CAeHC Webinar:
Update on CHCF Health IT Projects

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CHCF's Vision

The California HealthCare Foundation works as a catalyst to fulfill the promise of better health care for all Californians. We support ideas and innovations that improve quality, increase efficiency, and lower the costs of care.

CHCF: Who We Are and What We Do

- Private, nonprofit foundation, created when Blue Cross of CA converted from nonprofit to for-profit

- In operation since 1996, offices in Oakland and Sacramento, staff of 52

- Approximately $40 million per year in projects and grants, primarily in four areas:

  o Better Chronic Disease Care

  o Innovations for the Underserved

  o Market & Policy Monitor

  o Health Reform & Public Programs Initiative

Approach

- Works as a catalyst to fulfill the promise of better health care for all Californians.

- Supports ideas and innovations that improve quality, increase efficiency, and lower the costs of care.

- Commissions research; publishes and disseminates information; convenes meetings of key health care groups; and supports development of programs and models aimed at improving health care in California.

- Does not take positions on legislation.

Program Area Goals

Innovations for the Underserved

To reduce barriers to efficient, affordable health care for the underserved

Better Chronic Disease Care

To improve clinical outcomes and quality of life for Californians with chronic disease

Market & Policy Monitor

To promote greater transparency and accountability in California's health care system

Health Reform & Public Programs Initiative

To support the implementation of health reform and advance the effectiveness of California's public coverage programs

Better Chronic Disease Care Program

Background: In California, 38 percent of the state's population has at least one chronic illness, and many have several chronic conditions. These numbers are expected to rise sharply during the next decade, with an associated rise in the cost of treating these patients. Treatment of chronic illness already accounts for the majority of health care spending in the state.

Approach:

- Expand the number of providers who effectively care for patients with chronic conditions

- Promote appropriate care toward the end of life

Innovations for the Underserved Program

Background: One in five Californians is uninsured, including nearly a third of the state's Latinos. The cost of insurance for a family of four represents 84 percent of the yearly earnings of a minimum-wage worker, a problem worsened by incentives in health care that encourage the use of higher-cost providers and services.

Approach:

- Encourage, test, and promote lower-cost models of care

Market & Policy Monitor Program

Background: Information is key to creating sustainable solutions for many of the complex problems facing health care and can help bring diverse groups together. Providing timely, credible, and useable information on a range of topics is critical to improving the state's health care system.

Approach:

- Provide information and analysis for decision makers and the public

- Advance reporting on health care provider and insurer performance.

Health Reform & Public Programs Initiative

Background: The passage of the federal Affordable Care Act creates an extraordinary opportunity to provide health coverage to millions of Californians. Its success will depend on how the law is implemented by the states. This initiative focuses on elements of health reform that have the greatest potential to affect California.
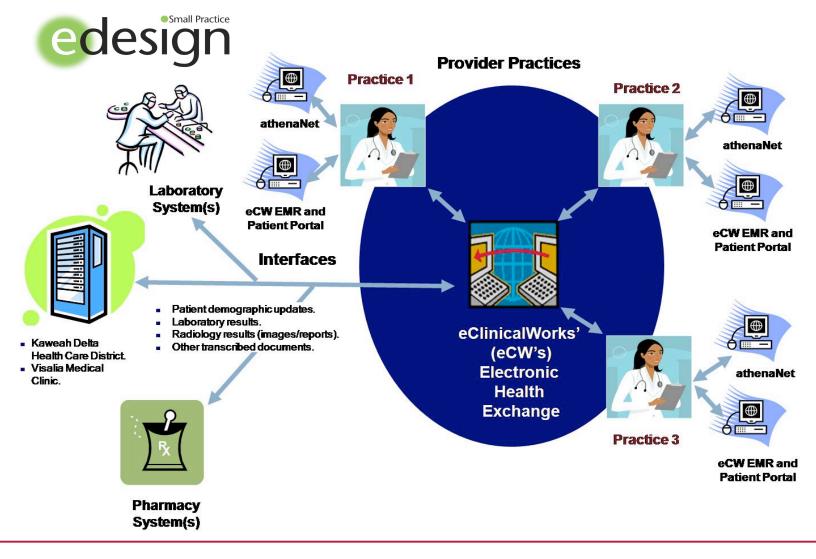
Approach:

- Advance statewide efforts to expand public and private coverage

- Support the evolution of Medi-Cal and other coverage programs

Supporting EHR Adoption

- **Small Practice eDesign**
  - Model for supporting EHR adoption in small primary care practices
  - Key components of model:
    - Local support via trusted intermediary
    - Data driven quality improvement, beginning with revenue cycle management
    - Learning community development
    - Financial support
  - SPeD Toolkit available; evaluation findings in Fall 2011
  - Further Information:
    http://www.chcf.org/projects/2009/small-practice-edesign

Supporting EHR Adoption

Supporting EHR Adoption

- **California Network for EHR Adoption**
  - o Initiative to speed implementation and lower cost of EHR adoption in CA community clinics and health centers
  - o Seven grantees engaged in four deployment models
  - o Set of EHR deployment issue briefs:
    - • Chart abstraction
    - • Clinical documentation
    - • Training strategies
    - • Workflow analysis
  - o Further Information:
    http://www.chcf.org/publications/2010/03/ehr-deployment-techniques

Supporting EHR Adoption

- **Patient Portal Implementation in the Safety Net**
  - o Eighteen month initiative to accelerate adoption of patient portals in CA safety net
  - o Partnering w/ five early-adopter clinics that have implemented EHRs
  - o Focus is on implementation and operational issues, including workflow redesign, staff/provider roles, policies/ procedures, etc.
  - o Tools and resources will be made available beginning in late 2011(?)

Health Information Exchange

- **ELINCS**
  - Designed to standardize electronic exchange of lab results between labs and ambulatory EHR systems
  - HL7-approved implementation guide
  - Over 200 implementations in CA
  - Support both in CA and nationally:
    - Key EHR vendors (e-MDs, eClinicalWorks, EPIC)
    - Major clinical labs (Quest, LabCorp)
    - Regional extension centers (CalHIPSO, OCHIN)
    - Community implementations w/ multiple lab interfaces
  - Further Information: http://elincs.chcf.org

Health Information Exchange

- **ELINCS Orders**
  - Initiated in Winter 2010 in response to stakeholders' needs and meaningful use
  - Objective is to close 'communication loop' between labs and ambulatory practices by standardizing electronic exchange of lab orders
  - HL7 v2.5.1-based implementation guide
  - Multi-stakeholder collaborative development process
  - Upcoming activities:
    - Publication of v1.0 and comment period (Spring 2011)
    - Pilot implementations (Fall/Winter 2011)
    - Update of specification and transition to HL7 (2012)

Health Information Exchange

- **NHIN Direct**
  - o Technologies designed to simplify 'directed' exchange of health information between providers (e.g., lab results, discharge summaries, etc.)
  - o Grants available through Cal eConnect to support pilot implementations of Direct technologies in CA
  - o $300K total funding available; $100K maximum award amount per grant
  - o Redwood MedNet awarded grant in March 2011
  - o Further Information: www.caleconnect.org/?page_id=1533

Health Information Exchange

- **Consumer HIE Principles**
  - Set of core expectations and minimum criteria that should govern the design and implementation of health information exchange and technology in California

    Example: "**Inclusivity and Equality** All Californians should have full and equal use of electronic health information exchange and technology and their benefits, including California's underserved low-income communities, communities of color, people speaking primary languages other than English, people with disabilities, seniors and youth, immigrant residents, and rural and inner-city communities."

  - Co-developed by Consumers Union and The Center for Democracy and Technology & endorsed by leading consumer organizations
  - Available at
    http://www.consumersunion.org/pdf/HIE-Principles-6-10.pdf

Other Projects and Initiatives

- **Designing a First Class Health Insurance Enrollment Experience**
  - o Support best-in-class user experience to help ensure that large numbers of eligible consumers successfully enroll in and retain coverage
  - o Builds on CHCF's enrollment modernization work
  - o Public-private partnership involving CMS, innovator states, and foundations
  - o Collaboration w/ *IDEO*, a leading commercial design, engineering, and innovation consultancy in Palo Alto

Other Projects and Initiatives

- **Innovation Fund**
  - Pioneering an innovation investment fund to support entrepreneurs with business concepts that have the potential to significantly lower the total cost of care or substantially improve access to care.
  - Investment criteria:
    - **Significant Impact** potential to affect 100,000 Californians and/or deliver $25M in annual cost savings for a defined population
    - **Experienced Management Team** CEO and team with proven track record
    - **Scale and Sustainability** business models must show potential for significant growth and scale

  - Further Information: http://innovations.chcf.org

Publications

- *The State of Health Information Technology in California: 2011**

- *Meaningful Use: Lessons Learned on the Path to EHR Excellence in Ambulatory Care*

- *Electronic Release of Clinical Laboratory Results: A Review of State and Federal Policy*

- *Consumers and Health Information Technology: A National Survey*

Resources

Questions?

Contact Information

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