

Connecting San Francisco

The San Francisco Health Information Exchange

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Your patient arrives for a ten-minute appointment and tells you he was discharged yesterday from a hospital across town. At discharge, he was instructed to follow up with his PCP immediately. He believes he was hospitalized for “an infection” but can provide no further details. He has not brought any paperwork or any of his new prescriptions. You were not aware that he had been in the hospital.

The San Francisco Health Information Exchange (SFHEX) was born of a shared vision: the secure electronic exchange of clinical data among health care providers with the goal of improving patient care in San Francisco. Today, exchange of clinical information in San Francisco is highly variable in terms of its timeliness, reliability, and effectiveness. Most providers and organizations continue to use telephones, faxes, and the U.S. mail for clinical collaboration. New information from outside sources is frequently unavailable to providers at the point of care, and if it is, the information is often incomplete, illegible, or both. The idea of a unified patient record that aggregates all available clinical data when it is needed has before now been just a dream, one that the SFHEX hopes to finally allow the city to realize.

The recent thrust for a health information exchange (HIE) in San Francisco has its genesis in the ARRA bill signed into law by President Obama on February 17, 2009. Contained within that bill was the HITECH Act, now well known in the medical community for the funds it directs toward electronic health record (EHR) implementation. Also allocated within HITECH was nearly \$600 million in grants designated specifically for HIE. EHR and HIE were definitively linked through the “meaningful use” provi-

sions of the legislated incentive package.

Within California, HITECH stimulated renewed activity and interest in HIE. One notable outcome was the formation of the California eHealth Collaborative (CAeHC, a nonprofit group of active stakeholders that encouraged grassroots collaboration on health information technology around the state. CAeHC organized a series of “HIE town halls” designed to begin organizing local communities interested in such a project. The San Francisco town hall was held on May 28, 2009; the meeting was packed with enthusiastic local stakeholders. From there, the SFHEX was off and running.

The first meeting of the SFHEX committee took place on August 20, 2009. By the second meeting, all major health care organizations in the city were informally represented. Over the next two months, the committee crafted a basic vision for the health information exchange, in conjunction with a simple governance model and a summary list of data sharing priorities.

During this same period, the committee worked closely with the San Francisco Medical Society leadership to make the SFHEX part of the Medical Society’s Community Service Foundation. The Foundation bylaw changes incorporating the SFHEX were approved on December 7, 2009. The partnership gained the SFHEX immediate 501(c)(3) status, a notable accomplishment. Such IRS status is considered extremely important for a viable HIE and can often take years to acquire.

By late December, it was time to reach out beyond the conference room for formal endorsement of the SFHEX. A small group of volunteers from the original committee authored a presentation that detailed the case for a new health information exchange

in San Francisco. This was presented to the San Francisco Hospital Council in early February. The Hospital Council members were asked to support the SFHEX through the formal appointment of individual representatives to be seated on the new SFHEX Governing Committee.

The first meeting of the SFHEX Governing Committee took place on March 17, 2010, with all major health care organizations in San Francisco at the table. Also in attendance were two representatives from the San Francisco Medical Society (cochairs) and one at-large independent physician. The Governing Committee has since had one additional meeting and has put together a detailed collective vision for what the future health information exchange might look like. We now begin the challenging process of outlining business and technology plans, as well as pursuing grants and general funding. We hope to launch the HIE sometime in 2011.

The summary goal of the SFHEX reflects a solution to the problem outlined in the clinical vignette above; that is, to provide immediate and universal provider access to critical clinical data at the point of care. We expect multiple related benefits from the HIE, including reduced duplicative testing, a decline in citywide resources devoted to clinical data gathering, and a contribution to provider eligibility for stimulus funds under “meaningful use.” Ultimately, the true value of the SFHEX will be realized in the delivery of higher quality care to the citizens of San Francisco. **sfm**

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