

Evaluation of DCH Grant # 800042G
For the Chatham County
Safety Net Planning Council HIE Pilot
Program
For Grant Year 2007-2008

Prepared by:
Joey Crosby, Ph.D, R.Ph
Professor of Health Services Administration
Armstrong Atlantic State University
Savannah, Georgia

Chatham County Safety Net Planning Council
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Executive Summary

During 2008, the Chatham County Safety Net Planning Council (CCSNPC) commissioned the formation of a group of health information technology experts (“IT Consortium”) representing key healthcare providers, to begin work towards the eventual implementation of a mechanism for secure health information exchange among providers, pursuant to the receipt of grant funds for such a purpose. One of the specific requirements of the grant was the completion of a formal evaluation at the end of the 1st 12 months for purposes of preparing for adoption of HIT systems, assessing opinions from members of the IT Consortium regarding project successes, barriers to success, as well as solicitations of recommendations for ensuring success in the future. Addressing measures of clinical productivity, impact on community health status, impact on individual health records, and a return on investment are premature at this stage of the project. These issues will be integrated into the Year Two HIE Pilot.

A semi-structured survey instrument was developed with input from the HIE Project Manager and was subsequently administered via face-to-face or phone interview with one or more representatives from each of the organizations comprising the IT Consortium during November and December 2008.

The most commonly cited examples of program success included an increased spirit of collaboration among the safety net provider organizations, the successful initiation of a Request for Proposal for HIE infrastructure procurement, and the granting of access to hospital ED data for safety net providers. The most commonly cited barriers to project success included lack of financial resources to

implement and maintain HIE, persistent ambiguities regarding HIE governance and ownership of HIE components (e.g. hardware, data), and the relative lack of participation to date among private physician practices.

The rate of progress among individual safety net providers vis-à-vis the implementation of HIE components – most notably electronic medical records and electronic prescribing capabilities – is highly variable, with some on the verge of initiating pilot HIE studies (post-EMR implementation) with other providers, and others merely beginning the process of identifying potential vendors for EMR selection and implementation during 2009.

In terms of HIE project goals for year two and beyond, virtually all providers that were interviewed emphasized the need to identify prospective source(s) of long-term funding for HIE in Chatham County and the need to more actively engage private physician providers in the process going forward.

Introduction

The membership of the Chatham County Safety Net Planning Council (CCSNPC) recently developed a vision that Chatham County's health care delivery structure will move towards the adoption of a mechanism for integrated health information exchange (HIE) that will be shown to improve patient health and improve the quality of care for all health care consumers. To accomplish this vision, CCSNPC created the CCSNPC Health Information Technology project in 2007, with the goal to expand the use of health information technology (HIT) and its use in the delivery of health care in the community through the use of electronic medical records and e-Prescribing technologies. Longer term, CCSNPC also established a goal of deploying a fully interoperable health information exchange among hospital and community-based providers in Chatham County.

In pursuit of its vision related to the development/expansion of HIE capabilities, CCSNPC applied for and was awarded grant funding from DCH in November 2007. The stated goals, objectives and activities for the HIE Project as specified in the grant application were as follows:

Goal 1: To create a base for a Health Information Exchange in Chatham County that offers comprehensive management of medical information and a secure exchange of the information between health care providers and consumers.

Objective 1: Complete an assessment of safety net providers, physician, laboratory, pharmacy and consumer readiness for Health Information Exchange

Activity 1: Hire Project Manager to organize and coordinate activities.

Activity 2: Assess community agencies, businesses, and groups to ensure that all invested parties are involved in process.

Activity 3: Hire consultants to assist in the assessment of the collaborative provider systems at a technological level to include the evaluation of hardware, database platforms, datasets and modes of data extraction for the implementation of electronic medical record (EMR) and e-scribing capabilities. Consultants will also determine issues that may affect interoperability of implemented systems and make certain data collection is unified and accessible across systems.

Activity 4: Hire consultants to assist in the assurance that consumer privacy and protection rights are protected, best practices are being utilized to guarantee these rights and that State and National standards are being met or exceeded. The sharing of Patient Health Information opt-in versus opt-out issues will also be explored.

Activity 5: Hold focus groups to determine the readiness of community physicians to adopt EMR and e-scribing in their practices and willingness to make use of such technologies

Activity 6: Hold focus groups to determine the readiness of health care consumers to accept the use of EMR and e-scribing.

Activity 7: Offer Continuing Medical Education (CME) to physicians to educate the medical community regarding the use of EMR and e-scribing as a part of practice management.

Activity 8: Allow for continuing education of Chatham Safety Net Health Information Technology Ad Hoc Committee

Goal 2: To begin implementation of Electronic Medical Records and E-prescribing capabilities in the seven community health care collaborator facilities.

Objective 1: Allow Emergency Department physicians at both hospital systems access to patient's clinical information through hospital records.

Activity 1: Perform technical assessment to determine plan and technical methodologies to provide access to each hospital.

Activity 2: Review current confidentiality agreements for each hospital and determine if they meet the requirements for extended access. Revise if necessary.

Activity 3: Identify users of the system and issue a user ID and temporary password (first login will require password change).

Activity 4: Educate the users on how to look up patients and the system security/auditing.

Activity 5: Develop a user support process between the hospitals.

Objective 2: Adoption of E-prescribing by seven collaborative health care providers

Activity 1: Pilot will begin testing e-scribing in the second quarter of 2008

Objective 3: Full adoption of Electronic Medical Record systems in the seven collaborative health care providers.

Activity 1: Physician practices of the two hospital systems will adopt and implement EMR software

Activity 2: Curtis V. Cooper Health Care Center, J.C. Lewis Health Center at Union Mission, Chatham County Health Department, Community Health Mission and the St. Mary's Community Center will adopt and implement EMR software. This will be completed in phases based on the readiness of the individual provider.

Year One of the pilot was intended to lay the foundation for an HIE in the future by promoting the adoption of EMR in the provider network. It was not envisioned that HIE would be implemented in Year One.

The purpose of this report is to provide a formative and summative evaluation of the results from the first 12 months of activity relative to the aforementioned project goals and objectives, based upon a formal survey of representative membership from each of the organizations represented on the CCSNPC IT Consortium.

Evaluation Methods

Based on input provided by the HIE Project Manager, a survey was developed (see Appendix) to solicit open-ended feedback from each respondent of the HIE project group regarding his/her perceptions of the extent of progress made towards the accomplishment of the stated goals for the project during the initial 12 months of the grant period. The following members of the IT Consortium were interviewed either in person or via telephone conference between November and December 2008:

Gwendolyn Glover – HIE Project Manager

Diane Weems – Chatham County Health Department and CCSNPC chair

Jamie Smith – Chatham County Health Department MIS Director

Dan Raffety – Curtis V. Cooper Health Center, CFO

Gloria Broadstreet – St. Joseph's/Candler Health System, Manager,

Systems and Programming Services

Aretha Jones – JC Lewis/Union Mission, Vice President, Primary Health

Services

Palma Adkins – St. Mary's Community Health Center, IT Consultant

Miriam Rittmeyer – Community Health Mission, Executive Director

Patty Lavelly – Memorial Health University Medical Center, Sr. Vice

President and CIO

Gary Rost – Savannah Business Group, Executive Director

All responses were recorded in a pre-formatted Word document comprised of the questions from the survey instrument. At the conclusion of the interview process, responses were reviewed and common themes were identified with respect to the following summative and formative domains:

1. Specific accomplishments during the first 12 months;
2. Specific barriers to accomplishing goals during the first 12 months;
3. Strengths of the CCSNPC IT Consortium process;
4. Anticipated accomplishments for 2009;
5. Anticipated barriers to accomplishing goals during 2009;
6. Perceptions regarding the potential for HIE sustainability in Chatham County over the long term

Results

Specific accomplishments during the first 12 months

100% of respondents indicated that the HIE project group proceedings during 2008 had fostered a palpable spirit of collaborative intent among the various safety net providers in Chatham County that, heretofore, had not formally existed. While the benefits associated with such collaborative efforts has been largely intangible to date, there have actually been some more tangible benefits realized including increased data sharing between the two hospital-based systems, especially in the area of emergency department and digital mammography data.

The majority of respondents also identified the initiation and progression of the HIT RFP project and the sharing of data access between the hospitals and the non-hospital safety net providers during 2008 as notable accomplishments of the project group. Similarly, a majority of provider representatives also indicated that hospital portal access has significantly simplified and improved the efficiency of existing processes such as notifiable disease reporting. One suggestion was made to formally track the number of unique access requests made to one of the hospital information portals during the grant period as a means of quantifying the increase in use of these portals.

In terms of project specific goals, all of the respondents indicated that their respective organizations had implemented an EMR-based system, were beginning the process of implementing an EMR-based system, or were in the planning process for selecting an EMR-based system during 2009. Among those

safety net organizations that had not fully implemented EMR capability as of the end of 2008, all were highly confident that their respective organizations would have some type of functional EMR in place by the end of 2009.

As it pertains to the implementation and utilization of electronic prescribing functionality, there was significantly more variability among the respondents. Only one of the organizations indicated that they were already making significant use of electronic prescribing functionality. Most of the respondents, especially among the non-institutional safety net providers, indicated that their efforts related to electronic prescribing capability implementation and use would be contingent upon their level of success with EMR implementation and use. Among those organizations still anticipating implementation of electronic prescribing capabilities, most indicated that they would, at a minimum, be moving towards implementation by the end of 2009, primarily as a result of pending regulatory changes (CMS).

For current progress in HIT adoption by CCSNPC providers, see attached table "Current Technical Environment".

Specific barriers to accomplishing goals during the first 12 months

All respondents indicated that limitations on the availability of financial resources had the potential to significantly impact: (1) the maintenance of EMR and electronic prescribing capabilities going forward beyond the end of the grant period, and (2) the establishment and maintenance of the infrastructure for health information exchange among providers in Chatham County.

Among the non-institutional safety net providers, there was also significant concern regarding the relative lack of participation among private physician providers to date. The nature of such concerns was expressed in terms of a perceived lack of local medical leadership on the issue as well as a relative absence of financial incentives for physicians to participate in the adoption of health information technology.

A number of other strategic issues were also cited as real or perceived barriers to the accomplishment of the goals of the HIT project by a number of respondents, including the following:

- Data ownership – who will own what data and infrastructure?
- Governance – how will any resultant system be governed?
- Provider participation – for those organizations that make use of volunteer providers, will they be able to obtain sufficient buy-in to make HIT investment worthwhile?
- Productivity – a couple of the respondents that had already partially or fully implemented EMR expressed concerns about the initial adverse impact on provider productivity that such systems have had to date (decreases in productivity).

Anticipated accomplishments for 2009

All of the respondents indicated that they anticipated having a functional EMR system in some capacity by the end of 2009, though some of the respondents that were still in the planning stages of the process indicated that such plans were predicated on a number of contingencies that could not be completely known in the present. As it pertains to electronic prescribing capability, approximately half of the respondents indicated that they intended to be significantly utilizing some capability no later than the end of 2009, predicated

for the most part on the attainment of a satisfactory level of success on EMR implementation.

Specific to the RFP process of the development of a health information exchange infrastructure that was initiated during 2008, all respondents anticipated moving towards completion during 2009 including the completion of site visits, selection of vendor(s) for site demonstration(s), development of a governance and financial plan for a newly developed health information exchange in Chatham County.

Several respondents emphasized the importance of incorporating more private practice physician participation into the HIE development process going forward through 2009 and beyond. There was an indication of a willingness from one of the large multi-specialty group practices to commit organizational and medical leadership to the process, and it was felt by most respondents that such a formal commitment would be essential to recruiting more private physician participation throughout the community.

Perceptions regarding the potential for HIE sustainability in Chatham County over the long term

When respondents were queried regarding their opinions on the long-term sustainability and potential for success of health information exchange among providers in Chatham County beyond the grant period, virtually all of them indicated that securing consistent, long-term funding source(s) would be absolutely essential to accomplish such a goal. Along these lines, a couple of respondents noted that it would be advisable for the project group to develop a

long-term financial and governance plan PRIOR to the selection and implementation of any HIE infrastructure.

Concerning the issue of private provider input and participation in HIE, a majority of respondents indicated that achieving sufficient (though not likely 100%) participation from private providers was also important, not only for purposes of sustainability, but also for purposes of maximizing the potential benefits (in terms of improved quality and operational efficiency) associated with HIE. A couple of respondents opined that the HIE project group needed to refocus its efforts on increasing participation among private physician providers during the second year by identifying physician champion(s) in the community and working with them to “get the word out” about the HIE project. It was mentioned that increased HIE project group member availability to speak with private physician providers would be useful. Some concerns were also raised by these same respondents that many private physicians are simply unaware of the HIE project and the potential benefits that could accrue from it to patients as well as providers.

One of the respondents expressed concerns about the long term sustainability of HIE based on the relative lack of senior level leadership participation in the process to date. It was the opinion of the respondent that, while all of the safety net providers had official representation in the group, the long term success of HIE in Chatham County would require senior management and board-level commitment and leadership, especially from the two institutional safety net provider systems (Memorial and St. Joseph’s/Candler) and the county

government. Concerns were also raised regarding the potential turnover of existing leadership within the HIE project group in the near future and the lack of a governance plan that would allow for a more stable transition to new leadership.

Summary of Year One HIE Goals & Objectives

The table below provides a summary of the progress towards the accomplishment of the stated goals for the HIE Project as of the end of December 2008. For explanation of Activities refer to list on pages 5-6 of this document.

GOAL	OBJECTIVE	Activity Number	Activity Status	Comments
Goal 1: To create a base for a Health Information Exchange in Chatham County that offers comprehensive management of medical information and a secure exchange of information between health care providers and consumers.	1. Complete an assessment of safety net providers, physician, laboratory, pharmacy and consumer readiness for Health Information Exchange	1	Complete 12-31-07	
		2	Complete 12-31-07	
		3	Complete 10-30-08	
		4	Deferred to Year 2	
		5	Completed 07-31-08	
		6	Completed 07-31-08	
		7	Deferred	
		8	On-going	
Goal 2: To begin implementation of Electronic Medical Records and E-	1. Allow Emergency Department physicians at both hospital systems		Complete	Hospital ED's linked 01-2008

GOAL	OBJECTIVE	Activity Number	Activity Status	Comments
Records and E-prescribing capabilities in the seven community health care collaborator facilities.	hospital systems access to patient's clinical information through hospital records.	1	Complete 1/08	Portal access (read-only) among safety net providers achieved
		2	Complete 10/08	
		3	Complete 05/08	
		4	Complete 10/08	
		5	Complete	
	2. Adoption of E-prescribing by seven collaborative health care providers	1	Ongoing; 2 of 7 Safety Net providers have adopted this technology, others in planning stage	
	3. Full adoption of Electronic Medical Record systems in the seven collaborative health care providers	1	Complete	2 of 7 safety net providers mostly or fully implemented EMR, others planning implementation during 2009
2	In progress			

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Appendix

HIE Project Group Interview Questionnaire

HIE Project Interview Questions

General Intro Questions

1. In your opinion, what have been the major accomplishment(s) of the HIE Pilot Project over the past 12 months?
2. What do you think are one or two strengths that the HIE project's IT consortium brings to the Safety Net Planning Council in its efforts facilitate the exchange of health care information with its partners?
3. What is/are your specific role(s) vis-à-vis the HIE Pilot Project?

Goal-specific Questions – there are two major project goals as outlined in the HIE pilot grant; these include:

Goal 1: To create a base for a health information exchange in Chatham County that offers comprehensive management of medical information and a secure exchange of the information between health care providers and consumers.

1. What has been accomplished over the preceding 12 months relative to this goal? (i.e. describe any organizational assessment procedures you have been involved with over the past year related to the HIE/EMR initiative; describe any interaction(s) you and/or your organization had with consultants affiliated with the HIE/EMR initiative over the past year; describe any interaction(s) you and/or your organization had with the HIE project staff/director over the past year, etc.)
2. What has been your specific contribution to the accomplishment(s) described in the previous question?
3. What barrier(s) do you perceive as interfering with continued accomplishment(s) vis-à-vis this specific goal? How have you/your organization attempted to address such barrier(s)?
4. Within your area(s) of responsibility relative to this goal, what do you personally hope to accomplish over the next 12 months? (i.e. Year 2 outlook for adoption if started vs. year 2 outlook for adoption if not started)
5. Regarding portal access to hospital data, what is the current status of your activities? What has been the impact of portal access on preparing your organization for implementation of EMR?

Goal 2: To begin implementation of electronic medical records and e-prescribing capabilities in the seven community health care collaborator facilities.

1. What has been accomplished over the preceding 12 months relative to this goal? (i.e. describe any organizational assessment procedures you have been involved with over the past year related to the HIE/EMR initiative; describe any interaction(s) you and/or your organization had with consultants affiliated with the HIE/EMR initiative over the past year; describe any interaction(s) you and/or your organization had with the HIE project staff/director over the past year, etc.)
2. What has been your specific contribution to the accomplishment(s) described in the previous question?
3. What barrier(s) do you perceive as interfering with continued accomplishment(s) vis-à-vis this specific goal? How have you/your organization attempted to address such barrier(s)?
4. Within your area(s) of responsibility relative to this goal, what do you personally hope to accomplish over the next 12 months? (i.e. Year 2 outlook for adoption if started vs. year 2 outlook for adoption if not started)

Wrap Up Questions

1. In your opinion, what needs to happen/be in place in order to ensure the long-term sustainability of HIE in Chatham County?
2. How might the CCSNPC HIE project facilitate or otherwise further enable the adoption of electronic prescribing and/or electronic medical records technology capability within your organization over the next year?
3. Any other comments to add?