HealthShare Bay Area
Frequently Asked Questions

What is the central goal of the San Francisco Health Information Exchange (HealthShare Bay Area)?
The HealthShare Bay Area vision is to provide a secure, controlled, and interoperable method for exchanging patient health information between providers of care in San Francisco. Exchange of this data is expected to improve efficiency of healthcare delivery, decrease costs, and ultimately improve patient care within San Francisco.

When was HealthShare Bay Area established?
A collaborative group of stakeholders interested in health information exchange within San Francisco first met in August of 2009. The Governing Committee was seated in March 2010. A timeline of prior and future HealthShare Bay Area milestones is shown in the appendix of this document.

Who are the participating members of the HealthShare Bay Area Governing Committee?
The Governing Committee consists of representatives from the following organizations/groups:

- San Francisco Medical Society
- SF City and County DPH
- UCSF/Mt Zion Medical Center
- Chinese Hospital Association
- St. Francis and St. Mary's Hospitals (CHW)
- CPMC (Sutter)
- SF Kaiser Permanente
- Health services consumer representative
- SF Community Clinic Consortium
- Brown and Toland IPA
- Hill Physicians IPA
- At-large independent physician
- SF Mayor's Office
- Licensed alternative medicine provider

Have payers been involved in the process?
The fragmented payer market in San Francisco has made payer engagement challenging. However, we have initiated discussions with Blue Shield around their potential involvement in our efforts. We have also made some recent contacts with Anthem Blue Cross.

How will the presence of HealthShare Bay Area affect stakeholders' ability to achieve meaningful use?
Health information exchange plays a key role in the ability of both eligible providers and hospitals to achieve meaningful use. For Stage 1, providers and hospitals must only attest to the ability to exchange data, but for Stages 2 and 3, actual exchange must be demonstrated with existing trading partners. Based on the recently released HIT Policy Committee recommendations to the ONC, providers must demonstrate exchange with 30% of their trading partners, or must be connected to a health information exchange (HIE), to meet the Stage 3 requirements and qualify for federal incentive dollars.

What are the expected initial and ongoing costs for this system?
Assuming a rapid ramp-up to nearly full stakeholder participation, estimated capital and operating costs for HealthShare Bay Area will be approximately $5M over the first three years of operation.

Ongoing operating costs will depend on how rapidly the exchange grows, but the expectation is that founding member costs will decrease as the exchange scales to include additional members.

What state/federal money is available for the development of a health information exchange?
The federal government set aside almost $600M for health information exchange in the ARRA bill of 2009. Nearly $40M went to the state designated entity for health information exchange, Cal eConnect. Approximately $3.5M was awarded by Cal eConnect to six applicant HIEs in late February. It is expected that an additional $3-4Mwill be awarded in the next cycle of funding this fall.

HealthShare Bay Area has recently applied for a California Telehealth Network grant under ARRA's Broadband Technology Opportunities Program. Awards for this grant are expected to be in the $300-500K range.

What strategies will HealthShare Bay Area employ to maintain and possibly lower annual operating costs, and ultimately to achieve sustainability?
HealthShare Bay Area's strategy is to scale the exchange to greater size to involve more stakeholders. This simultaneously increases the value to all involved while decreasing cost. To this end, we have an active coalition with a group of stakeholders in Alameda and Contra Costa Counties, and we have also recently engaged a group of stakeholders from San Mateo County.

Also under consideration is the use of open source tools in the area of high capital spend (i.e., interface development) to supplement the core vendor application. This modular approach has been used successfully by other HIEs in the country.

Finally, HealthShare Bay Area plans to offer 'premium services' (i.e., web-based 'EHR-lite' offering for physician practices, e-prescribing, claims processing) to interested stakeholders. The goal would be to provide value to the buyers, but generate revenue that would help to drive down the overall cost of the exchange.

Which attributes of successful HIEs across the country has HealthShare Bay Area incorporated within its plans?
One of the most important lessons learned from prior HIE successes is that the value proposition for stakeholders is tremendously important. To that end, HealthShare Bay Area has written a position for business development into its long term plan. HealthShare Bay Area has also adopted a priority of simple, quick to value implementation in the form of basic results reporting to start.

What funding has HealthShare Bay Area received to date?
HealthShare Bay Area has received nearly $90,000 in funding from both stakeholders and a local planning grant.

What technology due diligence has been completed to this point?
Priorities for the exchange were outlined in March and April of 2010. An RFI was released to 16 vendors in May 2010. Following response review, six vendors were identified for short list review. An RFP was released December 24, 2010. Proposals from four responding vendors are currently under review, with expected review completion in 6-8 weeks.

What measures will be put in place to protect patient privacy?
Based on current state recommendations, the consent model of HealthShare Bay Area will be opt-in. We are planning to provide a patient portal through which patients may control their consent, and through which they will additionally be able to view audit logs showing who has accessed their information.

How does the existence of the San Francisco Health Information Exchange facilitate success of Accountable Care Organizations (ACOs), such as the recently announced partnerships with San Francisco Health Service System?
HealthShare Bay Area will provide the information technology infrastructure to support the clinical integration and coordination that is necessary for an ACO arrangement. At a higher level, the health information exchange can provide aggregated data analytics which can help standardize care and inform cost containment.

Many of our patients come from outside the city of San Francisco. What are HealthShare Bay Area's plans for including this data within the exchange?
HealthShare Bay Area is collaborating closely with a coalition in Alameda and Contra Costa Counties, the Alameda Contra Costa Healthcare Information Organization (ACCHIO). Future plans propose either linking the two exchanges, or possibly sharing the same infrastructure.

HealthShare Bay Area has also recently engaged a stakeholder group from San Mateo County, who are interested in pursuing future collaboration.

Why is Kaiser not participating?
Kaiser's stated national strategy is to engage in health information exchange through the Nationwide Health Information Network (NHIN). With their generally high degree of clinical integration and limited patient crossover within many communities, the organization has made a decision not to participate in local exchange efforts.

Is the State of California building a health information exchange?
While smaller states are sponsoring state-wide HIEs, the strategy adopted in California is to support and link local exchange efforts via basic state services. These services will be administered by Cal eConnect. There are several reasons for this strategy:

- Historically, top-down, state-wide approaches to health information exchange have failed to generate the level of local collaboration and buy-in required for successful health information exchange (more on this below, in the discussion of CalRHIO).
- The startup costs required to build a comprehensive, state-wide exchange in California would be prohibitive.

What role will the NHIN play in health information exchange?
Developed by the federal government, the Nationwide Health Information Network (NHIN) comprises a set of technical exchange standards as well as a trust framework for exchanging data over the internet. For now, use of the NHIN is restricted to federal entities, and has been piloted with a few large health systems.

The NHIN has been designed to be the 'network of networks,' with the intention of connecting states and other large health information exchanges. The NHIN, as it is configured today, will allow for simple provider to provider messaging (a digital analogue to what is currently done with fax, mail,

etc.). Based on current technical design, individual patient searches will not be possible unless the patient's provider organization is known. Further, the technical architecture will not allow for a patient community record to be constructed and displayed for a clinician.

Why did CalRHIO fail? What have we learned from their experience that will prevent HealthShare Bay Area from suffering the same fate?
The reasons for the CalRHIO failure are multiple and complex, but a common opinion is that they employed a top down approach throughout the state, without building trust among natural medical trading partners in local communities. As a result, participation was fragmented, and the overall governance model was called into question. When CalRHIO was not chosen as the state designated entity for HIE, their fate was sealed.

The main lesson learned from the failure of CalRHIO is that health information exchange has its foundations in the trust of the participants, and that the most effective way to build this trust begins with a governance model that includes all members of a natural medical trading community.

What options other than joining HealthShare Bay Area do organizations have?
Other options beyond HealthShare Bay Area include single vendor exchange products (e.g., Care Everywhere for Epic) and point-to-point interfaces. There may also be a role for Direct implementations for traditional provider communications. None of the other options currently available allow for the creation of a patient community record. In other words, these alternatives cannot support ACOs, address public health reporting requirements, or offer the powerful data analytics represented by the aggregation of patient data in a health information exchange.

How will independent physicians and physician groups gain access to HealthShare Bay Area?
A master provider directory will first need to be established. Initial access will likely be through a web portal, but future plans call for EHR integration of the data and services to enhance workflow. It is envisioned that for providers outside of the domain of a trusted entity, two factor authentication will be required.

How will patients gain access to HealthShare Bay Area?
There are two options under consideration for patient access to HealthShare Bay Area. The first is integration with an existing Personal Health Record (i.e., GoogleHealth). The other option is a full-fledged patient portal for the HIE, which would allow direct access to a patient's community data, with perhaps other functionalities including consent configurations, viewing of access logs, and secure messaging to providers.

How will the Regional Extension Centers (RECs) play a role in HealthShare Bay Area?
The federal Regional Extension Center (REC) program was modeled after the Agricultural Extension Centers of the early 1900s, and was designed to provide knowledge and support around the implementation of electronic health records. CalHIPSO (the principal California Regional Extension Center) has divided the state into multiple Local Extension Centers (LECs), which are providing EHR implementation guidance and consultation to registered physicians. The Bay Area LEC is being overseen by Lumetra Healthcare Solutions and the county medical societies. Neither CalHIPSO nor the LECs are providing health information exchange services; they will be relying on community exchanges for their expertise in this area. HealthShare Bay Area has been in close contact with the Bay Area LEC project lead; we'll continue to work together to eventually bring all implemented physicians from the LEC into HealthShare Bay Area.

Glossary

Meaningful Use (MU)
In the American Recovery and Reinvestment Act of 2009 (ARRA), nearly $20B was allocated to promote the adoption of electronic health records. Eligible providers and hospitals can qualify for federal incentives based on the implementation and use of electronic health records in a specified manner, defined in the legislation as 'meaningful use.' In order to receive maximum payment under this legislation, providers must successfully demonstrate meaningful use in each of three stages, which progressively raise the bar with regards to requirements. More information about meaningful use may be found at this HIMSS online resource.

Office of the National Coordinator for Healthcare Technology (ONC)
Currently headed by Dr. David Blumenthal, the ONC is the federal entity charged with nationwide adoption and implementation of health information technology. Located in the Department of Health and Human Services, the ONC is closely supported and advised by the Health Information Technology Policy Committee, which is comprised of 20 individuals appointed from healthcare delivery and industry. More information may be found at the ONC website.

Health Information Exchange
Health Information Exchanges (HIEs) are organizations that provide for sharing of patient data across disparate stakeholders. Read more about HIEs at this HIMSS online resource.

Cal eConnect
Cal eConnect was created in March 2010 as the California state designated entity to administer federal stimulus funding of health information exchange. The non-profit public/private organization was funded with $38.8M in federal stimulus dollars, and was tasked with providing leadership to develop and support health information exchange services in California. To date, Cal eConnect has disbursed approximately $3.5M in award grants to community exchanges, and has also begun the process of building services to support local health information exchange, such as messaging frameworks (for inter-HIE messaging), and service and entity registries. More information can be found at the Cal eConnect website.

California Telehealth Network (CTN)
CTN is a public-private partnership seeking to increase the penetration of broadband internet and telemedicine in underserved areas of the state. CTN is in the process of reviewing applications for 'Model Community Grants,' which will award 15 communities as best-practice examples in the use and integration of technology to improve health and healthcare for their residents. More information may be found at the CTN website.

Opt-In Consent Model
In this consent model, patients must provide informed consent before any of their health information may be shared on a health information exchange. This is in contrast to the so-called 'Opt-Out' consent model, in which information is shared by default, and patients must actively opt-out of the network if they do not want to participate.

Accountable Care Organization (ACO)
'ACO' has been a buzzword within the healthcare community since the Affordable Care Act of March 2010 promised federal incentives to ACO participants meeting certain criteria. The proposed rule for the ACO structure was released by CMS on March 31, 2011. In the most general terms, ACO represents an arrangement where payers and providers collaborate so that providers are accountable and are compensated based on the quality of care delivered to a defined population. Compensation may take many forms, including capitation, pay for performance, bundled payments, or shared savings.

NHIN (Nationwide Health Information Network)
The NHIN is a federal initiative focusing on health information exchange across the United States. Directed by the ONC, the NHIN is often referred to as the 'network of networks' for the exchange of healthcare data. From a technical perspective, the NHIN is a set of technical standards and a trust framework which enables exchange of healthcare data over the Internet. Federal entities (e.g., the DOD, VA) are the primary participants, although large healthcare delivery systems like Kaiser have also piloted exchange across the network. More information may be found at the NHIN website.

CalRHIO (California Regional Health Information Organization)
An independent umbrella organization officially formed in 2006, which planned to incrementally build a statewide health information exchange for California. The first exchange sites in Orange County went live in late 2009. CalRHIO was effectively shut down in early 2010 when it failed to become the state designated entity for health information exchange.

Care Everywhere (Care Epic)
Care Epic is an Epic-specific product that allows Epic customers to share a robust data set with other Epic customers without the need for elaborate technical infrastructure.

Direct Project
The Direct Project seeks to provide a simple, secure means to transmit healthcare data between trusted parties over the Internet. More information may be found in this online resource.

Patient Community Record
The 'patient community record' looks toward a future of healthcare where a patient's entire medical record is accessible to all providers of care. In healthcare today, patients generally have individual paper charts with healthcare data scattered in multiple locations. Aggregating the data contained in these charts is difficult, if not impossible. As healthcare data becomes more digitized through the implementation of electronic health records, health information exchange can eventually make the community record a reality.

CalHIPSO (California Health Information and Partnership Services Organization)
CalHIPSO is the primary Regional Extension Center (REC) for the state of California. It is a not-for-profit joint venture between the California Primary Care Association (CPCA), the California Medical Association (CMA) and the California Association of Public Hospitals and Health Systems (CAPH). Its mission is to assist clinical providers in the selection and implementation of electronic health records. In February 2010, CalHIPSO was awarded $31.2M in federal grant money. More information may be found at the CalHIPSO website.

Appendix: HealthShare Bay Area Timeline

February 2009	American Reinvestment and Recovery Act (ARRA, otherwise known as Stimulus Bill) signed, allocating nearly $20B in federal stimulus money for health care information technology, including establishment of HIEs
May 2009	Califiornia eHealth Collaborative (CAeHC) hosts San Francisco Town Hall, bringing together local stakeholders interested in health information exchange
August 2009	First meeting of HealthShare Bay Area stakeholders
December 2009	HealthShare Bay Area incorporated into San Francisco Medical Society 501(c)(3) Community Service Foundation
February 2010	California awarded $38.8M in ARRA funds for HIE development
March 2010	First meeting of HealthShare Bay Area Governing Committee Cal eConnect announced as state designated entity to administer federal stimulus funding of HIEs in California
May-June 2010	Release and evaluation of vendor RFI
September 2010	HealthShare Bay Area initiates collaboration with Alameda-Contra Costa HIO (ACCHIO)
October 2010	Grant award of $50,000 from Metta Fund
December 2010	Release of vendor RFP
January 2011	Begin evaluation of proposals received in response in RFP
March 2011	Application submitted for California Telehealth Network grant
August 2011	Planned application for Cal eConnect HIE expansion grant