Chatham County Safety Net Planning Council

Improving Health Information Exchange (HIE)

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Uninsured in Chatham County

- **Nearly 80% of uninsured are working**
- **Between 44,000 and 60,000 uninsured persons at any one time, most are female (63%) and minority (57%)**
- **Hospital emergency departments frequently utilized for primary care by the uninsured at a cost of $10 million in 2006**
- **Avg. cost for Primary Care visit = $115;**
- **Avg. cost for Primary Care ED visit = $260**

A Different Approach – The Chatham County Safety Net Planning Council

Authorized by the County Commission in 2004 to develop an infrastructure to maximize access and utilization of health services and to leverage available resources to assure improved health status

In 2005, became the HealthCare Action Team for Step-Up! Savannah's Poverty Reduction Initiative

Collaborative Partners

- **Chatham County Health Department**
- **Step-Up! Savannah's Poverty Reduction Initiative**
- **Memorial Health University Medical Center**
- **St. Joseph's/Candler Health System**
- **Curtis V. Cooper Primary HealthCare Center (CVCPHC)**
- **J. C. Lewis Health Center (JCL)**
- **Community Health Mission (CHM)**
- **MedBank**
- **Chatham County, City of Savannah**
- **Georgia Medical Society, Private Dentist**

Partners

- **DFCS**
- **Savannah Area Behavioral Health Collaborative**
- **Gateway Community Service Board**
- **Georgia Legal Services**
- **Community Cardiovascular Council**
- **Armstrong Atlantic State University**
- **United Way of the Coastal Empire**
- **Savannah Business Group**
- **Consumers**

The Safety Net…

- Includes partnerships with public, private and not-for profit health and human services agencies
- Is performance based and strives to utilize resources more efficiently
- Efforts will lead to improved health outcomes and increased access to care
- Strives to be non-redundant and integrated

Successes-

- **Adoption of a standard metric tool by partners in 2005 to measure effectiveness of health service delivery and health outcomes** *(2006 Data is Baseline)*

- **Pilot of Care Navigator System funded by Healthcare Georgia Foundation, a unified case management health access system targeting uninsured adults with chronic diseases** *(Initiated 2006)*

Successes

- **Pilot of Medication Assistance Initiative by MedBank partially funded by United Way and Memorial Health coordinating assistance at Savannah Area Behavioral Health Collaborative, Community Health Mission, and Curtis V. Cooper Primary Health Care Center; J. C. Lewis Health Center for the Homeless to join January 2008** *(Initiated January 2007)*

2007 Priorities for Improvements

- **Strengthening infrastructure – Council is in the process of incorporating as a private non-profit entity**
- **Improved information technology and health information exchange in safety net system**
- **Improving access to specialty care and medications**
- **Expansion and sustainability of Care Navigator Program**

CCSNPC Health Information Exchange Project

Seeks to expand the use of health information technology (HIT) and its use in the delivery of health care in our community, particularly within the network of safety net providers serving the uninsured and underinsured of Chatham County

HIE Partners

- **Memorial Health**
- **St. Joseph's/ Candler Hospital System**
- **Chatham County Health Department**
- **Curtis V. Cooper Primary Health Care** (FQHC)

- **Union Mission J. C. Lewis Health Center for the Homeless** (FQHC)
- **Community Health Mission** (VIM Model)
- **St. Mary's Community Center (VIM Model)**

Project Goals

- Create a base for a Health Information Exchange that offers comprehensive management of medical information and a secure exchange of the information between providers and consumers

- Begin implementation of EMRs and E-scribing capabilities in the 7 community healthcare partner facilitates

Phased Approach

Phase 1 – Assessment

- **Assess capabilities and infrastructure to support HIE** **(hardware, database platforms, datasets, etc – IT "inventory")**

- **Legal Issues – HIPAA, Business Associate Agreements, Patient Notification**

- **Who is missing?**

- **Assess readiness of physicians and patients for Electronic Medical Record**

- **Assess readiness of pharmacies for E-scripts**

Phase 2
Improving Patient Care with Linkage to Primary Care Physicians

- Emergency Department's from both hospital systems Online
- Physician ability to pull health record from ED

  (Keeping in mind National Standards for Continuity of Care Document/Continuity of Care Record)

Phase 3
Electronic Medical Record Adoption

- **Physician practices of the two hospital systems will adopt and implement EMR software**

- **Implement EMR capability in each of the seven community health facilities (completed in phases based on the readiness of the individual provider)**

- **Pilot of E-scribing**

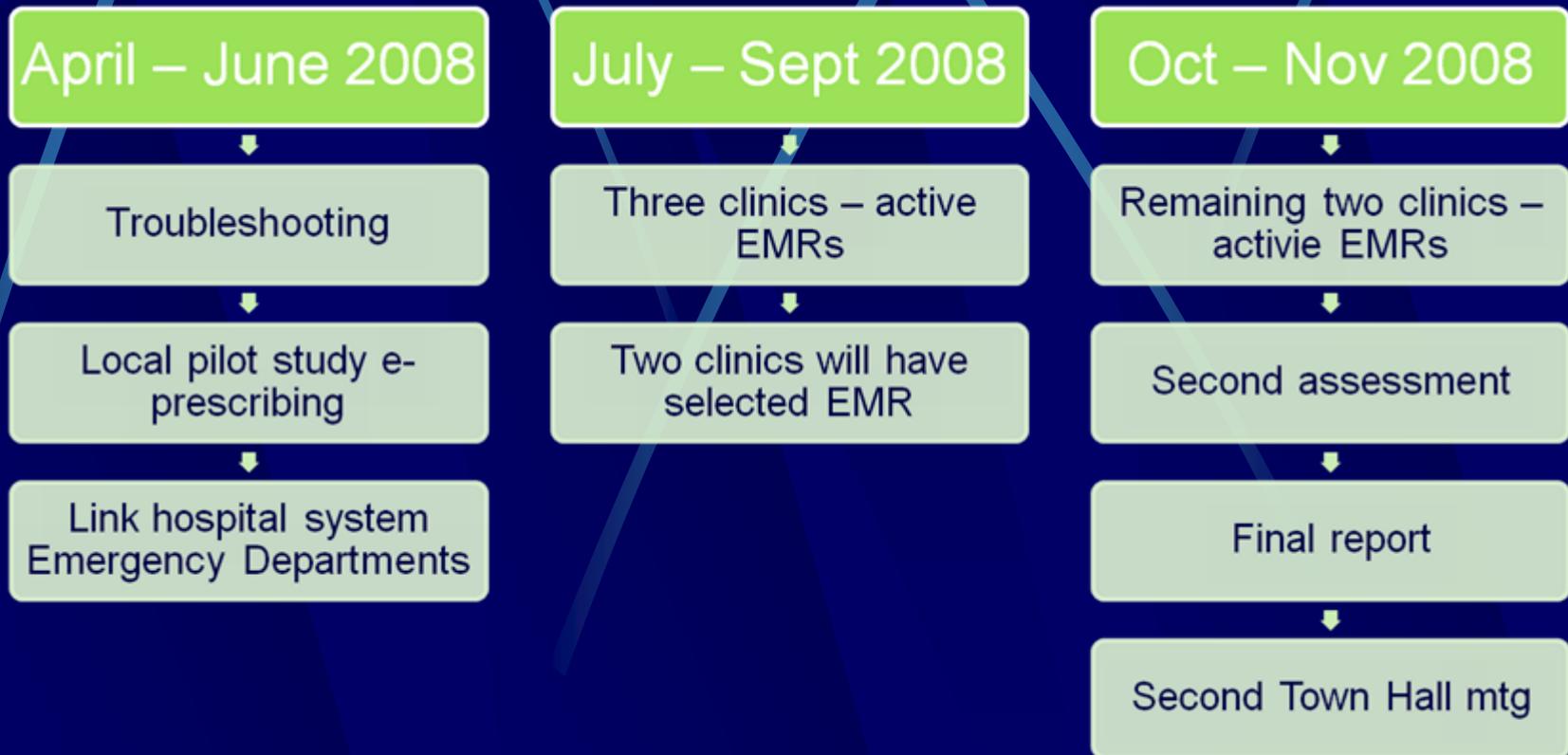# Phase 4
Health Information Exchange

- CCD/CCR Assessment and Evaluation
- Ability for ED to access primary healthcare records
- Decision Support
- Individual Patient Health Record (Smart Cards)
- Public reporting and patient access (Transparency)

Timeline of Activities

November 2007	December 2007	Jan – March 2008
Receive award	Choose consultants	IT assessment
Hire Program employee	Collect baseline data	Bring in other groups
Hold mtg of consortium group		Focus Groups & Town Hall mtg
		Finalize HIE privacy issues
		Group attends HIE conference

Timeline of Activities (cont)

April – June 2008	July – Sept 2008	Oct – Nov 2008
Troubleshooting	Three clinics – active EMRs	Remaining two clinics – activie EMRs
Local pilot study e-prescribing	Two clinics will have selected EMR	Second assessment
Link hospital system Emergency Departments		Final report
		Second Town Hall mtg

Measures of Success

- Improvements in clinical productivity
- Improvements in disease reporting
- Improvements in disease management
- Improvements in community health status
- Return on investment

Questions????