

To: Humboldt County Board of Supervisors
From: Community Health Alliance of Humboldt-Del Norte
Date: May 22, 2007
Subject: Update on Health Planning Process

In October, 2006 the Community Health Alliance reported to the Humboldt County Board of Supervisors on the launch of our community-based health planning process. At that time we were about to form three task forces, which were to address fundamental, inter-related challenges to the delivery of health care and the health of the people of Humboldt County. All three Task Forces share a common vision: a healthy community and strong health care system, delivering high quality care that is accessible to all. We have made a commitment to keep the community and the Board of Supervisors informed about the progress of each Task Force, and this report is part of that effort.

- The Information Technology Task Force is taking a step-by-step approach to linking health care providers and patients through the use of new technology. The promise of health care IT—to improve the quality of care and the ability of patients to take charge of their health—is enormous, and so are the challenges.
- The Task Force on the Work Force is planning to create a multi-specialty group medical practice. Small medical practices, which deliver the majority of primary medical care, are an endangered business model. A multi-specialty practice promises to relieve clinicians of the administrative burden and business risk that are factors in the exodus of doctors from the community and our difficulty recruiting doctors.
- The Access and Coverage Task Force is working on creative solutions to the most challenging of problems—the fact that over 27,000 Humboldt County residents lack health insurance and access to the kind primary and preventive care we all need in order to stay healthy. This Task Force is exploring a variety of approaches to expanding access and coverage that other communities have developed, with a view towards crafting a solution that will meet the needs of this unique community.

REPORT FROM THE INFORMATION TECHNOLOGY TASK FORCE

Martin Love, CEO of the IPA, and Ann Lindsay MD chair the Information Technology (IT) Task Force, one of three task forces that have come together under the auspices of the Community Health Alliance (CHA). The group has representation from all four hospitals, the community clinics, private medical practices, United Indian Health Services, hospice, pharmacies, public health, the IPA, nursing, and consumers. Initially we are looking for “the low hanging fruit”, successful coordination of existing IT efforts in the community in order to improve access to patient data at the time of a medical

encounter. Some progress has been made in the effort to get laboratory data entered electronically by the laboratories into the community diabetic registry sponsored by the Humboldt Del Norte Independent Practice Association. The registry captures diabetes specific information for the treating clinician and makes it available when the patient is seen. Lab Corp and Eureka Internal Medicine's lab have signed on and the St. Joseph Health System has announced that it will begin an effort to create an interface to the registry.

Another IT issue involving the hospitals has surfaced recently. Currently internet-based lab, X-ray and dictated reports (known at St. Joseph Health System as "Physician Connect") are available on-line only to active hospital staff members. It would certainly be useful for all clinicians in the county to have rapid access to these reports, since patients often receive services in several hospital systems. We have just begun to explore this option.

The IT Taskforce has decided to explore electronic prescribing. Other than prescribing through an electronic health record (EHR) program, the preferred option is eRx, a free program that is being promoted nationally and statewide to reduce errors and phone time for pharmacies and prescribers alike. Thirty-three providers completed a survey by Martin Love sent out by the Medical Society. Three are using e-prescribing as part of an EHR program. Seventeen were interested in learning more. Tim Haskett GNP and Dr Emily Dalton are the only two providers we know are trying eRx. Dr Bill Hunter at Eureka Community Health Center has pledged to give eRx a try. As you can imagine, there are pleasures and pitfalls in the world of eRx, but Tim, at least, has offered to keep plugging away at it and work with the eRx help desk to improve the system. All the pharmacies in the county, except Lima's and Green's, can accept electronic prescriptions. There is an option to print or fax prescription information entered electronically. If e-Rx or some other program seems promising, we could do in-office training and support for clinicians willing to sign on.

We are still pondering the big, longer-term goal. The national leadership is promoting community record locators, a system to determine on-line where a patient's medical records reside. The health information itself is not available electronically, but the record locator should not be too difficult to set up, and it would be an improvement over what we have now.

There is strong sentiment that if we are going to put a great deal work into IT issues, we may want to focus on one of the following two programs, since they would be more useful ultimately.

A little more elegant than the record locator, but still relatively easy, would be to promote personal health records, as the St Joseph Health System has done with the migrant population in Sonoma County. Patients would have "smart cards" which can be read by a provider's computer and contain medical record information. Such a system is inexpensive, minimizes privacy risks, and would be especially useful for people with chronic illnesses. The most challenging issue is how the data would be entered into the

Personal Health Record since the process would be time consuming and accuracy essential.

The most elegant IT project under consideration is creation of an electronic data warehouse, that would hold patients' electronic health information, and which could be accessed electronically by a medical provider with the patient's permission. It is easy to imagine how such a system could improve patient care by making a wide range of information accessible in a timely manner. The quantity of data available in the warehouse would depend on how much health information is generated electronically in the community. Although quite a bit of hospital-generated data is electronic, there are few practices utilizing EHRs in Humboldt County. We have discussed the extensive community process that would be necessary in setting up a data warehouse in order to maximize privacy and allay consumer concerns about potential loss of confidentiality. Focus groups and participation by patient groups and civil liberties groups would be important from the onset to address privacy concerns and build in acceptable privacy safeguards. Few, if any, communities in the United States are using health data warehousing at this point. Santa Barbara, for example, spent millions of dollars before giving up their effort.

REPORT FROM THE TASK FORCE ON THE WORK FORCE

The task force on The Workforce, led by Dr. Ellen Mahoney, marked the end of the first phase with a dinner meeting on April 11th during which subcommittees on Structure and Governance, Compensation, Team Care, and Quality reported to the group as a whole. There is considerable interest in the medical community about the formation of a multi-specialty group as a mechanism for attracting new practitioners to the area, as a route for significant quality initiatives which will build on those championed by the IPA, and as a sustainable structure in which workload burdens are distributed so that careers can be extended. More physicians are interested in exploring the idea of being employed rather than being sole proprietors, and physicians coming out of training are insisting on it.

The need to rebuild the workforce has received extra attention in the past two weeks with the announcements of the departure or retirement of at least 6 more physicians. In three surgical specialties this will result in only a single physician left in practice in the County in that specialty. This will inevitably result in less ability to respond to emergencies around the clock every day, and can potentially burn out the remaining physician even faster, while making recruitment even more difficult.

We are privileged to benefit from our relationship with the Community Health Alliance and to share in the planning grant generously provided by The California Endowment. We are using part of these funds now to join the Medical Group Management Association for access to data and support, to visit other successful models of team care in the State, and to prepare requests for proposals for presentation to consulting firms who will be able to help us formulate a business plan and agreements with participants. With estimates of costs in hand we will be looking for grant support and other sources of funds to make this new organization a reality.

The leaders in this effort have had as their mission the formation of a group in which professionals come to work every day to take care of their community and to take care of each other.

REPORT FROM THE TASK FORCE ON COVERAGE AND ACCESS

Here are some facts about insurance coverage for adults in Humboldt County:

- One in four adults in our county between the ages of 19 and 64 (over 24,000 people) was without health insurance for all or part of the past year. Over 3,000 children also lack coverage.
- Half of the uninsured adults are working; over 85% have incomes below 300% of the federal poverty level.
- These uninsured adults are far less likely than insured adults to receive needed medical care, and to identify and address problems early on.

The Coverage and Access Task Force is exploring ways in which our community can address this issue. The Task Force has been gathering the data to better describe the demographics of uninsured adults, to identify the resources currently devoted to charity care, to quantify the use of hospital emergency departments by uninsured adults, and to estimate what is currently spent on uninsured adults and how it is spent. We have also begun to research access and coverage models being implemented in other communities. And of course we are following the political progress of the several plans being promoted by Governor Schwarzenegger and the legislative leadership.

The Task Force and CHA are sponsoring the following events in the coming months:

- On May 23rd, about thirty people will participate in the CHAT process led by Marge Ginsburg, Executive Director of Sacramento Health Decisions. CHAT is a simulation that enables groups to prioritize the use of limited resources to meet the community's health needs. CHAT may prove to be a tool that health care stakeholders—including employers, unions, providers, and consumers—could use to design a local health plan.
- On June 11th, Jackson Booth and Dr. Elliot Light, two of the organizers of the Community Health Plan of Monterey, will meet with the Task Force to explore the viability of that coverage model for this community.
- On June 20th, consultant Bobbie Wunsch of the Pacific Health Consulting Group, will lead a day-long planning workshop. Our goal for the day is to focus on a specific population, define the outcomes we hope to achieve, and organize the next stage of the work.
- On July 10th, CHA is hosting a public presentation by the Insure the Uninsured Project (ITUP) on the status of California's health reform proposals being put forward by the legislature and the Governor.

We will continue to update the Board of Supervisors and the community as the work of the Task Forces continues.