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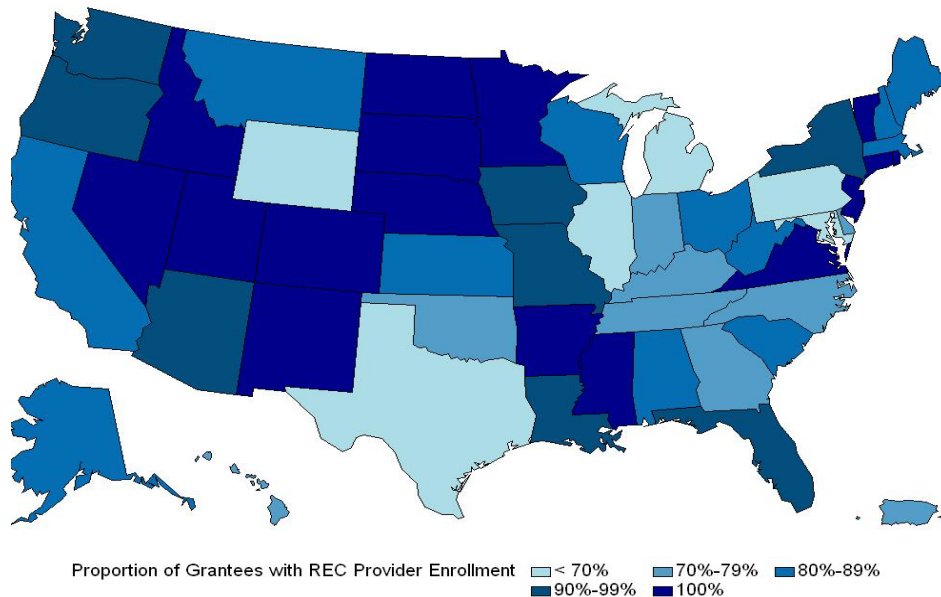
Supporting Health Information Technology Adoption
in Federally Qualified Health Centers

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In 2010, the Office of the National Coordinator for Health Information Technology (ONC) established 62 Regional Extension Centers (RECs) tasked to provide electronic health record (EHR) technical assistance primarily to healthcare providers in individual and small practices, as well as to practices that increase access to health care for medically underserved communities, uninsured and underinsured individuals.[1,2] This mission encouraged the RECs to recruit many community health center and Federally Qualified Health Center (FQHC) practices that offer primary and comprehensive health care services to underserved communities and populations nationwide. Historically, the Health Resources and Services Administration (HRSA) has played a significant role in supporting health IT adoption among FQHC providers by providing funding for information technology infrastructure, as well as through the Health Center Controlled Network (HCCN) program.[3] Building on this foundation, RECs are working with FQHCs to provide support and technical assistance as their providers progress towards meaningful use of EHRs. This brief provides descriptive information on the FQHC practices RECs are working with and their evolution towards meaningfully using EHRs.

83 percent (954 of 1,147) of HRSA funded FQHC and FQHC Look-alike organizations have providers enrolled with an REC.

Figure 1: Percent of HRSA funded FQHCs and FQHC Look-alike Organizations Partnering with RECs by State

Proportion of Grantees with REC Provider Enrollment   □ < 70%   □ 70%-79%   ■ 80%-89%   ■ 90%-99%   ■ 100%

SOURCE: Customer Relationship Management (CRM) Tool, maintained by the Office of Provider Adoption and Support (OPAS) at ONC, and Health Care Delivery Sites list maintained by Health Resources and Services Administration (HRSA). Data as of November 25, 2012.

27 states have 90% or more FQHC and FQHC Look-alike Organizations participating with an REC
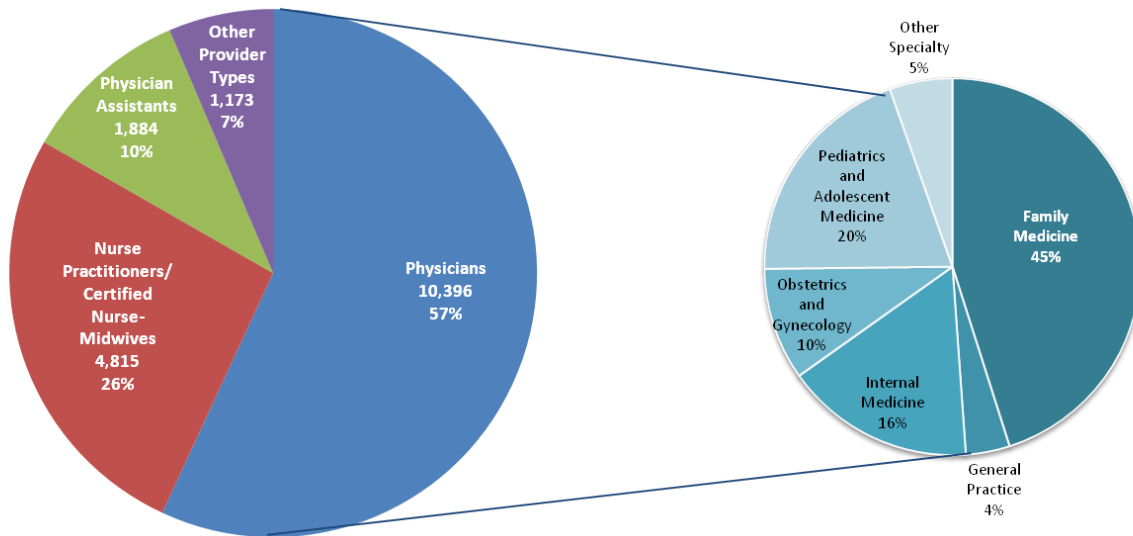
Table 1: HRSA funded FQHCs and FQHC Look-alike Organization Participation with RECs in 2012, by State

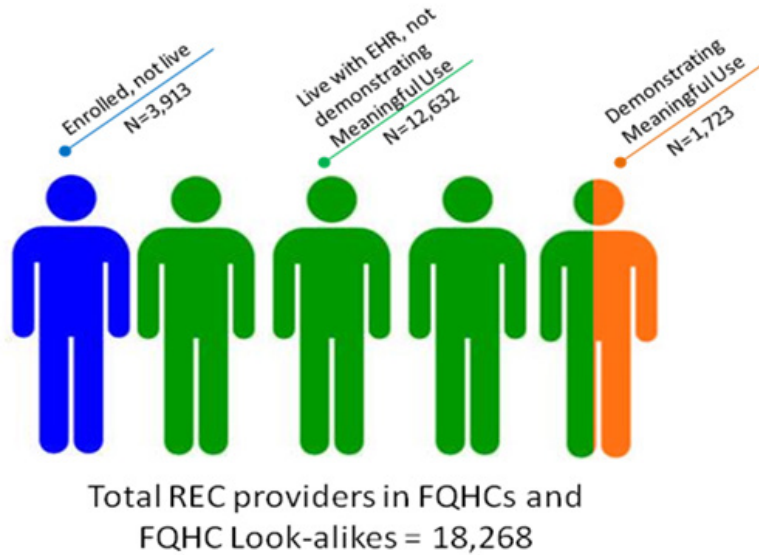| State or Territory	Total Number of HRSA Funded FQHCs and Look-alike Organizations	Number of HRSA funded FQHC and Look-alike Organizations Working with RECs	Percent of HRSA funded FQHC and Look-alike Organizations Working with RECs	Number of REC Participating Providers
United States	**1,147**	**954**	**83.17**	**18,268**
Virginia	24	24	100	274
Mississippi	21	21	100	265
New Jersey	20	20	100	297
Minnesota	16	16	100	167
Colorado	15	15	100	517
New Mexico	15	15	100	290
Connecticut	12	12	100	337
Arkansas	12	12	100	148
Idaho	11	11	100	118
Utah	11	11	100	70
Vermont	8	8	100	147
Rhode Island	8	8	100	134
South Dakota	6	6	100	78
Nebraska	6	6	100	73
District of Columbia	5	5	100	110
North Dakota	4	4	100	30
Nevada	2	2	100	30
Virgin Islands	2	2	100	17
Guam	2	2	100	13
American Samoa	1	1	100	16
Florida	44	42	95	956
Missouri	21	20	95	263
Arizona	16	15	94	465
Oregon	26	24	92	461
Washington	25	23	92	792
Iowa	13	12	92	138
New York	53	48	91	1,722
Louisiana	24	22	91	191
New Hampshire	10	9	90	99
California	117	104	89	3,290
Alaska	28	25	89	473
Montana	16	14	88	78
Kansas	14	12	86	124
West Virginia	27	23	85	316
South Carolina	20	17	85	281
Massachusetts	36	30	83	659
Maine	18	15	83	177
Ohio	33	27	82	400
Alabama	16	13	81	295
Wisconsin	16	13	81	206
Indiana	19	15	79	229
Georgia	28	22	78	302
North Carolina	28	22	78	252
Tennessee	22	17	77	295
Kentucky	22	17	77	266
Puerto Rico	20	15	75	190
Delaware	4	3	75	54
Hawaii	18	13	72	152
Oklahoma	17	12	70	51
Pennsylvania	36	25	69	391
Michigan	29	20	69	300
Illinois	37	22	59	667
Texas	68	36	53	464
Maryland	15	8	53	118
Wyoming	6	1	17	20

SOURCE: Customer Relationship Management (CRM) Tool, maintained by the Office of Provider Adoption and Support (OPAS) at ONC, and Health Care Delivery Sites list maintained by Health Resources and Services Administration (HRSA). Data as of November 25, 2012.

RECs are providing technical assistance, training, education, and outreach services to over 18,000 providers in HRSA funded FQHCs and FQHC Look-alikes.

Figure 2: REC Participating Providers by Provider Type

SOURCE: Customer Relationship Management (CRM) Tool, maintained by the Office of Provider Adoption and Support (OPAS) at ONC, and Health Care Delivery Sites list maintained by Health Resources and Services Administration (HRSA). Data as of November 25, 2012.

★ Of the 1,173 other provider types, RECs are providing assistance to:
  - o 697 Dentists
  - o 113 Psychiatrists and psychologists
  - o 63 Social workers
  - o 39 Optometrists
  - o 28 Chiropractors, occupational and physical therapists
  - o 11 Registered nurses
  - o 5 Speech language pathologists
  - o 2 Dieticians
  - o 1 Other specialist

79 percent of REC providers (14,355) in HRSA funded FQHCs and FQHC Look-alikes are live with an EHR.

Figure 3: Four of Five REC Providers in HRSA funded FQHCs and FQHC Look-alikes Are Live with an EHR
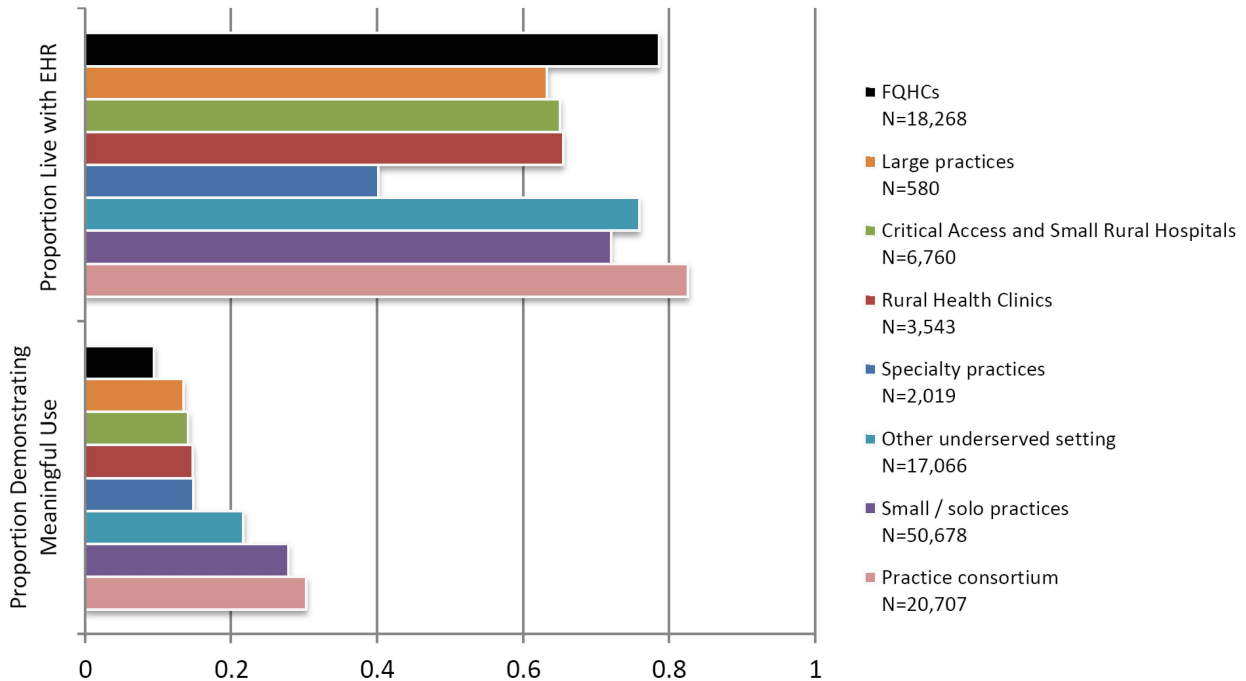

SOURCE: Customer Relationship Management (CRM) Tool, maintained by the Office of Provider Adoption and Support (OPAS) at ONC, and Health Care Delivery Sites list maintained by Health Resources and Services Administration (HRSA). Data as of November 25, 2012.

★ REC providers in HRSA-funded FQHCs and FQHC Look-alikes have the second highest rate of EHR adoption (79% live on an EHR) by practice setting. The highest rate of EHR adoption among REC practice settings is within practice consortiums (82%).

REC-enrolled FQHC providers have the second highest rate of EHR adoption (live on an EHR) when compared to other REC practice settings

Figure 4. REC Provider rates of EHR adoption and demonstration of meaningful use by practice setting.
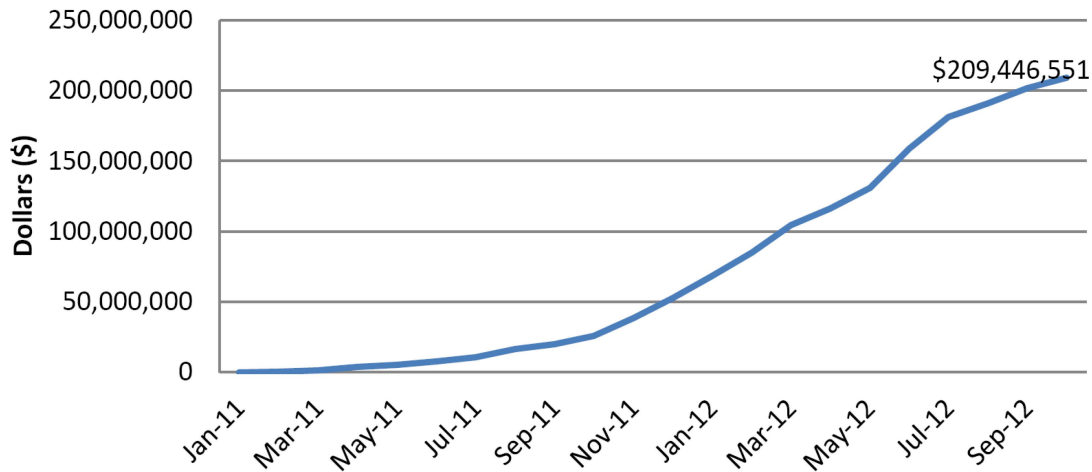

SOURCE: Customer Relationship Management (CRM) Tool, maintained by the Office of Provider Adoption and Support (OPAS) at ONC as of November 25, 2012; and Health Care Delivery Sites list maintained by Health Resources and Services Administration (HRSA). Small/Solo Practices are private practices focused on primary care with 10 or fewer providers. Practice Consortia are generally defined by RECs as formerly-small practices that have joined together under a single tax ID to streamline administrative management. Other Underserved Settings are generally defined by RECs to include providers serving high levels of Medicaid and medically-underserved patients who do not fit into one of the other priority setting categories.

★ 9% (1,723) of REC providers in HRSA funded FQHCs and FQHC Look-alikes are demonstrating meaningful use of certified EHR technology.

REC providers in HRSA funded FQHCs and FQHC Look-alikes have received over $209 million from the CMS EHR Incentive Program.

Figure 5. Cumulative Amount of CMS EHR Incentive Funds Received by REC-Enrolled FQHC and FQHC Look-alike Clinic Providers through October 31, 2012

SOURCE: Customer Relationship Management (CRM) Tool, maintained by the Office of Provider Adoption and Support (OPAS) at ONC as of November 25, 2012; CMS EHR Incentive Program data as of October 31, 2012; and Health Care Delivery Sites list maintained by Health Resources and Services Administration (HRSA).

★ 9,762 REC providers (53%) in HRSA funded FQHCs and FQHC Look-alikes have received CMS EHR Incentive funds to adopt, implement or upgrade (AIU) EHR technology.
★ 390 REC providers in HRSA funded FQHCs and FQHC Look-alikes have been paid by the Medicaid and Medicare EHR Incentive Program for demonstrating meaningful use of certified EHR technology.
★ More than $938 million potentially available to FQHC providers for AIU and Meaningful Use
  o Assuming all remaining unpaid FQHC providers are eligible the program, there is more than $174 million available to assist these providers to adopt, implement or upgrade EHR technology.
  o Assuming all REC FQHC providers are eligible for and apply for meaningful use, there is more than $764 million available in meaningful use incentives to assist these FQHC providers.

Summary

REC-enrolled providers working in HRSA funded FQHCs and FQHC Look-alikes are significantly more likely to be live on an EHR than REC providers who do not practice in FQHCs (79% compared with 71%, RR=1.10, $p<0.0001$). This high adoption rate among REC providers in HRSA funded FQHCs and FQHC look-alikes is likely related to the historic support and financial assistance provided by HRSA and other funders. Although FQHC providers have high rates of health IT adoption, their progress towards meaningful use of EHRs is more modest– only 9% are currently demonstrating meaningful use. Delays in state Medicaid EHR Incentive Program launches and vendor upgrades, as well as the perception of competing priorities, may have slowed further health IT adoption and utilization. However, many FQHCs have specific quality improvement goals such as efforts to promote the use of proven self-management

education programs by individuals with chronic conditions such as heart disease and diabetes. These efforts may stand alone or be part of more comprehensive initiatives such as 'medical home' work, where meaningful use requirements align and/or are foundational to successful achievement. REC staff report that in locations where FQHC leadership and staff recognize this association, motivation for meaningful practice transformation is happening. ONC, HRSA and CMS are continuously working to provide greater support for these vulnerable patients and providers through additional programs and funding streams that further health care transformation efforts.

Definitions

<u>Federally Qualified Health Centers</u>: These health centers are HRSA-supported public and private non-profit healthcare organizations that meet certain CMS criteria. FQHC look-alikes are health centers that meet the CMS "health center" definition but do not receive Section 330 funding (Section 330 of the Public Health Service Act).[4,5] The match between HRSA and ONC REC organizations is based on HRSA funded FQHC and FQHC look-alike administrative locations and REC practices.

<u>Performance milestones</u>. The performance milestones for REC providers indicate a threshold at which point RECs qualify for grant reimbursement. RECs may enroll healthcare providers regardless of their CMS EHR Incentive Program eligibility.

 <u>Milestone 1</u>. Signed technical assistance contract between the Regional Center and provider with receipt of any participation fees required (enrollment).

 <u>Milestone 2</u>. Documentation of Go-Live status on an EHR, with active quality reporting and electronic prescribing.

 <u>Milestone 3</u>. Demonstrates meaningful use.

<u>Medical Home:</u> team-based health care delivery model led by a primary care provider, the goal of which is to maximize healthy patient outcomes through the provision of comprehensive and continuous medical care

Data Sources

The information on enrollment with RECs and milestone achievement was obtained from the ONC Customer Relationship Management (CRM) Tool, maintained by the Office of Provider Adoption Support (OPAS) at ONC. Data represented in this brief are current as of November 25, 2012. Each REC reports milestone achievement data to ONC at time of achievement using the CRM.

Information on Centers for Medicaid and Medicare EHR Incentive Program participation status and payment amount was received from CMS and matched with ONC CRM data on the basis of the provider's National Provider Identifier. CMS data represented in this brief are as of October 31, 2012, merged with ONC CRM data through November 25, 2012.

Data on HRSA-funded FQHCs and FQHC look-alikes were downloaded from the HRSA Data Warehouse Health Care Service Delivery Sites data set (http://datawarehouse.hrsa.gov/Download_HCC_LookALikes.aspx) on February 23, 2012.

HRSA funded FQHC and FQHC look-alike administrative locations were matched to the ONC CRM practices on the basis of address and practice name. A manual review of all grantee-level matches was performed by REC program staff to ensure accuracy of the match. Additional matching was performed, again on the basis of address and site name, to ensure that all ONC CRM sites within the matched practices matched against the HRSA grantee affiliates. Only providers located at the matched ONC CRM sites are included in the participating provider counts reported in this publication.

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About the Authors

The authors are with the Office of the National Coordinator for Health Information Technology: Office of Provider Adoption and Support and Office of Economic Analysis, Evaluation, and Modeling.

Acknowledgements

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