



## Provider/Participant Frequently Asked Questions (FAQ)

### What is SacValley MedShare?

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SacValley MedShare (SVMS) is a Regional Health Information Organization. It serves a 12-county region of California, north of Sacramento, which includes the North Central Valley and the surrounding mountainous terrain. This region covers over 28,428 square miles, and SVMS serves a little over 800,000 population. SVMS is a 501(c)3 not-for-profit organization that was created by many of the local healthcare participants, in response to a need to improve patient care and safety.

### What is a Health Information Organization?

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Health Information Organizations (HIOs) exist to improve patient care coordination by improving communication between all of the participants in their care. That can include primary care and specialist physicians, other healthcare providers such as optometrists and dentists, acute-care facilities including hospitals and nursing facilities, county Public and Behavioral Health services and, of course, the patients. While HIOs differ in the exact services that they provide, they commonly provide means for secure communication between providers, and provide the mechanism for providers to securely search for information shared by other participants.

### Which counties does SVMS serve?

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The region is comprised of Butte, Colusa, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou, Sutter, Tehama, Trinity and Yuba counties. This region is largely rural and mountainous, with travel limited by climate and season in much of the area.

### Why do we need a Health Information Organization?

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Much of our population lies in medically-underserved rural areas, while there are a few larger urban centers scattered along the Sacramento Valley. This region averages only 1 physician per 22 square miles, with the vast majority of those located in the few urban areas and their immediate surrounds. Most of its providers are in small or solo practices, widely scattered geographically, and communication is difficult. Even in our most populated counties with the most access to medical care, our region scores very poorly on health statistics – ranking in the bottom 10% of all California counties. Good communication is critical to coordinate care between primary care, specialists, hospital providers and the skilled nursing care facilities that fulfil a vital role in post-discharge care for many of its patients. SVMS provides the tools to facilitate this.

### What is the mission statement of SVMS?

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To improve the quality and safety of healthcare across the North Central Valley, by sharing health information in a secure and efficient fashion between all providers, facilities and patients.

### And its vision statement?

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To become a model for inclusive provision of health information exchange across our diverse communities, that others may build upon to serve similar communities.

### What services does SVMS provide?

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SVMS provides two main technologies to facilitate health information exchange. It provides a means for providers to securely send medical information to one another, rather than relying on fax or mail. This is called Direct Secure Messaging, or “Direct”. It also provides a platform where participants can securely make data available to other participants, and where they can rapidly search for information on a patient that they are treating from all of the participants. That is called “Exchange”.

In addition to providing the technology for enhancing communication, SVMS provides a key forum for active exchange of ideas and non-patient information between participants who previously had exchanged very little between themselves.

### Who is currently participating in SVMS?

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SVMS’s current participants include many of the region’s acute-care hospitals, including Enloe Medical Center, Feather River Hospital and Oroville Hospital. Many of the smaller critical access hospitals are participants, including Mayers Memorial Hospital, Modoc Medical Center, Orchard Hospital, Plumas District Hospital and Seneca Healthcare District. Healthcare clinics include Ampla Health, Canby Family Practice, Feather River Tribal Health, Hill Country Health and Wellness, Mangrove Medical Group, McCloud Healthcare Clinic, Mission Ranch Primary Care, Mountain Valleys Health Centers, Shasta Community Health Center, Stabel Eye Clinic and others. Our largest imaging facility, North State Radiology, is a founding member and active participant.

SVMS is currently in active discussion with many more facilities and clinics, with its counties’ Public and Behavioral Health, and with local EMS providers: it is also preparing to extend its invitation to the many skilled nursing, home health, and long-term care facilities serving its region.

### How secure is the information?

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SVMS uses industry-standard security protocols for electronic transfer of medical information. These are far more secure than current alternatives such as fax, electronic mail, or postal mail. SVMS has partnered with Informatics Corporation of America (ICA), who are a highly-rated and established provider of health information exchange services for many other HIOs around the country. All transfers via ICA are encrypted. SVMS does not store any medical information itself, and the majority of information remains in the originating facility until requested in the form of a Continuity of Care Document (CCD). Other data is stored on ICA’s secure servers in encrypted form.

Participants are responsible for ensuring that information subject to special protection shall only be submitted with appropriate patient consent, or not submitted. Please contact your EHR vendor on how to accomplish this.

### Can patients opt-out from having my information shared?

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A patient can request that none of their information is made available as search results on the Health Information Exchange. SVMS does not selectively share information, so this is an “all-or-nothing” process – even in an emergency. SVMS has itself opted not to allow “break-the glass” access to information at this time on individuals who do opt-out. It is important to ensure that patients realize that opting out may compromise the access to their information, and that may adversely affect decisions made by other providers.

Opting out from Exchange has no effect on the transfer of information from provider to provider via Direct, since SVMS and ICA have no access to the content of Direct messages to enable such a process. That can only be blocked by requesting their individual provider(s) not to send information.

Transfers of certain specific types of information are additionally regulated by federal and/or state law.

### As a participant, how can I use Direct?

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Direct provides a simple secure method for transferring medical information from provider to provider. Each provider needs access to a Direct address – a mailbox. It can be accessed in several ways.

The simplest way is via SVMS CareAlign Portal. This is accessed via any web browser on a device linked to the internet, and using Direct in this fashion is very similar to using a web-based email service. Messages can be typed, and files attached to the messages. The information is encrypted and sent via secure protocols, unlike regular email. It can only be sent to another Direct address, not to a regular email.

Direct can also be linked into an electronic health record (EHR), if the EHR is capable. Some EHR's come pre-equipped for Direct, some can add it on. Each is different, and we suggest you contact us to discuss this if it is required. We also endeavor to test existing Direct services that you might have, in order to make sure there is seamless communication with SVMS Direct users.

It is possible to enroll with SVMS for Direct services only.

### As a participant, how can I make data available to others via Exchange?

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There are many advantages to you and your patients from being a data-contributing participant. Patients benefit from coordination of care, reduction of unnecessary repetition and repeat tests or procedures, and from having more complete information from multiple sources, when as many providers participate as possible. Your office or HIM Department benefits from the reduction in phone/fax requests for information that tie up your staff.

There are two main ways that data enters the Exchange; from an EHR or automatically via a feed. It is possible to use one or both, depending on the capability of your EHR.

The first involves a web connection from the EHR to SVMS/ICA via the internet. The EHR has to be capable of producing CCDs and sending them automatically on request. When someone searches for data, your EHR is queried for a matching patient, and if one is found, a CCD is generated and offered.

The second allows transfer of individual data items such as lab reports, Admission-Discharge-Transfer (ADT), imaging or transcription reports. These are uploaded as HL7 messages via a VPN. Not all systems are equipped with the interfaces to permit this – it is mostly done by facilities, rather than providers.

If you are interested in contributing data, contact us for a technical assessment.

### How can I search the Exchange for data?

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Access to be able to query the Exchange can be achieved in several ways as well.

Some EHRs allow for information to be retrieved from the Exchange and for it to be viewed and stored within the EHR. Currently, many EHRs have very limited capacity to do this. Retrieval may be automatic, based on admitting a patient

into a facility or emergency room, or registering them in for the office visit. It may also be possible to do it on demand within the EHR.

The other way to access the Exchange and query for information is through the same SVMS CareAlign Portal used to access Direct (with additional features enabled). A search can be initiated via the Portal, and a list of potential matches is returned to select from. Information is then retrieved for the selected patient, both from the stored information provided via participant HL7 feeds and from a broadcast search for CCDs from all contributing participants. It is presented in the form of a consolidated longitudinal patient record.

### Do I have to contribute data to be able to retrieve data?

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While it is to everyone's benefit on the Exchange to have as many contributing participants as possible, allowing for a more complete patient record for retrieval, SVMS realizes that not everyone is technically or financially capable of contributing data. Some do not even have an EHR! However, some of the patients of those same non-data-contributing participants can benefit significantly if their providers could view the data from other treating entities.

SVMS has always tried to provide services to as many providers as possible, even if their technology is limited. It is possible to participate in Exchange as a non-data-contributor, using the SVMS CareAlign Portal to perform the queries; SVMS asks that if circumstances change and it becomes feasible to contribute data at a later date, that these participants change their status to data-contributing.

### How are SVMS membership fees determined?

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SVMS is a not-for-profit organization that has deliberately kept expenses to a minimum, often through donation of services or staff hours by participant entities. It currently assesses its fees based on registered acute bed count for acute-care and CAH facilities, provider number for clinics and offices, county population for county-based entities and fixed fees for skilled nursing and similar entities.

There is normally an initiation fee, which includes setup and connection at SVMS end to a single EHR, and an annual membership fee, payable quarterly in advance. Your EHR vendor may have additional fees for interfacing to SVMS.

Direct-only memberships are available for providers, with fees assessed on a per-provider basis.

Contact SVMS for further information regarding fees.

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