

Health Information Technology in Health Centers: A Beginner's Overview and Where We Are Now

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Learning Objective:

- ◆ Understand the role of HRSA's Office of Health Information Technology (OHIT)
- ◆ Understand importance of HIT to improve quality of health care in the safety net
- ◆ Understand HIT concepts, lessons learned
- ◆ Learn more about available HIT tools to help with implementation

Office of Health Information Technology (OHIT)

◆ Mission:

The Office of Health Information Technology (OHIT) promotes the adoption and effective use of health information technology (HIT) in the safety net community.

OHIT Includes:

- Division of Health Information Technology Policy
- Division of Health Information Technology State and Community Assistance
- Office for the Advancement of Telehealth

What OHIT Does

- ◆ Award planning and implementation grants for telehealth, electronic health records, and other health information technology innovations.
- ◆ Provide technical assistance to HRSA grantees and staff (e.g., project officers and Office of Performance Review) related to effective HIT adoption and Federal and state policies and legislation.
- ◆ Provide leadership and representation for HRSA grantees with Federal and state policymakers, researchers, and other stakeholders.

OHIT Goals

- ◆ Bring HIT to America's safety net providers which will
 - Improve quality of care
 - Reduce health disparities
 - Increase efficiency in care delivery systems
 - Increase patient safety
 - Decrease medical errors
 - Eliminate the digital divide

Using HIT to Help Us Learn

- ◆ In practice, HIT can bring together stakeholders to look at patient care
- ◆ In the community, HIT can bring together stakeholders to look at patient outcomes, and work towards improvement
- ◆ For the health care system, HIT can help us learn about what really works in health care on a broad scale

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Why We Need HIT

The best evidence suggests:

- ◆ People receive only half the preventive care recommended.
- ◆ People with acute or chronic conditions receive about two-thirds of the care they need.
- ◆ About one-fifth to one-third of both acute and chronic care is unnecessary.

"Taking the Pulse of Health Care in America," Mark A. Schuster, Elizabeth A. McGlynn, Robert H. Brook, Rand Corporation, 1998

HRSA Health Center Controlled Networks (HCCN)

- ◆ Led by HRSA-funded health centers
- ◆ Supports the creation, development, and operation of networks of safety net providers to ensure access to health care for the medically underserved populations through the enhancement of health center operations, including health information technology

Advancing HIT through Networks

- ◆ Collaboration of health centers and other safety net providers
- ◆ Economies of scale/cost efficiencies
- ◆ Enhanced efficiencies in business and clinical core areas
- ◆ Higher performance and value
- ◆ Sharing of expertise and staff

HIT Planning Grants

- ◆ Objective: To support health centers in structured planning activities that will prepare them to adopt EHRs or other HIT innovations
- ◆ Project Period: 1Year
- ◆ Examples of Activities Supported by Grant
 - Planning for EHR adoption-readiness assessment, workflow analysis, due diligence in selecting vendor
 - Determining specific network HIT function
 - Network of health centers has formed to purchase an EHR but needs funds to help with the readiness assessment and procurement process.
 - Network of health centers wants to form a health information exchange with other partners in the state and needs funds for planning and hardware purchases.

EHR Implementation Grants

- ◆ Objective: To implement electronic health records (EHRs)
- ◆ Project Period: Three Years
- ◆ Examples of Activities Supported by Grant
 - Implementation of EHRs across network, network is within 6 months of procurement, but needs additional funds to purchase the EHR system, training, hardware, and converting from paper to electronic.
 - Includes networks interested in spreading their capacity to other centers, via ASP or other means

High Impact Grants

- ◆ Objective: Promotes implementation of an EHR; Goals also include the creation of sustainable business models for deploying HIT; enhancing the ability of safety net providers to leverage resources and improving quality and health outcomes in the CHC Program.
- ◆ Project Period: One Year
- ◆ Examples of Activities Supported by Grant
 - Implementation of EHR across network or health center sites, is within 6 months of issuing a request for proposals, but needs additional funds to purchase the EHR system, training, hardware, and converting from paper to electronic.
 - Include networks interested in spreading their capacity to other centers, via ASP or other means

HIT Innovation Grants

◆Objective: To implement health information technologies other than EHRs

◆Project Period: 3 Years

◆Proposed Activities Include:

- ◆ E-prescribing
- ◆ Patient Disease Registry
- ◆ Health Information Exchange
- ◆ Smart Cards
- ◆ Interactive Patient Kiosk

HRSA Telehealth Grant Awards

◆First awards made by ORHP in 1989

◆Awarded over \$250 million in grants since 1989

◆HRSA created Office for the Advancement of Telehealth as a focal point for Telehealth activities in 1998

◆Competitive and Congressionally-mandated projects

Telehealth Network Grants

◆ To demonstrate how telehealth technologies can be used through telehealth networks to:

- Expand access, coordinate, and improve quality of health services.
- Improve and expand the training of health care providers.
- Expand and improve the quality of health information available to health care providers, and to patients and their families.
- Eligibility: Open to urban and rural networks, but limited funding resulted in only rural networks funded.

Telehealth Resource Centers

- ◆ Assist health care organizations, networks and providers in the implementation of cost-effective telehealth programs to serve rural and medically underserved areas and populations.
- ◆ Serve as a focal point for advancing effective use of telehealth technologies in communities and regions across the Nation.

HIT is.....

- ◆ **Health Information Technology is the use of information and communication technology in health care. Health Information Technology can include:**
 - electronic health or medical records
 - personal health records
 - computerized provider order entry
 - e-mail communication
 - clinical decision support systems
 - health information exchange
 - hand-held devices
 - electronic prescribing
 - other technologies that store, protect, retrieve and transfer clinical, administrative, and financial information electronically within health care settings.

The Cycle of Health IT Implementation



How to start?

- ◆ Planning Phase
 - Needs assessments and Technology Selection
 - Stakeholder buy-in
 - Funding and sustainability strategy
- ◆ Implementation Phase
 - Vendor selection process
 - Implementation Team organization
 - Sites for go-live
 - Cost issues
- ◆ Evaluation
 - Measure outcomes
 - Change strategies

Needs Assessments

- ◆ Document processes that are inefficient
 - Do not automate a manual process that does not work – change the process
- ◆ How will technology improve processes?
 - E.g., integrate data from many sources?
- ◆ Tools:
 - HRSA Readiness Assessment Tool
 - ◆ http://healthit.ahrq.gov/portal/server.pt/gateway/PTARGS_0_1248_227915_0_0_18/ehrguidelines.doc
 - CHCF Needs Assessment Tool
 - ◆ <http://www.communityclinics.org/section/library/?topic=2>

HIT Planning Considerations

- ◆ Data & Technical Standards
- ◆ Interoperability
- ◆ CCHIT Certification (www.cchit.org)
 - a recognized certification body for electronic health records and their networks, and an independent, voluntary, private-sector initiative
 - Mission: to accelerate the adoption of health information technology by creating an efficient, credible and sustainable certification program.

What EHR should I choose?

- ◆ Do not start in “product selection mode”
- ◆ Begin by identifying the practice processes that you wish to improve first; understand your work flow.
- ◆ Then search for the functions you need:
 - Problem List
 - Medications
 - Clinical Encounters
 - Lab/X-ray/Pathology
 - Referrals
 - Preventive Care

Which EHR should I choose?

- ◆ Anticipate primary and secondary users
 - Primary
 - ◆ Clinical decision making
 - ◆ Documentation
 - ◆ Support for Billing
 - ◆ Quality Improvement
 - Secondary
 - ◆ Provider profiling and service utilization
 - ◆ Quality report cards and outcomes analysis
 - ◆ Regulatory reporting and justification for studies

Learning from our grantees: Barriers to Adoption

- ◆ Implementing health information technology innovations and transforming care through HIT is a huge undertaking that should not be underestimated. Anxiety is understandable.
- ◆ Scarce funding, staffing, other resources. Competing priorities: patients and daily operations vs. HIT?
- ◆ Selecting software, hardware, appropriate HIT tools, partners, vendors, etc.
- ◆ Sorting through the flood of information on HIT.
- ◆ Achieving real change – clinical practice, operations, staff responsibilities and duties.

Learning from our grantees: Key Roles

- ◆ Move forward but move deliberately. What are your goals?
- ◆ Identify organization's need and how HIT adoption will address this need. Don't adopt HIT for HIT's sake
- ◆ Identify roles and responsibilities, expectations, goals, and resources such as technical assistance
- ◆ Leadership is crucial. Who is responsible for making sure that HIT transformation occurs?

Learning from our grantees: Due diligence

- ◆ Many have gone before you. Don't recreate the wheel. Learn from early adopters such as Health Center Controlled Networks (most are willing to share) and consider partnering with them
- ◆ Conduct due diligence with all purchases
- ◆ Don't do this alone: identify partners, work with networks of providers and centers (e.g., Health Center Controlled Networks), reach out to nontraditional funders and partners

Learning from our grantees: Eye on the goal

- ◆ Identify your physician champion that will bring clinicians through the entire process
- ◆ The "go live" date is not the goal. Fully and effectively utilizing HIT to improve patient care is the goal. This is transforming delivery of care
- ◆ Communication must be open, consistent, and include all partners and staff. Establish feedback loops throughout the process

Tools for HIT– HRSA Health IT Community Portal

- ◆ HRSA Health HIT Community Portal
 - Developed in collaboration with the AHRQ National Resource Center for Health IT (NRC)
 - Designed to provide news, tools, and access to research for HRSA's safety net providers interested in health IT.
 - Includes a searchable internet database that contains literature articles about the costs and/or benefits of health information technology
 - Log in to the Portal: <http://healthit.ahrq.gov/login>

HRSA Health IT Toolbox

- ◆ The HRSA health IT toolbox is a comprehensive compilation of useful health IT planning, implementation and evaluation resources online to support the implementation of health IT for safety net providers. The toolbox is integrated within the HRSA Health IT Community portal to encourage sharing and exchange among grantees

HIT Toolbox Learning Modules

- ◆ Nine (9) topic-specific learning modules that cover the life cycle of a typical health IT implementation from learning the basics through to evaluation and optimization of a system

List of Toolbox Modules

1. Introduction to Health IT
2. Getting Started
3. Opportunities for Collaboration
4. Project Management and Oversight
5. Planning for Technology Implementation
6. Organizational Change Management and Training
7. System Implementation
8. Evaluating, Optimizing, and Sustaining
9. Advanced Topics

TA - HIT TA Center

- ◆ Provide consistent HIT TA to HRSA grantees.
- ◆ TA "One to Many" Calls
 - HIT 101
 - Workflow Analysis and HIT
 - Slides, transcripts and recordings of calls are on the HRSA Health IT Community.
- ◆ Peer-to-peer technical assistance to obtain TA from an experienced peer in HIT.
- ◆ Consultant technical assistance to obtain TA from an experienced consultant in HIT.

OHIT TA Webinars

OHIT is holding monthly webinars on HIT-related topics that have been very successful in terms of attendance and feedback. The calls held to date include:

- December 14, 2007 - Important Factors to Consider When Selecting an EHR System (191 participants)
- February 1, 2008 – Collaboration (How do I collaborate with networks, other groups, state entities, etc.) (over 260 participants)
- February 22, 2008 – Telehealth 101 (over 300 participants)
- March 28, 2008: Financing HIT (389 participants)
- April 4, 2008: Stark/Safe Harbor (118 participants)
- April 18, 2008: Open Source (144 participants)
- May 9, 2008: Readiness Assessments for HIT (169 participants)
- May 16, 2008: HIE 101 (140 participants)

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- December 2007 – Important Factors to Consider When Selecting an EHR System
- February 2008 – Collaboration (How do I collaborate with networks, other groups, state entities, etc.)
- February 2008 – Telehealth 101
- March 2008 – Financing HIT

OHIT TA Webinars (cont.)

- April 2008 – Stark/Safe Harbor
- April 2008 – Open Source
- May 2008 – Readiness Assessments for HIT
- May 2008 – HIE 101

◆ Future Calls:

- June 6, 2008 – Success Stories, Lessons Learned
- June 20, 2008 – Internal/External Interfaces
- July 18, 2008 – Efficient Deployment of HIT
- **August 2008 – NO TA CALLS**

Federal Level Activities

- ◆ Health Resources and Services Administration (HRSA)
- ◆ Office of the National Coordinator (ONC)
- ◆ Veterans Affairs (VA)
- ◆ Indian Health Service (IHS)
- ◆ Centers for Medicare & Medicaid Services (CMS)

HRSA

- ◆ OHIT- Grants, health networks
- ◆ CHCs – Health Disparities Collaboratives, HIT
- ◆ MCH – Statewide registries, e.g, immunizations
- ◆ HAB – CAREWare, LabTracker (Katrina)
- ◆ Research and demonstrations under SPNS and SPRNS
- ◆ ORHP
- ◆ HRSA Center for Quality Healthcare Quality Improvement - Toolkit

HRSA Center for Quality Healthcare Quality Improvement: Toolkit

- ◆ Provides Bureaus and Offices with information on selected HRSA Core Clinical Measures (CCMs).
- ◆ Assists Bureaus and Offices with understanding CCMs within the context of overall Quality Improvement (QI) in their organizations.
- ◆ Anticipated kick-off in September 2008

HRSA Center For Quality: Healthcare Quality Improvement Toolkit

HRSA CENTER FOR QUALITY HEALTHCARE QUALITY IMPROVEMENT TOOLKIT

HEALTHCARE QUALITY IMPROVEMENT TOOLKIT

Objective The Healthcare Quality Toolkit provides a curriculum to members of the HRSA community specifically to aid grantees and their staff in the implementation of HRSA's Core Clinical Measures (CCM) and related Quality Improvement (QI). A recently adopted set of 11 CCM serves as the basis for an agency-wide quality improvement initiative to span grantee delivery sites. The CCM addresses condition-specific topics such as prenatal care, cancer screening, immunization, HIV prevention, hypertension, and diabetes.

The HRSA Center for Quality (CCQ) works to strengthen and improve the quality of healthcare, that improving access to comprehensive, culturally competent, quality care for HRSA's programs and service populations.

The Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving access to health care services for people who are underserved, isolated, or medically vulnerable.

Office of the National Coordinator for Health Information Technology (ONC)

Responsible for realizing the President's vision of Healthcare IT:

- Widespread adoption of interoperable EHR within 10 years
- Medical information follows the consumer
- Clinicians have complete, computerized patient information
- Quality initiatives measure performance and drive quality-based competition
- Public health and bioterrorism surveillance are seamlessly integrated into care

Veterans Affairs – VistA

- ◆ VistA is the single, integrated health information system used in all VA health care settings (inpatient, outpatient, long-term care).
- ◆ The Computerized Patient Record System (CPRS) delivers an integrated record
- ◆ A derived system VistA Office EHR is CCHIT certified and starting to be used in health centers

Indian Health Service (IHS)

- ◆ The IHS Resource and Patient Management System (RPMS) is an electronic information system designed to enhance the ability of IHS direct, tribal and urban facilities to provide high quality health care.
- ◆ RPMS includes over 60 integrated software components covering clinical, administrative, and financial information on patients and resources.

Centers for Medicare & Medicaid Services (CMS)

- ◆ Medicare EHR demos
 - Enhanced payments to providers for using EHRs to improve quality of care
- ◆ Medicaid State Transformation Grants
 - Numerous HIT-related grants including electronic health records, health information exchange, electronic prescribing, and medical record data banks

Resources – Other Public and Private Partners

- ◆ Other Federal partners: AHRQ, Agriculture, CDC, NIH
- ◆ State and local governments – ASTHO; city, county and state initiatives
- ◆ Private – insurers (BCBS, Kaiser), vendors (CCHIT, software, hardware), providers (inpatient and outpatient)

Resources – Research and Advocacy

- ◆ American Health Information Management Association (AHIMA)
- ◆ American Medical Information Association (AMIA)
- ◆ Healthcare Information and Management Systems Society (HIMSS)
- ◆ Robert Wood Johnson Foundation (RWJF)
- ◆ National Health Policy Forum (GWU)
- ◆ Local foundations (e.g., BCBS conversions)

Questions and Answers

For more information, contact:
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