr>
<td>CVCA HIE (previously</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
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<tr>
<td>HEALTH INFORMATION</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
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<tr>
<td>ORGANIZATIONS</td>
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<td>⬜</td>
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<tr>
<td>Inland Empire HIE</td>
<td>⬜</td>
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<tr>
<td>North Coast Health</td>
<td>⬜</td>
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<tr>
<td>Information Network</td>
<td>⬜</td>
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<tr>
<td>Orange County Regional</td>
<td>⬜</td>
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<tr>
<td>HIO</td>
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<tr>
<td>Redwood MedNet</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
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<tr>
<td>San Diego Regional HIE</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
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<tr>
<td>Santa Cruz HIE</td>
<td>⬜</td>
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### Notes:
- **HIE Ready**: No capability.
- **HIE capability**: From least capable, one ⬜, to most capable, four ⬜.

### Costs:
- **$**: Some organizations offer HIE Ready at no additional cost.
- **$**: Relative cost, from lowest cost, one $, to highest cost, four $$. $$

### Note 1:
All ambulatory EHR vendors have ONC-ATCB certified products for State 1 Meaningful Use.
<table>
<thead>
<tr>
<th><strong>CAIR Immunization Messaging Portal (IMP)</strong></th>
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<tbody>
<tr>
<td><strong>Problem</strong></td>
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<tr>
<td>- Immunization reporting is part of Stage 1 &amp; 2 Meaningful Use</td>
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<tr>
<td>- California (like most states) lacks the capacity to meet current provider demand for information Providers forced to ask for waivers for MU</td>
</tr>
<tr>
<td><strong>Solution</strong></td>
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<tr>
<td>- The California Immunization Registry’s new <strong>Immunization Messaging Portal (CAIR IMP)</strong> allows health care providers throughout California to electronically submit patient immunization records for routing to state regional immunization registries</td>
</tr>
<tr>
<td>- The web-based IMP will increase the capacity for CAIR to receive patient immunization records from a large number of health care providers, fulfilling Stage 1 requirements for federal <strong>Meaningful Use</strong> of electronic health records (EHRs)</td>
</tr>
<tr>
<td>- All sites that currently participate or plan to participate in electronic data exchange with CAIR must now connect through the IMP*</td>
</tr>
<tr>
<td>This includes HIOs and other data aggregators that send immunization information on behalf of other sites</td>
</tr>
</tbody>
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*UCDAVIS INSTITUTE FOR POPULATION HEALTH IMPROVEMENT California Health eQuality*
CHeQ Immunization Interface Implementation Awards

- The CHeQ IZ Interface Implementation Awards present a new funding opportunity to facilitate and accelerate connections from Health Information Organizations (HIOs) and provider organizations to the CAIR IMP to further enable providers to meet HIE-related **Meaningful Use** objectives.

- CHeQ will reimburse up to $20,000 per interface between an HIO and the IMP.

- **The program has $130,000 in funds available to be allocated on a first come, first served basis through October, 2013.** Funding may be applied to hardware and software for interface implementation and/or vendor implementation costs.
  - Note that funding is not available to connect an HIO or other organization to EHRs or other submitting provider systems for immunization reporting.

- Please see our website for more information and the application: [http://www.ucdmc.ucdavis.edu/iphia/Programs/cheq/cheqfunding.html](http://www.ucdmc.ucdavis.edu/iphia/Programs/cheq/cheqfunding.html)
Rural HIE Incentive Program

Problem

- Many obstacles to coordinated care in rural California
- Patients travel long distances to receive care. Scarcity and distance increase likelihood providers don’t have access to all of a patient’s health information resulting in fragmented and inefficient care
- Need for additional resources and transparency in funding for rural areas; need for standardized HIE implementations
- Sizeable or under-serviced areas in many rural parts of the state

Solution

- Launch Rural HIE Incentive Program
- Promote HIE in rural areas by subsidizing the implementation services for rural providers, clinics, and hospitals
- Enable rural providers to adopt high-priority, standards-based HIE services from qualified service providers at manageable prices
## Rural HIE Incentive Program Snapshot

<table>
<thead>
<tr>
<th>Total Funds Available</th>
<th>$1,000,000</th>
</tr>
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<tbody>
<tr>
<td>Project Period</td>
<td>April 1, 2013 – November 30, 2013</td>
</tr>
<tr>
<td>Designated Rural HIE</td>
<td>Directed Exchange: iCA, RWMN</td>
</tr>
<tr>
<td>Service Providers</td>
<td>Directed Exchange &amp; Longitudinal Patient Record: IEHIE, OCPRHIO, Axession</td>
</tr>
<tr>
<td>Eligible Beneficiaries of Subsidy</td>
<td>Rural physicians, clinics, hospitals in qualifying rural areas</td>
</tr>
<tr>
<td>Services Covered Under Subsidy</td>
<td>One time implementation costs for connecting rural providers; includes hardware, software, licenses, interfaces, SaaS</td>
</tr>
<tr>
<td>Services NOT Covered</td>
<td>Connectivity to non-rural end-points, rural pharmacies, independent labs or other ancillary services; Ongoing maintenance fees</td>
</tr>
<tr>
<td>Reimbursement per Implementation</td>
<td>CHeQ will reimburse 65% of the cost of qualifying service implementations to HIE service provider; rural provider pays 35% of qualifying cost and ongoing fees</td>
</tr>
</tbody>
</table>
California Medical Service Study Areas
Urban, Rural and Frontier Defined Areas

Frontier MSSA
Rural MSSA
Urban MSSA
County

OSHPD Healthcare Workforce Development Division
GIS MSSA and County Layers
September 2010

http://www.oshpd.ca.gov/HWDD/pdfs/GIS/20100921_RuralMSSA.pdf
Designated Rural HIE Service Providers Contact Information

HIE Service Providers for Rural Incentive Program:

- **Directed Exchange:**
  - Redwood MedNet – RWMN
    - Will Ross 707-462-6369
    - wross@redwoodmednet.org
  - Informatics Corporation of America – iCA
    - Robert Keehan 415-601-7474
    - robert.keehan@icainformatics.com

- **Directed Exchange and Longitudinal Patient Record:**
  - Inland Empire HIE – IEHIE
    - Rich Swafford 951-686-1326
    - rswafford@iehie.org
  - Orange County Partnership Regional HIO - OCPRHIO
    - Paul Budilo 714-919-4429
    - pbudilo@ocprhio.org
  - Axesson
    - Dedra Lakely 831-600-3750
    - Bill Bieghe 831-465-7874
    - dedra@axesson.com
    - bbeighe@pmgscce.com

CHeQ Staff:

- Elsa Schafer, Rural Incentive Program Manager
  - 650-740-5733
  - elzaschafer@comcast.net

- Rayna Caplan, HIE Acceleration Program Director
  - 916-228-1814
  - rayna.caplan@ucdmc.ucdavis.edu

CHeQ Website:

- www.ucdmc.ucdavis.edu/iph/Programs/cheq
Group Issues

• Working together for added value
• Future meetings
• Other resources from CHeQ
Thank You!