

National Committee on Vital and Health Statistics Quality Subcommittee Hearing

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Facts about Community Health Centers

- Nearly 1,100 health center grant recipients operate more than 7,000 community-based clinics
- One of every 19 people living in the U.S. now relies on a HRSA-funded clinic for primary care.
- HRSA-supported health centers treated more than 16 million people in 2008.
- Nearly forty percent of patients treated have no health insurance and one-third are children



History and Mission of Community Health Centers

- first funded by the Federal Government as part of the War on Poverty in the mid-1960s.
- designed to provide accessible, affordable personal health care services for people living in medically underserved communities
- Mission encompasses quality, access, and responsiveness to particular needs of the community served.
- Typical services include primary care (Including Pediatrics, Internal Medicine, OB/GYN, and Family Practice), dental, behavioral health, nutrition, case management and health education.



Health Centers at the Forefront of Quality and Health Information Technology

- Comprehensive model of comprehensive primary care predating Medical Home concept
- Long history of formal chronic disease management, evidence based practice and reporting on national measures.
- Federal investment Health Center Controlled Network model to support adoption of HIT has resulted in examples of advanced use and resembles REC strategy of ONC
- Focus on quality while respecting limitations in resources have led Health Centers to explore strategies to promote efficiency

Typical Health Center tracks/reports multiple quality measures

- HRSA UDS
- Health Disparities Collaborative program
- HIV measures – Ryan White/HIVQUAL
- State required reporting
- Third party payer measures
- Measures for individual funding programs (private/public)



Alliance of Community Health Services Overview

- HRSA funded Health Center Controlled Network founded by 4 Federally funded Health Centers located on the Near North Side of Chicago
- Aim is to provide infrastructure through which Centers can share services at higher quality and lower cost.
- Focus on Information Technology as tool for quality
- Initial demonstration project funded by AHRQ and HRSA in partnership with AMA to integrate clinical decision support related performance measures into a commercial EMR
- Included collection of race ethnicity and socioeconomic barriers
- Ongoing HIT related research and evaluation

Pillars of Alliance Strategy

- EHRs implementation and support
- Innovation
- Research and Data Use
- Consulting/technical Assistance

The Alliance Community

10 States

28 Health Centers

101 Service Delivery Sites

~400 FTE Practitioners

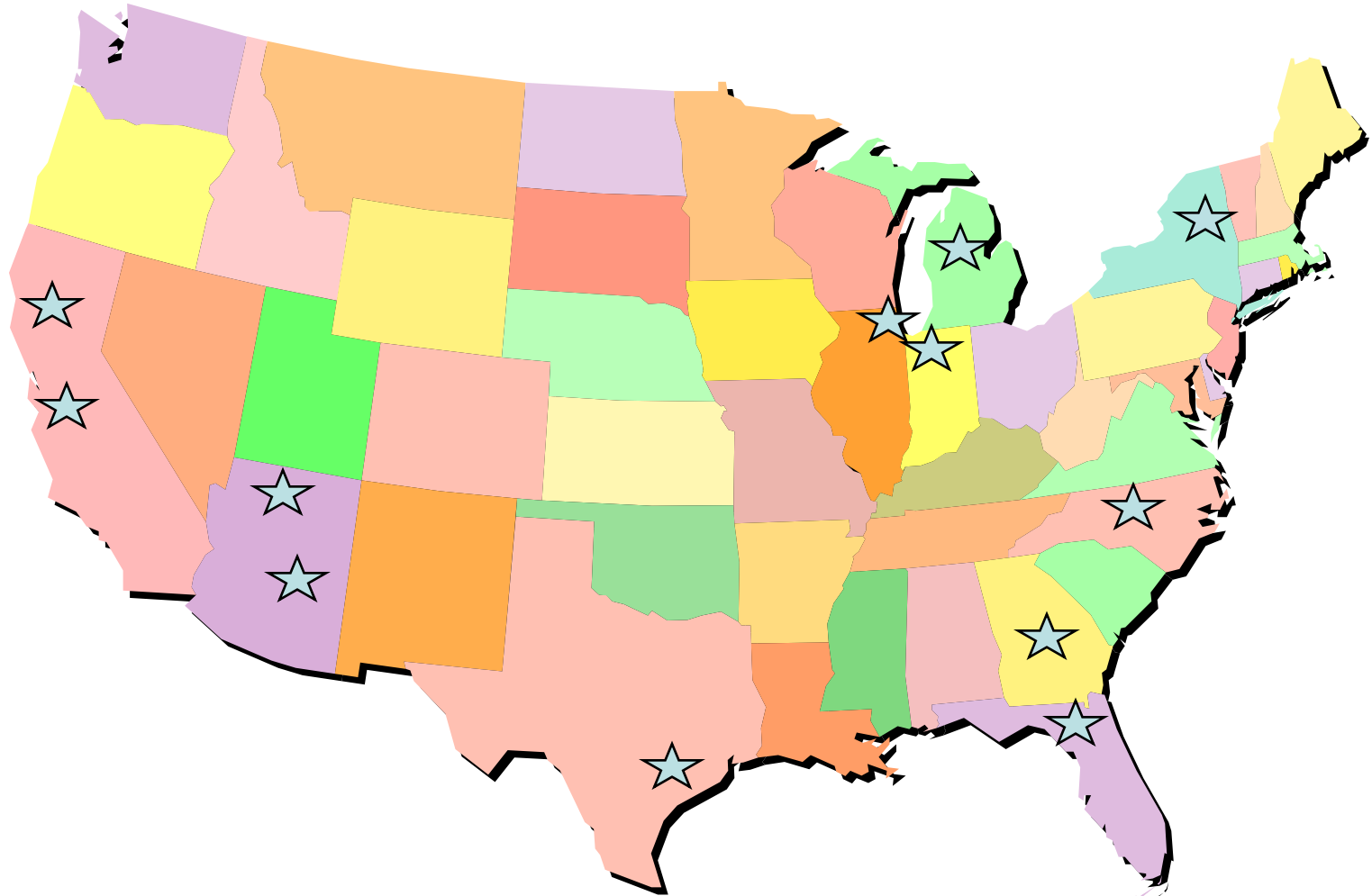
~300,000 Patients served

~1,000,000 Annual encounters

70% urban, 30% rural

Virtually all major health disparity groups represented.

Alliance EHRS User Community



Practice Guideline

Decision Support

Structured Data

Patient Status

Doc ID: 6 Properties: Walk In at EFHC-WF on 05/10/2007 2:38 PM by Andrew Hamilton

Summary: Adult Walk In:

- Inserted
- Adult CC/HPI
- Past Med Surg Farr
- Adult HM & Ed
- Adult ROS
- Physical Exam
- Disease Management
- Diabetes Management
- Assessment & Plan

- Attachments

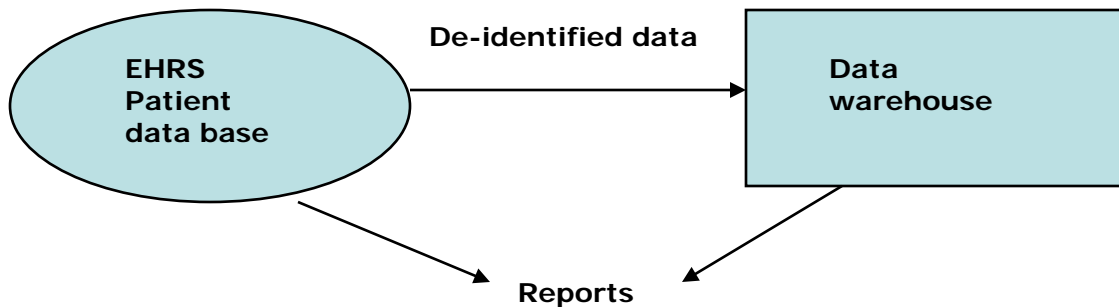
- Favorites
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- E&M Advisor
- EKG Interpretation
- Immunizations
- IUD Insertion
- Labs In-House
- Suture Removal

Diabetes Management

TEST	PROTOCOL	LAST TEST	TODAYS RESULTS	RECOMMENDATION
Blood Pressure	Every Visit	120 / 96		Blood Pressure Measurement Due Today
Left Foot Check	Every Visit		Visual Normal exam	Protocol Satisfied
Left Pedal Pulse	Yearly		Pulse Rating	Left Pulse Check Due Today
Left Monofilament	Yearly		Sensory	Left Monofilament Due Today
Right Foot Check	Every Visit		Visual Normal exam	Protocol Satisfied
Right Pedal Pulse	Yearly		Pulse Rating	Right Pulse Check Due Today
Right Monofilament	Yearly		Sensory	Right Monofilament Due Today
Eye Exam	Yearly after Age 12		Date 05/07/2007	Protocol Satisfied

Reporting

- Simple reporting done directly from the EHRs
- More complex reporting done through the clinical data warehouse



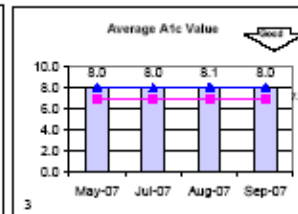
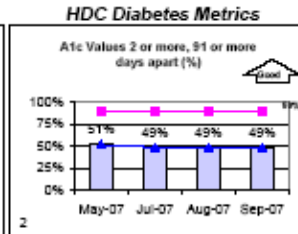
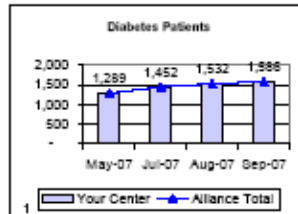
Alliance Total

Health Outcomes Dashboard for the Year Ending September 2007

With comparisons to:

Alliance Total = —▲—

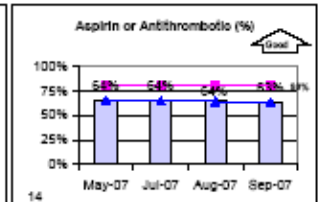
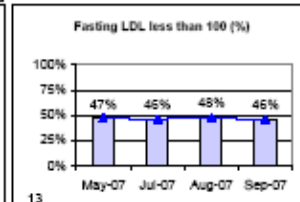
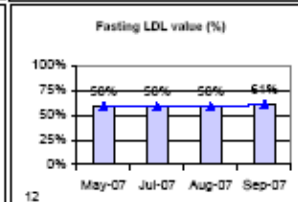
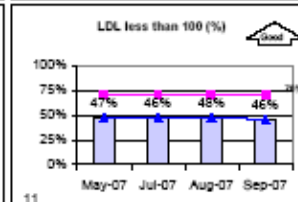
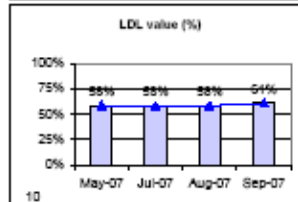
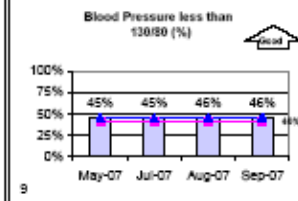
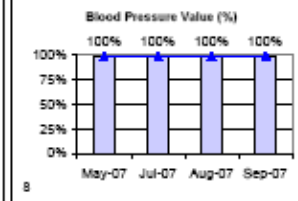
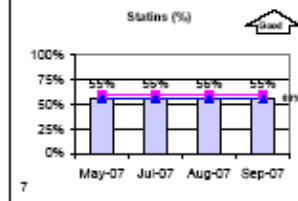
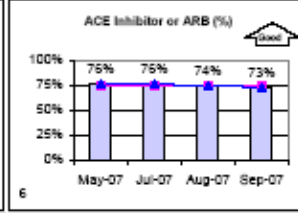
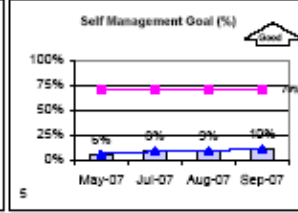
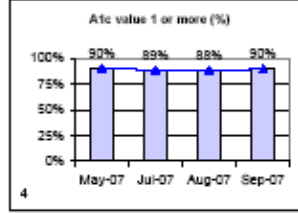
National Goal (where available) = —■—



Stoplight Summary

Variance from Comparison Group:

#	Metric	Year Ending September 2007			
		ALL	Alliance	Var %	Var %
1	Diabetes Patients	1,586	1,586		
2	A1c Values 2 or more, >=91 more days apart (%)	48.7%	48.7%	0.0%	90.0%
3	Average A1c Value	8.0	8.0	0.0%	7.0
4	A1c value 1 or more (%)	89.8%	89.8%	0.0%	
5	Self Management Goal (%)	10.0%	10.0%	0.0%	70.0%
6	ACE Inhibitor or ARB (%)	72.7%	72.7%	0.0%	75.0%
7	Statins (%)	55.3%	55.3%	0.0%	60.0%
8	Blood Pressure Value (%)	99.7%	99.7%	0.0%	
9	Blood Pressure less than 130/80 (%)	46.1%	46.1%	0.0%	40.0%
10	LDL value (%)	60.5%	60.5%	0.0%	
11	LDL less than 100 (%)	45.5%	45.5%	0.0%	70.0%
12	Fasting LDL value (%)	60.5%	60.5%	0.0%	
13	Fasting LDL less than 100 (%)	45.5%	45.5%	0.0%	
14	Aspirin or Antithrombotic (%)	63.3%	63.3%	0.0%	60.0%
15	Documented as current Smokers (%)	25.1%	25.1%		
16	Smokers with Advice to Quit (%)	35.8%	35.8%		
17	Smoking Status Documented (%)	40.0%	40.0%	0.0%	
18	Eye Exam (%)	22.3%	22.3%	0.0%	
19	Foot Exam Complete (%)	32.1%	32.1%	0.0%	90.0%
20	Microalbumin Test (%)	26.7%	26.7%	0.0%	50.0%
21	Influenza Vaccine (%)	19.5%	19.5%	0.0%	90.0%
22	Dental Exam (%)	12.9%	12.9%	0.0%	70.0%
23	Depression Screening (%)	23.8%	23.8%	0.0%	50.0%
24	Exercise Freq 3 per week (%)	10.6%	10.6%	0.0%	60.0%
25	Pneumococcal Vaccine (%)	33.9%	33.9%	0.0%	90.0%





Requirements for Quality Reporting from EHR

- **Acceptance of common vision of quality**
 - Adoption of evidence based standards against which to judge care quality
 - Agreement to conform to standardized ways of recording data
- **Ability to capture and process relevant data**
 - Relevant care elements are captured as structured information
 - Implies that “order entry” is computerized
 - Data is “clean” and consistent
 - Appropriate analytic capability for complex measures



Challenges to EHR/S implementation

- Complexity and cost of project
- Accessing appropriate IT expertise across phases of project (plan, design, build, implement, support)
- Crosscutting organizational priorities/challenges in EHR/S implementation at Center level
- Interfaces
- Vendor relationships
- Clinical Content Management
- Rapid/Continuous development in HIT

Considerations

- Need for measure alignment
- Use of specified, validated, tested measures
- Acknowledgement of complexities of data capture
- Importance of defining disparity populations and capturing consistently,
- Inclusion non "medical/physician" concepts and care
- Being thoughtful of level of accountability (individual practitioner, practice, system, society)
- Goal of driving improvement and reduction of disparities
- Balancing practicality with vision

EHR Ongoing support needs

- Vendor relations/Management of software
- Hosting
- Ongoing Clinical content development
- Ongoing training and implementation support
- Continuous workflow redesign
- Help desk
- Development and management of interfaces
- Assessment and Optimization of Use
- Integration with larger Health System: information exchange and public health
- Assessment and implementation of emerging technology

What performance are we supporting?

Evidence Based Practice Guideline

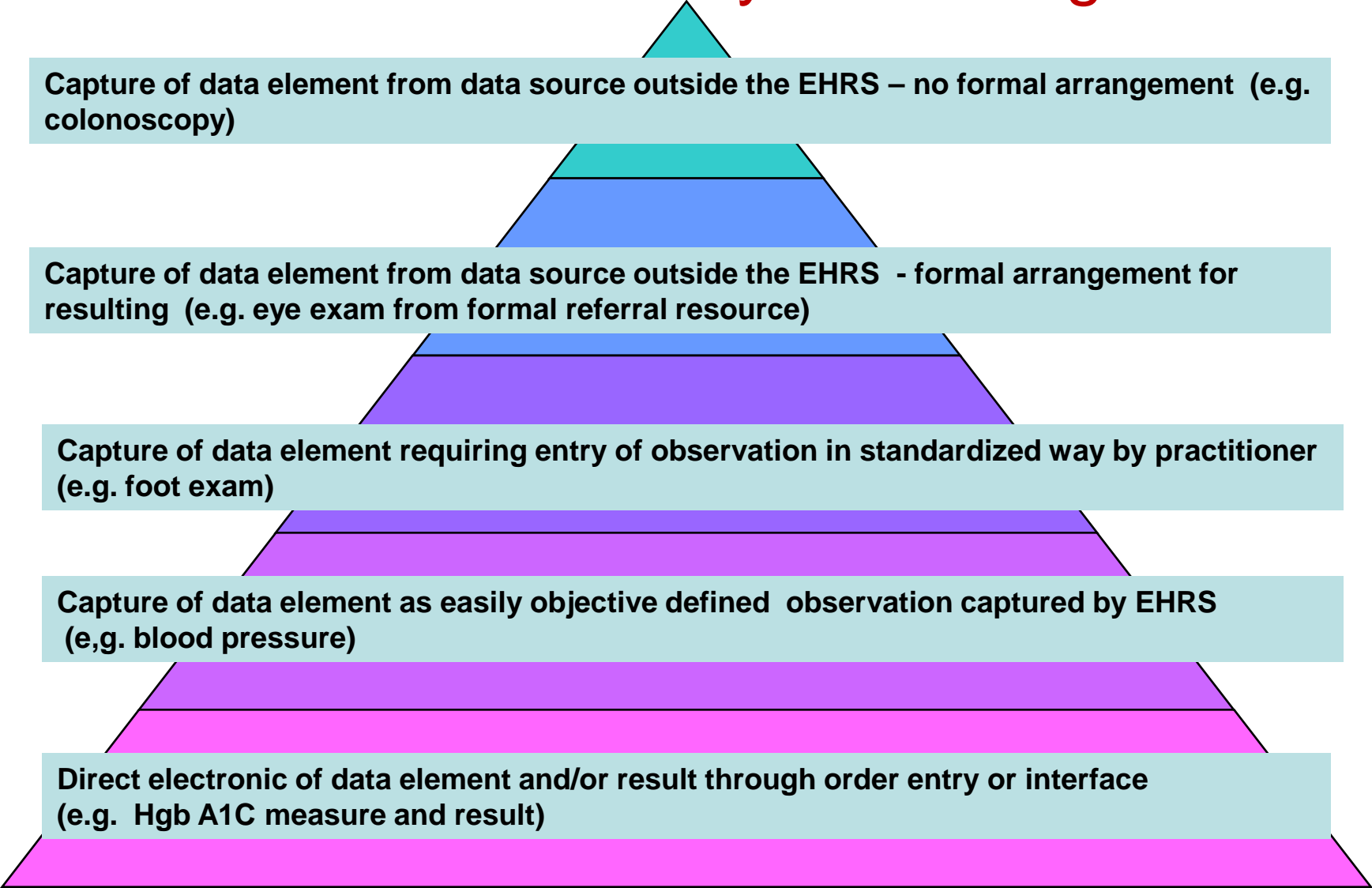


Decision Support



Performance measure

What are we truly measuring?



Capture of data element from data source outside the EHRs – no formal arrangement (e.g. colonoscopy)

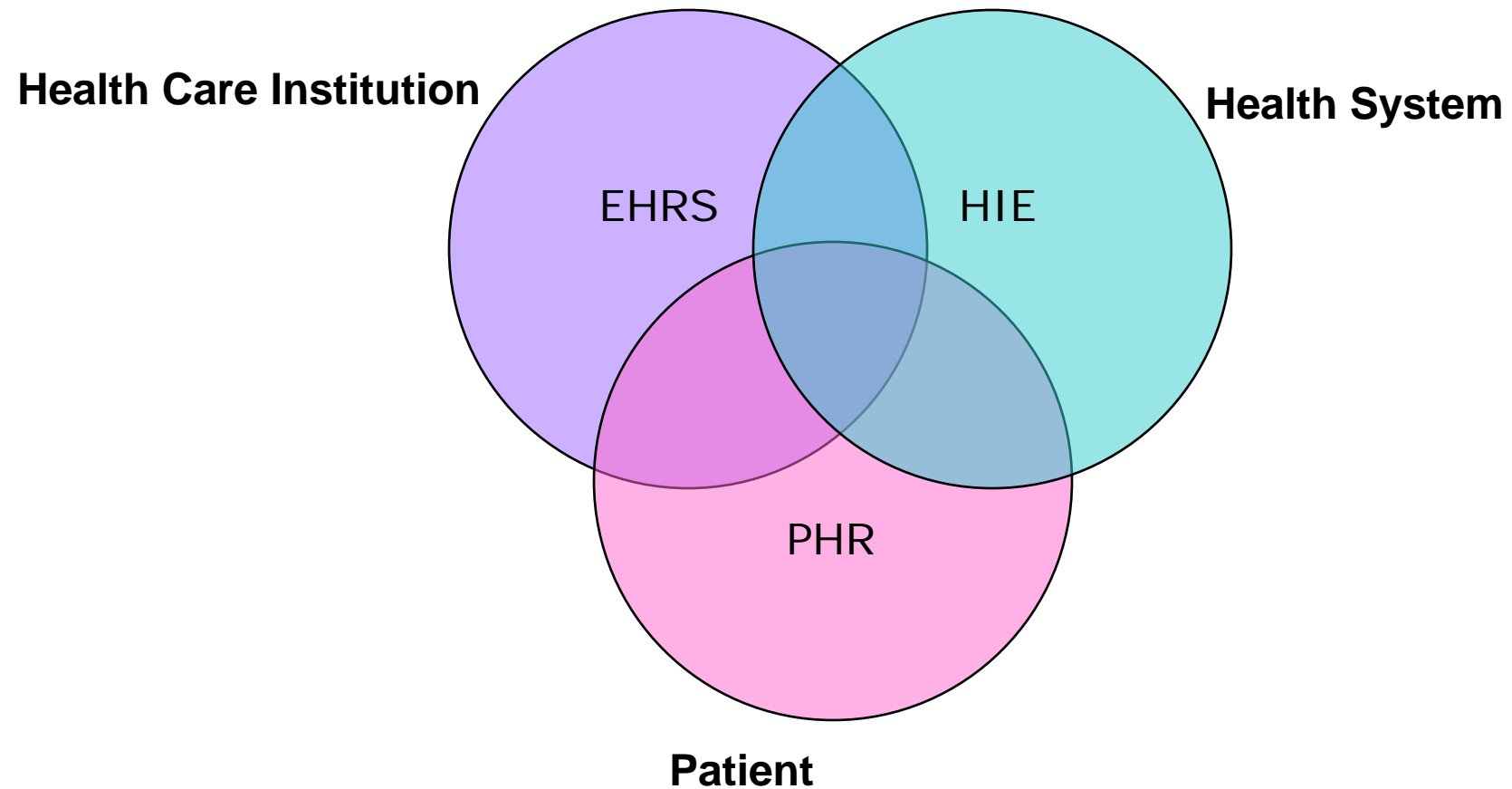
Capture of data element from data source outside the EHRs - formal arrangement for resulting (e.g. eye exam from formal referral resource)

Capture of data element requiring entry of observation in standardized way by practitioner (e.g. foot exam)

Capture of data element as easily objective defined observation captured by EHRs (e.g. blood pressure)

Direct electronic of data element and/or result through order entry or interface (e.g. Hgb A1C measure and result)

At what level do we want to measure performance?



Final thought

“We don’t measure quality to tell people how they are doing, but to tell them what’s important”