Perceptions of FQHC Staff Regarding

EHRs and Health Information Exchange

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INTRODUCTION

- Health Information Exchange (HIE) is transforming the health care system and improving the quality of care in health care organizations across the United States (Vest & Miller, 2011).

- Federally Qualified Health Centers (FQHC) are increasingly adopting Electronic Health Records (EHRs) and Health Information Exchange (HIE) and, thereby, may increase the likelihood that patients will realize improved quality of care.

- **A study by Bresnick (2013) found that patients who receive care at FQHCs with robust information technology systems receive better preventative services, more comprehensive follow-up care, and improved access to specialists**. In addition, electronic medical records (EMRs) and HIE are cornerstones for FQHCs striving to meet meaningful use objectives (Kuperman, 2011).

INTRODUCTION

- Progress with adoption of EHRs is significant in that it establishes the capability for meaningful use objectives related to the capture of data.

- However, fewer centers established the capability for meaningful use objectives related to data sharing (Levinson, 2014).

- **One of the most pressing problems is interoperability connections for exchange of data and support for patients across transitions of care** (Kuperman, 2011).

- This report presents findings of a web-based survey of Florida FQHCs designed to obtain an understanding of the adoption and perceptions of EHRs, participation in Florida HIE Direct Secure Messaging (DSM) and perceptions of the benefits and barriers of adoption of EHRS, intent to meet Meaningful Use 2 and the organizational sources for transitions of care.

Methods

- A web-based survey was developed to obtain the perceptions and utilization of electronic health records and secure email exchange for Federally Qualified Community Health Centers (FQHC) in Florida.

- The research sample, composed of approximately 50 Executive Directors of FQHCs, were identified by the Florida Association of Community Health Centers (FACHC). Benjamin Browning, MPA and Research and Policy Analyst for the FACHC emailed a request to participate in the web-based survey on February 27, 2014
  - Additional reminders with a request for participation and the URL link were sent to the sample over the following four weeks, and the survey was closed on March 30, 2014.

- The number of survey respondents in this analysis total 22, with an approximate response rate of 44%.
  - However, not all respondents answered each question and the number of responses varies slightly (n= 18-22) across the questions.

FQHC Characteristics

- The respondents provide a comprehensive range of size, geographic location, and experience.

- The number of clinic sites operated by the FQHCs associated with the respondents ranged from two to 52.
    - Those respondents indicating six or more sites and those less than five or fewer were equally divided with 50% in the two categories.

- The number of respondents indicating that their FQHC participated in a Health Center Controlled Network (HCCN) was nearly equally divided with 53% indicating participation in a HCCN and 47% were not affiliated with an HCCN.

- Nine of the 11 AHCA Geographic Service were represented.
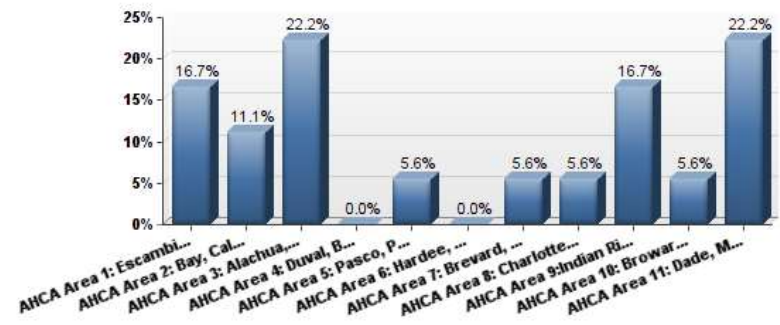
Respondent Characteristics

- The survey was sent to Executive Directors of FQHC and the majority of respondents (56%) did report their role as Administrator/Chief Executive Officer.

- The recipients of the email, however, were instructed that they could have another appropriate individual respond.
    - The second largest identified group of respondents was Chief Nursing Officer/Director of Nursing (17%)
    - 6% were Chief Finance Officers
    - 28% responded "Other"

- In order to gauge the experience of the respondents, individuals were asked the number of years they had been working in an FQHC.
    - 55% of the respondents indicated that they provided service less than 10 years.
    - 44% indicated that they provided service between 10 to 29 years.

IMPLEMENTATION OF EHR's

- ALL respondents indicated that the FQHC had an electronic medical record.
  - 61% of the respondents reported that they utilize electronic records only.
  - 39% reported that they use both paper and electronic records.

- When asked to indicate how long the EMR system had been fully implemented
  - 50% indicated more than four years
  - 19% had been fully implemented within 6-12 months.

BENEFITS AND BARRIERS TO THE IMPLEMENTATION OF EHR

SATISFACTION WITH THE IMPLEMENTATION OF EHR

- Measured by a 5 point Likert scale –

  1 = Very Dissatisfied   5 = Very Satisfied

- The average satisfaction level reported was 3.7

  – 75% were either satisfied or very satisfied

  – 6% indicated neutrality

  – 19% were dissatisfied or very dissatisfied

Perceived Benefits to Implementation of EHR

Average Ratings of Agreement on 5 point Likert Scale

1=Strongly Disagree   5 = Strongly Agree

Perceived Barriers to Implementation of EHR

Average Ratings of Agreement on 5 point Likert Scale

1=Strongly Disagree   5 = Strongly Agree
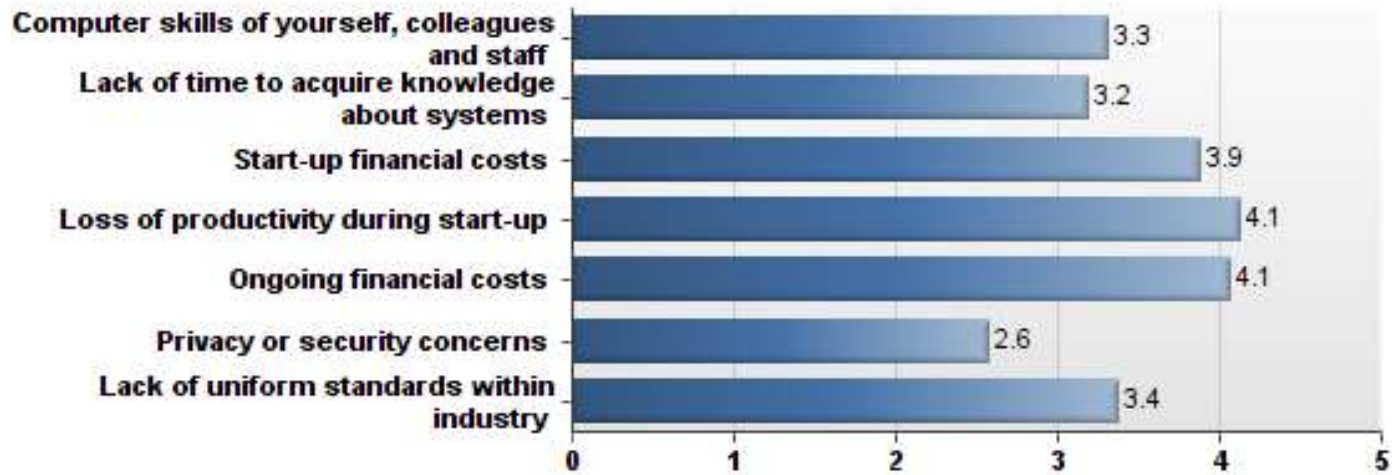
INTENT TO ACHIEVE MEANINGFUL USE 2

- **81% of the respondents reported an intent to achieve Stage 2 Meaningful Use**. The others 19% reported that they are not sure.

- None of the respondents reported No

Readiness to Achieve Stage 2 Meaningful Use

- The respondents were asked if the organization currently has the technical and operational capability to achieve meaningful use requirements for transitions of care using certified electronic health record technology.
- The vast majority (75%) indicated Yes, for technical capacity, however, 25% were Not Sure.

- Only half (50%) indicated Yes for operational capacity to meet meaningful use requirements for transitions of care by sending the summary of care records electronically to other organizations through a secure connection using certified electronic health record technology.
  - 19% were unsure
  - 31% reported No

Transition of Care Organizations

- Transitions of care are bi-directional and respondents indicated the top three types of health care organizations to which they make referrals for transitions of care as well as the top three sources of referrals to their organizations for transitions of care.

TRANSITIONS OF CARE
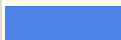# Transition Recipients (Referrals)

Who are the top three recipients of referrals for transitions of care?

Answer		%
Long term care facilities		6%
FHQC's		6%
County health departments		13%
Home health agencies		19%
Primary Health care providers (physicians, nurse practitioners, etc.)		25%
Behavioral health care facilities (outpatient)		38%
Hospitals		75%
Specialist health care providers (surgeons, medical specialty physicians)		75%

TRANSITIONS OF CARE
Transition Sources

From whom do you receive transitions of care?

Answer		%
Long term care facilities		0%
Home health agencies		13%
Other FHQC's		19%
Behavioral health care facilities (outpatient)		44%
County health departments		50%
Primary health care providers (physicians, nurse practitioners, etc.)		50%
Specialist health care providers (surgeons, medical specialty physicians)		56%
Hospitals		88%

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Awareness of Florida HIE

- Awareness that the State of Florida had launched an initiative to exchange health information through secure email (Direct Secure Messaging) was strong.

- Nearly 63% were aware of DSM, however,

- 39% reported they unaware of DSM

CONCLUSION

The State of Florida has launched several initiatives to exchange health information through the Florida HIE including secure email (Direct Secure Messaging), Patient Look-up, and Event Notification Services (ENS).

The respondents to this survey demonstrate the potential opportunities for expansion of the Florida HIE interoperability connections.

Further indication of the need for Florida HIE services is found in the desire by virtually all Florida FQHCs to achieve meaningful use in 2014.