



California Health Information Partnership & Services Organization

**Electronic Health Records
and You –The Future is
Now**

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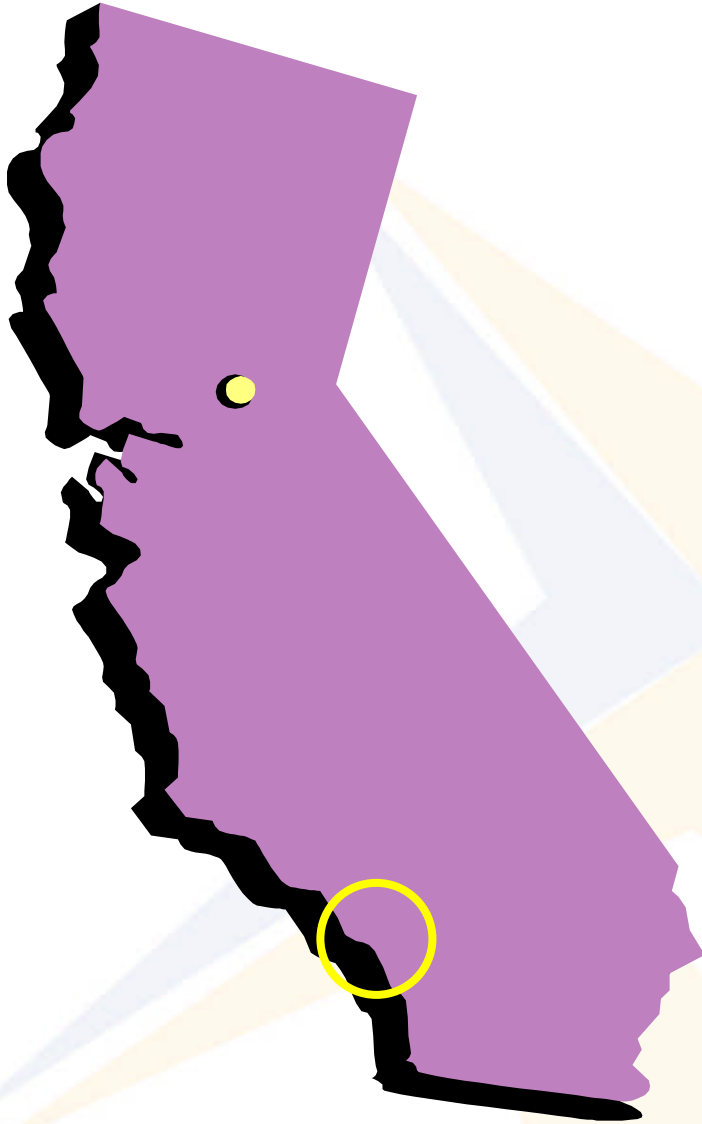
Objectives for Today's Discussion



- Introduce CalHIPSO
 - Describe the historical context and evidence for success of the Cooperative Extension Service framework
 - Demonstrate CalHIPSO's value proposition
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- Describe how and when your providers can join CalHIPSO and begin the journey to transform healthcare.

Who Is CalHIPSO?

- Formed by three key partners representing target “priority primary care providers”:
 - **California Medical Association (CMA)**
 - **California Association of Public Hospitals & Health Systems (CAPH)**
 - **California Primary Care Association (CPCA)**
- CalHIPSO is tasked with supporting targeted providers throughout CA successfully adopt electronic health records



ARRA and HITECH: An Unprecedented Opportunity

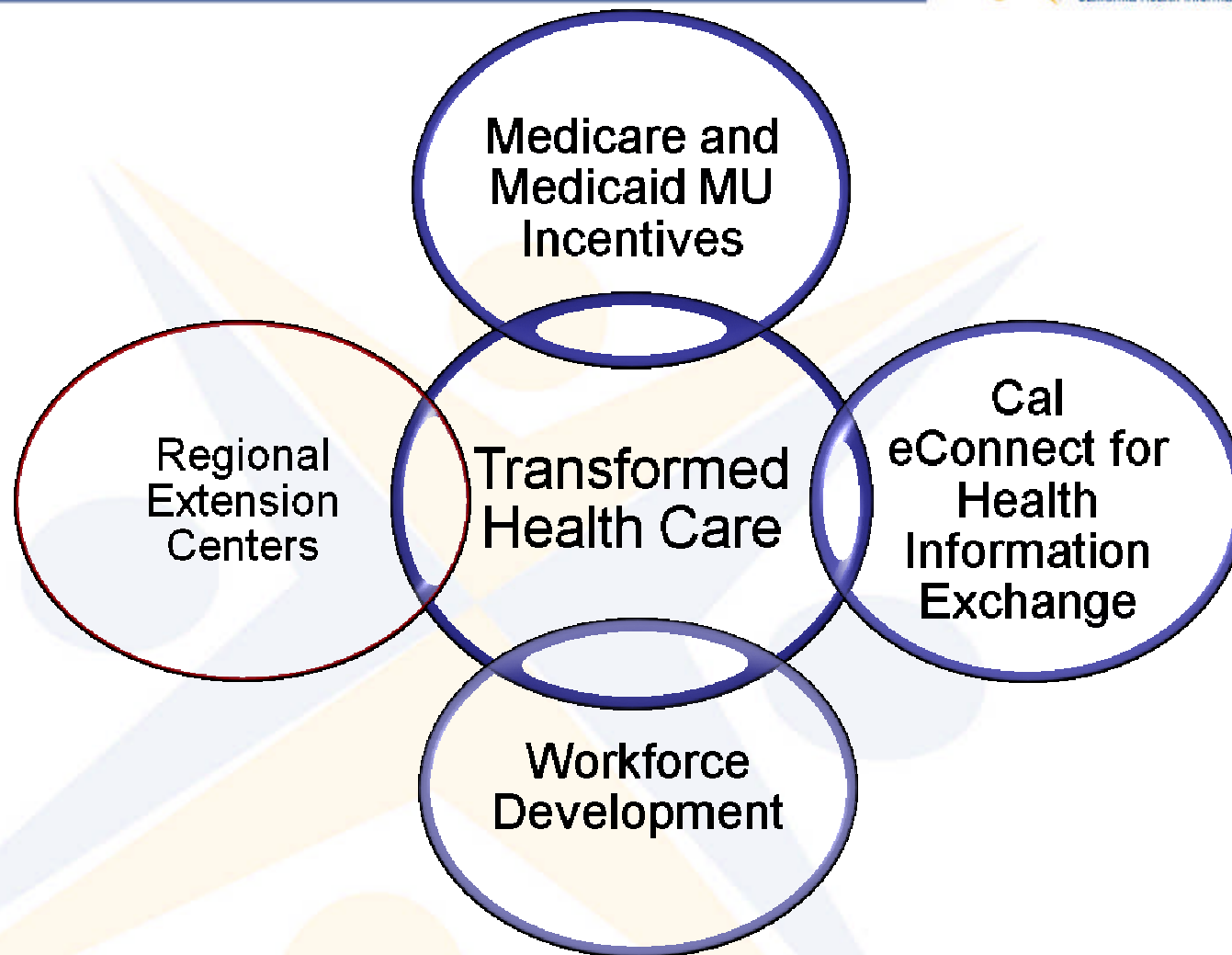
**“After Weeks in
Limbo,
It’s full Steam Ahead
For Health IT”**

**“HITECH Act
Offers
Opportunity,
Challenges for
Medical
Providers”**

**“Widespread
EHR Adoption
Could Increase
Evidence Based
Medicine”**

**“Baucus Touts
Role of Health IT
in Health Care
Reform Efforts”**

**“Health Care
Stakeholders
Stump for Health IT
at Senate Hearing”**



Through the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, the Federal government has aligned incentives and support for health IT adoption and meaningful use.

What Are the Medicare and MediCal Incentives?



- The HITECH Act authorizes incentive payments for eligible Medicare and Medicaid providers to achieve “meaningful use” of certified EHR technology.
- By 2015, providers are expected to have adopted and to be actively using EHR systems in compliance with the “meaningful use” definitions recently released by the Centers for Medicare & Medicaid Services.
- Medicare-participating physicians and hospitals that do not reach this goal by 2015 will be subject to penalties under the Medicare program.

What is a Regional Extension Center?

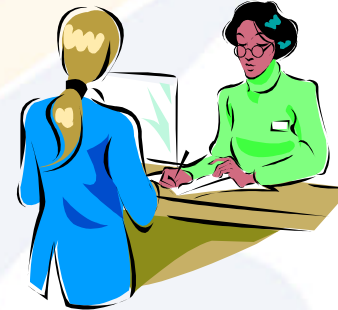
- Providers seeking to achieve “meaningful use” of EHR technology face a variety of challenging tasks. Because experience has shown that local technical assistance can result in effective implementation of EHR systems, the HITECH Act, through the Office of the National Coordinator (ONC), authorized the creation and funding of Regional Extension Centers (RECs).
- The RECs are intended to furnish assistance, both educational and technical, to help providers successfully implement and achieve “meaningful use” of certified EHR technology in accordance with the objectives of the Act.

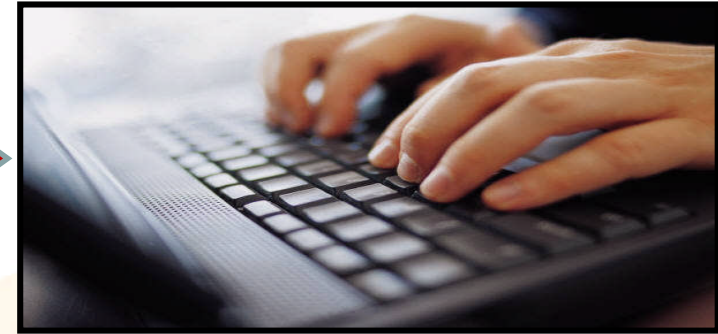
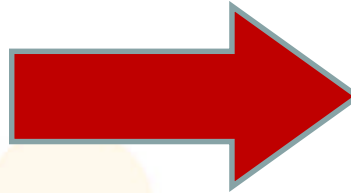
Historical Precedent for Market Transformation

Agricultural Industry 1914

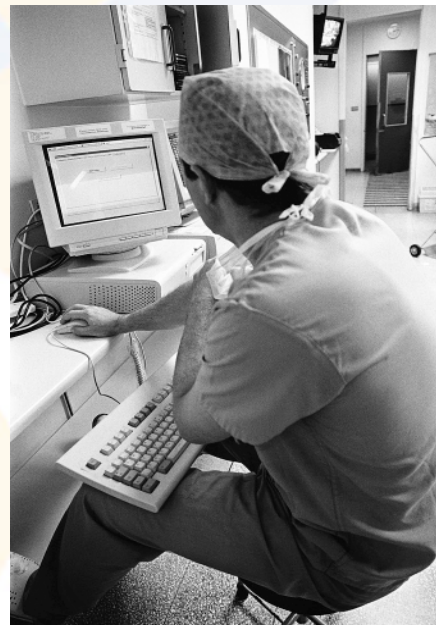


Banking Industry 1980's

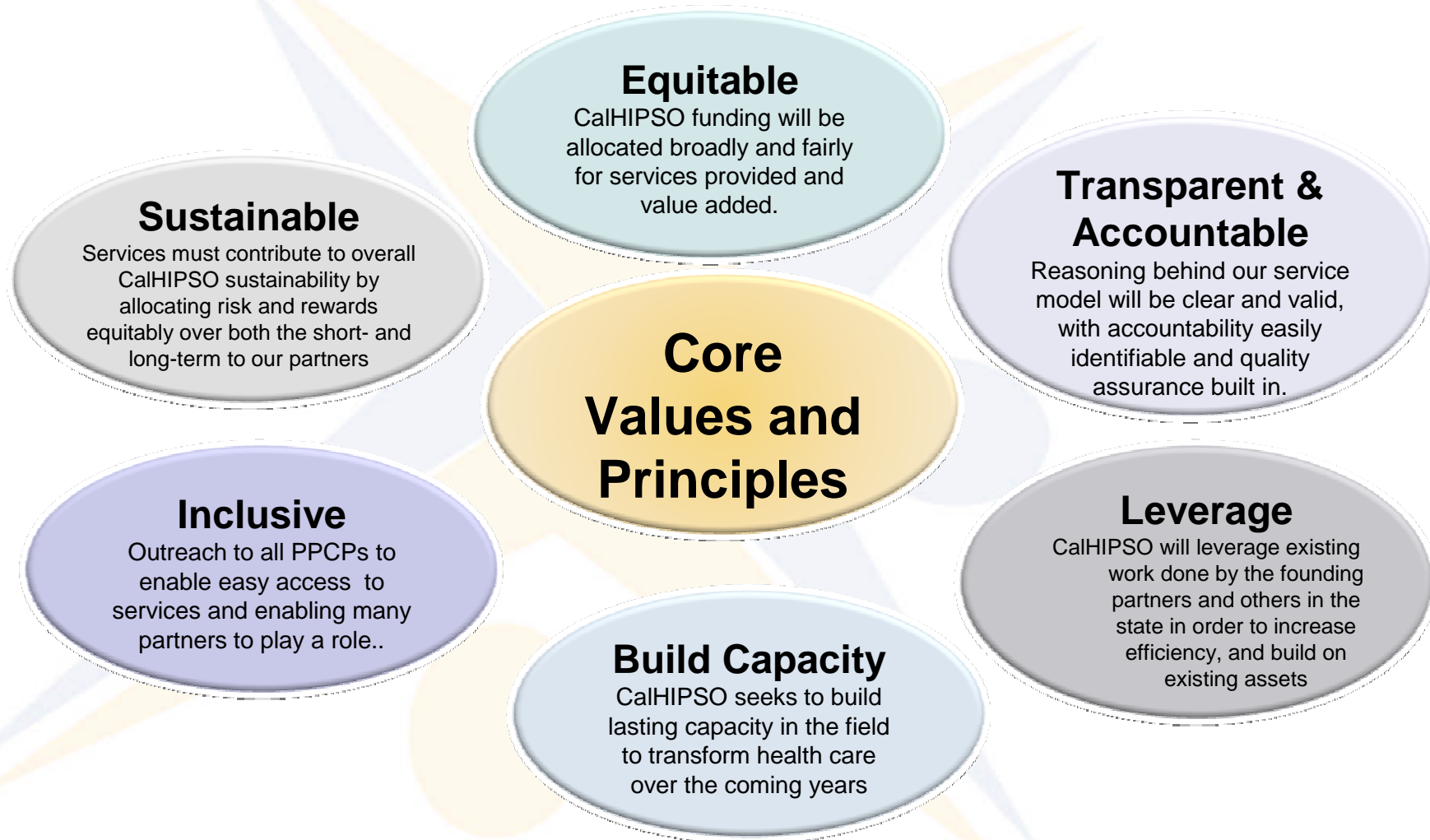




We are in the midst of an unprecedented opportunity to transform the way health care is delivered.



To guide its work, CalHIPSO has established six core values and operating principles.

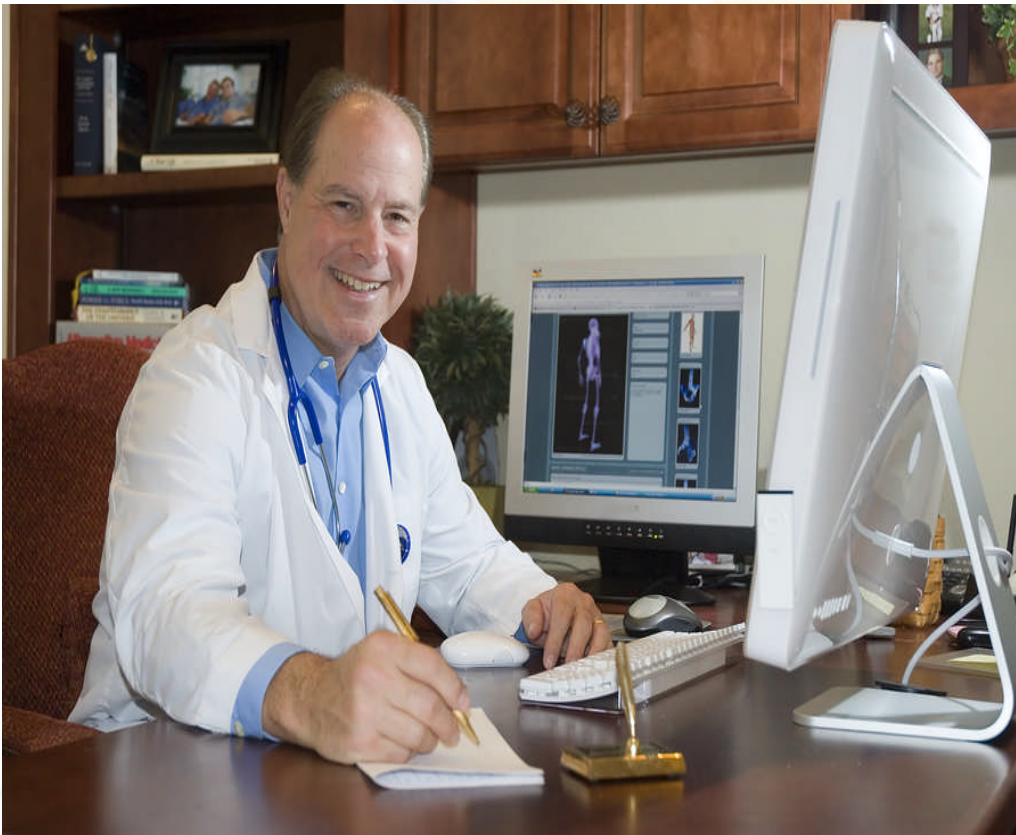


CalHIPSO is a partnership organization whose mission is to support the adoption of health IT and achievement of meaningful use.



- Providers will participate through monthly dues in order to access CalHIPSO services.
- Dues will be waived for target providers for two years (because of the federal subsidy) if sign-up occurs in the 1st year.
- Beyond year two, dues will be nominal.
- Other providers can join CalHIPSO at any time to access CalHIPSO benefits; rates will be higher, will start at sign-up, and services will be provided on a fee-for-service basis

CalHIPSO's Target Providers – Priority Primary Care Providers (MD, DO, PA, NP) working in the following care settings:



- Small private physician practices of 10 providers or less
- Community health centers, primary care clinics and rural health clinics
- Public hospitals
- Ambulatory care clinics connected to Critical Access and Rural Hospitals

Components of CalHIPSO Business Model

Service Delivery

- Define Local Extension Center criteria, roles, and expectations
- Solicit LEC applications; determine areas of coverage/gaps
- Develop strategy for filling coverage gaps including LEC re-applications and CalHIPSO field services.
- LEC agreements in place by June 30, 2010

Value Added Services

- Define service offering, delivering both immediate and longer term value
- Conduct process to vet and select CalHIPSO preferred vendors
- Negotiate group purchase master contracts
- Develop service matrix of activities funded by milestone payments
- Design and develop curriculum for CalHIPSO training center

Sustainability

- Validate services and products that provide value to providers and bring a revenue stream to support CalHIPSO in years 3, 4 and beyond.
- Identify mutually beneficial partnerships that contribute to sustainability
- Develop financial models that align incentives to sustain long-term quality improvements

Education & Training Curriculum

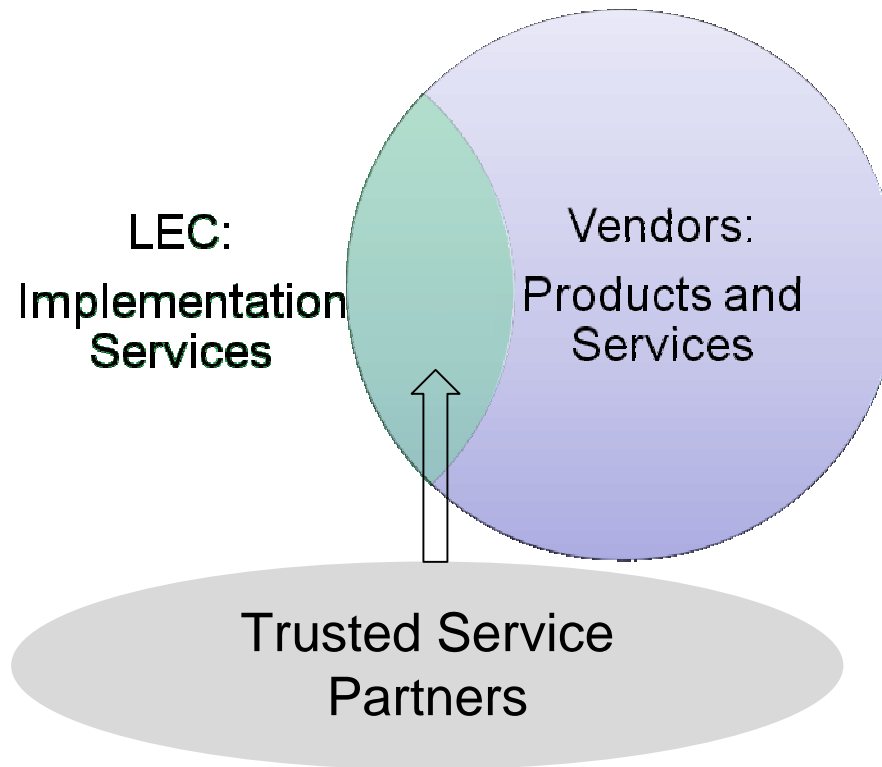
Standards & Best Practices

Group Purchasing Contracts

Provider Registry & Enrollment

Standard Configuration of EHRs

- Outreach, Enrollment and Education
- Readiness Assessments and Capacity Building
- Vendor Selection
- Workflow Assessment & Redesign
- Project Mgmt.
- Meaningful Use Reporting



- EHR Products (SaaS Offerings)
- Product Specific Templates and Configuration
- Interfaces
- Implementation Project Management
- Ongoing Maintenance
- Meaningful Use Reporting

Financial Operations – ARRA/ONC Reporting – Quality Assurance

Why Would Providers Join CalHIPSO?

- They are ready to adopt EHR, and they want some help doing it
- They want their EHR installation to be as simple and easy as possible
- They want to save some money and access the federal incentives payments as soon as possible
- If they are CalHIPSO target providers, joining in 2010 is free!

What's Next?

- Local Extension Centers being organized and will be in place May 2010
- Provider enrollment will begin May 2010 either through LECs or through CalHIPSO
- Sign up for our mailing list or visit our website for more information



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