Patient Medical Information Systems: San Francisco

Coverage Initiative Learning Session #3
Sportsmen’s Lodge, Burbank
February 14, 2008
Program Overview

- **Coverage Initiative (CI)** is a subset of the Healthy San Francisco (HSF) program. HSF participants meeting these criteria are deemed CI eligible:
  - Have a Department of Public Health (DPH) medical home
  - Between the ages of 19 and 65
  - Income at or below 200% FPL
  - Documented U.S. identification and citizenship status

- Current CI enrollment at 2,600 w/ 1,700 pending CI verification; Year One CI projection of 10,000. Current HSF participants: 11,400.

- Covered services include primary care, specialty, inpatient, pharmacy, ancillary/diagnostic, DME, pharmacy, and behavioral health.

- CI provider network consists of DPH medical facilities (primary care clinics, SF General Hospital, and behavioral health Services). Nonprofit providers participate in broader HSF network, but not in CI network.
Patient Medical Information Systems

What systems are currently in place for CI?

- Lifetime Clinical Record (LCR) serves as medical repository. Utilizes i2i Tracks as Web-based disease registry.
- DPH utilizes INVISION, which provides contains patient demographics, eligibility data, financial data/billing, patient encounters, primary care clinic, etc.

How have systems/products been changed for CI?

- New systems or functionality created specifically for CI? Yes, but they are not medical information systems.
  - One-e-App for eligibility determination and enrollment.
  - Premium billing system to track payment of participation fees (overseen by program’s Third Party Administrator, the San Francisco Health Plan).

Are there plans to for future enhancement or expansion?

- DPH expanded its e-referral system for medical specialty to surgical specialty.
- DPH is investigating development of full EMR that would track ambulatory care. A consultant has been retained to develop components of an RFP.
Information Sharing

To what extent is patient medical information shared among providers in the network?

- All patient information is shared via access to the Lifetime Clinical Record (LCR). LCR includes medication history, labs, micro., radiology, visit history, allergies, transcribed reports, orders, primary care clinic/physician, etc.
- Providers have full-entry access to LCR.
- Access to information does not differ by provider site/type.
- DPH maintains paper-based and computer-based electronic medical record systems. DPH has i2i Tracks a web-based disease registry.
- Training is provided by IT staff.
- Most significant incentive for provider participation comes from the ability to track a patient’s use of services. While nonprofit clinics are not part of CI network, they are part of the larger HSF network. LCR access was provided to the nonprofit clinics several years ago. HSF’s emphasis on ensuring that all participants have a medical home has provided more of an incentive for clinics to input their clinic information into LCR to help maintain patient/provider relationships.
- DPH has well-developed policy and procedures covering protected health information under HIPAA -- retention, use and disclosure, electronic transmission, access control, patient rights, sanctions, etc.
Information Sharing: Successes and Challenges

What are some of the system improvements and/or successful new practices that you discovered as a result of developing and extending information sharing systems for the CI?

- Will provide non-profit hospitals with read-only access to One-e-App to facilitate provision of charity care services.

What, if any, new challenges have emerged with the development of the Coverage Initiative program?

- Meeting enrollment due to DRA provision re: obtaining identification and citizenship status for CI eligibles.
- Data provisions for evaluation and coordination of CI evaluation with broader HSF evaluation.
- Claiming of allowable services and administrative expenses.

Strategies being considered or pursued to address challenges to information sharing?

- Using California birth record files.
- Developed internal process for tracking expenses, but need clarity from CMS and State DHCS on claiming protocol.
State Requirements

What data collection and reporting methods are you using to meet state requirements for receiving the Certified Public Expenditure match?

- One-e-App for CI enrollment
- INVISION for services provided and cost calculation
- Medi-Cal Waiver Workbook for Maintenance-of-Effort

What data collection and reporting methods are you planning to use to cooperate with the statewide evaluation?

- Developed a standard set of reports (clinical, customer service, and administrative data) that will support CI evaluation and broader HSF evaluation
- Current IT system track utilization
- Developed specific codes to track CI eligibles
Guidance Needed

Questions for other counties

- What system is used to meet DRA provisions (including archiving of verification documents? Is system meeting needs?
- Do you have an electronic medical record (EMR) system that includes non-hospital based primary care sites?
- Are you asking CI participants health related questions upon enrollment (and re-enrollment) to assess benefits of CI program?

Areas where we are looking for ideas

- Collection of U.S. citizenship for CI participants born in other states.
- EMR systems that could link public and non-profit providers.
- Opportunities to use IT systems to provide baseline participant perspective on health status prior to enrollment.

What kind of technical assistance would we like in this area?

- Ability to link birth record information and matches to OEA
- Feasibility of one EMR for all safety net providers participating in HSF
- Feasibility of health related questions to OEA for evaluation purposes