



## CALIFORNIA ASSOCIATION OF PUBLIC HOSPITALS AND HEALTH SYSTEMS

April 4, 2007

The Honorable Sheila James Kuehl  
Chair, Senate Health Committee  
State Capitol, Room  
Sacramento, CA 95814

### **SUBJECT: SB 320 (Alquist) -- SUPPORT**

Dear Senator Kuehl:

On behalf of the California Association of Public Hospitals and Health Systems (CAPH), I am writing to offer support for SB 320 (Alquist), which would establish the California Office of HIPAA Implementation and charge it with developing a plan to advance health information technology across the state.

As you know, public hospital systems represent the core of the safety net, and are experts at treating low income and uninsured patients. Though just 6 percent of all hospitals statewide, public hospitals provide roughly half of the hospital care to the state's 6.5 million uninsured. They operate approximately 60 percent of all top-level trauma centers and nearly 45 percent of all burn units. Public hospitals also deliver nearly 11 million outpatient visits a year. Their medical education programs train 45 percent of all doctors in California.

In addition to these critical services, public hospitals are leaders improving quality of care. They have developed and implemented cutting-edge programs in chronic disease management, cultural and linguistic competency, cost-effective care delivery, and patient safety.

Health information technology is central to all of the critical services and quality improvement work taking place in public hospitals across California. Whether it is to share patient data between hospital departments or with a community clinic, or to use patient registries to monitor chronically ill patients' health status, or to report quality data measures for a pay-for-performance program, IT systems serve as the engine that powers patient care and quality improvement. Public hospitals have enhanced their IT systems in order to sustain and build upon these improvements and achieve even greater efficiencies of care. As major providers of care for the State's Medi-Cal and uninsured populations, such improvements enable the State to realize savings as appropriate health care utilization leads to greater cost effectiveness in public programs such as Medi-Cal.

Health IT can have a profound impact on health care and health outcomes. Patients who are able to utilize personal health records can monitor their health and work more effectively with their

providers in managing chronic diseases and other acute conditions. Although most safety net patients lack individual access to personal health records, public hospitals have been working to expand access to PHRs at health care facilities to improve care coordination for medically complex patients. For example, LAC+USC Health Network in Los Angeles has embarked on a venture with COPE Health Services and several local community health centers to use personal health records to help reduce the number of “frequent users” who present in the ED. Case managers enroll these patients into the program and schedule an appointment within one week at a county or community clinic that is closest to home. This clinic becomes the patient’s designated medical home. The facility is noted on the patient’s health record, which he or she can access via the Internet. By agreeing to participate in the program, community health centers obtain access to the hospital’s patient record system, allowing them to view recent inpatient stays, discharge reports, labs and prescriptions. This access can reduce expensive ED treatments, duplication of tests and services, and improve efficiency throughout the health care safety net as a whole.

Despite their commitment to health IT as an effective tool to improve care for patients and providers, many public hospitals are struggling to keep pace with health IT advancements and evolving standards. With limited funds, they face enormous barriers to implementing high cost IT projects. Public hospitals have a unique perspective on the specific considerations that must be made for safety net institutions and patients when developing and implementing a plan to advance health IT across California. For this reason, we ask that specific consideration be given to safety net patients and providers, so that any statewide health IT adoption plan ensures the continued viability of public hospitals and the critical services they provide. We are pleased to support SB 320, and we urge you to vote “AYE” when the bill is considered by the Senate Health Committee.

Thank you for your consideration. If you have any questions, please contact Terri Thomas, our Sacramento representative, at 916-325-1010.

Sincerely,

A handwritten signature in black ink that reads "Melissa Stafford Jones". The signature is written in a cursive, flowing style.

Melissa Stafford Jones  
President, CEO

cc: The Honorable Members, Senate Health Committee  
Roger Dunstan, Consultant, Senate Health Committee  
Tim Conaghan, Republican Consultant, Senate Health Committee  
Terri Thomas