



California Regional Health Information Organization

Connecting California

Lori Hack, Interim CEO

Third Annual Connecting Communities Learning Forum & Exhibition

Washington, DC 4/10/06



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.



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

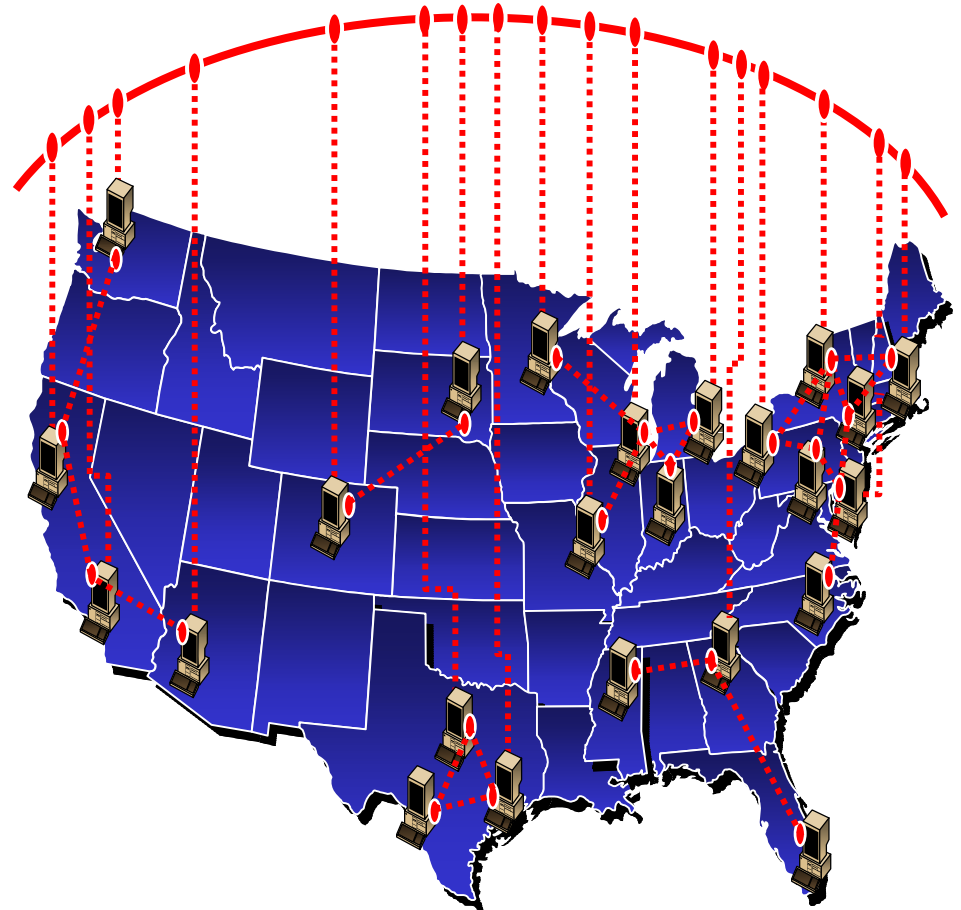
The Vision



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

National HIT Picture

- 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

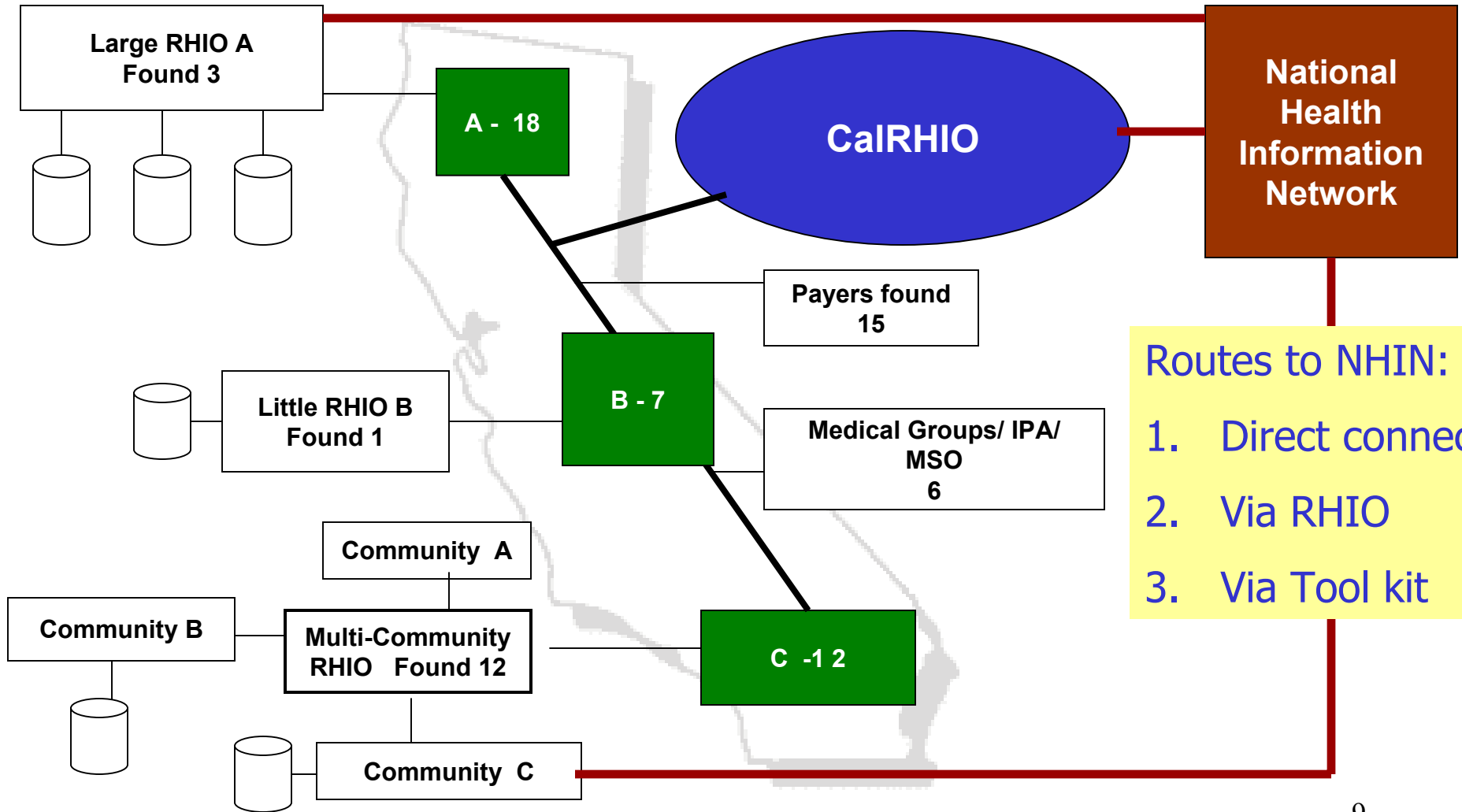


A collaborative statewide initiative to improve the safety, quality, and efficiency of health care through the use of information technology and the secure exchange of health information.



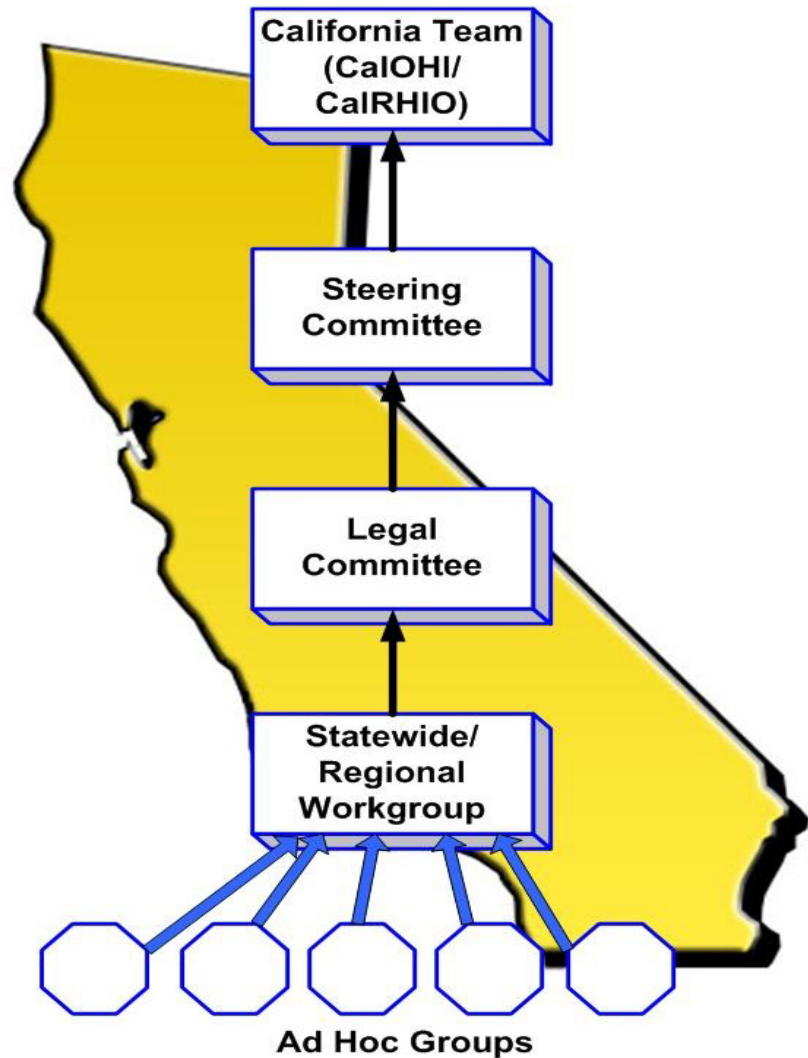
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- Independent **umbrella** organization
 - **Incrementally** build a statewide HIE
 - Establish a **common approach**
 - Sponsor pilots and demonstration projects
 - Ensure inclusion of **safety providers and underserved populations**
 - Build on **regional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

Statewide Highway for Patient Query and Record Locator



Privacy and Security RFP: California's Response

- 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



Emergency Department Linking Project

Enable EDs to access vital information

Medication Management

Medication history – first to EDs, then to Personal Health Records

Personal Health Records

Starting with key populations

Infrastructure

Statewide eMPI

Administrative Efficiencies

Assist safety net, rural providers

Testing assumptions on a manageable scale

Objective: Enable EDs to access critical clinical information from key data sources

Issued RFI – February 9; due March 15 – see www.calrhio.org

Seeking broad technology solutions, little prescription

Pilot test, three or more business associates in two to three regions/communities



California Regional Health Information Organization

California Participant Overview



Participant Type	State-wide	Standalone Project Scope		
	Universe	ED Link	Med Mgmt	Admin Efficiency
Physicians	50,000		50,000	50,000
Hospitals	370			370
Emergency Departments	277	277		
Independent Labs	500	500		
Independent Radiology	503	503		
Chain Pharmacies	3,098		3,098	
Independent Pharmacies	2,082		2,082	
Nursing Homes	1,084			
Home Health Agencies	834			
Insurers	22	22	22	22

- 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

Web site

- All mtg minutes and presentations for first year
- Governance documents for options to organize
- Data standards recommendations
- Clinical minimum data set
- Technology strategy “road map” (coming)
- Architectural options
- Personal Health Records – evaluation criteria (coming)
- Business cases/ROI (coming)