AAPCHO

Health Information Technology: Implications for CHCs Serving AA&NHOPIs

Practice Transformation Webinar Series – Webinar 2

April 8, 2015 | Moderator: Nina Agbayani, Director of Programs

About AAPCHO

- National association of 35 community health organizations serving Asian Americans, Native Hawaiians, and other Pacific Islanders (AA&NHOPIs).
- Dedicated to improving the health status and access of these medically underserved communities

Practice Transformation Webinar Series

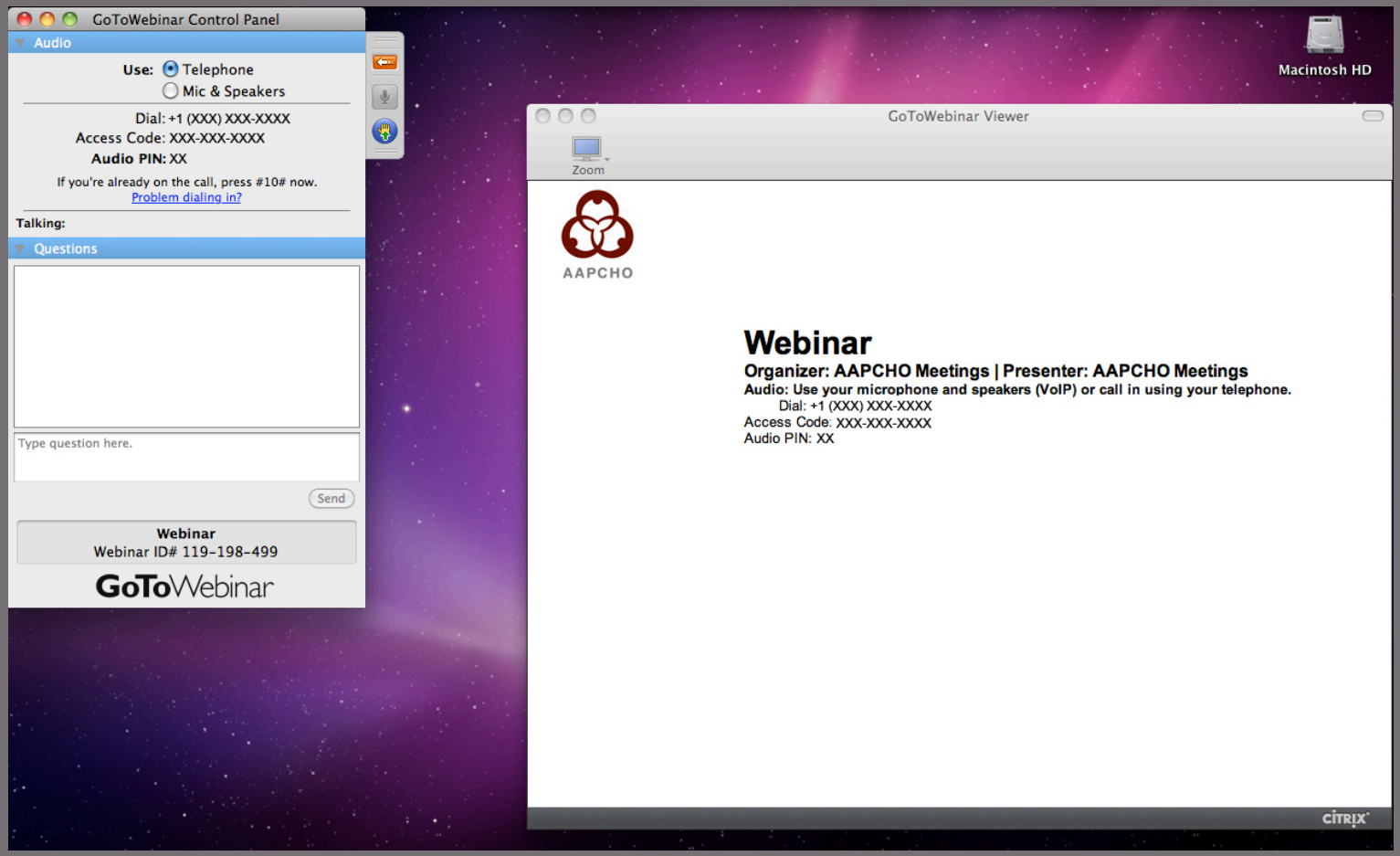
- To provide latest information on practice transformation
- Information on quality improvement, meaningful use, accountable care organizations, and patient centered medical homes
- Impact on community health centers serving Asian Americans, Native Hawaiians and other Pacific Islanders

Speaker

Ignatius Bau

Health Policy Consultant

Housekeeping



Health Information Technology: Implications for Community Health Centers Serving Asian Americans, Native Hawaiians and Other Pacific Islander Patients

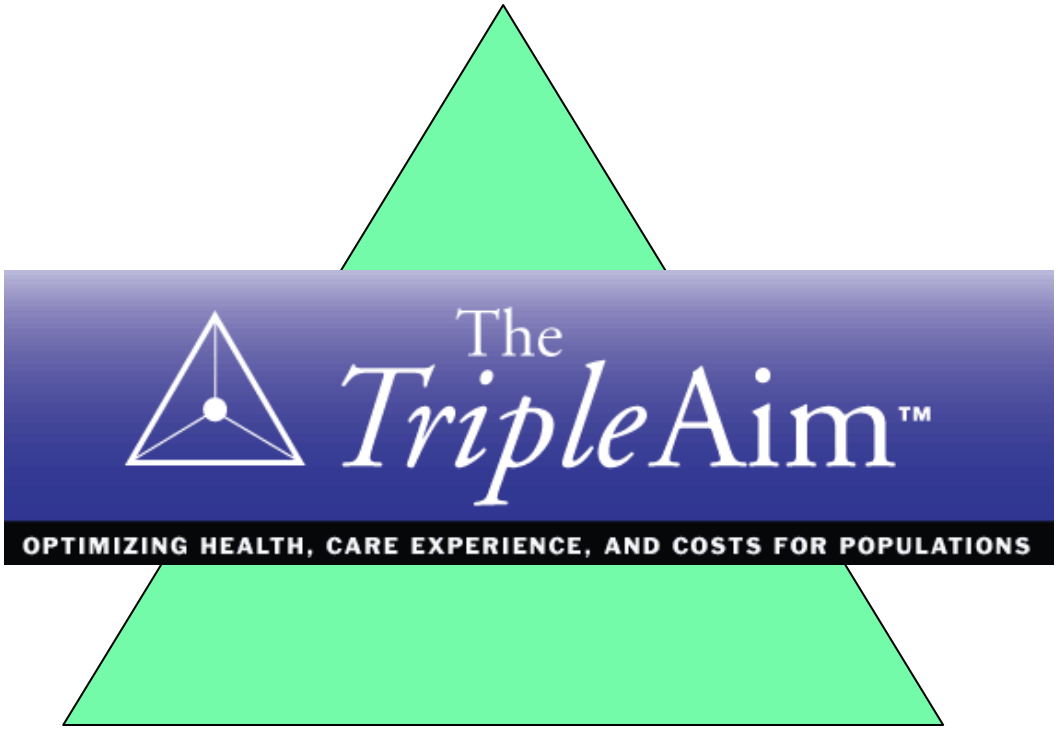
Association of Asian Pacific Community Health Organizations

April 8, 2015

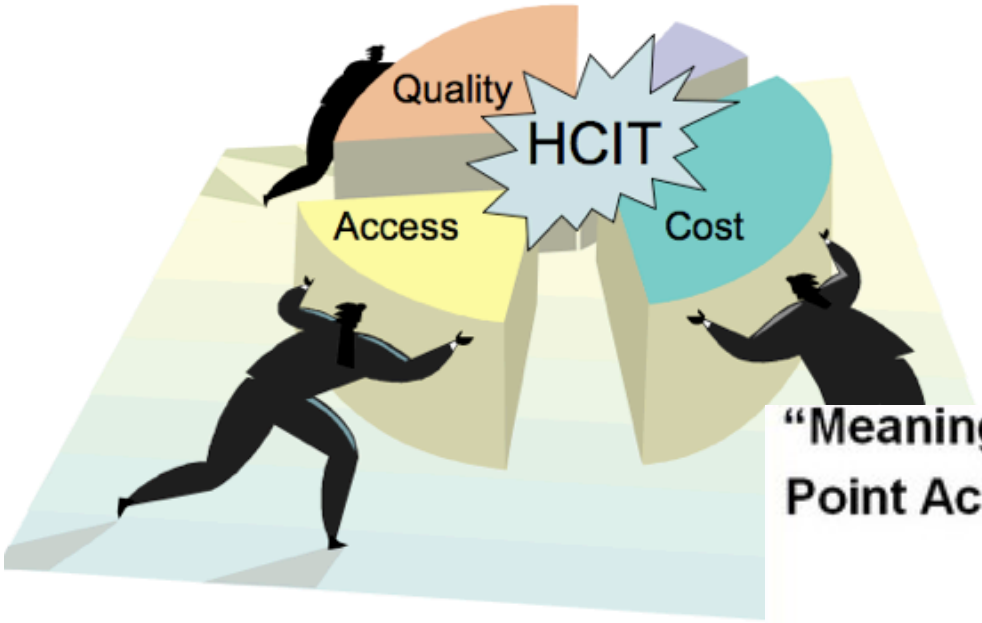
Outline of Today's Webinar

- How does health information technology support quality improvement?
- How is the use of electronic health records (EHRs) supported by the HITECH Act and the Affordable Care Act?
- What are the implications for CHCs serving AANHOPIs?

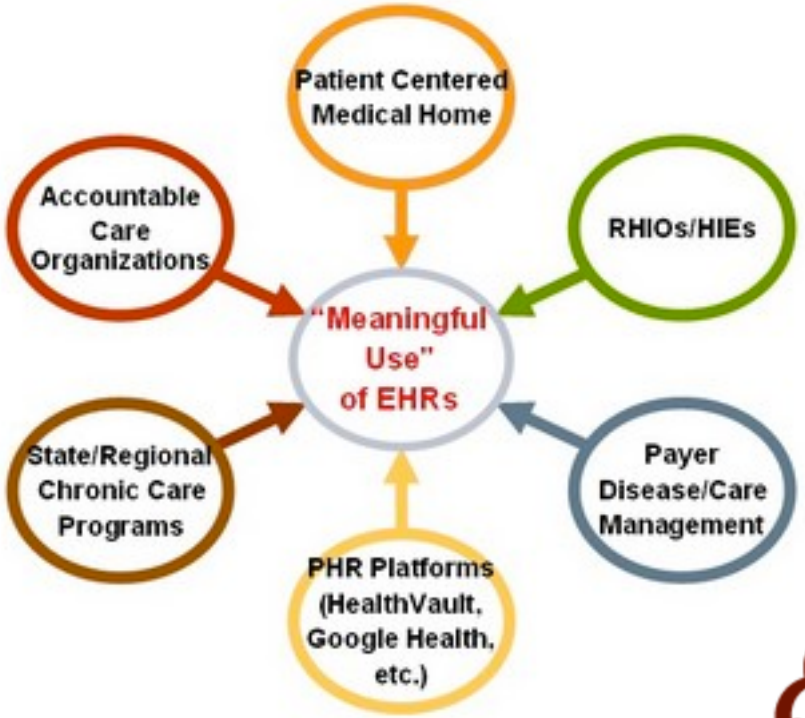
PATIENT EXPERIENCE OF CARE



POPULATION HEALTH **REDUCED COST**



"Meaningful Use" Criteria Becoming a Focal Point Across Previously Disparate Initiatives



How does health information technology support quality improvement?

- Collects clinical data electronically
- Supports clinical decisionmaking
- Supports shared information and coordination among providers
- Supports communication with patients, families, and caregivers
- Supports patient, family, and caregiver engagement

What do we know about implementation of electronic health records at CHCs?

- Was an EHR vendor-dominated market
- CHCs (and all providers) had challenges selecting/negotiating with EHR vendors
- EHRs are more than computerized medical records; have to approach as health care delivery redesign
- Have to involve all staff; takes training, support, continuous adaptation

Connecting America
for Better Health

EHR
INCENTIVE PROGRAM

U.S. Department of Health & Human Services

The Office of the National Coordinator for
Health Information Technology

U.S. Department of Health & Human Services

CMS Centers for Medicare & Medicaid Services

HITECH Act

- ONC establishes HIT policies and standards
- ONC "certifies" EHR systems and modules that meet those standards
- CMS establishes requirements for incentive payments through Medicaid and Medicare for "meaningful use" of ONC-certified EHRs

HITECH Act

- Must use a ONC-certified EHR
- Eligible providers can receive up to $63,750 over six years through Medicaid
- Physicians at CHCs are "eligible providers" for Medicaid incentive payments
- Apply for and receive Medicaid incentive payments through your state

HITECH Act

- ONC funded Regional Extension Centers (RECs) to provide technical assistance to eligible providers (and hospitals)
- ONC funded health information exchanges in every state
- ONC funded HIT workforce training and local innovations ("Beacon grants")
- ONC now promoting nationwide interoperability

HIT Regional Extension Centers ARRA, HITECH, HITRECs, HITRCs

Home | About RECs | FQHCs & CHCs | JOBS | Medical Associations | State HIEs

All CHCs American Recovery and Reinvestment Act of 2009

FQHCs & CHCs

Federally Qualified Health Centers (FQHCs) and Community Health Centers (CHCs)

Community Health Center Grantees by State/Territory

Select a state or territory to see the list of Community Health Center grantees receiving Recovery Funding:

Alabama	Idaho	Montana	Rhode Island
Alaska	Illinois	Nebraska	South Carolina
American Samoa	Indiana	Nevada	South Dakota
Arizona	Iowa	New Hampshire	Tennessee
Arkansas	Kansas	New Jersey	Texas
California	Kentucky	New Mexico	Utah
Colorado	Louisiana	New York	Vermont
Connecticut	Maine	North Carolina	Virginia
Delaware	Marshall Islands	North Dakota	Virgin Islands
District of Columbia	Maryland	Ohio	Washington
Federated States of Micronesia	Massachusetts	Oklahoma	West Virginia
Florida	Michigan	Oregon	Wisconsin
Georgia	Minnesota	Palau	Wyoming
Guam	Mississippi	Pennsylvania	
Hawaii	Missouri	Puerto Rico	

The Office of the National Coordinator for Health Information Technology

ONC Data Brief ■ No. 8 ■ February 2013

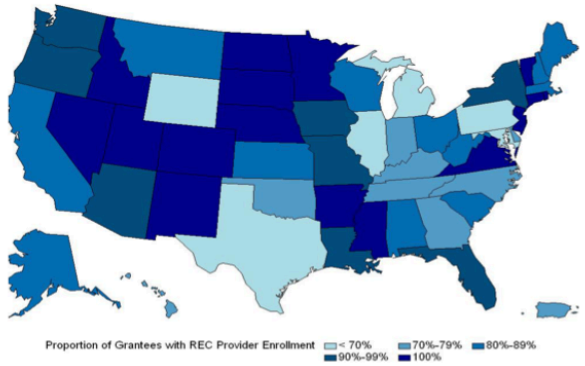
Supporting Health Information Technology Adoption in Federally Qualified Health Centers

Dawn Heisey-Grove, MPH; Kellie Hawkins, MPH; Emily Jones, PhD; Katherine Shanks, MA; Kimberly Lynch, MPH

In 2010, the Office of the National Coordinator for Health Information Technology (ONC) established 62 Regional Extension Centers (RECs) tasked to provide electronic health record (EHR) technical assistance primarily to healthcare providers in individual and small practices, as well as to practices that increase access to health care for medically underserved communities, uninsured and underinsured individuals.[1,2] This mission encouraged the RECs to recruit many community health center and Federally Qualified Health Center (FQHC) practices that offer primary and comprehensive health care services to underserved communities and populations nationwide. Historically, the Health Resources and Services Administration (HRSA) has played a significant role in supporting health IT adoption among FQHC providers by providing funding for information technology infrastructure, as well as through the Health Center Controlled Network (HCCN) program.[3] Building on this foundation, RECs are working with FQHCs to provide support and technical assistance as their providers progress towards meaningful use of EHRs. This brief provides descriptive information on the FQHC practices RECs are working with and their evolution towards meaningfully using EHRs.

83 percent (954 of 1,147) of HRSA funded FQHC and FQHC Look-alike organizations have providers enrolled with an REC.

Figure 1: Percent of HRSA funded FQHCs and FQHC Look-alike Organizations Partnering with RECs by State



SOURCE: Customer Relationship Management (CRM) Tool, maintained by the Office of Provider Adoption and Support (OPAS) at ONC, and Health Care Delivery Sites list maintained by Health Resources and Services Administration (HRSA). Data as of November 25, 2012.

How does health information technology support quality improvement?

- Collects clinical data electronically
- Supports clinical decisionmaking
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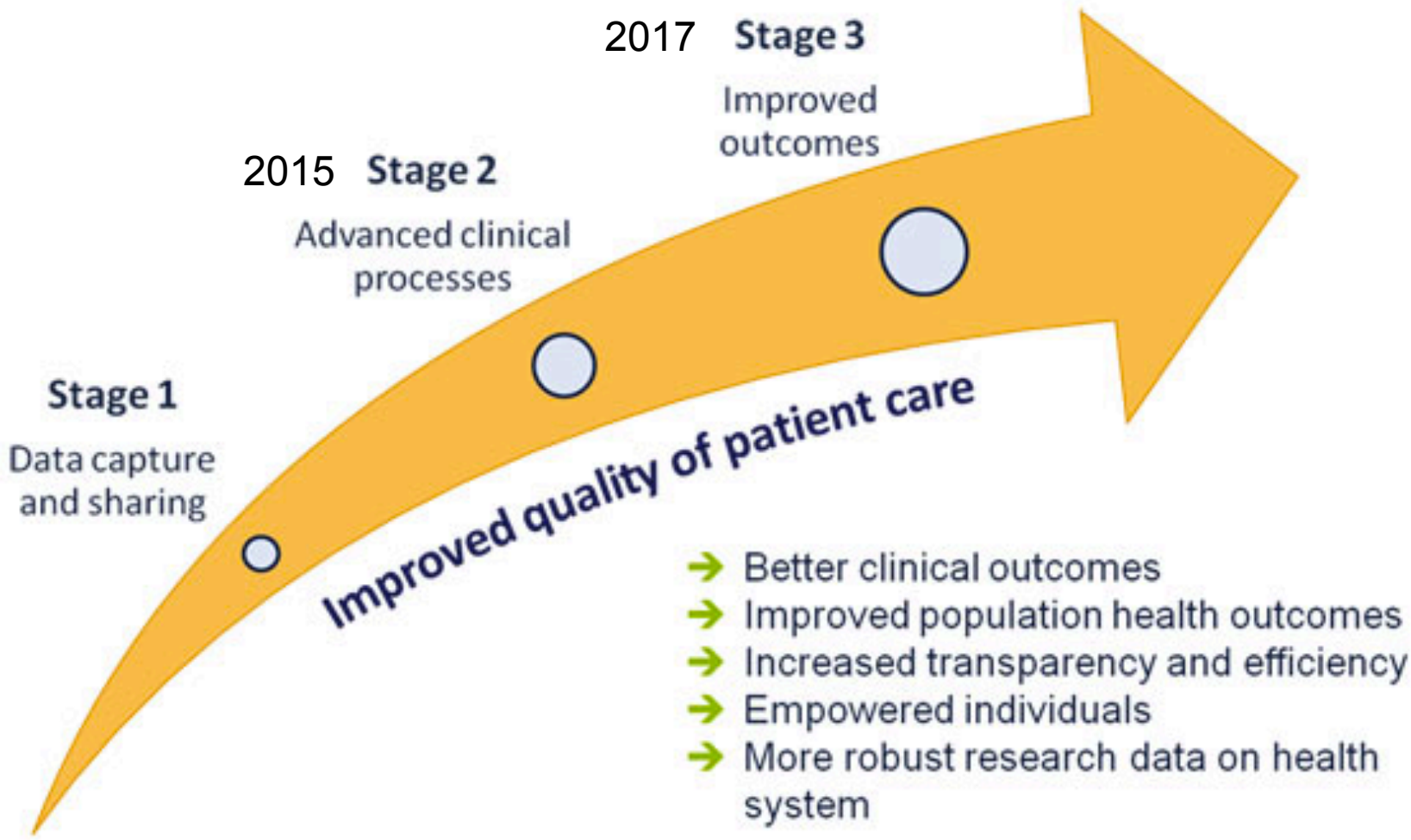
MEANINGFUL USE



Stage 2
Eligible Professional (EP)
Meaningful Use Core and Menu Measures

1. Record patient demographics (date of birth, race, ethnicity, language) in EHR [>80% patients]
2. Record and chart vital signs (height, weight, blood pressure, BMI) in EHR [>80%]
3. Record smoking status in EHR [>80%]

Stage 2
Eligible Professional (EP)
Meaningful Use Core and Menu Measures

4. Generate and transmit prescriptions electronically [>60%]
5. Conduct electronic medication reconciliation for transitions of care [>50%]
6. Use computerized order entry for medication, lab, imaging orders [>30%]
7. Incorporate lab results into EHR [>55%]

Stage 2
Eligible Professional (EP)
Meaningful Use Core and Menu Measures

8. Generate lists for quality improvement from EHR
9. Identify and send patient reminders from EHR [>10%]
10. Use secure electronic messaging [>5%]
11. Identify and provide patient education resources from EHR [>10%]

Stage 2
Eligible Professional (EP)
Meaningful Use Core and Menu Measures

12. Use clinical decision support for at least 5 interventions
13. Provide clinical summaries of office visits to patients [>50%]
14. Allow patients to view online, download, and transmit their health information [>5%]
15. Protect electronic health information

Stage 2
Eligible Professional (EP)
Meaningful Use Core and Menu Measures

16. Provide summary of care record to other providers for transitions of care [>10%]
17. Submit data electronically to immunization registries

Stage 2
Eligible Professional (EP)
Meaningful Use Core and Menu Measures

6 Menu Requirements (choose 3 of 6)

1. Record family health history in EHR [>20%]
2. Record patient visit notes in EHR [>30%]
3. Incorporate and make available imaging results in EHR [>10%]

Stage 2
Eligible Professional (EP)
Meaningful Use Core and Menu Measures

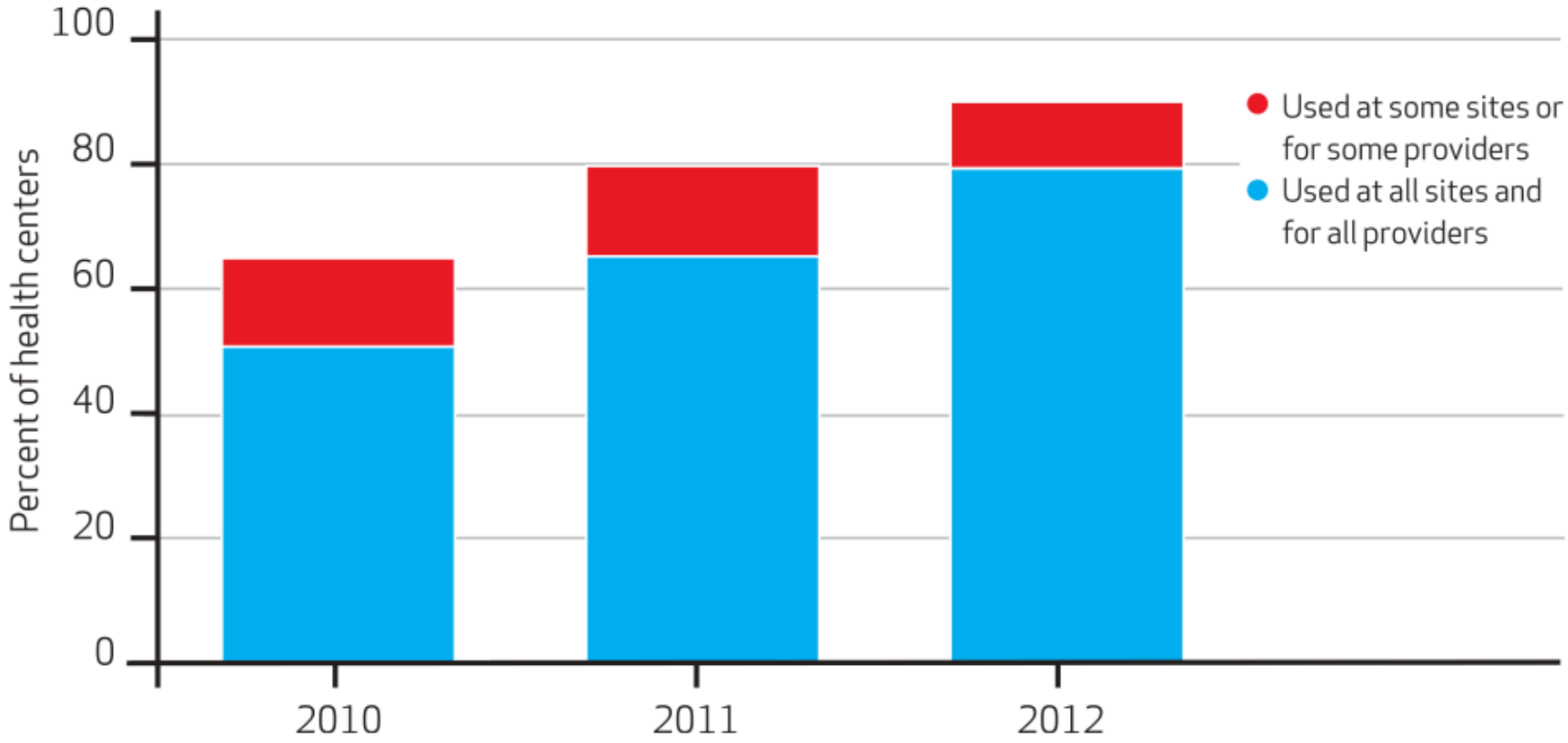
6 Menu Requirements (choose 3 of 6)

4. Submit syndromic surveillance data electronically to public health agencies
5. Submit data electronically to cancer registries
6. Submit data electronically to other disease registries

CMS Stage 3 Meaningful Use Requirements

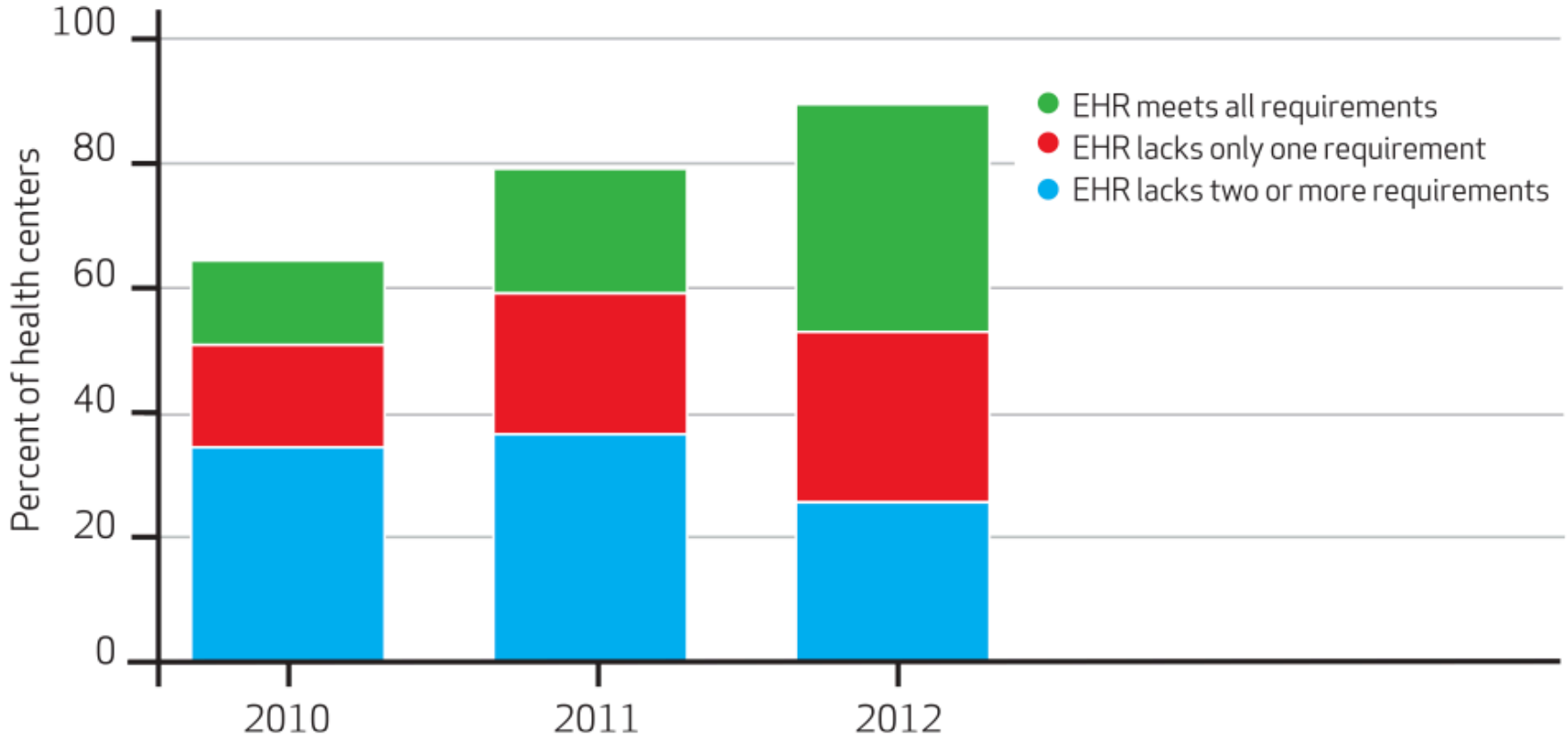
- Comments on proposed rule due May 29
- Implementation postponed until 2017
- Increased health information exchange
- Increased electronic reporting of quality measures and demonstrated quality improvement using EHR tools
- Increased patient engagement using EHRs

Extent Of Electronic Health Record (EHR) System Use Among Federally Qualified Health Centers, 2010–12



SOURCE Authors' analysis of data from the Uniform Data System, 2010–12.

Readiness To Meet Stage 1 Meaningful-Use Criteria Among Federally Qualified Health Centers, 2010–12



SOURCE Authors' analysis of data from the Uniform Data System, 2010–12. **NOTE** "Objectives" are the core objectives that are required to meet the criteria for stage 1 meaningful use.

What are the implications for CHCs serving AANHOPIs?

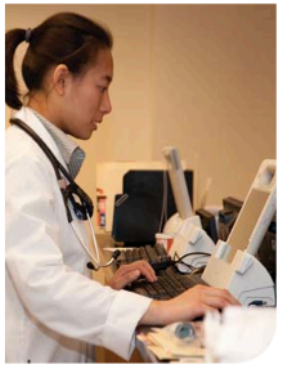
- Each CHC is at different stage in EHR implementation/use
- All CHCs should continue to use RECs and other technical assistance
- All CHCs should maintain eligibility for HITECH Act Medicaid incentive payments (prepare for Stage 3)

What are the implications for CHCs serving AANHOPIs?

- All CHCs should become engaged in their state health information exchange
- Meanwhile, AAPCHO also will continue to act as a national data warehouse
- Aggregating clinical and quality data from AAPCHO members will strengthen data analyses about AAPCHO patients

AAPCHO

INFO SHEET 2011



Enabling Services Health Information Exchange at Hawaii Community Health Centers

—Pacific Innovation Collaborative Enabling Services Project

The Pacific Innovation Collaborative Enabling Services (PIC ES) Project utilizes electronically collected patient health information to determine if enabling services improves health outcomes for patients living with diabetes.

The project, funded by the Department of Health & Human Services Health Resources and Services Administration, is a partnership between three Hawaii community health centers (CHCs), a Hawaii-based health insurance plan, and AAPCHO.
The PIC ES project allows project sites to monitor enabling services, or non-clinical services such as case management assessment, outreach, translation and transportation, and determine if these services improve the health of patients living with Type 1 or Type 2 diabetes.[1] Recent studies suggest that enabling services are critical in improving health outcomes. Enabling services however, though provided by community health centers daily are typically not recorded or evaluated, and therefore are typically under-funded if funded at all.

Through an electronic patient monitoring system and newly developed decision support tool, clinic and enabling support staff at each project site can readily access a patient's medical record, as well as review the overall steps and processes required in helping the patient manage his/her diabetes. Prior to this electronic patient monitoring system, providers often maintained hardcopy files that were not centralized or easily monitored.

Key features of the decision support tool include: 1.) reports indicating a patient need (e.g. medication; follow-up appointment with a specialist, etc.); 2.) a decision support tree, or flow chart that allows staff to monitor its processes and steps in managing a patient's diabetes and care; and 3.) automatic alerts.

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1 For a full list of definitions, visit AAPCHO's website at http://enablingservices.aapcho.org.

Patient Protection and Affordable Care Act

H. R. 3590

One Hundred Eleventh Congress
of the
United States of America

AT THE SECOND SESSION

Begun and held at the City of Washington on Tuesday, the fifth day of January, two thousand and ten

An Act

Entitled The Patient Protection and Affordable Care Act.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

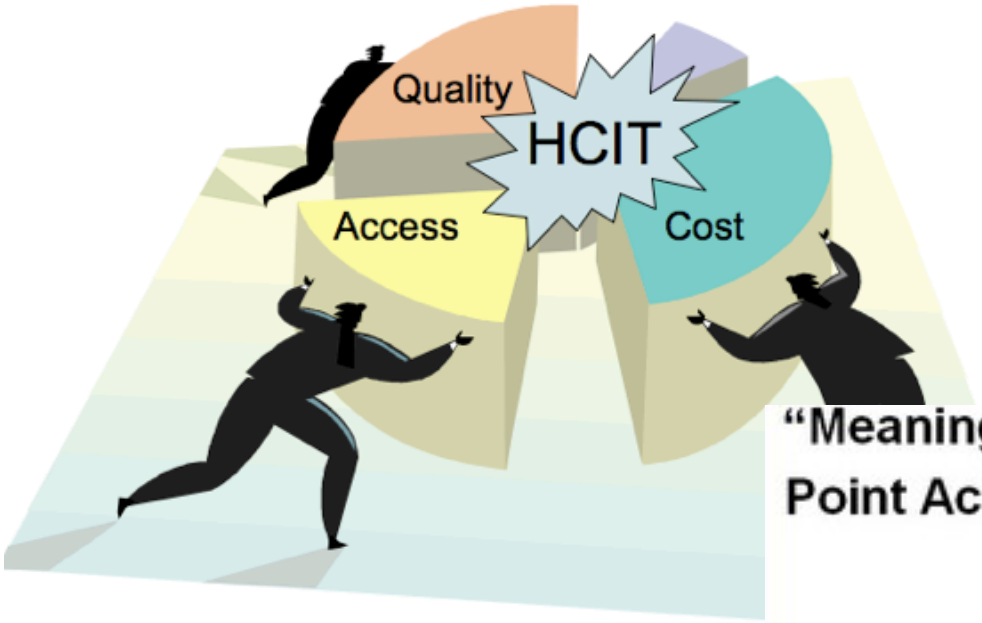
SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Patient Protection and Affordable Care Act".

(b) TABLE OF CONTENTS.—The table of contents of [illegible] is as follows:

Sec. 1. Short title; table of contents.

TITLE I—QUALITY, AFFORDABLE HEALTH CARE FOR ALL AME[illegible]



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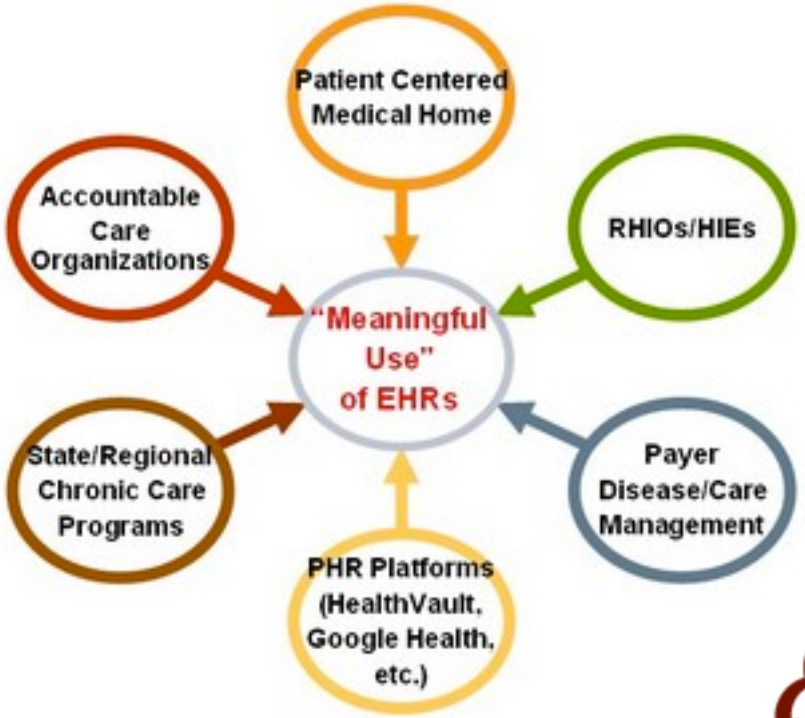


Necessary But Not Sufficient: The HITECH Act and Health Information Technology's Potential to Build Medical Homes

AHRQ
Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov

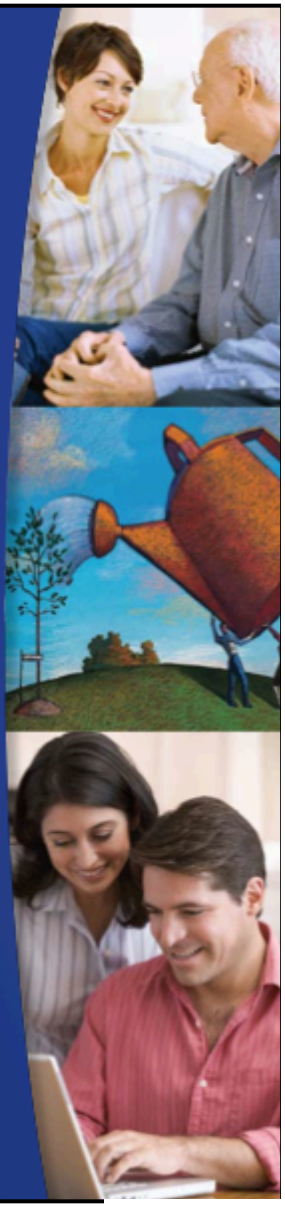
Health IT | Prevention/Care Management

Transforming Patient Engagement:

Health IT in the Patient Centered Medical Home

October 2010

A compendium of resources from the Patient Engagement task force of the Patient-Centered Primary Care Collaborative



Patient-Centered Primary Care COLLABORATIVE

WWW.PCPCC.NET

Health Information Technology and Quality of Health Care: Strategies for Reducing Disparities in Underresourced Settings

Mari Millery[1] and Rita Kukafka[1]

Medical Care Research and Review
XX(X) 1–31
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DOI: 10.1177/1077558710373769
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Abstract

Health information technology (health IT) has potent
ment and reducing quality disparities found in under
this systematic literature review, complemented b
authors sought to identify evidence regarding health
The review included 105 peer-reviewed studies (
15 studies included URSs, and 8 focused on URSs.
tings, most evidence was available for quality impac
support systems, and computerized reminders. St
quasi-experimental (37%) or descriptive (35%); 90
microsystem level of quality improvement, indicatir
into patient experience and organizational and envi
highlighted organizational partnerships and health IT
for health IT to have an impact on quality, there n
of quality improvement.

Connected for Health

The Potential of Health Information and Communications Technologies to Reduce Health Care Disparities

BY IGNATIUS BAU

In today's technology-filled world, we have become dependent on the Internet for everything from doing any research ("Google it"), making travel and restaurant reservations, paying our bills, managing our investments, finding recipes for dinner, making charitable and political contributions, all types of shopping, and on and on. And we communicate primarily by e-mail and text messages, and chat using instant messages, much more than by phone, or the mail.

Unfortunately, U.S. health care delivery systems have been slow to embrace information and communication technologies. Physicians' offices are filled with paper medical records stuffed into folders bursting from file cabinets; prescriptions are written by physicians (with notoriously poor penmanship) in Latin on a small piece of paper for us to carry to a pharmacist; and when we are discharged from the hospital, we are given a copy (which may be blurry) of handwritten "instructions" on a wordy form telling us how to take care of surgical wounds, a listing of medications, and when we should see our doctor for follow-up. If we want to talk to our doctor outside of office hours, we usually have to go through an answering service, which then sends a message to the doctor through a pager (remember those?), who then, you hope, calls you back.

the next five to ten years to bring U.S. medicine into the digital age.

Under the HITECH Act, every hospital in the United States will be eligible for a minimum of $2 million—and many millions more for larger hospitals—to buy and use "electronic health records." Similarly, physicians will be eligible for payments ranging from $44,000 to $63,000 to begin to use such health records. And, more critically, the federal government will condition all these investments on the ability of all these electronic health records to be shared, or "interoperable," through local, regional, state, and, eventually, a national "health information exchange." The "big hairy audacious goal" is for all physicians and hospitals to be using electronic health records by 2015.

The requirements for the HITECH payments have become a platform for demonstration programs and other activities that support health care quality improvement and cost reductions in the national health care reform legislation, the Patient Protection and Affordable Care Act. For example, the required functions of the electronic health records have been aligned to requirements for emerging models of health care delivery improvement, including "patient-centered medical homes," a term for health care providers who emphasize partnerships

Leveraging Meaningful Use to Reduce Health Disparities

AN ACTION PLAN

August 2013

Consumer Partnership for eHealth

Equity in the Digital Age:

How Health Information Technology Can Reduce Disparities

APIAHF Asian & Pacific Islander American Health Forum

CPEHN California Pan-Ethnic Health Network

Consumers Union Policy & Action from Consumer Reports

NCLR National Council of La Raza

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DOI: 10.1177/1077558710375432
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Improving Communication Between Patients and Providers Using Health Information Technology and Other Quality Improvement Strategies: Focus on Asian Americans

Quyen Ngo-Metzger[1], Gillian R. Hayes[1], Yunan Chen[1], Ralph Cygan[1], and Craig F. Garfield[2]

Abstract

Disparities in provider–patient communication have been shown to exist among Asian Americans, especially those who are low-income and have limited English proficiency. These disparities have resulted in unmet health care needs and poor quality care. To identify strategies for improving provider–patient communication in this population, we conducted a systematic review of the literature and in-depth interviews with key informants. Little published literature on interventions focused on Asian Americans was found. Most interventions were conducted among White populations and occurred in the waiting room before patients' visits with their providers. Interventions ranged from a leaflet encouraging patients to ask more questions, to more intensive face-to-face coaching before office visits. Health information technology (health IT) has not been widely used to improve communication, especially among patients with limited English proficiency. More research is needed using new health IT strategies to improve care for Asian Americans and other vulnerable populations.

What are the implications for CHCs serving AANHOPIs?

- Use multilingual messages, patient portals
- Bridge digital divide with multiple formats/channels (e.g. text, email, and phone)
- Use eHealth AND mHealth
- Use social media (peers, families, caregivers, public spokespersons) for information, support, community awareness

What are the implications for CHCs serving AANHOPIs?

- Facilitate access to health information by patients, families, caregivers
- Help patients use electronic tools to improve medication reconciliation, followup, and transitions of care
- Provide patient education materials and referrals
- Provide electronic tools for self-management and shared decisionmaking

Questions and comments?

Future Webinars

April 22: Patient-centered medical homes

April 29: Accountable care organizations

May 6: Culturally and linguistically appropriate services