

## Safety Net Advisory Council (SNAC) - Critical Infrastructure Tools Electronic Health Record Recommendation Summary

### Background

Health Information Technology represents an **essential tool for providing continuity of care across the comprehensive health care delivery system**. Broadly adopted and interoperable HIT systems will allow vital patient information to be shared and improve the quality and safety of care.

Oregon and the nation are moving toward greater readiness to implement health information technology. Decision makers recognize that it is a key tool for realizing the broader goals of access, quality, safety, improved health and cost reduction. **The safety net provides care to many Oregonians who face barriers to care and who often move in and out of coverage and from provider to provider**. Policy makers can help assure that electronic health records are available at the time of treatment for safety net patients.

The **barriers** to broad adoption of health information technology across the safety net are substantial. They include **significant start up and ongoing cost**. In addition, safety net clinics have much smaller operating margins than the private sector and have less access to capital. In general, **what margin safety net clinics do have is funneled back into services**.

### Recommendations

*It is essential that policymakers pursue the goal of building a comprehensive Health Information Strategy statewide.*

- SNAC recommends prioritizing support for broad HIT adoption among safety net providers
- SNAC further recommends that expert analysis be engaged to determine the best methodology and pricing for establishing broad adoption of health information technology across the safety net.
- SNAC recommends considering one of (or in combination) the **three following options**:

#### Option 1: Safety Net Electronic Health Record Fund

- **Target set.** 80% adoption rate within 2 years
  - Incentives include grants and low interest loans for implementation cost
  - Fund established and cost burden broadly shared
  - First priority for isolated rural areas and other entities with limited access to capital.
  - Participating providers agree to adopt quality and reporting measures
- FUNDING:** Legislative Appropriation and partner contributions (purchasers, insurers, health systems, community contributions)

## **Option 2: Oregon EHR Utility (80% adoption rate as with Option 1)**

- **Key Principle** – infrastructure managed on a basis similar to water and electricity and other common resources needed by the public at large.
- Utility implements, operates, and maintains EHR infrastructure across safety net including software, hardware, and technical assistance.
- Utility assesses per person per month contributions from Medicaid, private insurers, and clinics acting as surrogates for low income and uninsured
- Safety net focused but is scalable and could be expanded to include 2-10 person physician offices etc.
- Participating providers agree to adopt quality and reporting measures
- All funding bodies participate on a governance body (similar to utility board).

## **Option 3: State and Federal Partnership**

- DHS/CMS/HRSA partner to model integrated safety net EHR funding strategy and set adoption target. See HHS Medicare model.  
[http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/EHR\\_Summary.pdf](http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/EHR_Summary.pdf)
- Identify leveraging linkages between Medicaid, Medicaid contractors, Medicare, Medicaid Transformation Grant, FCC grant, Intergovernmental Transfers, alternatives to PPS, or other mechanisms
- Identify state infrastructure to facilitate EHR adoption and maximize benefit of group purchasing.

### **Anticipated Outcome**

*'Potential Impact of Widespread Adoption of Health Information Technologies on Oregon Health Expenditures'*.

[http://www.oregon.gov/OHPPR/docs/OR\\_HIT\\_Impact\\_Final.pdf](http://www.oregon.gov/OHPPR/docs/OR_HIT_Impact_Final.pdf)