

ACCEL BSCF 2009 HIE Proposal

Title: Creating a countywide shared patient record across institutions

Mission Statement

We will be a healthier community by uniting, maximizing, connecting and focusing our health resources.

- Improve the quality of health care and administrative efficiency in El Dorado county by
 - Continuing to improve access to medical care through ongoing program nurturance and the development of enabling technology
 - Creating a countywide shared patient record across institutions
 - Establishing standardized processes with measurable outcomes to coordinate care at critical entry junctures
 - Building community trust and program linkages
- Enhance health surveillance through the monitoring of aggregate data
 - Public Health early case finding
 - Chronic disease monitoring

Key Programs

ACCEL focuses on improving quality of health care in three areas: 1. Children's Health Initiative (CHI) and Provider Capacity, 2. Care Pathways, and 3. Health Information Technology. Our CHI expands health coverage to children under 300% of FPL by helping parents enroll kids into MediCal and Healthy Families as well as 'gap' coverage products including Kaiser Child Health Plan, California Kids and Healthy Kids. The Provider Capacity Project expands the network of providers willing to see an established number of publicly insured patients and fostered clinic redesign to enable improved internal processes and capacity in the community. Care Pathways, an interagency case management program, insures a patient's needs are attended to throughout many encounters in the health access and delivery process. A patient centric standardized accountable structure shifts the focus on defined measurable outcomes. A coach assists and educates patients to connect with and use appropriate health care. ACCEL's Health Information Technology program has three integrating parts Care Pathways, Enterprise Master Patient Identifier (EMPI) and a Health Information Exchange (HIE). Care Pathways web technology is in use today countywide tackling largely administrative needs of patients. The EMPI, a centralized registry of patient demographics in place, streamlines patient registration and is used to identify and match records. The HIE will be used to optimize care by integrating health care data from multiple disparate sources so that clinical care can be efficiently managed as well as show patient activity related to Care Pathways.

Organizational History

ACCEL (Access El Dorado) was formally established in 2004 to serve as an umbrella initiative to coordinate and implement countywide efforts to improve access to health care for residents of El Dorado County, particularly children and the uninsured. The groundwork for ACCEL began in 2002, following the completion of a community health needs assessment launched by the El Dorado County Board of Supervisors to guide the development of health initiatives to be funded by Tobacco Master Settlement funds. Building on this work, the Public Health Department secured additional grants (from the Agency for Health Care Research and Quality (AHRQ) and Blue Shield of California Foundation (BSCF) to support deployment of technology to integrate and support improved patient care and access. The BSCF funds leveraged with AHRQ have allowed us to,

- Implement the EMPI
- Create / administer *countywide* an ACCEL Notification of Privacy Practices addressing HIPAA, California statutes and patient privacy concerns,
- Evaluate / create a short list of HIE vendors
- Effect Governance data sharing agreements
- Develop / adopt ACCEL privacy and security policies and procedures
- Perform a countywide technology assessment and
- Develop an HIE Cost Model, the foundation for a strategic business plan.

Challenges not foreseeable extended the timeframe to accomplish the HIE. We now are ready to deploy the HIE pilot in 2009. HIE necessary infrastructure is in place tempered with a pragmatic understanding of what it takes to successfully implement cross agency health information technology. Migration of paper Care Pathways to online, customized application for interagency use and the EMPI, illustrate our ability to deploy successfully health information technology countywide.

Organizational Relationships

ACCEL is a countywide collaborative. The El Dorado County Department of Public Health serves as the coordinating and fiscal agent for ACCEL. Barton Memorial Hospital serves as the technology Hub for ACCEL. General oversight and authority is provided through the Steering Committee, a group of senior leaders representing: the two small, independent hospitals (Barton Memorial and Marshall Medical); the rural and Federal Qualified Health Center (FQHC) clinics; the El Dorado County Departments of Public Health and Mental Health; and physician leaders. The Steering Committee meets monthly.

Through sustained efforts and the interaction of the multiple stakeholders involved, ACCEL has developed a cross-agency culture of trust and collaboration that has enabled the forum to successfully create programs and services that respect and leverage participant agency needs, realize differences, build upon strengths and foster coordinated patient care county wide.

Organizational Shifts / Changes

Executive Leadership Transition

We have experienced two leadership changes in the past twelve months. Gayle Erbe-Hamlin, Director of the Public Health Department became the new Chief Administrative Officer for El Dorado County. In that capacity, she is a knowledgeable advocate for ACCEL with county elected officials. Neda West, the Public Health Department's Assistant Director, is the current Public Health Departments Acting Director.

Chuck Wiesen, Executive Director, El Dorado County Community Health Center (FQHC) resigned and Jim Ellsworth, the clinic's CFO, has become the new Executive Director.

Neda West and Jim Ellsworth are installed as new members with the ACCEL Steering Committee. They have had prior involvement with ACCEL efforts and have participated in a formal orientation to the Steering Committee as well as ACCEL programs underway.

Organizational Objectives

Objective 1 – Increase health coverage for children, assist them in securing and using a medical home to get healthy and stay healthy.

Objective 2 – Establish interagency standardized processes with measurable outcomes to coordinate health care at critical entry junctions.

Objective 3 – Use health information technology to improve patient health information and communications between providers and to track and monitor system and patient outcomes.

Organizational Objectives and Grantmaking Priority Areas

The objectives of ACCEL address three of the Grantmaking priorities of the Blue Shield of California Foundation: 1) increase access to efficient primary care services and insurance coverage for uninsured Californians; 2) strengthen safety net providers that care for uninsured Californians, and; 3) promote the use of information technology for improved health care quality and access. The anticipated outcomes of ACCEL's objectives include:

- Identification, enrollment and retention of children at 250% of FPL into MediCal and Healthy Families
- Children at or below 300% of FPL, not eligible for public insurance, will be enrolled in Healthy Kids, California Kids or Kaiser Children's Health plan
- Newly enrolled children without a medical home will be assigned one with a scheduled first primary care visit

- Families of newly insured children will understand and utilize their health benefits
- Children will achieve immunizations and early development standards
- Countywide health information system allows health care providers to access and share critical patient information in real time
- Provider capacity and access to care increases.

This proposal focuses on the third Grantmaking priority through the implementation of a countywide Health Information Technology Program.

Key Project Contributors

Agency for Health Care Research and Quality (AHRQ)

Fundraising Strategies and Goals

ACCEL's member organizations clearly acknowledge that the efforts of the collaborative -- through the care pathways that link uninsured children with coverage -- have generated revenue for their agencies. We are currently working to develop a model that quantifies this revenue that can be used as a tool to estimate what financial contribution these agencies might make to help fund ACCEL's operations. As the HIE implementation develops, we anticipate updating this model to capture its financial benefits.

During the project period, ACCEL's Steering Committee and program manager will be identifying and pursuing additional funding sources to address budget shortfalls and provide for ongoing operations and development of the HIE. In addition to grants and contracts, ACCEL will continue to monitor changes in reimbursement policy that improve the prospects for a revenue stream from health plans.

Board Members

John Bachman PhD., Director of EDC Department of Mental Health
 Greg Bergner MD, Physician Champion South Lake Tahoe
 Jim Ellsworth, CEO, El Dorado County Community Health Center
 Dick Derby, CFO, Barton HealthCare System
 Jon Lehrman MD, Physician Champion Western Slope
 Shannon Truesdall, COO, Marshall Medical
 Neda West, Acting Director, EDC Department of Public Health
 Staff: Dana Davies, Facilitator; Sandra Dunn, ACCEL Program Manager

Board Chair

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Request Date

09/19/08

Request Amount

\$149,983

Length of Proposal

12 months

Project Title

Creating a countywide shared patient record across health organizations

Purpose of Funds

To effect the initial implementation of a countywide HIE and create a strategic business plan to address sustainability for long term operation. The HIE is intended to improve access, patient outcomes and quality of care for all residents of El Dorado with a particular focus on the uninsured and under insured population.

The ACCEL HIE will provide the technology infrastructure to enable the exchange and sharing of clinical and administrative information among the multiple health care providers. For this HIE pilot phase Barton HealthCare System (hospital, ambulatory clinics, ancillary services) and the El Dorado County Department of Public Health will become interconnected to establish the foundation for a system that will grow to link all health care providers countywide. This project builds upon the foundational work, successful practical experience and synergies gained implementing the Care Pathway's technology and EMPI.

Needs Statement

ACCEL agencies serve all of the population of El Dorado County, 1,805 square miles of sparsely populated mountainous, rural terrain with a handful of more densely populated small cities. The Sierra Nevada range bisects the county into two distinct regions – the Western Slope and South Lake Tahoe – that are frequently isolated from one another when winter weather closes mountain passes. The target population served by ACCEL and its administrative Care Pathway that focus on improved insurance coverage and medical access is the uninsured of El Dorado County, approximately 17.3%, and the underinsured up to 300% of FPL, with a primary focus on children of this population. Local

medical resources are fragmented and spread thin with approximately 160 practicing physicians countywide, serving this large, rural county and a fraction of these providers serving the uninsured and underinsured, resulting in long wait times for appointments and routine care, and heavy reliance on hospital emergency rooms for routine care.

Project Summary

Grant funds will provide staff support for HIE system procurement and implementation, external legal counsel to review existing agreements in light of the HIE, strategic business plan expertise to oversee fundamentals and document drafting, overall program management and Steering Committee facilitation as well as help finance HIE application and interfaces between multiple health agency IT systems and independent providers.

HIE vendor due diligence, vendor recommendation to and approval by the Steering Committee and contract terms between Barton (ACCEL's IT Hub) and the vendor are targeted for a March 1 completion. In the 1st quarter of 2009, the financial impact of HIE structure and functionality, and external advisors to augment Steering Committee strategic business plan development, are known. Development of the business plan and its adoption by the Steering Committee occurs in the third quarter of 2009. HIE implementation project definition, workflow redesign, requirement and specifications, hardware / software installations, testing and training take place throughout the 2009 calendar year for a December HIE Go Live.

Project Description

The 2009 HIE pilot in South Lake Tahoe between Barton system (hospital, ambulatory clinics, ancillary services) & El Dorado County Department of Public Health, establishes the foundation for a system that will grow to link all health care providers countywide. Past experience with phased agency(s) IT implementation promotes timely resolution of initial Go-Live issues & momentum for successful adoption by those remaining. A strategic business plan establishes the context for HIE revenue & cost sustainability multi-year as well as agency commitment levels & external fund acquisition actions.

Objective #1 activities (& staff): Update HIE requirements & vendor selection in light of changing technology, program needs and lessons learned (Dunn, Chaves); conduct HIE vendor RFP review & due diligence (Chaves); facilitate Steering Committee review & approval of vendor finalist (staff: Davies); & negotiate HIE vendor terms / final contract (Quadri).

Objective #2 activities (& staff): Determine the HIE multi-year cost using vendor implementation & software/hardware/customization costs, agency interface & resource requirements & other costs to determine the financial impact (Wise); Recruit other potential investors, health plans, business reps, etc. to act in advisory capacity to Steering Committee (Dunn); Review legal agreements &

policies to support sharing clinical data (Dunn w/ Davis, Wright, Tremaine); Develop/write business plan & secure business plan approval (Wise, Davies) Objective #3 activities (& staff): secure agency resources to HIE pilot (staff: Dunn); formalize HIE implementation plan (Chaves); define communication/change mgmt plan (Davies); Conduct workflow redesign (Chaves); Detail technical requirements /specifications (Chaves, Barton ITPM); Install vendor hardware/software & test (Barton ITPM); develop training plan, materials, execute (Barton ITPM); Go-live!

Key Objective #1

By March 1, 2009 the ACCEL Steering Committee reviews and approves HIE vendor selection for contracting.

Key Objective #2

By August 1, 2009 adopt and execute a strategic business plan that addresses long-term sustainability of the ACCEL HIE.

Key Objective #3

By December 31, 2009 implement the HIE pilot project linking Barton HealthCare System with El Dorado County Department of Public Health.

Grantmaking Priority – Health & Information Technology

Project Key Objectives / Grantmaking Priorities

ACCEL's HIE pilot will promote the use of information technology for improved care quality and access. It will demonstrate for other rural settings where limited resources and technical bench strength are the norm, a pragmatic phased approach for HIE implementation and successful provider adoption. The effort extends ACCEL HIE development work completed and allows ACCEL to add robust clinical data exchange to Care Pathway and EMPI brought online in 2008. Using foundational work and learning from prior years as well as the knowledge and experience gained by successful HIEs, ACCEL is well positioned to adopt a sustainability business plan identifying implementation phasing and funding strategies that will help maintain momentum while State and Federal reimbursement and investment policies are clarified.

We fully expect to realize over time positive efficacy of our limited medical resources, timely enhanced patient health information, provider with provider patient coordination and, a more cost effective optimum patient experience. A second equally important goal is improved public health surveillance through the collection of health data from providers, increasing capacity to identify acute or infectious disease outbreaks and to identify community wide practice patterns that contribute to improved community wide health.

Population Served

El Dorado County is a rural county spanning the Sierra Nevada Mountain range, in northeastern California. Our total population is 171,207 with our target population being more than 17% uninsured and 33% underinsured people. Our seasonal Hispanic population supporting agriculture on the Western slope and tourism in the Tahoe Basin is vastly underreported, yet adds significantly to those we serve.

ACCEL's program thrust for the uninsured and underinsured population has been on access and enhanced care coordination and communication through the HIT projects. Soon, all consenting patients within El Dorado County will be included with the ACCEL HIE, knowing that countywide patient capture will support improved patient outcomes, a healthier community and provider adoption of the technology tool.

Project Outcomes

The ACCEL HIE pilot implementation will serve to drive progress toward the following long-term outcomes:

- Facilitate communication between primary care physicians, ancillary and specialty care services
- Improve patient care through coordination of and access to lab, radiological reports, and pharmaceutical lists and patient history
- Decrease the number of medical errors and duplicative services thereby increasing the efficiency of limited medical resources
- Improve public health surveillance through collection of health data from primary care providers, particularly for acute and infectious disease outbreaks.

In 2009 we plan to use the substantial experience gained to achieve the following outcomes:

- Completion of a strategic business plan that identifies incremental implementation and funding strategies that will allow the ACCEL HIE effort to grow and realize benefits for participating health care providers
- Linkage of at least two ACCEL agencies through a live HIE that shares clinical data essential to patient care.

Progress Measured

Progress will be measured by completing the following:

- Sustainability plan with a range of funding strategies that includes input from health plan(s), employer(s), community leaders
- Evaluation measures to monitor project process and outcomes
- HIE vendor selected & approved by the Steering Committee

- Workflow requirements & specifications, including customizations completed
- Installation and testing of software, hardware and connection interfaces
- Governance agreement, privacy and security policies & procedures amendments where needed
- Go-Live of clinical data exchange with at least two participant agencies

Completion of an evaluation & assessment report that captures the achievements and lessons accrued from this project is planned. ACCEL has contracted with SPHERE Institute to provide quantitative and qualitative program evaluation. SPHERE is an independent, nonprofit research firm with extensive experience evaluating health access and technology programs.

Dissemination of Outcomes

ACCEL strives to serve as a model and resource for other rural areas seeking to improve health care quality and access. Through a recently redesigned website ACCEL shares program descriptions, project plans, meeting materials and foundational documents. With Blue Shield of California Foundation and AHRQ, ACCEL is connected to a California and nationwide network of agencies and providers interested in addressing health care problems through use of health information technology. Information regarding program challenges and achievements are and will continue to be disseminated through AHRQ – National Resource Center website, with presentations at AHRQ meetings and Blue Shield of California Foundation convenings. ACCEL organizes and sponsors local workshops to enhance the knowledge base of ACCEL participants recruiting national and regional experts to present. The contacts made with these experts have created opportunities for the dissemination of ACCEL's learning among diverse networks as well as through its association with CalRHIO.