



CALIFORNIA ASSOCIATION of
**PUBLIC HOSPITALS
AND HEALTH SYSTEMS**



CALIFORNIA HEALTH CARE
SAFETY NET INSTITUTE

HIT PERSPECTIVES WEBINAR

State of HIE in California

Robert M. Cothren, PhD, Executive Director,
California Association of Health Information Exchanges

Monday, June 26, 2017; 1:00-2:00pm

Recording link

<https://safetynetinstitute.webex.com/safetynetinstitute/onstage/playback.php?RCID=0464c31a663aa1d84047665288e98247>

Housekeeping



Please mute locally



Feel free to chat your question & we will read out



Webinar will be recorded



Deck & tools will be saved on [SNI Link](#)
Programs / Data Driven Organizations



State of HIE in California

Robert M. Cothren, PhD
Executive Director

HIT Perspectives Webinar
26 June 2017



Agenda

- What CAHIE is
- What HIE is
- Current HIE landscape
- State support for HIE
- How to keep informed



What is CAHIE?

California Association of Health Information Exchanges

1. Collection of stakeholders promoting statewide information sharing
2. Community that responds to and participates in state and national activities
3. Voluntary self-governance for statewide HIE in California

Find out more about CAHIE at <http://www.ca-hie.org/>



What is CAHIE?

Promoting HIE

- Convene collaborations on important topics
- Operate a monthly educational webinar
<http://www.ca-hie.org/resources/knowledge-network/>
- Monitor current legislation and educate legislators
- Monitor state and national developments
<http://www.ca-hie.org/join-our-mailing-list/>



What is CAHIE?

Participating in state and national initiatives

- Collaborative voice of HIE in California
- Participating in PULSE at technical advisor
- Advising DHCS on HIE
- Participating in SB 137
- Active in SHIEC, Carequality, eHealth Exchange, DirectTrust, NATE

What is CAHIE?

Voluntary self-governance of statewide HIE

A “Trust Network”

- Single, multiparty data sharing agreement to govern exchange across organizational boundaries
California Data Use and Reciprocal Services Agreement, or CalDURSA
- Technical services to ensure trust among organizations and facilitate secure data sharing
California Trusted Exchange Network, or CTEN

Find out more about the CalDURSA and CTEN at
<http://www.ca-hie.org/projects/cten>

Health Information Exchange



The mobilization of health care information electronically across organizations within a region, community or hospital system



Allows health care professionals and patients to appropriately access and securely share a patient's vital medical information electronically



The capability to electronically move clinical information among disparate healthcare information systems, and maintain the meaning of the information being exchanged



Interoperability



Ability of different information technology systems and software applications to communicate, exchange data, and use the information that has been exchanged



The ability of systems to exchange and use electronic health information from other systems without special effort on the part of the user

Vendors

Focus for today

1. HIE vendors

- Patient identity management
- Community record
- Results delivery, orders, alerting, referrals, public health reporting, population analytics

2. EHR vendors

- Direct messaging driven by meaningful use
- Query-based exchange enabled by Carequality and CommonWell



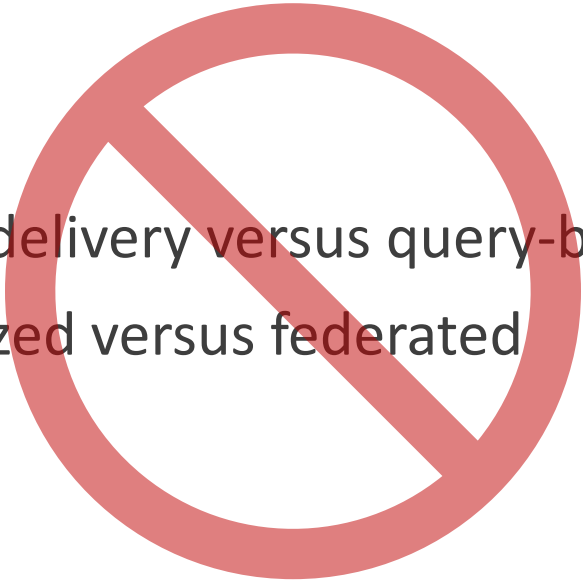
Community HIOs

- Set the policies associated with data sharing
- Provide the technology that moves data
- Convene stakeholders to solve data sharing problems
- Establish collaboration and trust

How do I establish trust?

1. Know your conversation is not overheard
2. Know the information can be trusted
3. Know who you are talking about
4. Know who you are talking to
5. Know how the information will be used
6. Know you have permission for the conversation

What flavor of HIE?



Results delivery versus query-based exchange
Centralized versus federated



Community HIOs

- ① Central Coast Health Connect
- ② Cottage Community HIE
- ③ LANES
- ④ Manifest MedEx - Affiliated Organizations: *Central Valley HIE, ConnectHealthcare, Inland Empire HIE, San Joaquin Community HIE*
- ⑤ North Coast Health Improvement & Information Network
- ⑥ OCPRHIO
- ⑦ RAIN Live Oak Technology
- ⑧ Redwood MedNet
- ⑨ Sac Valley Medshare
- ⑩ San Diego Health Connect
- ⑪ Santa Cruz HIO

Quick Facts

Community HIOs*

- Provide services in 38 of 58 counties
- Include 14.2 million Californians in their MPIs
- Transmit 19.5 million ADTs per month

Enterprise HIOs - Operating statewide

- Adventist Health
- Dignity Health
- Kaiser Permanente
- St. Joseph Health
- Sutter Health
- University of California Health

Definitions

Community HIOs - Local or community-based initiative, supported by a number of unaffiliated organizations, within a geographic medical service area

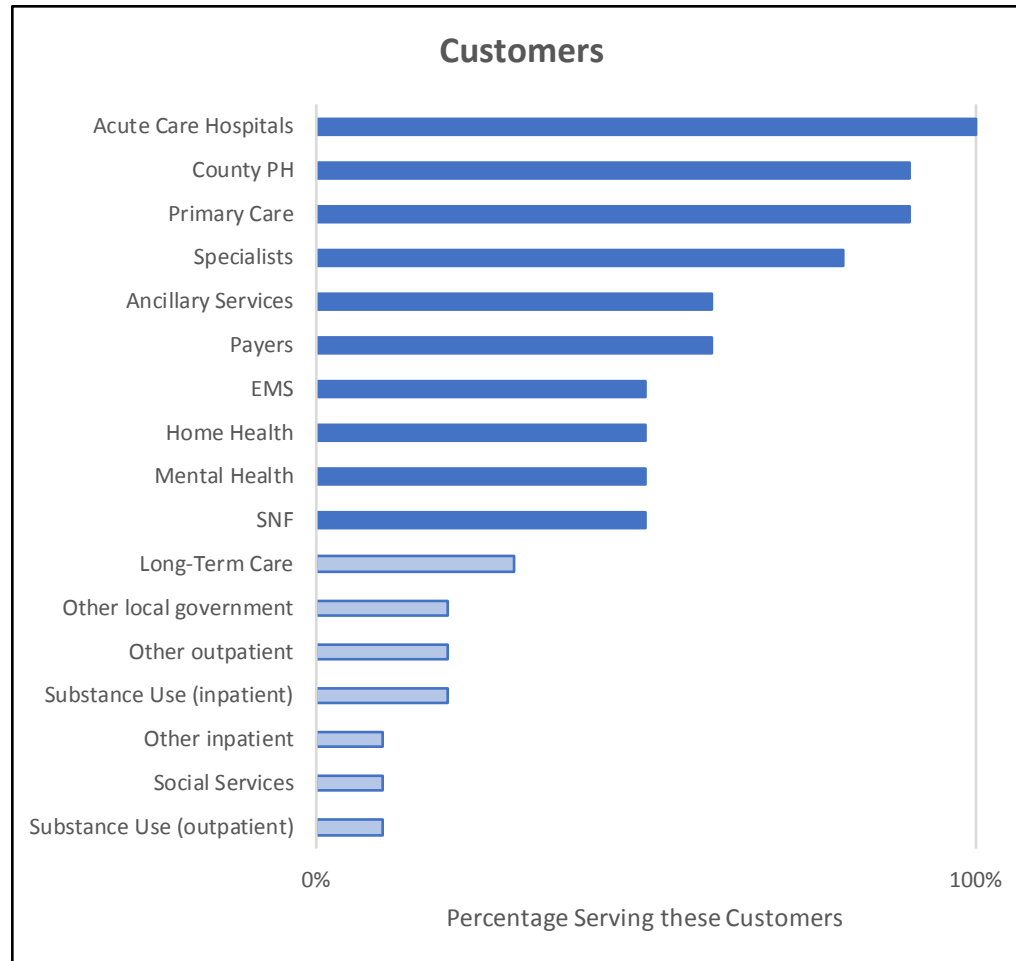
Enterprise HIOs - Supported by a single hospital, health system, or integrated delivery network



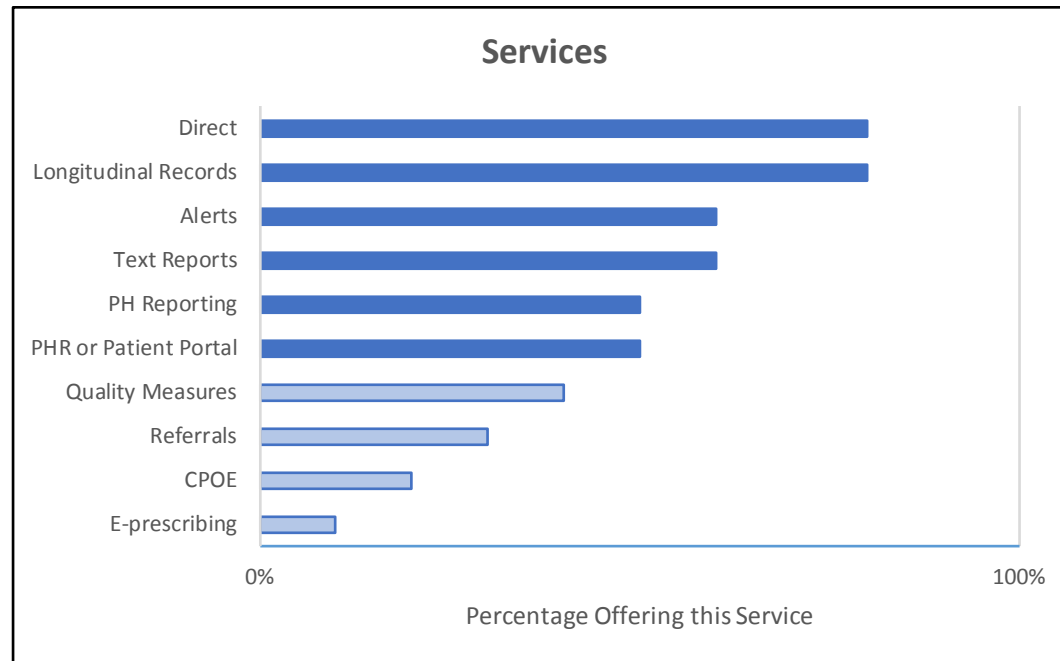
Trust and “Consent”

HIOs	Trusted Exchange	Consent
<ul style="list-style-type: none">– Community: 15– Enterprise: 5	<ul style="list-style-type: none">– Members of CAHIE: 17– Signatories to CalDURSA: 12– CTEN Participants: 8 (+4)– MMPA-based PA: 10	<ul style="list-style-type: none">– Opt-out or hybrid <p><i>California does not have a statewide consent policy or regulation</i></p>

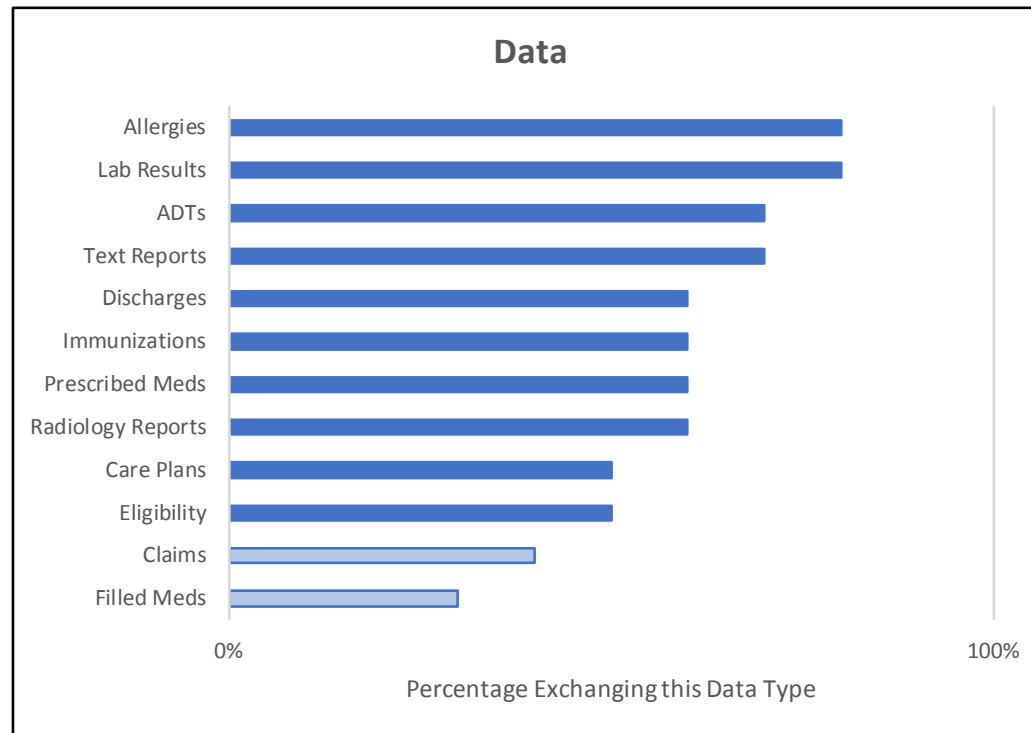
Organizations Served by HIE



Services Provided by HIE



Data Exchanged through HIE





Volume of HIE

-
- ADTs per month: > 20,000,000 per month
 - Individuals within MPIs: > 14,000,000 (> 36% of CA population)
-



National Networks

eHealth Exchange	CommonWell	Carequality	Care Everywhere	DirectTrust	Community HIE
Provider-centric network	Patient-centric network	Provider-centric network-to-network trust framework	Provider-centric network	Secure messaging network	Person-centric network
Peer-to-peer primarily query-based exchange	Query-based exchange based on centralized record location	Peer-to-peer query-based exchange	Peer-to-peer primarily query-based exchange	Peer-to-peer, content-agnostic secure messaging	Various use cases, including alerts, results delivery, order entry, query, public health reporting, longitudinal records, and analytics
Centralized provider-organization directory	Centralized MPI and RLS	Centralized provider-organization directory	Vender-based enabling infrastructure	Enabling trust framework	Various levels of centralized resources necessary to meet participant needs
Primary participants are federal agencies, hospital systems, large and medium HIEs	Main vendors are athenahealth, Allscripts, Cerner, eClinicalWorks, Greenway, Meditech, and others	Main vendors are athenahealth, eClinicalWorks, Epic, GE, NextGen, Surescripts, and others	Limited to Epic users	Direct HISPs and certificate authorities	Systems may include nearly any EHR, lab, pharmacy, or other HIT system

Learn more at <http://www.ca-hie.org/initiatives/hie-in-ca/>



State Involvement

Legislation...

Exchange...



PULSE +EMS

ONC-funded program operated by EMSA

1. Integrating emergency medical services into community HIE
2. Responding to large-scale disasters

S earch	Paramedics and EMTs may look up and display patient problem list, medications, allergies, POLSE, and DNR in the field on ePCR screen	<ul style="list-style-type: none">• Improve clinical decision-making• Improve patient care
A lert	Display patient information on hospital dashboard at ED to alert and share incoming patient information to assist in time-sensitive therapies	<ul style="list-style-type: none">• Improve decision support• Better care transitions• Improve patient care
F ile	Incorporate ePCR data into hospital EHR in HL7 format (using NEMESIS 3.4 CDA standards)	<ul style="list-style-type: none">• Build better longitudinal patient record
R econcile	Receive patient disposition information from hospital EHR to add to EMS provider patient record	<ul style="list-style-type: none">• Improve population health

Retrieving health information to aid in caring for:

1. Patients evacuated from healthcare facilities in the effected area
2. Injured victims transported by first responders
3. Injured victims transported by themselves, family, or neighbors
4. Walking wounded presenting with minor injuries
5. Evacuees seeking primary care for chronic conditions or health issues unrelated to the disaster

Learn more at <http://www.ca-hie.org/initiatives/pulse/>

SB 19 (POLST)

“require the Emergency Medical Services Authority to establish a pilot project... to operate an electronic registry system on a pilot basis... for the purpose of collecting POLST information received from a physician or physician’s designee...”

- Established by EMSA, funded by CHCF
- Operated in two pilot communities:
 - 1) Contra Costa County
 - 2) San Diego

Learn more at

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160SB19

AB 40 (CURES)

“require the Department of Justice to make the electronic history of controlled substances dispensed to an individual under a health care practitioner’s care, based on data contained in the CURES database, available to the practitioner through either an online Internet Web portal or an authorized health information technology system...”

- Expansion to allow HIE access to CURES
- Allows for automated access to CURES on behalf of registered physicians

Learn more at

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB40

SB 137 (provider directories)

“require a health care service plan, and a health insurer that contracts with providers for alternative rates of payment, to publish and maintain a provider directory or directories...”

- Calls for accurate provider information
 - High penalties for inaccuracies
- Updated regularly and available in printed form and on-line

Learn more at

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB137

Blue Shield Commitment

Blue Shield of California commits \$50 Million to strengthen the health care delivery system... through programs that are intended to improve infrastructure at the plan and provider level, including, but not limited to:

Development of a statewide centralized provider directory database for the purpose of creating a single portal for consumers to access information, for providers to access and update their data, and for health plans to meet their legal obligations regarding provider directories [under SB 137]

Taken from SB 137 Provider Directory Implementation Update hosted by DMHC June 19

State Health Information Guidance



Non-binding but authoritative guidance from the State for non-state entities that clarifies federal and state laws about when, how, and why behavioral health patient information can be exchanged between behavioral health providers and other providers involved in coordinating patient care

Target audience is Physicians, Nurses, Hospital Administrators, CEOs, CIOs, CMIOs, CSOs, attorneys, social workers, and case managers to name a few



SHIG

Clarifies patient protection law by stating:

- how the state sees it,
- what you can do with it,
- who can share it,
- who can obtain it, and
- for what purpose



Learn more at <http://www.chhs.ca.gov/ohii/pages/shig.aspx>

SHIG Scenarios

Treatment and Coordination of Care

1. Behavioral Health to Physical Health
2. Physical Health to Behavioral Health
3. Behavioral Health to Other Behavioral Health
4. Behavioral Health to Social Services
5. In the Event of Emergency
6. For Improvement of Coordination of Care
7. Mental Health Provider to Caregiver or Care Coordinator
8. Substance Use Disorder to Caregiver or Care Coordinator

Payment and Determination of Benefits

9. Behavioral Health to Social Services for Payment and Determination of Benefits

Healthcare Business Operations

10. Quality Improvement
11. Audits
12. Business Associates
13. Behavioral Health Organization Policy and Strategy Development

Law Enforcement

14. Law Enforcement Official Requesting Information from a Substance Use Disorder Treatment Facility
15. Law Enforcement Official Requesting Information from Mental Health Facility
16. Patient Being Released from Involuntary Hospitalization

Public Safety and Public Health Policy

17. Public Health and Safety
18. Public Health Policy Development

Health Information Exchange

19. Substance Use Disorder (SUD) Provider to Health Information Organization (HIO)
20. Mental Health Provider to Health Information Organization (HIO)
21. Substance Use Disorder Information from HIO to Recipient
22. Mental Health Information from HIO to Recipient

Taken from a pre-publication draft of the SHIG



STATE HEALTH INFORMATION GUIDANCE

SHARING BEHAVIORAL HEALTH INFORMATION IN CALIFORNIA



WHAT IS THE SHIG?

Authoritative (but non-binding) guidance from the State of California on when, where, and why mental health and substance use disorder information can be exchanged.

WHY IS THE SHIG NEEDED?

Confusion about existing laws, regulations, and statutes means many health care providers' default mode' is refusing to share patient health information. The appropriate and legal exchange of patient information between health care providers helps supports the triple aim – improving patient outcomes, improving overall patient satisfaction, and improving efficiency and reducing costs for organizations.

WHO CAN USE THE SHIG?

The SHIG is broad in its scope, and is applicable to Physical Health Care Providers, Mental Health Care Providers, Substance Use Disorder Providers, Emergency Service Providers, Caregivers and Care Coordinators, Social Services, Law Enforcement, and Payers.

HOW DOES THE SHIG WORK?

The SHIG uses 22 illustrated scenarios to simply and effectively communicate when and how appropriate health information may be exchanged. It is intended for a wide audience, and uses plain language to communicate, while citing and referencing specific statutes, laws, and regulations.

WHY IS CALOHII QUALIFIED TO GIVE GUIDANCE?

CalOHII has statutory authority to interpret and clarify state law. It has created similar guidance for California State departments in the past, and has established connections with stakeholders all across the healthcare industry. It utilized these connections to research the issues at play, and to gather real-world user studies that guided the creation of the illustrative scenarios.

HOW CAN I LEARN MORE?

You can attend an online webinar, or download the SHIG and associated resources online. For more information visit: www.chhs.ca.gov/ohii/pages/shig.aspx

DOWNLOAD THE SHIG

www.chhs.ca.gov/ohii/pages/shig.aspx



What did we learn?

- A little about CAIHE
- A little about how we think about HIE
- A little about how HIE is progressing in California
- A little about statewide initiatives related to HIE



What did we learn?

HIE is alive and well in California



How do I keep informed?

More: <http://www.ca-hie.org/initiatives/hie-in-ca/>

Join: <http://www.ca-hie.org/about/membership/>

Follow: <http://www.ca-hie.org/join-our-mailing-list/>
<http://www.ca-hie.org/resources/knowledge-network/>

Questions?





Contact Information

Robert M. Cothren, PhD

Executive Director

California Association of Health Information Exchanges

- p 925-934-2280
- e robert.cothren@ca-hie.org
- w <http://www.ca-hie.org>

CLOSING

Take 2-3 minutes to let us know how we did in the post-event pop-up!

Thank you for joining us, and to our speaker!

