

STATE HEALTH POLICY

STATE HEALTH POLICY BRIEFING PROVIDES AN OVERVIEW AND ANALYSIS
OF EMERGING ISSUES AND DEVELOPMENTS IN STATE HEALTH POLICY.

In 2009, the American Recovery and Reinvestment Act (ARRA) was passed to stimulate economic growth. Included within ARRA was the Health Information Technology for Economic and Clinical Health Act (HITEC), and with it over \$50 billion for health information technology (HIT) initiatives. In January 2010, NASHP hosted a webinar to highlight three states' (Massachusetts, Oregon, and Tennessee) experience in collaborating with health centers around HIT activities, and how the state agencies and federally qualified health centers are working together to use HIT funding opportunities in ARRA to achieve mutual goals for health system improvements. This brief, based upon the presentations in the webinar, offers an overview of federal opportunities, summarizes the efforts of these states to promote interstate and public-private partnerships between state governments, FQHCs, and other stakeholders to leverage HIT investments and tools to accomplish shared goals of HIT adoption and health care delivery improvement, and summary observations.

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Briefing

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Collaborating with Health Centers to Leverage HIT for System Improvement

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Since 2006 the National Academy for State Health Policy (NASHP) has been working with the federal Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care through a National Cooperative Agreement (NCA). State health policy has substantial implications for community health centers, and state health policymakers have a variety of tools to engage health centers with to achieve state health systems objectives. The goal of this project is to better equip state policymakers to make informed decisions about community health centers and access to primary health care.

To assist in achieving the goal of the NCA with HRSA, NASHP called for teams of state primary care offices (PCOs), primary care associations (PCAs), and other state officials to work with NASHP and its audience of state health policymakers in executive branch agencies and state legislatures. The teams are competitively selected based on their history of collaboration with one another and their engagement and activities on identified state health policy priorities. Along with selected Academy advisors, the state teams work with us to develop and implement project activities that can inform state policy making and contribute to policy results in key areas of interest, as well as modeling and disseminating best practices in collaboration.

As part of this project, on January 13, 2010, NASHP hosted a webinar titled "Collaborating with Health Centers to Leverage Health Information Technology (HIT) for Delivery System Improvement." This webinar brought together individuals from three state teams—Massachusetts, Oregon, and Tennessee—that had experience in collaborating with health

centers around HIT activities. During the webinar, the presenters discussed ways in which state agencies and federally qualified health centers (FQHCs) are working together to use HIT and health information exchange (HIE) funding opportunities from the American Recovery and Reinvestment Act (ARRA) to achieve mutual goals for health system improvements. This briefing draws from and builds on this webinar to explore these opportunities.

In 2009, the ARRA was passed to stimulate economic growth. Included within ARRA was the Health Information Technology for Economic and Clinical Health Act (HITEC), a concerted effort by the federal government to stimulate the adoption and use of health information technologies, including electronic health records (EHRs), electronic prescribing (eRx), and electronic health information exchange (HIE), with the ultimate goals of:

- improving the quality, safety, and efficiency of health care delivery;
- reducing disparities in health;
- engaging patients and families in their health care;
- improving care coordination;
- improving population and public health; and,

- ensuring adequate privacy and security protections for personal health information.¹

The ARRA provided the Office of the National Coordinator for HIT (ONC) \$2 billion for various HIT initiatives and the Centers for Medicare and Medicaid Services (CMS) over \$47 billion to provide incentives to eligible providers and hospitals to adopt EHR and to report on specific measures that demonstrate “meaningful use” of EHR. In addition, over \$2 billion of ARRA funds have been provided to support community health center development, improvement, and modernization efforts in partnership with HRSA.² In total, the ARRA included over \$50 billion for HIT initiatives.

FQHCs are critical providers in the nation’s safety net, serving the nation’s under and uninsured as well individuals in the nation’s rural and other medically underserved areas. Community health centers (CHCs) have a mission to address the health care needs of their communities and there is evidence that suggests they can deliver high quality health care services at comparable or lower costs than other health care providers.³ HIT’s goal to improve the quality and effectiveness of health care delivery is in direct alignment with the mission of FQHCs. A number of studies have demonstrated significant

FIGURE 1 ARRA HIT AND INFRASTRUCTURE FUNDING OPPORTUNITIES

ARRA Funding Opportunity	Recipients	Amount	Start Date	Potential FQHC Role
Regional Extension Centers (REC)	Nonprofit Org.	\$640 M	3/31/10	Priority provider to receive support for EHR adoption
State HIE Cooperative Agreement	State or State Designated Entity	\$564 M	1/15/10	Coordinate with the state to develop HIE capacity
Beacon Community	Non-profit or govt. entity	\$220 M	4/1/10	Participate in advanced deployment and demonstration of HIT
Capital Improvement	Community Health Centers	\$863 M	7/1/09	Infrastructure supports: construction, repair, renovation
HIT Systems/Networks	Community Health Centers	\$125 M	FY 2009	EHR adoption for CHC Networks
Facility Investment	Community Health Centers	\$513 M	FY 2009	Capacity expansion (limited competition)
New Access Points	Community Health Centers	\$157 M	3/2/09	New health center sites

Gray = HITEC Act White = ARRA/HRSA CHC funding

efforts on the parts of these centers to maximize the use of HIT for these purposes.⁴ The HIT provision of ARRA represents the single largest investment by the federal government in HIT to date. As a result, public and private stakeholders, including FQHCs, are coming together to plan for and develop mutually beneficial strategies to achieve the goals.

This webinar offered participants from CHCs, state agencies, and other stakeholders an overview of the federal opportunities, followed by presentations from the Massachusetts League of Community Health Centers, the Oregon-based Our Community Health Information Network, and the Tennessee Office of eHealth Initiatives, highlighting current collaborations, issues for states and FQHCs, and opportunities to leverage these federal investments to achieve the goal of a more effective and efficient health care delivery system. The following sections describe the efforts of these CHCs/FQHCs and state agencies to work together to implement HIT for health delivery system improvements. The brief concludes with summary observations.

MASSACHUSETTS: PRESENTED BY THE MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS

The Massachusetts primary care association, the Massachusetts League of Community Health Centers (the League), has been actively engaged in their member CHCs' HIT infrastructure and adoption of EHRs since 2004, when the organization received a grant from BlueCross BlueShield Foundation (BCBS) of Massachusetts that enabled the League to conduct HIT assessments of all of its centers. Following this assessment, the League worked closely with three centers it identified as progressing toward implementation of EHR within one year. The League used the opportunity to provide the centers with project improvement support, create an EHR project management team, and learn from the centers' experiences. Following this effort, the League committed to supporting 100 percent adoption of EHR in Massachusetts CHCs by 2011.

With this goal in mind and with significant technical assistance and guidance from HRSA, the League developed training and readiness tools to identify and assist centers ready for implementation and worked with centers' vendors to improve their products. Due to the League's work with BCBS and experience in HIT, BCBS invited the League to participate on the board of the Massachusetts eHealth Collaborative

(MAeHC) while the collaborative was still in its developmental year. The MAeHC was formed as a public/private initiative (state and private sector board seats) of the BCBS Foundation of Massachusetts with the goal of establishing interoperable EHR systems that would enhance the quality, efficiency, and safety of care for all providers, beginning in three communities in Massachusetts.⁵ Along with their HIT expertise, the League's relationships with both CHCs and major health care stakeholders made the organization a natural fit for collaboration with state agencies.

The League has collaborated with multiple state agencies in a variety of ways on HIT efforts, including communicating CHCs' EHR use and infrastructure needs to the Massachusetts Executive Office of Health and Human Services (EOHHS) on an ongoing basis. In recognition of the League's knowledge and efforts, the Massachusetts legislature targeted an unsolicited earmark to the League in 2005 for the continued implementation of HIT in CHCs. The League already had an established grant process from the Massachusetts Department of Public Health (DPH) and therefore received these funds through the DPH, which strengthened the organizations' connections and resulted in support for and initiatives promoting HIE of public health data from CHC EHRs.

In August 2008, while the League was continuing its engagement with MAeHC and the Massachusetts EOHHS and DPH, the state passed a bill mandating that healthcare providers keep electronic patient records and that there be statewide health information exchange (HIE). The Massachusetts eHealth Institute (MeHI), a division of the Massachusetts Technology Collaborative (MTC) (a public authority) is responsible for achieving these objectives through the coordination and dissemination of \$15 million. The League is involved in this effort by providing MeHI with information on health centers' needs, both financially and programmatically.

MeHI was also designated an ARRA-funded Regional Extension Center (REC) in February 2010 and tasked to work with providers on EHR implementation and reaching "meaningful use." The League anticipates participating with the REC and intends to build on their expertise as well as communicate with CHCs about meaningful use and understanding what CMS incentives could mean for them. With the League's understanding of CHCs' needs around HIT infrastructure and a history of communication with state agencies, Massachusetts is well positioned to take advantage of opportunities to leverage the federal investments and achieve the goal of utilizing HIT

to create a more effective and efficient health care delivery system.

TENNESSEE: PRESENTED BY THE OFFICE OF EHEALTH INITIATIVES

The Tennessee Office of eHealth Initiatives (the eHealth Office) has been actively involved in the coordination of HIE and HIT in Tennessee with the overarching goals of improving the quality of health and providing better information at the point of care through the use of HIT tools. To achieve these goals, the state is working to reduce barriers for providers implementing HIT in their practices. Ways in which Tennessee is accomplishing this include: reducing the time and cost in researching the selection of vendors and software; offering providers access to state registries; and, leveraging statewide pricing. In addition, the eHealth Office is currently and will be the point of contact for many of the ARRA HIT initiatives, including: the administration of the Medicare and Medicaid funding incentives; education around meaningful use criteria; and, coordination with stakeholders including the Health Information Partnership for Tennessee (HIP TN), state agencies, and REC and Beacon Communities applicants.

Tennessee addresses HIT with a multifaceted structure that involves both internal and external entities. In 2006, the Governor's eHealth Council was established by Executive Order, and in 2009, the Council formed HIP TN,⁶ a non-profit, public-private entity that brings together Tennessee's local, state, and regional electronic health information initiatives and resources into a collaborative partnership and framework. HIP TN's board consists of representatives from state agencies, doctors, hospitals, pharmacists, consumers, payers, the primary care association, FQHCs, and others. HIP TN is also in the process of forming workgroups to focus specifically on issues such as consumer engagement, privacy and security, clinical priorities, and evaluation.

Internally the state of Tennessee is aligning its efforts with an internal health council, which resides in the eHealth Office, and coordinates state agencies around HIT initiatives, including TennCare (Medicaid), the state's technical information infrastructure, the eHealth Office, and Health Planning. As mandated by the federal government, there is also a Tennessee HIT Coordinator who collaborates with the eHealth Office and HIP TN, public and private workgroups,

stakeholders, and interest groups.

FQHCs are an important partner to the eHealth Office. To help FQHCs reach their HIT goals, the eHealth Office has partnered with the Tennessee Primary Care Association (TPCA) on projects to offer e-Prescribing grants to rural providers and clinics and to fund the purchase of EMRs. The eHealth Office has also supplemented a Federal Communications Commission (FCC) grant to the Community Health Network (CHN), a not-for-profit with 80 telehealth sites that has been helping clinics purchase and use EMRs with the TPCA. CHN will be using the supplemental funds to enable more clinics to use their EMR.

The state and the PCA are maintaining their efforts around HIT to meet ARRA requirements and leverage the federal investment opportunities that will benefit FQHCs and others. The PCA is actively involved with the eHealth Office in educating providers about Medicare and Medicaid incentives. Additionally, the state and the PCA are working closely with organizations applying for ARRA funding opportunities, including CHN, which applied for a Beacon Community Cooperative Agreement. Furthermore, the eHealth Office and the PCA are collaborating with QSource, the applicant for the statewide REC, who would, if approved by the ONC, target 80 percent of the state's FQHCs for the adoption and effective use of HIT within the first two years of the grant.

The state of Tennessee has engaged many in the efforts to utilize HIT to improve the quality of health care, and has particularly collaborated with the PCA and other organizations that focus on the safety net. These partnerships prepare Tennessee to effectively leverage the new investment of ARRA funds to improve on ongoing work. The state plans to continue to offer information on issues that providers and others need, such as patient notification of HIT, data sharing agreements, and state and federal laws around sharing sensitive data information.

OREGON: PRESENTED BY OUR COMMUNITY HEALTH INFORMATION NETWORK (OCHIN)

Our Community Health Information Network (OCHIN) is a Health Center Controlled Network (HCCN)⁷ for community-based clinics that uses a collaborative approach to building and sharing a practice management and EMR system in

the state of Oregon, as well as in the four other states which it serves. OCHIN provides its members with a structure to implement HIT innovations, and as an HIE strives to maintain a single patient medical record across the collaborative.

OCHIN's home base, Oregon, is a uniquely "connected" state with a strong technological industry and a safety net that has shown leadership in HIT advances and efforts to improve the delivery system. Some of the components that set Oregon apart as a leader in HIT, the safety net, and health care reform, include: a Qualis grant to pilot patient centered medical homes in the safety net; a payment reform pilot with Medicaid managed care organizations; an interoperability pilot that the safety net is leading; the Health Record Bank of Oregon (a state-initiated project with the stated goal of having a portable personal health record for all Medicaid patients); advanced care management tools; a Robert Wood Johnson Foundation grant Aligning Forces for Quality; one of the largest Federal Trade Commission broadband funding grants received in the country; and OCHIN. The combination of these components gives Oregon an already high level of EMR adoption. According to a recently completed survey by an independent consultant, approximately 65 percent of all Oregon providers have adopted EHRs, with the adoption rate in the safety net ranging from 65 to 80 percent. As a result, Oregon's current efforts are more focused on utilizing EMRs effectively to empower providers and improve delivery of care. For example, there is currently a state-initiated project supported by the safety net to have integrated behavioral health and primary care EHRs. OCHIN, with their integrated EHR platform, is able to serve as a model in this process.

OCHIN has stepped up to take a leadership role in Oregon's application for the REC, having seen that support and partnering are needed to attain clinical transformation and adoption and stabilization of systems. Because the state is already highly electronic, OCHIN sees this as an opportunity to bring resources into the network in a way that will benefit the entire state and increase interoperability. In addition to the REC application, OCHIN is also a partner in the current statewide HIE initiatives, which are overseen by the state HIT Coordinator and the legislatively created Health Information Technology Oversight Council. OCHIN believes it is having a major impact on the ability to support interoperability and will soon have complete multiple operational HIE projects. Finally, OCHIN is partnering in multiple Beacon Communities applications throughout the state and is looking to include the safety net in the locally focused strategies.

Oregon not only has a high level of HIT adoption, but also a safety net that has shown leadership and has been involved in all levels of conversation around transforming the delivery of care. OCHIN has served as an incredible partner to community health centers and the state in helping to implement EMRs and thinking about how to use data to positively influence policy and decision-making. While Oregon is a highly motivated state with many pieces of the puzzle already in place to utilize ARRA investments, stakeholders in other states may want to consider contacting their HCCN⁸ to ensure that ARRA resources are used as effectively as possible. As with Oregon's experience, the safety net can provide for a creative and resourceful place for innovation, which can then spur activity throughout entire delivery systems in every state if leveraged well.

CONCLUSIONS

This issue brief summarizes the efforts of three states to promote interstate and public-private partnerships between state governments, FQHCs, and other stakeholders to leverage HIT investments and tools to accomplish shared goals of not only HIT adoption but health care delivery improvement. These states have demonstrated that with strong relationships and tenacious leaders in both state government and FQHCs, significant outcomes are possible.

FQHCs have a significant role to play in advancing innovations in the delivery of health care. Their role in providing essential services to vulnerable populations also positions FQHCs on the front lines of health care delivery reform. The adoption and use of health information technologies in FQHCs may help advance their capacity to support comprehensive care delivery to the most needy patients. The Federal Government has made a considerable investment in these technologies in both the states and the delivery system through ARRA. Now it is time to implement.

As states and FQHCs are working together to implement the ARRA HIT initiatives, Massachusetts, Tennessee, and Oregon have shown that strong partnerships can yield efficiencies for both parties. States and FQHCs need to work together and with other key stakeholders to:

- share lessons and work in collaboration, offering information from multiple perspectives; organizations such as the PCA and Health Center Controlled Networks (HCCNs) make for natural partners with

- the state due to their on-the-ground experience with CHCs and HIT adoption;
- partner in ARRA-related applications because support and partnering are necessary to attain clinical transformation;
- encourage and leverage the leadership of the safety net, where innovations can spur activity throughout states' delivery systems;
- overcome policy and legal roadblocks;
- assure that technologies are not being implemented for technology's sake, but are being implemented with an eye toward outcomes;
- move, when appropriate, from a focus on EMR adoption to how effectively the EMRs empower providers to truly improve the delivery of care; and,
- assure alignment between state health care policies and delivery systems serving the states' vulnerable populations.

ENDNOTES

1 For more information see the Department of Health and Human Services Office of the National Coordinator for HIT: Meaningful Use: <http://healthit.hhs.gov/portal/server.pt?open=512&objID=1325&parentname=CommunityPage&parentid=1&mode=2>. Last accessed February 2010.

2 Department of Health and Human Services Recovery Act: Community Health Centers: <http://www.hhs.gov/recovery/hrsa/healthcentergrants.html> Last accessed February 2010.

3 Kevin Fiscella and Jack Geiger, "Health Information Technology and Quality Improvement for Community Health Centers" *Health Affairs* 25, No. 2 (March/April 2006): 405-412

4 Alexandra Shields et al., "Adoption of Health Information Technology in Community Health Centers: Results of a National Survey." *Health Affairs*, 26, No. 5 (2007): 1373-83; Robert Miller and Christopher West, "The Value of Electronic Health Records in Community Health Centers: Policy Implications" *Health Affairs*, 26, No.1 (2007): 206-214

5 Massachusetts eHealth Collaborative. <http://www.maehc.org>. Last accessed February 2010.

6 Health Information Partnership for Tennessee. <http://www.tennesseeanytime.org/ehealth/advisoryCouncil.html>. Last accessed February 2010

7 HCCNs, which consist of at least three collaborating organizations, serve to improve operational effectiveness and clinical quality in health centers by providing management, financial, technology and clinical support services. The networks are located throughout many states and are controlled by and operate on behalf of HRSA-supported health centers. HCCN grant awards from ARRA have totaled \$27.8 million, and have primarily been targeted to support electronic health record implementation and quality improvement, as well as HIT innovation. For more information see: <http://www.hrsa.gov/healthit/recovery/default.htm> Last accessed February 2010.

8 Please see this website for assistance finding a HCCN: <http://findanetwork.hrsa.gov/> Last accessed February 2010.

NATIONAL ACADEMY for STATE HEALTH POLICY

About the National Academy for State Health Policy:

The National Academy for State Health Policy (NASHP) is an independent academy of state health policy makers working together to identify emerging issues, develop policy solutions, and improve state health policy and practice. As a non-profit, non-partisan organization dedicated to helping states achieve excellence in health policy and practice, NASHP provides a forum on critical health issues across branches and agencies of state government. NASHP resources are available at: www.nashp.org.

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