



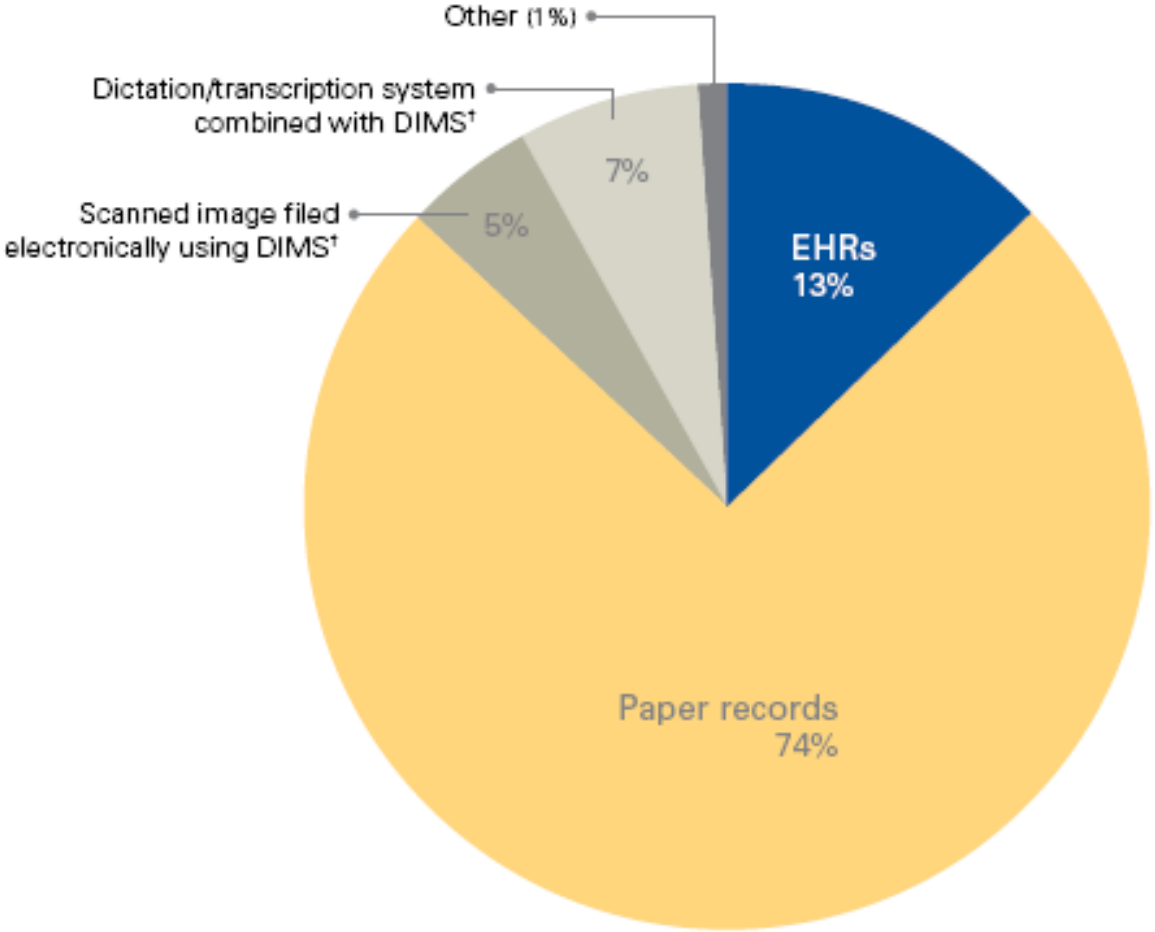
**Opportunities for Health  
Information and  
Communications Technology  
in California**

**Medical Leadership Council  
May 20, 2009**

# Use of Health IT in California

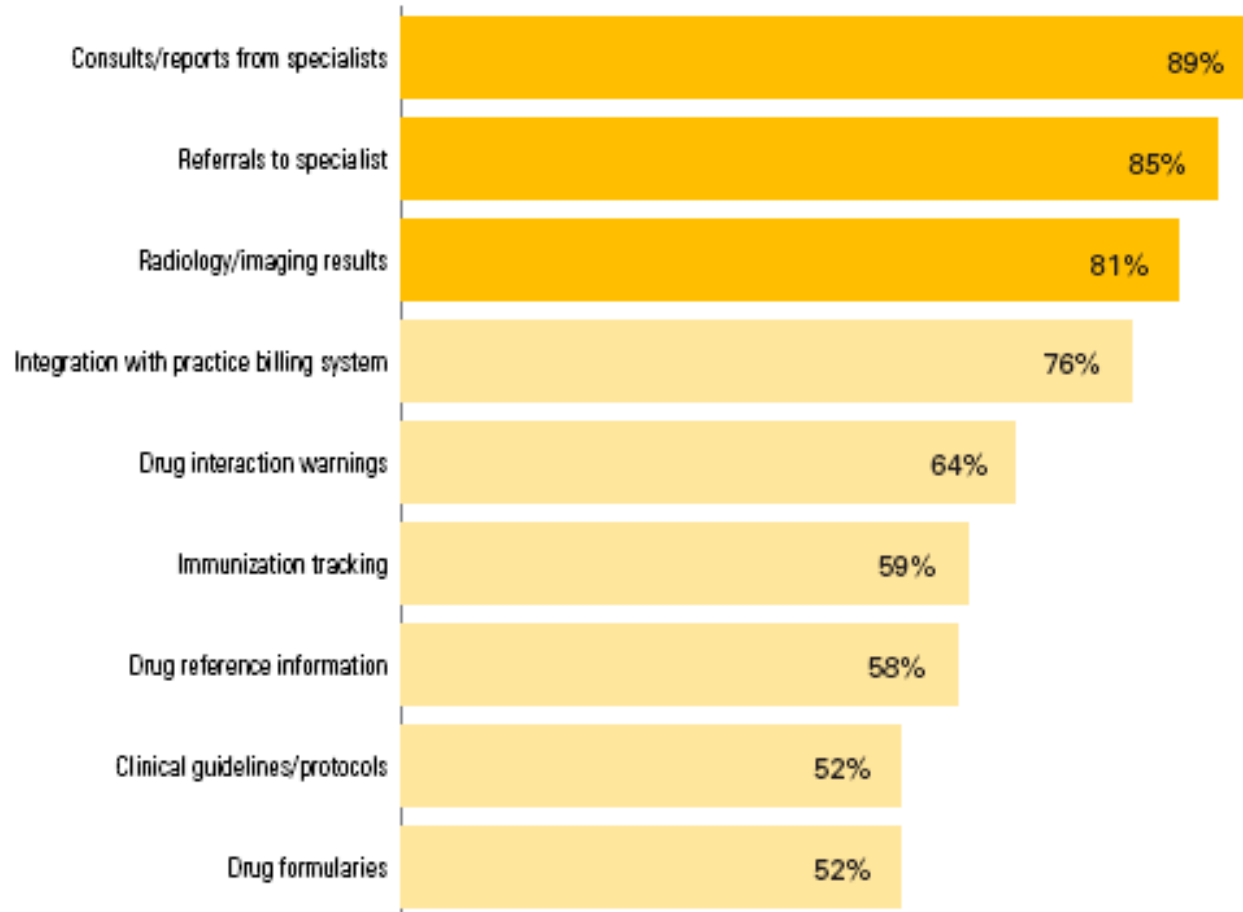
- **13% physician practices use EHRs**
- **3% community clinics have fully implemented EHRs**
- **13% hospitals have fully implemented EHRs**

# Methods of Storing Records at Physician Practices,\* California, 2005



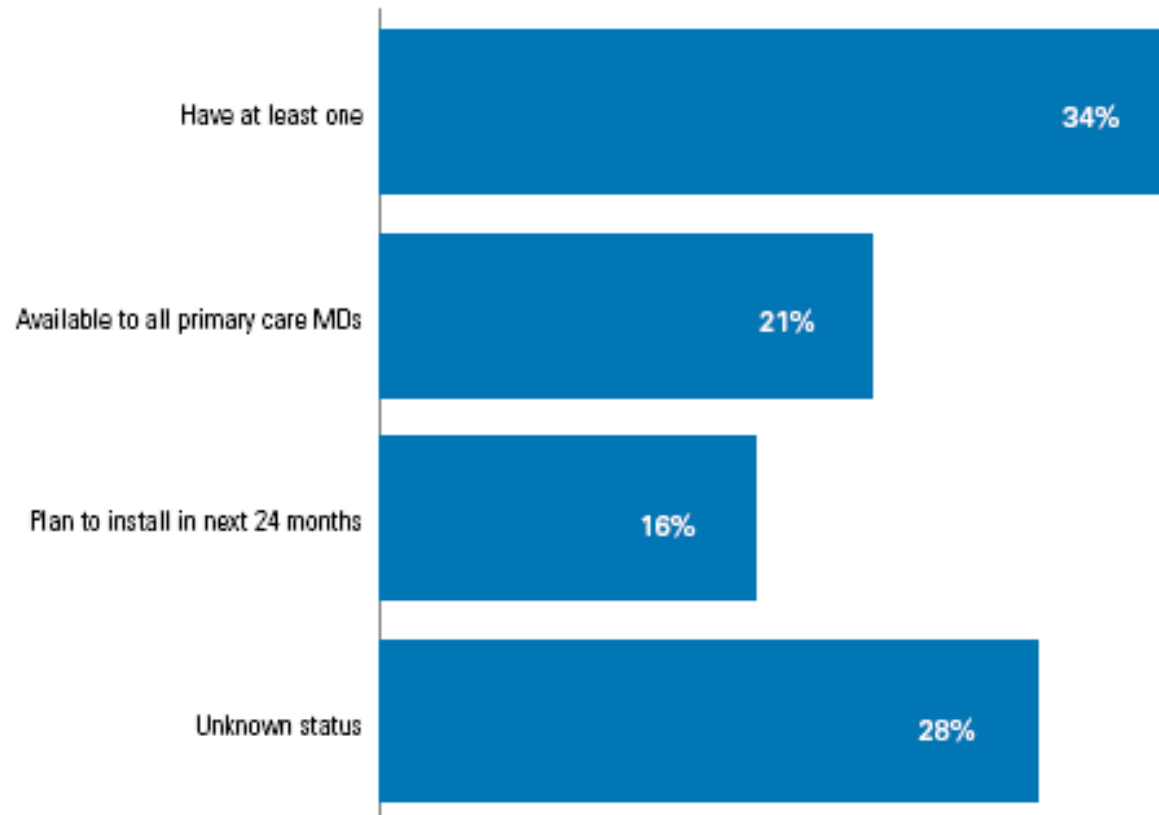
Note: Percentages do not add to 100 percent due to rounding.  
\*Physician practice is defined as three or more physicians practicing together with a common billing and medical record system.  
†Document image management system.  
Source: *Assessing Information Technology in Medical Groups*. Medical Group Management Association Center for Research and the University of Minnesota, 2005.

## Availability of EHR Functions at Physician Practices, California, 2005



Source: *Assessing Information Technology in Medical Groups*. Medical Group Management Association Center for Research and the University of Minnesota, 2005.

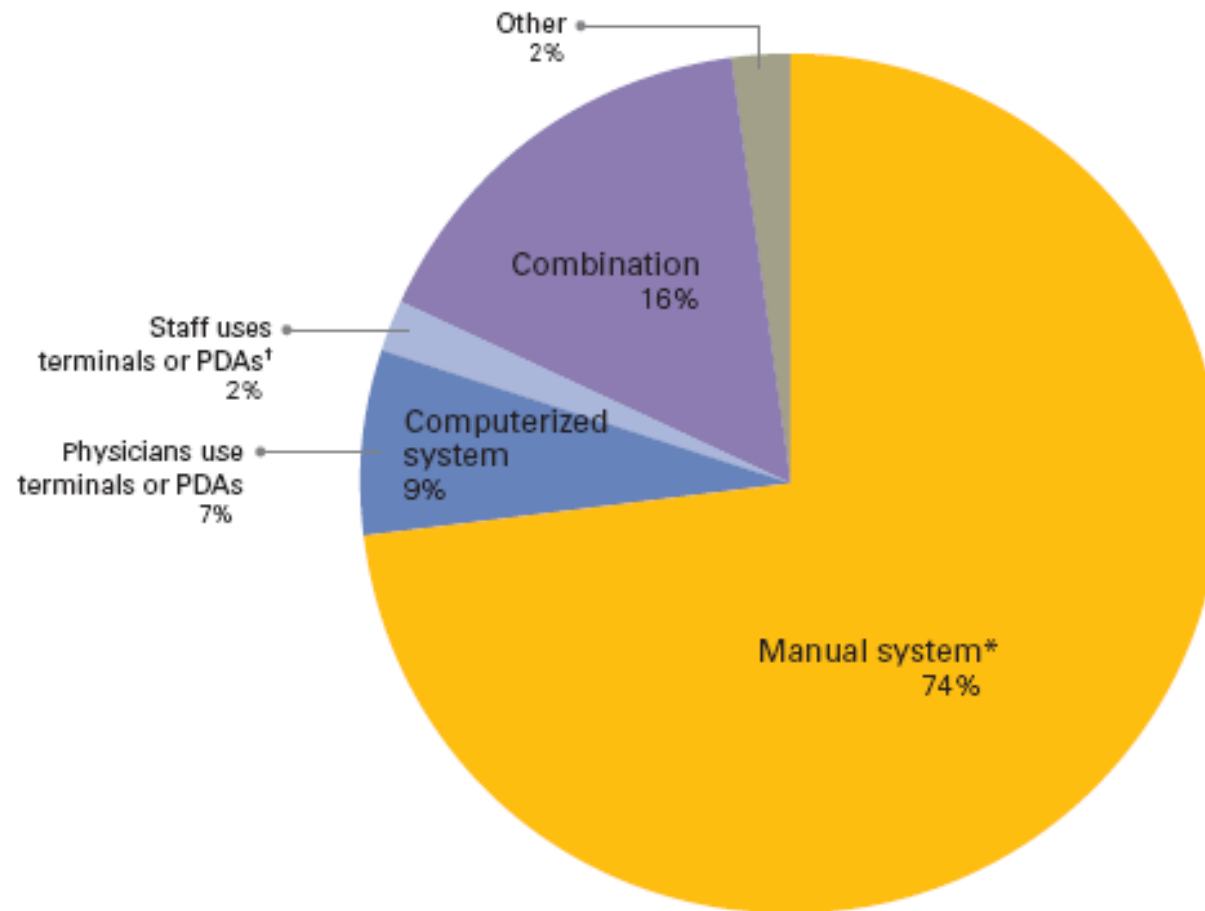
## Use of Chronic Disease Registries in Medical Groups,\* California, 2007



\*Medical group is defined as six or more primary care physicians contracting directly with an HMO.

Source: *Active California Medical Groups: Implementation Status of Electronic Medical Records (EMRs) & Chronic Disease Registries (CDRs)*. Cottanoo & Stroud, July 2007.

## How Medical Practices Write Prescriptions, California, 2005

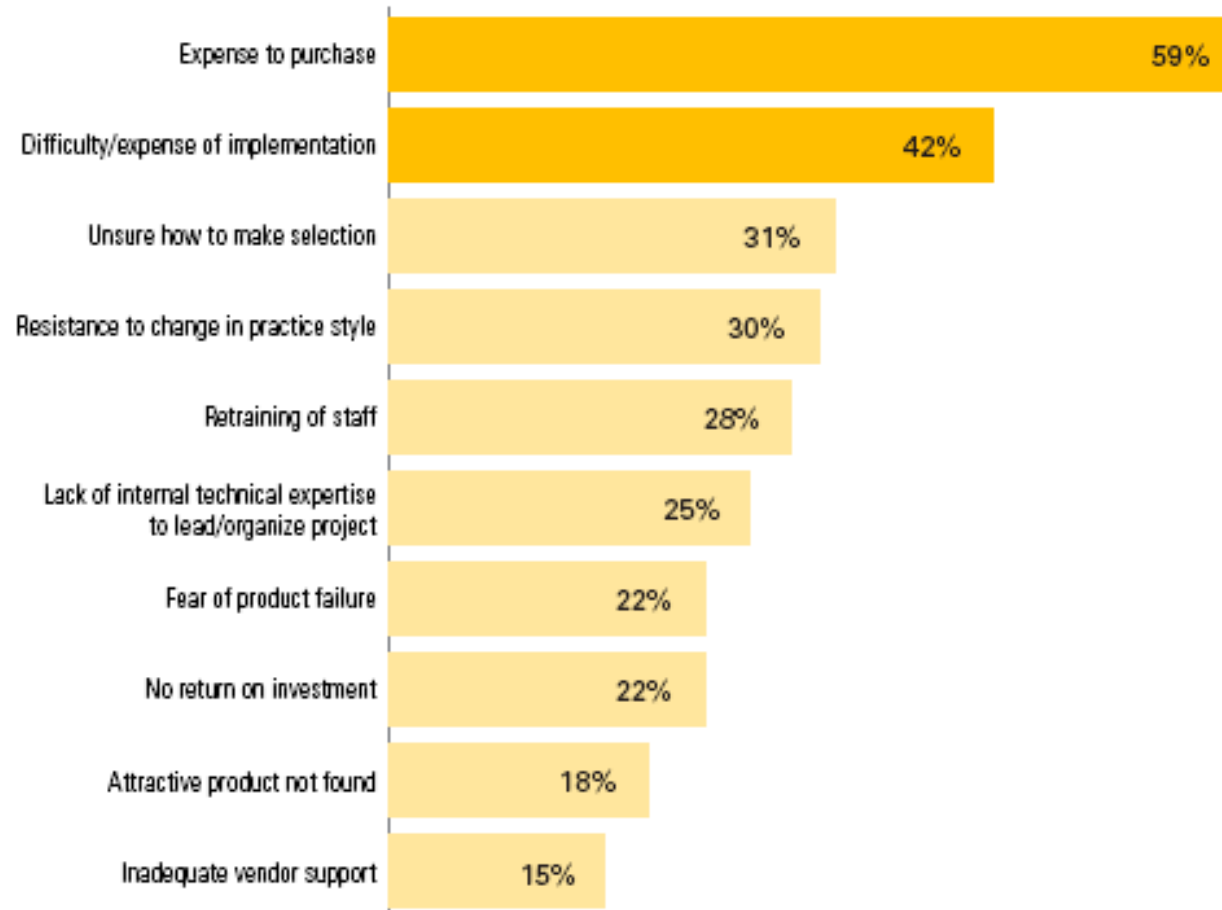


\*Paper documents, faxes, and telephone requests.

†Personal digital assistants.

Source: *Assessing Information Technology in Medical Groups*. Medical Group Management Association Center for Research and the University of Minnesota. 2005.

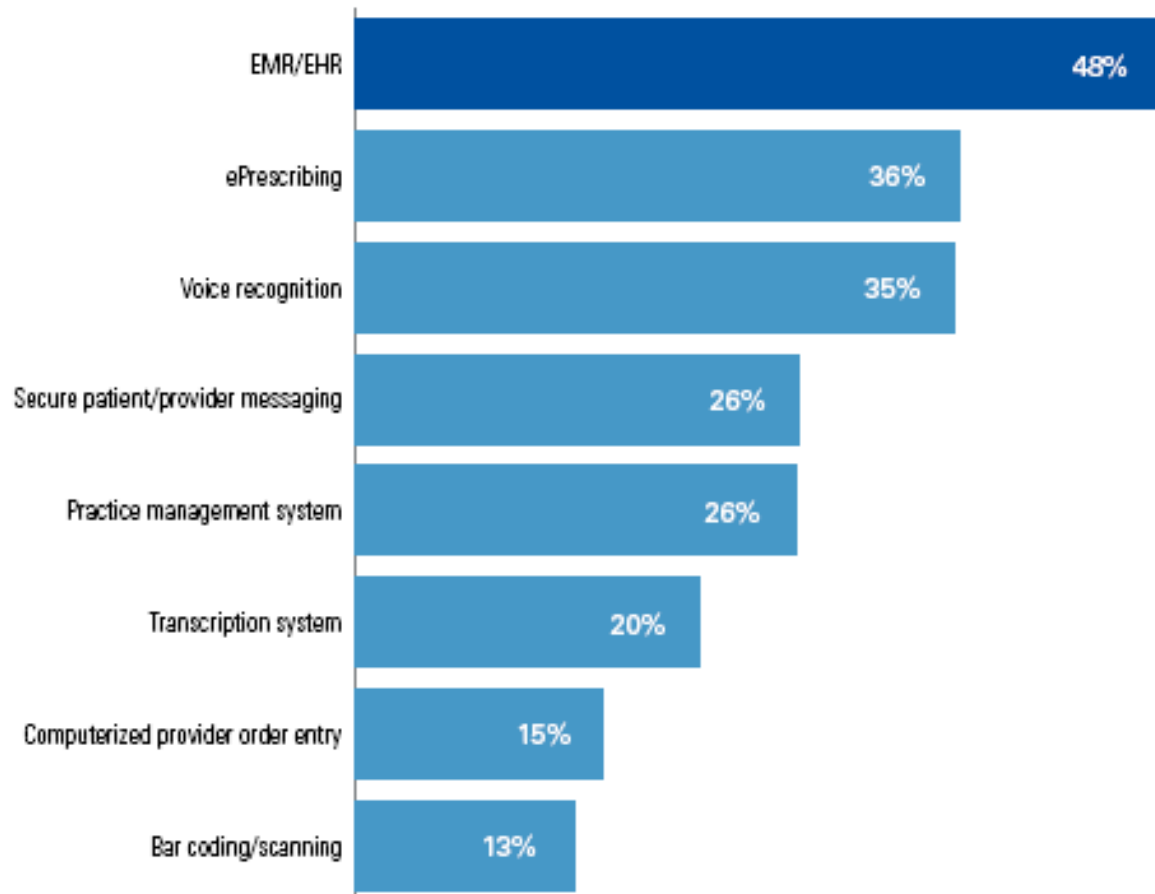
## Barriers to Use of EHRs Among Physicians,\* California, 2005



\*Includes practices of all sizes.

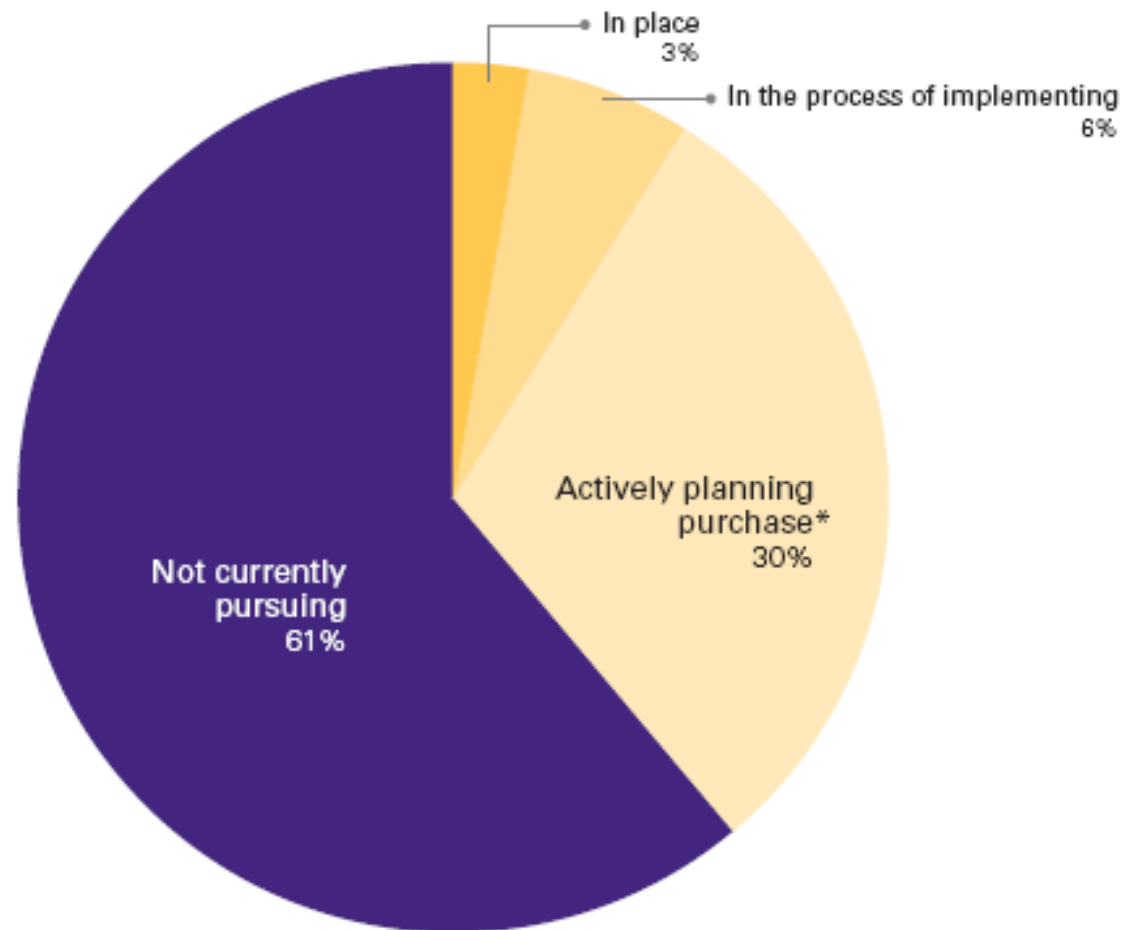
Source: *Health Information Technology Survey*; Center for Economic Services, California Medical Association, 2005.

## Technologies That Physicians Would Like to Acquire, California, 2005



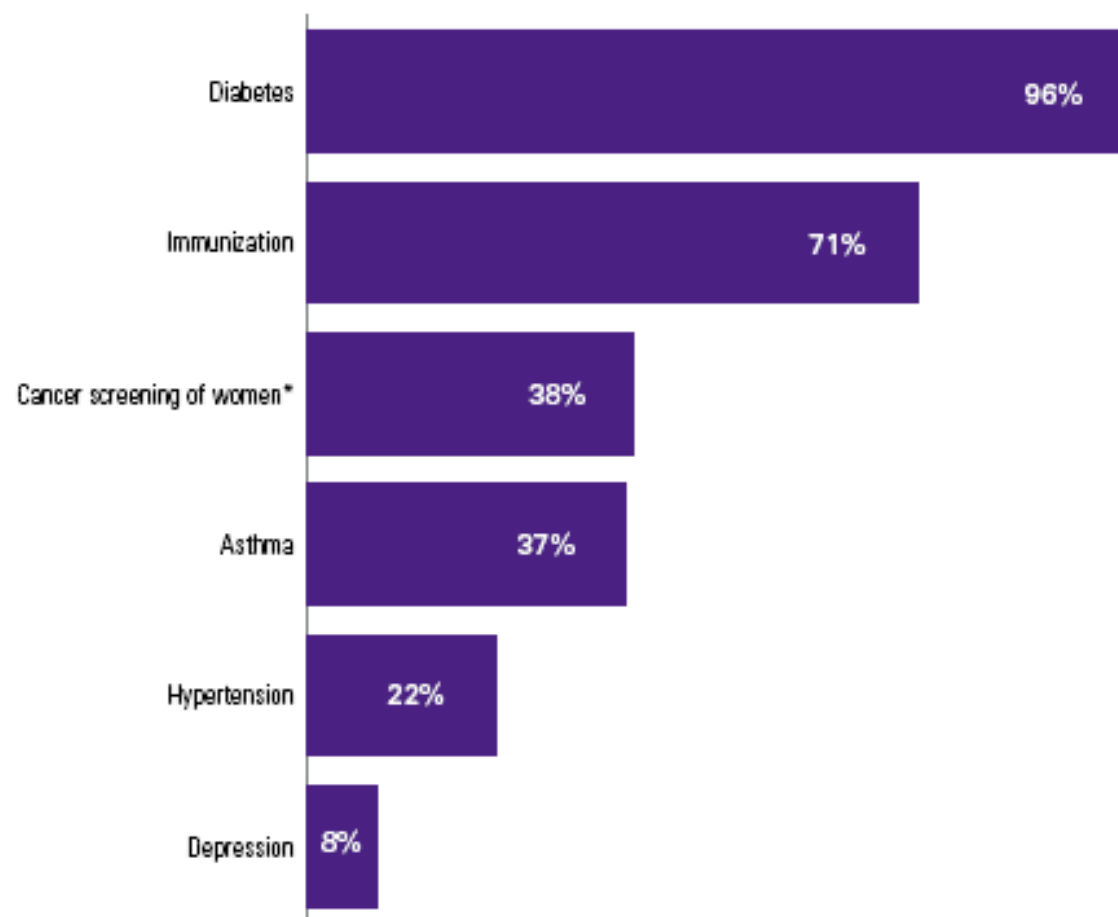
Source: Health Information Technology Survey, Center for Economic Services, California Medical Association, 2005.

## Use of EHRs at Community Clinics, California, 2005



\*E.g., has an operating EHR planning committee, is writing a request for proposals (RFP) from EHR vendors, or has issued an RFP.  
Source: 2005 Information Management Assessment. Medical Director Survey. Community Clinics Initiative.

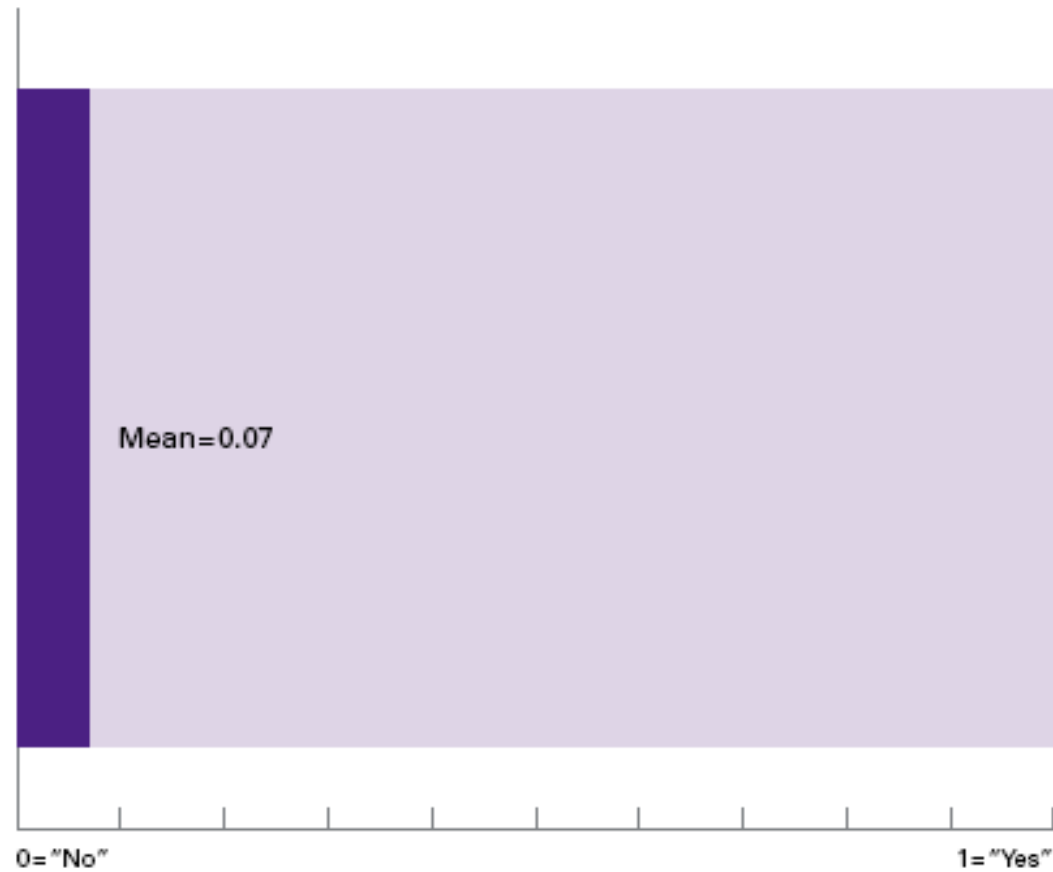
## Community Clinics with Disease Registries in Place, California, 2005



\*E.g., Pap smears.

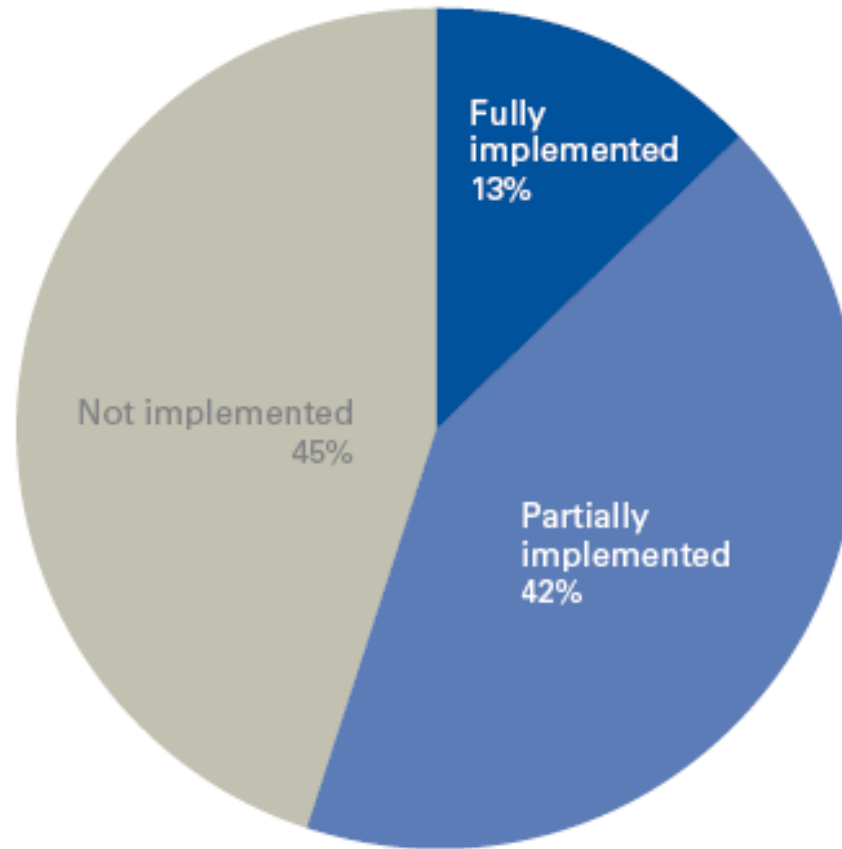
Source: 2005 Information Management Assessment, Medical Director Survey, Community Clinics Initiative.

## Average Number of Community Clinics Ordering Pharmacy Prescriptions Electronically, California, 2005



Source: 2005 Information Management Assessment, Medical Director Survey, Community Clinics Initiative.

## Use of EHRs at Hospitals, California, 2006/2007



Source: American Hospital Association and California Hospital Association Health Information Technology Surveys, 2006/2007.

## EHR Uses in Hospitals, California, 2007

USE	IMPLEMENTED		CONSIDERING IMPLEMENTING		NOT IMPLEMENTED
	Fully	Partially	Testing	Yes, within 3 years	
Access to patient demographics	60%	29%	1%	7%	4%
Review lab results	55%	35%	2%	6%	3%
Enter lab orders	50%	35%	2%	8%	5%
Enter pharmacy orders	39%	36%	4%	17%	5%
Access to medical history/physical	36%	41%	3%	16%	4%
Review radiology images (including PACS*)	36%	42%	4%	11%	7%
Access to current medical records (observations, orders)	34%	47%	1%	15%	4%
Real-time drug interaction alerts	31%	39%	3%	23%	4%
Access to patient flow sheets	25%	46%	3%	22%	4%

\*Picture archiving and communication system.

Source: American Hospital Association and California Hospital Association. Health Information Technology Surveys, 2006/2007.

## Accessibility of EHRs at Various Hospital Locations, California, 2007

USE	IMPLEMENTED		CONSIDERING IMPLEMENTING		NOT IMPLEMENTED
	Fully	Partially	Testing	Yes, within 3 years	
Emergency department	46%	15%	2%	30%	8%
Hospital inpatient departments	44%	17%	1%	32%	6%
On-site clinics	42%	17%	1%	29%	12%
On-site MD offices	37%	15%	1%	33%	15%
Off-site clinics	34%	18%	1%	29%	18%
Off-site MD offices	33%	18%	2%	33%	13%
Other outpatient settings	29%	17%	2%	37%	16%
Post-acute care settings	22%	10%	1%	42%	25%

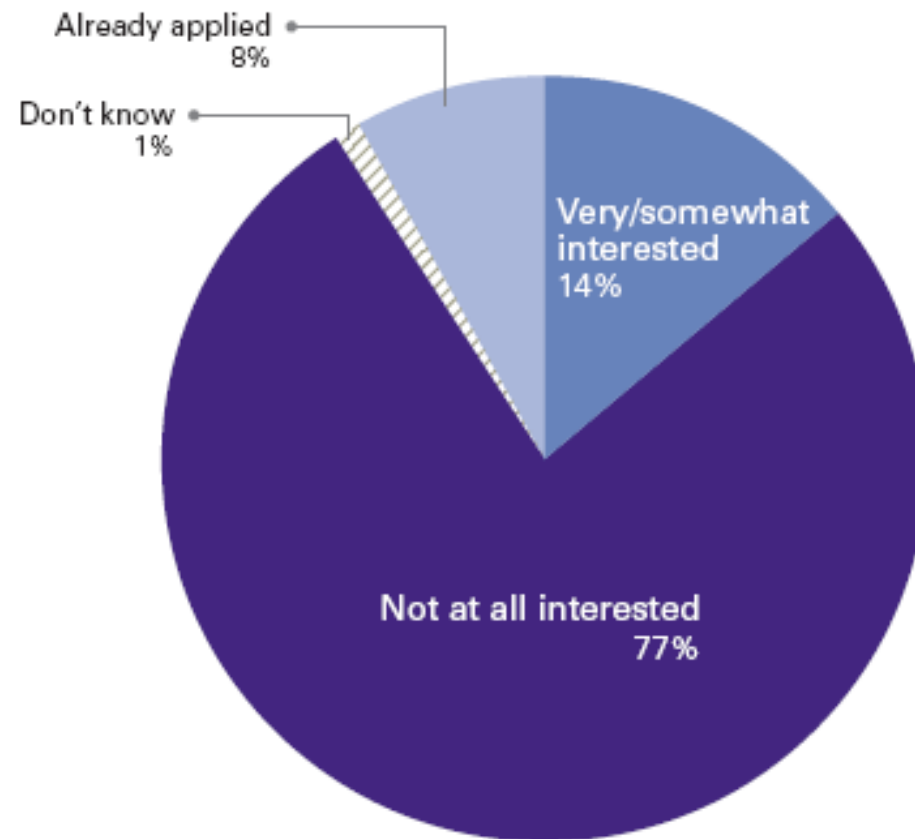
Source: American Hospital Association and California Hospital Association. Health Information Technology Surveys, 2006/2007.



Humboldt  
San Francisco  
Alameda  
San Mateo  
Santa Clara  
San Joaquin  
Fresno  
Santa Cruz  
Los Angeles  
Orange

**20% of  
MediCal and  
CHIP  
applications  
in CA**

## Interest in Applying Online for Health Insurance, California, 2007

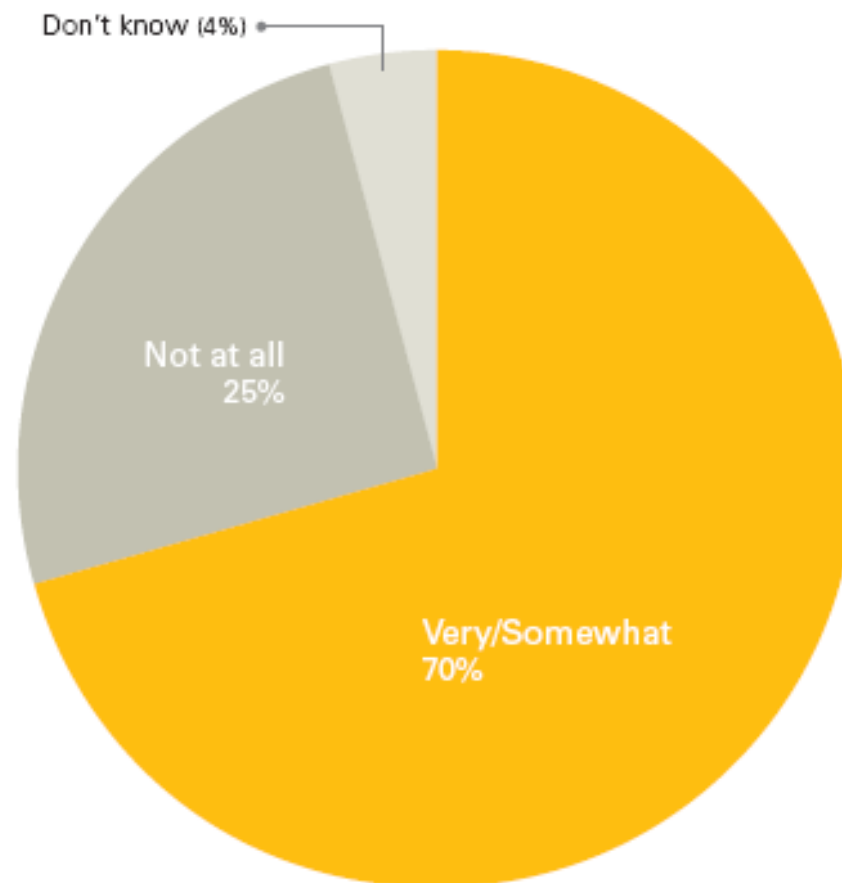


Source: Custom Study for California HealthCare Foundation. Manhattan Research. 2006/2007.

# Consumer Interest in Health IT

- **70% say important for physician to have HIT**
- **7% already use for scheduling**
- **4% already use email with their physician**

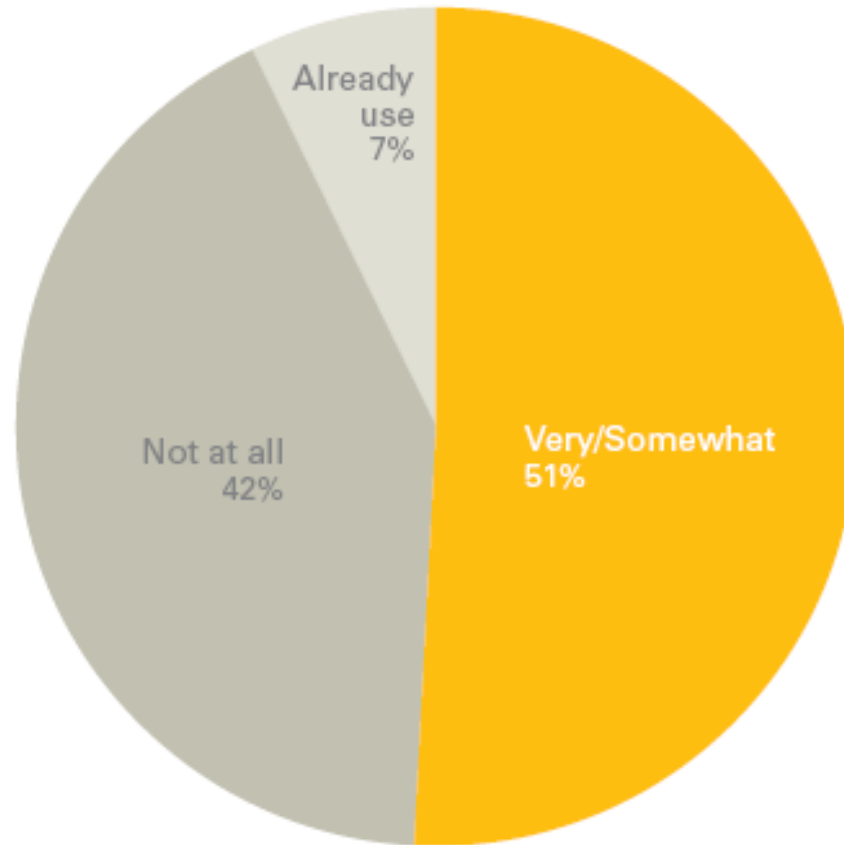
## Importance to Consumers of Technology in Physician Office, California, 2006/2007



Note: Percentages do not add to 100 percent due to rounding.

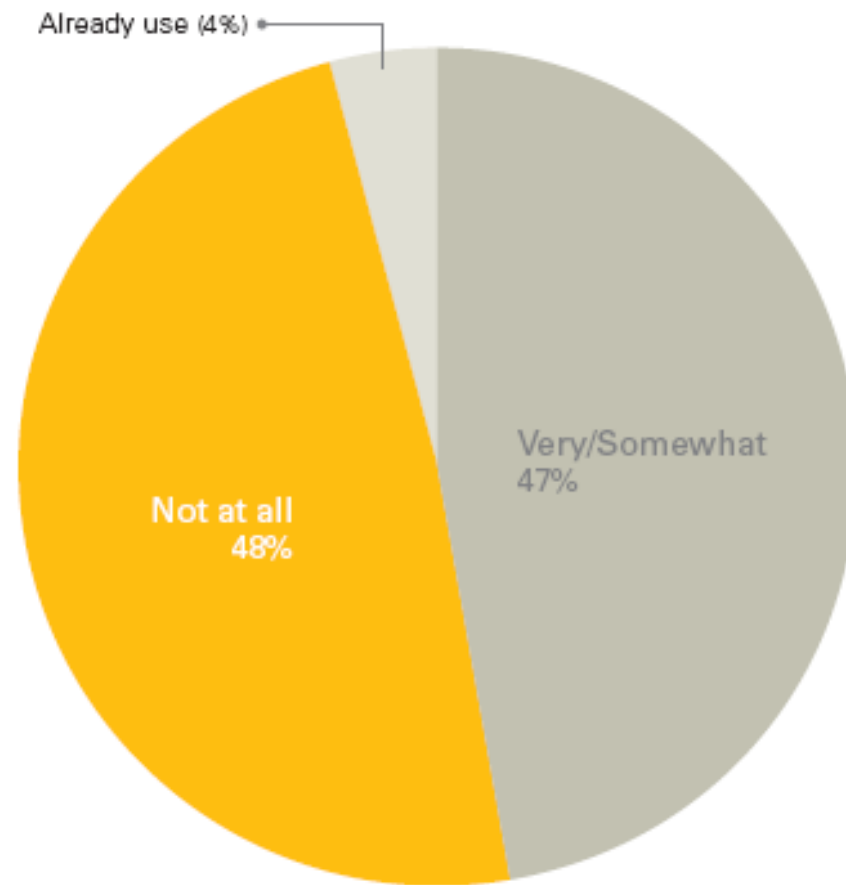
Source: Custom Study for California HealthCare Foundation, Manhattan Research, 2006/2007.

## Consumers' Interest in Scheduling an Appointment Online, California, 2006/2007



Source: Custom Study for California HealthCare Foundation. Manhattan Research. 2006/2007.

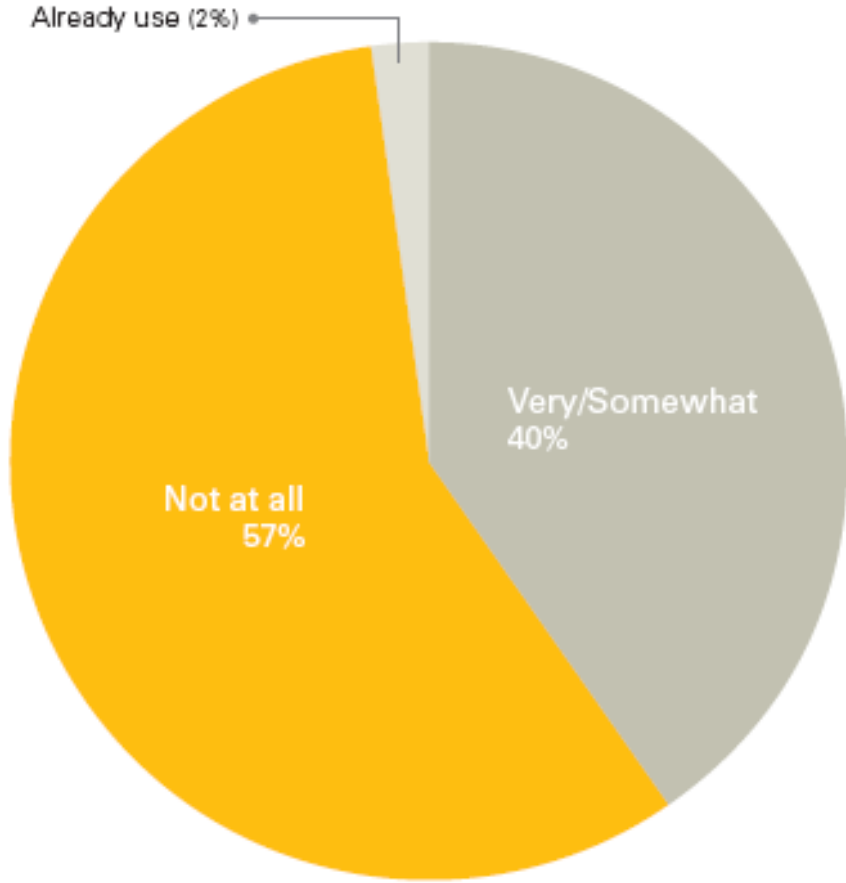
## Consumers' Interest in Receiving Email from Physician, California, 2006/2007



Note: Percentages do not add to 100 percent due to rounding.

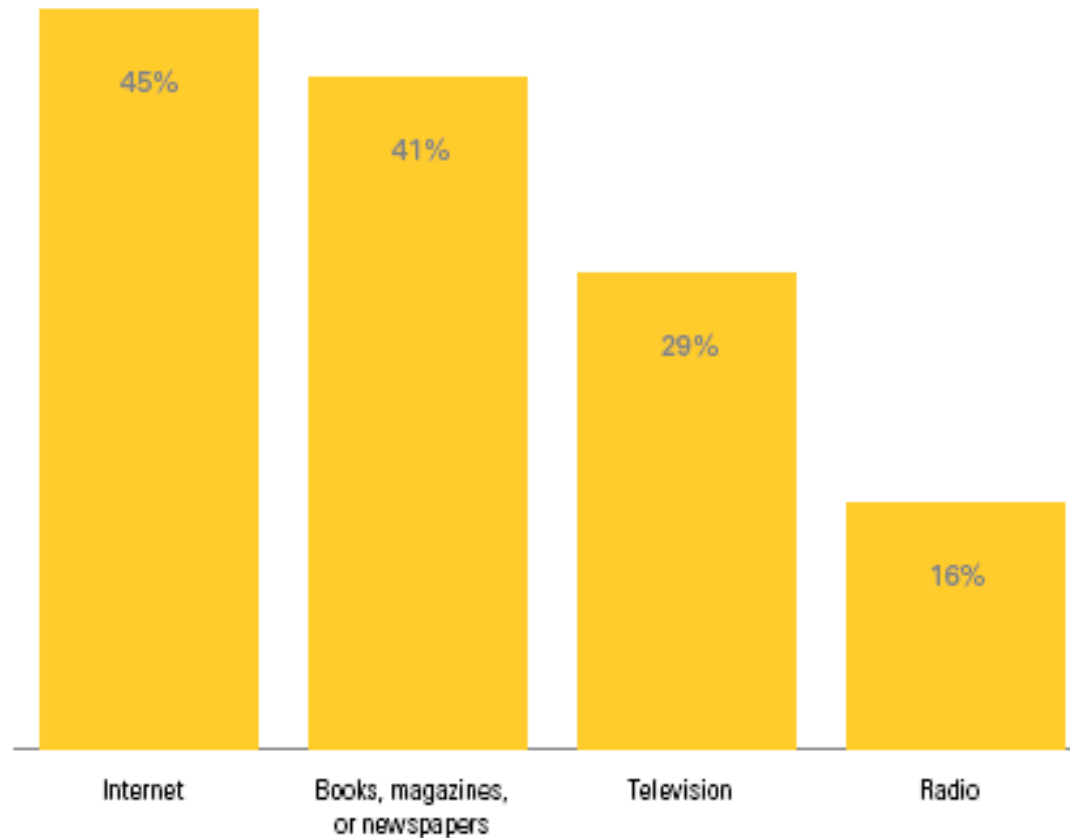
Source: Custom Study for California HealthCare Foundation. Manhattan Research, 2006/2007.

# Consumers' Interest in Accessing PHRs Online, California, 2006/2007



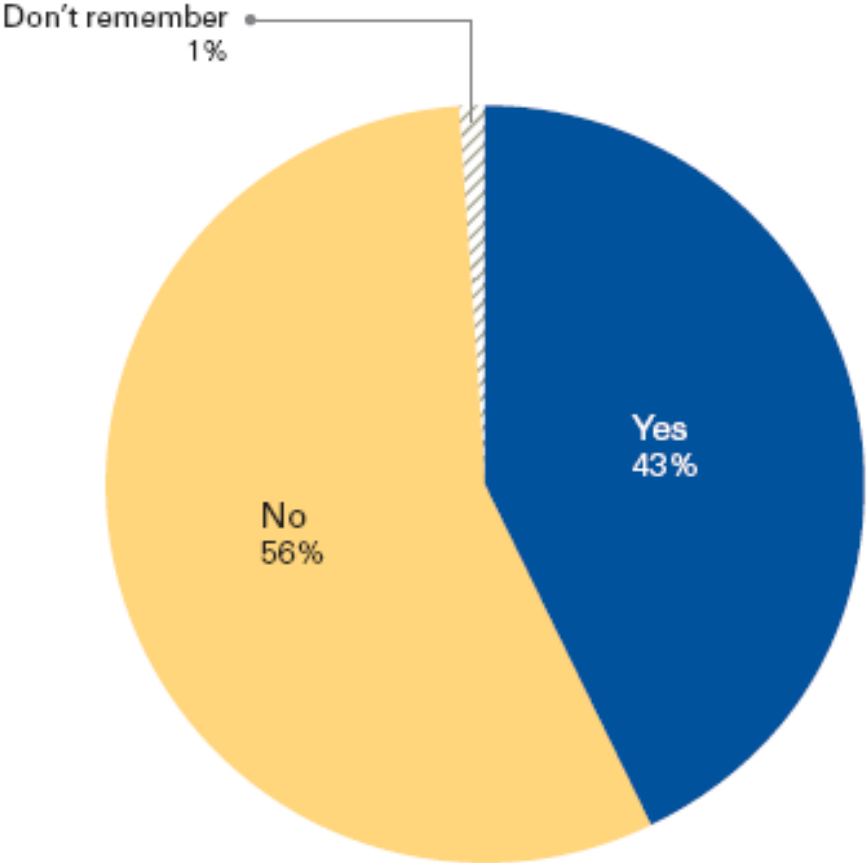
Note: Percentages do not add to 100 percent due to rounding.  
Source: Custom Study for California HealthCare Foundation, Manhattan Research, 2006/2007.

## Consumers' Sources of Health/Medical Information, California, 2006/2007



Source: Custom Study for California HealthCare Foundation. Manhattan Research, 2006/2007.

# Discussing Online Health Information With a Physician, California, 2007



Source: Custom Study for California HealthCare Foundation. Manhattan Research, 2006/2007.

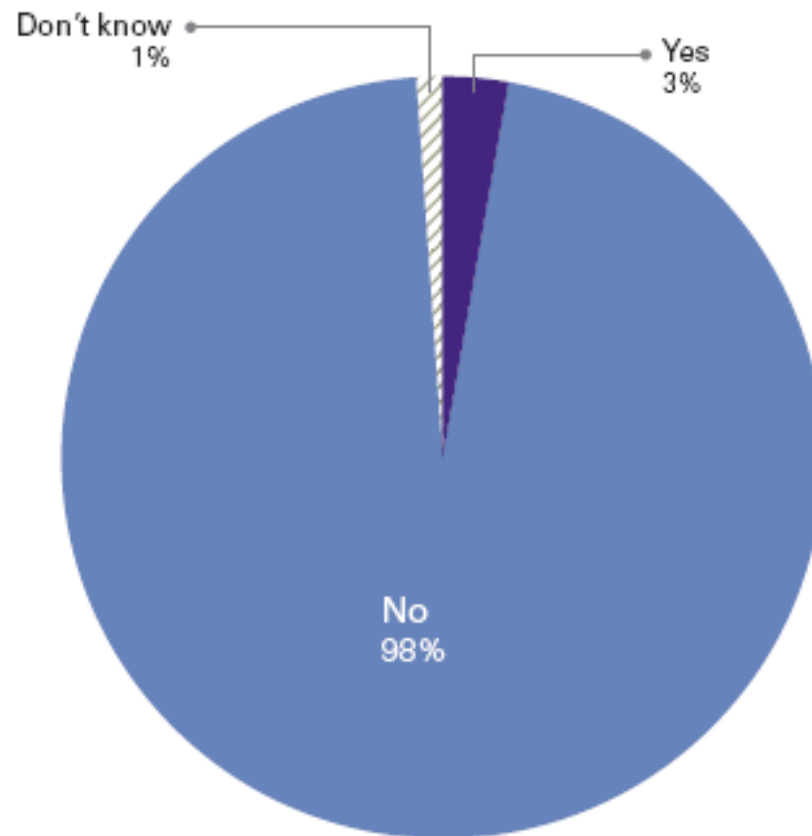
# Digital Divide Persists

- **Only 45% low-income households have internet access (vs. 77% higher income households)**
- **Rural, disabled, Limited English Proficient, seniors all use internet less**

# Telemedicine in California

- **California Telemedicine and eHealth Center for training and technical assistance**
- **California Telehealth Network as the broadband network**
- **New funding through FCC and Proposition 1D**

## Participation in Telemedicine\* Within Last 12 Months, California, 2007



\*The use of audio, video, and other telecommunications and electronic information processing technologies to deliver health care services remotely to patients and enable consultations among health care providers.

Note: Pie segments on left don't add up to 100 percent due to rounding.

Source: Custom Study for California HealthCare Foundation, Manhattan Research, 2006/2007.

# American Recovery and Reinvestment Act

- **Up to \$36 billion of the \$787 billion is for HIT**
- **\$34 billion over six years through Medicare and Medicaid (CA: 10%?)**
- **\$2 billion to DHHS ONC HIT for policy, readiness and infrastructure**

# Medicare Incentives

- Hospitals get up to \$6 million for “meaningful use” of certified EHRs
- Physicians get up to \$44,000 over five years for “meaningful use” of certified EHRs
- Payments are *reimbursements*

# Medicare *Penalties*

- For physician's failure to adopt/use EHRs
- Penalties begin 2015 (1%)
- 2% in 2016, 3% in 2017...
- *Penalties for hospitals as well beginning 2015*

## Medicaid (MediCal) Incentives

- Physicians must have 30% MediCal patients (20% for pediatricians, 30% "needy" patients for clinics)
- Up to \$63,750 over six years
- Hospitals (with  $\geq 10\%$  MediCal) also get up to \$6 million
- Payments are for *adoption and use*

# Office of National Coordinator for HIT

- **HIT Policy Committee**
- **HIT Standards Committee**
- **Certify EHRs**
- **Define “meaningful use”**
- **All standards by 12/31/09**

# “Meaningful Use”

- Document *use* of EHRs
- Use E-prescribing
- Electronically exchange health information
- Submit information on clinical quality

# Office of National Coordinator for HIT

- **Administer \$2 billion in grants**
- **Planning and implementation grants (to states or state-designated entity)**
- **Develop regional extension centers (health information exchanges)**

# Office of National Coordinator for HIT

- **EHR loan fund (to states and Indian tribes)**
- **Workforce training on HIT**
- **Research and development on HIT**

# Privacy and Security

- **Extends HIPAA protections and requirements, extends to PHRs**
- **New HIPAA penalties**
- **Patient rights to information in EHRs**
- **New notice requirements for breaches of privacy**

# Opportunities for Community Clinics

- **\$120 million of \$1.5 billion infrastructure funding is for HIT**
- **CA likely to get about \$12 million (~10%) for HIT**
- **Other HIT funding through Indian Health Services**

# Opportunities for Broadband

- **ARRA: over \$7 billion for broadband expansion**
- **Commerce Department grants up to \$4.7 billion**
- **CA Telehealth Network will apply**

# California's Response

- **New Deputy Secretary for HIT at Health and Human Services Agency**
- **Exploring options for state HIE**
- **Monitoring federal policy, standards and funding guidelines**

# California's Response

Health Information Exchange - Windows Internet Explorer

http://www.chhs.ca.gov/initiatives/HealthInfoEx/Pages/default.aspx

File Edit View Favorites Tools Help

CA.GOV CHHS California Health & Human Services Agency

Home Departments & Boards Initiatives News Room

CHHS > Initiatives > Health Information Exchange

## Health Information Exchange

Achieving electronic health information exchange (HIE) through the application of health information technology (HIT) is one of the cornerstones of the overall healthcare reform strategy in California. Effective application of HIT and the implementation of interoperable HIE are key strategies to achieve the goals of better health care outcomes, efficiencies in the delivery of healthcare, and strengthening our emergency and disaster response preparedness. California State government is involved in many initiatives and projects that support these goals. This site will provide you with the latest news on what state entities are doing to achieve these goals as well as key links to national efforts to promote and implement HIE and HIT.

The California Health and Human Services Agency serves as the lead agency on HIE and HIT issues for the State. CHHSA works with the State Chief Information Officer (OCIO), the Department of Managed Care and the Business, Transportation and Housing Agency to oversee the State's HIE and HIT related efforts.

Return to this site for continuing updates and new information on all major HIE/HIT activities. In addition to the latest news and developments, you will be able to obtain more information through links to the major HIE/HIT efforts underway in California.

If you have comments or questions, please e-mail [hie@chhs.ca.gov](mailto:hie@chhs.ca.gov)

>>>MONTHLY HIE STAKEHOLDER CALLS TO BE HELD ON THE SECOND THURSDAY<<<

**NEW: Next HIE Stakeholder Conference Call**

**Thursday, May 14th 1-2 pm PDT**

**Dial In: 1-877-531-2985 Passcode: 100470**

Done

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# California's Response



# HCIT Implementation Issues

**1) Ensure that patient-centered information and uses are included in national standards**

➤ **Include patient demographics (race, ethnicity, language)**

➤ **Include standards for PHRs and patient interfaces**

# HCIT Implementation Issues

2) Define “meaningful use” to be *health improvement for patients*

➤ Include patient-centeredness in certification of EHRs

➤ Support broadest requirements for interoperability of EHRs and

**HIEs**

# HCIT Implementation Issues

## 3) Ensure HIT for safety net providers

- Community clinics and school health services
- Minority/small/solo physician practices
- Public and non-profit hospit

# HCIT Implementation Issues

## 4) Optimize electronic enrollments

- Link to other health and human services
- Go beyond “health information exchange”

# HCIT Implementation Issues

**5) Leverage health information and communications technologies for patients and consumers to improve health**

- **Innovate tools and applications**
- **Support and build consumer uses**



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