Public Health Professionals' Preparedness and Challenges in Implementing the Certified Electronic Health Records (EHR) for the Meaningful Use (MU) in Georgia- A Comparative Case Study

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INTRODUCTION

- Primary objective - to assess the readiness and challenges of public health professionals in implementing the Certified Electronic Health Records Technology for the MU in Health Districts of Georgia.

- Aim: to observe the status of the public health information systems' installation and subsequent linking of the system with the State Health Department, Eligible Practitioners (EPs), Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs

METHODS

- Three Georgia Health Districts volunteered to participate in the case studies.
- The case study guiding questions were pretested before conducting the in-depth interviews which were face to face or through telephone.
- These interviews were transcribed and contents were rechecked to reduce overlap and redundancy of codes.
- Collapsed codes were arranged into themes: technical infrastructure and readiness; process readiness and required reporting; and leadership in policy and governance.
- The qualitative software N-Vivo was used to code qualitative data.

RESULTS

Case Study -1 Health District-A

Case Study-2 Health District B

Case Study-3 Health District C

Cross Case Synthesis

Health District (HD)	Health District A	Health District B	Health District C
Current EHR system, Ryan White HIV/AIDS clinic	• Visual Health Net, v. 11 with few public health modules,	• Visual Health Net v. 10 with few public health modules, VHS certified v 11 in Ryan White Clinic	• AEGIS v.10.3, Care ware in in Ryan White Clinic
Certified	• Certified	• Certified	• Not certified
Funding	• Biggest barrier	• Biggest barrier	• Biggest barrier
Bandwidth	• Slow	• Slow	• Slow
Linkage with State Health System- GRITS	• GRITS • Interface is developed • Data flows directly to GRITS when entered in VHS	• GRITS • Data flows directly to GRITS when entered in VHS	• GRITS • Data flows directly to GRITS when entered in VHS
Linkage with State Health System- SendSS	• Not linked directly. • Data do not flow directly to GRITS when entered in VHS, • Login protected by the state, • Interface is being developed by the state, • Reports are faxed to the state health department	• Not linked directly, • Data do not flow directly to GRITS when entered into the VHS, • Login protected by the state, • Interface is being developed by the state, • Reports are faxed to the state health department	• Not linked directly, • Data do not flow directly to GRITS when entered in VHS, • Login protected by the state, • Interface is being developed by the state, • Reports are faxed to the state health department
Linkage with State Health System - Labs	• Interface is being developed by the state, • District labs enter data into their own system • District receives data logging to a common platform	• Interface is being developed by the state, • District labs enter data into their own system • District receives data logging to a common platform	• Interface is being developed by the state, • District labs enter data into their own system, • District receives data logging to a common platform
Tech support	• Local IT department	• Local IT department	• Local IT department
Training	• Local IT department • Vendor support	• Local IT department • Vendor support	• Local IT department • Vendor support
Recent updates after Dec 2013	• System upgrades-yes • Version 11.2	• System upgrades-yes • Version 11.2	• System upgrades-no • No Change

Challenges

Financial

Technical

Staff training | Tech Support | Different Versions of the system | Bandwidth / Connectivity

Lack of Time

CONCLUSIONS

- Challenges
  - Fear of change from paper to electronic
  - Lack of financial support to system upgrades
  - Time-consuming transfers from paper to electronic medical records
  - Differences in databases and versions of electronic system,
  - Users' training of the users
  - Technical support
  - Bandwidth is an issue
- Immunization Registry (GRITS- linked to the state health department.
- State Electronic Notifiable Disease Surveillance System (SendSS) and the Electronic Lab Reporting (ELR) -not linked for data entry directly into the systems.
- Health district leadership recommends:
  - MU processes is expensive
  - Requires funding, manpower and support from the State Health Department and Federal agencies.
  - Needs integration of disparate systems into a single EHR system which could enhance public health.

REFERENCE

Shah, G H., Rogers V, & Holley V. (2011). Local Health Departments' (LHDs) Meaningful Use Readiness, General Informatics Capacity, Needs, and Barriers. Oral presentation at *CDC Public Health Informatics Annual Conference -- Engaging, Empowering, Evolving Together.* August 21–August 24, 2011, Hyatt Regency, Atlanta, Georgia.