Cal eCONNECT

Building Blocks for HIE in California

Mark Elson
Chief Policy and Program Officer

July 15, 2011

Our Mission

To collaboratively establish policies, services, and innovations that make possible the appropriate, secure, and efficient exchange of electronic health information for the purpose of improving health and health care safety, quality, access, and efficiency for all Californians.
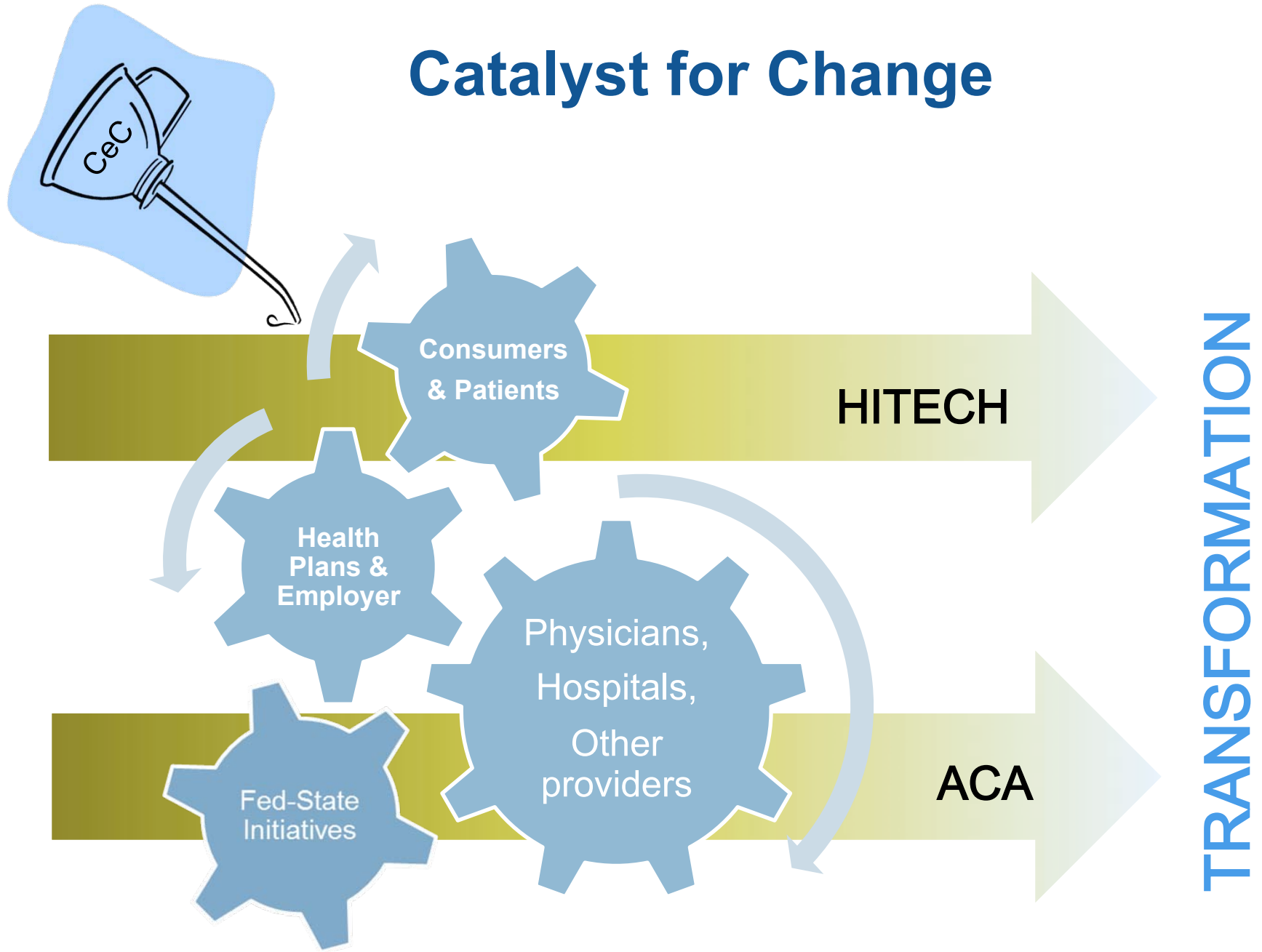
Building Blocks for HIE

Collaboration / Trust / Value

COLLABORATION

Catalyst for Change

CeC

Consumers & Patients

Health Plans & Employer

Fed-State Initiatives

Physicians, Hospitals, Other providers

HITECH

ACA

TRANSFORMATION

Locus for Conversation and Action

- Board of Directors - 22

- Advisory Groups – 5 (x 15 members/group)

- Task Groups – 2

- HIE Community of Practice

100+ stakeholders engaged on a monthly basis

Federal / Interstate Initiatives

- Federal
  - ONC
    - State Communities of Practice
    - Standards & Interoperability (S&I) Framework
  - HIT Policy Committee

- Interstate
  - Statewide HIE Coalition
  - Interstate Interoperability Workgroup
  - Western States Consortium

California's eHealth Portal: *www.ehealth.ca.gov*

HIE Expansion Grant Recipients

EKCITA

LANES

NCHIN

OCPRHIO

Redwood MedNet

HIE Expansion Grants

EKCITA

LANES

NCHIN

OCPRHIO

Redwood MedNet

Cal eCONNECT
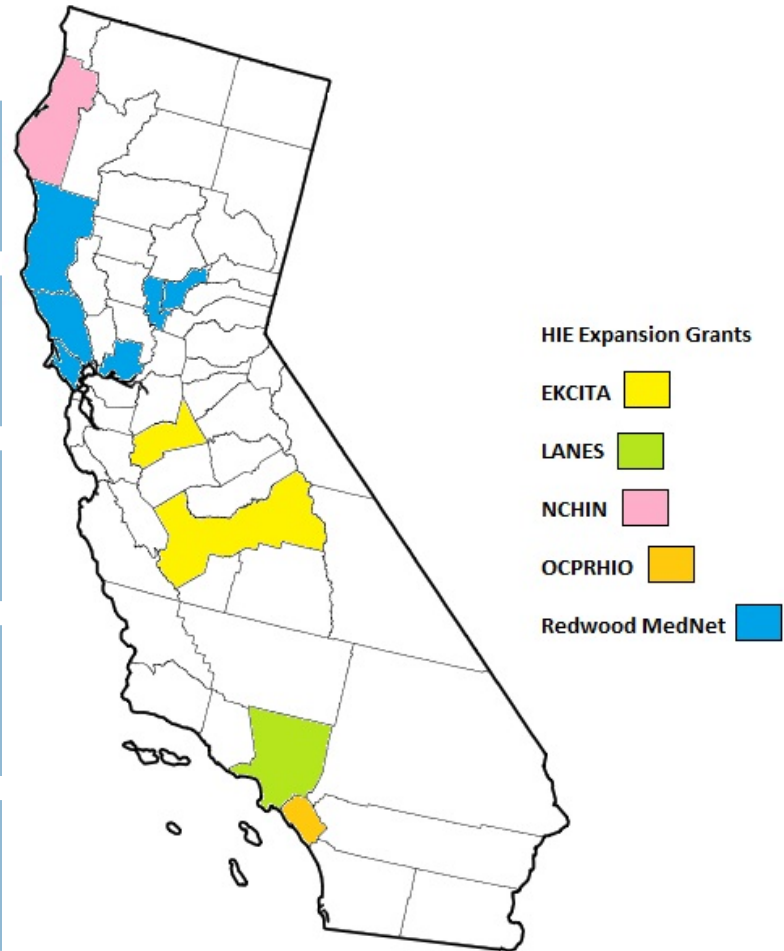
TRUST

Trust

- A trust framework for HIE must enable providers to confidently:

    – Share patient health information

    – Act on patient health information from other organizations

- Framework pillars

    – Confidence in the identity of exchange partners

    – Secure and private transport of structured information

    – Effective governance

        • Agreements, policies, procedures

        • Oversight and enforcement mechanisms

        • Clear federal and state regulatory environment

Trust

Provider Directories and Exchange Services

Discover Certified Providers	• Individuals • Organizations
Obtain Security and Standards Information	• Digital Certificates • Authorizations • Supported Exchange Standards
Exchange Healthcare Information	• Directly • Via Exchange Services

Value Added Services

Individual Directory
Entity Directory
Services Registry
Connectivity Services

Trust Framework
Authentication Encryption
Provider Directory and Exchange Services

Certified

Discover
Obtain

Certified

Hospital EHR System

Dr. Hill's EHR at Montrose Internist Group
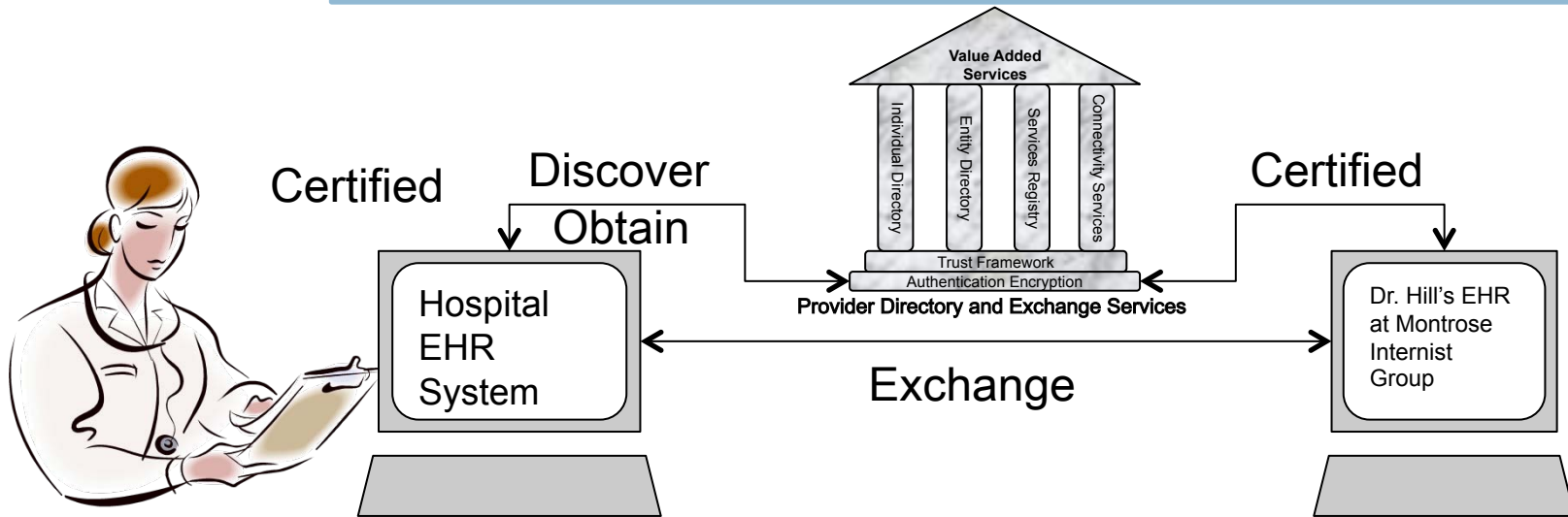
Exchange

Trust

Example Use Cases
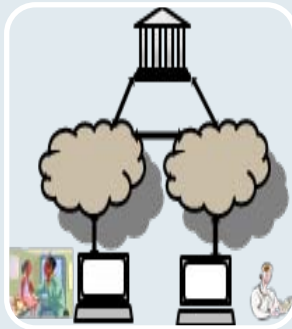
| Delivery of Continuity of Care Document from provider in one HIE to an unaffiliated provider in another HIE | Exchange of clinical information from primary care physician to specialist | Delivery of patient summary from hospital to primary care physician | Delivery of structured lab data from laboratory to ordering provider | Primary care provider sends immunization data to public health |
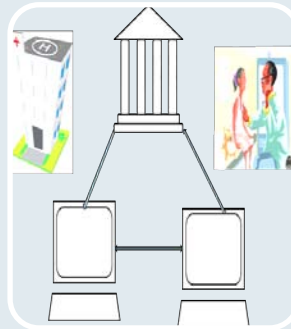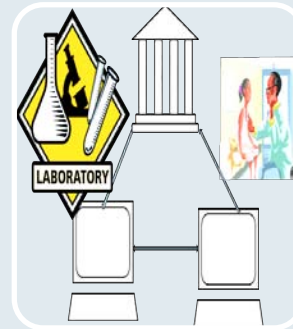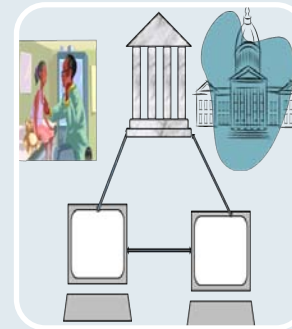
Policy Development Task Group

- What
  - Master Participation Agreement
  - Operational Policies and Procedures

- When
  - Need Phase 1 deliverables by January 2, 2012

- Who
  - Volunteers from CeC Advisory Groups and others
  - Staff

- How
  - Cal eConnect Policy Workflow

Trust

Timeline: Participation Agreement & P&Ps

(1)   **(2)**   **(3)**   **(4)**   **(5)**   **(6)**   **(7)**

June 2011
Establish Policy
Development
Task Group

July 2011
PAG Review
Timeline
& WBS

August 2011
PAG review
Participant's
Agreement

October 2011
PAG review
OPPs

January 2012
Board approval of
Phase 1 Agreement
& OPPs Required
for Go-Live

January 2012 - July 2012
Phase 1
Onboarding Beta

July 2012
Phase 1
Go-Live;
Begin Maintenance

June   July   August   September   October   November   December   January   February   March   April   May   June   July

May 25, 2011
PAG Monthly
Meeting

*Call for public
Comment 3 times in
2011*

January 12 - June 12

Phase 2 Agreement
Extension & OPPs
For New Services

February   March   April   May   June   July   August

(8)

Informing State HIE Policy Development

- **CalOHII Privacy Steering Team**

  - Task Group: Best Practices for Data Sharing and Uses

- **Two deliverable horizons**

  - <u>Near term</u> – **develop documentation** regarding key elements of current law (HIPAA and CMIA) applicable to entities operating in the state of California, including Cal eConnect, about issues relevant to electronic health information exchange

  - <u>Long term</u> – **develop legislative agenda** for California's 2012 Legislature reflective of a number of issues including the current trend amongst the states to rebaseline relevant law to HIPAA with readily identifiable extensions specific to California
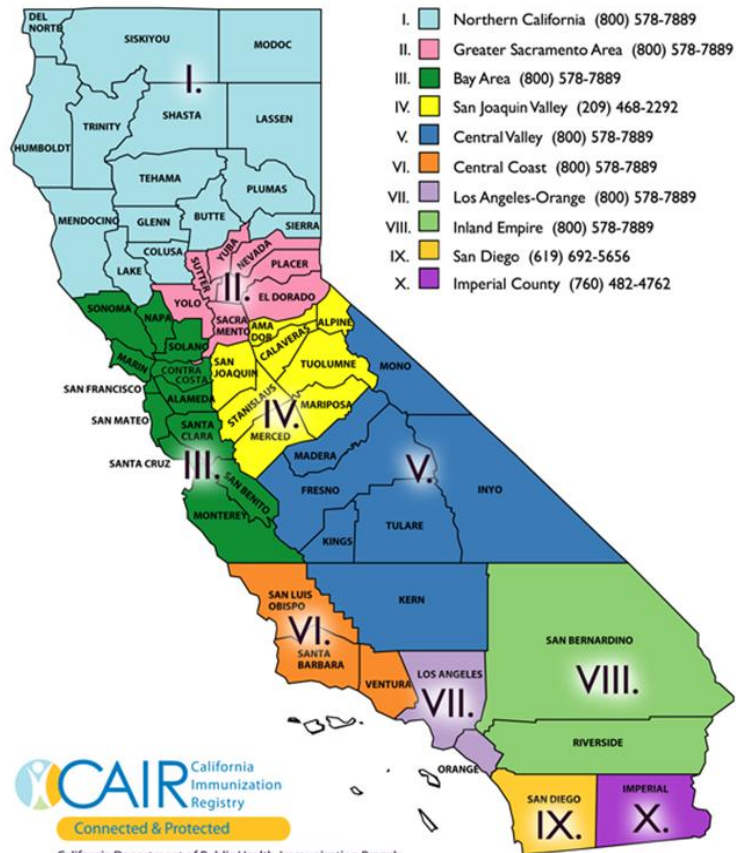
VALUE

Value for all Californians

- How will CeC add value?

  – Leverage our public-private makeup and stakeholder network to implement a trusted environment for HIE

- Immunization registry example

California Immunization Registry (CAIR)

California Immunization Registry (CAIR)

- I.   Northern California (800) 578-7889
- II. Greater Sacramento Area (800) 578-7889
- III. Bay Area (800) 578-7889
- IV. San Joaquin Valley (209) 468-2292
- V.   Central Valley (800) 578-7889
- VI. Central Coast (800) 578-7889
- VII. Los Angeles-Orange (800) 578-7889
- VIII. Inland Empire (800) 578-7889
- IX. San Diego (619) 692-5656
- X.   Imperial County (760) 482-4762

California Department of Public Health, Immunization Branch
850 Marina Bay Parkway, Building P, 2nd Floor, Richmond, CA 94804
www.CAIRWEB.org 1-800-578-7889

January 2011

- 9 separate, isolated regional registries (plus Imperial) that cannot exchange data with one another
- 7 regions use one product (CAIR SW) co-located in one facility
- CAIR SW developed with old Microsoft technology
- Flat-file data exchange enabled with providers (does not meet MU)
- All registries Internet accessible
- San Diego, San Joaquin support HL7

Recommendation: Partial Consolidation

Users

California Immunization Registry (CAIR)
By Software Application
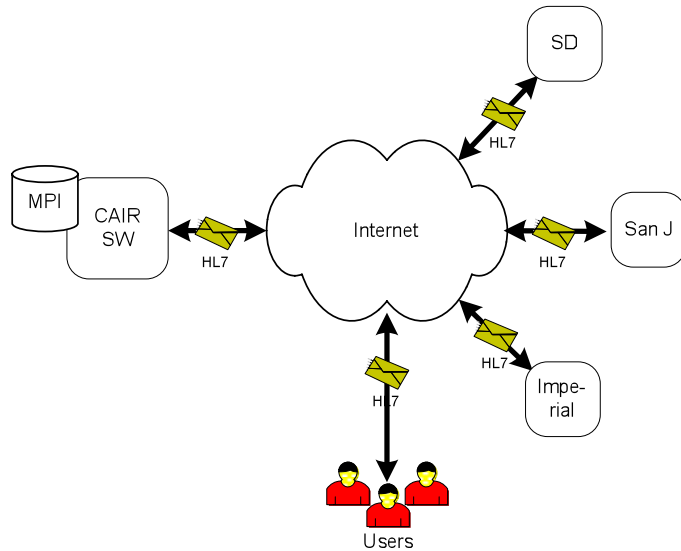
- *One database for 7 regions* with CAIR SW – covers 87% of the state population under 6 y.o.
- Independent regions continue with their own products, or migrate to the consolidated system if they choose
- If other regions stay independent, State implements a Master Patient Index (MPI) which will contain all demographic records to facilitate searching
- All Internet accessible
- Enable HL7 between new centralized system and providers for query and submission; stand alone regions need to support HL7 for interoperability

Software Options

Option 1: Modify/update CAIR SW to use more current tools and comply with State software requirements

Option 2: Adapt off-the-shelf software acquired via open bid from commercial vendor, another state, or another registry that complies with State software requirements

Cal eCONNECT

Discussion

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