

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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**Health Information Technology for EMS (HITEMS) Program  
Medi-Cal Funding and Matching Options Summary  
Version: May 3, 2017**

Funding to emergency medical services for the development of health information exchange and interoperability is now available via Medi-Cal (Medicaid) through a process established by the California Department of Health Care Services (DHCS). The State of California Emergency Medical Services Authority (EMSA) has submitted a proposal to develop a statewide approach to implement health information exchange (HIE) for two critical components of the health care system: Emergency medical services (EMS) and disaster response. Funding would be used to complete HIE onboarding and to design and implement HIE architecture. This program is estimated to be up to \$40 million and last through September 30, 2021.

The proposal focuses upon two primary integrated use cases, and several sub-cases, to incorporate interoperable health information technology tools and services to allow for hospitals and eligible professionals to achieve meaningful use objectives, such as transitions of care, counter-alerting, and medication reconciliation:

**(1) Emergency Medical Services**

- 1a. Daily Operations for Search, Alert, File, and Reconcile (SAFR) activities
- 1b. POLST eRegistry and Access
- 1c. Community Paramedicine and Mobile Integrated Healthcare
- 1d. EMS analytics

**(2) Disaster response**

- 2a. Disaster Professional Patient Search
- 2b. Patient Tracking

These use cases would utilize national standards that facilitate health information exchange and build upon the HIE work already accomplished in California under previous HIE funding, including the lessons learned in ONC Project.

**PROJECTIONS:**

It is anticipated that with project would be over \$40 million (\$10 million per year) and continue through September 30, 2021. Matching funds (estimated to be over \$4 million) would be obtained from counties and non-profit Foundations.

**Funding Plan:**

To achieve the necessary funding match, the following sequential steps would be required:

1. A cash match (Non-Federal funds) from multiple sources would be identified.

2. "Matching" funds from non-profit Foundations, Counties, Health Departments\* (), would be transferred to EMSA. \*Note: Redirection of existing use of Maddy EMS Fund for data and information purposes and count toward CPE may be allowable in some cases.
3. EMSA would enter into an Interagency Agreement with DHCS to allow for an Intergovernmental Transfer (IGT) to DHCS.
4. DHCS would approve and match with Federal funding upon invoice and send back to EMSA.
5. EMSA would provide funding to local entities for Interoperability and HIT planning for EMS upon invoice.
6. EMSA would maintain HITEMS coordination, operations and statewide HIT compliance for EMS and disaster objectives.

Three major components are proposed as part of the 4 year plan:

- State HITEMS Coordination (\$3 million)
- Contracts for EMS, POLST, and Community Paramedic Integration (\$34 million)
- Disaster Operations Integration (\$4 million)

#### State HITEMS Coordination:

State project coordination is estimated to be approximately \$3 million (\$750,000 annually). This would allow for HIE coordination, grant administration, technical assistance, and data analytics.

#### Contracts for EMS integration for EMS, POLST, and Community Paramedics:

It is estimated that up to 33 contracts (each LEMSA) at an average of \$1 million each to allow for EMS providers to onboard to hospitals, HIEs, long term care facilities, behavioral health providers, and social services providers. This would allow for:

- EMS daily operations to implement the SAFR model for EMS providers,
- POLST eRegistry access and community integration,
- Community Paramedicine/Mobile Integrated Healthcare, and
- EMS analytics.

#### Disaster Operations Integration:

The creation of interoperability for disaster operations will include:

- Patient Unified Lookup System for Emergencies onboarding to HIEs,
- HIE to HIE Interoperability,
- Patient Matching,
- Patient Tracking.

**MATCHING FUNDS:**

It is anticipated that over \$4 million in matching funds will come to EMSA from local County fund sources and the California HealthCare Foundation. This \$4 million over 4 years will allow for the 90/10 match to yield up to \$40 for HIE implementation.

Matching Sources:

1. Maddy EMS Funds

Utilize unallocated (Fund Balance) Maddy EMS Fund from the Discretionary EMS Account

2. California HealthCare Foundation

Utilize unspent ePOLST Registry money for matching purposes

3. County General Fund

Utilize CPE as fund source

4. EMSA General Fund

Redirect EMSA GF sources

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