

## *Background*

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Community health centers offer cost-effective, high quality primary and preventive care and chronic disease management to nearly 800,000 medically underserved Massachusetts residents. They are the state's first line of defense in managing chronic disease and spiraling healthcare costs. Because of their focus on quality, maximizing the latest information technology improves the ability of centers in tracking a range of measurable health statistics in a more data driven way. These measures include reducing ER visits and hospital readmissions; decreasing smoking and obesity rates; and improving the health of people living with chronic and complex illnesses such as diabetes, heart disease and asthma.

## *Impact*

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The Massachusetts League of Community Health Centers has taken a strong role in assisting health centers as they work to upgrade their health information technology systems and capacity for using data. To date, 49 of Massachusetts' 52 health centers have either purchased, implemented or are in the process of implementing electronic medical records (EMR). All centers will be working toward the new federal "meaningful use" standards which mandate significant and measurable improvements in patient health outcomes over the next two years.

In 2009, the League released CHIA DRVS™, a web-based central data repository and reporting solution for seven pilot health centers. The system extracts data from EMR systems nightly, and has the capability for producing more than 20 quality reports and measuring 20 health center-specific key performance indicators. Health centers are able to benchmark and compare their data at a range of levels: within health centers, health center to health center and clinician to clinician.

## *Issue*

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Providing broad support for the implementation of EMR across the health center network will enhance innovative care management initiatives and ultimately ensure the success of health care reform in low-income communities. Although health centers have made significant headway in upgrading and adapting health technology, three community health centers have inadequate resources to purchase or implement EMR, and another four face the expense of replacing outdated systems. Additionally, federal reporting requirements tied to meaningful use standards are not necessarily aligned with state reporting requirements, straining the health centers' efforts to increase their operational efficiency.

## *Solution*

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As the community health center network works toward 100% EMR implementation and meeting meaningful use requirements, there will be a need for state investment in health center technology infrastructure and maintenance as well as increased efforts aimed at aligning expectations and standardized reporting requirements of state and federal agencies.