



HIT Survey of Community Health Centers

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Purpose

- Estimate the HIT adoption rate among health centers
- Assess features and characteristics associated with HIT adoption
- Identify barriers to adoption

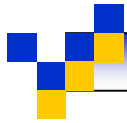


2006 HIT Survey

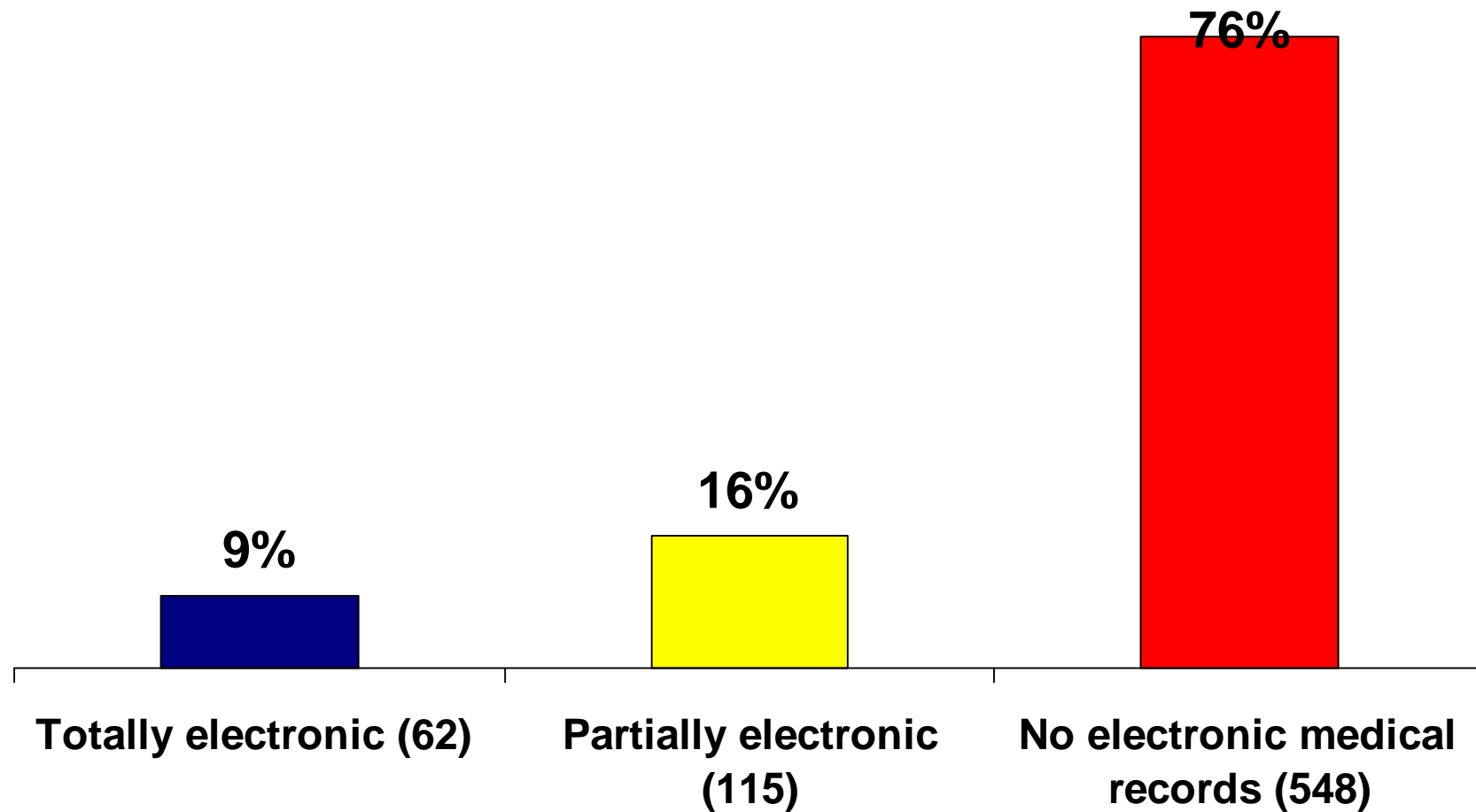
- Collaboration of Harvard Medical School/MGH, George Washington University, National Association of Community Health Centers

- 725 health centers
 - 3 out of 4 health center responded
 - State, urban/rural, grantee type

- Analysis of self-reported EMR adoption
 - Concurrent analysis of HIT adoption in health centers using functional definition of EMR to be submitted for publication in Fall 2006



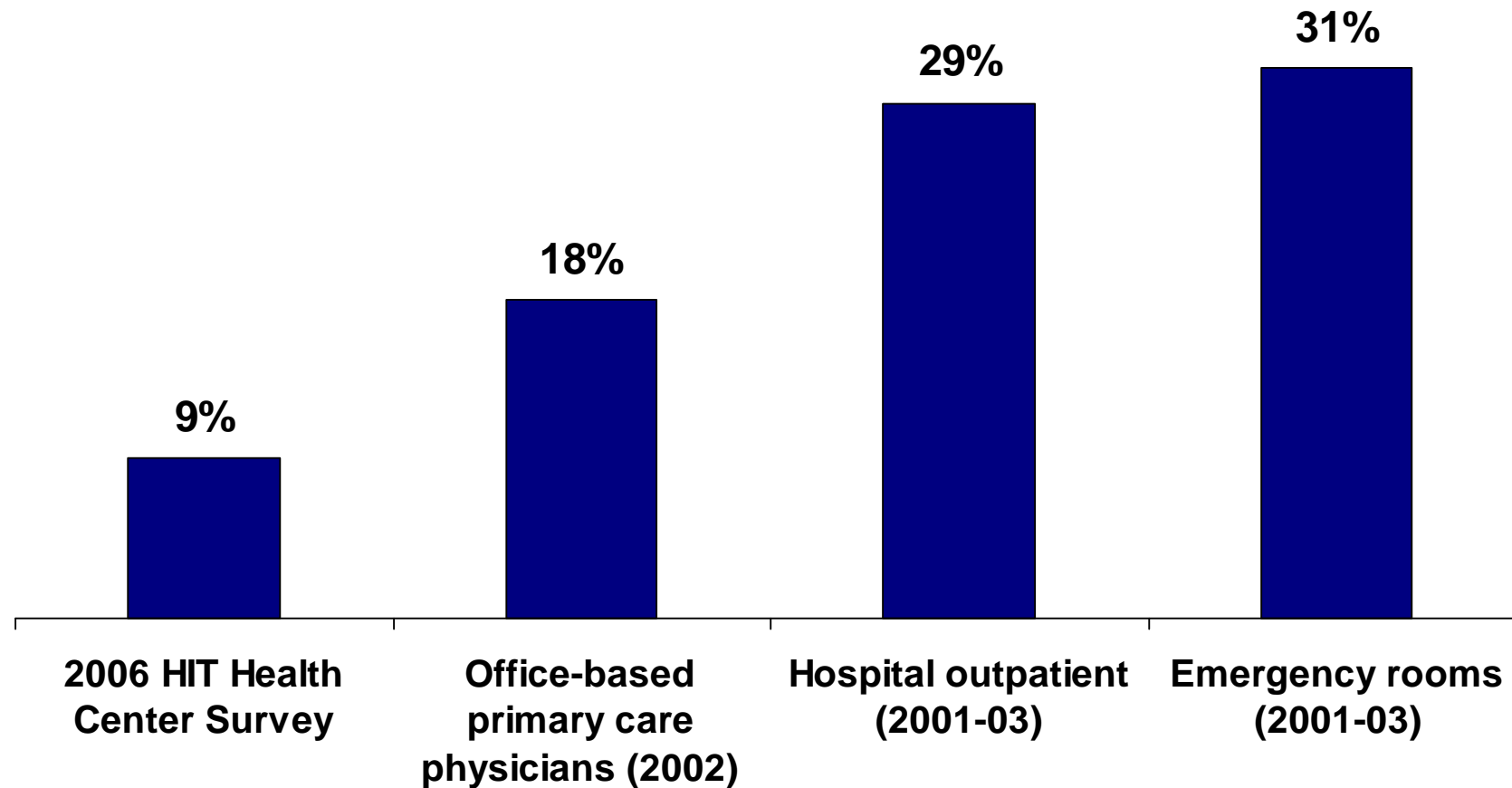
Distribution of HIT adoption rates



Note: Based on self-reported use of electronic medical records (not including billing records).



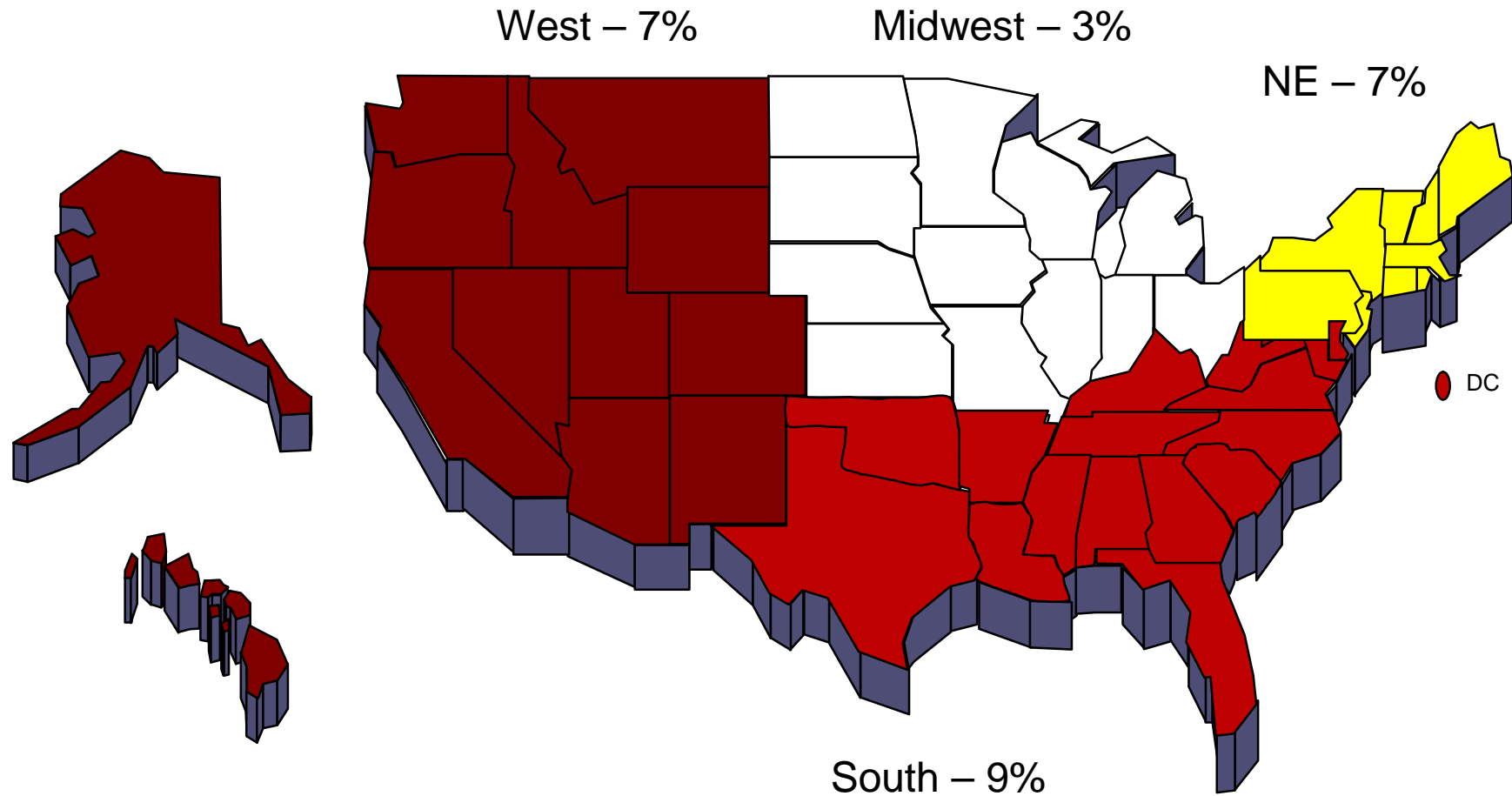
Comparison of adoption rates



Sources: Based on NACHC May 2006 Fact Sheet. National data from Woodwell DA and Cherry DK. *National Ambulatory Medical Care Survey: 2002 Summary*. Advance data from vital and health statistics: No. 346. Hyattsville, Maryland: National Center for Health Statistics. 2004. Burt CW and Hing E. *Use of Computerized Clinical Support Systems in Medical Settings, United States, 2001-03*. Advance Data from vital and health statistics: No. 353. Hyattsville, Maryland: National Center for Health Statistics. 2005.

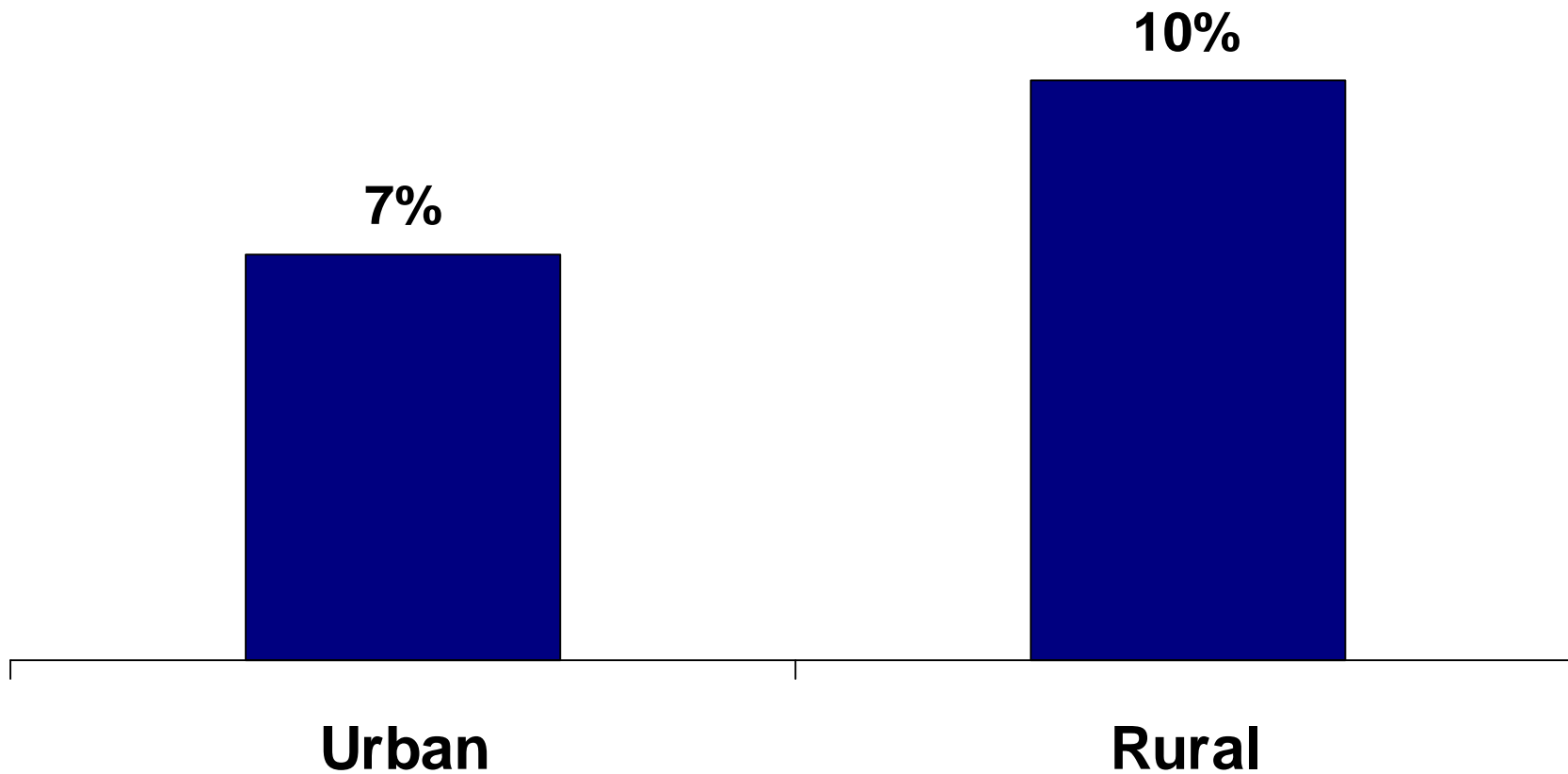


Regional Variation in EMR adoption Rates (Pct of health centers with EMR)



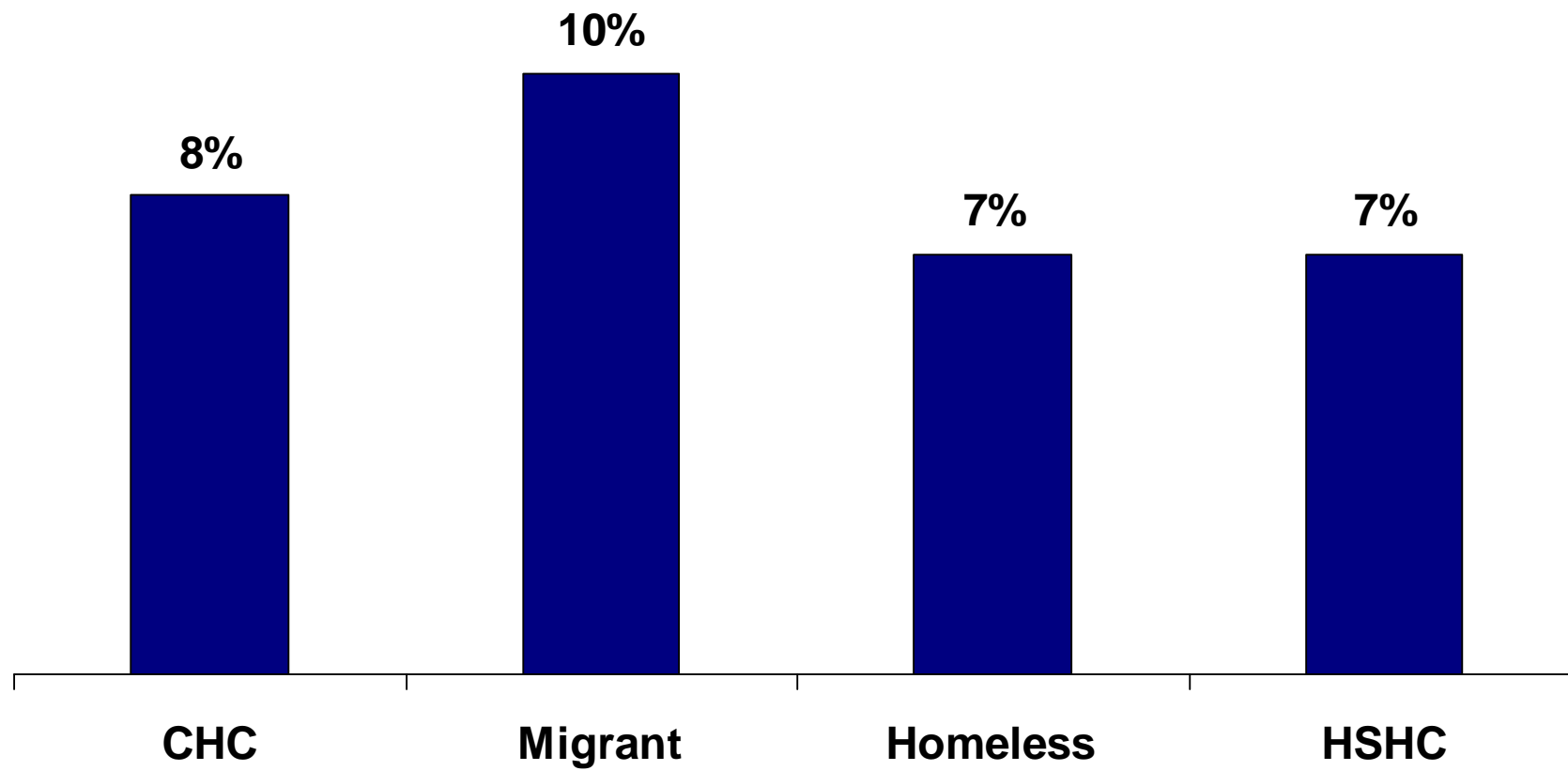


Low EMR rates in both urban and rural locations



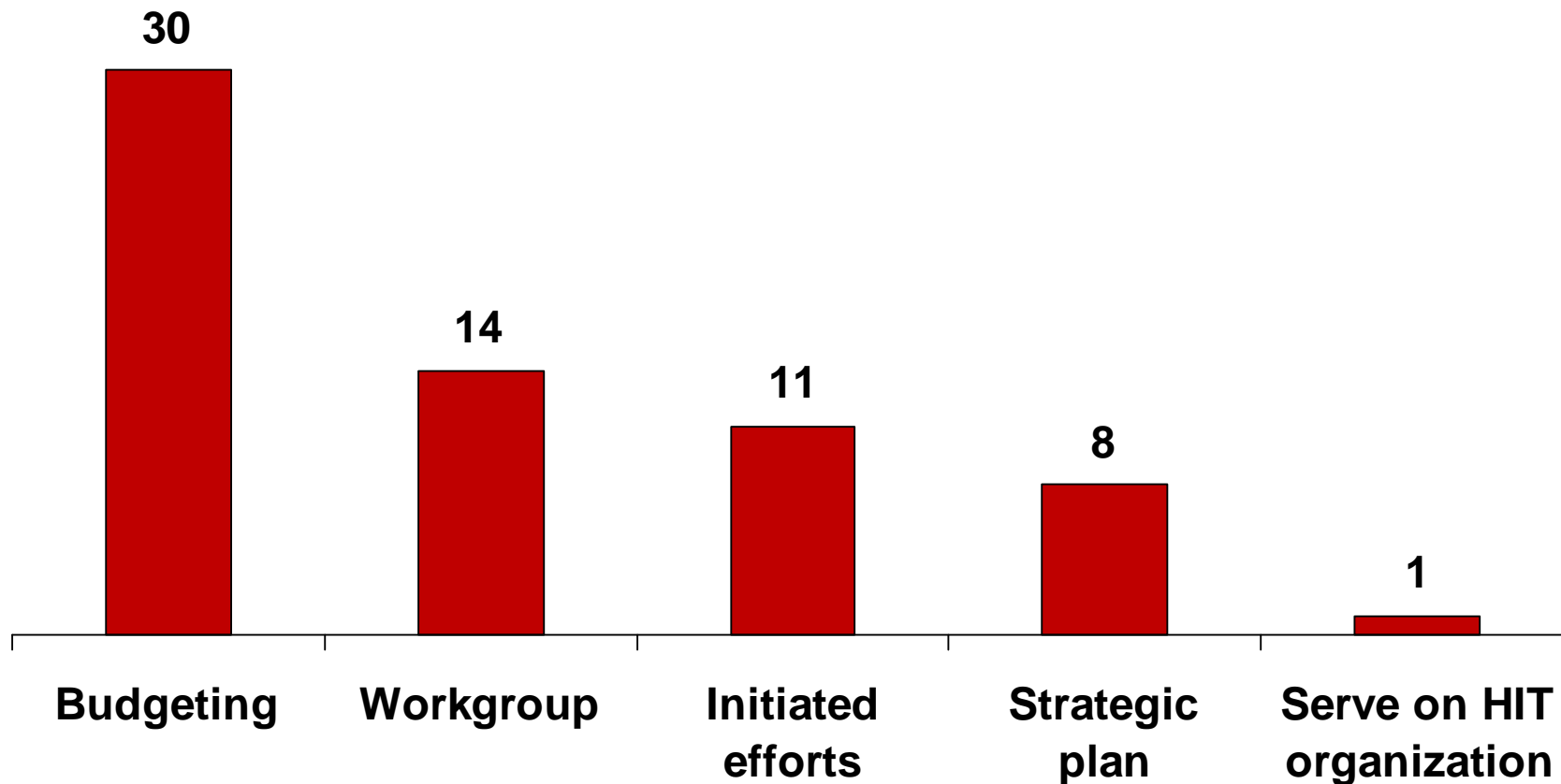


Low EMR rates across grantee type





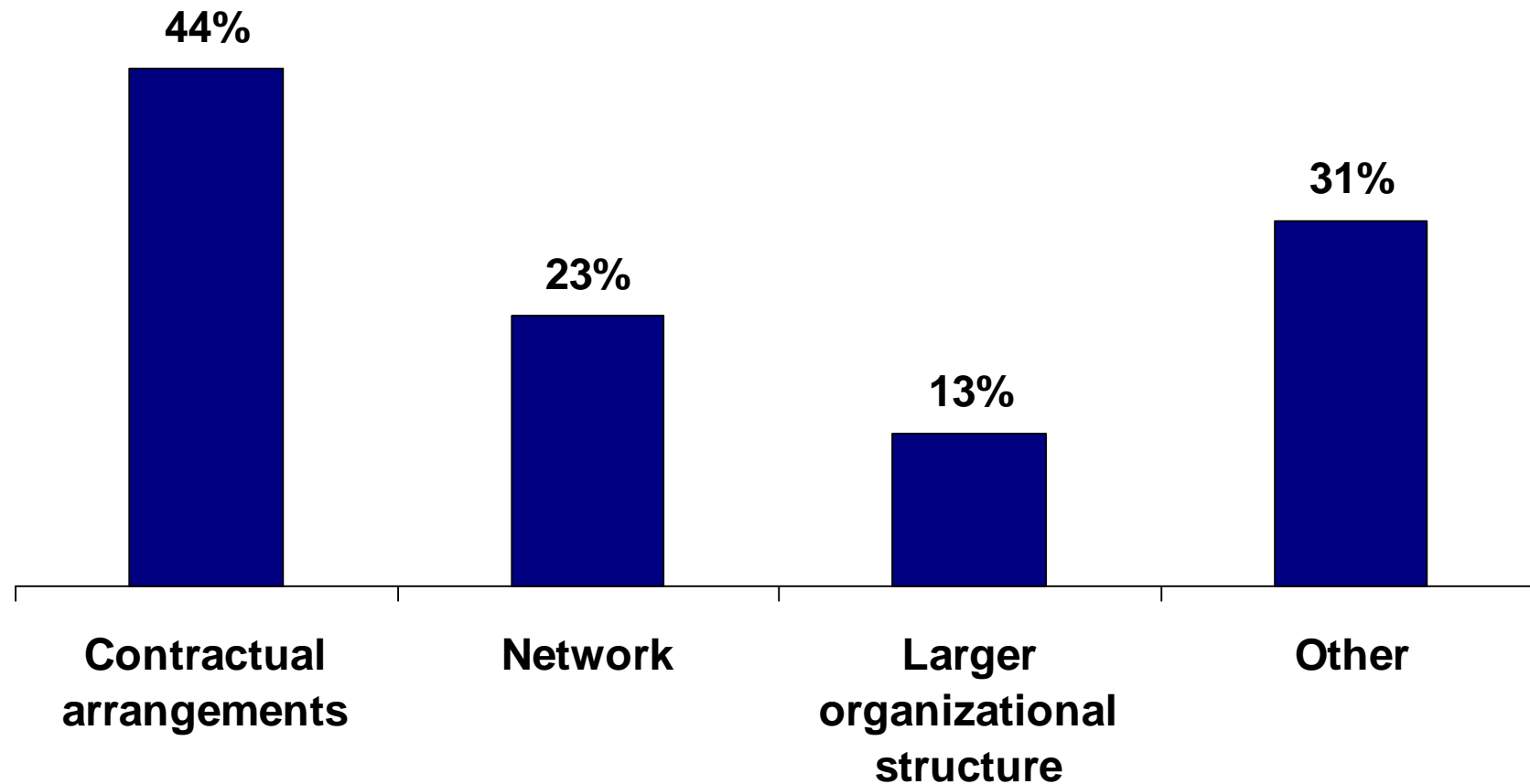
Governing Board Role (Number of health centers)



Note: Governing Board may play multiple roles.
Estimates based on responses from 62 health centers with totally electronic EMR.

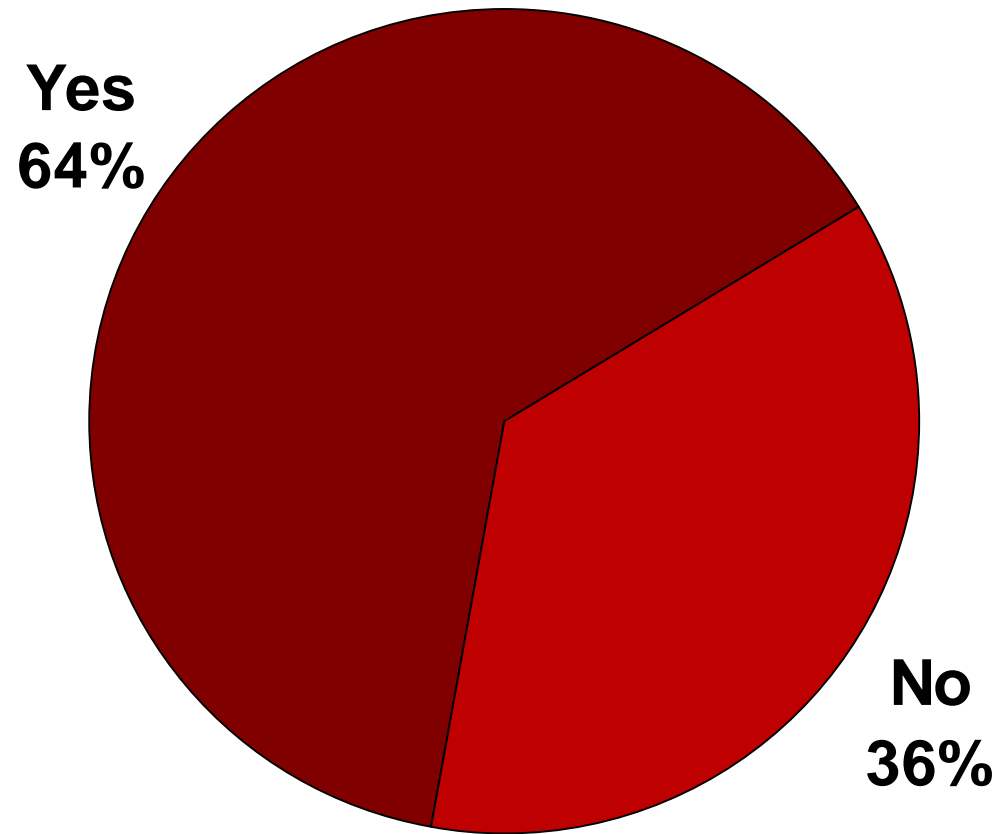


Percent of health centers with EMR that get additional IS or IS support (N=62)





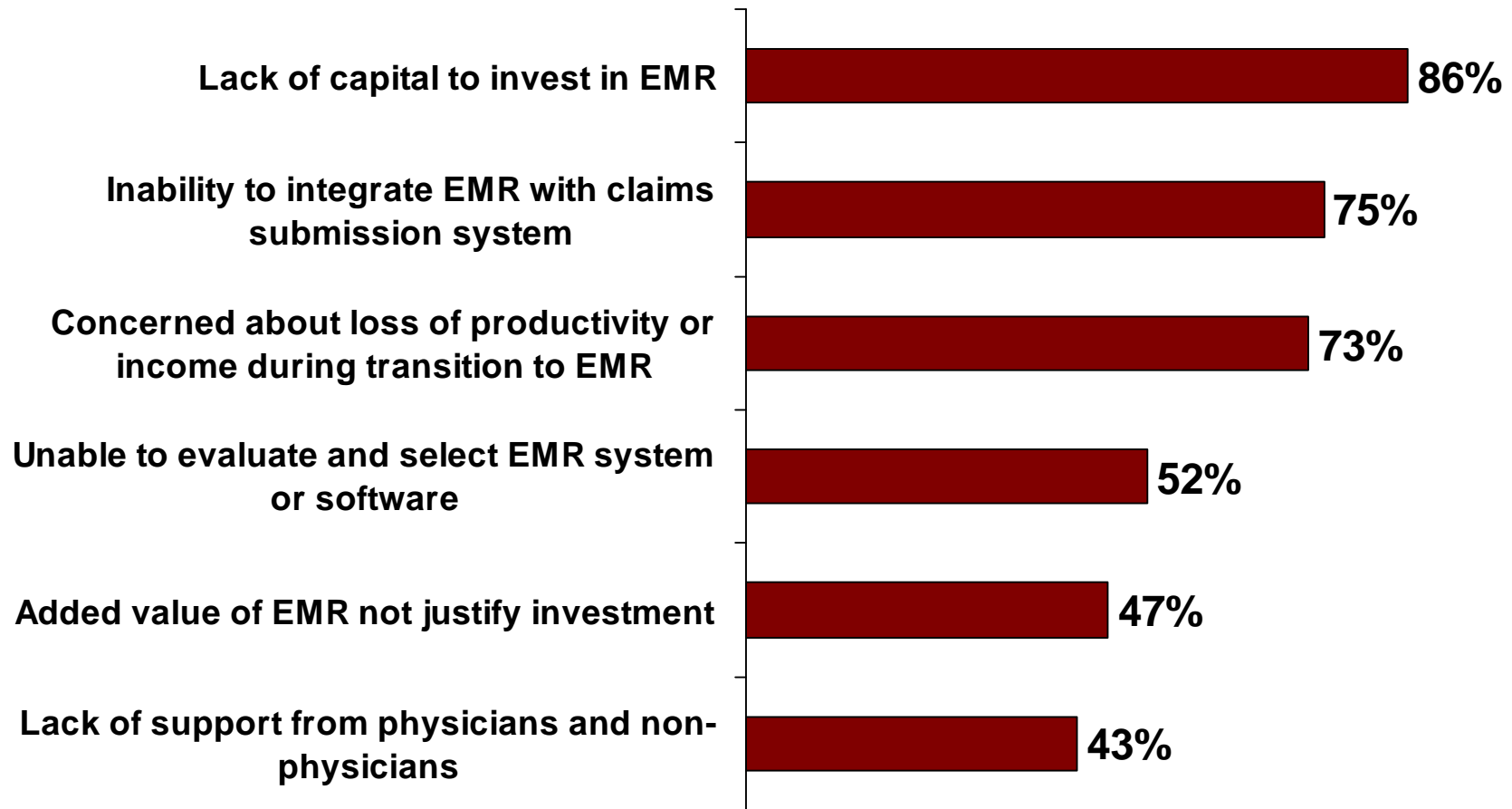
Plans to implement EMR



N=663 health centers with no or partial EMR



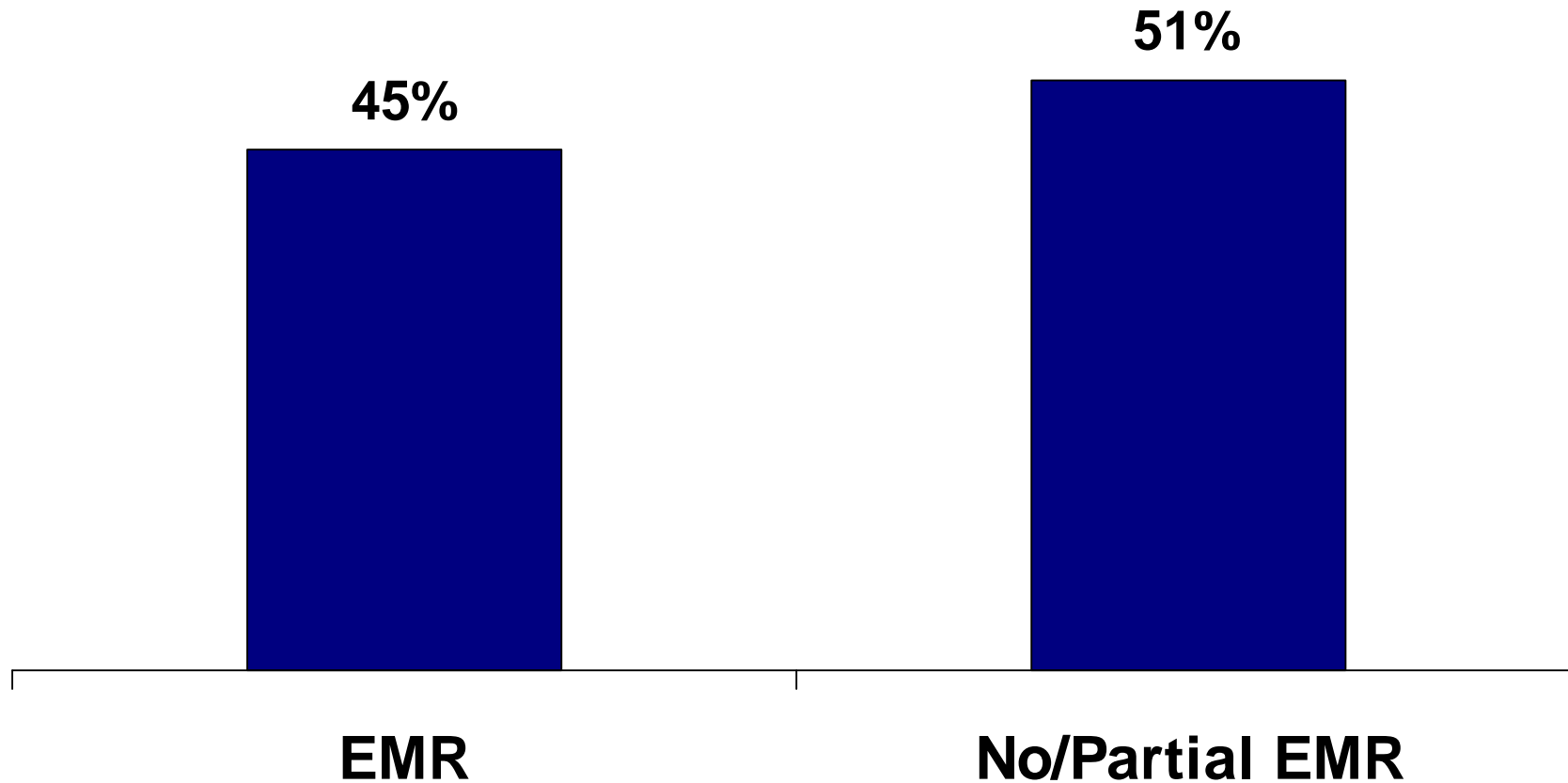
Major financial and technological barriers to EMR



Note: Estimates based on responses from health centers with no or partially electronic EMR

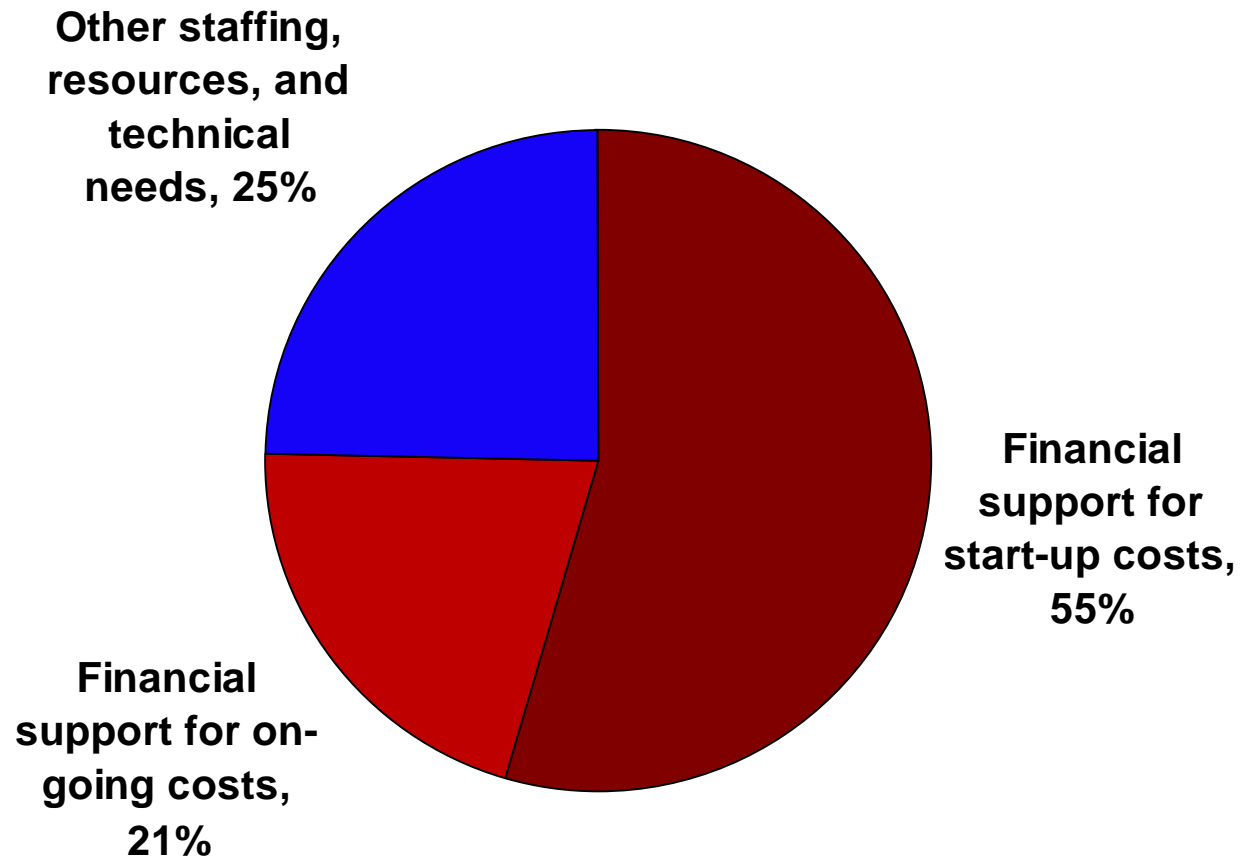


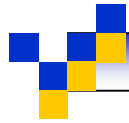
HCs w/EMR have smaller percentage of low-income users (<100%FPL)



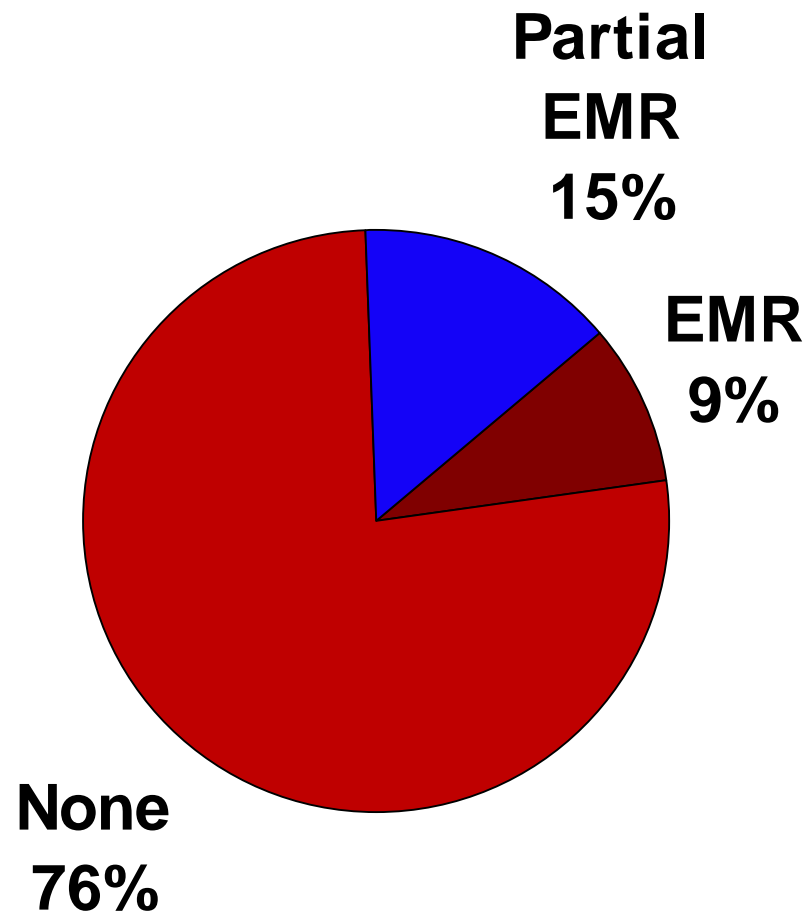


Types of assistance requested for health centers with no or partial EMR





HRSA health disparities collaborative participation does not necessarily lead to EMR adoption



N=578 health centers in the collaborative



Conclusion

- Low HIT adoption rates
- Low adoption rates regardless of urban/rural location, grantee type, managed care participation, payor mix
- Majority of health centers plan adopt EMR
- Financial and technical assistance needed
- Important for the governing board to make EMR a priority



Limitations

- Partial and Total EMR differences
- CHI presentation using self-reported adoption of EMR
- Functional definition of EMR generally includes four features: patient demographic information, computerized orders for tests, lab results, and clinical notes.
 - 14 percent of health centers meet this definition (still below national average)