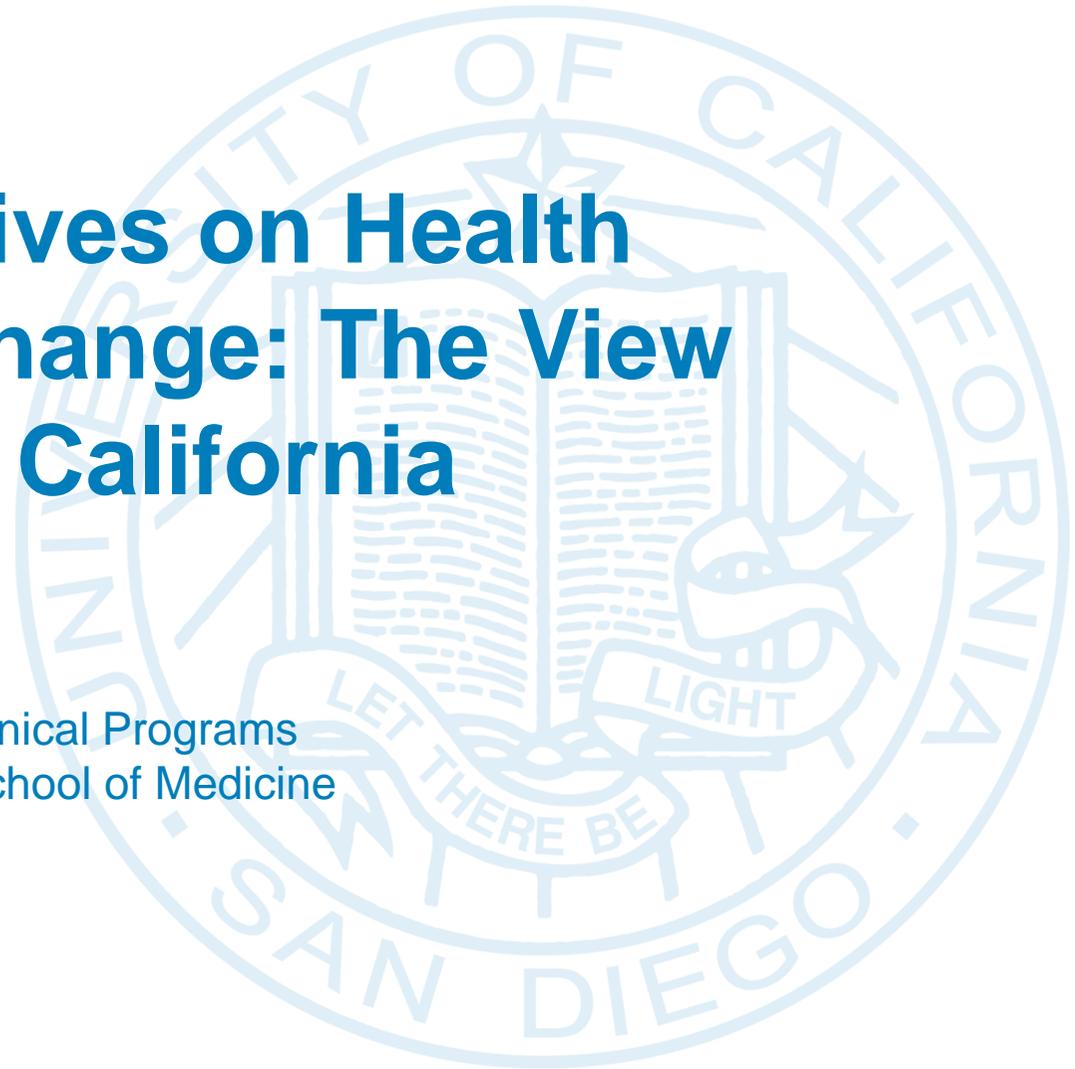


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Global Perspectives on Health Information Exchange: The View From San Diego California

Larry Friedman, M.D.
Associate Dean for Clinical Affairs
Professor of Pediatrics and Medicine
CEO, UC San Diego International Clinical Programs
UC San Diego Health System and School of Medicine



Health Care Trajectory

“The arc of history is increasingly clear: Health care is shifting focus from the volume of service delivered to the value created for patients, with “value” defined as the outcomes achieved relative to the costs”

Porter, ME, Larson, S. and Lee, “Standardizing Patient Outcomes Measurement” NEJM 2016; 374:504-506.

$$\text{V (VALUE)} = \frac{\text{Q (QUALITY)} + \text{S (SERVICE)}}{\text{\$ (COST)}}$$

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Can Mount Sinai be serious? The answer is a resounding yes. In fact, we couldn't be more serious.

Mount Sinai's number one mission is to keep people out of the hospital. We're focused on population health management, as opposed to the traditional fee-for-service medicine. So instead of receiving care that's isolated and intermittent, patients receive care that's continuous and coordinated, much of it outside of the traditional hospital setting.

That's the tremendous emphasis on wellness programs designed to help people stop smoking, lose weight and battle obesity, lower their blood pressure and reduce the risk of a heart attack. By being as proactive as possible, patients can better maintain their health and avoid disease.

Our Mobile Acute Care Team will treat patients at home who would otherwise require a hospital admission for certain conditions. The care team involves physicians, nurse practitioners, registered nurses, social workers, community

paramedics, care coaches, physical therapists, occupational therapists, speech therapists, and home health aides.

Meanwhile, Mount Sinai's Preventable Admissions Care Team provides traditional care services to patients at a high risk for readmission. Through a comprehensive bedside assessment, social workers partner with patients and caregivers to identify known risks such as allergies to medication. They'll even deal with concerns like housing and literacy.

It's a sweeping change in the way that health care is delivered. And with the new system comes a new way to measure success: The number of empty beds.

1-800-MD-311NA1
mountsinaihealth.org



IF OUR
BEDS ARE FILLED,
IT MEANS
WE'VE FAILED.

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UC Health

University of California Health System



TRAINS **50%**

Of state's medical students & residents

GENERATES

\$16.7B In

economic activity

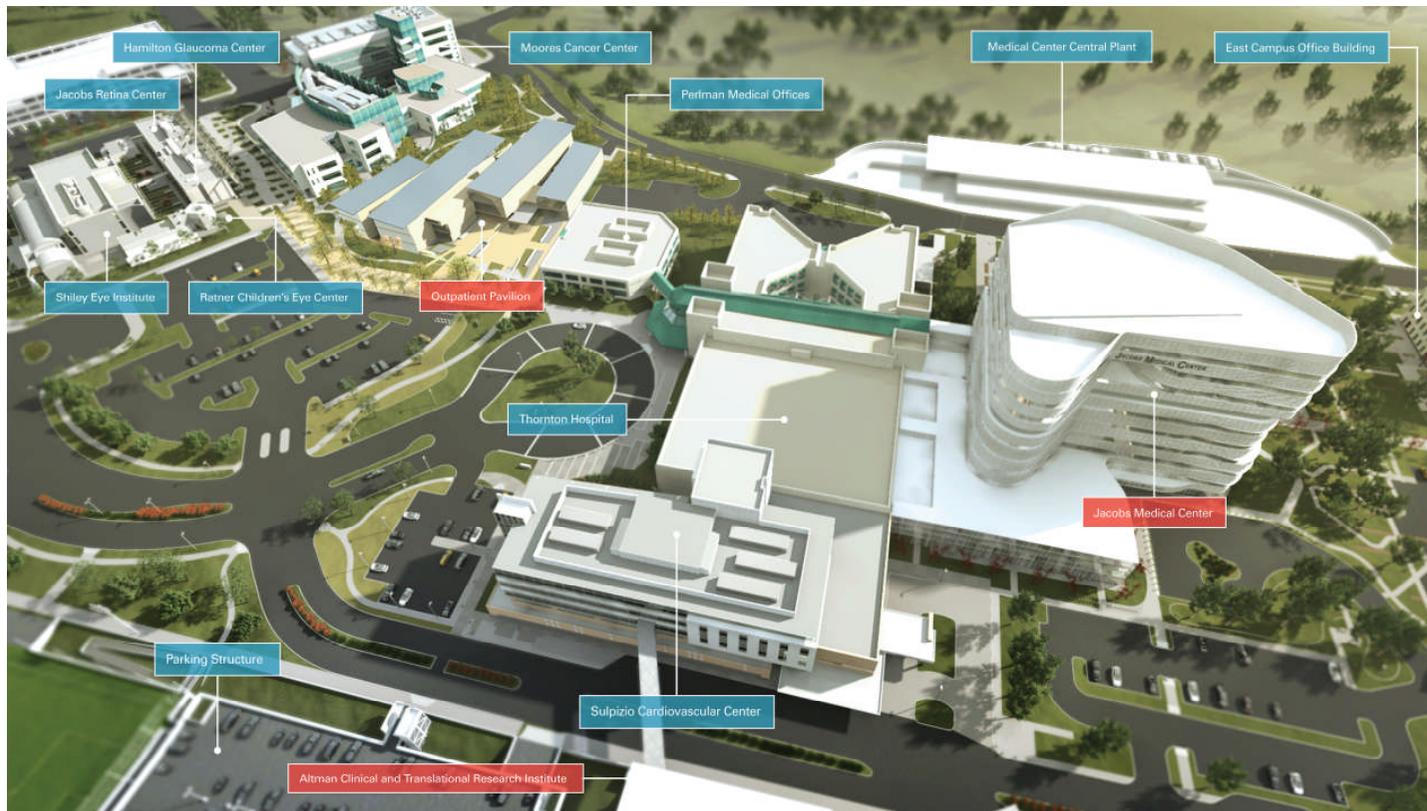
PERFORMS **50%**

Of all transplant surgeries in California

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UC San Diego Health La Jolla – 2017



UC San Diego Health – La Jolla Jacobs Medical Center



364 Inpatient Beds
Emergency Medicine

- Advanced surgery with intraoperative imaging suite
- Medical, surgical and neuro intensive care
- Specially designed blood and marrow transplantation unit
- High-risk obstetrics with Level III NICU

HITECH Funding for Health Care IT Infrastructure Includes:

- **Health care IT architecture to support the electronic exchange of health information**
- **Adoption of certified electronic health records (EHRs)**
- **EHRs for providers not eligible for such funding under Medicare and Medicaid**
- **Training on best practices for integrating health care IT**
- **Infrastructure and tools for telemedicine**
- **Promoting interoperability of clinical data repositories**
- **Promoting technologies and best practices to ensure the protection of health information**
- **Improving the use of health care IT by public health departments**

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QUESTION #1

- The Obama HITECH Act Funded Electronic Health Records
 - True
 - False
 - Not Sure

The Rise of Healthcare Transparency

The Rise of Consumer Driven Health Care

- Use of The Internet for Health Information
- Use of the Internet for Public Reporting
- The ability to judge care, costs and satisfaction from outside the organization by viewing published elements that paint a picture of supposed competency
- Transparent data and information allows consumers, providers and stakeholders to compare and make informed decisions



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Photo
Credit: 3

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Real-time feedback

7/20/2008 visit with Anupam Goel

BestPractice Alerts

This patient is due for an A1C, urine microalbumin and LDL. Please pend these orders by using the triggered SmartSet.

Acknowledge Reason:

Open SmartSet: A1C + LDL + URINE MICROALBUMIN
 Open SmartSet: Diabetes testing not done
 (Last done by Anupam Goel at 1836 on 7/20/08)
[Jump to document reason for not testing](#)

Refresh Accept

Restore Close F9 Previous F7 Next F8

Problem List

Priority	Noted	Resolved	Updated
DM w/o Complication Type II [250.00]	7/20/2008	Resolve	7/20/2008 Goel, Anupam

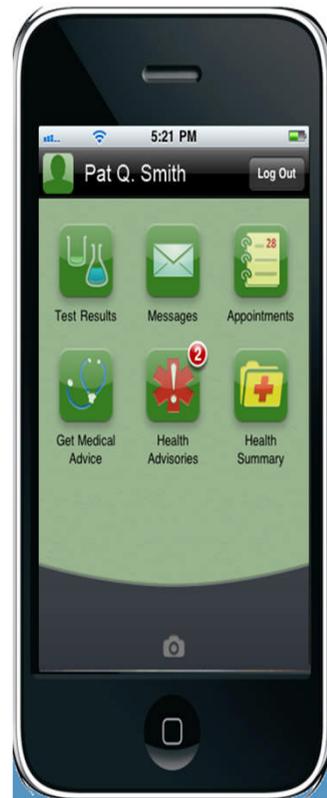
Orders: None

Progress Notes: Create Note

ANUPAM GOEL Patient Call, Results, Staff Message, HELP DESK, Rx Response, Pt Reminder, My Incomplete Notes 4:25 PM

Patient Experience

MyUCSD Chart Available on Handheld Devices

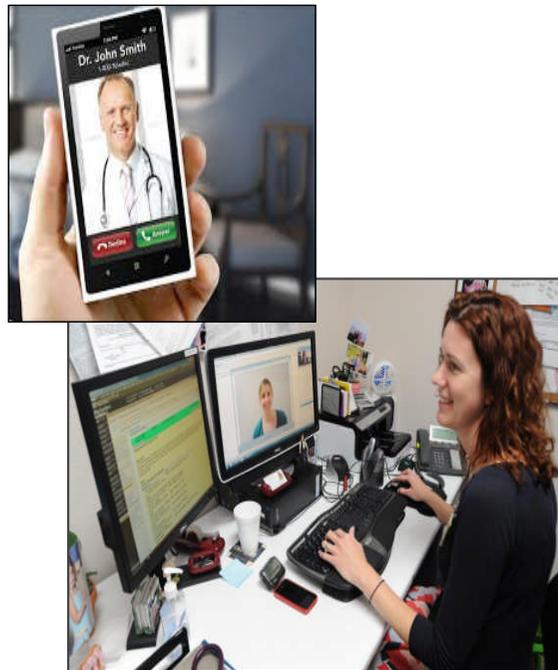


HANDHELD PORTAL FOR EASE OF USE

- **Patient-to-Physician Messaging**
 - Secure and private messaging to and from your doctor's office
- **Requesting an Appointment**
 - Schedule and view upcoming appointments
 - Access post-visit summaries and instructions
- **Prescription Renewals**
 - Renew prescriptions online
 - Delivered directly to your pharmacy
- **Health Maintenance Updates**
 - Receive health reminders and updates
 - Review and print letters from your clinic
- **Pay Bills Online**
 - Review and pay bills through a secure, online portal

Patient Experience

Office / Home Telemedicine Services



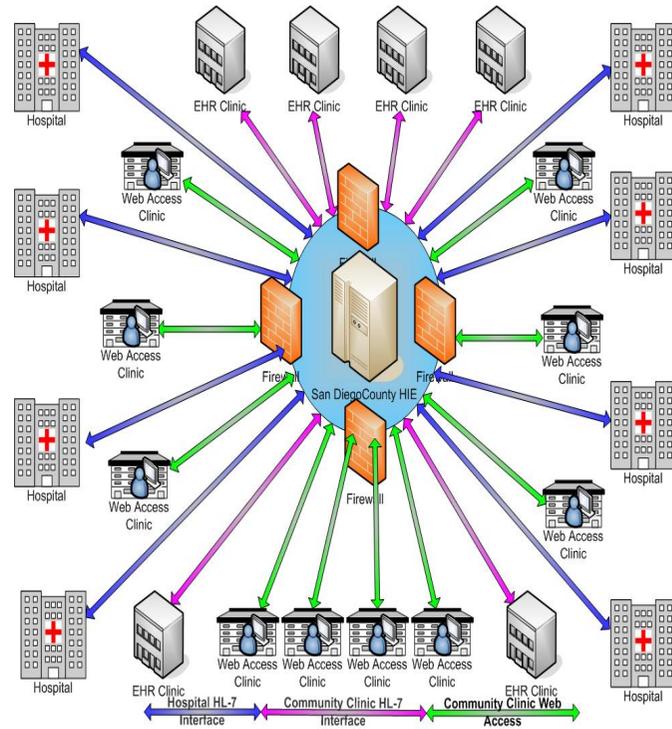
TELEMEDICINE SERVICES TO HOME OR OFFICE

- **Access to trusted physicians in your network**
 - Secure and private office visits and consultations with your network of providers
- **Mobile monitoring of health status**
 - Blood pressure and vital signs
- **Real-time feedback**
 - Online video and voice physician/patient communication
- **Health Maintenance Updates**
 - Real-time medication management
 - Upcoming or overdue health screenings
- **Online management of chronic conditions**
 - Diabetes, cardiovascular disease, and other chronic conditions monitored through routine online evaluations between visits

QUESTION #2

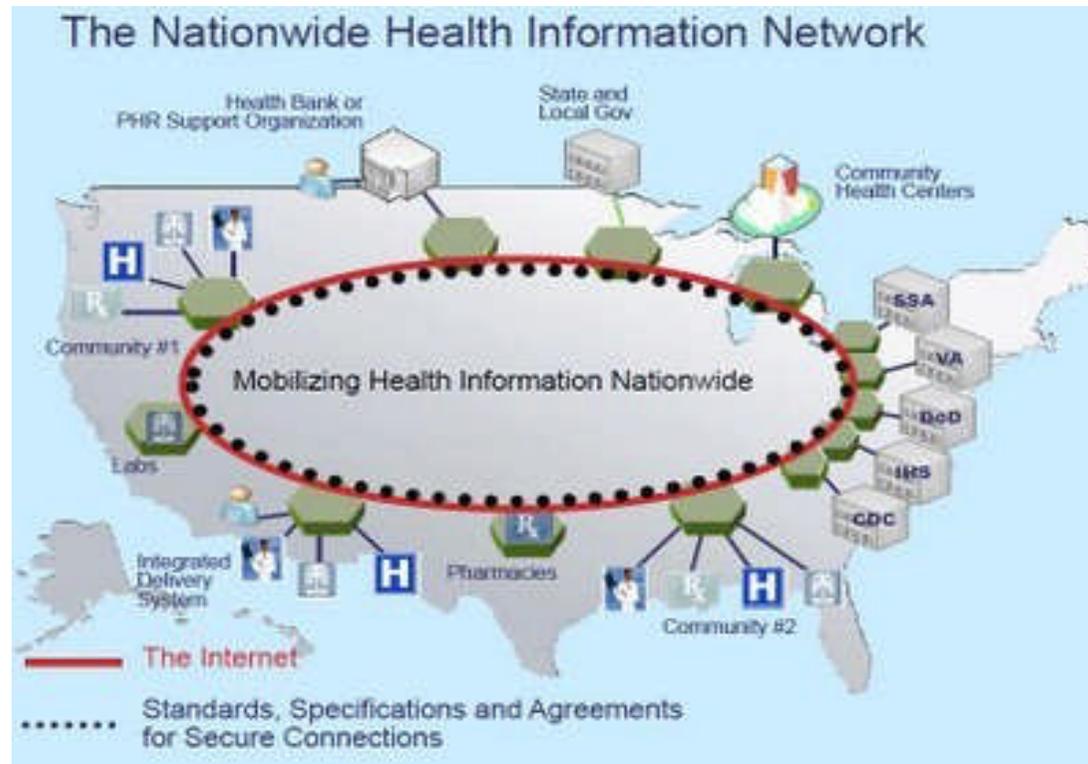
- In the US, Which is NOT an Increasing Trend
 1. Consumerism
 2. Value Based Care
 3. Integrated Electronic Health Records
 4. Universal Health Coverage
 5. Publically Reported Quality Metrics

Health Information Exchange: San Diego Design

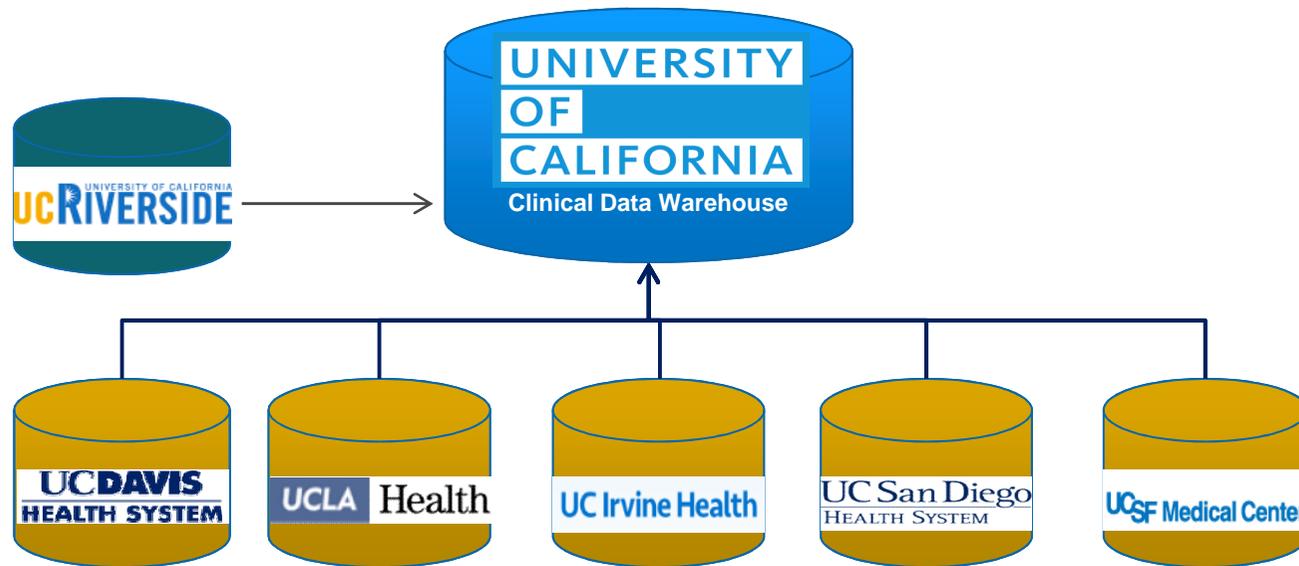


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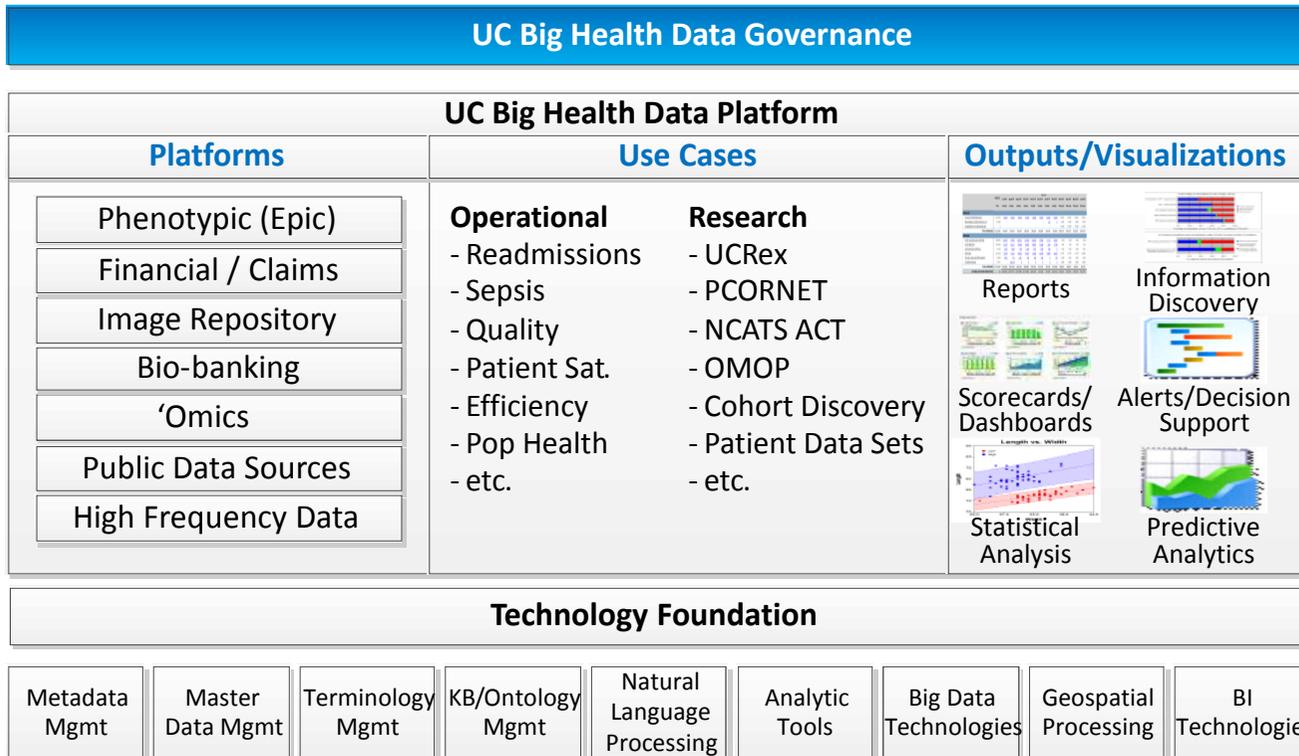


Combining healthcare data from across the six UC medical schools and systems



A Big UC Healthcare Data Analytics Platform

Bringing UC's clinical data together creates an asset with few (if any) peers



QUESTION #3

- In The US There Has Been An Organized National Approach to HIE?
 - True
 - False
 - Not Sure



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“Skate to Where the Puck is Going, Not Where the Puck Has Been”

Wayne Gretzky

