

Health Information Technology:

Increasing Quality and Access within Safety Net Providers

Health foundations are uniquely positioned to help safety net providers reach their full health information technology (HIT) potential. Some foundations have focused on providing funds for capital investment, technical support, and ongoing HIT maintenance. Others have brought safety net providers, local or state health department representatives, and even vendors together to plan for and adopt HIT, helping lay the groundwork for interoperable information exchange across clinical sites. By providing meeting space, technical assistance, seed money, and visibility to community-wide planning efforts, foundations can help to bridge the competitive tensions that often derail cooperation. This article examines the work of two very different foundations and their approaches to supporting HIT in their communities.

THE PROMISE OF HIT

HIT is a promising tool for safety net providers seeking to improve the quality and efficiency of health care services. Administrative and clinical applications have the potential to both strengthen the organizational capacity of community clinics, federally qualified health centers (FQHCs), public hospitals, and others serving the uninsured and underinsured and improve patient outcomes. HIT can also help safety net providers develop a better understanding of the population health needs of their communities – to identify those most at risk and to track health improvement efforts (California Health Funders Strategy Project 2006).

The level of HIT penetration within the health care sector is modest but increasing as technology matures (Gaylin 2008). Relatively few community clinics or health centers have integrated HIT into their day-to-day clinical operations. For example, only 8 percent of health centers used electronic medical records (EMRs) in the 2001-2003 period (National Association of Community Health Centers, Inc. 2006). Other HIT systems, such as disease registries, which contain specific information on selected patients with chronic conditions, are more commonly used by safety net providers.

Safety net providers often lack the financial and organizational resources to adequately plan for and adopt HIT. Common challenges include the high cost of hardware and software, as well as the need to customize off-the-shelf software products to reflect the health center's patient population. Restricted budgets and the siloed nature of funding streams can make the financing of HIT particularly difficult. Although

some federal funds have been available to support HIT pilots, these resources are very limited.

Similarly, the Health Resources and Services Administration within the U.S. Department of Health and Human Services has provided technical assistance to safety net providers but does not provide the full range of technical expertise needed to mount an HIT development effort. Negotiating and working with vendors to select appropriate hardware and software can be difficult for staff with limited HIT knowledge (Cassnoff 2008). Safety net providers often do not have the funds to hire consultants to advise them in these initial investment decisions and may struggle to hire a staff person dedicated to implementing and maintaining the software system (Moiduddin and Gaylin 2007).

BUILDING THE BASE

The Colorado Health Foundation serves the state and has assets of approximately \$890 million. Its HIT work has focused on preparing health centers caring for low-income, uninsured patients to successfully adopt technology. The foundation's work began in 2005 with interviews and surveys of providers to learn more about their current use of technology and the potential for HIT as a tool to improve access to quality care. The results indicated tremendous potential for HIT to help make providers more efficient, improve coordination of care, monitor chronic disease, and increase their ability to understand and address health issues across communities and populations. The study also revealed that purchasing, implementing, and using HIT to its fullest capacity is not easy for safety net providers that are often run on tight margins.

These results provided the basis of the foundation's Healthy Connections: Strengthening Care through Health Information Technology initiative, which is intended to ease the financial and technical burden of providers delivering care to the state's underserved as they work to establish or expand their HIT capacity. The initiative provides grant funds, technical support, and peer and learning opportunities and disseminates new HIT information to the field.

In 2007 The Colorado Health Foundation awarded \$2.5 million to 21 grantees ranging from a single-location, independent clinic serving fewer than 2,000 patients annually to a 14-site rural FQHC system serving more than 55,000 patients each year. Grantee HIT work spans a continuum from those just beginning to consider how technology can support their missions to those further along the implementation path. The

grants awarded fall into several categories. Capacity building grants support organizations that are developing their long-term vision for HIT and assessing how to move forward. The Healthy Connections grants help strengthen comprehensive assessments and support planning processes addressing the unique needs of each organization. Innovation grants are given to organizations already implementing HIT plans and provide support for critical aspects of implementation. Partnership grants place a priority on collaborative efforts designed to increase the efficiency of HIT and improve the quality and integration of care. These grants are made to organizations that applied on behalf of a collaborative effort or collaboratives that have a 501(c)(3) status.

RAISING THE TENT

St. Joseph Community Health Foundation is a small foundation serving Allen County, Indiana. It has assets of approximately \$32 million. The foundation has supported the adoption and implementation of HIT in safety net providers through its Healthcare Access Program (HAP). Begun in 2000, HAP convenes low- and no-cost primary health care providers, such as the county's free clinic and FQHCs, to organize and administer projects that increase quality and efficiency and that reduce the cost of health care for the poor and uninsured. The foundation acts as a neutral convener and fiscal agent for HAP.

As part of their collaborative work, HAP partners identified a need for HIT systems among the county's safety net providers. In 2002 the foundation and HAP partners (including the Fort Wayne-Allen County Department of Health, St. Joseph Hospital Emergency Department, and Parkview Hospital) began working with Fort Wayne-based HIT vendor Medical Informatics Engineering (MIE) to implement an EMR system in the county's free clinic. The foundation worked closely with MIE, which had provided many of the area's medical group practices with HIT systems, in adapting an off-the-shelf system for the free clinic. The vendor viewed this work as an opportunity to provide pro bono services and build goodwill in the community. St. Joseph Community Health Foundation also provided grants for the purchase of hardware – computers, servers, and other equipment. Next, the county's two FQHCs and clinics administered by the county health department adopted the EMR system. While each organization used the same software, the package was modified to reflect individual organizational process flow.

With the EMRs established in local clinics, HAP partners began discussing the potential of a shared system that would capture the county's uninsured, Medicaid, and State Children's Health Insurance Program patients. The goal of this shared system was to improve care for patients receiving services at more than one safety net location – including the emergency department. St. Joseph Community Health Foundation again engaged the original vendor to electronically link the providers. MIE provided its services at a reduced rate to the HAP

collaborative. In addition, HAP partners chose which clinical information would be shared through an electronic health record. For example, the health center run by the county health department elected not to share patient information on sexually transmitted diseases.

Today the shared clinical data are used by Allen County's safety net providers in caring for patients with chronic medical conditions. The shared system enables providers to access selected information on patients' past and present diagnoses and treatment. It also gives providers the ability to become paperless offices. St. Joseph Community Health Foundation has provided more than \$500,000 in grants for HIT over the last several years. This investment has been matched almost dollar for dollar through in-kind contributions and other donor investments. One of the most important roles played by the foundation, however, was that of neutral convener, bringing stakeholders together on a regular basis to ensure an interoperable approach to HIT development.

Health centers and other safety net providers are an important target for HIT adoption. They often have limited resources, however, to plan for, purchase, and implement HIT. This requires creative solutions and leveraging of funds to maximize value and impact (California Health Funders Strategy Project 2006). Foundations can assist safety net providers in moving forward with caution – to carefully assess technology needs and set goals, to identify new resources and engage physician leadership, and to smooth the implementation process by supporting staff training and improving organizational capacity. Foundation support for HIT at a variety of levels – from planning to adoption – can directly impact the effectiveness and reach of the health care safety net.

SOURCES

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