Health Informatics Capacity of Georgia's Health Districts: Current Uses and Comparison with National Trends

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PURPOSE AND OBJECTIVES

This research was conducted to assess:

(a) the level of Georgia district health departments' (DHD) health informatics capacity and meaningful use readiness,

(b) readiness of public health professionals in GA to receive public heath reporting (immunization, laboratory reporting and syndromic surveillance),

(c) GA districts' capacity relative to local health departments (LHDs) nationally.

> Only a few GA Health Districts are currently able to make use of Meaningful Use-certified EHRs
> Future ability for use is fairly promising: 1 in 3 plan to have ability to fully utilize Meaningful Use-certified EHR

INTRODUCTION & BACKGROUND

Public health informatics is defined as "the systematic application of information and computer science and technology to public health practice, research, and learning." Yasnoff et al. (2000)

The adoption of IT/IS has increasingly become central for diverse public health activities and recent developments, including:

- Accreditation of health departments through the Public Health Accreditation Board (PHAB), and its prerequisites including CHA;
- Increasing fococus on quality Improvement and disease surveillance,
- Payments for Medicaid and Medicare to those who adopt and use "certified EHRs" through the Health Information Technology for Economic and Clinical Health Act (The HITECH Act)
  - Providers who do not adopt an EHR by 2015 will be penalized 1% of Medicare payments, increasing to 3% over 3 year

Georgia Department of Community Health studied health districts assessed the DHDs' readiness to participate in HIE, but many other aspects of informatics were not accessed.

METHODS

Data from two sources were used:

1. GA PBRN conducted a survey of all health districts in GA.
   - Brief instrument administered to all district health departments (DHD) using web-based survey software– Qualtrics
   - An email was sent with request to identify staff involved in use of information systems, IT development, or data report/use.
   - Survey administered to all identified staff, with request to forward the link to additional relevant staff

   Respondents
   - Total of 36 individuals responded to survey
   - 30 useable responses
   - 26 responded to most questions
   - 13 out of 18 DHD
   - Survey completed by multiple staff per DHD

   Position of Respondents
   - 9 District Health Directors
   - 6 Financial or other Non-clinical program directors
   - 8 IT directors, super visors, or managers
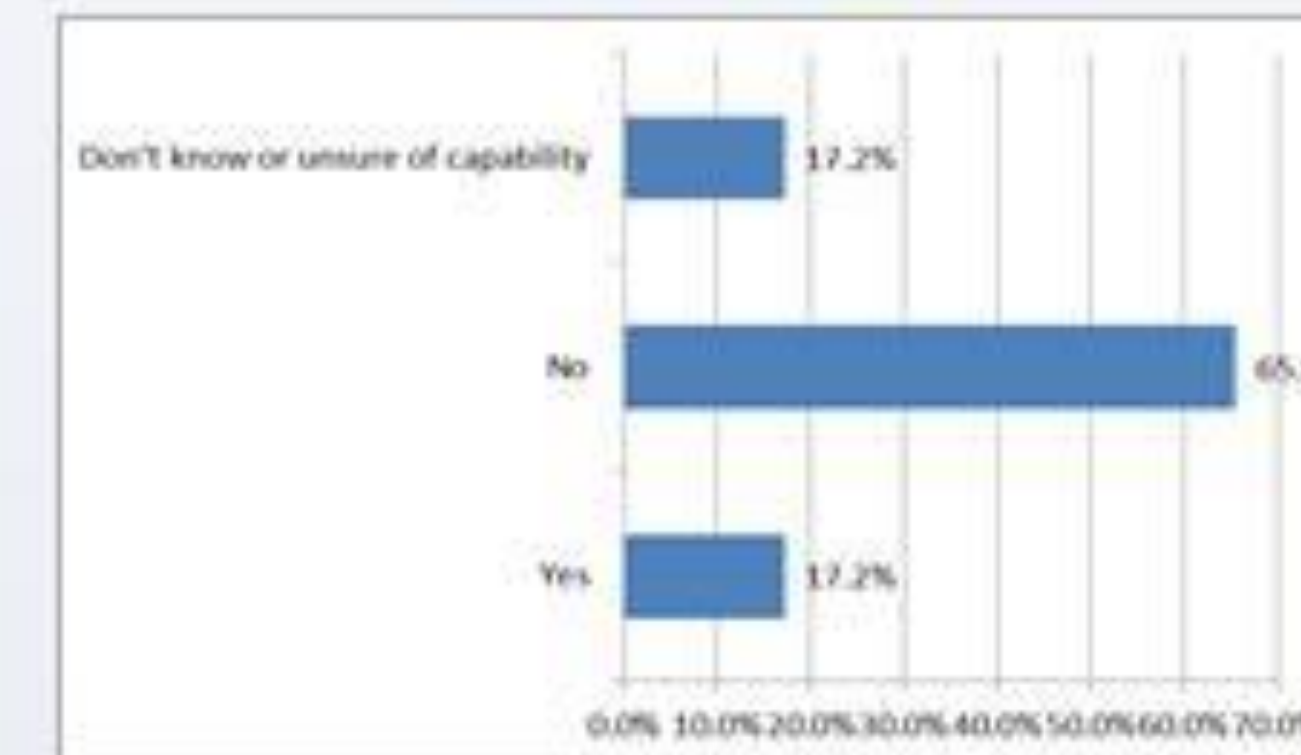   - 7 public health nurses or clinical/disease coordinators

2. 2013 National Profile of Local Health Departments, conducted by the National Association of County and City Health Officials (NACCHO). Detailed methodology available at www.nacco.org/profile

RESULTS

Status of EHR Implementation in Georgia and US
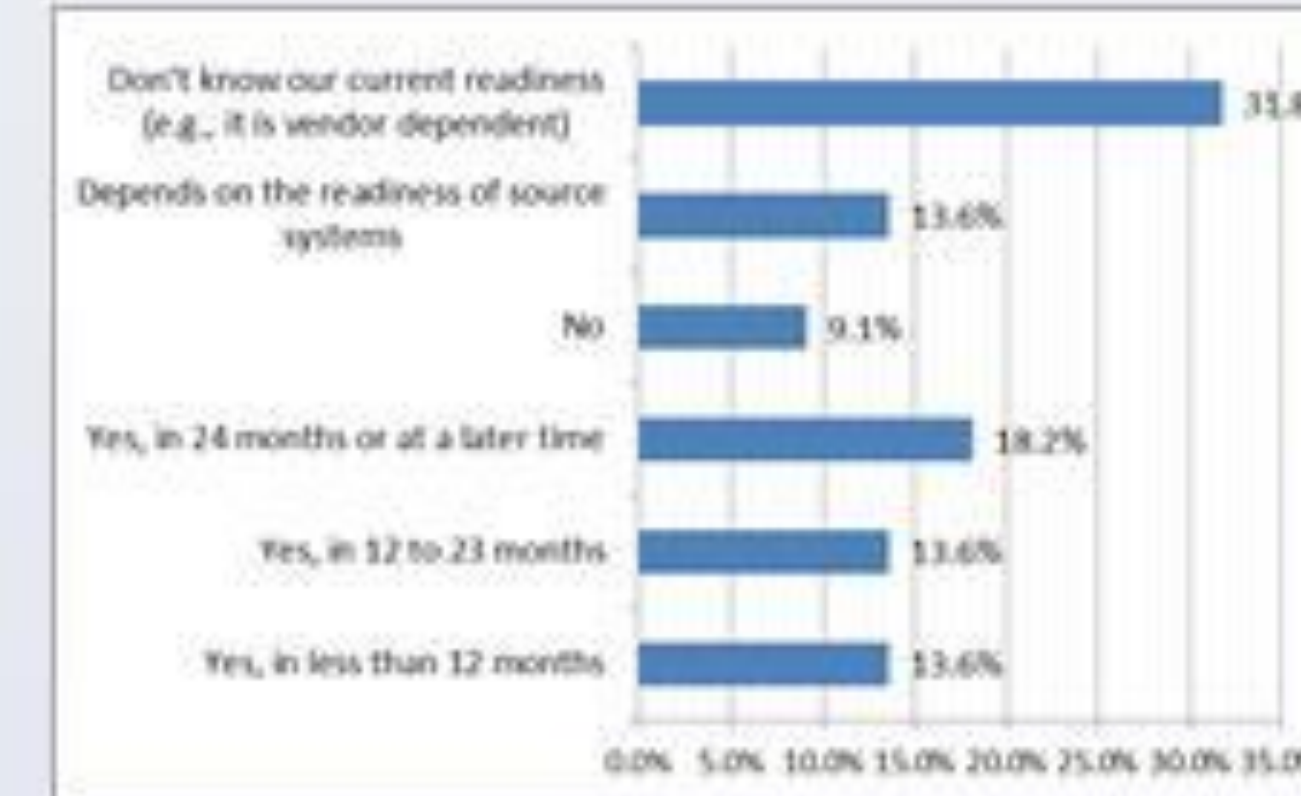
	Georgia	United States
Implemented EHR	17.2%	33.6%
No/Unknown Status of EHR	82.8%	66.4%

Is your health department currently able to submit or receive data through Meaningful Use-certified electronic health record system? (N=22; Missing =8)
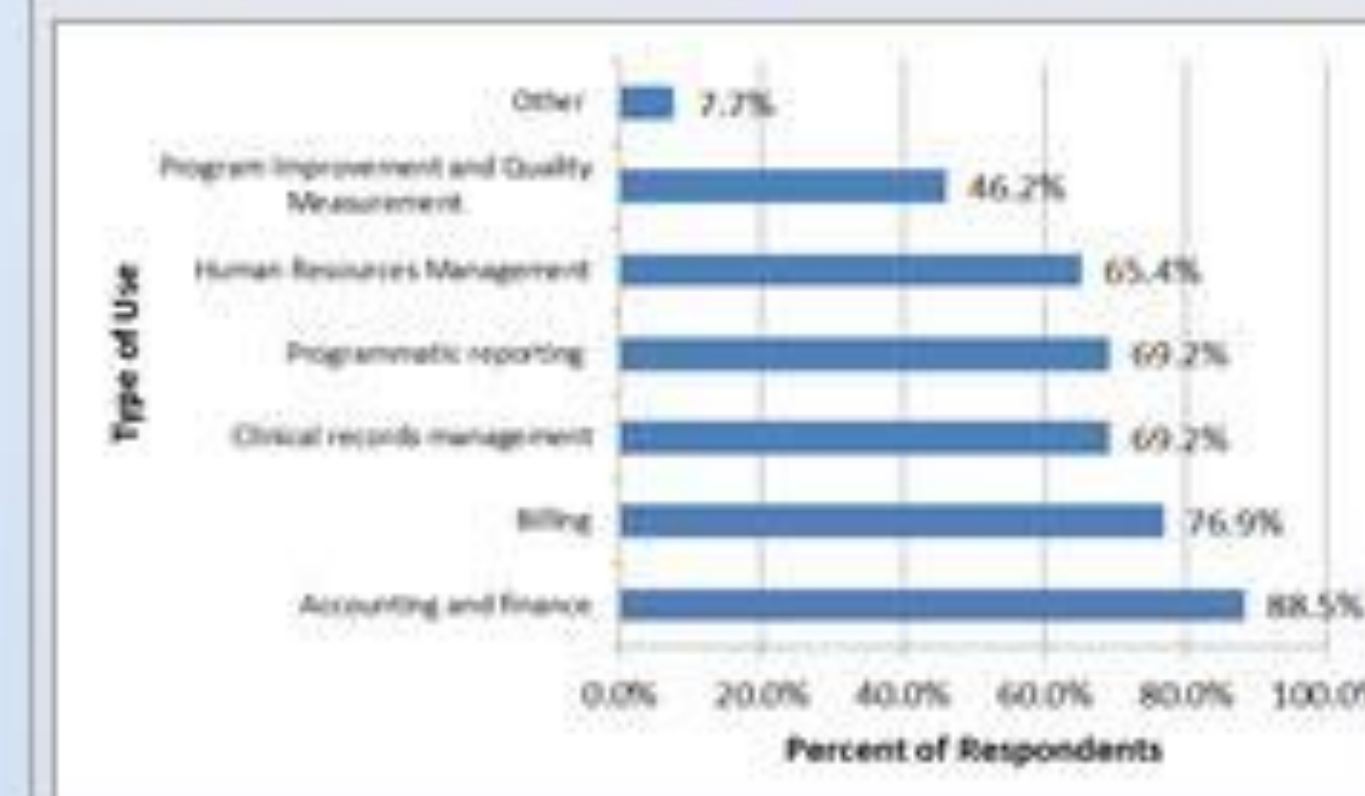
- Only a small proportion of respondents indicated their health district was ready to submit or receive data through Meaningful Use-certified EHRs.

Percent indicating they anticipate their DHD will be able to fully utilize a Meaningful Use-certified electronic health record system (N=22; Missing =8)
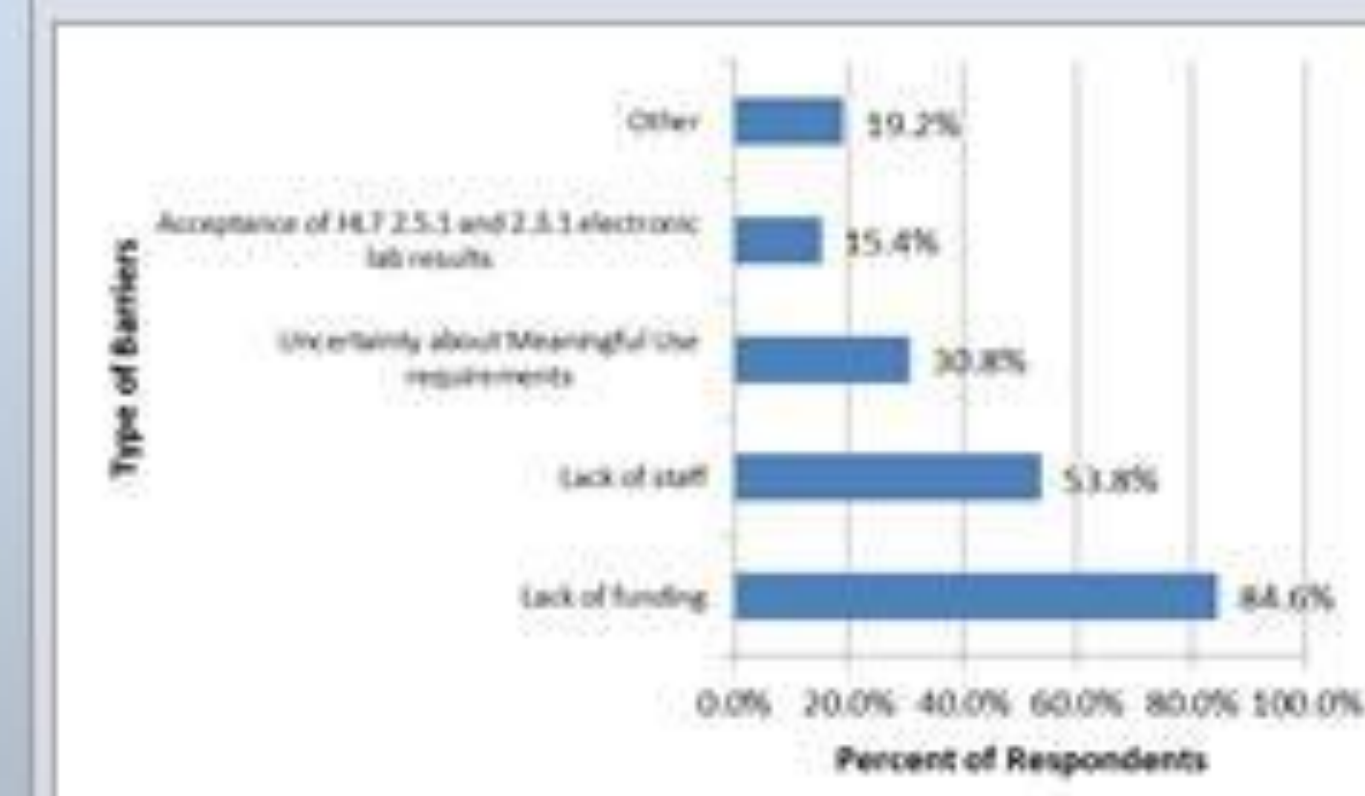
- Exactly 46 percent of respondents anticipated their DHD to fully utilize a Meaningful EHR system within 24 months or earlier; which is an encouraging result.

What are some of the ways in which information systems are used by your district? (N=26)

- The most frequent use of information systems was for the accounting and finance, followed by billing, billing.

What barriers if any are you encountering as you prepare for Meaningful Use? (N=26)

- Lack of funding was the most critical barrier in preparing for Meaningful Use, as it was reported by 8 out of 10 respondents.

Open Ended Question: What needs you have which would enable your health district to fully participate in Meaningful Use or health IT in general?

Lack of funding/staff
- Lack of staffing or funding for training was the highest level of concern, with 16 DHD staff reporting this response.
- Interface Development at State Lab Level,
- Centralized data repository for secure storage and access of the records by all partners.
- Developing data sharing agreements with community partners who have electronic records,
- Means of sharing data with other provider electronically.
- Increased bandwidth: Bandwidth, Increase bandwidth in support of current infrastructure
- Technical expertise: coding expertise and support. when the IT system is down, so are the records

CONCLUSIONS

- Only a few GA Health Districts are currently able to make use of Meaningful Use-certified EHRs
- Future ability for use is promising: 1 in 3 plan to have ability to fully utilize Meaningful Use-certified EHR
- Health districts played active role in shaping the statewide information systems
- More than half of the respondents played a role or were involved in development of state or regional EHRs

Informatics as Strategic Priority:
- Respondents reported having concrete processes in place to make health informatics a strategic priority :
- Assigned dedicated resources
- Made it explicit part of the strategic plan
- Part of the QI efforts
- Part of accreditation efforts

Use of Information Systems
- Level of use of information systems was very encouraging, (clinical records management; accounting and finance; billing; HRM; and QI)

Barriers
- Lack of funding and staff
- Uncertainty about Meaningful Use requirements

In order to comply with Meaningful Use Public Health Objectives, district health departments in GA **need**:
- Financial support from state and federal health agencies and Regional Extension Center (REC)
- Integrated software
- Increased bandwidth
- Tech support and training
- Linkage with state databases
- Informatics as strategic priority
- Resources (financial, technical, infrastructural, and workforce)

PUBLIC HEALTH IMPACT AND IMPLICATIONS

- Integrated EHRs of the same vendor throughout GA can enhance services and encourage adoption.
- Using an EHR effectively can result in public health benefits, such as document processes, outcomes, quality measures through reporting, productivity, improvements in quality of care
- Training programs can help move health districts adopting technologies and into meaningfully using them.
- EHRs can also help facilitate health information exchange, which can be particularly useful in rural settings of health district.

Acknowledgments