

HEALTH IT AND HEALTH DISPARITIES

Association of Asian Pacific Community
Health Organizations' Enabling Services
Accountability Project and Pacific Innovation
Collaborative – using health IT to ensure
patients receive more than just health care



at the UNIVERSITY of CHICAGO

PREPARED FOR:

U.S. Department of Health and Human Services
Washington, D.C.

PREPARED BY:

NORC at the University of Chicago
4350 East-West Highway
8th Floor
Bethesda, MD 20814

JUNE, 2012

CONTRACT NUMBER: HHSP2337005T/OS38984

This report was prepared by NORC at the University of Chicago under contract to the Office of the National Coordinator for Health IT (ONC) and the Health Resources and Services Administration (HRSA). The findings and conclusions of this report are those of the authors and do not necessarily represent the views of ONC, HRSA, or the U.S. Department of Health and Human Services.

Case Study Report: Association of Asian Pacific Community Health Organizations’ Enabling Services Accountability Project and Pacific Innovation Collaborative – using health IT to ensure patients receive more than just health care

“AAPCHO’s Enabling Services Accountability Project increases electronic health record data collection on enabling services and studies the impact of these services on health care access and outcomes. Overall, the project... illustrate[s] the role enabling services play in increasing access and quality of health care for medically underserved communities of color, providing compelling data to adequately compensate health centers for delivering these services.” –ESAP Mission and Goals¹

Report Summary

Intervention and Setting	<p>The Enabling Services Accountability Project (ESAP) is a collaborative effort between the Association of Asian Pacific Community Health Organizations (AAPCHO) and four project sites included in this case study:</p> <ul style="list-style-type: none"> - International Community Health Services (ICHS) – Seattle, WA - Charles B. Wang Community Health Center (CBWCHC) – New York, NY - Waianae Coast Comprehensive Health Center (WCCHC) – Waianae, HI - Kalihi-Palama Health Center (KPHC) – Honolulu, HI <p>ESAP’s work standardizes definitions of enabling services and develops a systematic method for collecting data on usage of these services in a consistent manner. For this case study, NORC explored: 1) the specific role electronic health records (EHRs) play in documenting and tracking these enabling services at each of these sites; 2) how broader efforts, such as the Pacific Innovation Collaborative (PIC), can allow for cross-health center comparisons of the needs and provision of enabling services; and 3) the relationship between enabling services and improved outcomes.</p>
Target Population	<p>Demographics vary by project site, but generally include low-income, uninsured and/or underinsured Asian Americans, Native Hawaiians, and other Pacific Islanders (AA/NHOPI).</p>
Technology Description	<p>Use of templates to capture enabling services using EHRs:</p> <ul style="list-style-type: none"> - NextGen (ICHS, WCCHC) - GE Centricity (CBWCHC, KPHC) <p>Use of templates to manage detection and treatment of Hepatitis B using an EHR (CBWCHC)</p>
Funding and Start-up	<p>PIC funding: Health Resources and Services Administration (HRSA) Office of Health Information Technology and Quality (OHITQ)</p> <p>ESAP funding: Initially funded by the U.S. Department of Health and Human Services’ (HHS) Agency for Health Research and Quality (AHRQ) and Office of Minority Health (OMH) as well as the California Wellness Foundation</p>
Data and Analysis	<p>Content analysis using NVivo for a series of in-person and telephone discussions with program administrators, staff, providers, and patients including:</p> <p>Administrators and Staff from ICHS</p> <ul style="list-style-type: none"> • Chief Medical Officer, Chief Financial Officer, Clinical Operations and Health Services Director, IT Manager, Data Supervisor, Patient Access Manager, Community Advocate, Health Educator Lead, Mid-Level Provider <p>Administrators, Staff, and Patients from CBWCHC</p> <ul style="list-style-type: none"> • Chief Medical Officer, Chief Financial Officer, Chief Operating Officer, Chief Executive Officer,

	<p>Head of the Hepatitis B Screening and Treatment Program, Director of Research and Evaluation, Clinical Informatics and IT Staff, Social Work Manager, Hepatitis B and Social Work Patients</p> <p>Administrators and Staff from WCCHC and KPHC</p> <ul style="list-style-type: none"> • Chief Information Officer, EHR Department Manager, three Program Managers and Staff Members
<p>Key Take-Aways</p>	<ul style="list-style-type: none"> • Enabling services play a substantial role in patient care and positive patient outcomes at these health centers. • Tracking enabling services in a standardized and consistent way through the use of health information technology (health IT) can improve patient care and outcomes. • Creating EHR templates and flow sheets plays a critical role in meeting specific patient needs.

Introduction

The four project sites included as part of this case study belong to the Association of Asian Pacific Community Health Organizations (AAPCHO). AAPCHO works with a variety of organizations and health centers throughout the United States “to create a national voice for the unique and diverse health needs of Asian Americans, Native Hawaiians, and other Pacific Islanders (AA/NHOPI) communities and advocate for the empowerment of community health providers that serve those needs.”ⁱⁱ Established in 1987, AAPCHO is a national not-for-profit association of 29 community-based health care organizations, mostly federally qualified health centers, dedicated to promoting advocacy, collaboration, and leadership that improves the health status of AA & NHOPIs. AAPCHO advocated for policies and programs that improve the provision of health care services that are community-driven, financially affordable, linguistically accessible, and culturally appropriate.ⁱⁱⁱ

The AA/NHOPI populations include many different cultures, languages, and health needs. In fact, according to AAPCHO, AA/NHOPI in the U.S. represent over 49 ethnic groups and more than 100 different languages.^{iv} These groups often experience disparities in access to care and health status when compared to non-Hispanic Whites. For instance, according to the U.S. Census, over 17% of single-race Asians in the U.S. did not have health insurance coverage in 2009.^v Additionally, AA/NHOPIs suffer disproportionately from diseases such as tuberculosis, diabetes, hepatitis B, and cancer.^{vi} AA & NHOPIs aged 35-54, in general, have a 1.3 times higher relative risk of death from stroke than Whites; 73% of Japanese American men have high blood pressure. Furthermore, Asian American women have the lowest rate of cervical cancer screening (45%), while the rate for White Americans is 63%.^{vii}

Because of their unique language and health needs, and limited access to health insurance, many AA/NHOPI communities rely heavily on community health centers such as those included in this case study. These health centers often provide a range of non-clinical services, such as financial counseling, housing and food assistance programs, language services, immigration support, and health education. The participating health centers refer to these services as “enabling services” and emphasize their critical importance to support the care received by many low-income and minority patients.^{viii} In many cases, health centers must address the financial, educational, housing and nutritional needs of these populations to achieve improvements in health. In addition, effective health care delivery for these populations often requires delivery of health care and counseling services in a language other than English to better ensure complete understanding.^{ix} Enabling services seek to increase access to care and the effectiveness of care delivered; they play an important role in reducing disparities experienced by many underserved groups.

Potential benefits of using an EHR to track enabling services. In general, using an EHR effectively can result in benefits such as improved productivity (e.g., more efficient handling of specific patient needs), financial improvements (e.g., more efficient billing or more complete documentation for reimbursements), and improvements in quality of care (e.g., better chronic disease management or more rapid access to patient information).^x The health centers participating in the Enabling Services Accountability Project (ESAP) track enabling services using their EHRs in order to illustrate the positive impact enabling services have on health outcomes and to better measure the use of these services in each clinic. By using an EHR to capture this information, these health centers increase their ability to track and document the services they provide, and through efficient access to their records, they can effectively communicate with policymakers and funders who can support reimbursement of enabling services. Once these health centers use their EHRs to consistently capture and report on enabling services, a broader initiative such as the Pacific Innovation Collaborative (PIC) can assist with cross-health center comparisons of the needs and provision of enabling services, as well as the relationship between these services and improved outcomes for health centers serving AA/NHOPI groups across the nation.

Key functionality and uses. The four AAPCHO sites included in this report utilize two different EHR systems to document and track enabling services: International Community Health Services (ICHS) and Waianae Coast Comprehensive Health Center (WCCHC) use NextGen while Charles B. Wang Community Health Center (CBWCHC) and Kalihi-Palama Health Center (KPHC) use GE Centricity. Each clinic uses the standardized data elements developed by the ESAP and incorporated them into templates that allow caseworkers and other staff to document the specific type of enabling service provided and amount of time spent during each encounter. The clinics use the enabling services data captured in the EHR to run reports on the use of these services and to track the impact of these services on patient care, access, and health outcomes both within a given health center and across several health centers through the PIC initiative.

- Sources of Funding**
- PIC: HRSA’s OHITQ
 - ESAP: Initially funded by HHS’ OMH and AHRQ, and the California Wellness Foundation

Encouraging Adoption & Implementation

In this section, we discuss various strategies employed by these four community health centers for encouraging adoption, implementation, and use of EHR systems.

“The enabling services [tracking] started in 2004 and it started out on paper but what we did ... was develop... what we mean when we say health education. So the definitions are the same among the members so we can get comparable data points... We standardized the nomenclature so we can collect data and say there is some level of consistency.” *ICHS Staff Member*

AAPCHO oversight of the ESAP encouraged clinics’ use of health IT to track non-clinical services. The four project sites varied in their stage of adoption, implementation, and use of EHRs to track non-clinical enabling services. For instance, WCCHC implemented their EHR in the early 2000s and currently uses it to actively track enabling services. In contrast, only the main downtown location of KPHC currently uses an EHR. While KPHC plans to implement an EHR in the near future in another location, these other locations still use paper records to track enabling services.

While the ESAP did not necessarily play a role in the decision to implement EHR systems at these community health centers, it helped encourage the use of these systems to track enabling services. Through the ESAP, AAPCHO worked closely with the health centers in this case study to develop standardized definitions and data collection methods for enabling services. By relying on input from individual clinics, AAPCHO ensured the appropriateness of categories identified for data collection for the populations their member health centers serve. Once stakeholders from across the ESAP centers defined these categories, the centers began work towards establishing templates to collect enabling services information in a structured way, either via paper or by building interfaces into their existing EHRs. In many cases, the centers, using standardized data elements and categories, leveraged their EHRs to report on enabling services and the relationship between these services and clinical quality improvement measures. As one staff member from WCCHC noted, *“As far as enabling services, prior to a couple years ago we were collecting that information on paper. We didn’t have anything in our EHR to collect what services were being provided... We created an electronic form to capture the services provided. We listed all the things we provide like transportation, interpretation and financial services – all those things are now documented and captured in units of time....”*

“We actually design the form, put that form in the training EHR and (then) ask the users to test it to see how easy it is... If they don’t like it then we can modify it. Mostly we want to keep the workflow so that it is not affected by this data capturing. We keep the workflow the same.”
CBWCHC Staff Member

Considering existing workflow while designing and incorporating new templates can increase provider buy-in. Each clinic customized its EHR in-house to create templates necessary for tracking enabling services. Stakeholders considered the user’s (usually the caseworkers’) needs in creating these customized systems. For example, at CBWCHC, the IT team worked to mitigate the impact of changes to the EHR on clinician workflow by asking users to test it after it had been designed.

Similarly, staff at WCCHC discussed how provider input helped ease the transition of tracking enabling services via the EHR. One clinic stakeholder explained the process to develop templates, noting they included users in the design phase, which allowed individual users to “make it their own.” This stakeholder described the process, noting, *“Not only did we create an electronic form to capture the services provided, but we made sure it integrated into that user’s workflow... For example, for the case manager, we wanted to make sure that not only are we creating a template to capture the service, but also how it works in terms of [how] they are interviewing a patient. Are they capturing the notes they need to document?... [We try to] make it so that is it easy enough that with one click these things are getting filled out.”*

Impact and Consequences

In this section we review some of the impacts of EHR adoption and implementation as noted by the individuals we spoke with across all four ESAP project sites.

Health IT helps health centers track enabling services and address patient needs.

Enabling services play a particularly critical role for many underserved, underinsured, and uninsured individuals. In fact, for some individuals scheduling the appropriate interpretation services in conjunction with the clinic visit or even documenting their language needs provides essential information to make the physician’s instructions fully

“...about 45% of patient[s] are below 100% of the FPL (Federal Poverty Level), 80% are API (Asian & Pacific Islander), 64% of patients are language barrier. [patients] and [at least] 70% need some type of enabling services.”

ICHS Staff Member

useful. For instance, ICHS uses their EHR in conjunction with the enabling services template to help schedule interpreters for patient visits. Through use of the EHR to track patient needs around non-clinical services such as interpretation or additional education, clinics can better document the various facets of care they provide and illustrate the critical importance of these services for their patients.

“I think with the EHR it is much better because we can track [enabling services] better and we don’t miss anyone. On paper... sometimes we forget to complete the forms so the patient gets missed. In the EHR, it is automatic.”

WCCHC Staff Member

The health centers included in this case study adopted different models for delivering enabling services. While ICHS captures their enabling services through multiple programs including: patient services, health education, clinic operations (e.g. eligibility workers, medical assistants, health assistants, medical interpreters, etc.), CBWCHC does so through their social services department. Regardless of the model for delivering enabling services, all centers noted the importance of good communication and consistent information between different

kinds of service providers, as well as the importance of streamlining how they communicate patient needs between health care providers and enabling services providers. For example, CBWCHC staff discussed how the EHR facilitates tracking their patients referred for additional social services or non-clinical enabling services and allows patients to receive such services more efficiently. One CBWCHC social worker described how the EHR improved his ability to provide additional services to his patients when referred by clinicians, stating, *“Before the EHR... sometimes it would be a week or so before we saw the actual documentation in front of us on our desk regarding the patient’s needs. Sometimes it was quite difficult. With the EHR, it is more simplified and systematic... I think with the enabling services [integrated into the EHR] it is definitely helpful. We’re able to capture the information we need in a systematic way to see what our patient needs are so from that point on we can focus in on helping that patient.”* Across all sites, providers and staff noticed an improved ability to coordinate patient care and enabling services as a result of tracking enabling services through their EHRs,

Health centers utilize EHRs to address needs that are specific to their unique patient population.

Some of the case study clinics use their EHRs to not only track enabling services, but to also address specific and critical clinical needs of the populations they serve. For example, providers at CBWCHC noted that some Asian American groups experience disproportionately high risk of having a chronic Hepatitis B

“One in 10 Asians have chronic Hepatitis B, but we are actually finding in our population it is as high as one in eight, which ends up being almost as common as hypertension.”

CBWCHC Provider

infection. To address the needs of their patients afflicted by Hepatitis B, CBWCHC customized their EHR to include forms, flow sheets, and a registry specific to Hepatitis B. These customizations allow CBWCHC providers easy access to information on all of the lab tests and various metrics important for tracking their Hepatitis B patients. One CBWCHC staff member noted the flow sheet improved efficiency

because they no longer needed to scroll through several documents; the flow sheet provides a quick and easy way to look at the clinical condition of a patient.

“We definitely wanted to be a data-driven environment. We as an organization are really committed to using data to ensure quality. That is because we are really interested in changing the health status of the community.” *CBWCHC Administrator*

CBWCHC also developed Hepatitis B care cards for their patients to help them track information about their disease. While not electronic, these cards contain information from their providers on medications, required screenings, and lab results, all elements documented and tracked using the EHR. Patients at CBWCHC extensively discussed their Hepatitis B care cards, noting the importance of the cards to provide piece of mind about how the center manages their condition.

Integrating patient and enabling services data assists health center staff with reporting. The individuals we spoke with from the health centers included in this case study discussed different uses of their EHRs to report on enabling services, including reports that illustrate the relationship between enabling services and patient outcomes. While each of the sites uses data in slightly different ways, they all view their EHR as a critical part of accurately documenting the care and services they provide. For example, staff at CBWCHC commented on the benefits of using health IT to illustrate the quality of care at their center: *“We always felt like we had the highest quality health care but we didn’t have the tools to show that. We felt that data was really the way to do that.”*

Integrating patient and enabling services data in their EHRs enables reporting on the prevalence of specific patient needs among the groups served, as well as each site’s attempt to address these needs and the potential positive impact on patient outcomes. To address the potential impact of enabling services on patient outcomes, several of the sites we visited take part in AAPCHO’s PIC initiative. The PIC allows multiple health centers to submit a subset of their data on enabling services needs and encounters to a single data warehouse, allowing for comparisons across sites. By examining patient data and outcomes at different sites, individual clinics can identify specific strategies being employed by other centers that could benefit their patients. A stakeholder from one of the participating health centers described the PIC as a health registry data warehouse that aggregates data from the nine community health centers involved and two payers. The PIC uses this data to conduct a cross comparison between the health centers and the populations within the health centers.

Participating health centers also use data from the PIC to help illustrate the relationship between services provided and improved patient outcomes on a broader scale. One health center representative noted that their clinic uses the PIC reports for internal use and to determine how they compare to others. Also, the health center saw an important benefit to documenting the value of enabling services using the PIC reports in order to make the case for a different approach to compensation for these services among third party payers: *“We just gave it a big push to get payers to see what we do and of course the federal government and CMS to see that it is not just a matter of our providers being efficient, it is all the other things we do to help our patients improve their outcomes.”*

“How technology is going to help is now we are able to capture [the enabling services] in a way that we can report it. Now we are not only capturing the service but we are able to link it and follow this patient over a course of time or a particular population to prove what we are seeing in terms of benefitting outcomes.” *CBWCHC Administrator*

Health centers treating AA/NHOPI populations noted the benefits of using EHRs for chronic disease management and patient education. Staff, patients, and providers alike all perceived significant benefits to case management from tracking enabling services through the EHR and the relationship between effective case management and improved clinical outcomes, especially for patients with chronic illness. Patients at CBWCHC discussed the importance of non-clinical services received, including assistance with obtaining health insurance and pharmaceutical coverage. The providers at CBWCHC provide this information to their patients more systematically than before because they document it through the EHR. One provider noted, *“We would not be doing a very good job [if we did not have health IT]. Most of us do not have the capacity to remember to do everything especially if you have to scroll from document to document. It makes so much sense to put all the data in one place. I can look at it in a glance and get a really good idea of what I need to do.”*

Additionally, numerous case study respondents discussed the critical importance of health education for many AA/NHOPI groups, and the added benefit of using the EHR to track this need. For instance, one staff member at ICHS described how the EHR targets patients who need extra attention such as health education, which ultimately helps improve disease management. At WCCHC, an administrator described a study they conducted to determine the impact of health education on hemoglobin A1c (HbA1c) for diabetic patients, noting that those patients receiving enabling services lowered their HbA1c levels more quickly than those who did not.

Barriers to Use of Health IT Tools

While this case study illustrates the potential for use of EHR systems to track non-clinical enabling services provided to underserved populations, we also identified a number of barriers and challenges.

Capturing and documenting enabling services data systematically requires both standardization and customization. Even though AAPCHO created standardized definitions and categories for enabling services as part of the ESAP, each clinic spent additional time creating new templates within their EHRs and building necessary reports to track enabling services and for follow-up with patients. While standardizing data elements allows for consistent reporting and benchmarking (e.g., using the PIC warehouse), each health center developed its own template to better reflect their workflow, services, and the needs of the specific populations served. One stakeholder at WCCHC described the need for customization, saying, *“Part of enabling services is adapting to the Meaningful Use population that you serve. So you have communities where more translation is necessary because you have different languages. Even in Hawaii you have different needs based on different geography. For instance, a health center in Honolulu would have a different population than what we have here in the West Coast of the Island.”*

“I think the difference is also dependent on the clinic... We are very good and have developed and fine-tuned the templates used for capturing interpretation services because of our population... In Hawaii [at some health centers], [most patients] speak English, so they have [captured] more robust outreach and education.” ICHS Administrator

Further, individual health centers found the need to define their own data elements very specific to their population. For example, if a center serves a primarily Chinese population and sees very few patients from other races and ethnicities, they may benefit from collecting data on which province in China a patient immigrates from in order to better understand their risk of historical exposure to certain pathogens. The same center may not require a

standard “ethnicity” field based on Census definitions which asks to identify patients as whether or not they are Hispanic: *“One example of ludicrousness for us is that we have to collect what kind of Hispanic group – we had to create a whole other field [in the EHR for it] and for everyone in our organization it is an extra click that has no meaning for us.”* In cases like this, health centers may be able to overcome the need for additional clicks by applying some logic or pre-populated data to their templates (e.g., always having “non-Hispanic” checked unless it is actively “un-checked” by staff).

Customization to specific populations takes considerable time and resources. As noted earlier, health centers developed specific templates, flow sheets, and registries to meet staff and patient needs. As one staff member from ICHS noted, standard templates available through EHR systems do not always address their needs, so they create their own. CBWCHC respondents noted it took an estimated three months and \$20,000 to create their Hepatitis B templates and flow sheets. Additionally, in Hawaii, staff members worked with each core department to create templates to fit their workflow. One staff member from WCCHC indicated developing templates for one of their departments took over a year. Due to already limited resources and staffing, many of these health centers have to pick and choose which templates they are able to develop. Furthermore, many health centers do not have staff with custom template development expertise and must rely on consultants for this work, adding to the time, cost, and complexity of the activity.

Many small community-based clinics focus on the same chronic diseases; however, specific workflow needs and incompatible EHRs present large barriers to directly sharing templates between clinics. At WCCHC, workflow drives customization of their templates, with one staff member noting that although all four ESAP clinics collected the same enabling services codes, each clinic incorporates those codes into their workflow differently. Incompatibility of technology poses a challenge; discussants noted that some clinics use pre-built forms from their EHR vendor while others build needed forms themselves. As a result, while clinics can share lessons learned, they still face the need to customize their own templates.

“We don’t all need to recreate the wheel – especially other health centers. I know a lot of other health centers that want to do the Hepatitis B work that we do and they are not able to get their physicians from primary care mode to gaining that specialized information. A lot of them really think it is great and want a copy of it, but you can’t just share the whole thing.” CBWCHC Staff Member

Defining an enabling service and capturing the enabling service poses difficulties. Although tracking services across health centers requires a somewhat standard definition of enabling services, this poses challenges for health centers that provide different services under this umbrella or provide similar services in different ways. As part of the ESAP, AAPCHO developed a standardized definition for an enabling service as those services provided outside of the regular visit. Therefore, if a service such as interpretation or health education is provided during the regular visit, it may not be considered an enabling service – making the definition problematic for some health centers.

Based on these guidelines, many administrators and providers found it difficult to determine when and how to document particular enabling services. Providers from ICHS and CBWCHC use interpretation services frequently and indicated it is challenging to document each time they provide these services. For example, CBWCHC staff noted that 95% of their encounters involve providing services in a language other than English; they questioned whether to document all of these encounters for interpretation services. Additionally, according to enabling services protocol, only registered patients are documented because the coding is meant to facilitate reimbursement. Thus, one provider at ICHS described how easily

his community encounters can go undocumented: *“That’s one of the challenges of the EHR—everything that is done in the community; if they are not a patient then it is not captured. It is captured if they are a patient and they go to a bona fide class. If I am talking to people in a community setting, then it is more information and it does not get documented.”*

Policy and Organizational Factors for Replicability

Finally, we present findings related to policy and organizational factors that played an important role in the implementation and use of health IT in these clinics, particularly as they relate to replicability.

Using health IT systems to document and track enabling services may help health centers make the case for reimbursement. To best meet the needs of their patient populations, many community health centers provide enabling services to their patients knowing these services play a critical role in improving patient care. In an environment of limited budgets, however, many clinics struggle to find the necessary resources to support the cost of enabling services because they are generally not reimbursable. One ICHS stakeholder described the challenge: *“Enabling services are provided by probably every FQHC, [are] not [consistently] captured, and are not linked to quality or outcome measures; there [is] no way to advocate for any kind of reimbursement for services to [funders like] BPHC (Bureau of Primary Health Care) or private insurance companies. We are keeping people healthier with these wrap around services, so the value to the agencies is that we recognized early that we needed a way to articulate that the services we are providing are helping improve quality and outcomes.”*

“There is a huge discrepancy [in the reimbursement] but I think the question is more, ‘Does the cost of enabling services equate to patient outcomes?’ Is the cost we are putting in for enabling services worth the outcomes we are getting out?” *WCCHC Administrator*

Since EHRs do not automatically define and capture the broad range of enabling services provided by community health centers, the ESAP benefits participating health centers by providing a way to systematically document these services and assess their costs and overall impact. One stakeholder from the KPHC clinic in Hawaii described how the enabling services data captured in their EHR may ultimately secure grants or payments from insurance companies as part of advocacy efforts.

Stakeholders from AAPCHO and participating member clinics also intend to use data from the ESAP and the PIC to make the case for reimbursement to policymakers and funders alike that these services improve quality and outcomes. Ultimately, a consistent funding stream for these services through reimbursement would help ensure their sustainability, not only for those health centers included in this case study but also for others providing this type of care.

A centralized hub or technical assistance center may help safety-net providers find products that can be adopted or adapted to their unique needs and stretch limited resources. Many community health centers have limited information about how other centers customize their EHR to address workflow and patient needs. Many safety-net providers do not feel they have a common resource to share these types of solutions. While off the shelf EHRs do not accommodate basic needs for enabling services, many of the individuals we spoke with noted the basic system for using an EHR to track enabling services could certainly be replicated, even if different health centers provide different services. To that end, via the AAPCHO website, stakeholders can access the standard data elements and methodology for collecting enabling services data developed as part of the ESAP.^{xi} Further, member clinics also seem willing to share their experiences; more resources of this kind may support future efforts. As one administrator from WCCHC said, *“The basic template that our health centers use for enabling services – I know we worked*

on an agreement with AAPCHO so that it can be shared with other health centers for free. So there is a basic enabling services template....which can be shared with other health centers if they ask... We are more than happy to send screen shots to whoever wants to see what it looks like.”

Many staff also felt they could enhance the replicability and sustainability of efforts such as ESAP with increased interoperability and more forums for sharing ideas. Staff at CBWCHC specifically highlighted the potential benefit of sharing methods and processes across health centers. This willingness of health centers to share ideas, combined with their desire for information from one another, may present a unique opportunity for creating a centralized database or technical assistance center where small community providers share their experiences using health IT to address specific population needs and health disparities, and may also allow clinics to further stretch their limited financial resources.

Summary of Findings

This case study highlights the critical role health IT systems can play for community health centers serving low-income, primarily uninsured and underinsured minority patients. This case study revealed these individuals tend to rely heavily on community health centers for non-clinical services, or enabling services, in addition to services relating directly to their health care. The study revealed the value of both standardization and customization to documenting enabling services using EHRs. This study highlights how tracking enabling services in a consistent and standardized way can have a significant positive impact on patient care and outcomes. Lastly, it also highlights how individual health centers can customize their health IT systems to help address the specific health disparities experienced by the populations they serve.

Project Background and Data Sources

The Office of the National Coordinator for Health Information Technology (ONC) and the Health Resources and Services Administration (HRSA) awarded NORC at the University of Chicago a project to conduct case studies examining lessons learned from community organizations using health IT to serve the needs of underserved groups or to address health disparities. The final report from this project will inform the Secretary of the Department of Health and Human Services’ (HHS) work under these topics per Section 3001 of the Health Information Technology for Economic and Clinical Health (HITECH) Act passed as part of the American Recovery and Reinvestment Act of 2009 (ARRA). Findings are based on analysis of notes taken during a series of discussions with administrators, providers, case managers, and patients from the following four AAPCHO Enabling Services Accountability Project sites: (1) International Community Health Services (ICHS) in Seattle, WA; (2) Charles B. Wang Community Health Center (CBWCHC) in New York, NY; (3) Waianae Coast Comprehensive Health Center (WCCHC) in Waianae, HI; and (4) Kalihi-Palama Health Center (KPHC) in Honolulu, HI.

ⁱ About the ESAP. AAPCHO Current Projects.2012. <http://www.aapcho.org/current-projects/enabling-services-accountability-project/>.

ⁱⁱ AAPCHO Mission Statement. 2012. Available at <http://www.aapcho.org/site/aapcho/>.

ⁱⁱⁱ AAPCHO About AAPCHO fact sheet.

^{iv} AAPCHO 2010 AA & NHOPI Fact Sheet. Available at http://www.aapcho.dreamhosters.com/download/PDF/2010AANHOPIfactsheet_FINAL.pdf.

^v U.S. Census Bureau Press Release. 2010. “Income, Poverty, and Health Insurance Coverage in the United States: 2009.” Available at http://www.census.gov/newsroom/releases/archives/income_wealth/cb10-144.html.

^{vi} AAPCHO Mission Statement. 2012.

^{vii} President’s Advisory Commission on Asian American and Pacific Islanders. Enhancing the economic potential of Asian and Pacific Islanders. Washington, DC: The White House; 2007.

^{viii} Chang Weir, R. et al. (2011). Use of enabling services by Asian American, Native Hawaiian, and Other Pacific Islander patients at 4 community health centers. *American Journal of Public Health*. 2010;100(11):2199-2205.

^{ix} Robert Wood Johnson Foundation. Importance of Language Services. Available at <http://www.rwjf.org/files/research/ch1overviewimportanceoflanguageservices.pdf>.

^x Center for Health IT at the American Academy of Family Physicians. “Potential Benefits of an EHR.” Available at <http://www.centerforhit.org/online/chit/home/cme-learn/tutorials/ehrcourses/ehr101/benefits.html>.

^{xi} AAPCHO Enabling Services Data Collection Implementation Packet, 2010. Available at http://www.aapcho.dreamhosters.com/download/PDF/AAPCHO-ES_Implementation_Packet-Oct2010.pdf.