

The Institute for Nursing Centers (INC) has teamed up with Alliance of Chicago to make a top-tier, integrated Practice Management (PM)/ Electronic Health Record (EHR) available to Nurse Managed Health Centers (NMHCs). INC welcomes the participation of NMHCs interested in this partnership approach to EHR. This summary sheet reviews the objectives, implementation model, and current partners for the INC Practice Management/Electronic Health Record Initiative.

### **Objectives for the INC EHR Initiative**

1. To support NMHCs by providing a quality, cost-effective PM/EHR software that will facilitate the long-term sustainability of the NMHCs
2. To create strength in numbers that enhances NMHC-vendor relationships, and to use resources more efficiently through central hosting and warehousing of EHR data
3. To populate a NMHC Data Warehouse with electronic submission of standardized, de-identified, individual level data from the EHR
4. To offer mutual support across NMHCs for the complex processes that accompany EHR implementation, including: workflow redesign, training, ongoing use, and optimization of the software to meet quality and business objectives

### **Model**

Investing in an EHR independently is not possible for most NMHCs. Therefore, INC has partnered with Alliance of Chicago – which has successfully implemented and maintained a centrally hosted state-of-the-art EHR in four large Community Health Centers (CHCs) in Chicago. Alliance has chosen and optimized the General Electric (GE) Healthcare Centricity, equipped with robust functionality promoted by the 2003 Institute of Medicine report<sup>1</sup> and certified by CCHIT.<sup>2</sup> This functionality includes: clinician decision support, medication safety functionality, fully functional on-line clinician order entry and referral management, as well as access to comprehensive patient education content. Alliance hosts the software and data in a secure, central location – which is then accessed by health centers using local internet connection. Alliance has also developed and implemented a clinical data warehouse with the capability of providing on-line access to quality monitoring, comparison to national benchmarks, as well as research to identify contributions to positive outcomes. The INC/Alliance partnership will also enable benchmarking to other participating NMHCs. Together, INC and Alliance have negotiated very low software fees for participating NMHCs.

INC and Alliance believe that this partnership approach to EHR implementation offers critical value-added benefits that an EHR vendor alone cannot offer, including:

- Data are centrally housed in a secure location – allowing participating NMHCs and CHCs to share resources such as servers and database administration services
- Access to incorporated evidence-based clinical decision support
- A data warehouse capable of summarizing quality indicators on a per provider, per delivery site, and per center basis; and provider specific dashboard indicators for certain measures
- Guided support for EHR implementation as well as associated workflow redesign

<sup>1</sup> Institute of Medicine (2003c). Key Capabilities of an Electronic Health Record System. Committee on Data Standards of Patient Safety.

<sup>2</sup> CCHIT stands for The Certification Commission for Healthcare Information Technology. GE Centricity obtained certification based on the 2006 CCHIT criteria. For more information, see: <http://www.cchit.org/index.asp>.

- Training and support provided by partnership (rather than vendor) staff – with an emphasis on having knowledgeable champions on site
- A product that emphasizes a patient-centered model of care

When thinking about the costs of EHR, it is important to know that total costs will be more than the cost of the software alone. Three components to consider are: 1) the software license purchase and maintenance fees, 2) the cost of services for implementation and ongoing use of the application, and 3) the cost of investing and maintaining the supporting hardware and internet connectivity. It is also important to think of the one-time set up and ongoing costs separately. The cost implications of the partnership model as compared to a center investing in EHR individually are depicted graphically in the following figures. Overall, NMHCs can expect:

- Lower costs overall (including the sum of costs that would normally be paid to the vendor as well as those that would be born by the health center in purchasing other hardware and supports)
- Outsourcing of services to Alliance rather than in-house acquisition of servers, database managers, and associated support
- Enhanced services in the implementation, quality benchmarking, and on-going support, that NMHCs investing in EHR independently would most likely not be able to access

Implementation EHR Services & Cost Components		
Software License purchase	Implementation Services	Supporting IT
Services/support available through INC/Alliance Partnership		
EHR Commercial vendor services		

**Implementation Services:**

- Project management in relation to timelines and work plans for purchasing & deploying hardware and software
- Software customization
- Training

**Supporting IT (at implementation):**

- Hardware (server, PCs and tablets)
- Internet connectivity
- IT support services (technical assistance, database management)

Ongoing EHR Services & Cost Components		
Software Maintenance Fee	Ongoing Application Support & Optimization	Supporting IT
Services/support available through INC/Alliance Partnership		
EHR Commercial vendor services		

**Ongoing Application Support & Optimization:**

- Application assistance & ongoing customization or training needed
- Data warehousing & reporting for quality improvement

**Ongoing Supporting IT:**

- Maintenance/upgrades of hardware
- IT support for hardware and connectivity

## **Current Partners**

Current partners include INC, Alliance and its member CHCs, and several NMHCs at different stages in the implementation process.

- **Alliance of Chicago, Chicago, Illinois:** Alliance of Chicago is a network of four CHCs serving primarily low-income and uninsured patients in Chicago: Erie Family Health Center, Heartland Health Outreach, Howard Brown Health Center, and Near North Health Services Corporation. The mission of the Alliance of Chicago Community Health Services is to share resources and integrate services in order to more efficiently and effectively deliver accessible quality health care to the communities served. Together the Alliance partners serve over 83,000 clients in 343,000 encounters annually at 25 sites across the city. Alliance has demonstrated expertise in HIT – documented in both the high levels of provider satisfaction with their EHR and in achievement of quality benchmarks. Moreover, Alliance shares the INC’s commitment to supporting a patient-centered, health promotion, culturally competent model of care.
- **Wayne State University Campus Health Center, Detroit, Michigan:** This NMHC provides primary care and innovative health promotion programs on an urban, Midwestern college campus. The center expanded in 2009 to serve the entire campus population, including faculty, staff, and children, in addition to students.
- **Glide Health Services, San Francisco, California:** The Glide website homepage states: “Come to place where unconditional love changes lives every day, and hope triumphs over sorrow. Everyone is welcome. Everyone is Glide.” This culture pervades Glide as the staff provide imaginative, patient-centered healthcare for the homeless and medically disenfranchised living in San Francisco, including primary care services, substance abuse recovery programs, and behavioral health counseling.
- **Arizona State University, Phoenix, Arizona:** The ASU College of Nursing and Health Innovation operates five non-profit NMHCs that vary in specialty and serve diverse age groups, races, and ethnicities.
- **North Central Nursing Clinics, Lafayette, Indiana:** In 2009, Purdue University was awarded a New Access Point grant, through HRSA's Bureau of Primary Health Care, to operate two family health clinics as FQHCs. The North Central Nursing Clinics serve rural Midwestern areas with large immigrant populations.
- **North Georgia College & State University’s Appalachian Nurse Practitioner Clinic, Georgia:** The Appalachian Nurse Practitioner clinic provides basic health care for uninsured and low income residents of the rural North Georgia Appalachian region.
- **Saint Mary’s Health Center, Savannah, Georgia:** St. Mary’s Health Center is associated with the St. Mary’s Community Center; it offers primary care to uninsured residents of a low-income, urban neighborhood.
- **Community Health Mission, Savannah, Georgia:** The Community Health Mission serves low income, uninsured adults who are not eligible for Medicaid and Medicare. This NMHC thrives on community involvement, utilizing a network of volunteer physicians, securing in-kind donations of supplies and equipment, and building partnerships to establish continuity of care.
- **The Governor’s Wellmobile Program, Maryland:** The Governor’s Wellmobile Program, administered by the University of Maryland School of Nursing, is a mobile health clinic that provides episodic and common acute primary care services, health screenings, and health education to uninsured Marylanders. The program is developing an innovative pilot test to implement and utilize EHR in their nurse-managed mobile van.



**WHO WE ARE:** *We are a national network of key stakeholders promoting direct access to high quality, affordable and cost-effective healthcare services to the nation's communities.*

### **OUR GOALS**

1. Create a strong network to facilitate the development and promotion of Nurse Managed Health Centers that:
  - Increase access to primary health care
  - Respond to communities’ needs and target historically underserved populations
2. Develop a national data center for Nurse Managed Health Centers
3. Inform policy to promote Nurse Managed Health Centers as a viable health care option
4. Develop and market educational and business products and services

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