



# HIT Policy Developments

**February 18, 2010**

Andie Martinez  
Associate Director of Policy  
California Primary Care Association

1

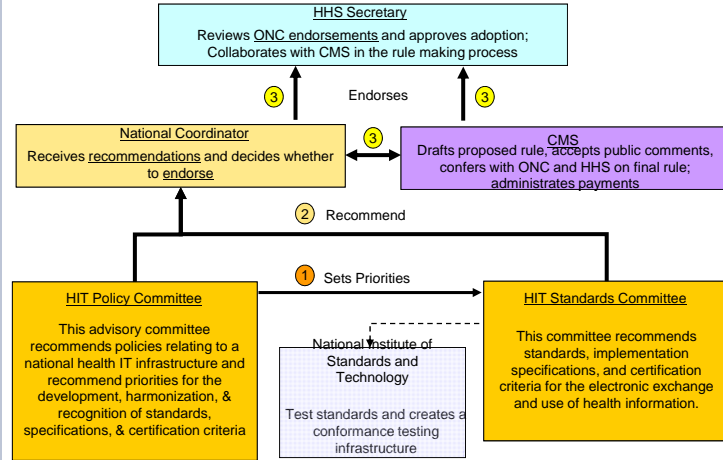
## Overview

- I. EHR
- II. HIE
- III. Regional Extension Centers
- IV. EHR Loan Fund
- V. Broadband/Telehealth
- VI. Privacy and Security
- VII. The End

2

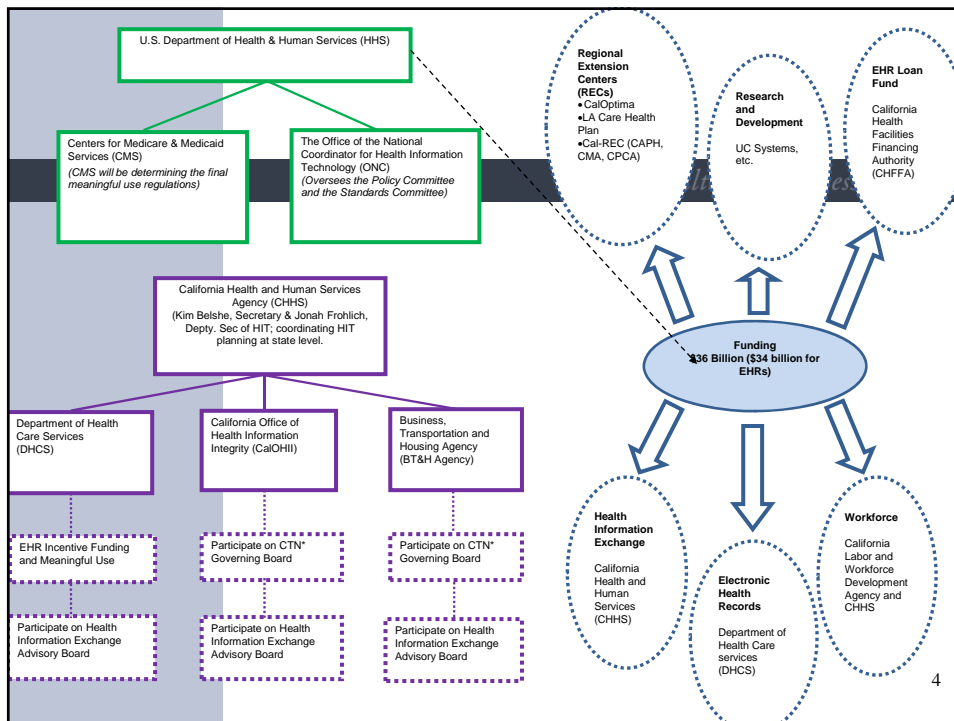
# Federal Chain of Command

*Health Care Access for All*



Source: Manatt Health Solutions

3



4

## Electronic Health Records

*Health Care Access for All*

### General Overview

- Between \$36-48 Billion for Medicare/Medicaid EHR Incentive Funds
- ONC and CMS developing rules and regulations
- Expected \$1.5 Billion in Medicaid EHR funding coming to CA eligible professionals
- Funds will flow through DHCS and must distribute 100% to providers
- DHCS (state Medicaid office) received \$2.5 million (90/10 match) for administrative preparation for the program
- DHCS will get to set some parameters for how the funding is distributed, reporting, and measures

5

## Electronic Health Records

*Health Care Access for All*

### What is CPCA doing?

- EHR Workgroup
  - Submitted comments to ONC in June
  - Submitted comments to NACHC who submitted to ONC Policy Committee in October
  - Will submit comments to CMS by March 14
- What members are involved?
  - Clinicians committee
  - CIO taskforce
  - Standardized Measures Workgroup
  - QI Peer Network
  - CEOs/EDs

6

## Electronic Health Records

*Health Care Access for All*

### What is CPCA doing?

- Breaking it down for members
  - FAQs and Synopsis
  - Newsletter
- Comments to CMS on Proposed Rule
- Comments to ONC on Interim Final Rule
- HITECH Advisory Group through DHCS
- Working with NACHC to communicate concerns to CMS
  - Q and A's
- Working with DHCS to communicate concerns
  - Q and A's
- Pushing for a CCHC certification on EHR products
  - Norma Lopez (FQHC representative) on CCHIT Ambulatory Team
  - Harry Foster, co-chair NACHC HIT Committee

7

## Health Information Exchange

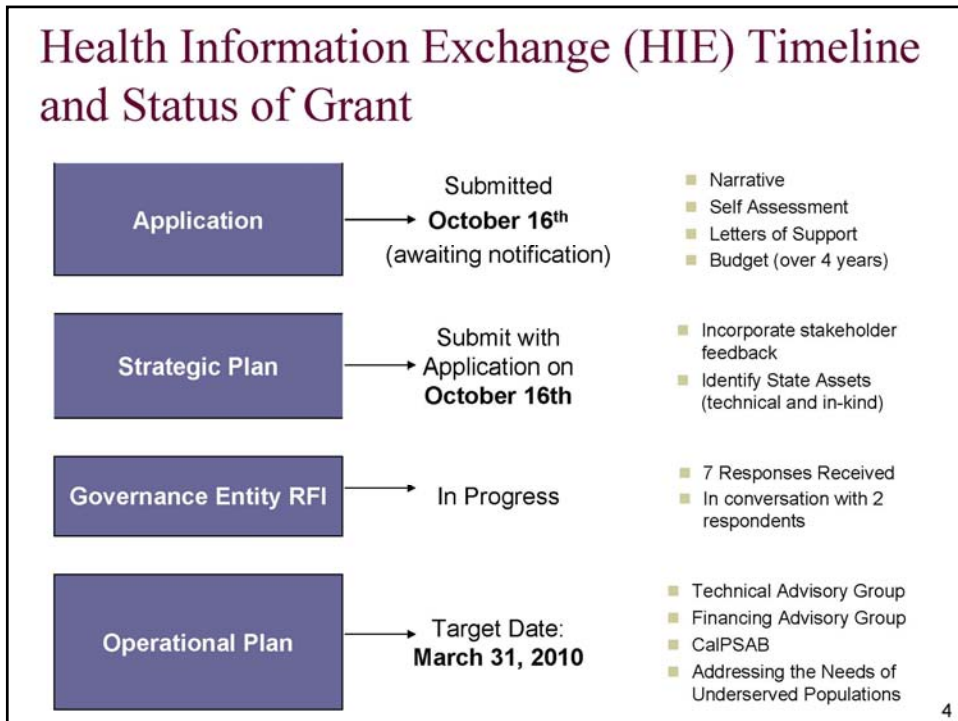
*Health Care Access for All*

### General Overview

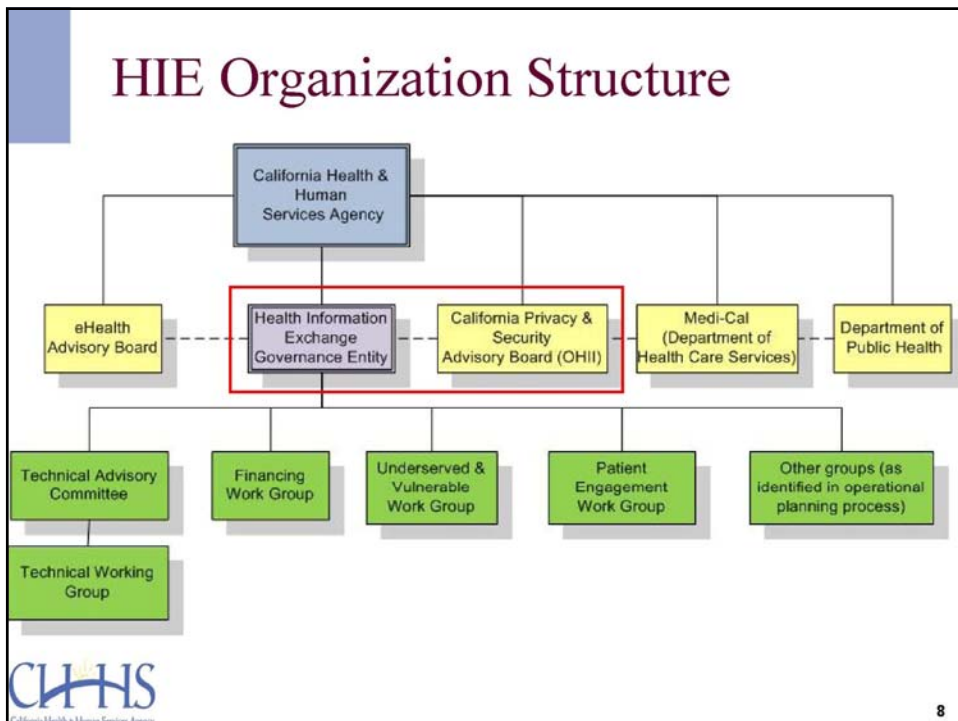
- Only states or state designated entities can apply for funding
- All states have an allocation based on size
- California has begun the process to apply for \$38.8 million
- Jonah Frohlich, Deputy Secretary of HIT, is in charge of HIE for California

8

## Health Information Exchange (HIE) Timeline and Status of Grant



## HIE Organization Structure



## Health Information Exchange

*Health Care Access for All*

### General Overview

- The state opted to elect an HIE Governance Entity
- August 25 - RFI released
- November 20 – Two leading candidates asked to submit joint proposal. Negotiations facilitated by CHHS and led by Board members from both organizations
- December 24 – Board members agree to submit joint proposal
- Proposal was received by CHHS on January 11
- Review committee will assess this week
- Recommendation will be made to either accept or reject the proposal by the review committee
- Final decision is expected this month
- At conclusion of the process criteria, justifications and scoring methodology will be made public

11

## Health Information Exchange

*Health Care Access for All*

### What will HIE Governance Entity do?

Convene	Coordinate	Manage
<ul style="list-style-type: none"> <li>• Provide neutral forum for all stakeholders</li> <li>• Educate constituents &amp; inform HIE policy deliberations</li> <li>• Advocate for statewide HIE services</li> <li>• Serve as an information resource for local HIE and health IT activities</li> <li>• Track/assess national HIE and health IT efforts</li> <li>• Facilitate consumer input</li> </ul>	<ul style="list-style-type: none"> <li>• Develop and lead plan for implementation of statewide standards, rules and solutions for interoperability.</li> <li>• Facilitate alignment of statewide, interstate, &amp; national HIE strategies, RECs, Medi-Cal, etc.</li> <li>• Coordinate with CalPSAB around privacy and security policies</li> <li>• Promote consistency and effectiveness of statewide HIE policies and practices</li> <li>• Support integration of HIE efforts with other healthcare goals, objectives, &amp; initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Issue and manage grants</li> <li>• Develop legal analyses</li> <li>• Oversee accounting and budgeting</li> <li>• Enforce state policy guidance</li> <li>• Possibly contract for statewide shared services such as master patient index</li> <li>• Evaluate and assess progress</li> <li>• Develop accountability measures</li> <li>• Develop sustainable business models for HIE</li> </ul>

12

## Health Information Exchange

*Health Care Access for All*

### What is CPCA doing?

- HIE Workgroup
  - Created HIE Principles for CCHCs
  - Submitted comments on RECs
  - Submitted comments with CSNC on State HIT/HIE Strategic Plan
  - Sent letter to Jonah on HIE Governance Entity
  - Testified during Senate Health HIT Hearing
- What members are involved?
  - RAC Directors
  - CEOs
  - CIOs

13

## Health Information Exchange

*Health Care Access for All*

### What is CPCA doing?

- Informing members
  - Newsletter
  - HIE workgroup monthly calls
- Participating in Jonah's HIE calls and stakeholder groups
  - Multiple workgroups, CPCA and CPCA members participating
- eHealth Advisory Board
  - Carmela Castellano-Garcia, CPCA CEO on Advisory Board
- Staff and lead the California Safety Net Coalition
  - 20 safety net organizations

14

## Regional Extension Centers

*Health Care Access for All*

### General Overview

- 70 Nationwide, in two rounds of funding (totaling \$640 million).
- US-based nonprofit organization.
- Must be a multi-stakeholder collaborative.
- Must serve at least 1,000 Priority Primary Care Providers (PPCPs).
- Cannot overlap with another REC.
- Purpose: Deliver outreach, education, and technical assistance services to PPCPs to facilitate their adoption of certified EHRs and achievement of meaningful use
- Disseminate best practices and education

15

## Regional Extension Centers

*Health Care Access for All*

### General Overview

- Grants are up to \$30 million, plus up to \$750,000 in Core Support Funding per REC.
- \$5,000 per provider assisted divided by milestone
  - Signs contract with REC
  - Go-live with e-prescribing and quality reporting
  - Provider achieves meaningful use
- 10 provider cap\*

	Year 1	Year 2	Year 3	Year 4
Federal	90	90	10	10
REC	10	10	90	90

\* Provider cap: Cal-REC model assumes that the 10 provider cap will be lifted. ONC is very aware of this assumption, but has not confirmed the cap will be lifted.

16

## Regional Extension Centers

*Health Care Access for All*

### What is CPCA doing?

- CPCA created a non-profit corporation with the California Medical Association and the California Association of Public Hospitals to apply for the funding (California Regional Extension Center, or Cal-REC)
- Also includes the California Safety Net Coalition (CSNC) as an advisory board, representing 20 safety net organizations.
- Cal-REC's vision is a collaborative process that balances the efficiencies of a statewide governance model and shared services with the expertise and experience of regional entities that can provide direct services to providers.
- Cal-REC received a notice of Intent to Fund and expects to receive the award notice in early February.

17

## Regional Extension Centers

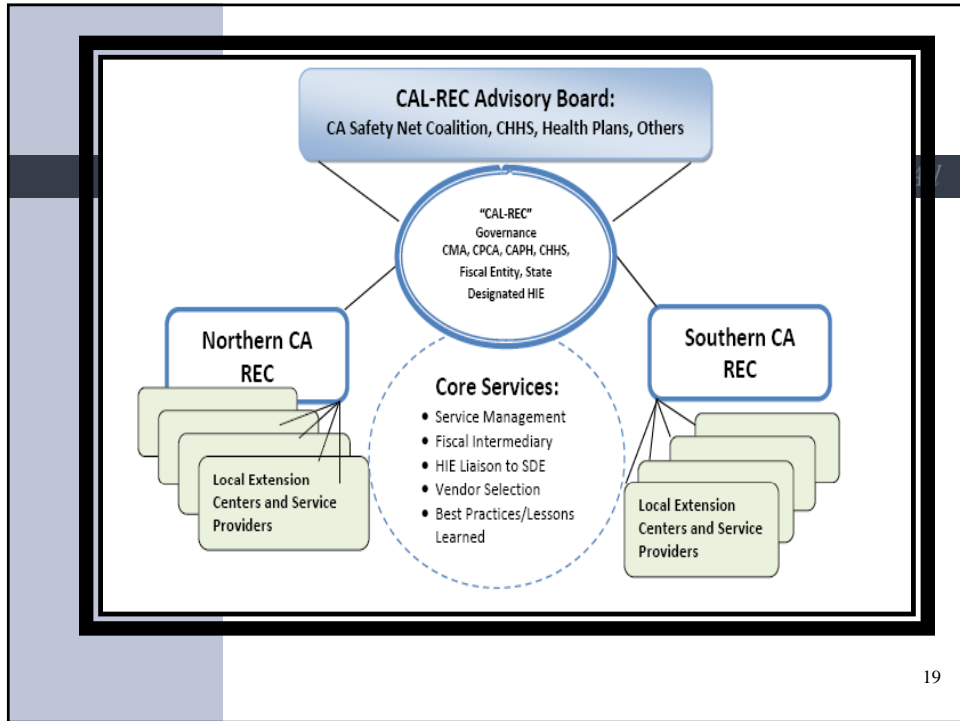
*Health Care Access for All*

### Cal-RECs Model

- Northern California
  - Total REC PPCPs - 4094
  - Total REC Participation - 7625
- Southern California
  - Total REC PPCPs - 3350
  - Total REC Participation – 6239

\* Cal-REC assumed 75% of PPCPs will participate and 89% of those participants will achieve meaningful use.

18



**CPCA**  
California Primary  
Care Association

## EHR Loan Fund

*Health Care Access for All*

**General Overview**

- Written into HITECH as a “may”
- ONC has decided not to fulfill this provision as of now

**What is CPCA doing?**

- CPCA working with CHFFA to create a bridge-loan program

## Broadband and Telehealth

*Health Care Access for All*

### General Overview

- ARRA:
  - USDA Rural Utilities Services (RUS) Distance Learning, Telemedicine and Broadband grants. There are \$2.5 billion for loans and grants for rural areas to access funding for broadband.
  - The National Telecommunications and Information Administration There is \$4.7 billion in the Broadband Technology Opportunities Program (BTOP).
- California Telehealth Network applied for Broadband Technology Opportunities Program (BTOP) for infrastructure (\$37 million) and for Sustainable Adoption (\$18.4).
- CTN expects to hear early 2010

21

## Broadband and Telehealth

*Health Care Access for All*

### California Telehealth Network

- Vendor = \_\_\_\_\_
- Build out to begin \_\_\_\_\_
- Visioning session in February
- Sequencing of sites dependent upon site agreements being returned and negotiations

### What is CPCA doing?

- CPCA is on the Interim Advisory Board, meets monthly
- CPCA expects to have a seat on the Board once the CTN becomes an official nonprofit
- Telemedicine Q and A's.... "medical necessity" problem.

22

## Privacy and Security

*Health Care Access for All*

### General Overview

- HITECH Act amended HIPAA (Health Insurance Portability and Accountability Act of 1996)
- Extends HIPAA privacy and security provisions and penalties to Business Associates of Covered Entities
  - Contracts between CEs and Bas likely need to be revised
- Increased penalties for HIPAA violations and enforcement mechanisms expanded
  - Amount of civil monetary penalties available has increased
  - Range of \$100 per violation to \$50K
  - Patients eligible to receive percentage of penalties collected if they are impacted
- New requirements around notification of breaches and suspected breaches

23

## Privacy and Security

*Health Care Access for All*

### General Overview

- If CE uses an EHR, patients can request to receive their record electronically
- Establishment of “minimum necessary”
  - Limit use or disclosure of PHI to limited data set or minimum necessary to accomplish state purpose of use/disclosure
- Eliminates sharing of PHI for Marketing and Fundraising Purposes from the definition of health care operations under HIPAA

24

## Privacy and Security

*Health Care Access for All*

### What is CPCA doing?

- Government Affairs Department
  - Andie Martinez, Assoc. Dir of Policy lead staff (certified HIPAA Administrator)
  - Creating and documenting: FAQs, Best Practices, Webinars
  - Interpreting policy and leading advocacy efforts
- Programs Department
  - Amanda Stangis, Dir. Of Programs
  - Staffs HIPAA Affinity Group, subgroup of CIO Taskforce
- Health Center Operations Department
  - Leyla Avila, Clinical Operations Analyst
  - Assists clinics in applications of HIPAA in the clinic environment

25

## What else?

*Health Care Access for All*

- What else can CPCA be doing for members?
- What HIT areas do you think CPCA should be spending more time?
- What hasn't been answered for you?
- What resources can CPCA provide that would make your work easier and better?

26

## Contact Information

*Health Care Access for All*

Andie Martinez, MPP  
Associate Director of Policy

[amartinez@cpc.org](mailto:amartinez@cpc.org)

[916- 503-9075](tel:916-503-9075)

