

# County of Santa Cruz

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## HEALTH SERVICES AGENCY

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### HEALTH SERVICES AGENCY ADMINISTRATION

June 25, 2010

David Blumenthal, MD  
National Coordinator for Health Information Technology  
Office of the National Coordinator for Health Information Technology (ONC)  
U.S. Department of Health and Human Services  
Washington, DC

Dear Dr. Blumenthal:

On behalf of Santa Cruz County's Health Services Agency (HSA) and the Santa Cruz Beacon consortium, I am delighted to submit our revised application to join the Beacon community under the Beacon Community Cooperative Agreement Program.

HSA's mission is simple: to protect and improve the health of the people of Santa Cruz County. Our community has many assets to deploy in our efforts to improve health. Chief among these is the **collaborative partnership among the County's major health care organizations** — public, private, and non-profit — that have come together once again to support this proposal in a substantive way. Our proposal details the results of this partnership in providing coverage for the uninsured, coordinating care, and seeking efficiencies in the delivery of care across health care entities, using the power of **Health Information Exchange (HIE)**.

Another major asset is our **extraordinarily high rate of Electronic Health Record (EHR) adoption** (68% of providers overall, and 77% among primary care providers) and a 15-year history of **establishing and expanding an HIE** and achieving meaningful use goals.

We believe this combination of solid partnerships and a strong base for HIE expansion makes us an ideal **incubator** for testing exactly how HIE and health information technology can contribute to higher levels of quality, cost efficiency, and patient satisfaction. Our County is small enough to test ideas, yet representative enough to make them applicable to other communities.

Our proposal focuses intently on two particular aspects of care coordination: the **medical homelessness** prevalent among uninsured and fee-for-service Medicare patients, and the missed opportunities to improve quality and reduce costs that are unacceptably common as patients experience **transitions of care**. Within the 30-month cooperative agreement period, we expect to document best practices toward the goals we share with ONC: higher and more consistent quality of care for all patients from an ongoing connection to a medical home and smoother transitions of care, more efficient use of limited health resources, better patient experiences, and the data to spur insurance and payer reform options that align incentives with these goals.

Thank you for this incredible opportunity to demonstrate how a local consortium can change its County health system for the better, using HIT/HIE as the driver.

Sincerely,



Rama Khalsa, PhD  
Director