

ESSENTIALS FOR HEALTH REFORM:

Using Networks to Implement and Improve EHRs and other HIT



NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE

Behavioral Health providers are being challenged to adopt health information technology with very limited resources. There is a need to prepare for increased numbers of patients receiving health insurance benefits, requirements for electronic billing, data exchange among treating providers and an ever increasing need to collect and use health information to improve care.

These intense one day seminars will provide attendees with the necessary information to move forward in adopting, acquiring and implementing electronic health records and other health information technology. Presenters will review the various stages of implementation from initial planning and assessment through advanced topics such as data warehousing. There will be a focus on utilizing networks of care to build on economies of scale. Participants will leave with a thorough understanding of where they are in the process, and a plan for next steps in their health information technology implementation efforts.

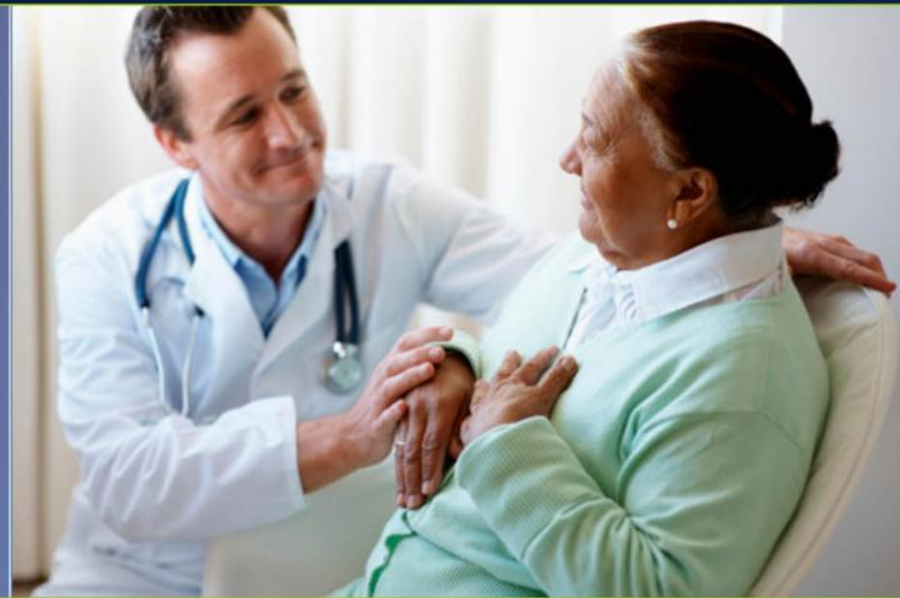
These seminars are a collaborative work of NIATx, SAAS and The National Council supported by SAMHSA.

Topics include:

- **Overview of the CMS Rule on Medicare and Medicaid Incentive Payments**
- **Practice Management Systems vs EHRs**
- **Benefits & Economies of Scale when working with a Network**
- **HIT Planning and Assessment Process**
- **HIT Workflow Redesign**
- **Due Diligence and Vendor Negotiations**
- **EHR Selection and Implementation**
- **Disaster Recovery and Business Continuity Planning**
- **Data Warehousing**
- **Use of Telemedicine**
- **Health Information Exchange and Behavioral Health**

Benefits and Economies of Scale When Working with a Network

Session Description



This presentation will provide an overview of the benefits of HCCNs including discussion of what distinguishes networks from HIT vendors, the benefits of collaborative engagement, the economies of scale related to systems, innovations, and meaningful use, and the ability to engage quality improvement and data sharing. It will include lessons learned by the presenters who actively support Federally Qualified Health Center (FQHC) and other safety net provider practices.

TODAY'S AGENDA

- 1. Health Center Controlled Network (HCCN)**
- 2. HCCN vs HIT vendor/product**
- 3. Technology implementation and support**
- 4. Quality analysis and reporting**
- 5. Collaboration around data to achieve economies of scale and efficiencies**

Section 1



**What is an Health Center
Controlled Network (HCCN)?**

What is an HCCN?

The Health Center Controlled Network (HCCN) Initiatives support the creation, development, and operation of networks of safety net providers to improve the operational performance and gain financial efficiencies for safety net providers to ensure access to health care for the medically underserved populations through the enhancement of health center operations.

Mission

To improve the operational efficiency in the non-patient-care departments of Federally Qualified Health Centers served by HCCN's through cooperative interaction of FQHC organizations. These efficiencies are typically focused in functional areas requiring high-cost and/or highly specialized trained personnel (i.e. technology, etc.) or in functional areas where operational mass drives economies of scale (i.e. provider recruitment, billing, etc.).

Shared Governance and Collaboration

Regardless of the maturity level of a network, there are two elements common to all networks: (1) each is majority controlled by health centers (or FQHCs) and (2) there are high levels of collaboration among network members

Why is the governance and the collaboration important to you?

History

Health center controlled networks (HCNs) are consortia of Section 330 funded health centers that have banded together to exchange information and establish collaborative mechanisms to meet administrative, IT and clinical quality objectives. Networks have been around for many decades, but their development and stability increased over the last 15 years.

Collaboration

Many networks are heavily engaged in technology and the personal skill set and equipment backbone that it demands either directly in the network or by engaging partners to efficiently make technology available to its safety net providers.

Scalability

Networks are now in the initial phase of interacting together in developing an ever-wider infrastructure of product and expertise sharing among each other to reduce redundancy and enhance the operational efficiency of their collective user base.

Core Area and Functions

Administrative: HR, Purchasing, Corporate Compliance, Medicare/Medicaid Compliance, Program/Services Development, Resource Development, Education, Communication, Governance Structure, Marketing, Strategic Planning, QI – Administrative

Clinical: Services/programs, Health Ed, Clinical Guidelines & DM, Staffing, Documentation, Ancillary Services, CQI/Clinical Systems Improvement, Research

Managed Care: Credentialing, Member Services, UM/UR, Contracting

Finance: Grants Management, Claims Processing, Accounting, Policies and Procedures, External Audit, Staff Education/Training, Billing

Information Systems: Management of IS Department, Data, Communications, Staff Education/Training, Support, Reporting, Infrastructure, Electronic Health Records, Practice Management Systems

HCCNs offer a range of technology and quality improvement services

Technology Services

IT Support

Help Desk

On-site Support

Consulting and Project Management

User Group Facilitation

Application Support

Implementation Services

Readiness Assessments

System Hosting

Individual Application Hosting

Shared Application Hosting

Data Warehouse (DWH)

Telemedicine / Video Conference

Quality Improvement Services

Quality Improvement / Process Effectiveness

Quality Improvement Consulting

Quality Management Planning

Satisfaction Survey Management

Data Management and Reporting Support

Training

Training Program Development

Training Delivery

Other

Group Purchasing

HIE Facilitation

Grant Assistance

Pop. Health Improvement Collaboration

Managed Care Contracting

HCCNs support the shared use of electronic health records (EHR), practice management systems (PMS) to modernize practice operations and improve care coordination

- Meaningful use of EHR
- UDS and public health reporting
- Public health surveillance
- Interoperability (record continuity)
- Health information exchange (HIE)
- Lab interfaces
- Medical home
- E-prescribing
- Care coordination
- Patient education
- Home health monitoring
- Patient education and access to personal health record
- Computerized order entry
- Video-enabled remote care (TeleHealth)
- Interoperability
- Distance learning
- Document management
- Data consolidation
- Group purchasing

HCCN distinguishing features

- HCCNs are not simply vendors of products or services; HCCNs are in the business of helping providers adopt and use health information technology to improve outcomes for patients
- HCCNs have been helping providers use EHRs meaningfully since before ARRA introduced the concept.
- HCCNs are ideal partners for agencies, institutions, firms and organizations that want to work with safety net organizations, and CHCs in particular.
- HCCNs can provide implementation and support services that have been developed specifically for CHCs, and are designed to compliment standard offerings of health IT vendors.
- HCCNs are joint-investors and partners in promoting and supporting health centers.
- HCCNs are key economic contributors to their communities, employing providers and investing in developing staff to support skilled and essential roles focused on quality, technology and operations.
- HCCNs have and continue to develop technology assets, experience and access to data that can be used to support clinical and translational research on special populations in the practice setting.

HCCNs are particularly suited for:

- Organizations seeking products and services tailored to the safety net without need for extensive individual system customization
- Small or mid-sized organizations without a strong technical or quality improvement infrastructure
- Community clinics or health centers that cannot divert a substantial amount of time from clinical, operational, and technical resources to the EHR implementation
- Those with an interest in working with and learning from other clinics or health centers that have already adopted an EHR system
- Organizations that want to implement highly effective disease management and QI program
- Organizations that believe that they can learn from organizations like themselves
- Academic health science researchers who are seeking to engage safety net providers in practice-based effectiveness research

Section 2

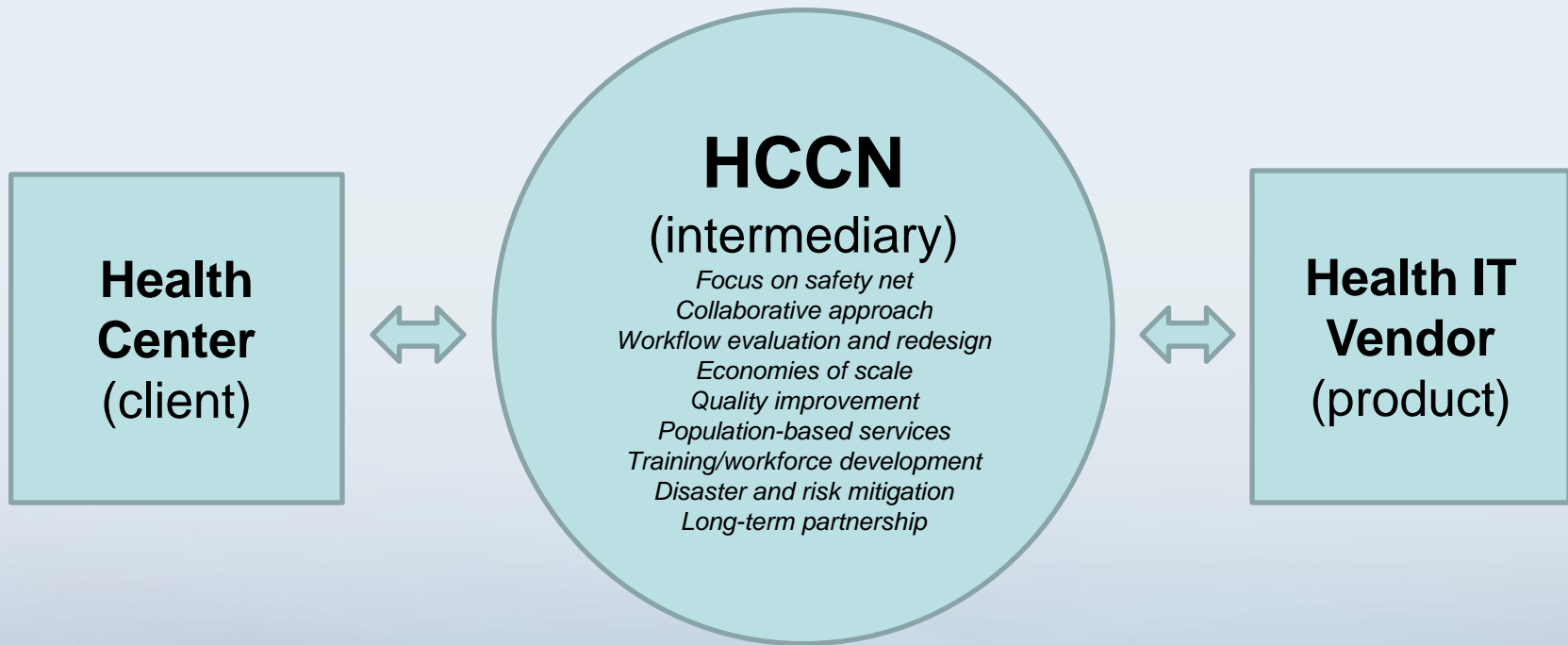


HCCNs versus Health IT Vendors

Roughly half of all implementations done by a health center working directly through a vendor end in failure or disappointing results.

- Health IT software (particularly the EHR) often requires customization beyond the vendor's offering to support health management functions for particular populations, unique billing requirements, and multiple language patient education tools for the safety net.
- Few community clinics or health centers have access to the in-house clinical, quality improvement, and technical expertise needed to navigate the complexities of health IT adoption and sustained use.
- Vendors are in the business of selling technology products and do not typically provide assistance beyond the software itself, the initial implementation, and basic user training.
- Many vendors understate additional work and fees required to customize a system to fit the needs of a particular practice.
- Most systems require specialized skills to maintain and optimize to the point that providers can use them as efficiently as providers currently can use paper.

HCCNs are intermediaries between health centers and vendors that deliver value by building capacity and setting expectations that recognize the individual needs of health centers to get the technical support and training they need to effectively use their health IT tools.



“HCCNs build team skills across safety net providers to focus on those tasks that are most efficient and effective for the benefit of all network participants.”

--March 2008, California HealthCare Foundation, Creating EHR Networks in the Safety Net, Murchinson, Ray, Sison, of Manatt Health Solutions

The table on the right highlights the benefits provided by the networks versus those provided by system vendors.

Table 1. Comparison of Vendor and EHR Network Products and Services

NECESSARY SERVICES FOR EHR ADOPTION	VENDOR	EHR NETWORK
Executive Commitment		
Collaborative environment to facilitate peer learning	—	✓
Change management resources	—	
Care Process Improvement		
Readiness and needs assessments	—	✓
Basic user training	✓	✓
Customized workflow training	†	✓
Workflow re-engineering	†	✓
Workforce development	—	✓
Staff training	†	✓
Operational support	†	✓
Quality Improvement		
Educational resources	—	✓
QI expertise	†	✓
Population-based services	—	✓
Hardware and Technology Operations		
Data center	—	✓
Software configuration	†	✓
Software maintenance	✓	✓
Installation	✓	✓
Integration with existing system	†	
Integration support	†	
Technical Expertise	✓	✓
Vendor management	—	✓
Help-desk support	†	✓
Disaster recovery	†	✓

Legend ✓ Typically provided in a basic service
 † May require additional cost
 — Typically not provided in a basic service

Source: Mannatt Health Solutions

Choosing a network that is right for your Health Center involves a number of considerations:

- Health Centers should **assess their environment and infrastructure to determine the type of network that will be most appropriate**. Since networks are at various stages of development, each network will offer different opportunities. Health Centers should consider such variables as geography, services and fees, and overall leadership compatibility.
- **Geography may or may not be an important factor** in choosing the network that is right for your Health Center.
- There are a number of HCNs that operate similar to application service providers (ASPs) where applications and data services are provided from a remote, central location and can be accessed by health care providers anywhere in the country. However, **in order to make the most of the collaboration, it is often useful to be able to meet regularly with other consortia members to exchange best practices and work on defining and developing joint functions and customizations**. For example, working with others within your State is important for developing billing templates consistent with State Medicaid requirements. (Short Doyle Requirements in the state of California.)

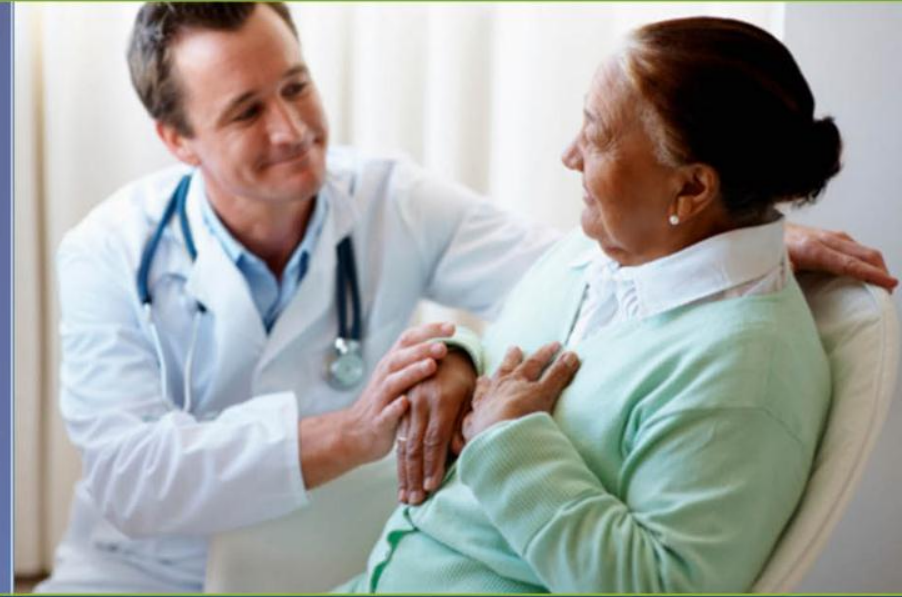
Choosing a network that is right for your Health Center involves a number of considerations (continued...):

- Health center networks employ **varying approaches to membership and user fees**. While some financial outlay is expected from all members, some networks will be better than others in terms of getting the most for dollars invested.
- Health center network **services are often a determining factor when choosing a network**. Networks offer a range of services which include hosting applications, system implementation and training, project management and technical support functions. Health centers, depending on their existing capabilities, have to consider different options when deciding which network to join.
- Overall **leadership compatibility is an important variable** to consider when choosing a network. Centralized management is critical to a network's success. Because a central benefit to working in consortia is being able to benefit from shared leadership, it is important that you make sure that the approach of the network leadership you choose is compatible with your health center's leadership and board of directors.
- Overall, prior to making any commitment to join or start a network, it is important to **assess your own readiness as an institution to engage with others collaboratively**. The more you understand regarding what you want to get out of the collaboration, the better able you will be to make the right decision and make the most of the collaboration you join.

Recognizing the value of HCCNs as an intermediary organization, ***several health IT vendors are partnering with networks*** and other value-added resellers to assist in customizing their products and promoting within the safety net.

- EPIC Systems, eClinicalWorks, Dentrix and Allscripts have a partnership with OCHIN, Inc. to provide a more tailored product by drawing on OCHIN's safety net expertise and implementation knowledge.
- Community Health Centers Alliance
- Health Choice Network

Section 3



Technology Implementation and Support

Hardware and technology operations

Successful adoption and use of health IT requires more consideration than simply loading software on to a server:

- Implementation of new health IT, such as the EHR system, alters virtually every process and workflow from patient scheduling to billing, the operation and integration of other technology applications are also affected;
- All clinical care providers rely on the health IT systems making availability and reliability essential to avoid an adverse impact on operations; and,
- Health IT systems require continual support of robust technology infrastructure, a complex environment that demands dedicated personnel familiar with its hardware, software, operating systems, security, backup and recovery, and disaster recovery.

Technology Services

IT Support

Help Desk

On-site Support

Consulting and Project Management

User Group Facilitation

Application Support

Implementation Services

Readiness Assessments

System Hosting

Individual Application Hosting

Shared Application Hosting

Data Warehouse (DWH)

Telemedicine / Video Conference

Consider the Changes to the Support Model

- Once data is available electronically there is an expectation of availability to other appropriate providers. How will your team support that?
 - Patients that are now admitted or treated after hours without a chart can now be serviced with a chart.
 - Integration with other systems like inpatient facilities may be able to report to you when your patients are admitted or treated between your encounters.
 - ACO and Medical Home Reporting – New capitation requirements have additional reporting requirements including significant data integration across a community setting.
- Providers will have access information asynchronously, and may choose to chart from remote locations and during non working hours.
- Redundancy to the “internet” and software.
- Air conditioning and power considerations.

Section 4



Quality Analysis and Reporting

Quality Analysis – *“You can’t improve what you can’t measure”*

HCCNs understand that health IT systems (e.g., EHRs) alone are not sufficient to improve the quality of care provided to patients.

- Health centers need health IT applications that enable necessary data collection, analysis, and reporting as well as support services to interpret and use these data to improve quality of and access to care for the underserved.
- Safety net providers are uniquely positioned to move from patient-specific disease management by taking advantage of HCCN’s data aggregation services, which are essential for advanced analysis and management of patient populations.
 - While the EHR will provide data to inform measurement, additional attention to data cleanliness, aggregation, analysis, and application are necessary to improve quality and access to care.
 - This necessitates more specialized staff and requires integration with other technology platforms and vendor software customizations.
 - Our populations have unique needs and require additional resources when compared with for profit and inpatient care.

Reporting – Automation and enhancement of public health reporting

- Federal public health reports – HCCNs are leveraging EHRs to automate Uniform Data System (UDS) reports. UDS data is critical for the HRSA to note and monitor trends and establish or expand programs and services in order to advance the health of underserved communities.
- State public health reports – HCCNs are working with rural and school-based health centers and migrant farm worker clinics and others to augment the kind, quality, and quantity of data transmitted to state health agencies
- Immunization reporting – Several HCCNs are completing bi-directional interfaces to state immunization systems to ensure more timely, less duplicative immunization records and forecasting.
- Insurance and Information exchanges – OCHIN recently applied to the Centers for Medicare and Medicaid Services to use its systems to enhance the identification of children and adults eligible for insurance exchanges mandated by the Affordable Care Act.
- Social Security Administration disability determinations – OCHIN recently completed work with the SSA to leverage its shared health IT systems to automate the verification of disability claims determinations (reducing the time from 90 days to 48 hours) that will save clinics resources and reduce the time it takes for patients to receive and/or appeal their eligibility

Section 5



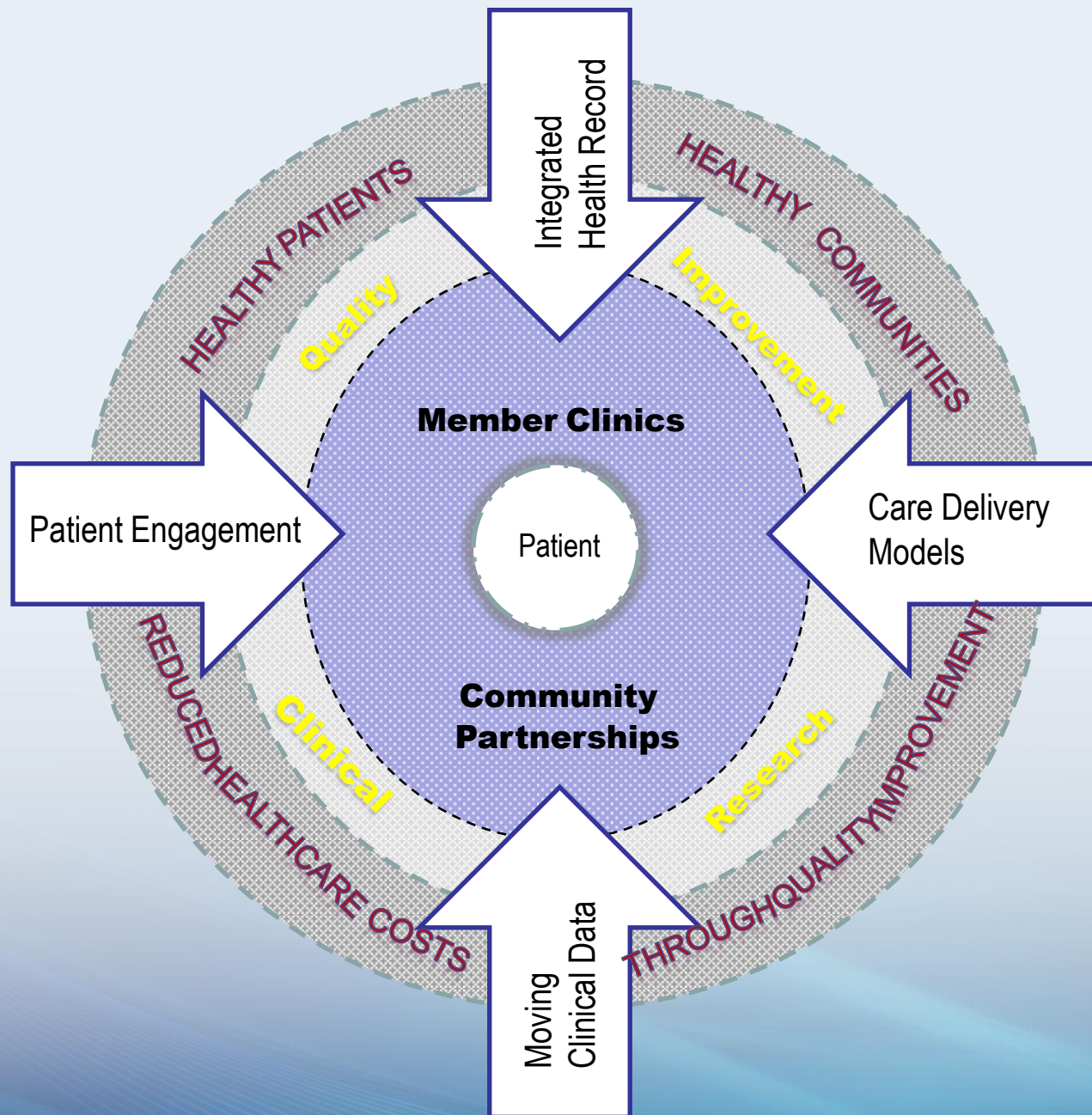
Collaboration Around Data to Achieve Economies Of Scale

Using health IT-enabled data to achieve strategic priorities and economies of scale such as:

- Meaningful Use of EHR –adopting and use EHR systems to facilitate workflow designed to improve the quality of patient care and patient safety and control costs
- Clinical Decision Support – using systems to provide clinicians with clinical knowledge to enhance patient care and patient safety
- Consumer Health IT Applications – deploying hardware, software, and web-based applications that allow patients to participate in their own health care via electronic means
- Electronic Prescribing – using health IT systems to enter, modify, review, and output or communicate drug prescriptions
- Health Information Exchange – sharing clinical and administrative data across the boundaries of health care institutions, health data repositories, and states
- Telehealth – delivering health-related services and information via telecommunications technologies in the support of patient care, administrative activities, and health education

Leveraging data to achieve strategic priorities

- Most HCCNs strongly believe that collaborative installation, optimization, and use of HIT are the most essential components of success and its broader HCCN mission.
- Where several years ago the main focus of the HCCNs was to support selection and successful implementation of PMS and EHR systems, today the most successful networks are constantly enhancing their ability to leverage health IT and data to support their members' quality improvement and sustainability.
- Also vital is work to strengthen relationships with other healthcare organizations, researchers, academic health centers, consultants, etc. to develop and deploy coordinated strategies that support the medical home model and achieving Triple Aim Goals (i.e., improving public health, patient experience, and controlling costs)
- The shared goal is to leverage health IT systems to test, prove, and support lasting care delivery reform.



Using health IT-enabled data and information to bolster research in the safety net community

With HRSA's support, HCCNs comprised primarily of FQHCs as well as rural health centers, school-based health centers, free clinics, etc., have achieved notably high rates of EHR adoption among their members.

Many are already leveraging these systems to generate information that enables them to operate more efficiently, to develop and implement best practices, and to engage clinicians in the routine care of patients.

The logical next step for HCCNs is to bolster their capacity to be active contributors to studies that include their underserved patients, in partnership with academic and other health research organizations.

- HRSA and the Agency for Healthcare Research and Quality are leveraging HCCNs to build capacity to engage comparative effectiveness research through the ***Community Health Applied Research Network (CHARN) initiative***

Community Health Applied Research Network (CHARN)

- Awarded to three major HCCNs in 2010;
- CHARN is based on the premise that leveraging HCCN's use of health IT to support practice-based research will enable safety net clinicians to participate in the design, test, and evaluation of health science research undertakings designed specifically to inform their work; and,
- HCCNs are leading and supporting CHARN with an eye to extrapolating from those lessons ways in which they can improve their shared health IT systems to support enhanced workflow and clinical protocols shown to be most effective in the safety net settings.



U.S. Department of Health and Human Services



HRSA

U.S. Department of Health and Human Services

Health Resources and Services Administration

Find a Health Center Controlled Network

Search


Show HCCNs by proximity to this State

Search for a HCCN named like

Type of Grant:

Who uses EHR Vendor:

Who uses practice management system vendor:



Search!

Reset

NOTE: The data used for this tool is current as of 10/18/2010 in the HRSA Geospatial Data Warehouse.

HELP: CallCenter@hrsa.gov or (877) 464-4772, Monday through Friday (except Federal holidays), 9 am to 5:30 pm ET.

Find a Health Center Controlled Network:
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Regional Extension Centers



Enter your practice's zip code: 34142

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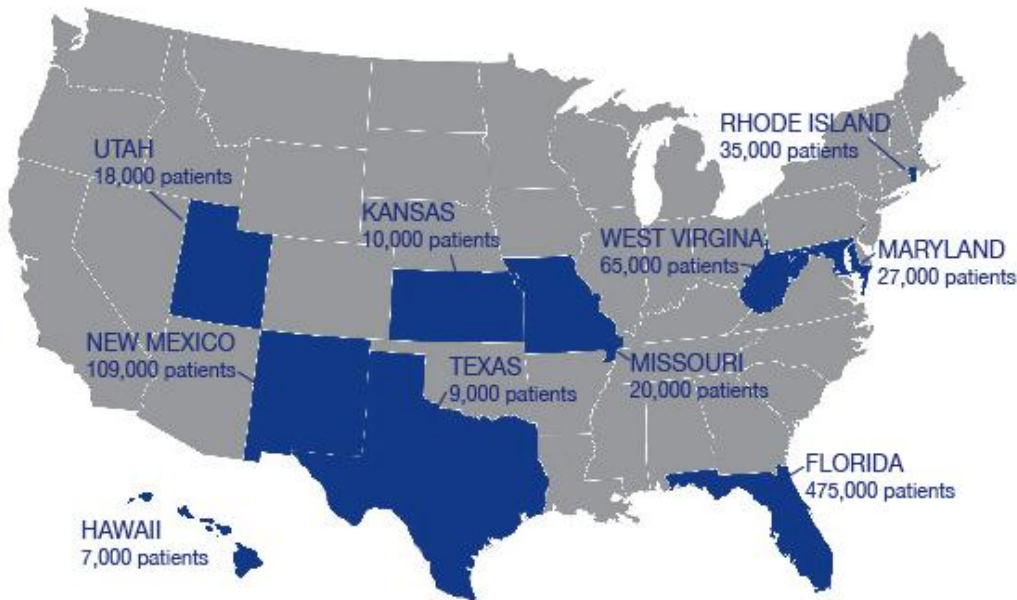
Connecting for Care

SOUTH FLORIDA REGIONAL EXTENSION CENTER®

www.southfloridarec.org

Our Footprint

- HCCN - Member Center CEOs serve as Board of Directors
- 41 member centers in 10 states (FL, HI, KS, MD, MO, NM, RI, TX, UT, WV)
- Approximately 800,000 patients
- Covering Priority Primary Care Providers (PPCP) in Miami-Dade, Broward, Monroe, Martin, Palm Beach, Indian River, Okeechobee, and St. Lucie Counties
- Provider Goal = 2,500



HCN Health Information Technology Services

- **Electronic Health Record**

- Medical / Dental / Behavioral
- Custom Provider Templates
- School Based Dental
- School Based Medical
- Document Imaging
- Voice Recognition
- CCD

- **Network Administration**

- Hosting Services
- Back office / Email Support
- Disaster Preparedness
- Infrastructure Design (LAN/WAN)
- Web Design/Mgmt

- **Implementations and Training**

- Project/Change Management
- Training and Staff Development
- Best Practices Matrix
- Reimbursement Coordination

- **Support Services**

- 24hr Service Desk (Hardware/Software)
- Project Management
- Vendor Escalation
- BETA Testing

- **Business Intelligence**

- Meaningful Use Reporting
- Clinical Reporting
- Fiscal Reports (Black Book)
- Web based Reporting Tools
- Practice Management Support





O-health information

TECHNOLOGY EXTENSION CENTER

Oregon's Regional Extension Center



Headquartered in Portland, Oregon, OCHIN is a national non-profit collaborative, currently comprised of 42 organizations across seven states representing over 400 clinics and over 2,000 providers. With the ultimate goal of transforming health care in the United States, OCHIN provides integrated HIT software products and a wide variety of services, training and education to community health clinics, mental health services and small practices serving the medically underserved.

www.ochin.org

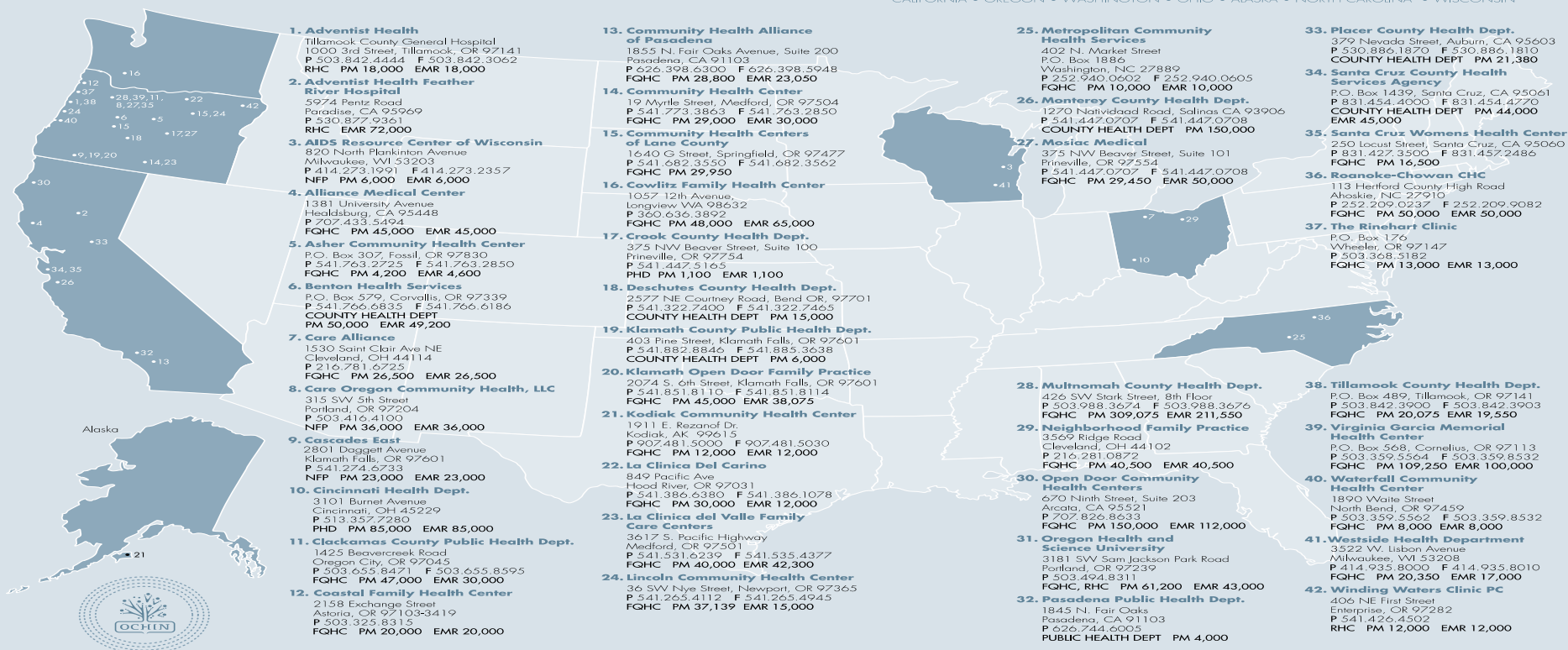


Who We Are

- 501c(3) Collaborative Health Center Controlled Network
- 51% of Board Members are Community Health Center Executives
- 42 member organizations, over 400 individual clinics & 2000 providers
- 1M patients, 2.14M Practice Management & 1.712M Electronic Health Record annual visits

The OCHIN Collaborative

CALIFORNIA • OREGON • WASHINGTON • OHIO • ALASKA • NORTH CAROLINA • WISCONSIN





OCHIN PRODUCTS AND SERVICES

- **Practice Management**
 - ✓ Scanning solutions
 - ✓ FQHC customizations
 - ✓ Special and community Library Reports
 - ✓ Flexible build and configuration
 - ✓ Automated patient notifications
 - ✓ Revenue cycle management
- **Electronic Health Record**
 - ✓ Integrated community health record- medical, dental, behavioral health, school-based clinics
 - ✓ E-prescribing
 - ✓ Decision support tools
 - ✓ Case/care management tools
 - ✓ Integrated lab interfaces
 - ✓ Advanced role based security
 - ✓ Voice recognition
 - ✓ Reporting and benchmarking tools
 - ✓ Document management
 - ✓ Continuity of Care Record (CCR)
 - ✓ Patient Personal Health Record (PHR)
- **Implementation, Training and Products**
 - ✓ Project management
 - ✓ Information systems implementation
 - ✓ Network design
 - ✓ HIT integration & interoperability
 - ✓ Billing and revenue cycle management
 - ✓ Staff PM/EHR training
 - ✓ Web-based training modules
- **Support**
 - ✓ Project Management
 - ✓ 24/7 service desk
 - ✓ Advisory and consulting services
 - ✓ Meaningful Use reporting tools
 - ✓ Clinical reporting tools
 - ✓ Specialty build for grant
 - ✓ Vendor escalation
- **Practice Based Research Network**
 - ✓ Safety Net clinical research & clinical collaboration opportunities

Community Health Centers

ALLIANCE

www.CHCAlliance.org

Health Center Controlled Network

Est. 1999



www.AdvanceHealthIT.org

Regional Extension Center

Est. 2010

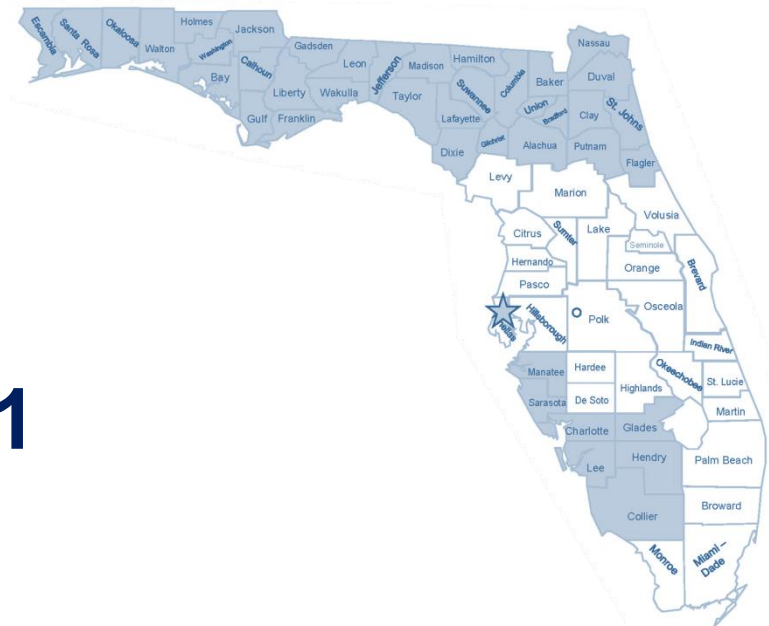
“Meaningful” Users of EHR Since 2005

Core Health Information Technology Offerings

- ▶ **Practice Management System**
(including Practice Analytics)
- ▶ **Electronic Health Records**
(240,000+ Patient Records)
 - ▶ **ePrescribe**
 - ▶ **Lab Orders / Results**
 - ▶ **Specialty Provider Referrals**
 - ▶ **Quality Reporting**
- ▶ **Electronic Oral Health Records**
(including Digital Imaging)

Professional Services

- ▶ **Project Management / Implementation Support**
 - ▶ Leadership and task level monitoring
 - ▶ End to end project / system design
 - ▶ Workflow / Process Consideration
 - ▶ On-site Go-Live Choreography
- ▶ **Training**
 - ▶ Modalities matched to provider / end user needs, including classroom, coaching, and web-based tools
 - ▶ Competency exams
- ▶ **Report Writing / Administration**
 - ▶ Custom QA/QI, Peer Review, and Operations reporting
 - ▶ Meaningful Use – Workflows, Provider-level detail, and gap analysis
- ▶ **EHR Development / Enhancement**
 - ▶ Clinical Committee directed
 - ▶ Interface management to support HIE and other functionality to the provider desktop
- ▶ **Technical Assistance & Support**
 - ▶ Help Desk processes more than 7,000 requests annually; fewer than 5% escalated to vendors
 - ▶ 24x7 System Availability
- ▶ **Tier 1 Data Center Partner**
 - ▶ Server Redundancy
 - ▶ Privacy / Security Monitoring & Management
 - ▶ 24x7 Server Monitoring / Network Administration



Service Area Counties: 41

Provider Goal: 2,026

- Education and Trusted Resource for Latest Information
- Best Practices Dissemination
- System selection assistance
- System implementation support
- Technical assistance
- Privacy and security best practices
- Workflow redesign
- Clinical outcomes reporting / data integrity
- Federal regulations navigation
- “Meaningful Use” education, application, and attainment
- Education and assistance in achieving eligibility for CMS EHR Adoption Incentive Program funding (*Designed to help overcome the financial barrier to EHR adoption*)