



Health Information Exchange Primer for Seniors

Dan Chavez
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Serving Communities Health
Information Organization

California's Original HIE



Setting the Stage

A Common Goal

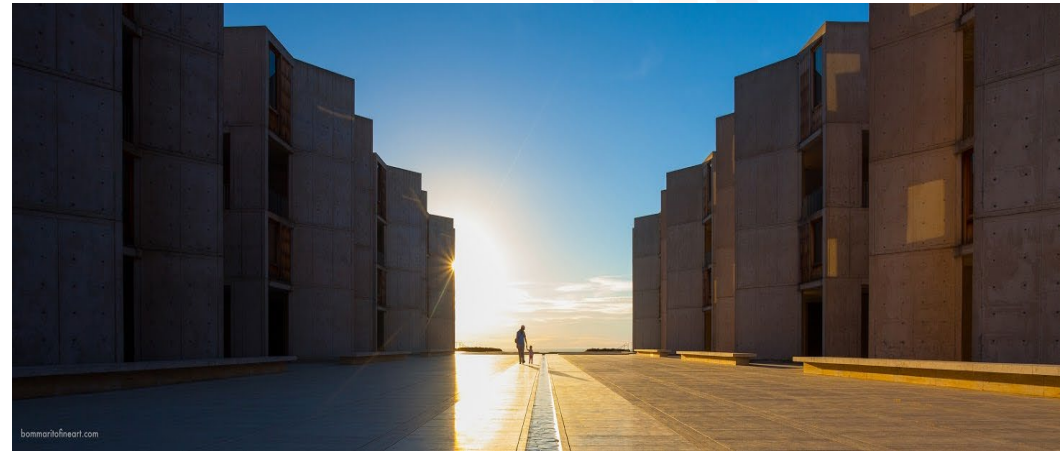
SAFE, HIGH QUALITY, EQUITABLE
CARE AND HEALTH
FOR EVERYONE

Everything is connected to health

An Ecosystem Approach...

Addressing health-related social needs will likely require an ecosystem approach, with hospitals and health systems working with health plans, federal, state, and local governments, community organizations and local businesses, employers, and families, to implement initiatives that impact health and quality of life ...

- Josh Lee, Deloitte



Believe....

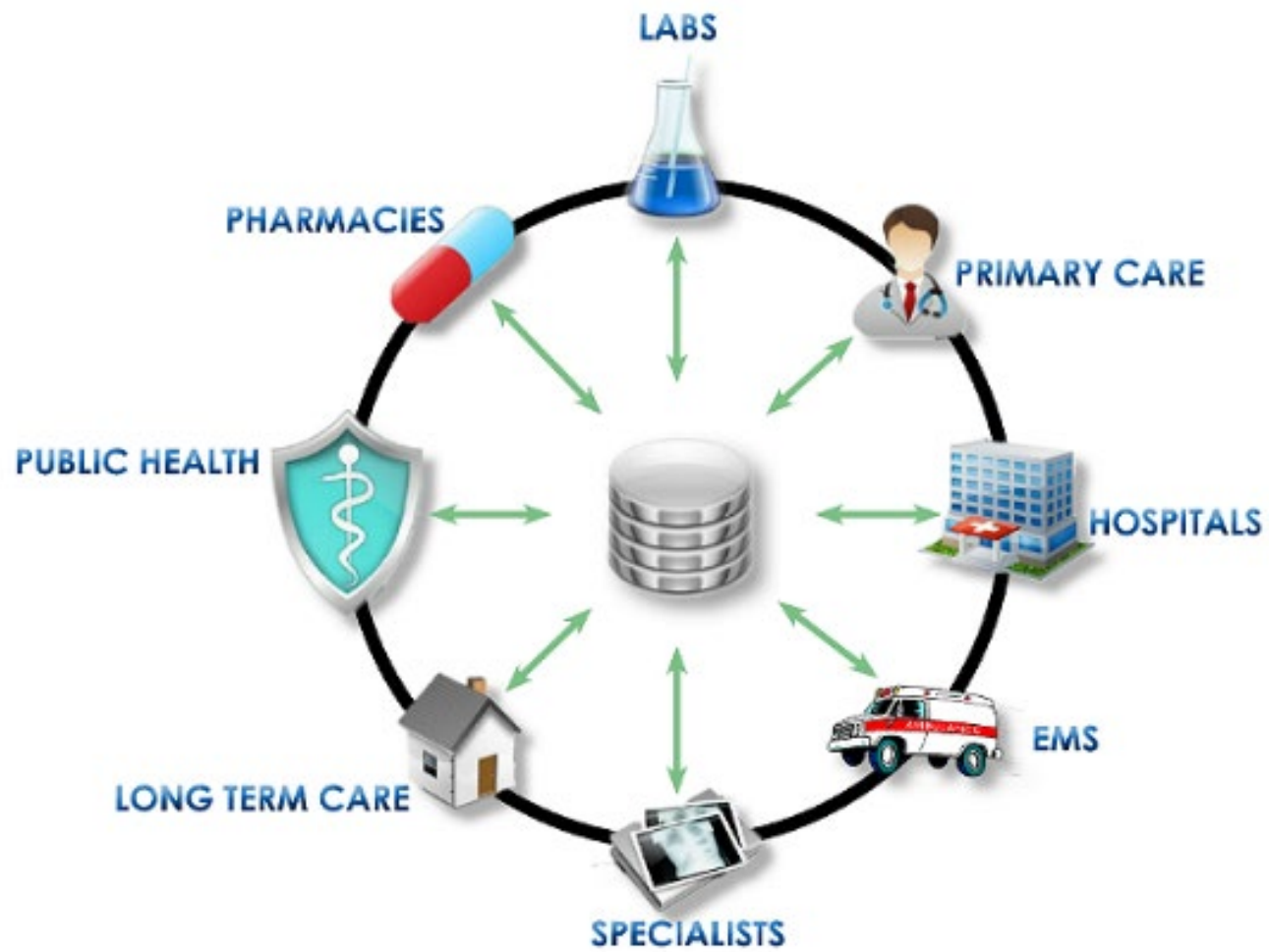
“HIE is the foundation on which we can start making meaningful changes in the healthcare system. . . We have a long way to go, and, without HIE, it will be hard to change the system.”

- Cross, Lin, Adler-Milstein



What is an HIE?





California State HIE

What is an HIE?

Electronic health information exchange (HIE) allows doctors, nurses, pharmacists, other health care providers and patients to appropriately access and securely share a patient's vital medical information electronically — improving the speed, quality, safety and cost of patient care.

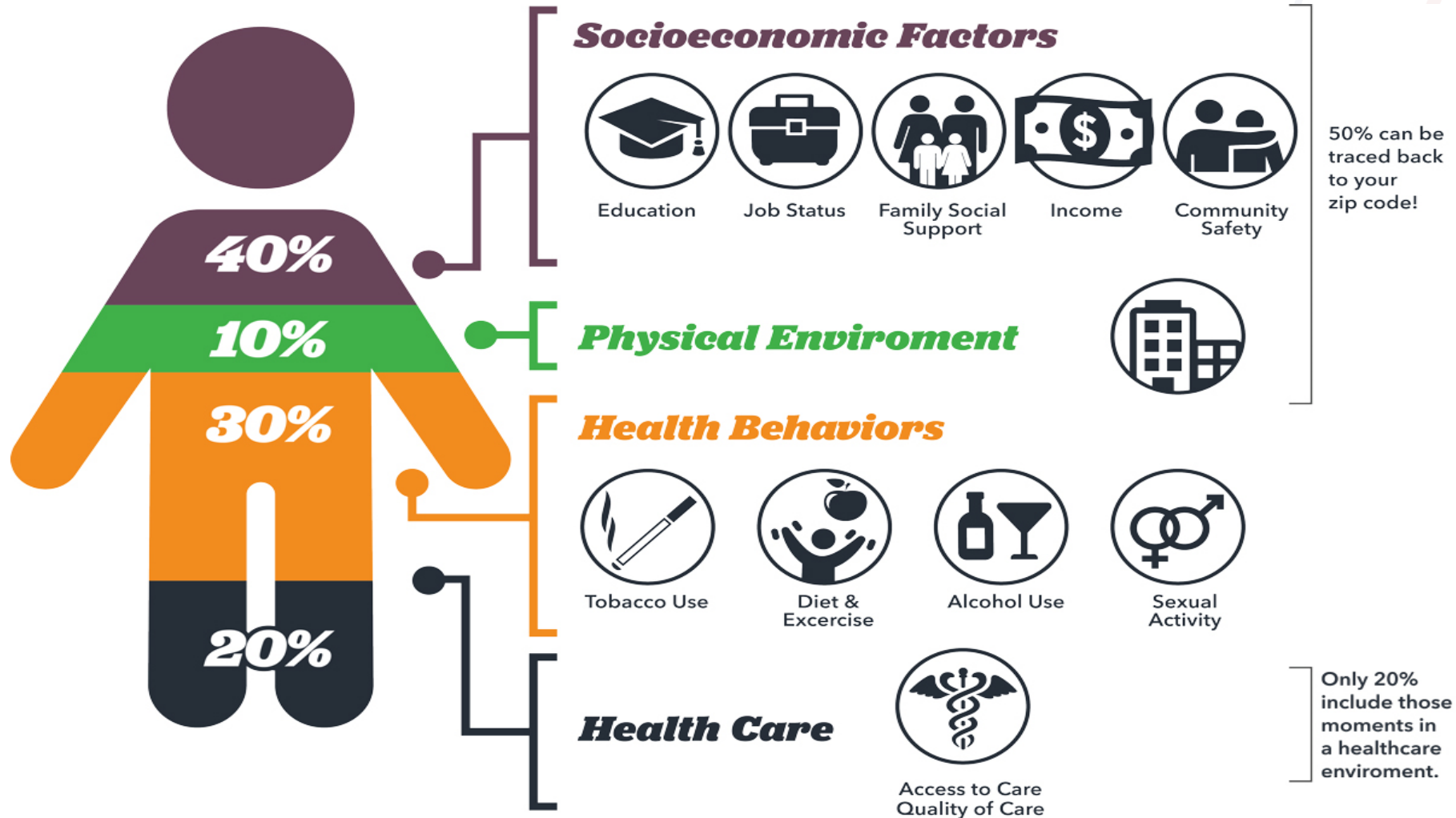
- The right information about
- The right person at
- The right time



California's progress on our bold vision of **equitable , affordable , and whole person care** will depend on seamless data exchange.

Dr. Mark Ghaly, Secretary CalHHS

Social Drivers of Health (SDOH)



WHY IS THIS SO HARD TO SOLVE?

Harmonizing health and social services data for analysis **requires expertise in content, technology, data governance, and standards** related to health information.

Research and surveillance require more than access to raw data – they need quality data, with defined sources, valid information, and complete coverage of the topic under study.



Problem Statements

Healthcare is delivered through a federated system

- By state and by county
- Healthcare is local

Healthcare information must focus on the patient and their care givers

Health is siloed and fragmented by institutional design

- Health versus Human services
- Commercial, Medicare and Medicaid reimbursement
- Data and the uses of data
- Different views

CA Data Exchange Framework and CalAIM requirements are significant

"Healthcare IT is more complex than rocket science...
It's hard to take an inpatient system and make it work for
ambulatory care. Ambulatory care is continuity of care, which
requires some tricky programming. And even trickier is doing
both in a shared manner, giving the complete view of the
patient, both as a hospital inpatient and as an outpatient.
Carry that further—at the dentist, in behavioral health,
urgent care—everywhere care happens."

— Judy Faulkner

Strategic Postulates

Information is a social driver of health

Total Person Care (TPC) requires total person information

No wrong door requires that total person information is shared

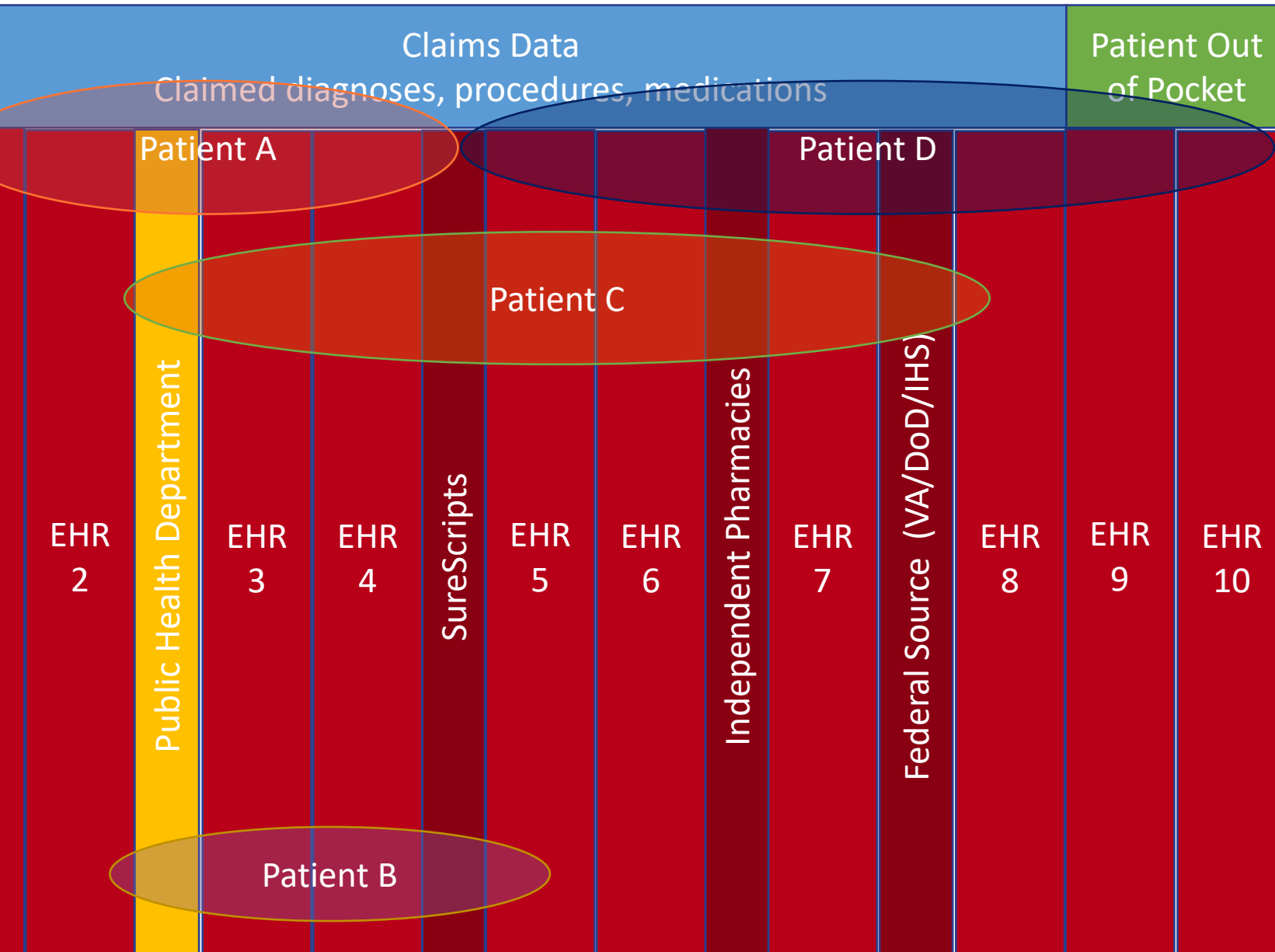
Equity has two parts; opportunity and outcomes

Consequently, all are forced to navigate an Asynchronous Care Model

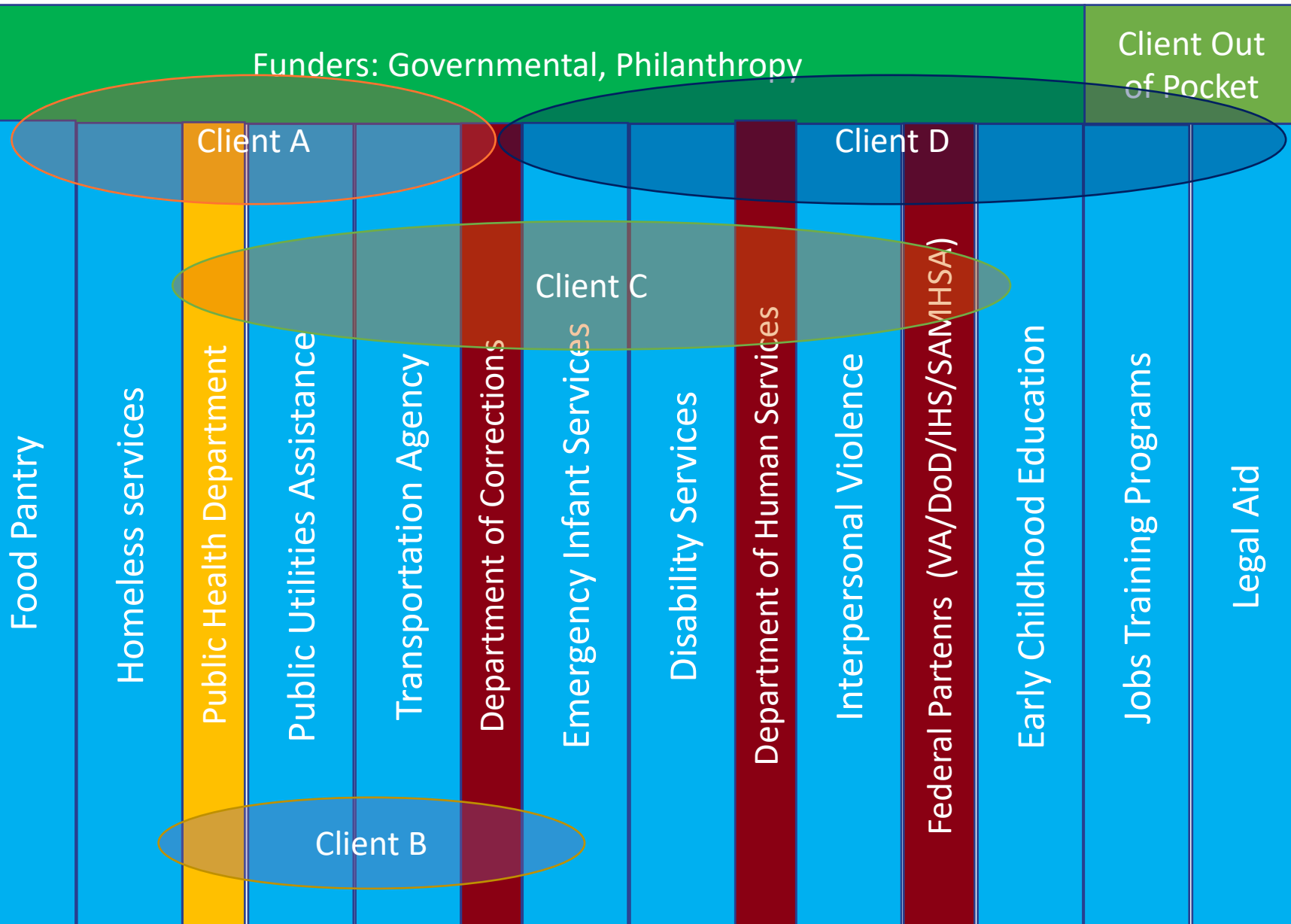
Move to a Health Data Utility (HDU) in the community

- By design support patient centeredness, WPC, and equity
 - Model of care should not be driven by the provider, health system or the health plan
- Lessons learned from the pandemic
- Value will be determined by the community interaction with a patient's community health record

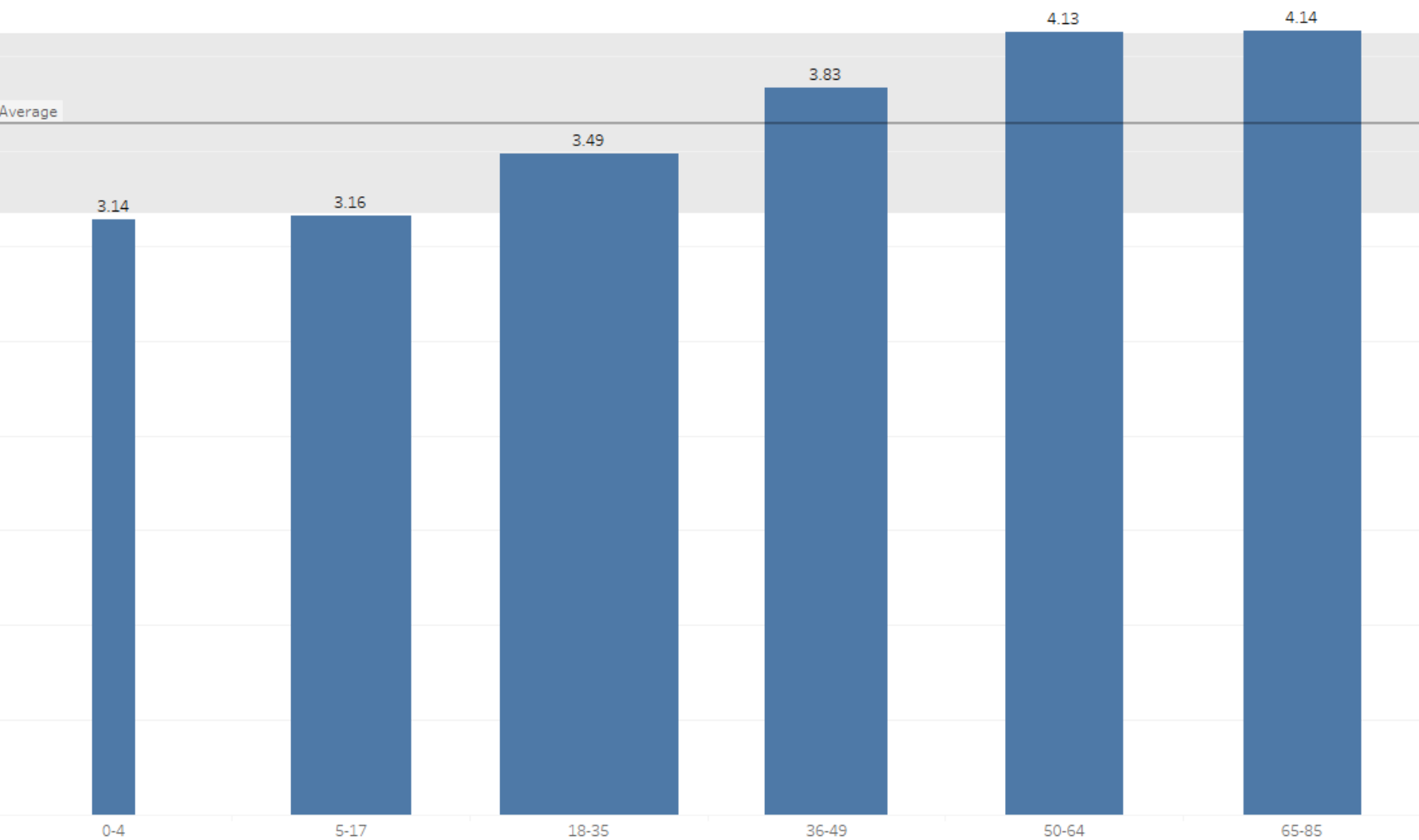
HEALTH DATA FRAGMENTATION



SOCIAL DRIVERS OF HEALTH DATA

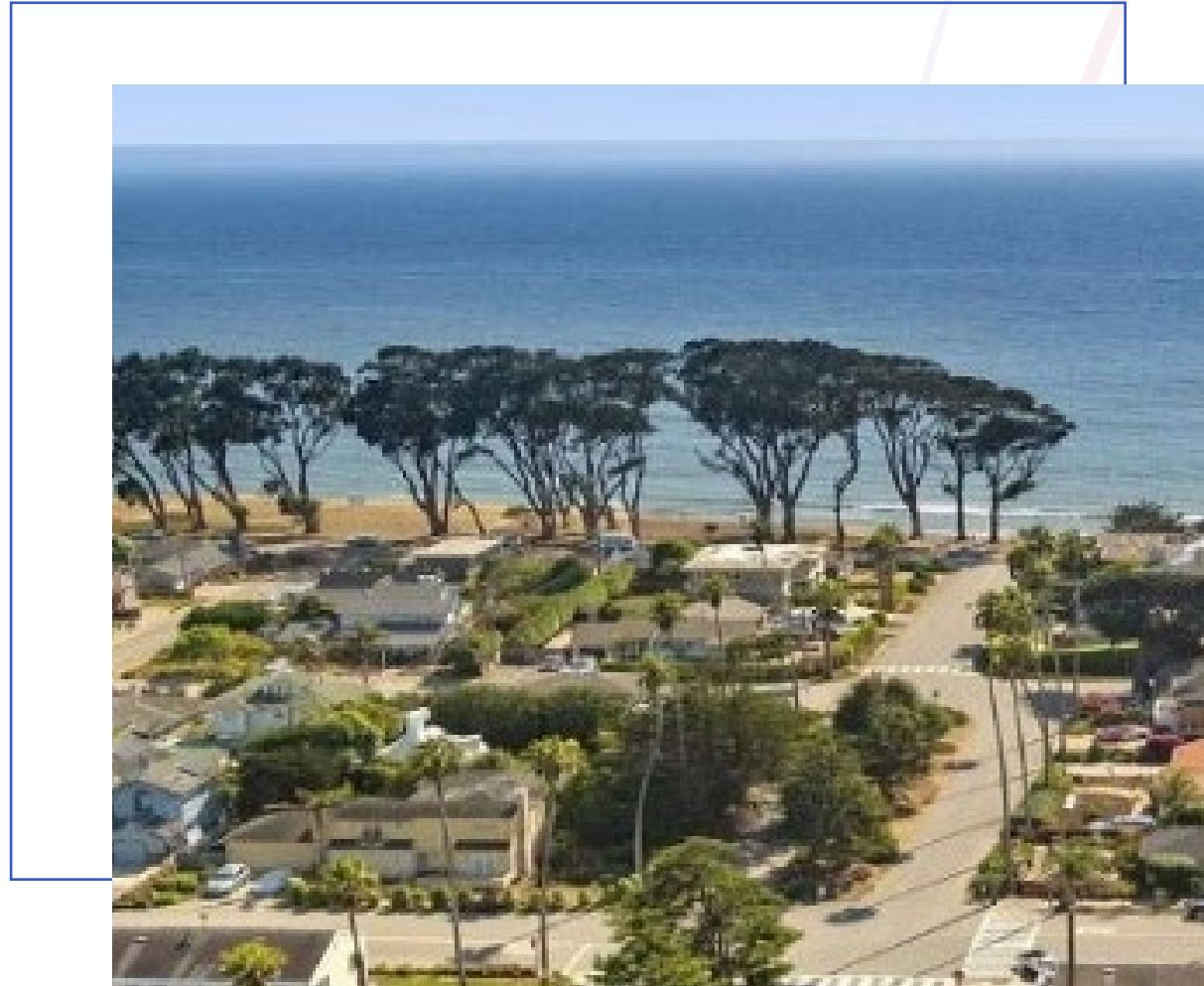


NUMBER OF DATA SOURCES BY AGE GROUP



SCHIO Overview

Established in 1996, the Serving Communities Health Information Organization (SCHIO), formerly the Santa Cruz HIO, is one of the oldest and most advanced multi-stakeholder health information exchanges in the country. SCHIO is a nonprofit regional organization that provides strategic, technical and administrative support to communities committed to advancing health through the delivery of actionable information sharing.





SCHIO Overview

SCHIO connects more than 200 organizations including primary care and specialist physician groups, hospitals, federally qualified health centers, county clinics, providers of mental health and substance use disorder services, community service providers, national and local reference labs, imaging centers and ancillary providers.

The Why and the Value Proposition

The Why:

People who need care

The caregivers who provide that care

The communities where both live

Value Proposition:

Representation of the near real-time, comprehensive, total person care,
Information of a person's health and well being = whole person information in
support of whole person care

Mission Vision and Values

Mission

SCHIO will advance wellbeing for everyone in our community through disciplined comprehensive information curation and sharing

Vision

To be an exemplary trusted model for regional Health Data Utility (HDU) in the Country

Values

Integrity,
Transparency,
Responsive,
Person-Centered,
Innovative,
Open-mindedness

CHIO Service Offerings

Clinical Data Repository

Identity management

Medical records exchange

Behavioral health

Public Health hub

EMS hub

Clinical referrals

Case management

DxF support

Health plan connectivity

Individual access

- Provider portal
- Consent management
- Results delivery
- PDMP access
- Real-time alerts
- Social Drivers of Health (SDOH)
- Social referrals
- Direct messaging
- CalAIM support
- Quality reporting
- Secure and private

CHIO Data Types and Workflows

Clinical

EMS

Mental Health

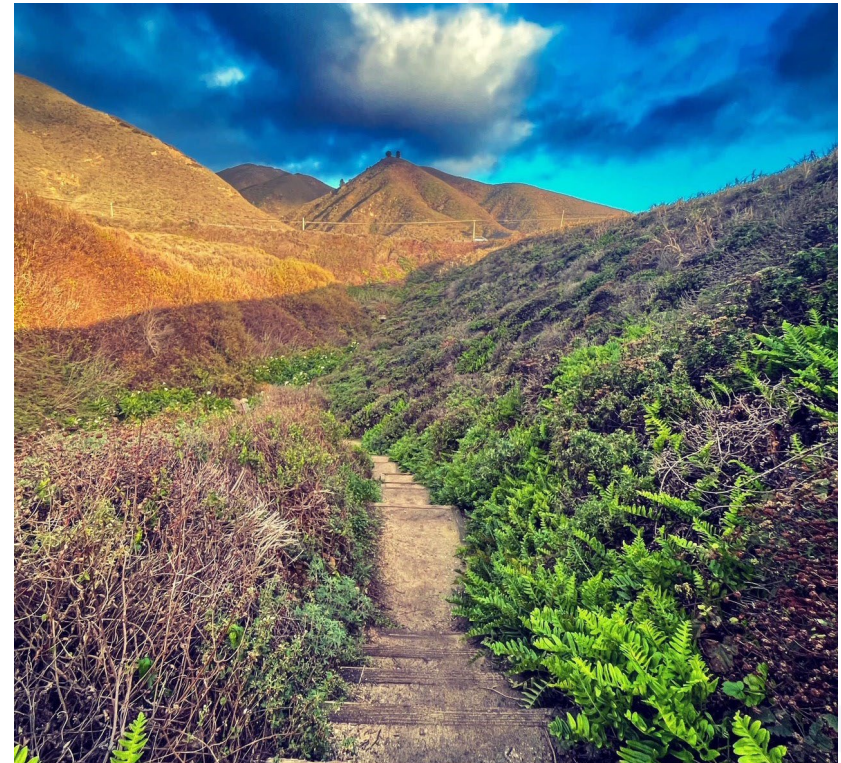
Substance Use Disorder

Public Health

Case Management

SDOH

- Clinical Referrals
- Social Referrals
- Claims
- PDMP
- HMIS



SCHIO by the Numbers

1,057K

Unique patients in
SCHIO Enterprise
Master Patient Index.

2,000+

Active Clinical
Portal Users per
Month.

190+

Data Sources
providing health
information to
SCHIO.

105M+

Total HL7 & CDAs
into SCHIO since
inception.

1.5M+

HL7 Transactions
per Month.

28

Unique EMRs
connected to SCHIO.

73K+

CDA Transactions per
month.

270+

Documents queried
per month on
National Exchanges.

34

Bi-directional
interfaces.

1.5M+

FHIR transactions
processed in 2024,
patient bundles & meds.

Major California Initiatives

Data Exchange Framework (DxF)

California Health and Human Services (CalHHS) [Data Exchange Framework](#) (DxF) established California's first -ever statewide data sharing agreement (DSA) with a common set of policies and procedures. The DxF provides a governance structure to privately and securely exchange health and **social services information** (HSSI) between health care providers, entities, government agencies, and **social service programs** in California, with the goal of improved health equity and outcomes.

California Advancing and Innovating Medi -Cal (CaAIM)

California Advancing and Innovating Medi -Cal (CaAIM) is a multi-year initiative by the Department of Health Care Services (DHCS) to enhance care coordination and improve the quality of care provided to Medi -Cal members. The CaAIM Initiative strives to advance health equity and quality, **integrate SDOH into care**, and modernize the delivery system for vulnerable Californians, with a specific focus on BIPOC communities, justice -involved population, and people with compounding social needs.

HIE Utilization

Top Organizations

- Central California Alliance for Health
- Kaiser
- Dignity
- Santa Cruz County
- Salud Para La Gente

Top Transactions

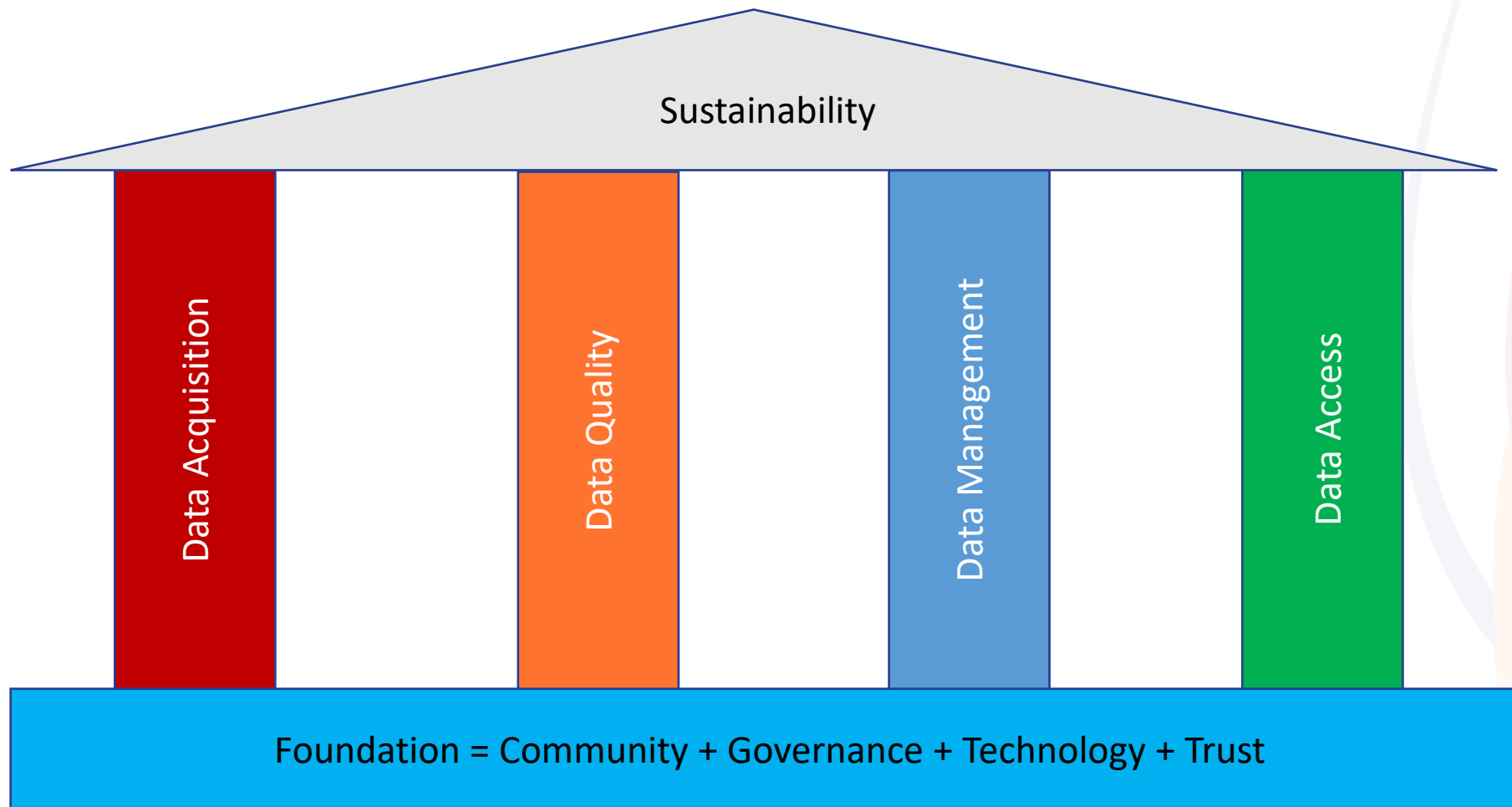
- Lab results delivery
- Medical records query
- Clinical referrals
- Real-time alerts
- Public Health reporting



the only place ...



SCHIO Overview





“Better is possible. It does not take genius. It takes diligence. It takes moral clarity. It takes ingenuity. And above all, it takes a willingness to try.”

Atul Gawande

Questions?



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