



REQUEST FOR LETTERS OF INTENT: CALIFORNIA NETWORKS FOR ELECTRONIC HEALTH RECORD ADOPTION

DEADLINE: APRIL 14, 2008

A program jointly sponsored by:

Community Clinics Initiative

A joint program of Tides and The California Endowment

California HealthCare Foundation

Blue Shield of California Foundation

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Strong Clinics, Healthy Communities

I. INTRODUCTION

The California Networks for Electronic Health Record Adoption (CNEA) program was initiated in 2006 to speed adoption and lower the overall cost of electronic health records (EHR) in California community clinics and health centers. The Blue Shield of California Foundation (BSCF), the California HealthCare Foundation (CHCF), and the Community Clinics Initiative (CCI), a joint project of the Tides and The California Endowment, are funding this project. In 2006, each organization committed approximately \$1.5 million to a three-year effort to assist community clinics in implementing EHR systems in a networked fashion.

Background

The intent of the CNEA program is to address the challenges of health information technology (HIT) adoption for safety-net providers, in particular community clinics and health centers (hereafter referred to as “clinics”) in California. HIT is a vital tool that can help clinics operate more efficiently, make more informed decisions, increase access to care, improve care, and become stronger partners in building healthier communities.

Today, less than 3% of California’s clinics have successfully adopted electronic health records. Top barriers to EHR adoption continue to be the cost of purchasing and the complexity of maintaining these systems (including the expert staff required to support them). Compounding the affordability factor, current EHR vendors generally do not address the unique and complex needs of community clinics and cannot provide the level of initial and ongoing training and support required for successful adoption.

The potential to overcome these barriers and to achieve economies of scale suggest that collaborative infrastructures, referred to as Networks for EHR Adoption (NEAs), can be an important strategic solution for ensuring consistent, sustainable, and affordable EHR use. The development of collaborative models of EHR installation and support (that is, centrally managed with centralized implementation support) can effectively encourage widespread adoption. Strong intermediary systems have proven successful with other technology tools, such as practice management systems and general ledger/accounts payable software. Organizations freed from the day-to-day management of technology systems are better able to focus on the core mission of providing high-quality care.

Based on the solutions available today, efforts to reduce the total cost of ownership, ensure tailored product functionality, and provide access to a robust level of services are required to achieve widespread adoption among clinics in California.

What Is a Network for EHR Adoption?

A Network for EHR Adoption supports a single EHR product for multiple clinics, provides associated HIT and support services, and ideally is able to support multiple clinic corporations and their satellite sites across geographic regions. By taking responsibility for HIT management, the NEA should provide operational and care quality benefits to clinics with economies of scale.

NEA support would enable clinic organizations to afford technologies and systems they could not afford to purchase individually. Common clinical systems further allow the opportunity for collaborative infrastructure without clinics losing their independence or community-based focus.

Given the unique needs of clinics, it is expected that the EHR solution selected by the NEA would support the following functions:

- Population management and continuous quality improvement;
- Clinical decision support and features to ensure timely and appropriate care;
- Patient education, communication, and self-management;
- Collection of patient social status and other social and cultural characteristics;
- Management of multiple payer types and program enrollment information;
- E-prescribing;
- Interface(s) (automated data flows) with practice management;
- Automated flows of clinical laboratory results; and
- Electronic patient records.

In addition to the EHR offering, the NEA would be responsible for managing critical functions such as purchasing, hosting, training, and maintaining the EHR systems and support their implementation within clinics so that less effort is spent on system implementation and management and more on systems optimization and related quality improvement efforts.

For more detail on the value of NEAs, see the issue brief, *Creating EHR Networks in the Safety Net* found at www.communityclinics.org.

Original CNEA Vision

The purpose of the California Networks for EHR Adoption program is to develop collaborative strategies for community-based technology models, specifically shared applications and services for EHRs. By providing grant funding and program support, the sponsors' goal is to spark innovation to:

- Develop self-sustaining and scalable models to support wide EHR adoption by California's community clinics and health centers;
- Improve the quality and efficiency of care; and
- Reduce the overall cost of adoption.

The original intent of CNEA was to develop centralized EHR support hubs to provide technology, technical support and training, vendor management, and other services that community clinics require for EHR adoption, but typically cannot afford on their own. These hubs were expected to support widespread adoption of EHRs in California clinics and to test models that could reduce the total cost of ownership, through group purchasing and shared

applications and services solutions, while improving the quality and efficiency of care provided by clinics.

Program to Date

The CNEA funders originally expected that up to three networks would be funded for development from among the applicants to the RFP. However, upon completion of the planning processes, only one clinic network was prepared to move forward with a centralized support hub or NEA. The Next Generation Health Network, a collaborative of Planned Parenthood affiliates from across the state, is developing a full NEA with a strong business plan and commitment to implementing an EHR for quality improvement purposes. Their team has demonstrated leadership commitment, technical team strength, a strong history of collaboration, and the development capacity to secure the necessary resources for implementation and sustainability. While their effort is important for demonstrating the NEA value and will be an important tool for Planned Parenthood clinics, it does not address the immediate need for a low-cost EHR solution in the broader community clinic and health center field.

In retrospect, the expectation for aspiring NEAs to be able to move quickly to develop a governance structure and sustainable business plan was not feasible for most grantees, even with the array of technical assistance that was offered. It was the issues of governance, leadership, collaboration and business planning, not the technical challenges, that created the biggest obstacles to success for the aspiring NEAs.

The concept of NEAs remains a viable and important one as demonstrated by the Health Resources and Service Administration's recent support of the strategy of building collaborative EHR network models through \$31.4 million in HIT investments in clinics. Phase Two will build off these investments to support California clinics to partner with NEAs as opposed to require that new NEAs are developed in California. This strategy of collaboration will increase the likelihood of successful adoption and implementation of these costly and complex technologies by clinics.

II. NEW GRANT OPPORTUNITY

This second phase of the California Networks for EHR Adoption initiative seeks to increase adoption levels and lower adoptions costs of EHRs in clinics. In the first phase of CNEA, we attempted to create new NEAs in California. Given the complexity of creating such an organization, the next phase of the initiative will support California clinic participation in NEAs or the expansion of EHR collaborative infrastructures.

This phase of the effort may support one or more of the following models:

1. Leverage existing national EHR networks to provide for individual or groups of clinics in California;

2. Work with a California clinic consortia to expand their existing EHR product and implementation services to at least three of their members;
3. Support multi-site clinics to expand adoption of their existing EHR product and implementation services to at least three additional clinic sites; and/or
4. An alternative model not represented above that provides an existing EHR product and implementation services to clinics in a region or service area (such as a hospital system).

In all of the models, an NEA would be supported to provide the implementation and services required for effective adoption of an EHR at a clinic level. Each provides a different model for where the network would reside in order to support clinics (that is, national network, consortia, multi-site clinic, or hospital-based solution). These four models are discussed in detail below.

Model 1: Leverage Existing National EHR Network

A number of existing networks across the country provide a menu of services necessary to successfully implement an EHR in a clinic setting. However, only a few have a robust infrastructure and experienced staff to support implementation of EHR solutions in multiple clinics across the country. We have worked closely with three mature networks across the country with the capacity to partner with interested clinics in California to successfully implement an EHR.

Our Community Health Information Network, Alliance of Chicago, and Health Choice Network are three networks currently supporting clinics and health centers of all sizes to implement EHR products—Epic, GE Centricity, and eClinicalWorks, respectively.

A potential clinic applicant interested in partnering with one of these networks would need to meet the following criteria:

- Has not yet signed a contract with an EHR vendor;
- Has designated funds for EHR implementation;
- Willing to participate in a collaborative implementation model;
- Committed to leverage requirements of other clinics;
- Committed to using data to improve quality;
- Either a single clinic corporation or a group of clinics; and
- Interested in a specific EHR product and functionality that is provided by one of the three networks.

Model 2: Work with Consortia in Expanding Existing Implementation

The second option would support California clinic consortia who have initiated the implementation process in at least one of their member clinics with plans to expand to at least

three additional clinics. The expansion could include organizations not formally members of the consortia, but must meet the criteria listed below. The consortia would also be responsible for providing the implementation, quality, and training support necessary to implement an EHR in partner clinics.

Consortia interested in applying must meet the following criteria:

- Include EHR as a critical component of their strategic plan;
- Has already implemented an EHR in at least one clinic;
- Has a commitment from at least three clinics for implementation in next 12 months;
- Has completed an implementation plan for 2008;
- Designated resources to provide implementation support services;
- Must support a readiness assessment process for interested member clinics; and
- Ability to benchmark and subsequently measure and monitor the implementation and support services provided, including their effectiveness.

A clinic interested in partnering with consortia must meet the following criteria:

- Has not signed a contract with an EHR vendor;
- Has designated funds for EHR implementation;
- Willing to participate in a collaborative implementation model;
- Committed to leverage requirements of other clinics;
- Committed to using data to improve quality; and
- Either a single clinic or group of clinics.

Model 3: Multi-site Clinic Corporations to Expand Adoption of EHR

The third option would support large mature clinic corporations that have already selected an EHR solution for their organization to expand to at least three new sites. The multi-site clinic would be responsible for providing the implementation, quality, and training support necessary to implement an EHR in at least three new clinics within their clinic corporation.

Multi-site clinic corporations must meet the following criteria:

- Organization includes at least four clinic sites;
- Experience with implementing robust quality improvement programs leveraging an electronic registry;
- Made the organizational commitment to adopt and roll out an EHR to at least three additional sites in the next 12 months;
- Have designated funds for EHR implementation;

- Completed vendor selection process;
- Designated resources to provide implementation support services;
- Must support a readiness assessment process for interested member clinics; and
- Ability to benchmark and subsequently measure and monitor the implementation and support services provided, as well as their effectiveness.

Model 4: Regional Extension of an EHR Implementation

The fourth option would support the extension of an existing EHR (i.e. hospitals, IPAs, MSO, etc.) to clinics in a specific service area or region. The NEA would be responsible for providing the implementation, quality, and support services necessary for successful adoption of the EHR.

Partnerships must meet the following criteria:

- Incorporate and support clinic-specific functionality (i.e. UDS reporting, disease management, etc.) and services (i.e. implementation and support) to assist clinics in being successful adopters of EHR technology;
- Provide the EHR at a cost equal to or less than the amount at which it is being provided to other primary care entities affiliated with the sponsoring organization;
- Support required clinic data interfaces (i.e. community laboratory, etc.); and
- Ability to benchmark and subsequently measure and monitor the implementation and support services provided, as well as their effectiveness.

Collaborative network models that provide a broad EHR infrastructure tailored to the needs of community clinics are the best chance clinics have of successfully adopting an EHR at a reasonable cost. These models, whether they take the form of a national EHR network, a consortia, a large multi-site clinic corporation, or an extended existing network, pay attention to the necessary wraparound services clinics need for successful implementation.

III. PROGRAM DESCRIPTION

In the spirit of continued partnership with clinics in California, the next phase of the CNEA program will adapt with the feedback from interested clinics. The program will have several phases prior to allocating any grant dollars. First, organizations meeting the above criteria for a model will submit Letters of Intent. These organizations will then participate in a day-long salon with funders. Based upon feedback at this meeting, funders may reshape the grant program outlined below. Finally, invitations will be sent to some applicants with instructions on submitting full proposals.

Project Timeline

Activity	Dates
Release Request for Letters of Intent	March 12, 2008
Bidders Call	March 21, 2008 (2:00-3:30 p.m. Pacific)
Bidders Call	March 27, 2008 (9:30-11:00 a.m. Pacific)
Letters of Intent due	April 14, 2008 (by 5:00 p.m. Pacific Time)
Salon meeting of potential grantees	April 30, 2008 (San Francisco Bay Area)
Invitation to submit full proposal	May 19, 2008
Full proposals due	June 20, 2008
Announcement of grantees	July 31, 2008

Funding and Participation Requirements

The initial outline for the initiative (subject to change after the salon) will support up to 18 months of activities and operations related to partnering and supporting networks for EHR adoption. The initiative will provide the following support:

- Up to five 18-month grants will be awarded at a maximum funding level of \$400,000 per project (grant size will vary depending upon the needs of the effort and is not intended to cover the full cost of implementation).
- Technical Assistance including:
 - Virtual meetings to inform implementation;
 - Access to technical consultants (tailored to meet the needs of the project); and
 - A learning community across grantees.

An important component of the initiative is to spur clinic adoption of EHRs by providing examples of successful implementations and documenting the processes and lessons for others. To support this goal, the grantee will be responsible for:

- Participating in an external evaluation and learning community;
- Documenting lessons in a blog or other format; and
- Hosting site visits for other clinics interested in implementing EHRs.

Grantee Selection

The funds available through this program are insufficient to fully purchase and implement an EHR for clinics. Therefore it is the expectation of this project that grantees and their partners will be responsible for financing the majority of the hardware, software, personnel, and other costs associated with implementation and support of such a system. The funders are seeking to support networks for EHR adoption that will be self-sustaining beyond the grant period.

Program Evaluation and Site Visits

The project funders will engage an outside evaluator to assess the status and impact of the California Networks for EHR Adoption program. All grantees and their participating partners and vendors are required to participate in the program evaluation. We believe that evaluation is a vital component of the learning process for both the grantees and the broader community. Failure to participate in the program evaluation may compromise future funding. In addition selected grantees will be responsible for hosting site visits for other clinics interested in implementing EHR solutions as this is a critical tool to help spread lessons about implementation.

Eligibility

The organization applying for funding must be a not-for-profit 501(c)(3) entity headquartered in California. Examples of eligible organizations include, but are not limited to: a clinic consortium, a stand-alone technical services organization, a single clinic looking to extend its technology to other parties, or a current hosting site, such as a hospital or provider group.

IV. APPLICATION PROCESS

The California Networks for EHR Adoption program will identify grantees through a four-step process as follows.

Step 1: Participate in a Bidders Call (encouraged, but not mandatory)

Friday March 21st	2:00-3:30 pm (PST)
Thursday March 27th	9:30-11:00am (PST)
Call-in Number:	866.206.0240 Code 393278

Step 2: Submit a Letter of Intent (LOI)

Interested organizations must submit a Letter of Intent online at www2.communityclinics.org by April 14, 2008.

Letters of Intent should discuss the following information:

- Contact information and description of applicant organization.
- List of project partners (including community clinics).
- Vision and overarching strategy for the project, including how your strategy would support successful adoption among community clinics and health centers.
- Which of the four network EHR models would apply (or clarify alternative option).
- Current status of organizations' readiness to implement EHR (including the selected vendor and partners).

Please note that the LOI questions are set to a *total* character limit of 12,500, including spacing. All narrative questions are listed above in addition to two estimated budget questions.

Step 3: Participate in an EHR Salon Conversation

Interested organizations should plan to participate in a one-day meeting to discuss the proposed solutions, share lessons, and guide the type of technical assistance and support provided during the implementation of this initiative. In an effort to maintain transparency and integrity in this program, we will host a gathering of those organizations that are truly interested in this program to discuss possible models and share potential solutions. This meeting will be held on **April 30, 2008**, in the San Francisco Bay Area. Project leadership members should save this date to participate in this event.

Step 4: Submission of Full Proposals by Invited Applicants

Invitations to submit a full proposal will be made no later than May 19, 2008. Only those organizations invited to submit a full proposal will be considered for funding. Full proposals are due June 20, 2008.

Step 5: Site Visits

Details on the site visits will be announced in subsequent communications with grant applicants.

V. FOR MORE INFORMATION

If you have questions, please contact:

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