Alameda County Board of Supervisors Health Committee's Community Dialogue on Preparing for Health Reform

Session 10: October 22, 2012

Health Information Exchanges will be a critical component of a health care system capable of providing coordinated care across the delivery system. This session provided an overview of the national and statewide issues related to these exchanges, as well as an overview of Alameda County's current status of electronic medical records and interoperability. This was part of a 13-month series on how the Patient Protection and Affordable Care Act (ACA) could impact Alameda County. The speakers for this session included:

- An overview of national and statewide reforms and efforts around health information exchange by **Lori Hack,** CEO of Object Health.

- Summary of regional health information exchange efforts by **Arieh Rosenbaum**, MD, Chairman of the Board of Directors of HealthShare Bay Area.

- Safety net collaborative efforts and challenges by **Ralph Silber**, Executive Director of Alameda Health Consortium and **Howard Landa**, MD, Chief Medical Information Officer at the Alameda County Medical Center

Health Information Exchange – An Overview

Lori Hack began by providing basic definitions. Health information exchange, she said, describes an action of allowing providers to share information from one place to another. This can be done by a "health information organization," a business entity that operates the technology to support the exchange. Lastly, "interoperability" is the ability of diverse systems to work together. Today, personal health information largely is stored in silos and getting different systems to work together is equivalent to getting a universal charger that works with all laptops.

Health information exchanges are being developed around the country to focus on the technology and infrastructure needs, as well as policy creation to enable interoperability. In California several organizations have developed to focus on health information exchange. At least two such organizations are in the Bay Area and seven are located in Los Angeles.

California follows federal health information privacy rules, but in many cases, California's regulations are stronger and require more stringent privacy and security. California received $38 million for health information exchange. When viewed on a per capita basis, however, that's the lowest amount in the country at $1.05 per capita. "We have got to take this into our own hands. The federal government is providing some stimulus funding, but this has to be state-driven," Hack said.

Under the ACA, if Medicare providers don't move to electronic health records by 2016, they will see reductions in payment. The government has provided incentives for physicians to purchase technology. Also, regional extension centers across the state provide free training and consulting services to help physicians decide what systems to purchase, how to implement and do quality improvement.

HealthShare Bay Area – A Local Information Exchange

HealthShare Bay Area is a regional health information exchange founded three years ago. It includes public and private providers in the bay Area, including Alameda County, said HealthShare's Chairman Arieh Rosenbaum.

The organizations' main goal is to create shared infrastructure to improve communication among local health care providers. This will result in more sophisticated care that ranges from better individual care to better population health. The need is to connect not only doctors and hospitals, but also pharmacies, home nursing care, and care coordination systems.

HealthShare Bay Area also is supporting the creation of care standards across the community. This will help ensure best practices are used consistently to increase quality and efficiency and decrease costs.

The goal of HealthShare Bay Area is to create a hub and spoke architecture to minimize the number of one-off connections across the system. There are eight Health Information Organizations in the Bay Area and HealthShare Bay Area aims to be the "network of networks" to complete the chain of information sharing.

Large physician groups and health systems are participating and supporting in the development of the exchange. They play a key role financially in making the health information exchange come into fruition and ensure its scalability. Smaller, community organizations will benefit from this investment and support.

Safety-Net: Collaborating on Information Exchange

Helping Alameda County's safety-net health care providers connect with the same electronic health records systems will be among his proudest career achievements, said Ralph Silber, executive director of the Alameda Health Consortium.

The consortium of clinics underwent a multiyear process of selecting an electronic health records system and collaborating with the Alameda County Medical Center to ensure interoperability.

The implementation and ongoing system maintenance is one of the most challenging operations issues the clinics have ever confronted, but Silber expects the rewards to be well worth it.

"This is the only community that I'm aware of where all the community-based Federally Qualified Health Centers and the public safety-net facilities have selected the same electronic health record," Silber said. "This sends an important message to all of us that we are more serious about what it means to work together as a coordinated system."

Alameda County Medical Center has completed implementation of an electronic health records system in all of its outpatient clinics, said Dr. Howard Landa, ACMC Chief Medical Information Officer. The next step is a phased implementation in the inpatient setting. That will start late this year and move into early 2013. "Then, we will have real data exchange between all of our systems, including the clinics," he said.

Landa and Silber both also participate as board members for HealthShare Bay Area. ACMC will eventually be able to connect to the regional information exchange. Recommendations from the group were to continue collaborating across systems and even counties to promote the exchange of information needed to improve patient care, drive efficiencies, and reduce costs.