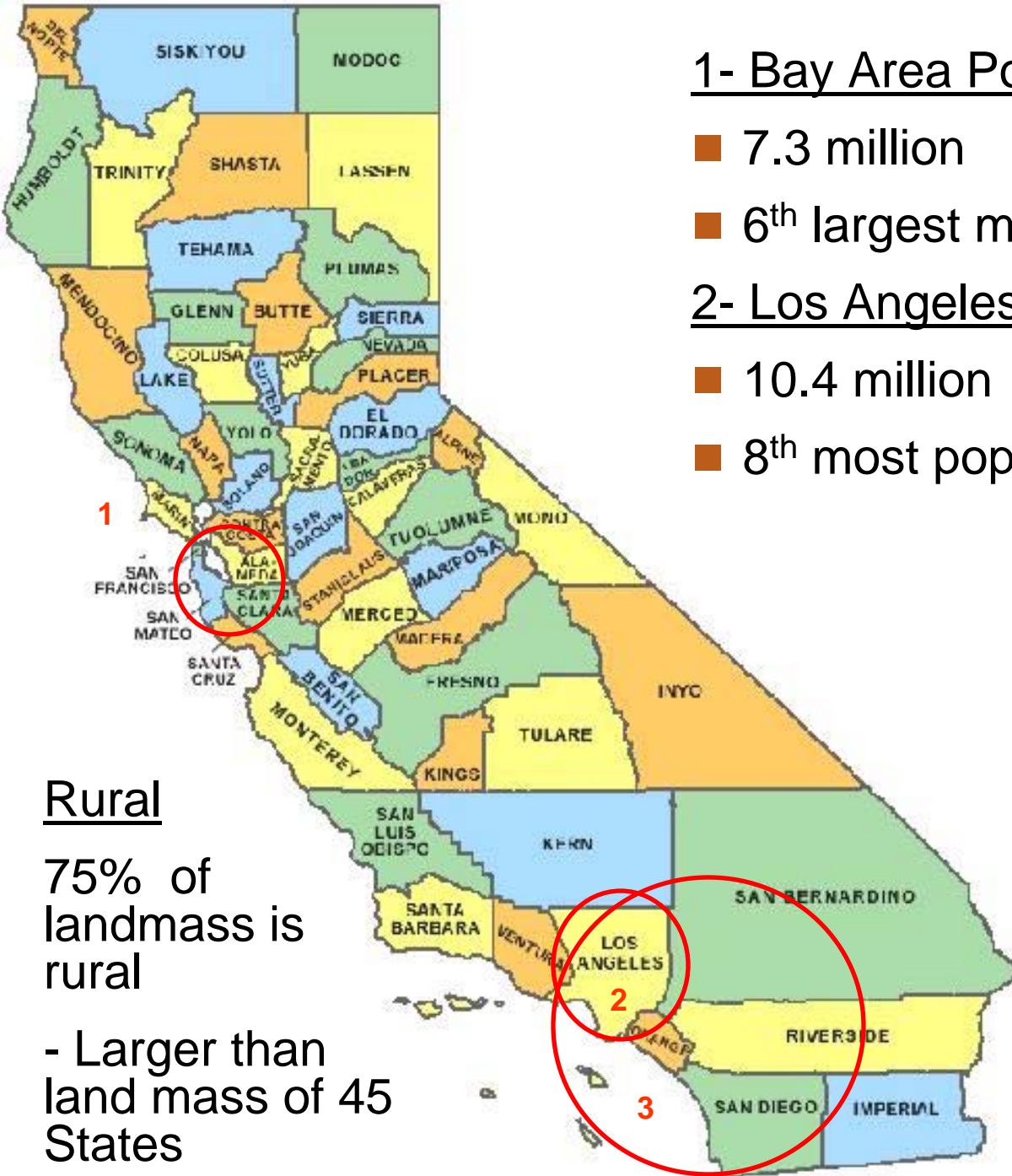


On the Brink of Meaningful Use

February 8, 2010

CMS Multi-State HIT Collaborative





1- Bay Area Population:

- 7.3 million
- 6th largest metropolitan area

2- Los Angeles County Population:

- 10.4 million
- 8th most populous **State**

3 – “Southern California” Population (LA, San Diego, Orange, Riverside and San Bernardino):

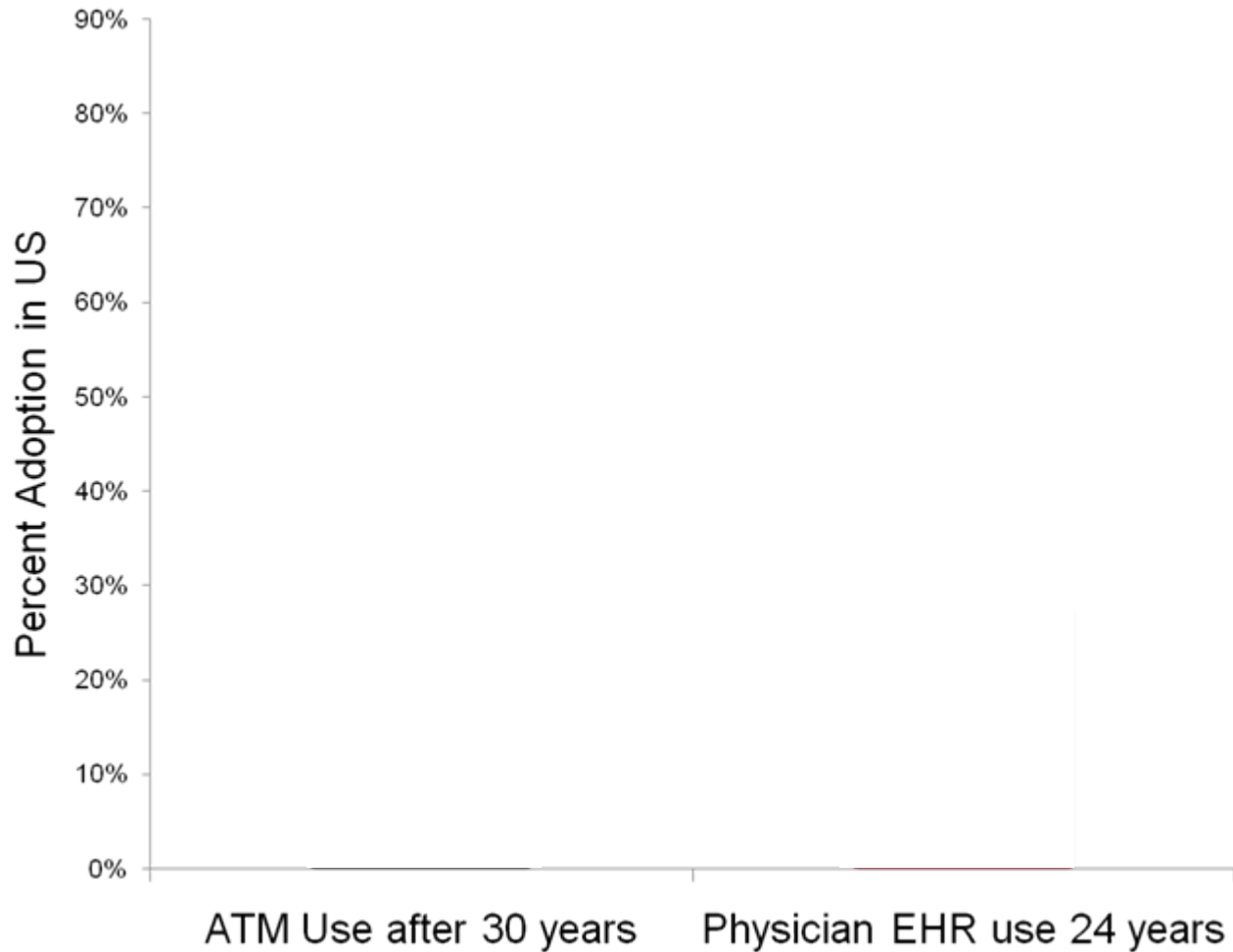
- 20.7 million
- 2nd most populous State (bigger than rest of California, only Texas is bigger)

Rural

75% of landmass is rural

- Larger than land mass of 45 States

Health Care as a Cottage Industry





iPad

Our most advanced technology in a magical and revolutionary device at an unbelievable price.

Learn more 



“How can a facility, featuring state-of-the-art diagnostic equipment, use less sophisticated information technology than my local sushi bar?”

- David Goldhill, Atlantic Monthly, September 2009

Electronic Health Record Spending

- Approximate size of EHR market today:

\$1,200,000,000

- Total expected gross outlays for EHRs through HITECH (up to):

\$30,000,000,000

Medicare Incentives

Medicare may provide up to \$44,000 per provider for meaningful use.

Calendar Year	First CY in which the EP Receives Incentive Payments				
	2011	2012	2013	2014	2015 +
2011	\$18,000	-----	-----	-----	-----
2012	\$12,000	\$18,000	-----	-----	-----
2013	\$8,000	\$12,000	\$15,000	-----	-----
2014	\$4,000	\$8,000	\$12,000	\$12,000	-----
2015	\$2,000	\$4,000	\$8,000	\$8,000	\$0
2016	-----	\$2,000	\$4,000	\$4,000	\$0
TOTAL	\$44,000	\$44,000	\$39,000	\$24,000	\$0

Some Takeaways from NPRM

- Three (Incremental) Stages of Meaningful Use:
 - Stage 1 – Data capture
 - Stage 2 – Advanced clinical processes
 - Stage 3 – Improved outcomes
- Modular approach to certified technology
- Relies heavily on existing data exchange processes (i.e., one-off point-to-point interfaces)
- Some constituencies (critical access hospitals) largely left out

January 28, 2014

Vendor Landscape

- ABELSoft n
- Allscripts
- Benchmark Systems
- CareData Solutions
- Cerner
- Community Service
- Conceptual MindWorks
- digiChart
- Doctations
- eCast
- eClinicalWorks
- e-MDs
- Eclipsys
- EHS
- Epic
- GE Healthcare
- gloStream
- gMed
- Greenway Medical Technologies
- Healthland
- HealthPort
- HIT Services
- iMedica
- Integrity On Site
- Intivia
- LSS Data Systems
- McKesson
- MedAppz
- MedcomSoft
- MediNotes
- N...
- ... Medical Systems
- ... Clinic Foundation
- PracticeOne
- Purkinje
- Sage
- SOAPware
- SRSsoft
- SSIMED
- STI Computer Services
- TransMed Network
- Wellogic

Over 90 EHR vendors offer independently certified systems

“It’s like going to the supermarket and standing in front of cereal boxes, having not eaten cereal before.”

- Anonymous physician, California

Health Information Exchange Priorities

- Critical Functions:
 - Lab
 - Electronic insurance and claims
 - Provider (and patient) communication and document (CCD) exchange
 - Public health reporting
- Required core services:
 - Identity management for providers and patients
 - Directory service (aka: phone book/routing service)

Three things we need to do

- Support our providers & coordinate activities – help them reach meaningful use:
 - Medi-Cal EHR Incentive program & regional extension centers
- Support new service-based approaches to interoperability:
 - Consider the Internet and fax machines
- Develop consistent privacy and security policies to ensure trust, and support safe and secure access to information for both patients and providers
- **Get CMS to tightly couple HIE programs to MU!**

“I just found out that I.T. wasn't *it*!

- Gary Shannon, M.D., solo practice physician, Dinuba, California

Gov 2.0: The Wiki-operational Plan

California HIE Operational Plan

VIEW EDIT

6) Participants in HIE Services

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6. Participants in HIE Services

6.1 Principles of Engaging All Participants in HIE Services: Patients, Their Families, Providers, Consumers of Healthcare, and All California Residents

Extensive deliberations by the many participants in the CHHS eHealth Initiatives' Patient Engagement Committee revealed a need to clarify the Committee's understanding of the terms "patients and families" and "consumers."

This need reflects agreement that the terms are not, and should not be considered, synonymous.

Knowing that language concerning health information technology (HIT) and health information exchange (HIE) is evolving along with discussion of policy, the Patient Engagement Committee agreed to the following definitions for purposes of its work:

- "Consumer": an individual likely at some point in the life cycle to require attention from health service providers.
- "Health Consumer": an individual who self-selects for interest in health-related information, for participation in health-related groups or electronic

Government 2.0

A plan to support all stakeholders must be built by all stakeholders

- Wiki operational plan
- Listserv: ehealth@chhs.ca.gov
- Website: www.ehealth.ca.gov
- Public Workspace: <http://chhsehealth.projectsaces.com/>
- Monthly webinars, next one:
Thursday February 11, 2010, 1pm – 2pm Pacific:
<https://www1.gotomeeting.com/register/182303072>
- Twitter: <http://Twitter.com/CAeHealth>