
ACCEL Steering Committee

July 11, 2007
2:00 p.m. – 4:00 p.m.

Summary of Last Meeting – 6/4/07

- ACCEL Steering Committee (SC) initiated and meeting plan reviewed
- Discussed meeting mechanics
 - Scheduled future Steering Committee meetings on the second Wednesday of every month from 2:00 p.m. – 4:00 p.m.
 - Agreed that a designated meeting alternate is acceptable when a member is unable to attend. Alternate is unable to vote. Facilitator may call absent member to obtain their vote.
 - Requested a staff report as part of monthly meetings to include funding/grant status
- Approved SC charter, responsibilities and decision-making process with a minimum quorum of five members
- Discussed ACCEL funding and HIE business case
- Approved HIE Business Case as presented
- Reviewed Overall Technology Project Plan

Outline/Agenda

- **Meeting Objectives**.....slide 4
- **Governance Success Measures**.....slide 5
- **Steering Committee Member Self Evaluation**.....slide 7
- **Care Pathways Check-In**.....slide 10
- **ACCEL Strategic Plan 2008**.....slide 19
- **Appendix**..... slide A1
 - 2008 Draft Meeting Plan
 - Lesson Learned

Meeting Objectives

- Approve Steering Committee success measures
- Approve Steering Committee member self-evaluation form
- Approve 2007 Care Pathway resource commitments
- Approve 2008 Strategic Plan

Governance Success Measures – every 6 mos.

| Dimension | Process Measure | Outcome Measure |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Business Impact | <ul style="list-style-type: none"> • Appropriate board-level topics on agendas (strategy, financing, technology, resource allocation or program oversight) | <ul style="list-style-type: none"> • Strategic plan approved and used for planning and decision-making • ACCEL programs advance according to project plans • Participant agreements approved • Management of limited resources through creative problem-solving, adjustment of timelines or deliverables. Viable financial plan in place. |
| Quality | <ul style="list-style-type: none"> • Number of decisions made that support ACCEL programs • Average time to make decisions (target: 2 mtgs or less) | <ul style="list-style-type: none"> • Decisions made at critical junctures to advance programs • Decision effectiveness (number of revisited decisions) (target: 0) |
| Admin. structure | <ul style="list-style-type: none"> • Members come to meetings and are prepared for discussion • Number of agenda slippages (target: 0) | <ul style="list-style-type: none"> • Minutes reflect culture of engagement: respect, trust, candor • Appropriate policies & procedures in place |
| Individual Self-Evals | <ul style="list-style-type: none"> • Brief form completed as requested | <ul style="list-style-type: none"> • Reflects understanding of governance best practices • Confidence in Advisory Team and Workgroup recommendations |

Committee Decision

- Steering Committee Success Measures
 - Approve, Revise or Reject ?

I. Steering Committee Member Self-Evaluation

(to be aggregated and presented to the Steering Committee)

Please read and assess the presented statement and check either “yes” (agreement) or “no” (disagreement)

| Topic | Statements | Yes | No |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Role | The role of the Steering Committee was defined during a kick-off meeting and respected during monthly meetings. | | |
| Organization | • An annual calendar of meetings was presented. | | |
| | • Subject matter was appropriately related to strategy, finances, resource allocation, technology or program oversight. | | |
| Meeting Structure | Meetings had written agendas and materials were given to the committee in advance of the meetings. | | |
| Culture of Engagement | • I attended at least 5 of the 6 meetings planned in 2007. | | |
| | • I have confidence in the work of the Advisory Teams. | | |
| Discussion Process | I believe that the Steering Committee discussions were characterized by openness, trust and candor. | | |
| Decision Making | Decisions were effective: | | |
| | • Defined process was followed • Decisions were timely and occurred at critical junctures for programs | | |
| Community trust | I arranged for and/or made at least 1 presentation about ACCEL to the organization I’m affiliated with or to a community group. | | |

II. Steering Committee Member Self-Evaluation

(to be used as a self-reflection tool and to plan future meetings)

Please answer the following questions briefly:

1. What information (eg, about ACCEL, the individual programs, technology or health care field, committee management, etc.) would you like to help you be a better committee member?
2. When you joined the steering committee, did you have ideas on how you would help ACCEL that haven't happened? If so, what ideas?
3. What suggestions/questions do you have for the program administrator?
4. Other comments:

Committee Decision

- Steering Committee Self-Evaluation
 - Approve, Revise or Reject ?

2007 Technology - Care Pathways & EMPI

Care Pathways Check-In

Care Pathways iReach Development

Project Administrator: Sandra Dunn
Program Manager: Kim Dickson
CHI Coordinator: Kirsten Rogers

IT Project Manager: Trevor Lee
Business Process Consultant: Maria Chaves

Scope:

Currently converting all pathways documentation into system specifications by defining:

- Major work process milestones & data fields
- Reporting needs

Installing/configuring infrastructure & equipment

Vendor configuration specs & sign off

Vendor: InfoCom Systems Services, iReach Technology Application

Status to date:

- InfoCom contract signed. IT infrastructure and equipment has arrived.
- 3 of the 4 Care Pathways (Securing Healthcare Coverage, (Newborns) Utilizing a Medical Home, & Obtaining a Medical Home) are to be defined & provided to InfoCom by the 29th of June.

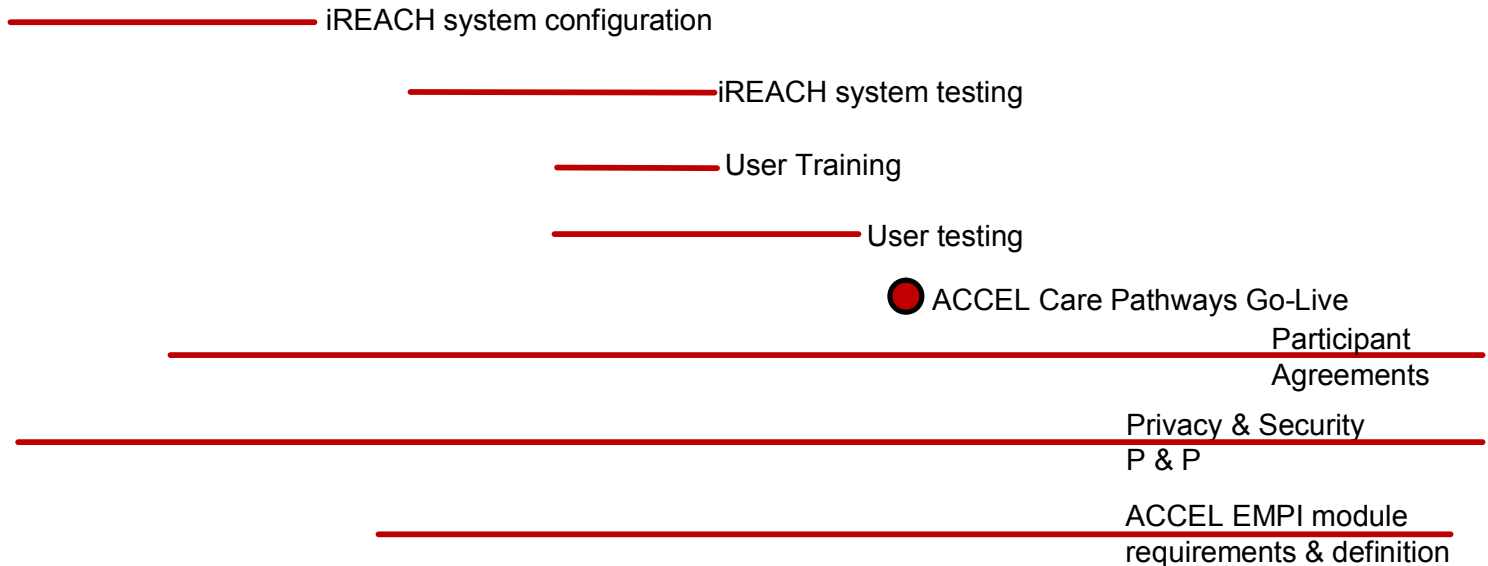
Next steps:

- Initiate work process redesign & system definition for Pediatric Mental Health Consult Pathway
- Continue installation of IT hardware, configuration & infrastructure
- Define ACCEL super-users (system management), P & P
- Develop Training Program & Schedule

Implementation Business Process & Technology Milestones

| July | Aug | Sept | Oct | Nov | Dec |
|------|-----|------|-----|-----|-----|
|------|-----|------|-----|-----|-----|

- Care Pathways business processes and requirements
- IT equipment arrival & installation



Key:

● Milestone

— Critical Path

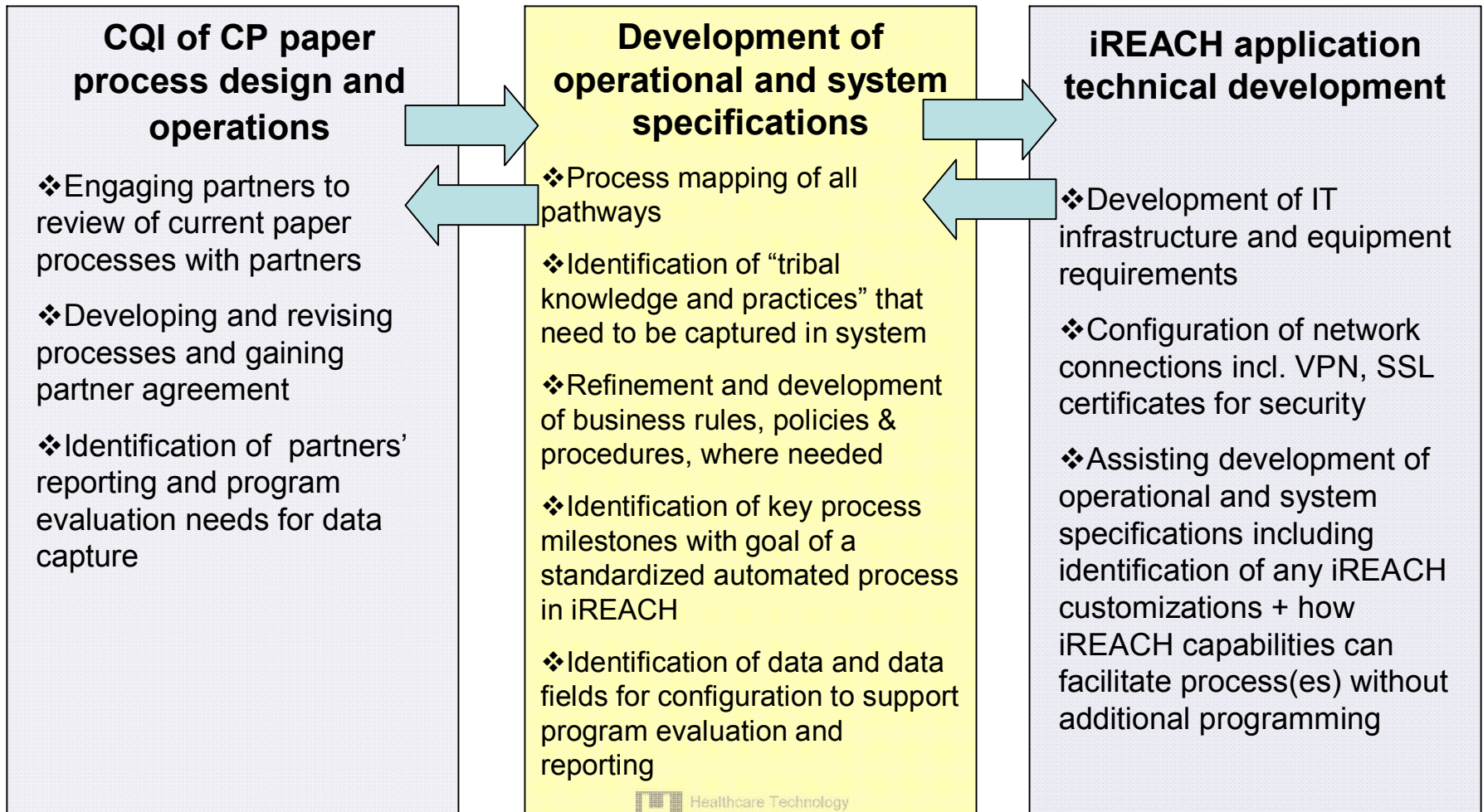
EMPI Go-Live ●

Planned implementation of Care Pathways and iREACH with partner organizations in 2007*

| Organization | October 07 1-15 | October 07 16-31 | November 07 |
|-----------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| EDC PHD South Lake Tahoe | Securing Health Care Coverage Newborn Health Care Coverage | | Pediatric Mental Health <i>Stretch goal: Obtaining a Medical Home</i> <i>Stretch goal: Utilizing a Medical Home</i> |
| EDC PHD Western Slope | | Securing Health Care Coverage Obtaining a Medical Home Utilizing a Medical Home <i>Stretch goal: Newborn Health Care Coverage</i> | |
| Barton Health System including Tahoe Family Physicians | Securing Health Care Coverage Newborn Health Care Coverage | | Pediatric Mental Health <i>Stretch goal: Obtaining a Medical Home</i> <i>Stretch goal: Utilizing a Medical Home</i> |
| El Dorado Community Health Clinic (CHC) | | Securing Health Care Coverage Obtaining a Medical Home Utilizing a Medical Home | Pediatric Mental Health |
| EDC Mental Health Department | | | Pediatric Mental Health |
| Tribal Clinic | | Securing Health Care Coverage Obtaining a Medical Home Utilizing a Medical Home | Pediatric Mental Health |

*Development of processes for migration into iREACH as planned will require adequate and committed resources from above organizations.

Three work streams are in progress to prepare Care Pathways (CP) paper processes for configuration into the iREACH application



What does the automation of care pathways look like at launch in Fall 2007?

| | Today | Phase 1 ops & applic. system requirements TBD |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Referrals | <ul style="list-style-type: none"> •Many faxed to EDC PHD from partners | <ul style="list-style-type: none"> •Partners will enter referral data using “quick registration” into iREACH •Referrals will enter into a queue for case assignment |
| Case assignment | <ul style="list-style-type: none"> •Paper based | <ul style="list-style-type: none"> •CHW supervisor will assign cases based on workload as determined by number of cases by pathway and what step each case is in |
| Case management by CHWs | <ul style="list-style-type: none"> •Mixture of tools utilized by CHWs. Some use Access database while others use paper. •Use of post-its and notes to manage pathway work | <ul style="list-style-type: none"> •All CHWs (W and E Slope) will use iREACH to manage their case load internally within EDCPHD. Examples of automated tasks: <ul style="list-style-type: none"> –Date ticklers for tasks can be CHW or system driven –Automated triggers for key pathway milestones –Customized letter generation by CHW |
| Partner(s) utilizing iREACH to manage clients | <ul style="list-style-type: none"> •NA | <ul style="list-style-type: none"> •Mental Health department will utilize iREACH for all pathway tasks in Pediatric Mental Health Consults Pathway •Pilot and proofpoint for bidirectional/cross organizational datasharing |
| Cue-ing partners for required action in pathway | <ul style="list-style-type: none"> •CHW calls partner •CHW faxes selected reports per agreed date | <ul style="list-style-type: none"> •Email notification to partners to access iREACH to take action on pathway tasks and to access certain reports by agreed date •Pilot and proofpoint for bidirectional/cross organizational |
| Demographic searches | <ul style="list-style-type: none"> •Not available | <ul style="list-style-type: none"> •Barton and EDC PHD will load client demographics into EMPI enabling demographic searches by end of the year. |

Care Pathways implementation risks

| Risk(s) and description | Mitigation strategies |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Inability to meet aggressive go-live timeline due to lack of staff resources | <ul style="list-style-type: none"> •Committed and consistent resources to support project •JAD sessions will be held to review each pathway and facilitate knowledge uptake and decision making in a timely manner. |
| Consultant knowledge transfer to local staff | <ul style="list-style-type: none"> •Identify and transfer project information including policies & procedures for various business and technical processes to multi-agency super-users including Barton Technical Services and ACCEL staff |
| Geographic and organizational specific customization resulting in higher programming costs and complex system processes | <ul style="list-style-type: none"> •Prioritization of geographic and partner customization •Identification of key milestones per pathway to be programmed into iREACH drives towards standardization. •Seek Steering Committee guidance of issue/prioritization roadblocks |
| Data fields will not support program evaluation and outcome reporting | <ul style="list-style-type: none"> •Develop program evaluation framework and plan •Gather operational and strategic reporting requirements to support the program evaluation for grant/funding support as well as needs of partners |
| Suboptimal use of iREACH system | <ul style="list-style-type: none"> •Strong, solid training program with organizational staff who are committed to ongoing quality assurance •Clear roll out strategy with necessary and committed resources to participate in iREACH training and also to be knowledge experts within their own organization |
| Absence of common patient authorization (consent) and associated policies and procedures | <ul style="list-style-type: none"> •Workgroup to develop common patient authorization (consent) language and associated policies and procedures will be launched late July/early August •Seek Steering Committee guidance as necessary |

Insuring success in 2007 requires...

- Staff from each organization to participate in the technology & privacy workgroups, estimated to be 8 hours/month for the next 4 months
- Hiring of ~1.5 – 2.0 FTE of incremental staff during the implementation and evaluation phases for business process/analysis and management. (Please note: to date we have hired consultants to fill these roles.)
- Staff time for training on new systems, estimated to be 4 hours total
- Periodic user QA at all participant sites, estimated to be 1 hour/user

Committee Decision

- Care Pathways resource commitments (on previous slide)
 - Approve, Revise or Reject ?

Looking ahead – Technology Strategic Plan 2008

Three questions were asked to guide the 2008 plans

- What outcomes do we want to achieve in 2008?
- How will we get there?
- How will we know we were successful?

A structured process was followed to answer these questions and to recommend 2008 objectives

What objectives do we want to achieve in 2008?



- Strategy Focus
- Scope
- Assumptions
- Decision areas
- Nat/State policy environment
- Review techn. project phases
- Assumptions
- Workgroup recommendations
- Techn. advances & uncertainties
- What we learned in 2007

How will we get there?

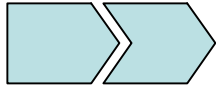


- Options
- Pros/cons
- Risks
- Prioritize alternatives
- Range of returns
- Key risk factors & mitigation
- 3-year plan
- Annual business plan
- Budget
- Communication

How will we know success?

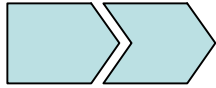


- Outcomes to measure
- Metrics



A review of internal work done to date, indicates EDC can be a leader in the establishment of an HIE, if resources can be secured

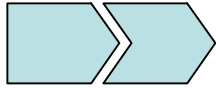
- **Brainstorming about where we want to be in 2008 has occurred across multiple groups:**
 - HIE Business Case completed by Financial Team
 - Identification of clinical data elements by Provider Capacity Team
 - Learnings from Care Pathways technology implementation planning
 - Solid commitment by ACCEL provider network
 - Review of funding
 - Allocation of resources by members of the Steering Committee within their organizations
 - Consultation with technology, legal and health care experts (HTMS, Tennessee Midsouth e-health Alliance, CalRHIO, Mendocino MedNet, Santa Cruz Chronic Care Network, AHRQ)
 - Review of ACCEL's overall Technology Project Plan (see Appendix A)



With the previously approved Technology Plan* and the HIE business case as a foundation...

| 2004 - 2006 | 2007 | 2008 | 2009 | 2010 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Phase 1 Organization | Phase 2 Mobilization | Phase 3 Automation | Phase 4 Evaluation | Phase 5 Actualization |
| <ul style="list-style-type: none"> Investigate interests, potential benefits, level of commitment Engage and align organizations Develop project business case Prepare overall project plan Establish and kick off project teams Test processes & programs on a paper or fax basis | <ul style="list-style-type: none"> Establish governance committee Determine governance success metrics Initiate workgroups Determine future funding and revenue plan Determine overall ACCEL project functionality/phasing plan Develop common consent agreement Implement Care Pathways software Implement eMPI | <ul style="list-style-type: none"> Develop HIE implementation plan Develop stakeholder engagement and communication plan Secure implementation resources (multi-year) Revise phasing plan as necessary Revise governance as needed Monitor programs & establish quality improvement targets Pilot data exchange to include clinical info (ie, labs) Preliminary evaluation of Care Pathways | <ul style="list-style-type: none"> Expand data exchange to include more data points and/or more sites Evaluate impact of increased automation on administrative efficiency Evaluate impact of increased automation on clinical outcomes Provide comprehensive facilitation and training for the new practices Establish resources for ongoing maintenance Communicate progress to community stakeholders | <ul style="list-style-type: none"> Establish continuous improvement infrastructure Determine future phase plans Revise governance as needed Connect to CalRHIO Evaluate impact of ACCEL overall Publish findings of ACCEL programs |

* Each phase relies on external grant subsidies, a commitment from participating organizations to resource committees and deployment of governance best practices



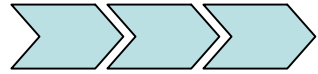
...2008 objectives were proposed to answer the question, "What do we want to achieve?"

| 2004 - 2006 | 2007 | 2008 | 2009 | 2010 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <p>Phase 1 Organization</p> <ul style="list-style-type: none"> Investigate interests, potential benefits, level of commitment Engage and align organizations Develop project business case Prepare overall project plan Establish and kick off project teams Test processes & programs on a paper or fax basis | <p>Phase 2 Mobilization</p> <ul style="list-style-type: none"> Establish governance committee Determine governance success metrics Initiate workgroups Determine future funding and revenue plan Determine overall ACCEL project functionality/phasing plan Develop common consent agreement Implement Care Pathways software Implement eMPI | <p>Phase 3 Automation</p> <ul style="list-style-type: none"> Develop HIE implementation plan Develop stakeholder engagement and communication plan Secure implementation resources (multi-year) Revise phasing plan as necessary Revise governance as needed Monitor programs & establish quality improvement targets Pilot data exchange to include clinical info (ie, labs) Preliminary evaluation of Care Pathways | <p>2008 Objectives:</p> <ul style="list-style-type: none"> Implement patient <u>clinical data</u> exchange with Eastern Slope by 12/30/08 (assumes 2-way data demo. in '07) <ul style="list-style-type: none"> ✓ Refine common patient authorization to include standard language across settings ✓ Assess opt-in/out for revision needs Train all CHW in new Care Pathway processes by 3/1/08 Develop QA program with inter-agency participation for Care Pathways by 6/30/08 Complete a patient satisfaction survey with Care Pathways participants by 9/1/08 Conduct at least 2 Community Advisory meetings and provide a summary of the feedback to the SC by 10/1/08 | |



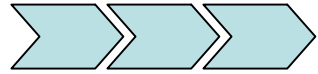
Implementation options, risks and required resources were analyzed to recommend an approach

| Options | Staff change | Risks | Actions |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Kill-joy: Stop now. Close down programs. We don't have the resources. | Negative FTE | <ul style="list-style-type: none"> • Missed opportunity for quality of care improvement • Misalignment with national and state agendas | <ul style="list-style-type: none"> • Write final grant reports • Terminate staff • Share learnings with appropriate agencies |
| Conservative: Tread water. Continue present programs. No new development. | 0 | <ul style="list-style-type: none"> • Missed opportunity for quality of care improvement • Maintenance without development diverts resources from other, more productive activities • Stakeholders tire of the project and lose interest | <ul style="list-style-type: none"> • Continue with existing plan • Decide whether or not to reapply for grant funding |
| Moderate: Continue implementing technology and programs in a phased way. Absorb short term pain for long term gain. Timeline ~5 yrs. | +1.5 – 2.0 FTE (Est. based on growth) | <ul style="list-style-type: none"> • Personnel, priorities or political shifts in consortium members, undermines development plan | <ul style="list-style-type: none"> • Add BA(s) or manager(s) • Build integrated implementation plan • Identify critical decision points for SC |
| Thrill-seeker: Pull out all stops. Each stakeholder antes up the resources required to finish in 3 yrs. or less. Just do it. | +4.0 FTE (Est. based on speed & growth) | <ul style="list-style-type: none"> • Too much, too fast. Cultural change may not keep up with process change. | <ul style="list-style-type: none"> • Build integrated implementation plan • Fast track grant/funding plan & sustainability plan |



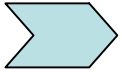
Initial HIE business case was approved by the Steering Committee, but flagged for further analysis and refinement to build a long term plan for sustainability

- Although the vast majority of HIE business cases result in negative ROI, there is deep rooted belief that that HIEs can dramatically improve the quality of patient care, increase administrative efficiency and reduce medical errors
- Unlike traditional projects that primarily focus on financial return, most HIEs measure initial success by how effectively its investments help to improve health and health care (Mark Smith, CEO, CHCF, “Health IT Social Investment”, www.chcf.org, 2007)
- Initial ACCEL business case provides directional information and, consistent with most other HIE business cases, indicates a negative ROI
- Next steps for ACCEL financial analysis
 - Revise financial model once critical decisions have been made regarding revenue approach, technology vendors and speed of implementation
 - Determine what funding sources will be pursued for long term sustainability



How will we get there? -- conclusions & recommendations

- Political agendas, internal work to date and evaluation of risks and resources favorably position us to continue a **moderate** course of development.
- Previously approved High Level Technology Plan is consistent with a moderate approach
- Funding and resources continue to be a challenge, but are surmountable under these conditions:
 - Attain multi-year grant funding for further development
 - Hire appropriate implementation resources to manage implementation & evaluation efforts such as a business analyst to work in lockstep with the IT PM
 - Continue a focus on building the fundamentals of HIE
 - Communicate interim results to increase community awareness of successes and to explore possible community support or fundraising
- In 2008, we will achieve:
 - Substantive administrative & clinical data exchange through Care Pathways & HIE
 - Improved administrative efficiency through patient & clinician satisfaction with HIE
 - Expanded community involvement through an advisory group



How will we measure our success?

- Steering Committee outcome metrics
- HIT program metrics with 4 audiences (ACCEL network, AHRQ & BSCF (funders), other decision makers in EDC, other rural counties)
 - Does the implementation of ACCEL activities lead to reduced reliance on ED?
 - What savings are generated by reduced ED visits?
 - What are the specific Care Pathway outcomes?
 - # of newborns and children with health insurance
 - # of children with a medical home, using the medical home
 - # of newborns with a medical home who have received IZ immunizations & well baby visits in the first 8 months of life
 - Primary care providers who have secured pediatric mental health consults for difficult to treat pediatric cases
 - # of providers accepting referrals from Care Pathways
 - # of Providers/partners adopting ACCEL technology
 - Patient and provider satisfaction
- Network partner self-reported reduction in uncompensated pediatric care (at ED and affiliated clinic sites)

Committee Decision

- 2008 objectives and approach
 - **Approve, Revise or Reject ?**

Appendix A

2008 Draft Meeting Plan

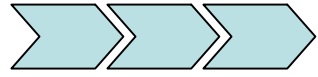
Lesson Learned

External Environment

2008 Steering Committee Meeting Plan

(Note: Schedule subject to change based on committee progress. Aug & Dec meetings optional.)

| Meeting | When | Topics | Desired Outcomes |
|---------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| #1 | Jan | <ul style="list-style-type: none"> •Review Charter/Responsibilities/Decision-making •2008 Committee meeting plan •Governance structure & success metrics revisited | <ul style="list-style-type: none"> •Approval of charter, role, decision approach •Agreement to meeting plan •Decision to keep/change SC structure |
| #2 | Feb | <ul style="list-style-type: none"> •2009 ACCEL strategic plan draft discussion •Care Pathways check-in: overall plan and progress •EMPI progress review | <ul style="list-style-type: none"> •Approval of 2008 strategic plan •Program course correction, if needed |
| #3 | Mar | <ul style="list-style-type: none"> •Care Pathways check-in: evaluation •Care pathways QA plan review •Press release review | <ul style="list-style-type: none"> •Approval of press release |
| #4 | Apr | <ul style="list-style-type: none"> •Recommendations from Provider Group for prioritizing clinical data elements •Technology vendor contract review/expansion | <ul style="list-style-type: none"> •Approve prioritized data elements •Approve expansion of techn contract |
| #5 | May | <ul style="list-style-type: none"> •HIE business case refinement •Discussion of revenue recommendations | <ul style="list-style-type: none"> •Decide revenue generation for HIE/refine funding plan |
| #6 | Jun | <ul style="list-style-type: none"> •Outstanding partner agreement issues | <ul style="list-style-type: none"> •Resolution of partner agreement issues |
| #7 | Jul | <ul style="list-style-type: none"> •HIE pilot design and approval for lab exchange | |
| #8 | Sept | <ul style="list-style-type: none"> •HIE pilot check in | |
| #9 | Oct | <ul style="list-style-type: none"> •TBD | |
| #10 | Nov | <ul style="list-style-type: none"> •TBD | |



Lesson learned from both successful and failed HIEs — build incrementally is key

Santa Barbara County Care Data Exchange

- Operated from 1998-2006, but collapsed under the weight of “all or nothing” design
- Supported by \$10 million from the California HealthCare Foundation (CHCF)
- Hurdles encountered included technology development delays, issues surrounding data integrity and screening of sensitive data, and provider concerns about liability for security or confidentiality breaches
- CHCF commissioned an independent review by Robert Miller, Ph.D., health care economist at UCSF, which will be published at the end of 2007
- Key lesson learned: Take an incremental approach toward delivering the clinical information most needed. Stakeholder buy-in is not achieved through a theoretical construct, but through value delivered.
- Summary of project lessons:
 - Active local governance is critical
 - Incremental approach to establishing data exchange is needed
 - Long-term planning for a sustainable business model

Mendocino Health Record Exchange

- Redwood Health Information Collaborative established ~2004 to create a sustainable HIE in conjunction with Redwood Mednet, a non-profit that is working on the exchange of clinical lab data using ClearHealth software
- Rural demonstration project utilizing the Connecting for Health Framework developed by the Markle Foundation
- Funded by grants from The Robert Wood Johnson Foundation and the Blue Shield of California Foundation
- Success factors:
 - Clinical leaders comprise an Oversight Committee that provides strategic guidance for near- and long-term goals and policies
 - Project divided into manageable phases & incremental steps to data exchange
 - Community involvement through regular workshops and open oversight meetings
 - Financial sustainability needs to be addressed from the beginning

External Environment: Growing political support for increased connectivity

■ On the national scene:

- President Bush called for implementation of an interoperable health information technology infrastructure to help control costs and reduce dangerous medical errors*
- House and Senate legislators introduced a variety of ways to standardize clinical IT and electronic health records, although staffers with the Senate Finance Committee said that time and money would prevent the passage of any comprehensive legislation this year**

■ At the State level:

- Gov. Schwarzenegger's agenda urges the use of Health Information Technology (HIT) to provide safe, accessible, affordable care for Californians:
 - 100% e-health data exchange in next 10 yrs.
 - Universal e-prescribing by 2010
 - Portable PHRs
 - EMRs at County level to coordinate mental health care
 - Facilitate the use of telemedicine and telehealth
- California Regional Health Information Organization (CalRHIO) was established in early 2006 to improve the safety, quality, and efficiency of healthcare through the use of information technology and the secure exchange of health information***

References:

* President Bush, January 31, 2006, <http://www.hhs.gov/healthit>

***Technology Daily* reports, May 25, 2007, www.ihealthbeat.org

***www.calrhio.org

External Environment: Private sector support remains strong

- California Health Care Foundation
 - Issued the brief, Clinical Data Standards in Health Care: Five Case Studies, July 2005
 - Provides a general overview of clinical data standards and highlights how different organizations are using those standards to implement interoperable software solutions
 - Five case studies underscore the challenges and opportunities for implementing clinical data standards today
- Sutter Health plans to spend \$1.2 billion on information technology during the next 10 years to create access for providers across geographical sites (Silber, *Contra Costa Times*, 4/23/07):
 - Patient database
 - Electronic medical records system
 - Electronic systems for recording prescription and laboratory information
 - Electronic archive for digital pictures such as X-rays and CT scans that allows access to providers across geographic sites (Silber, *Contra Costa Times*, 4/23/07)