

NorCalRHIO Initiative

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The Mandate

- April, 2004 :
 - ◆ President Bush calls for widespread adoption of interoperable electronic health records within ten years
 - ◆ The Office of the National Coordinator for Health Information Technology is formed.

The “Grand Vision” for NHIN as Articulated by HHS

- Nationwide Implementation
- Interoperable Health Information Technology
- Include both Public and Private Sectors

The Goals

- Extensive implementation of EHR at all levels (national, state, local)
- Interconnect clinicians, permitting health information exchange
- Personalize care with consumer-based health records
- Improve public health through Biosurveillance

The Challenges

- Limited current deployment of EMR Systems
- Lack of EMR standardization
- Limited resources among financially strapped health systems
- Substantial projected costs
- Limited federal, state, private funds
- Uncertain technical/operational requirements – what will work??

HHS Strategy

- Big Bang (centralized, top down) approach is not practical
 - ◆ Example: VA Information System
- Employ a Distributed Approach
- Encourage RHIO's
- Provide limited funding to a few significant regional efforts
- Glean "Best Practices" from successful RHIO's
- Facilitate (ultimately require) coalescing of regional programs
- Standardize technical and Operational Practices

RHIO Development – the UCDHS View

- Northern CA RHIO (NorCalRHIO) development should proceed
- Development could proceed independently from HHS sponsored efforts
- Standards-based development would permit later merger with larger programs
- Costs could be minimized by limiting scope

Foundation Requirements

- Formal partner agreement on Project Scope – choose a subset of clinical data that yields maximum benefit.
- Privacy, security and confidentiality Policy standards. HIPAA could serve as a foundation.
- Agreement on Industry Standards (SNOMED, ICD9, HL7, etc.)
- Telecommunications Infrastructure – each partner to support secure, encrypted communications.
- Change Management and Training – encourage standardized solutions; share training and support resources
- Master Patient Index – unified means of coordinating patient identifiers

Stage One NorCalRHIO Implementation

Strategy:

- System based upon Mutual Trust
- Leverage partner's existing clinical and communications systems
- Emphasize person-based solutions, rather than developing a new computerized solution.

NorCal RHIO: Tactical Steps

- Use participant's existing EMR systems
- Develop secure, encrypted remote access among partner systems (VPN's)
- Grant selected personnel remote access
- Train partner's personnel on access
- Establish a governing body for Coordination and Arbitration
- Monitor to assure appropriate use

NorCalRHIO Incremental Expansion

- Encourage additional partners to join
- Coalesce with other UC Medical Centers
- Integrate with HHS-sponsored or other RHIO's

Academic Medical Centers & RHIO's Advantages and Disadvantages

I. Research Advantages

- Research Opportunities
 - ◆ Expand existing projects with new partners and more patients
 - ◆ New programs to research RHIO effectiveness
 - ◆ Enhance competitiveness for grant funding
 - ◆ Encourage Cross-Discipline, Cross-Institutional Projects
- Educational Opportunities
 - ◆ Improve efficiency in development, transfer and delivery of educational programs among partners
 - ◆ Provide a region-wide platform for distribution of UC-developed distance learning (SAKAI)

2. Clinical Advantages

- Reduce Rx and other Errors
- First Steps to Unified Patient I.D.
- Improve Standards of Practice
- Facilitate Computerization of Small Practices
- Improve Efficiency

3. Administrative Advantages

- Improve Billing Accuracy and Efficiency
- Prepare for Outcome-Based Reimbursement
- Facilitate Integration of Disparate Computer Systems
- Encourage Standardization
- Improve communication and coordination among Providers and Payers
- Enhanced Reputation as an “Honest Broker”
- Reduce Cost (?)

Academic Medical Centers & RHIO's

Potential Disadvantages

- Complex, Resource Intensive
- Uncertain State/Federal Funding Support
- Minimal Benefits Until Full Development is Achieved
- Complex Legal Issues
- Adverse Patient Selection
- RHIO data used for Increased Governmental Scrutiny