

HEALTH CARE TECHNOLOGY AND INNOVATIONS

Presentation to the Health Care Services Master Plan Task Force
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Presentation Objectives + Preview

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1. Discuss the implications of health information technology on care access and delivery, including overview of HITECH and HealthShare Bay Area.
2. Describe health care innovations and their possible impact on access.
3. Initiate discussion of land use-specific and other policy considerations.

3 Health Information Technology



HITECH: Health Information Technology and Clinical Health Act

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□ Purpose

- ▣ Facilitate use and appropriate exchange of health information
- ▣ Increase access and decrease costs

□ Supports Health Reform

- ▣ Patient-Centered Medical Home model, bundled payment, other innovations

□ Reinforces HIPAA protections



Electronic Health Records (EHR)

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48 percent

Percent of California physicians (n=65,388) that have implemented EHRs.

Forty-six percent of physicians have not implemented EHRs and the EHR status of seven percent of physicians is unknown.

Source: SK&A, 2010

- Computerized patient history
 - ▣ Each patient encounter
 - ▣ Any delivery setting
- Certified for federal standards for security, privacy, and interoperability
- Capacity for “meaningful use”

Meaningful Use

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□ Medicare and Medicaid Incentive Payments

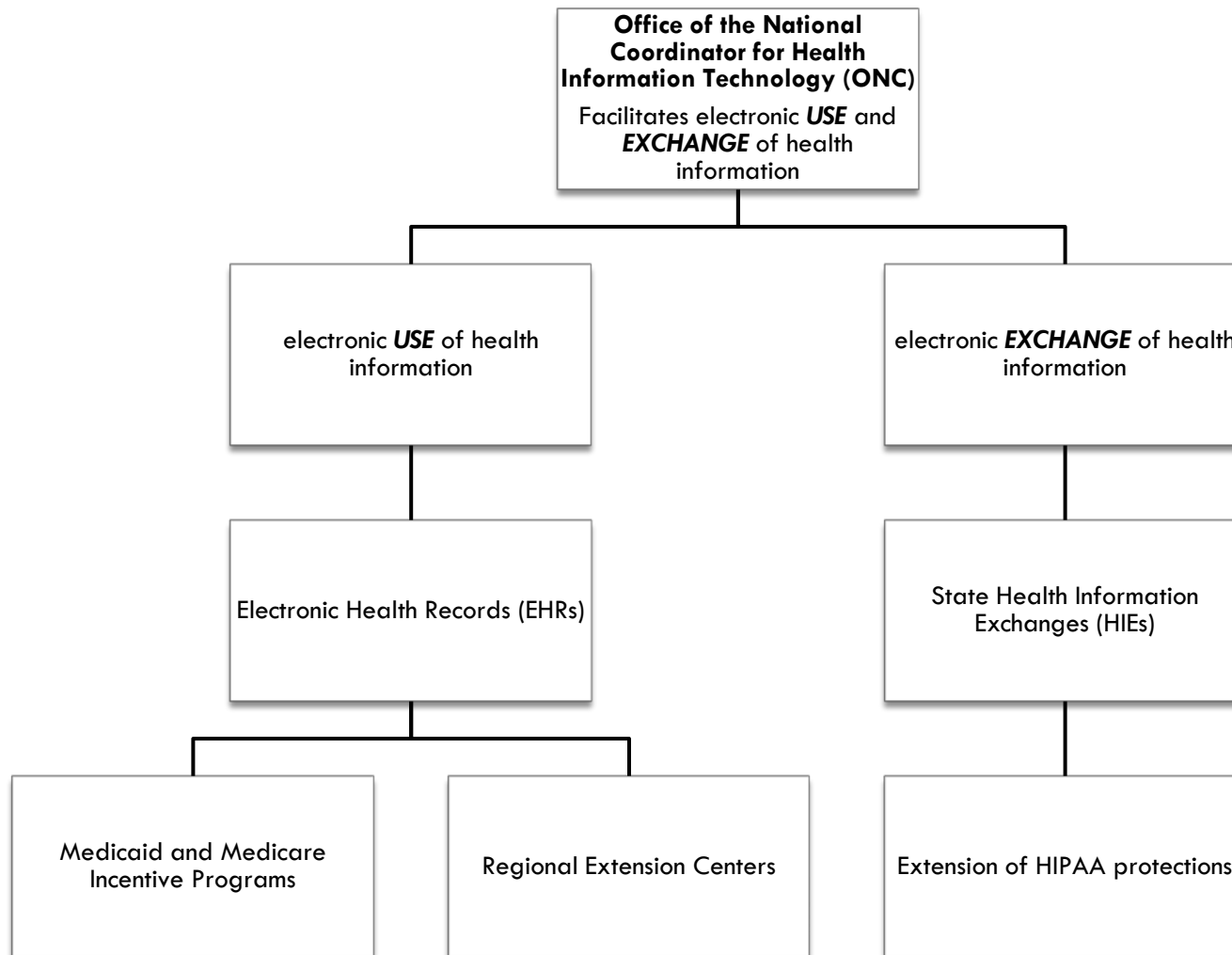
- ▣ Started 2011
- ▣ Currently voluntary
- ▣ Reduced reimbursement in 2015
- ▣ EHR incentive payments pose burden to FQHCs

Three Stages of Meaningful Use

1. Effective now. Electronic data collection and sharing.
2. Criteria under review. Advanced clinical processes (e.g., clinical decision support).
3. Criteria to be established. Expected 2015. Focus on improved outcomes.

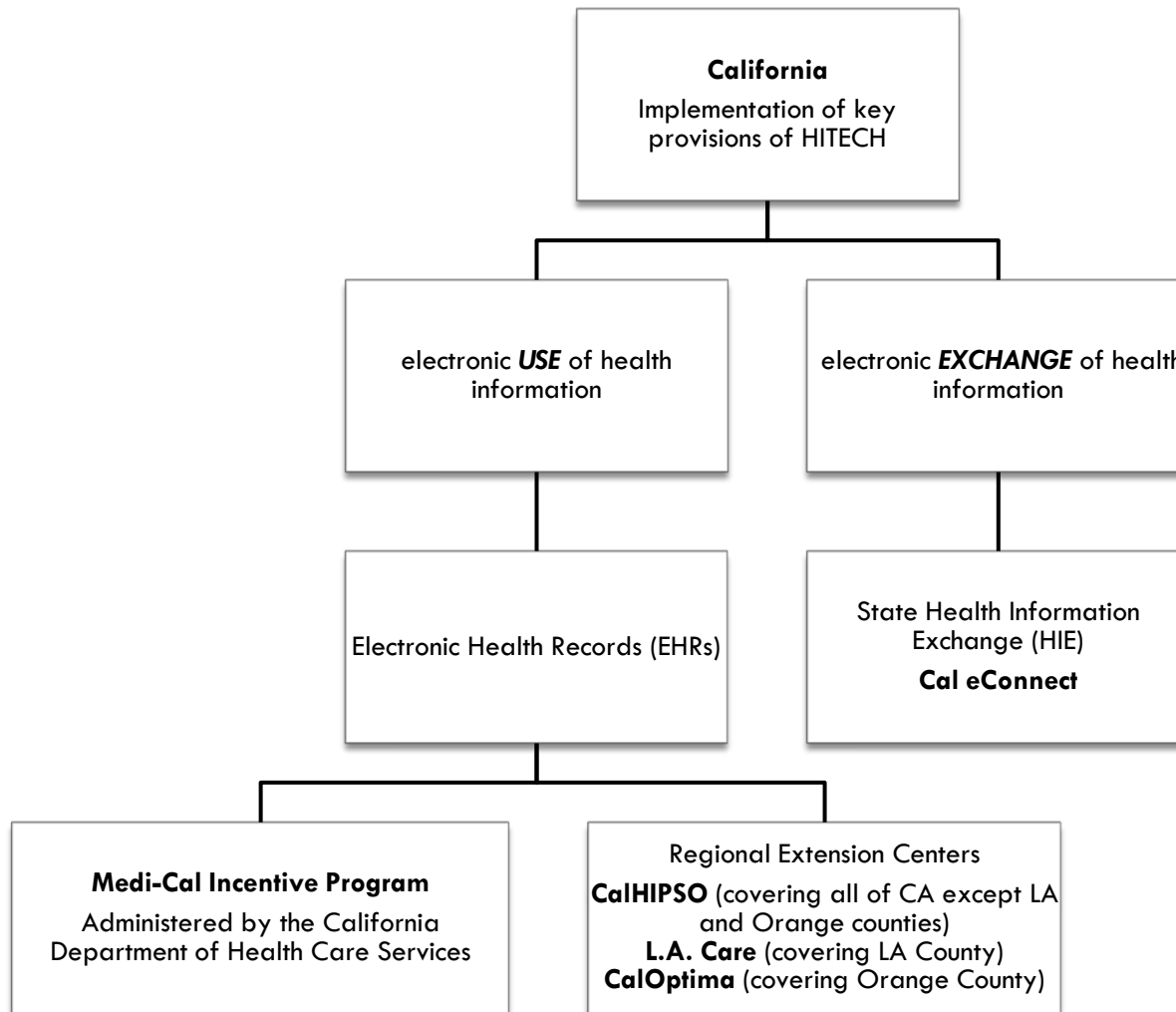
HITECH Structure

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California's Implementation of HITECH

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HealthShare Bay Area



HSBA Overview

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- Established August 2009
- Combined effort
 - ▣ SFHEX
 - ▣ ACC-HITEC
- Operating under San Francisco Medical Society Community Services Foundation
- Overseen by diverse governing board

HSBA Governing Board

- Alameda Contra Costa Medical Society
- Alameda County Medical Center
- At-large independent physicians
- Brown and Toland Independent Practice Association (IPA)
- Catholic Healthcare West (St. Francis, St. Mary's)
- Chinese Hospital Association
- Community Health Center Network
- Health services consumer representative
- Hill Physicians IPA
- John Muir Health
- Licensed alternative medicine providers
- San Francisco Community Clinic Consortium
- San Francisco Department of Public Health
- San Francisco Kaiser Permanente Center
- San Francisco Mayor's Office
- San Francisco Medical Society
- Sutter Health (California Pacific Medical Center)
- University of California, San Francisco/Mt. Zion Medical Center

HSBA Accomplishments

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- Comprehensive business plan
- Governing structure
- Prioritized interoperability needs
- Merger with ACC-HITEC
- Discussions initiated with San Mateo + Marin Counties
- Founding member participating group established
- Technology vendor selected
- Applying for 501(c)(3) status

HSBA Funding

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- Participating providers
- Community fundraising
- Grant funding
 - MettaFund
 - Cal eConnect
(application anticipated early 2012)

\$50,000

Grant amount awarded to HSBA by MettaFund, a private health foundation targeting the City and County of San Francisco.

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Innovation



Overview

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Triple Aim

- Better the patient care experience.
- Improve population health.
- Reduce health care costs.

- Drivers
 - ▣ Triple Aim
 - ▣ Health Reform
- Evidence of Innovation
 - ▣ Center for Medicare and Medicaid Innovation (CMMI)
 - Grant funding



Telehealth Overview

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- Examples
 - ▣ Patient/provider emails
 - ▣ Video conference
 - ▣ Store-and-forward
 - ▣ Remote health monitoring
- Can ↑ access
 - ▣ Physical location less important
 - ▣ Cost-effective option



Telehealth in California

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Telehealth Advancement Act of 2011

- Expands definition
- Applies to all licensed health providers
- Eliminates documentation barriers
- Facilitates Medi-Cal reimbursement for store-and-forward
- No longer restricts telehealth setting

- Complements traditional medical service delivery model
 - ▣ Same standard of care
- Reimbursement
 - ▣ Legislation
 - Telemedicine Development Act of 1996
 - Telehealth Advancement Act of 2011
 - ▣ Varies by program

The Future of Telehealth

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- Efficacy
- Barriers
 - ▣ Cost
 - ▣ Resistance to change
 - ▣ Lack of tech access for underserved
- Drivers
 - ▣ Health Reform
 - Medicare penalty for excessive readmissions
 - More insured individuals accessing care



mHealth Example

Innovations in Primary Care

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- Worksite Clinics
- Pharmacies
- Retail Clinics
- Community Partnerships
 - ▣ Community organizations
 - ▣ Academic institutions
- Community Health Workers
 - ▣ HealthFirst

Community Resource Referrals

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Innovations + Social Determinants of Health (SDoH)

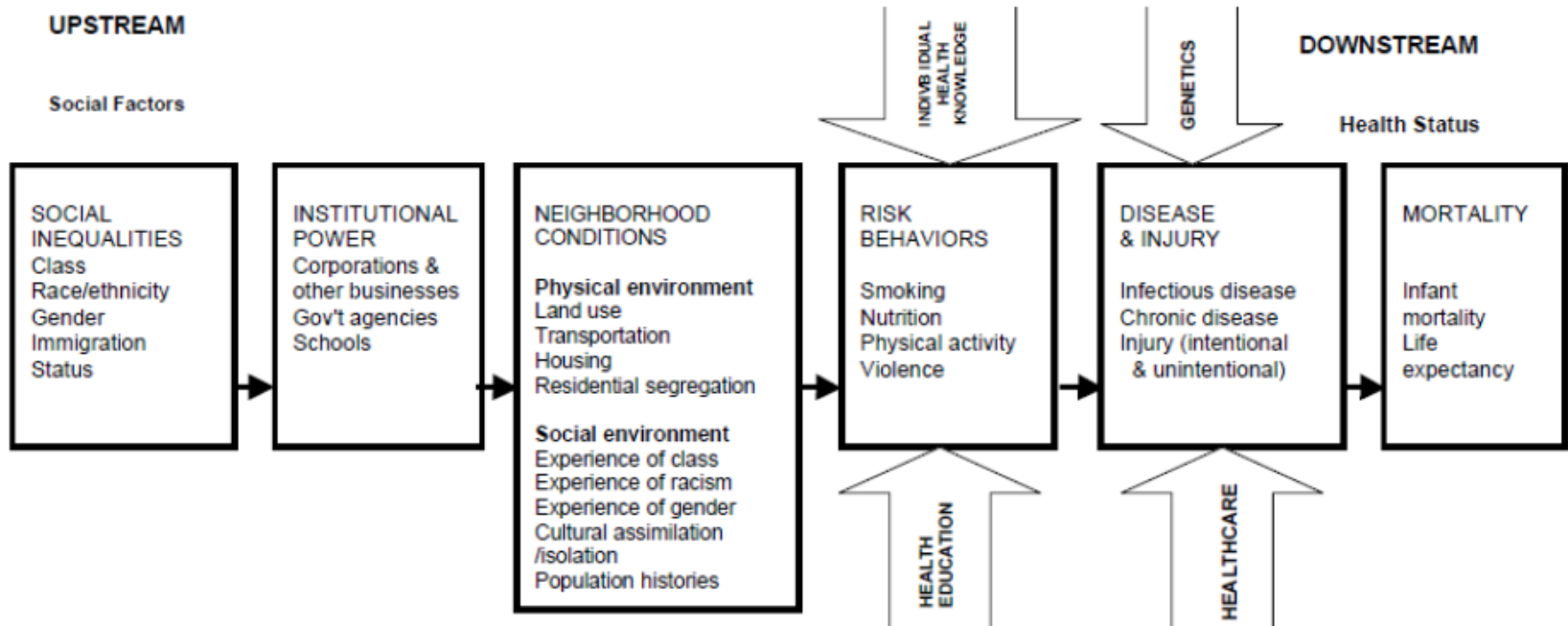
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- Interventions that:
 - ▣ Target health inequities
 - ▣ Empower communities
 - ▣ Are tailored to community needs



SDoH + BARHII Conceptual Model

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Health in All Policies (HiAP)

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Summary + Policy Considerations



Summary

- Health Reform and “Triple Aim” are pushing the adoption of HIT and health care innovation.
- HITECH requires the adoption and meaningful use of EHRs.
 - ▣ Providers vary in their progress toward attaining meaningful use.
 - ▣ Medicare and Medicaid incentive payments + penalties as of 2015.
- HealthShare Bay Area is expected to improve the efficiency of health care delivery and better the patient care experience – all while lowering costs.
- Innovations including but not limited to telehealth, community partnerships, and community resource referrals offer the potential to improve access to care and health outcomes.
 - ▣ Innovations also create opportunities to address health inequities created by social determinants of health.
 - ▣ A health in all policies (HiAP) approach recognizes that cross-sector policies impact health and wellbeing – not just health care.

Preliminary Policy Considerations for Discussion

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□ Land Use-Specific Policy Considerations

- Explore the possibility of incentivizing Medical Use projects that participate in HealthShare Bay Area.
- Explore the possibility of incentivizing affordable retail clinics located in underserved areas.

□ Broader Policy Considerations

- Modify the EHR Incentive Payment program to reduce burden on FQHCs.
- Use nurse practitioners and physician assistants to the fullest extent of their training.
- Advance a San Francisco-wide “health in all policies” initiative.
- Foster collaboration between existing community resources databases and complement with “connectors.”
- Promote community collaboration to improve health outreach, education, and service delivery.

QUESTIONS + TASK FORCE DISCUSSION

Thank you!