

# **Connecting California**

**Presentation for Team for Research in Ubiquitous Secure  
Technology  
Berkeley, California**

Lori Hack, MBA

Interim CEO

April 28, 2006



When I go to see my doctor, she or he will have **all the information needed right on the spot.**

I won't have to fill in any more forms, lab tests won't be repeated.

My doctor will know if I've been to see another doctor, or to a hospital, and what medicines I'm taking.



If I'm taken to the hospital in an **emergency**, all the information needed to take care of me will be available - **within seconds**.



I have my own **personal health record**, that I can access on my home computer or as a printed record.

It has all the latest information needed about

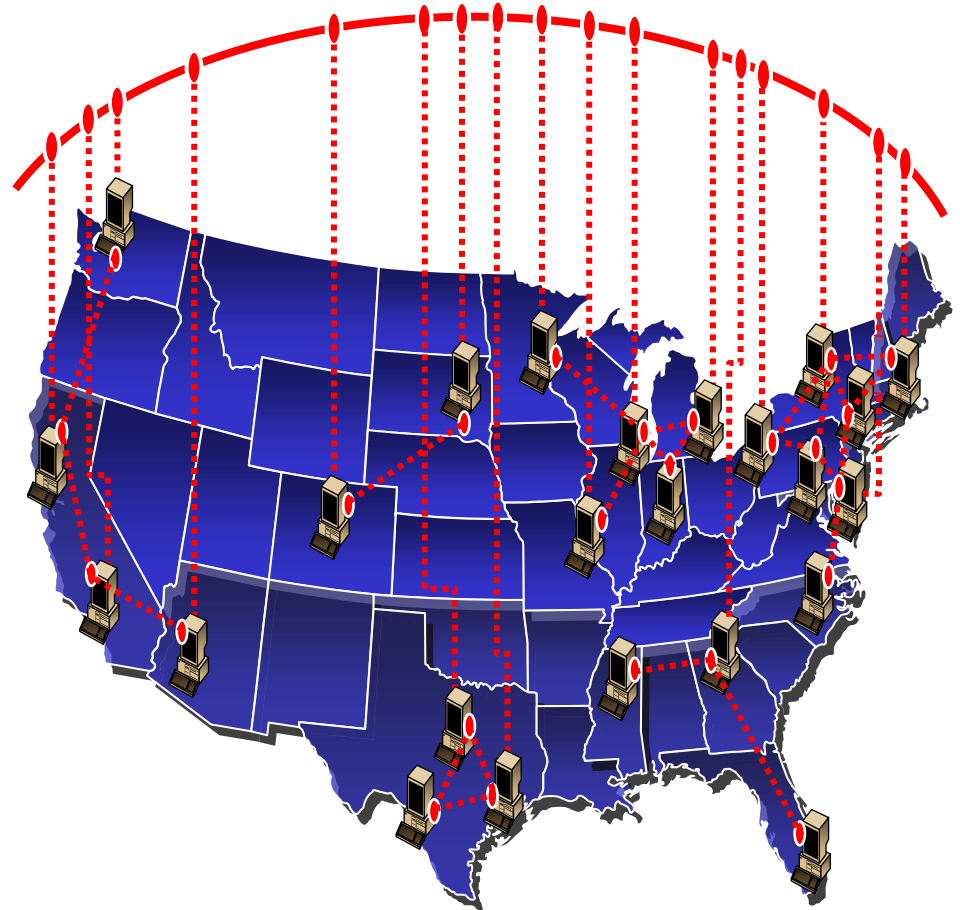
- my medical history
- current conditions
- medicines I'm taking
- the doctors caring for me
- information about my medical conditions

## The Vision



If there is a public health emergency.... my records will be available to treat me or my family at any location.

- Federal advocacy for health care IT
  - Secretary Leavitt a strong proponent
- Limited federal funding
- Re-structuring the market
  - Establishing standards
  - Privacy and security legislation
  - Safe harbor
  - Accrediting products as standard-compatible
  - Stimulating national 'highway'
- Congressional stampede
  - 10+ bills



A collaborative statewide initiative to improve the safety, quality, and efficiency of health care through the use of information technology and the secure exchange of health information.



- 
- Independent **umbrella** organization
  - **Incrementally** build a statewide HIE
  - Establish a **common approach**
  - Sponsor pilots and demonstration projects
  - Ensure inclusion of **safety providers and underserved populations**
  - Build on **regional and national** efforts; ensure consistency with national technology platforms
  - Identify and support **legislation and regulation** necessary



- 
- help create **common governance, process, technology**, and other elements needed for regional and statewide data exchange organizations
  - help organizers of local and regional data exchange efforts within California work toward **common goals and share** what they develop and learn
  - ensure that California's data exchange projects are **consistent with national** technology platforms and networks
  - identify **legislation and regulation** necessary for statewide data sharing

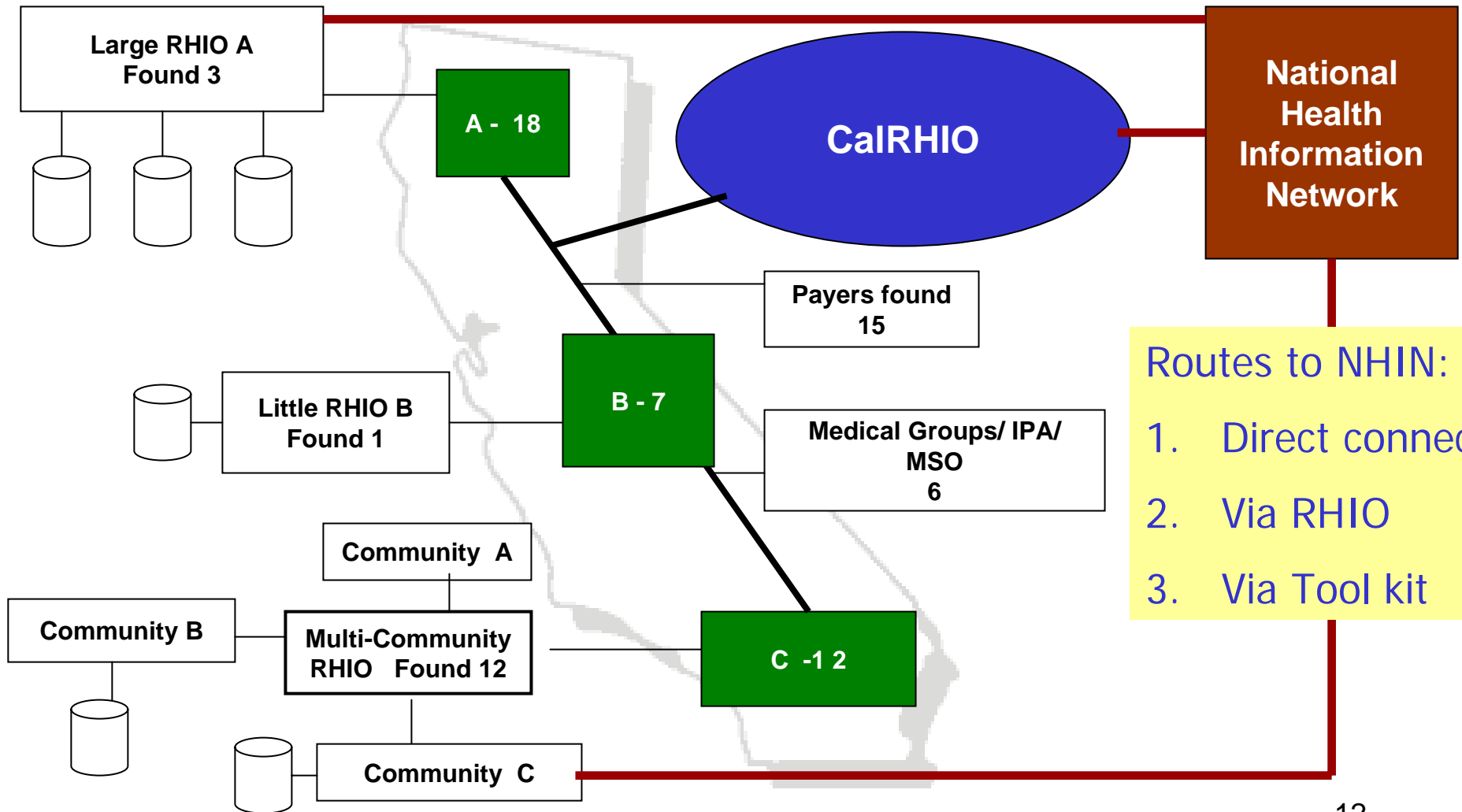
## **Convene, Communicate, Educate**

- Act as **central hub** for other HIE networks in California
- Provide leadership on **interoperability** across provider and payer systems
- **Coordinate** with ONCHIT, Markle, eHealth Initiative, HL7, HIMSS, CCHIT
- **Inform** the public and media
- Provide representation on **policy** affecting HIT
- Collect and disseminate **best practices** for RHIOs and stakeholder policies
- Identify and maintain stakeholder **contacts**, potential partners in initiatives
- Provide **templates and guidelines** for governance, business and use cases

---

## Analyze, Assess, Organize Collaboration

- To enable state data exchange activities, develop **use cases and requirements**; value propositions including decisions support; business cases – methodologies, tool kits
- Promote **IT-enablement** of providers/plans/consumers
- Recommend **standards and nomenclature** for data exchange and communication standards consistent with national developments; develop recommendations for statewide standards as necessary
- **Identify** gaps, needs, barriers to progress, solutions; develop private and public policy and program recommendations to address
- Regarding State legislation and regulation, review needs and recommendations, conduct advocacy through stakeholders as appropriate
- Address **privacy and security** issues



## **Emergency Department Linking Project**

Enable EDs to access vital information to care for patient care which include the clinical data set approved by Clinical WG

## **Medication Management**

Medication history – develop an emergency response system of prescription history for patients who opt in, first in ED then extend

## **Personal Health Records**

Starting with key populations, make available meaningful health records to consumers

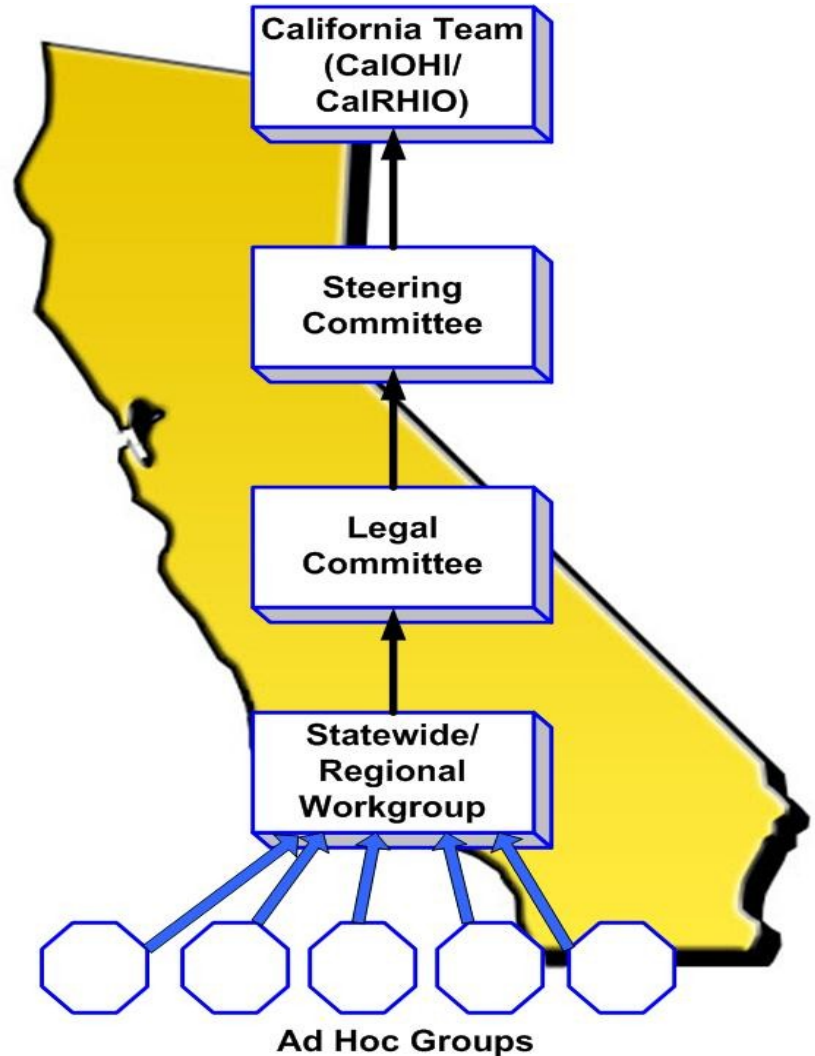
## **Infrastructure**

Statewide eMPI and record locator with ability for local region to implement on a common standard

## **Administrative Efficiencies**

Assist safety net, rural providers to access patient data, eligibility

- CalRHIO with CalOHI (Office of HIPAA Implementation) developed joint response to RTI
- Funding from RTI to California will total \$350,000 - *matching funds needed*
- Steering Committee made up of State and CalRHIO stakeholders
- Project to cover 12 months with 3 reports and 1 national meeting to discuss results



- 
- Privacy and Security CalRHIO working w/CalOHI
  - Publish HIE data and message standards
  - Complete data sharing agreement template
  - Complete business case analysis
  - ED Linking Project - launch pilot “solution”
  - PHR consumer comparison tool
  - Define technical highway “infrastructure” *incrementally*
  - Education: state, county, consumers
  - Maintain initiative inventory

*For further information please contact us at:*

Lori L. Hack

415-537-6970

[Lhack@calrhio.org](mailto:Lhack@calrhio.org)

[www.CalRHIO.org](http://www.CalRHIO.org)