Mission Possible: Launching the San Joaquin Community Health Information Exchange

INTRODUCTION

With the full implementation of the Affordable Care Act fast approaching, providers are getting ready by making changes to their current systems. They are preparing for an influx of newly insured patients, attempting to position themselves as providers of choice within their communities and working on developing health homes and accountable care organizations. There is growing recognition that healthcare systems need to become more integrated to achieve the "Triple Aim" goals of improved health outcomes, enhanced patient experience and reduced healthcare costs. The current fragmented system can hinder organizations' ability to reach these vital goals.

Blue Shield of California Foundation believes that integration and coordination of services across the safety net is critical to achieving a stronger, more effective system of care for California's underserved. To this end, in 2011, the Foundation supported efforts to launch a health information exchange (HIE) in San Joaquin County. This brief describes the process that led up to the launch of the San Joaquin Community HIE and shares key learnings for others who may be interested in pursuing a similar project.

→ Establishing a Partnership

In San Joaquin County, like many other counties across the state, patients frequently move among different settings of care (e.g., primary care, specialty care, behavioral health, emergency departments). Unfortunately, the patients' medical records are not always accessible to providers as they transition between these settings. In an attempt to ensure continuity of care, doctors often exchange patient information by calling, faxing or hand delivering materials; at times they rely on the patient to communicate information about their condition. These practices can be inefficient and unreliable, leading to duplicative services, wrongly diagnosed health conditions and frustration for both patient and provider.

Four healthcare safety net providers in San Joaquin County decided to address these challenges together. These organizations—San Joaquin General Hospital, San Joaquin County Behavioral Health Services, Community Medical Centers and Health Plan of San Joaquin—have similar missions to serve the low-income and uninsured population in the area (see box). Their shared missions led them to form a Safety Net Partnership (the Partnership), which meets quarterly to discuss ways to provide high-quality care for the underserved.

HEALTH INFORMATION EXCHANGE INITIAL PROJECT PARTNERS

- **San Joaquin General Hospital**, the county's 196-bed acute care hospital, provides a range of inpatient and outpatient care.
- **San Joaquin County Behavioral Health Services**, a division of the county's healthcare services agency, provides mental health and substance abuse services.
- **Community Medical Centers,** a local federally qualified health center, provides primary and preventative services at eight sites throughout the county.
- **Health Plan of San Joaquin**, the local Medi-Cal managed care plan, provides low-cost insurance to over 140,000 San Joaquin residents.

These Partnership discussions led to the decision in 2011 to develop a regional HIE. The Partnership established a project budget of approximately $1.3 million and secured contributions of over $800,000 in organizational funds and staff time. The group received a grant from Blue Shield of California Foundation in late 2011 for an additional $500,000 needed to implement the project. Health Plan of San Joaquin agreed to serve as the fiscal agent and project manager, and the Partnership has moved forward with several phases of the project.
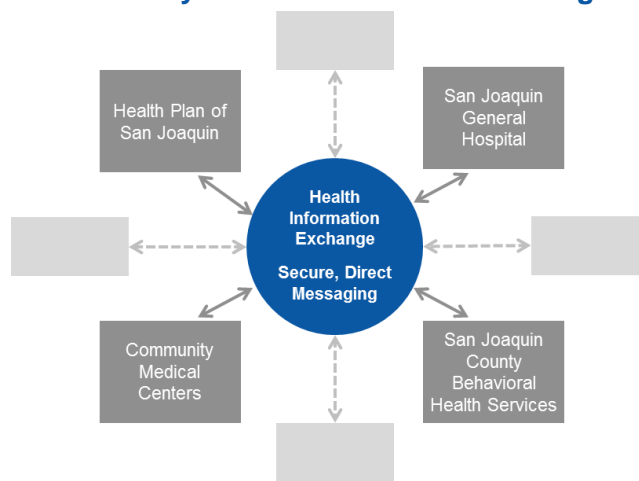
➜ Launching the Project

In April 2012, the Partnership's first step in launching the project was developing a memorandum of understanding among the partners that outlined the project's goals, as well as the expectations for governance and financing. Once the agreements were signed, the Partnership formed a Governance Committee comprising the CEOs of the four organizations, who meet monthly to discuss project progress and make joint decisions. The CEOs are advised by key staff from their organizations (e.g., Chief Information Officers, IT Directors) on technology matters.

During the launch phase, the Partnership researched best practices for HIEs by talking with others in California who have implemented a similar regional system (e.g., Redwood MedNet, Santa Cruz HIE) or were in the process of implementing their systems (e.g., HealthShare Bay Area). These conversations resulted in valuable advice and tools. For example, HealthShare Bay Area shared their vendor request for proposal, which allowed the San Joaquin partners to move forward more quickly with their vendor selection process. After slightly adapting the document to fit their unique needs, the Partnership released the request for proposals to HIE vendors across the nation in February 2012.

As vendors began submitting proposals, the Partnership developed a framework to select a vendor. Each partner assessed their internal HIE needs, and then they jointly developed a "score sheet" to rate the extent to which individual vendors could meet these needs. Of the 12 proposals received, the Partnership invited 5 vendors to demonstrate their products. Each vendor spent a day demonstrating their product and answering questions about three key areas: clinical information exchange, data security and system operations. An HIE expert hired by the Partnership was on hand during the demonstrations and throughout the selection process to provide advice.

The Partnership considered a range of product prices and functionalities. Because the County's Behavioral Health Department was going to participate in the HIE, it was important to understand each system's ability to control access to especially sensitive information (e.g., behavioral health status, substance abuse histories). While most systems offered a "break the glass" functionality that allows limited types of information to be shared with providers outside of a patient's care team, the group decided that Orion's product offered the best functionality for the price. Their system also allowed providers without electronic health records to view health data through a Web-based portal, a feature that could help these providers with patient care and could potentially entice them to participate in the HIE in the future.

"During the planning for this project, we continued to hear how important it is for providers to understand both the medical and behavioral conditions of their patients."

—Jeff Slater, Health Plan of San Joaquin

➔ Cultivating Broader Membership

An HIE is only as valuable as the number of people and types of organizations exchanging data within it; therefore a successful HIE needs participation from a diverse group of regional providers. With this in mind, the Partnership invited other regional healthcare providers to attend product

demonstrations and learn about the system early in the project. The Partnership worked to recruit the region's major healthcare players, including the key hospitals and clinics. Some expressed interest in the idea of an HIE, but only the local medical society and the public health department attended and engaged in the demonstrations. The Partnership valued their reactions and input on the HIE products even though the two organizations were not yet formal members of the HIE.

The Partnership understood the importance of planning for membership expansion down the road and proactively discussed opportunities and challenges of recruiting new members. One potential barrier was cost; the fee for HIE membership could be prohibitive for independent physicians who run small practices. As a result, the Partnership explored an alternate option for providers to securely communicate with each other, separate from the HIE. They also discussed the potential risk in this separate solution: offering a less costly communication option could unintentionally encourage providers to opt out of the larger, more comprehensive HIE system.

"The value of an HIE corresponds to the amount of relevant data that is effectively exchanged; therefore, we want to work on increasing the number of partners involved."

—Don Johnston, San Joaquin General Hospital

➔ Selecting Vendors

Before contracting with Orion to develop an HIE in San Joaquin County, the Partnership looked into the possibility of contracting for services with an existing HIE on the Orion system. The Partnership's consultant and Governance Committee members were aware of an HIE operating in Riverside and San Bernardino counties that had recently begun live data exchange in April 2012. The Inland Empire HIE comprises over 50 participating hospitals, medical centers, physician practices, health plans and public health organizations sharing health records for more than 4.1 million people and is considered one of the

country's largest and most successful HIE systems. The Partnership identified the pros and cons of joining Inland Empire's existing HIE as compared to purchasing the product directly from the vendor and designing their own HIE. Primary factors in the decision were:

- It would be less expensive to contract services than to create a new system.
- The Partnership could participate in and learn from the Inland Empire HIE Governing Council, while keeping the option to set up their own local governance structure.
- The Partnership could have a better chance of recruiting several local hospitals to join the San Joaquin Community HIE since some hospital systems were already involved in the Inland Empire HIE.

After contemplating these considerations, in January 2013 the Partnership contracted with the Inland Empire HIE to allow participating San Joaquin providers to exchange patient data, report immunizations and send and receive lab results. The partners also decided that the potential benefits of providing a separate messaging system outweighed the risks. Therefore, they finalized a contract with Informatics Corporation of America for a secure direct messaging system that operates outside of the HIE.

"We wanted to partner with an established HIE because their thought leadership is already established and we can leverage that knowledge in our own work."

—Cheron Vail, Health Plan of San Joaquin

→ Launching the System & Moving Forward

In the first half of 2013, the Partnership piloted the HIE with the four core partners. During this period, project leaders fixed bugs in the system and established interfaces among partner organizations and the Inland Empire HIE. A launch event for the San Joaquin Community HIE will be held on August 20, 2013 and the live exchange of patient data will begin soon afterwards.

The partners are now focusing on creating structures for the long-term sustainability of the HIE. For example, they are setting up a separate 501(c)3 health information organization and recruiting an executive director to lead the new organization. They are also working on resolving complex consent issues around exchanging behavioral health information in an HIE.

The new executive director will be responsible for expanding HIE membership to additional hospitals, private physicians and medical groups.[1] Recently, the HIE added San Joaquin County Public Health Services as a new member that will be integrating its immunization registry with the HIE. The Partnership expects that the number of HIE members will continue to grow over time and that the HIE will allow them to improve communication and data exchange across care settings. Ultimately, they hope the HIE will facilitate more timely and appropriate care for their patients.

"Providers usually see only one piece of the puzzle. An HIE offers an opportunity for providers to see the whole picture when determining how to treat their patients."

—Brian Castro, Community Medical Centers

---

[1] The Partnership received a $25,000 HIE planning grant from the California Health eQuality Program at University of California, Davis to help them with this work (e.g., develop a formal governance structure, engage more providers, develop a long-term sustainability plan).

➔ Learning from the Experience

Many of the lessons learned by the Partnership may be useful to others who are launching or implementing HIE systems in their region. Drawing on the group's positive and challenging experiences as well as conversations with field experts, the key lessons emerging from this grant project are:

- **Clearly understand and identify key needs before implementing an HIE.** Take the time to identify the exact types of information that need to be exchanged. Think about who would be helpful to determine the appropriate product (e.g., secure direct messaging, full data exchange, "break the glass" functionalities). Also, identify the business case for participating in an HIE (e.g., positioning the organization for federal or state incentives, creating more efficiencies in day-to-day work, reducing duplicative services and re-admissions).

- **Consider involving a managed care health plan in the HIE membership.** Health plans have a unique structure that is different from other organizations that commonly participate in HIEs. They often have more capacity to manage and oversee projects, do not compete with providers for patients and have a greater incentive to reduce duplication of services through the HIE.

- **When beginning an HIE project, look for partners with common referral patterns or that serve similar populations, but continually cultivate interest in and support for the HIE with other partners.** While not every provider or medical group will sign on as an early member of the HIE, it is valuable to get input from a range of potential members during the vendor vetting and selection process. This allows agencies to understand the project and its benefits, which is helpful when the time comes to expand membership. As the project progresses, continue to educate providers about the HIE and its progress as a way to build interest in future membership.

- **Create an organized and rigorous selection process.** Meet with project partners to form clear objectives and commitments, and use shared tools that meet the needs of all partners to vet and select vendors (e.g., score sheets, common questions). Ensure that all partnering organizations have input on the process.

- **Consider different permutations of an HIE contract.** While directly contracting with one vendor may seem like the simplest way to move forward with an HIE, do not exclude other available options (e.g., see if existing HIEs are open to contracting out their services, discuss the benefits and the risks of contracting with separate vendors for particular services).

- **Use existing knowledge, resources and tools.** Talk with others who have implemented HIEs and/or hire a consultant who has expertise in the area. Request examples of others' tools (e.g., sample RFPs, vendor score sheets or MOUs) to adapt. Also refer to the California Health eQuality Web site[2] for resources about HIEs, such as the Health Information Organization Development Guide and grant opportunities.

- **Identify steps to help sustain the system from the start.** Develop a plan to sustain the HIE over time, especially as initial grants and organizational commitments expire. Consider expanding membership as a strategy to help sustain the HIE through membership fees. Also, make sure that organizations with large volumes of patient data (e.g., hospitals, acute care centers, laboratories) are included in the membership to make the data exchange more comprehensive and useful.

---

[2] The California eHealth Quality Web site:
http://www.ucdmc.ucdavis.edu/iphi/Programs/cheq

- **Do not underestimate the time and costs related to HIEs.** In addition to the hard costs, which include the technology, the project must anticipate soft costs for support, staff planning and building internal expertise to operate and troubleshoot system problems. Be realistic about how much in-kind support partners will be willing to allocate to the project and the time it will take to garner support for the project, select vendors and test systems. Ensure that senior leaders and board members support the project and their organization's financial commitments; formalize this through MOUs. Cost savings from HIEs are not likely to happen immediately. Even after people are re-tasked and have more time for patient care, it can take time to see financial benefits.

CONCLUSION

The launch of the San Joaquin Community Health Information Exchange project has moved the region closer toward the ultimate goal of coordinating care among healthcare safety net providers. While this work can be long and arduous, the partnerships formed among agencies and providers in the region have started to break down the walls that have historically separated and siloed health systems. As these walls come down, providers are in a better position to work toward the "Triple Aim" goals of improved health outcomes, enhanced patient experience and reduced healthcare costs.