



Emerging Trends in Network Approaches to HIT Adoption in Community Health Centers

Health Choice Network

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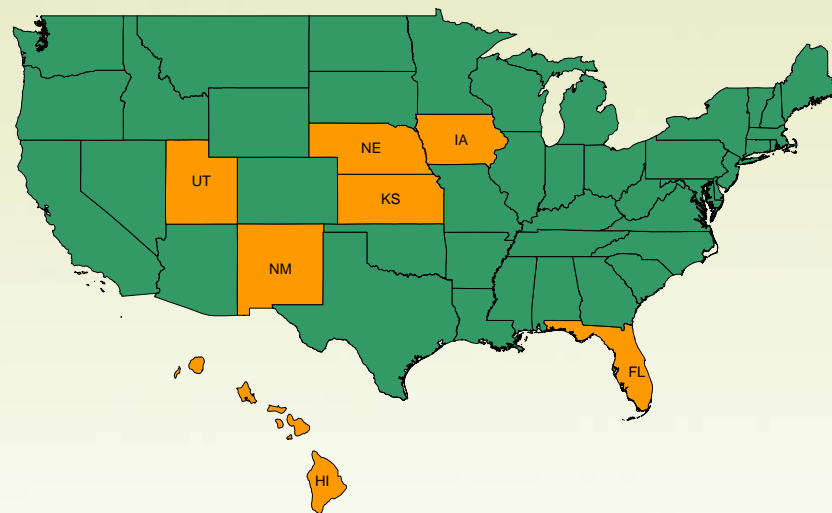
Discussion Topics

- Who We Are...
- Networks Approach to HIT Initiatives
 - Why HIT?
 - Together We are Stronger
- Leveraging Technology
- General Session Q & A



Health Choice Network - Overview

- 501c(3) organization governed by its CHC members, who serve as Board of Directors
- 45 member centers (224 sites) in seven states (FL, HI, IA, KS, NE, NM, UT)
 - Management Agreements with IA and NE
- ‘Mini-RHIO’ of CHC's with over 665,000 users (approx 390K are Uninsured) and 1.8M Visits





Health Choice Network *"At a Glance"*

Network Location	Chair	CEO/Director	HRSA Funding 2006	Sites	2006 Users
Florida	Brodes H. Hartley, Jr.	Kevin Kearns	Operating/ICT	115	321,301
New Mexico	Seferino Montano	David Roddy	Operating	49	107,895
Utah	Lynn Hudgens	Chris Viavant	SIMIS	15	55,345
Hawai'i	N/A	Richard Taaffe	CHC	1	2,685
INCC	N/A	Ted Boesen	CHC	39	145,329
Kansas	Lougene Marsh	Karla Finnell	CHC	5	22,910
Total				224	665,689



Our Mission

To provide high quality service, support and expertise to member organizations and to act as a vehicle for strategic efforts that strengthen our community health partners.

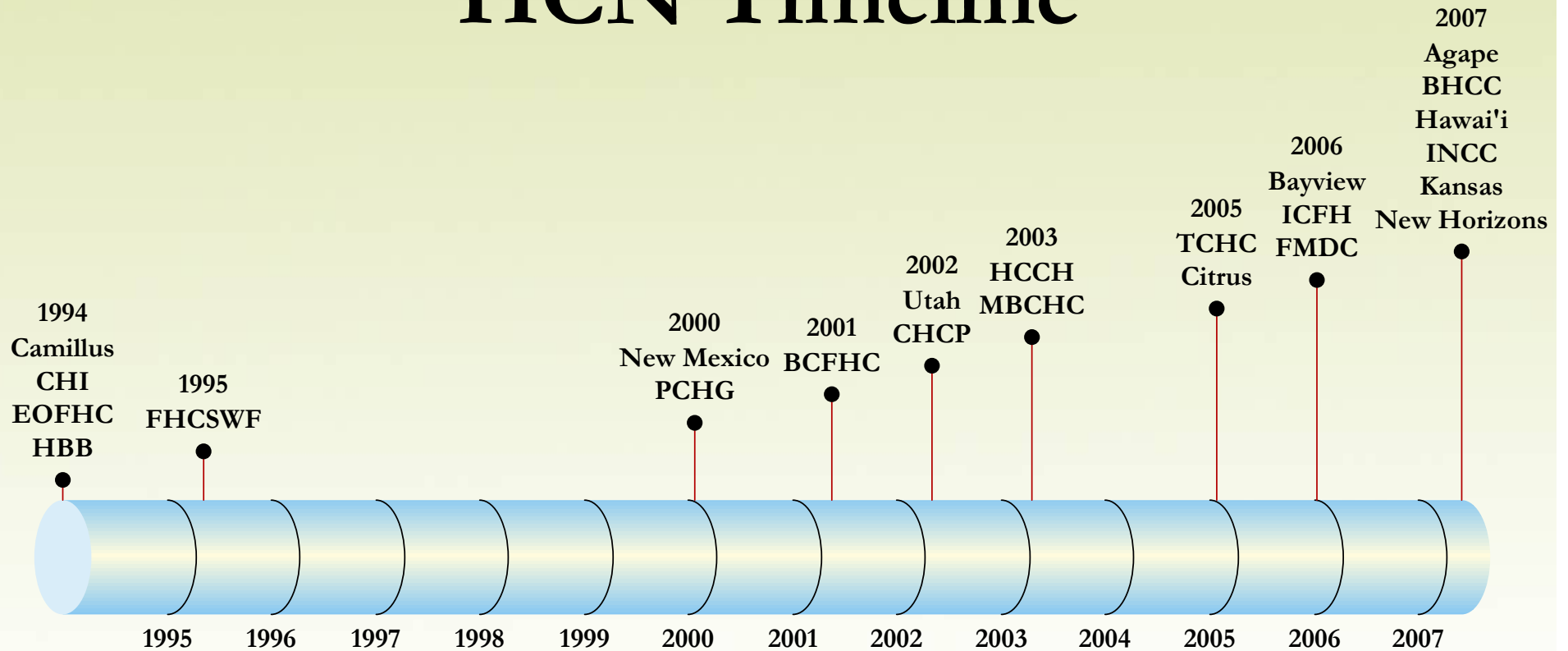


Why the Network was formed?

- President's initiative to expand CHC's – centers must have stable infrastructure
- Focus on Healthcare Information Technology
 - HRSA/BPHC will not fund individual centers
 - Networks are well positioned in national picture
- Emphasis on clinical outcomes (from BPHC, Third Party Payers, policy makers)
- State Medicaid reform
- Enhanced expectations for CHC performance and efficiencies
- Helps provide management continuity for centers



HCN Timeline



1994

2007



HCN Governance and Membership

- Coalition formed and governed by CHCs, CMHCs, and Homeless Health Centers
- 501c(3) not for profit– supporting organization as further defined under Section 509(a)(3)
- CHC CEOs serve as HCN Board of Directors
 - Plus Clinical Representative
 - Founding Members have two Board seats



HCN - Integration Areas

- Central CIO / IT systems
 - EMR/EOHR system
 - 298+ Providers / 97+ Dental Providers
- Central CFO / Finance system
- Centralized Billing Office
- Clinical/Managed Care
- Programs Development





Benefits of Integration

- Improves ability to provide quality health care to CHC patients
- CHC synergies - information sharing
- Economies of scale
- Ability to access capital
- Improves level of technology in centers
- Ability to retain qualified leaders
- Immediate improvement in mgt reports
- IS/Fiscal Integration Averages 1.8% of CHC Budgets



HCN Committee Structure

- HCN Board of Directors
 - IDS Committee (Florida)
 - Clinical Committee
 - Behavioral Health Subcommittee
 - Dental Committee
 - Finance/CBO Committee
 - ICT/EHR Committee
 - Managed Care/CareNET Committee
 - By-Laws Committee
 - Nominating Committee
 - IT Committee
 - Executive Committee
 - Finance Committee
 - Fund Development Committee
 - Managed Care/Clinical Committee





Health Choice Network *Strategic Initiatives*

Functions	Year Initiated
Information Technology	1996
Finance	1996
Managed Care / Atlantic Care	1997
Clinical Committee	1996
Program Development	1999
EMR / EOHR	2001
Centralized Billing Office	2002
Disease Management	2002
CareNet	2005
Health Connect in Our Schools	2006
Prestige Health	2007
InfiNet Data Solutions	2007



Network Approaches to HIT





Why HIT?

- In 2004 \$1.9 Trillion spent on healthcare (16% of the GDP)
- Expected to be \$4 trillion (20% GDP) by 2015
- 30% of healthcare spending (\$380 billion) is for treatment that may not improve health status, may be redundant, or inappropriate to the patient's condition
- 1.5 million Americans suffer illness, injury or death (98K) due to prescribing errors (IOM)



EHR and HIT can...

- Reduce lab/radiology ordering by 9-14%
- Lower ancillary test charges by up to 8%
- Reduce hospital admissions by 2%
- Reduce excess medication usage by 11%
- Estimates suggest savings of \$77-\$112 Billion per year





Improved Clinical Performance

- Chronic disease management
- Quality guidelines / prompts
- Outcomes / Data reporting
- Safety – electronic prescriptions
- E – laboratory ordering/results
- Timely info in hands of clinicians
- Electronic Dental Records / Digital Imaging
- Patient involvement / self management





Improved Business Opportunities

Positioning CHC's to be an integral part of the healthcare delivery system

- Managed Care
 - Risk contracting
 - Prepaid Medicaid Mental Health program
 - CHC owned HMO/Provider Service Network
- Community Programs
 - School based health centers – Miami-Dade
 - DiabetikSmart – State initiative (2003-2005)
 - Cancer Prevention Programs



Improved Business Opportunities

Positioning CHC's to be an integral part of the healthcare delivery system

- Other Opportunities afforded through HIT
 - Foundations
 - Federal (AHRQ, NIT, ONC)
 - State Appropriations
 - Other local opportunities
- Regional Health Information Networks (RHIOs)
 - Immunizations
 - Medicaid
 - Local hospitals



Improved Business Opportunities

Positioning CHC's to be an integral part of the healthcare delivery system

- Continuity of Care Record (CCR) / Patient Health Record (PHR)
 - Patient responsibility
 - Special populations (school health, homeless, migrant/seasonal farm workers)
 - Uninsured (we are their 'payer based record')
 - Disaster support



My Personal Health Record

Continuity Of Care Record

From: Acme Electronic Health Record	To: Doe, John Quincy
Type: Electronic Health Record	Address: 1010 Monte Road San Francisco, CA 94304
Version: Version 3.25 Beta	Phone: 415-555-1212
	Email: johndoe@acmeordema.com

Patient Detail

Name: Doe, John Quincy	Address: 1010 Monte Road San Francisco, CA 94304
Phone: 415-555-1212	Email: johndoe@acmeordema.com
Date Of Birth: 1917-03-16	Gender: Male
Language: English-Fluent	Religion: Catholic
Race: Caucasian	Ethnicity: Irish

Problems, Diagnoses, and Conditions

Onset	Condition	Code	Status
1999-06	Congestive Heart Failure, Etiology - Benign Hypertensive Heart Disease	402.11	Active
1994-03	Diabetes Mellitus, Type II/Adult Onset, Insulin-Dependent, Labile	250.02	Active
Age 32	Hypertension, Benign, Etiology - Renal	403.00	Active
Onset/Res 2003-03-25	Myocardial Infarction, Acute, Septal	410.80	Resolved
2002-03-25	Atrial Fibrillation	427.31	Chronic

Alerts, Adverse Reactions, and Allergies

Description	Code	Reaction	Causative Agent	Date	Comment
Allergic Reaction	995.2	Anaphylaxis, LifeThreatening	Penicillin	Initial Occurrence	
Allergic Reaction	995.2	Rash/Eruption, Mild	Sulfa	Initial Occurrence 2002-03	Patient states that he is unsure whether or not he really is allergic, as he was taking too many medications at the same time.



Hospitals



Clinics



Pharmacy



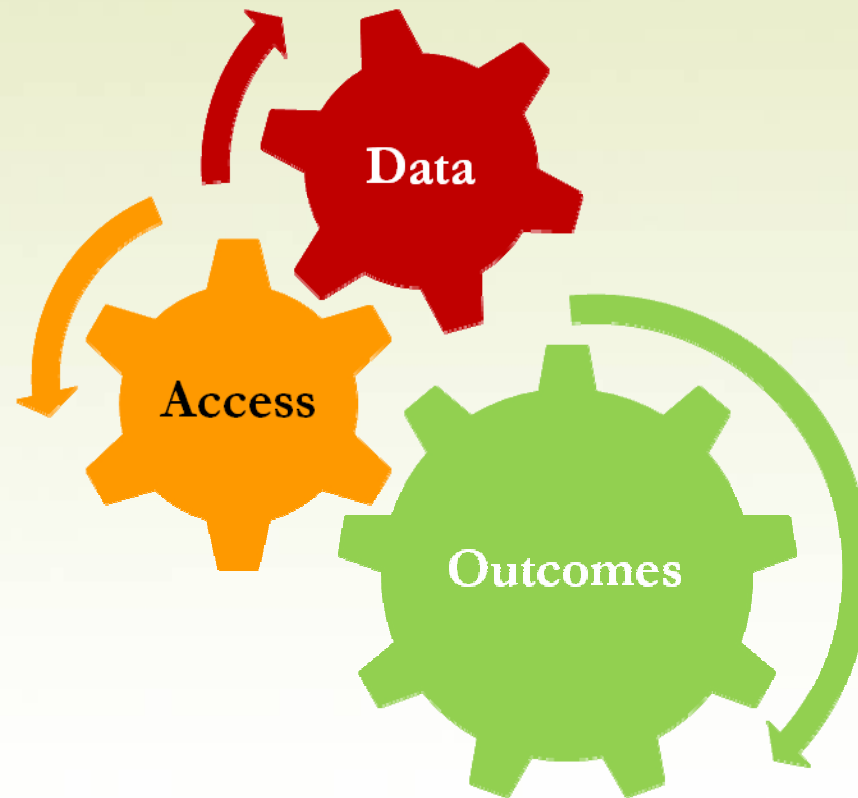
Labs



Public Health



Leveraging Technology





Information Technology

- **Electronic Health Record**
 - Medical /Dental
 - Custom Provider Template
 - School Based Health
 - Document Imaging
 - Voice Recognition
 - CCR
- **Implementations and Training**
 - Project/Change Management
 - Training and Staff Development
 - Installation of Technology (Software/Hardware)
 - Best Practices Matrix
 - Reimbursement Coordination
- **Network Administration**
 - Hosting Services
 - Backoffice / Email Support
 - Disaster Preparedness
 - Infrastructure Design (LAN/WAN)
 - Web Design/Mgmt
- **Support Services**
 - 24hr Service Desk (Hardware/Software)
 - Project Management
 - Vendor Escalation
 - BETA Testing



Information Technology

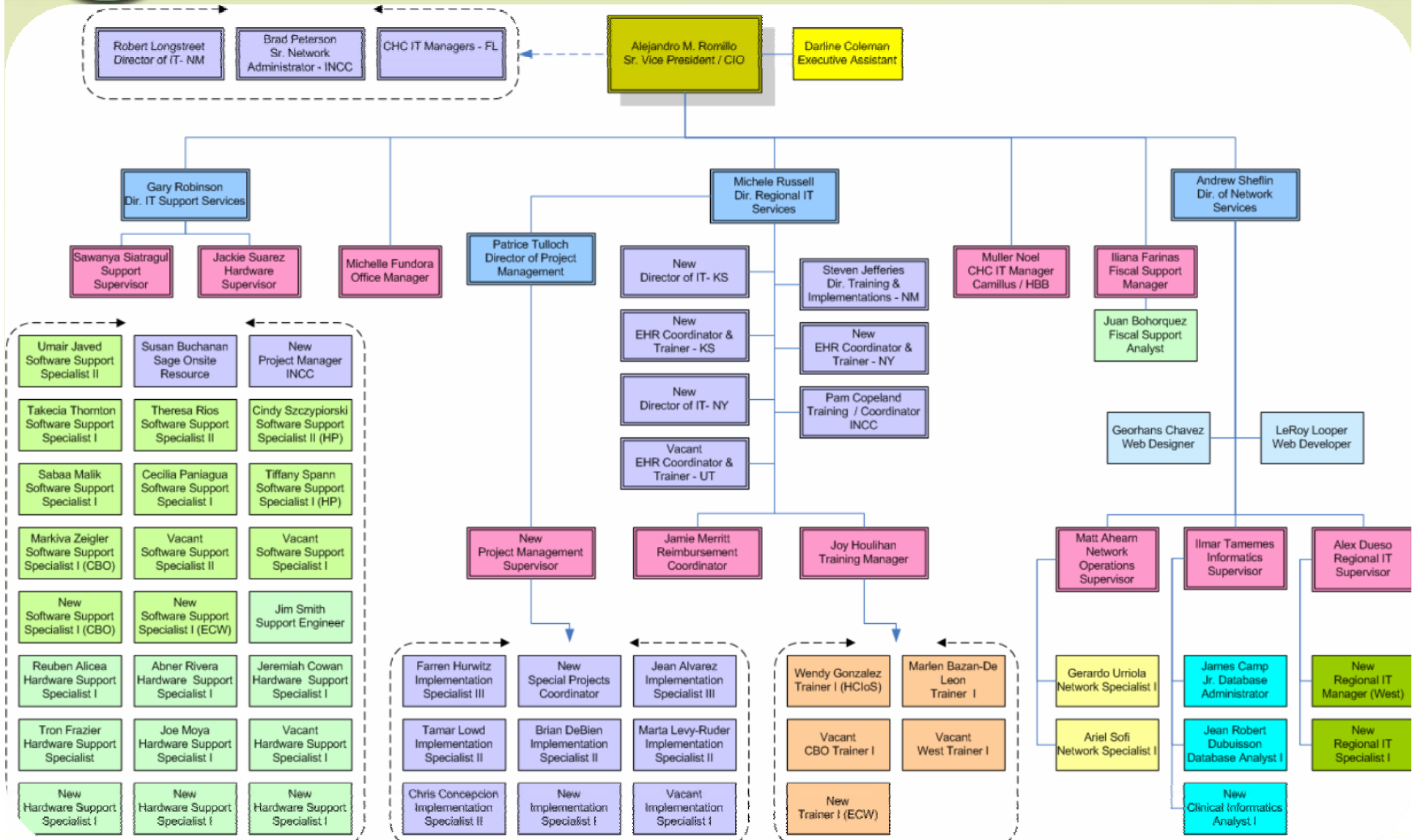
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- **Chief Information Officer**
 - Center CEO Support
 - State Board of Directors Support
 - Serves as CHC IT Department
 - Project Leadership
 - Resource Allocation
 - Budget Oversight
 - National HIT Representation
 - RHIO and HIE Support
- **Informatics**
 - Clinical Reporting
 - Fiscal Reports (Black Book)
 - Web based Reporting Tools
 - Practice Management Support
 - Error Reports
 - Daily Close Reports
 - Productivity



The CIO...

Communities that care...





Benefits of the IT Infrastructure

- Redundancy Across Server, LAN, and Data
 - 2,500 Gallon Diesel Generator with 14 days uptime
 - 3 Redundant AC Units
 - Dual Power and Ethernet to all devices
 - Key servers have quadruple redundancy
- Secure Data Exchange
 - EHR/EOHR
 - Email – Virus and Spam filtering on all inbound and outbound traffic
 - CHC Office Files by Security Groups over 3,000 Maintained
 - Internet utilization monitoring
 - Onsite Video and Access Surveillance



Benefits of the IT Infrastructure

continued

- Accessibility
 - Private CHC Connectivity
 - Access from Public Internet
 - Central hotspot for all CHC connections (i.e. immunization registries and RHIO's)
- Expert Network Staff
 - MCSE, CCNA, Dell Certified, HIPAA
 - 24hr Onsite Monitoring – Servers / 14.7TB Data / 165 WAN Spots
 - Centralized upgrade and problem solving



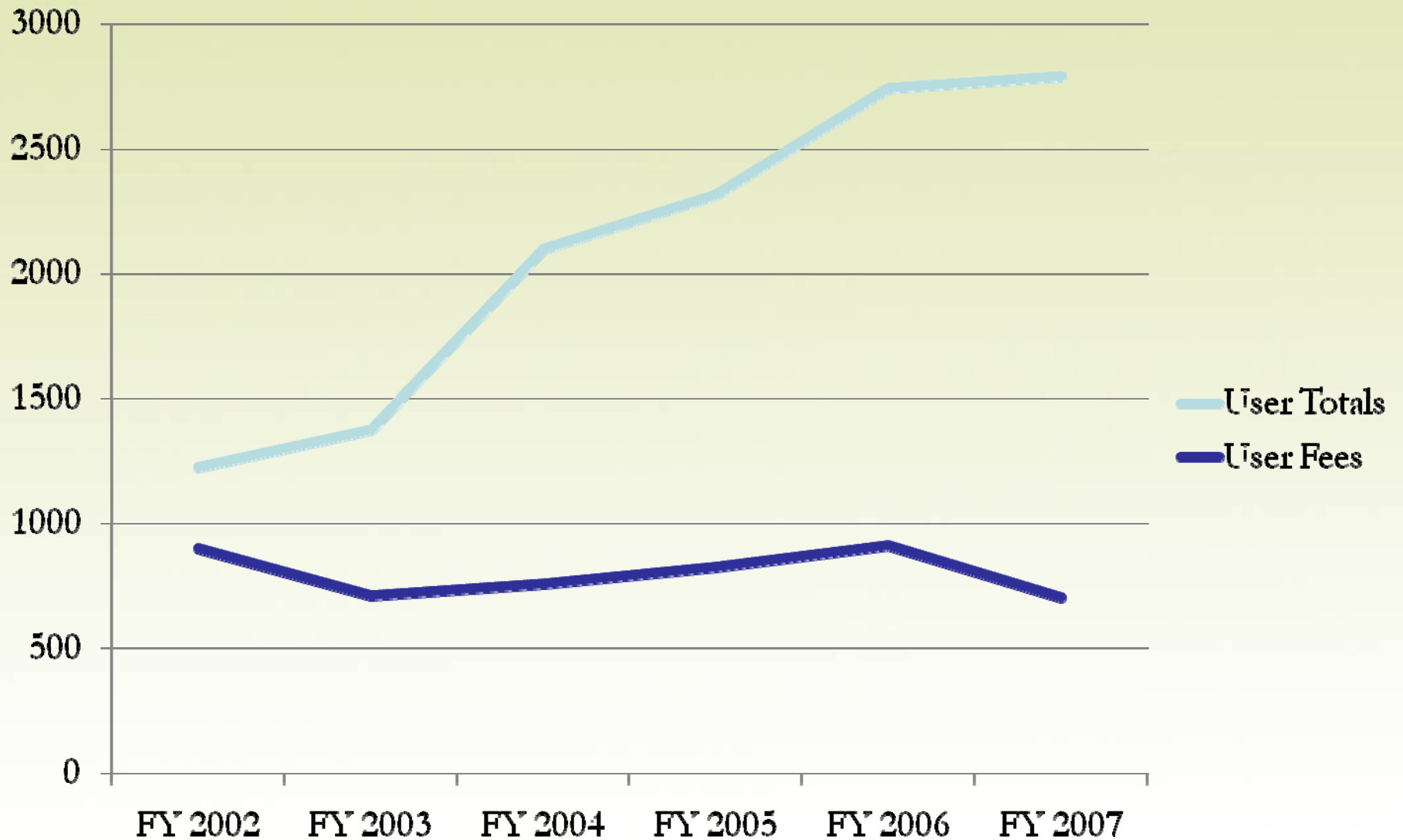
Fiscal Impact - IT Integration

- Over 600k saved annually (recurring)
- Another 7.5 million in additional revenues/costs savings (one time)
- IS/Fiscal Integration averages 1.8% of center budgets





Users vs. Fees





Access and Telecommunications

- Providers require access from anywhere/anytime
 - Downtime prevention (93% downtime incurred by telecommunication within the first 75 yards of center)
 - Deployment of MPLS solution via Internet Access
 - HCN Wireless Access Points deployed for mobility
- Secure WAN communications via HIPAA compliant means
 - 128bit encryption from internal/external access
 - Citrix data packet monitoring via sniffer
- Data transfer speeds = Productivity
 - Image transfer and bandwidth calculations
 - Growth options for all Centers
- Backup solutions for WAN access
 - IOS with IPSEC T1 to ADSL auto switching at CHC





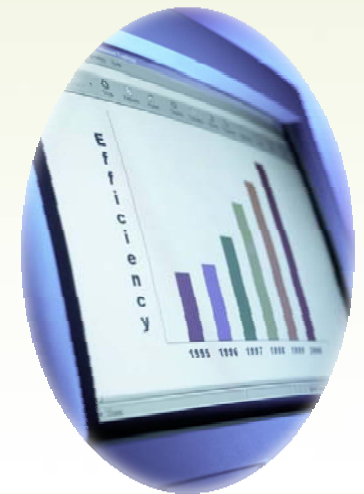
Monthly Reporting

- Key Indicators (reported monthly by center)
 - Gross Charges vs. Expenses (Target 100%)
 - Grant vs. Sliding Fee Discounts (Target 70%)
 - BPHC Grant as % of total budget (Target < 30%)
 - Days in Accounts Payable (Target < 45 Days)
 - Days in Accounts Receivable (Target < 45 Days)
 - Current Ratio (Target > 1.0)



Monthly Reporting

- UDS (summary of tables 3,4,&5)
- RVU analysis and CPT code graphs
- Billable visits – 12 months (by location and payer type)
- HMO Analysis Report
- Health Factor Demographic Reports
- Managed Care Risk contract utilization figures
- PECS data export from practice mgmt





Questions & Answers





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