



rchn
community health foundation



**“HEALTH INFORMATION TECHNOLOGY ADOPTION AND MU READINESS:
SURVEY FINDINGS AND CHC EXPERIENCE”**

“Health Information Technology Adoption and MU Readiness: Survey Findings and CHC Experience”

- Merle Cunningham, M.D., M.P.H.
- C. John Torontow, M.D., M.P.H.
- Gil M. Muñoz, M.P.A.

Discussion of

“Results from the 2010-11 Readiness for Meaningful Use of HIT and Patient Centered Medical Home Recognition Survey (November 3, 2011).”

REPORT CITATION

- Discussion of Geiger / Gibson RCHN Community Health Foundation Research Collaborative Report

“Results from the 2010-11 Readiness for Meaningful Use of HIT and Patient Centered Medical Home Recognition Survey (November 3, 2011).”

http://www.rchnfoundation.org/images/FE/chain207siteType8/site176/client/Readiness_Databook_final_11_01_11.pdf

Merle Cunningham, M.D., M.P.H

Anthony Lara, MHSA

Peter Shin, PhD, MPH

Introductions:

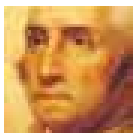
Welcome and Introduction to the RCHN Community Health Foundation Webcast Series by:

- *Feygele Jacobs, MPH, MS*
EVP/Chief Operating Officer
RCHN Community Health Foundation



Featured Speaker:

- *Merle Cunningham, M.D., M.P.H.*
Visiting Associate Professor and
Director, Graduate Certificate Program in
Community Health Center (CHC)
Management
Department of Health Services
Management & Leadership
George Washington University School of
Public Health and Health Services



THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH
AND HEALTH SERVICES



Featured Speaker:

- ***C. John Torontow, M.D., M.P.H.***

Associate Medical Director for Medical Informatics, Piedmont Health Services, Inc.

Lead provider at Piedmont's Siler City Community Health Center

(North Carolina)



Featured Speaker:

- ***Gil M. Muñoz, M.P.A.***

Chief Executive Officer

Virginia Garcia Memorial Health
Center

(Cornelius, OR)



Virginia Garcia Memorial
HEALTH CENTER





Readiness for Meaningful Use of HIT and Patient Centered Medical Home Recognition

RCHN Community Health Foundation Webinar
December 12, 2011

Merle Cunningham, MD, MPH
Geiger Gibson Program in Community Health Policy

SURVEY OBJECTIVES

- Key Objectives:
 - To establish baseline information on the status of health center readiness to meet the standards for meaningful use (MU) of health information technology (HIT) and to achieve PCMH recognition.
 - To identify unmet needs for technical assistance (TA) & training to accomplish MU compliance / PCMH recognition.

METHODOLOGY and RESPONSE

- Method:
 - Online survey via *Survey* Monkey sent to all health centers receiving Section 330 grant funding (330e, 330g-Migrant, 330h-Homeless, 330i-Public Housing) per 2009 UDS
 - Field period: December 7, 2010 - February 28, 2011 with PCA follow-up
- Response rate: 63.5% (714/1,124)
 - Respondents represent the universe on multiple variables

Acknowledgements

- Collaborating Organizations:
 - National Association of Community Health Centers (NACHC), Primary Care Associations (PCAs), Health Center Controlled Networks (HCCNs), the National Center for Farmworker Health, the National Health Care for the Homeless Council and the National Center for Health in Public Housing
- Special Gratitude:
 - Health Resources and Services Administration (HRSA) and the Bureau of Primary Health Care (BPHC)

EHR ADOPTION

- 69 % of health centers have an EHR: 45 % fully electronic and 24 % partially implemented (combo paper/electronic records)
 - Increase from 49 % (NACHC 2008)
 - Higher than 51% in office-based practices (NAMCS 2010)
- 81 % of health centers without an EHR plan to implement one within one year
- Four vendors have about 2/3 of health center market: eClinicalWorks, NextGen, GE Centricity and EHS

MEANINGFUL USE (MU)

- Readiness: 91 % of health centers plan to apply for Medicaid MU incentives within 2 years: 75% within 12 months, 16% in 1-2 years
- Reported compliance levels:
 - With individual Core Functional Measures, compliance ranges from 26 % to 82 %
 - With individual Menu Set Measures, compliance ranges from 17 % to 62 %

Patient Centered Medical Home (PCMH)

- 6% of responding centers had PCMH recognition at the time of the survey.
- Nearly 50% had no plans to apply, or were unsure.
- Among other concerns, lack of understanding of PCMH requirements and significance.

Challenges & Barriers

- Most frequently cited categories:
 - Staff training, acceptance and buy-in
 - Costs: capital, staff, IT consultation
 - Vendor issues: software certification, staff support
 - Implementation issues
 - State readiness: registration, compliance reporting
 - Clinical issues: service integration, registries, panels, capacity of area providers

TA & TRAINING NEEDS

- Top reported areas of interest for TA and training:
 - Preparation for and understanding MU measures and PCMH requirements
 - Workflow redesign and practice transformation
 - Using HIT to improve clinical care
 - TA providers most frequently identified:
 - Primary Care Association (PCA)*
 - EHR Vendor
 - Regional Extension Center (REC)
 - Health Center Controlled Network (HCCN)*
- * = *highest levels of satisfaction reported*

Recap of Highlights

- EMR adoption - 69%, an increase from 49% in 2008 and substantially higher than 51% level in office-based practices
- MU Medicaid incentives – 91% plan to apply within 2 years
- PCMH Challenges
- Challenges & barriers – staff training/acceptance, costs and vendor issues
- TA & Training interest areas – preparation for MU measure compliance, practice transformation & using HIT to improve care

From Paper Charts to Meaningful Use

The Piedmont Health Story

C. John Torontow MD, MPH
Associate Medical Director for
Medical Informatics
Piedmont Health Services Inc.



Piedmont Health Background

FQHC: 7 sites 45 providers

Started transition from paper August 2008 to GE Centricity...all sites live with all patients by May 2010.

Time from EMR introduction to return to full productivity varied by sites from 6 weeks to 8 months.

Barriers To Adoption of EMR

Development of Technology Infrastructure

Exposure of Center's weaknesses

Provider Resistance

Technophobia

Perfectionism

Lack of "Champions"

The rocky road to Meaningful Use

Who bothered to read and understand all that alphabet soup? HITECH, REC, HIE?

Can you get there from here?

Will the state pave the way or just write speeding tickets?

Other Roadblocks?

Whose money is it?

Where are we now

GE CPS 10

The problems with going first

E-Prescribing

Be careful what you wish for

Patient Portal

Do we really have to answer all those e-mails?

Future Challenges

Data exchange

strategic alliances vs requirements

Data warehousing

is this realistic?

Clinical decision support

real-time and accurate

Provider satisfaction

Patient Centered Medical Home

True population-based health

Opportunity to truly improve quality of care for underserved patients

Opportunity to redesign primary care and make it “survivable”

As of today and Piedmont Health Services

Using certified EMR

E – prescribing

Data exchange with key partner

Still waiting for meaningful use money from
NC

Adoption of Health Technology at Virginia Garcia Memorial Health Center

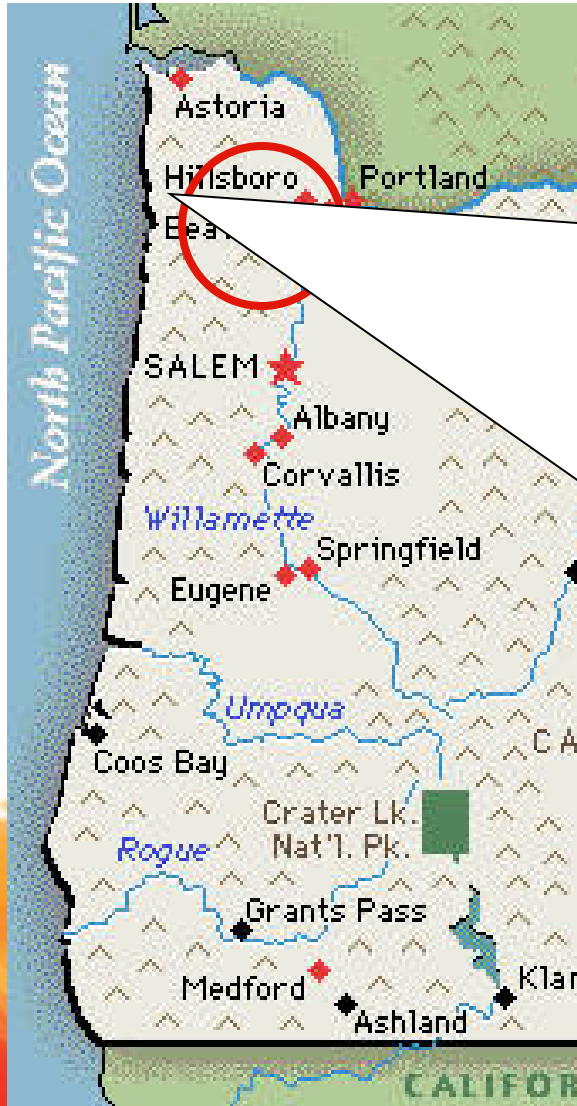
RCHN Community Health Foundation Webinar

December 2011

JANUARY 01, 2008

© 2008 VIRGINIA GARCIA MEMORIAL HEALTH CENTER

Our Community



Approximately 600,000 people in service area (Washington/Yamhill Counties)

Mix of rural and urban area

Mix of industry- agricultural, high tech

Nurseries, vineyards, Intel, Tektronix, Nike

Four primary care sites

Two School Based Health Centers

Three Dental Clinics

Mobile Clinic (farm worker outreach)

35,000 patients (60% Latino, 30% Anglo, 5% Asian, 5% African American)

90% of patients below Federal Poverty Level

35 FTE Provider



- In the early 2000's Virginia Garcia and other CHC's helped form the OCHIN Health Centered Controlled network (HCCN) that brought several community health centers together for the purpose of sharing Health IT and improving patient care through the innovative use of technology.
- The OCHIN network comprises over 50 network members across 7 different states.
- OCHIN provides a range of services including Practice Management, EHR, HREC, Practice Based Research Network (PBRN), Health Exchange, etc.

Health IT at Virginia Garcia

- Disease Registry (DEMS, Meditracks) 2001
- EPIC Practice Management System 2002
- EPIC Integrated PM/EHR
 - Tigard School Based Clinic April 2008
 - Beaverton Clinic June 2008
 - Hillsboro Clinic March 2009
 - Forest Grove School Based Clinic May 2009
 - Cornelius Clinic Sept 2009
 - McMinnville Clinic March 2010

Meaningful Use

- OCHIN offers EPIC Practice Management and EHR, a certified system.
- Virginia Garcia is in the process of completing the attestation for providers and meeting the criteria of the 15 Core Measures. Patient Portal and After Visit Summary still needs to be implemented.
- OCHIN is supporting the network on achieving meaningful use through a variety of tools offered by the Regional Extension Service (O-HITECH).

Integration of Behavioral Health

- Virginia Garcia has onsite Behaviorists who work as part of the health team.
- Their focus is primarily on brief interventions.
- The behaviorists utilize the EHR for scheduling, coding, chart notes, etc.
- The behaviorists notes are fully integrated into the chart.
- Specialty mental health is also provided at Virginia Garcia and a separate section of the chart is being developed to manage these services in compliance with existing privacy rules.

Dental & Pharmacy Services

- Virginia Garcia currently uses EPIC for registration, scheduling, billing, and reporting.
- Paper charts are still utilized, however there is digital x-ray at each site.
- In the selection process for a dental EDR that optimally would interface with EPIC
- Also in the process of replacing pharmacy system to support all pharmacy sites and optimally would interface with EPIC

Research and Data Warehouse

- Safety Net West was established through OCHIN as a Practice Based Research Network (PBRN) in partnership with Oregon Health Sciences University (OHSU) and Kaiser Center for Health Research.(CHR)

Goals:

- Understanding and addressing health conditions with known health disparities that are common in safety net populations
- Improving health outcomes in safety net populations
- Evaluating interventions that have potential to improve safety net practice
- Testing Health IT interventions to improve population health
- Implementing evidence-based practices within the clinic network

- Master Patient Index with over 1 million unique patients in 50 different organizations across 8 states.

Patient Centered Medical Home (PCMH)

- Virginia Garcia is pursuing recognition from the State of Oregon as a PCMH as well as NCQA certification.
- The PCMH is supported through a robust registry system developed by OCHIN (“Solutions”)
 - CareManagement Tools
 - Chronic Disease Management
 - Panel Reports
 - Dashboards
 - Metrics
 - Clinical Measures
- Support for Alternative Payment Methodology (APM)
 - Utilization Reports
 - Member Assignment Rosters



rchn
community health foundation

Thank You

RCHN Community Health Foundation

www.rchnfoundation.org

1633 Broadway, 18th Floor

New York, New York 10019

Phone: (212) 246-1122 ext 712

Email: fjacobs@rchnfoundation.org

chronicles
The Community Health Center Story