REDWOOD HEALTH INFORMATION COLLABORATIVE

A public-private collaborative managed by Redwood MedNet, Inc.

Healthcare Community Discussion for the Obama-Biden Transition Project

Wednesday December 17, 2008 -- Ukiah, California
Notes by Lori Hack & Will Ross

"We know that our health-care system is broken: wildly expensive, terribly inefficient, and poorly adapted to an economy no longer built on lifetime employment, a system that exposes hardworking Americans to chronic insecurity and possible destitution." Barack Obama, The Audacity of Hope

Participant	Role	Affiliation	Q1	Q2	Q3
Will Ross (host)	Project Manager	Redwood MedNet	none	all	D
Carl Henning, MD	President	Redwood MedNet	none	all	D
Christine Cliburn	Health Programs Administrator	Mendocino County Health & Human Services Agency	A & D	all	D
Robert Faulk	Executive Director	Medical Society of Lake & Mendocino Counties	E	all	all
Megan Van Sant, MPH	Program Director	Healthy Kids Mendocino	A	C	C
Heidi Dickerson	Field Representative	U.S. Rep. Mike Thompson	n/a	n/a	n/a
Ruth Valenzuela	Field Representative	State Assembly Member Wes Chesbro	n/a	n/a	n/a
Lori Hack, MBA	Privacy Officer	Long Beach Network for Health	none	all	D
Sandra Dunn	Executive Director	Access El Dorado	all	all	all
Larry Ozeran, MD	Chair	Yuba Sutter Healthcare Council	none	all	none
Glenna Gobar, DVM	Senior Informaticist	UC Davis	none	all	D
Lyman Dennis, PhD	IT Consultant	independent contractor	none	all	D
Mike Cook	IT Consultant	independent contractor	none	all	D
Judy Popowski	IT Consultant	independent contractor	all	all	D
Gary Teichrow	Software Architect	WebReach, Inc.	none	all	D

1. **What do you perceive is the biggest problem in the health system?**
   a. Cost of health insurance
   b. Cost of health care services
   c. Difficulty finding health insurance due to a pre-existing condition
   d. Lack of emphasis on prevention
   e. Quality of health care

Consensus Response:
None of the above. Survey question #1 assumes that health insurance as currently conceived is a solution rather than the problem. Each of the scripted answers is a consequence of the current health care business model, and each answer is insufficient to describe "the biggest problem." The biggest problem in health care is the business model in which separate participants are independently responsible for their own financial survival in a non-integrated system. As a whole the system interferes with healthcare provider solvency, best practices in disease prevention, continuous patient access to health care, and attention to quality of care outcomes.

The current health system rewards the cohort of privileged Americans with health insurance based on either their employment or on their relative poverty status. With the decline of lifetime employment in our economy, there is no good reason to tie health insurance to employers, yet the cost of this rationed health insurance system is imposed on employers and taxpayers, and also on the millions of patients unfortunate enough to be excluded from coverage. The rationing system reimburses clinical procedures for insured patients independently of prevention, care coordination or health outcomes. This business model rewards healthcare enterprises which maximize the volume of reimbursable events, even if the process is corrupted by self-interest (example: clinics that deliberately break up patient treatment plans into many small office visits to drive up the total reimbursement revenue.) The lack of quality incentives for providers and patients creates a perfect storm of unrealistic expectations from patients, impossible time demands on clinicians and administrative interference in the allocation of clinical care resources. American healthcare reimbursement is lost in the weeds of approvals and denials of individual procedures without real regard for long term care of the patients with coverage, and with no regard for patients without coverage.

As a feature of the American economy, the healthcare system creates reimbursement disparities that drive physicians out of business and American families into bankruptcy. In rural Northern California, healthcare reimbursement rates are so low that the Medi-Cal (Medicaid) and Medicare segments of the population lack access to specialists, because many specialists refuse to accept the below cost reimbursement rates offered by the insurance plans. With access to care blocked by the rationing system, patients that are discriminated against by the healthcare market seek care in already burdened hospital emergency departments.

Among those with insurance coverage, patient health outcomes and best practices in preventive care are frequently ignored because they are not reimbursed. The lack of incentive for quality care also suppresses adoption of modern health information technology tools, such as installing electronic health records (EHR) and building a health information exchange (HIE) infrastructure. Simply put, despite the best intentions of health care professionals, the current healthcare system interferes with high quality care, except for those Americans blessed with either superb insurance coverage or unlimited financial resources.

2. **What do you think is the best way for policy makers to develop a plan to address the health system problems?**
   a. Community meetings like these
   b. Traditional town hall meetings
   c. Surveys that solicit ideas on reform
   d. A White House Health Care Summit
   e. Congressional hearings on C-SPAN

Consensus Response:
All of the above. Each of the scripted answers is a viable means for the Obama-Biden team to acquire authentic and appropriate planning details from healthcare stakeholders. Another method is to expand the change.gov online discussion with tag clouds and ranked posts. Regardless of the information gathering process, policy makers need to hear from people who are directly affected (e.g., people without coverage, or people with inadequate coverage, or clinicians who are unable to recover their costs due to market distortions caused by insurance administration, etc.). Specifically, the Obama-Biden team most needs to hear a contravening narrative to neutralize the predictable testimony that will arrive from the status quo healthcare corporations who have been driving health care "reform" (or the lack thereof) in recent years.

Survey question #2 asks how policy makers can develop a plan to reform the healthcare system, but the question as stated is a false choice. How policy makers gather relevant data on the healthcare system is not as important as how effectively they filter out the self-serving noise that will be provided by status quo interests in healthcare. The status quo in healthcare will likely seek to "game" the Obama-Biden public policy investigation by "astro-turfing" the proceedings with faux grass roots activism.

A good example of vested interests tilting the balance of health care policy discussions is the Certification Commission for Health Information Technology (CCHIT). In 4 years of effort the CCHIT process has focused on large enterprise health information technology (HIT) systems that are more in sync with the commercial products of large enterprise HIT vendors than with the clinical workflow needs of medical practices. Recent studies (e.g., Ash & Sittig, JAMIA, 2007 or DesRoches, NEJM, 2008) show an appalling lack of progress in EHR adoption by American healthcare. Failure to adopt modern electronic tools is especially pronounced in small practices, where 80% of patient care takes place. However, there is more to this situation than simply handing out cash to purchase software -- much of the software that is available is not relevant to the business processes of small clinical practices. Other studies have shown low survival rates for community initiated electronic health information exchanges (Adler-Milstein, Health Affairs, 2007) and the absence of a ready solution for the interoperability of EHR data (Goroll, et al., JAMIA, Jan-Feb 2009).

The Obama-Biden administration should ensure that small healthcare practices are more effectively represented henceforward in policy discussions than they were during the dismal "business as usual" Bush-Cheney administration. In four years of effort the Office of the National Coordinator has made incremental progress, but the country still lacks an architecture for sharing electronic health data -- that is, immediate adoption of EHRs does not make the data portable, it takes **Health Information Exchanges** to make the data portable.

One suggestion that may help accelerate the relevance of federal policy leadership is to articulate principles of health care first, followed by detailed planning to meet those principles.

3. After this discussion, what additional input and information would best help you to continue to participate in this great debate?

a. More background information on problems in the healthcare system
b. More information on solutions for health reform
c. More stories on how the system affects real people
d. More opportunities to discuss the issues

Consensus Response:

D -- but only if there is legitimate bidirectional discussion and a sense of progress. As a community based steering committee that has studied health care policy and technology in depth for three years, members of the Redwood Health Information Collaborative are well informed on options A, B and C. For the new national healthcare discussion to be productive, the immediate need is to admit that the system is broken, and to roll up our sleeves and move immediately to design a fair replacement system that provides health care for all, with a focus on best practices, modern tools, prevention strategies and quality outcomes.

Regarding option "D", to date "discussion" on health care reform has been conducted by and for the current health care status quo without significant input from or about the substantial portion of Americans with no credible access to health care. If the next round of details from the Obama-Biden health reform team shows that these millions of Americans will continue to be marginalized, and that the status quo will continue to abuse the system, leaving nothing but hospital emergency rooms for millions of Americans, then it is likely that our committee will lose interest in any further discussion with the Obama-Biden team.

To earn our trust you have to convince us that you are listening to the people who have been left out of health care policy; you have to convince us that you see through the business priorities of the healthcare status quo, who profit from a dysfunctional healthcare system. Given the comprehensive failure to date of American health care policy leadership, we do not have our hopes up that this time will be different. However, you have asked for input so we will grant you one shot at showing us that you are listening.

The current system is broken. Too many resources are dedicated towards non-care activities. For example, here in California there are endless Medi-Cal negotiations to carve out small pools of coverage for special segments of the population. Instead of squandering health insurance budgets on endless plan administration debates, people would be better served by a simple mandate for health coverage for any resident of California, regardless of age or immigration status, period. Any outcome of the current healthcare reform process that is short of universal coverage will be another policy fumble handed down to the next generation.

It is not essential that the American healthcare system change radically overnight. When the goal is so large, a rational change management process is a good thing. Many Americans are currently employed in insurance administration jobs that must be eliminated, so the path forward must be carefully planned. The Mercury-Gemini-Apollo approach to the moon landing is a good example of rational, incremental planning. The election of Sen. Obama creates a perfect opportunity for the natural optimism and intelligence of Americans to put aside the partisan rhetoric that has failed us, and to imagine an equitable solution. Let's create a healthcare system that competes with any healthcare system in the world. Instead of an American healthcare system that costs more and does less than healthcare systems in other large, industrialized countries, let's build a better system.

About the Collaborative

Redwood Health Information Collaborative was launched in 2005 by a grant from Robert Wood Johnson Foundation to the Mendocino County Department of Public Health. The Collaborative has met from 9:00 to 11:00 A.M. on the third Wednesday of almost every month since January 2006. The Collaborative was formed to study rural health policy and technology options and to support the development of a local health information exchange (HIE) for all stakeholders in our rural healthcare community. After the Collaborative completed its funded tasks in January 2007, responsibility for the monthly community meeting passed to Redwood MedNet, our newly formed local HIE. Redwood MedNet now manages the Collaborative by scheduling monthly webinars on health technology and policy. Attendance at the monthly meetings typically runs between one and two dozen, with about half of the participants attending by conference call. Attendees typically represent private practices, community clinics, public health, patient advocates, rural hospitals, state and federal legislative staff, and staff from other HIEs in California. The Collaborative also participates in the Information Links Community of Practice (COP) coordinated by the National Center for Public Health Informatics (NCPHI) at the Centers for Disease Control and Prevention (CDC). An archive of webinars hosted by the Collaborative over the past three years and a schedule of upcoming webinars for 2009 is located at: www.mendocinohre.org/rhic/content.html.

About Redwood MedNet

Redwood MedNet, formed by clinicians and technologists in Mendocino County, was incorporated in August 2005 as a 501(c)(3) nonprofit corporation. A community based health information exchange, Redwood MedNet launched a clinical results delivery service in Healdsburg, California in April 2008. In November 2008 the service was expanded to Ukiah. Further expansion is underway into the Fort Bragg and Lakeport healthcare communities. Redwood MedNet is governed by a nine member Board of Directors, which meets monthly at Ukiah Valley Medical Center. For more information, see www.redwoodmednet.org.

About the Healthcare Community Discussion

On Monday morning December 15, Redwood MedNet sent an email invitation announcing the Obama-Biden Transition Project Healthcare Community Discussion to the Collaborative email list. The discussion was scheduled for December 17 from 10:45 AM to 12:00 NOON, as an extended session added to the regular monthly meeting of the Collaborative. The extended session attracted 15 attendees and was held in Conference Room 2 at Mendocino County Public Health in Ukiah, California. The regular monthly webinar hosted by the Collaborative, from 9:00 AM to 10:45 AM, featured presentations from:

- Micky Tripathi, PhD -- CEO, Massachusetts e-Health Collaborative
- Christy Quinlan -- Chief Deputy Director, Office of the CIO, State of California

After the second presentation, the Collaborative moved into the Obama-Biden Healthcare Community agenda. Two legislative aides in attendance listened and did not vote (their choice). All of the attendees at this meeting were regular participants in the Collaborative's three year long community investigation into health policy and information technology.

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AGENDA

Wednesday December 17, 2008 -- 9:00 AM to 12:00 NOON (PACIFIC)
Website: **http://mendocinohre.org/rhic/content.html#dec08**
Webinar at **http://www.readytalk.com** Meeting #462.6369

WELCOME & INTRODUCTION

Will Ross -- COO, *Redwood MedNet*

PRESENTATION 1

Massachusetts e-Health Collaborative

Micky Tripathi, PhD -- CEO, *Massachusetts e-Health Collaborative*

PRESENTATION 2

The Role of the State in Health Information Technology

Christy Quinlan -- Chief Deputy Director, Office of the State CIO, *State of California*

COMMUNITY DISCUSSION

The Obama - Biden Health Care Agenda

Will Ross -- COO, *Redwood MedNet*

Presented by Redwood MedNet and the Public Health Branch of Mendocino County Health and Human Services