

*Communities in Charge: Financing and Delivering
Health Care to the Uninsured*

Community Healthcare Information Technology Projects

**Summary of the June 11-12, 2001 Cluster Meeting
Birmingham, Alabama**

On June 11-12, 2001, the first of several cluster meetings was held in Birmingham, Alabama. Those in attendance included project leaders from the fourteen communities receiving Phase Two grants under The Robert Wood Johnson Foundation initiative, *Communities in Charge: Financing and Delivering Healthcare to the Uninsured*. Approximately forty-five project leaders gathered to discuss community-wide health information systems, learn about eligibility determination and enrollment systems for the uninsured, and view demonstrations of operating systems that handle these functions.

The purpose of each cluster meeting is to provide an interactive and educational forum for the *Communities in Charge* grantees to explore a selected topic in depth – one that is important to the design and implementation of a coverage program for the uninsured.

This document is intended to highlight key findings from the seminar and to provide a summary of the information technology programs presented at the seminar. Likewise, it will serve as a useful resource for communities and organizations interested in learning how community-wide information technology can support coverage programs for the uninsured, and for those wishing to develop information technology plans or contacting others that have tackled and resolved similar issues.

OVERVIEW

Healthcare information technology is a major factor in managing community-wide coverage programs for the uninsured. However, *technology* is meant to *support* the operations of a program, *not replace* any necessary steps in the design, development, implementation, and staff planning for a community coverage program. It is first important to give detailed consideration to the sub-populations of the uninsured that a program for the uninsured will serve, how the program will work and what is possible within a community. Specific steps in developing a community-based program for the uninsured include:

- ?? Determining the need (i.e., what problem related to the uninsured and their access to health care services is your community seeking to address)
- ?? Addressing organizations and governance (i.e., who needs to be involved, what will each organization bring and what vehicle will best serve to organize, manage and monitor community efforts)

- ?? Designing realistic goals (i.e., given available resources and strengths, what can be reasonably accomplished)
- ?? Establishing effective care delivery
- ?? Identifying financial resources and support
- ?? Building sound management
- ?? Developing a formal business plan
- ?? Creating effective outreach and marketing
- ?? Developing a focused clinical approach
- ?? Maintaining strong local participation and support

Information systems technology is critical to support an efficient and effective coverage program for the uninsured. Whether program leaders decide to “make” a system from scratch, or to “buy” an existing system from a vendor, it is important to recognize that information systems technology does not guarantee program success. Health information technology alone cannot replace the myriad activities that a community must undertake to design and implement a program for the uninsured.

Several basic steps are recommended for communities wishing to plan and implement a health information technology initiative. These steps will lead an organization through the “conceptual” planning stage of the initiative, to the selection, development, and implementation of the system. These basic steps, and key considerations, are outlined in the framework below.

Information Technology (IT) Planning and Implementation Issues

Basic Steps	Key Considerations
Define goal of IT integration	<i>What processes need IT support? What improvements are expected?</i>
Assess organizational capabilities	<i>Does IT expertise exist in-house?</i>
Identify organizational needs	<i>Who needs to be involved in planning? Are adequate funds available? What IT capabilities does the organization have presently?</i>
Research options	<i>How have other communities approached these systems? What are the costs and scope of various approaches? Who are the vendors?</i>
Perform vendor due diligence	<i>Develop RFP. Are vendors experienced in community-based programs and their operations? Is the vendor's business sustainable? Are training and ongoing support included?</i>
Plan, test and implement the system	<i>Develop implementation work plan. What end-user training is required? Is a test scenario scheduled? How are privacy and security concerns being met?</i>
Launch system	<i>Is help desk support prepared?</i>
Evaluate	<i>Are needs and expectations being met? What changes are needed?</i>

During the planning and implementation process, organizations typically face an array of environmental challenges. From a financial perspective, access to capital is often difficult and, once underway, IT projects often exceed budgeted costs and time considerations. The highly technical nature of these projects also presents a unique challenge, namely finding and maintaining access to appropriate technical expertise. This often creates a “digital divide” for the organizations and the populations they serve.

Because most health information technology initiatives must be designed and implemented from a community-wide perspective, organizations often encounter significant political obstacles and policy barriers. Many stakeholders, especially

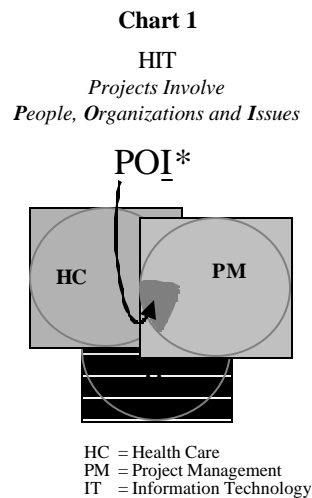
governmental entities, are often resistant to change knowing that IT projects may bring to light otherwise undetected problems or deficiencies.

While the steps to plan and implement health information technology are relatively straight forward, the speakers at the cluster topic meeting were able to identify and elaborate on the more subtle, and often complex, issues that arise with an HIT initiative. The following outlines key findings offered as suggestions to other communities undertaking information technology projects to support programs for the uninsured.

SUMMARY OF KEY LEARNINGS

Understand that, in health care, information technology projects really involve consensus building among people and organizations, and the issues the information system will address, as opposed to the technology itself (see Chart 1.)

While grappling with the selection and implementation of a health information system is an important task, activities relating to planning, strategy and consensus building must be at the forefront of a health information initiative – particularly when more than one organization is involved. Successful projects invest time in examining the health information needs and capacities of the organizations involved, and tailoring the requirements for system features and components to the needs of end-users.



Identify an “IT Champion” to spearhead the IT planning and implementation process and keep key stakeholders engaged.

Several communities related that a critical success factor in information technology planning and implementation was having an “IT Champion” to build momentum, share vision and gain the focus of senior management. Stakeholders need a comprehensive vision of how information technology can support business and clinical operations. Understanding the big picture provides an important framework for making appropriate small picture planning decisions on specific IT issues that may lie ahead.

Even in the implementation phase, it is critical to involve and educate stakeholders. Training programs that involve a wide sector of staff and constituents and occur on a regular basis enhance staff confidence in technology and promote maximization of an organization’s health information system.

Identify and work with key constituents needed for buy-in.

Many successful IT plans are built upon the collaboration of communities, providers, and policymakers. Gaining the buy-in of key constituents is, however, often challenging, especially when dealing with persons and organizations with differing interests and disparate business practices. Several communities cited policy issues and “resistance to change” as barriers in dealing with constituents, particularly governmental entities.

Confronted with turbulent market dynamics, Tom Fronk of Multnomah County Health Department (Oregon) indicated that they “did whatever it took to get people to the table including making sacrifices to get farther ahead” to form Oregon Community Health Information Network (OCHIN). Several other communities indicated that crisis situations in the local market were often the force that brought constituents to the table to dialogue about information system support.

Paul Gionfriddo, Executive Director of Indigent Care Coalition (ICC) in Austin, Texas, emphasized that “buy-in needs to happen from the top to bottom and bottom to top” and noted that users must be involved in the planning. In Hillsborough County, social workers and IT experts worked side-by-side to develop a healthcare database for eligibility and enrollment. County employees used a team approach to develop prototype screens and to ensure that data were displayed in a meaningful manner and logical sequence for front line enrollment counselors and social workers. An approach called “co-location”, where users and programmers work in close proximity of each other, can also be extremely effective. Under this approach, programmers acquire a better understanding of the day-to-day needs of users while, on the other hand, users gain an appreciation for the technical aspects of the initiative.

Be clear from the start about what each stakeholder stands to gain or lose.

Several communities indicated that unless stakeholders perceive that “there is something in it for them, it will not work.” For example, in Hillsborough County, social workers were attracted to the prospect of a new system because of its capability to produce forms, thereby eliminating the need to write out standard information by hand on multiple referral forms. “Finding the carrot” to get stakeholders to buy-in and to also use the system is essential.

Even with much to gain from a health information system, organizations may still encounter “resistance to change” and are wise to implement a system with minimal business intrusion. Hospitals and large community clinics often already have policies and procedures for information technology and resist changes in business practices. For instance, web-based systems may prove to be difficult to implement in an environment where many hospitals are generally opposed to giving Internet access to front line staff. Helping leaders understand gains through web-based access and the controls available to address concerns may help achieve project objectives.

Learn from others by talking to communities that have undertaken similar initiatives.

Communities are very willing to share their experiences and expertise in information technology planning and implementation. Engaging in a conversation with other organizations helps to expand your vision of how information technology can best support improved business operations and healthcare delivery. This process also helps to learn more about how other communities are managing critical IT issues, which vendors they are using, and what successes and challenges they face.

Carefully define the goals and objectives of your information technology plan.

As communities begin to develop and implement their own healthcare information strategy, it is important to determine which specific processes and functions require IT support. In fact, Cathy Bernasek of The Health Strategies Consultancy suggested that organizations should try to understand the key goals that an organization cannot accomplish given staffing and process constraints and examine how health information technology can help accomplish these goals.

In addition, organizations should understand the environment in which the information system will need to operate including the data that will need to be assessed, the policy and information issues that the system will support, and the resulting knowledge and assurance needed to make key decisions. On a macro level, it is important to understand the overall complexities of the IT process; while on a micro level, organizations must take into account the myriad of detailed issues such as response time and balancing the need for a system to be visually attractive.

For instance, Milwaukee County carefully examined the business needs of its policy makers, service providers and clients to drive IT development for the eligibility and enrollment system of its General Assistance Medical Program. The county used its web based healthcare information system to capture demographic information for policy makers, to allow enrollment workers access to the complete history of an individual's enrollment, and to give service providers a way to determine eligibility in real time.

It is also important to decide "upfront what headaches you want to have". Instead of tailoring a system around a multitude of individual interests, Milwaukee County made a deliberate decision to build an internet-based system centered around the need of medical providers to immediately know the status of an individual's eligibility. As a result, the costs and installation of the system for the medical provider were minimal. Other stakeholders quickly understood the value of the County program's enrollment system and developed system interface capabilities so that they could readily access program eligibility, enrollment and service authorization information.

Carefully search for a vendor who will serve as a long-term partner.

Once an organization understands the conceptual framework for how it will use information technology, vendor selection can begin. Identifying a vendor to serve as a working partner with your organization is a critical task. Organizations should develop a request for proposals (RFP) aimed at evaluating each vendor's performance compared to industry benchmarks. Benchmarks include the vendor's success in meeting functional requirements and performance times, specific experience in working with like-organizations and in the operational areas required for your program, and overall compatibility with your organization and cost structure. Organizations should require that vendors provide for an on-site system demonstration at similar client sites to validate functionality. Organizations should also carefully negotiate a contract with the vendor that includes possible incentives and penalties governing contract performance.

In some instances, the best expertise may be available in-house or within a sister community organization/entity. After a lengthy search for an outside vendor, Hillsborough County decided to custom develop its Hillsborough County Health Care Program eligibility system using in-house expertise from another operating division of the county. This approach also enabled the program to have greater control over the project, data and timeline of the initiative. In order to circumvent a steep learning curve, Hillsborough chose a reliable platform and existing software that was familiar to its organization.

Develop an information technology budget and secure project funding for implementation, system testing and ongoing operations.

Because many organizations typically experience time/cost overruns in healthcare information technology projects, it is important to take time to research and understand the short-term and long-term budget implications of key decisions. To promote more effective planning, organizations should develop a multi-year budget. Projections should include ongoing licensing fees, maintaining and upgrading hardware and software, IT staffing and regular training for users. Organizations should plan from the outset and understand funding limits.

Also, it is important to “guard against scope creep...there is always Phase II.” Planning and implementation efforts always bring to light new approaches. To achieve greater project efficiencies, several communities suggest that organizations “move on parallel tracks” where programming, user issues and underlying policies and procedures are addressed simultaneously.

Inevitable project budget constraints often result in skimping on funding for system testing and ongoing operations. These are critical steps to project success. In particular, failing to adequately address long-term operating funding needs may result in an end product that produces a one-time report. This is because ongoing support for data collection and analysis are unavailable or in a system solution that does not evolve as the needs of an organization change.

Remember, “that you do it is more important than how you do it.”

It is important to move forward with your initiative even with its flaws and limitations. In embarking upon its data warehouse project, Community Health Center Network (CHCN) in Alameda County, California started with the data it had available (even with its imperfections) and developed an approach to transform and use these data in meaningful ways.

Once your information technology is in place, continually evaluate whether the needs and expectations of your organization are being met.

An organization’s information technology must keep up with changes in business processes and must not remain static. Organizations should regularly assess their success in achieving stated goals and evaluate the impact that information technology has on the organization. Organizations must continually identify challenges to implementation and prepare a plan to address these challenges.

MEETING PRESENTATIONS AND SPEAKERS

Multiple speakers made presentations and stimulated discussion among all participants. Summaries of the cluster meeting presentations and speaker contact information are provided below.

Beginning a Community Information System Project...Lessons Learned from the Front Lines

Cathy Bernasek, *The Health Strategies Consultancy*

Ms. Bernasek, a consultant with The Health Strategies Consultancy, recently completed a year-long health information technology study for The Robert Wood Johnson Foundation. The study identified innovation and adoption trends and conducted primary research on technology initiatives among safety net providers and in Medicaid/SCHIP programs. She shared her observations of the success factors and challenges involved with HIT planning and implementation based upon the study which included thirty interviews and a literature search involving fourteen organizations. Ms. Bernasek also provided a sample of HIT activity that included experiences of Denver Health, other safety net initiatives and Medicaid/SCHIP eligibility and enrollment systems. For questions, please contact:

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Oregon Community Health Information Network
Tom Fronk, Multnomah County Health Department

Oregon Community Health Information Network (OCHIN) is a collaborative effort between Oregon's safety net providers and the State of Oregon to develop and operate a management services organization providing information services to clinics. In its first year of operation, OCHIN will focus on providing information services to member clinics including practice management and electronic patient records. In future years, OCHIN will begin developing other areas of collaboration such as capital planning, financial reporting, accounting services and PC network services. Mr. Fronk shared an overview of the environment factors, barriers and lessons associated with the development and implementation of their health information system.

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Indigent Care Collaboration – Austin, Texas
Paul Goinfriddo, Executive Director

The Indigent Care Collaboration (ICC), a consortium of safety net providers in a three county area around Austin, Texas, is in the process of developing a web-based information system that will house demographic data, encounter data and clinical information related to the medically indigent population. The ICC intends to use an application service provider (ASP) model to implement this project. Data will reside in a central data repository and will be uploaded from each participating site to the central repository. Mr. Gionfriddo shared valuable lessons learned from their health information project.

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Hillsborough County Eligibility and Enrollment System
Sheryl Welchel, Management Systems Analyst, Health & Social Services
Sandy Whitney, System Coordinator, Health & Social Services
Mike Sawka, Analyst, Health & Social Services

Hillsborough County HealthCare Plan is a public/private partnership funded by a one-half cent county sales tax to provide comprehensive, integrated health services to predominately those persons at 100 percent of the federal poverty level. The 250-employee organization is run by the Health & Social Services Department in Hillsborough County. All county employees, including those in the Health and Social Services Department, are linked through a county-wide area network. Hillsborough Healthcare maintains three major healthcare databases including eligibility and enrollment (CLASS), payments and recovery (Casewatch), and healthcare statistics (SPSS). Custom interfaces are also in place with external business partners such as third party administrators for medical and pharmacy claims. The speakers described “their thirteen-year-long quest with multiple system studies” that resulted in a custom system development. The speakers also shared the challenges and successes encountered in the initial system development, implementation and ongoing evaluations, and changes in information needs and technology over time. A demonstration of the client assistance system for eligibility and enrollment was performed.

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Milwaukee County GAMP Program Eligibility and Enrollment System

Paula Lucey, Director, County Health Programs

Joseph Cooper, Deputy Director, County Health Programs

General Assistance Medical Program (GAMP) is a county, state and federally funded program that purchases health care services for eligible Milwaukee County residents. In order to be eligible for GAMP, an individual must be a county resident, meet income requirements, not be eligible or on any other health insurance programs, and must be seeking services due to a medical need. An eligible client must use a selected clinic during a six-month eligibility period and reapply for the program at six month intervals. To provide timely information regarding GAMP clients to the County's medical providers, the County designed and implemented a web-based product that provides eligibility and enrollment data to any of its medical partners. This is currently accessible by its network of fifteen community-based clinics and all ten of the hospitals operating in the county. The speakers described the environment and business needs that drove the design and implementation of the system, and performed a demonstration of the system's capabilities.

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Birmingham, Alabama County-Wide Eligibility, Enrollment and Electronic Medical Record System

Dr. Michael Fleenor, Deputy Health Officer, Jefferson County Department of Health

In order to improve access, reduce fragmentation among providers, and develop closer public-private care interactions, Jefferson County Health Department, in conjunction with the county public hospitals and the uninsured collaborative, is in the process of

developing a coordinated care model to serve the indigent population. The coalition has embarked on an initiative to implement a county-wide eligibility and enrollment information system containing demographic information, household assessment and eligibility data. The system can also calculate fee payment for patients based upon sliding scale, and will have the capability to create and maintain electronic medical records and a referral system for the health department and its eight county clinics. The system, which was demonstrated, will be launched at a pilot site and implemented in October.

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***Alameda County, California Data Warehouse and Outcomes Management System
Deborah Zahn, Project Director, Alameda Health Consortium***

Community Health Center Network (CHCN), an organization that handles managed care for community clinics/health centers in Alameda County, California, is in the final stages of designing and implementing a data warehouse project. CHCN intends to access and use the rich data (combining lab and clinical data) from the clinics for purposes such as planning, targeted interventions, quality improvement initiatives, evaluation and surveillance. Ms. Zahn described the clinic data transformation process where data is first put into basic text files and transformed into a SQL table. Reports are then generated in Access, Excel or other programs.

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Lastly, much appreciation is extended to the representatives of Jefferson County and the City of Birmingham for their warm hospitality, hosting the wonderful welcoming reception, and organizing the tour of the Civil Rights Institute.