



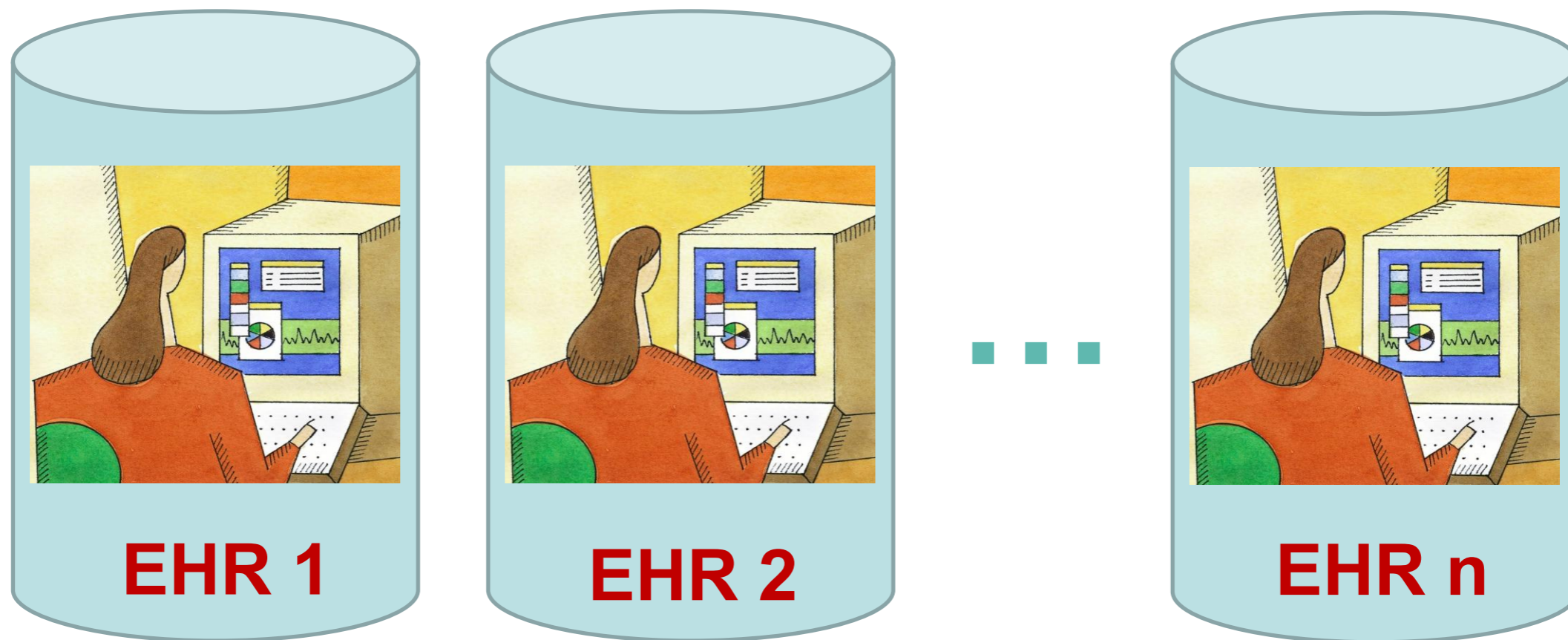
Alameda County Board of Supervisors

Hearing on Health Information Exchange

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Chairman of the Board of Directors, HealthShare Bay Area

Current state: health information silos





Vision

A secure, controlled, and interoperable method for exchanging patient health information between providers of care in the San Francisco Bay Area

“Information should follow the patient, and artificial obstacles – technical, business related, bureaucratic – should not get in the way. This means that (health) information exchange must cross institutional and business boundaries.”

David Blumenthal, MD
National Coordinator for Health IT
November 11, 2009



A Brief History of HSBA

● February 2009	American Reinvestment and Recovery Act (ARRA, otherwise known as Stimulus Bill) signed, allocating nearly \$20B in federal stimulus money for health care information technology, including establishment of HIEs
● Nov-Dec 2009	SFHEX incorporated into San Francisco Medical Society 501(c)(3) Community Service Foundation / Alameda Contra Costa HIO (ACCHIO) holds second community meeting
● Jan-Apr 2010	Governing Committees of both organizations meeting regularly
● May-Aug 2010	SFHEX releases and evaluates vendor RFI
● Sep-Dec 2010	SFHEX and ACCHIO jointly develop and release HIE vendor RFP
● Jan-Mar 2011	First drafts of business & sustainability plans for each organization completed
● Apr-Sep 2011	SFHEX renamed HealthShare Bay Area (HSBA); both orgs evaluate RFP responses
● September 2011	HSBA merges with Alameda Contra Costa HIO (ACCHIO)
● Spring 2012	Founding members elect Board of Directors; begin fund raising
● Fall-Winter 2012	Complete vendor contracting, participation agreements; grant award from CalConnect
● Winter 2012	Begin Data Exchange



Founding Members

Community Health Center Network	Lyon-Martin Health Services
Alameda County Medical Center	Mission Neighborhood Health Center
Brown and Toland IPA	North East Medical Services
California Pacific Medical Center	St. Anthony Medical Clinic
Glide Health Services	San Francisco Department of Public Health
Haight Ashbury-Walden House	South of Market Health Center
Hill Physicians IPA	Women's Community Clinic

Red Text = Alameda County Provider



From Basic Exchange to True Care Coordination

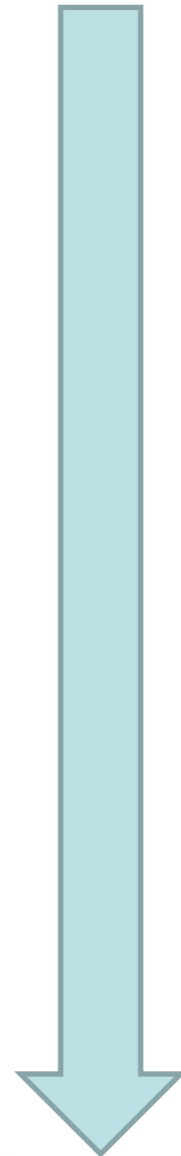
Basic Data Exchange

Community Record

Population Health

Disease Management

Community Care Coordination



- Basic data exchange / results delivery
- Provider messaging
- Community Master Patient Index (CMPI)
- Patient community record
- Patient community PHR
- Community one stop payer authorization
- Community medication reconciliation
- Community care management tools
- Data analytics across care continuum
- Community care standardization and decision support



ROI & Benefits of HIE

Improved Patient Care

- Reduced medical errors
- Reduced duplicate testing
- Enhanced care coordination

Provider benefits

- Short term cost savings
- Infrastructure for future care models (ACO)
- Patient Panel Management

Advanced population health

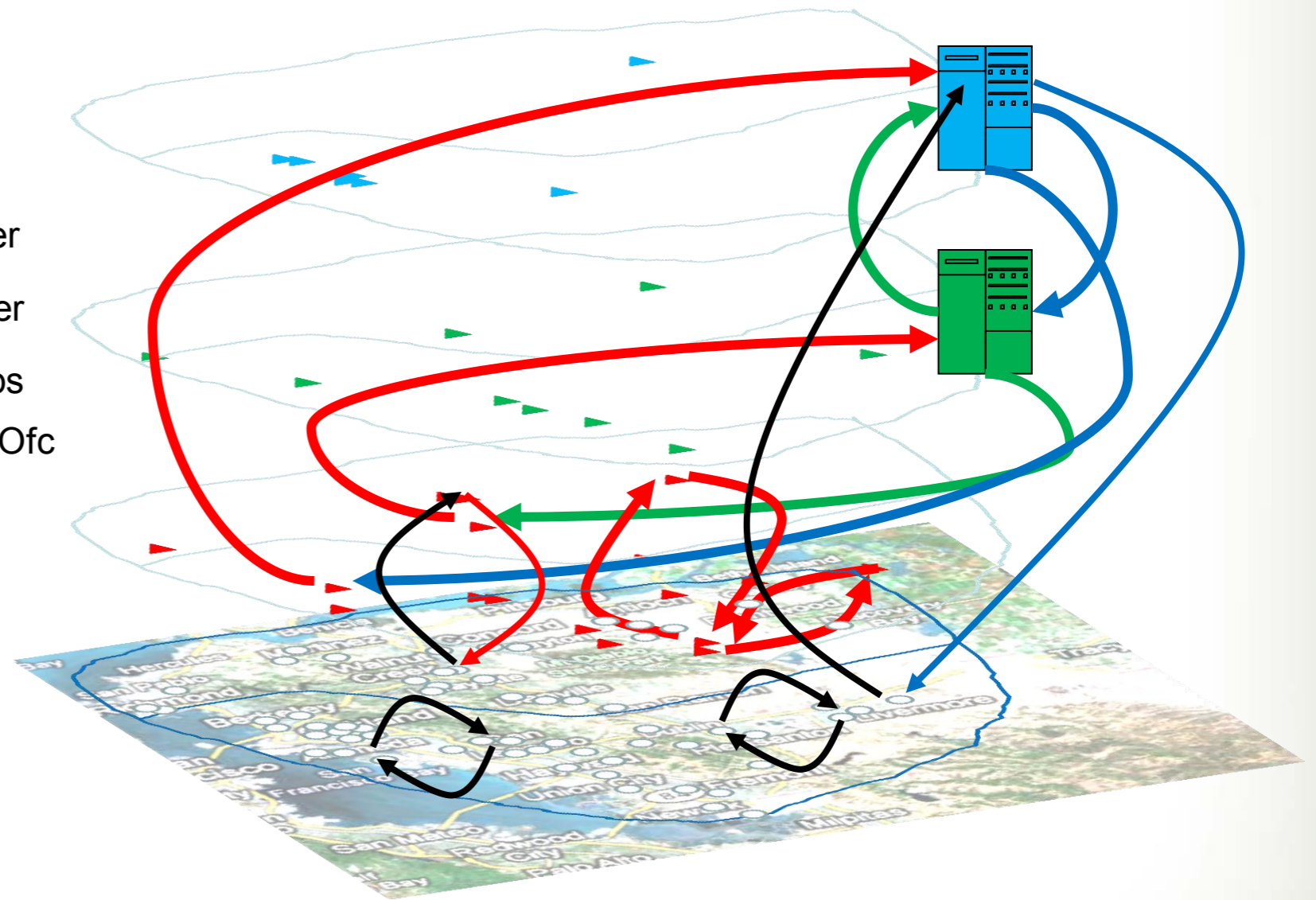
- Automated public health reporting
- Real time bio-surveillance



How Many Connections Will it Take?

# Points	# msg paths
2	2
3	6
4	12
30	870
60	3540
100	9900
1000	999000

- ▲ Sutter
- ▲ Kaiser
- ▲ Hosps
- Phy Ofc



Message paths: $P*(P-1)$
 Connections: $P*(P-1) / 2$



What We Know Today

- Community HIOs are forming: in CA we have HealthShare Bay Area, SCHIE, WHIN, LANES, Redwood Mednet, EKCITA, SD Beacon, others.
- IDNs are organizing their Clinical Integration initiatives (which include captive HIOs – often organized around their EHR vendor’s offering): Dignity Health, Sutter, JMH, Kaiser, etc.
- IPAs are creating HIOs (B&T, Hill, others)
- “Special Interest” Providers are looking to form HIOs (county services, community clinics, others).

8 HIOs in the SF Bay Area?



▲ Sutter

▲ Kaiser

▲ JMH

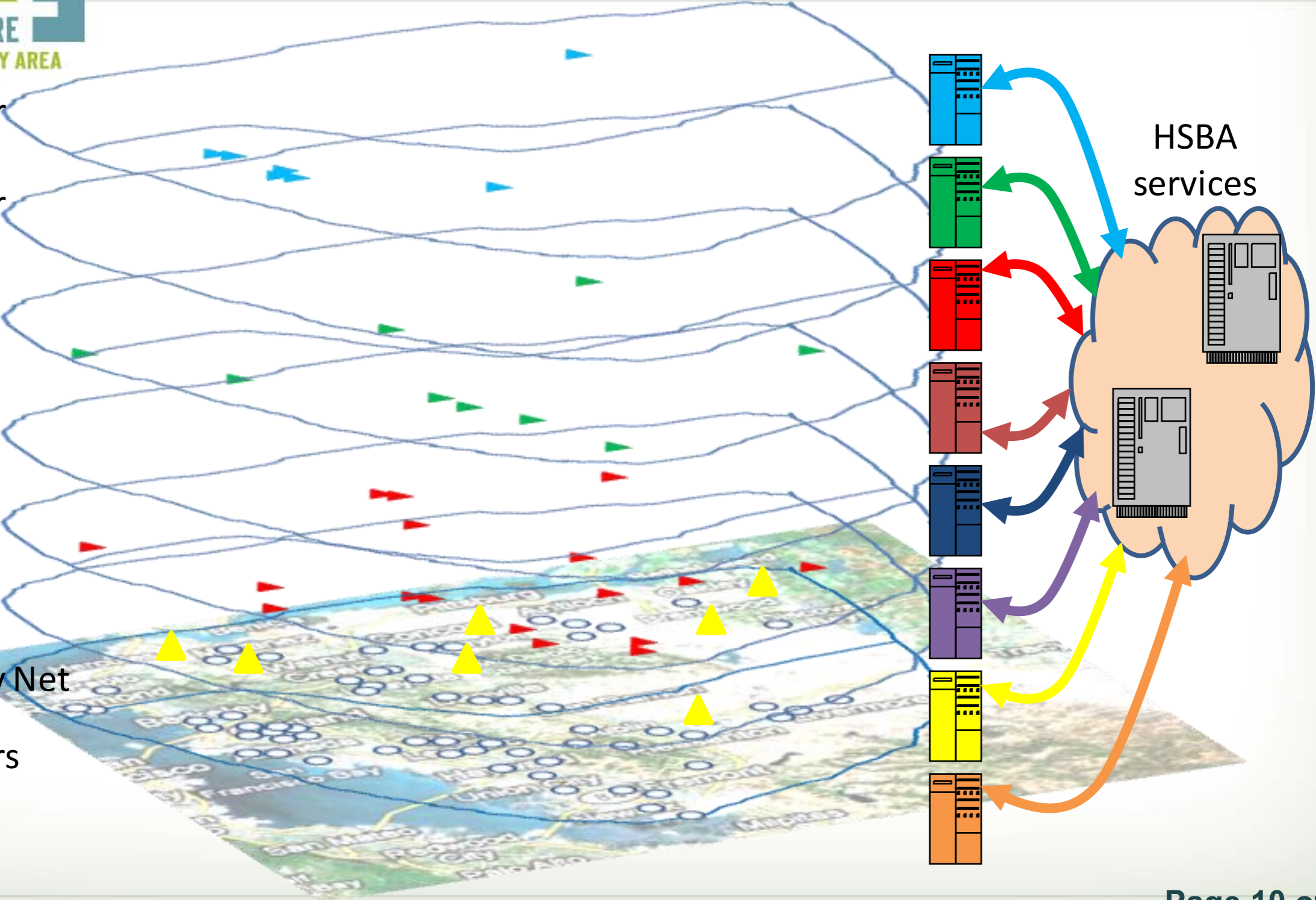
▲ CHW

▲ IPAs

▲ IPAs

▲ Safety Net

○ Others





What is Implied

- Information on a single patient will be generated by members of potentially several different HIEs
- The likelihood of any single HIE repository or EHR containing all of a patient's encounter data is low.
- Communities must actively engage all of their providers and seek from the outset, as a community, to create a unified master patient index, and, ultimately, a consolidated patient record.
- In order for ACOs to succeed, and to realize the improvements in care desired, even large, well organized IDNs will need to cooperate and interoperate; IDNs will need to join their community HIE.



Discussion...

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