Purpose and Objectives

This research was conducted to assess:
(a) the level of Georgia district health departments (DHDD) health informatics capacity and meaningful use readiness;
(b) readiness of public health professionals in GA to receive public health 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” (Yasloff et al., 2000).

The adoption of IT/HS 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 focus 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 (HITECH Act).

Providers who do not adopt an EHR by 2015 will be penalized 1% of Medicare payments, increasing to 5% over 3 years.

Georgia Department of Community Health studied health districts assessed the DHDD’s 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 (DHDD) 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 reportage.
   - Survey administered to all identified staff with request to forward the link to additional relevant staff.

   Respondents:
   - Total of 16 individuals responded to survey.
   - 30 usable responses.
   - 26 responded to most questions.
   - 13 out of 18 DHDD.
   - Survey completed by multiple staff per DHDD.

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.naccho.org/profile

Results

Status of EHR Implementation in Georgia and US

<table>
<thead>
<tr>
<th></th>
<th>Georgia</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implemented EHR</td>
<td>17.2%</td>
<td>33.6%</td>
</tr>
<tr>
<td>No/Unknown Status</td>
<td>82.8%</td>
<td>66.4%</td>
</tr>
</tbody>
</table>

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

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