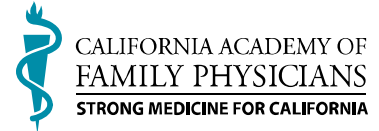


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Dear Mr. Frohlich:

I am writing to you regarding the Health Information Technology Regional Extension Center (REC) efforts in California.

We are appreciative of the considerable time and energy you and others have committed to ensuring that this process is thoughtful, inclusive and reflects the complexity of the endeavor. As you know, the California Academy of Family Physicians (CAFP) has pledged to work collaboratively with the current California REC applicants. Like you, our goal is to assist family physicians and other targeted stakeholders in achieving the meaningful use of electronic medical records (EMRs). With over 7,000 family physician members in California, we are looking at how best we can engage our members, create capacity around workflow and process redesign, and ensure that REC funds and services are designed to optimally prepare practices in the adoption process.

As this process proceeds, we wanted to outline our goals and priorities. While we understand that it is up to the applicants to determine how best they can design an effective and sustainable REC, we would like to underscore our support for the recent guidance issued by the department. In particular, we support:

- 1) A common governance structure across all current and subsequent applicants. This structure should be designed such that all relevant stakeholders have full representation.
- 2) Centralized core services, including EMR procurement for solo and small practices, clinics, and hospitals, "certification" of local service providers to ensure quality, close coordination with the State's HIE infrastructure and the Medi-Cal meaningful use incentives and other programs.

In addition to these provisions, we have outlined additional priorities that we hope applicants would incorporate:

- 1) A clear and relevant strategy to engage the silent safety net, that is, solo and small providers who treat Medi-Cal and other underserved populations outside community health centers, federally-qualified health centers and other clinics.
- 2) Service offerings related to workflow redesign, change management, data-driven improvement and readiness which are both available and promoted as necessary components of technology adoption. We would be concerned about any practice seeking to implement an EMR without understanding the necessary workflow changes that should precede such implementation.

- 3) Creation of a statewide coordinating body, as outlined previously. Our understanding is that the three current applicants -- LA Care, CalOptima and Cal-REC -- have executed a memorandum of understanding which grants each a seat on an informal statewide organizing body. We believe it is essential that a formal statewide entity be charged with: coordination between RECs; maintaining lists for non-HIT and HIT vendors available statewide; contributing to standards-setting (i.e., creating or contributing to standard vetting and quality assurance processes so they are consistent across the state); creating and/or maintaining best practices; and the development and/or dissemination of standard language, pricing, and products across RECs.
- 4) A transparent governance process. While we understand that each REC will likely develop an internal governance process, the size and scope of this endeavor requires transparency and engagement of a wide range of stakeholders. It should be the goal of each REC applicant to be inclusive of all stakeholders and that governance and oversight of REC activities is optimally transparent. In addition, we would hope that each REC would prioritize – through its mission, service delivery and governance – a clear commitment to improving patient outcomes and patient experience through the use of technology. That is, technology implementation or drawing down federal funds is not the goal unto itself.
- 5) An appropriate and transparent process to deal with any potential conflicts of interest.
- 6) A group procurement process that, if pursued, reflects a shared understanding of systems and services most appropriate to solo and small physician practices. Similarly, should there be group purchasing or work with vendors, we strongly recommend that a state-level approach is taken to influence the design of vendor training; such efforts would be instrumental to ensuring that REC activities and services are focused on achieving meaningful use rather than on the technology itself. That said, we believe there must be easily-accessed IT support for the daily challenges that most solo and small practices face related to both implementation and connectivity.

As the largest medical specialty society in the state and with our extensive history of working at the practice and policy level to improve physician capacity and workflow, we believe we are a strong asset to each of the RECs, once they are approved. We appreciate your extensive background in these issues as well. We hope that by focusing on each of the issues outlined above, we can create the foundation for the most effective ways to sustainably improve the functioning of solo, small and safety net practices.

This is an unprecedented opportunity to assist our state's primary care providers. We plan to continue collaborate with each and every stakeholder; we pledge to do whatever we can to ensure the success in this process, and ultimately, contribute to high-quality patient-centered care in California. We look forward to working together and also applaud the work you and your staff have already undertaken.

If we can be of further assistance in this process, please do not hesitate to contact me or Academy staff.

Yours Truly,



Thomas C. Bent, MD
CAFP President