THE JOURNEY TOWARDS COMPLIANCE EXCELLENCE

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UNITY HEALTH CARE
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BACKGROUND

•The Journey towards Compliance Excellence begins with the passing of the 2009 Federal Government Stimulus Bill. In an effort to improve health outcomes, the HITECH portion of the Stimulus Bill provided Health IT funding to create a national Electronic Health Record (EHR) infrastructure for healthcare reform.

•In order to claim the incentives, healthcare organizations must show that the EHR is being meaningfully used to improve the care process and health outcomes.

•In addition to financial incentives, a meaningful EHR will improve care coordination, population management, workflow automation, and information exchange for reporting.

•Implementing an EHR is not a solitary goal; it is the core criteria for a change process that will increase in complexity over time.

•As the process begins, it is important for the organization to identify designated areas for quality improvement such as immunization compliance.

•Immunization status is one of the leading health indicators used to measure healthcare effectiveness by the US Dept. of Health and Human Services for their Healthy People 2020 quality improvement agenda.

•Though the majority of American children are compliant with immunization recommendations, the national immunization rate of 85% remains below the Healthy People 2020 goal of 90% coverage.

•**SETTING**: Unity Health Care, Inc. is a Federally Qualified Health Center Network which provides comprehensive health and human services to the medically underserved residents of Washington, DC regardless of race, ethnic background, or ability to pay.

•**POPULATION**: Diverse group of preschool children with considerable health disparities.

RESOURCES

•**Medical Home and Patient Centered Primary Care** – http://www.pcpccc.net/
•**Meaningful Use** – http://www.cms.gov/
•**Healthy People 2020** – http://www. healthypeople.gov/2020

PROJECT DESCRIPTION

• The goal of this project was to implement an immunization quality improvement initiative that utilized health information technology for data collection and reporting in a bi-directional data exchange with the DC immunization registry.

• The project was expected to enhance the immunization delivery system by minimizing missed opportunities, reducing documentation errors, and improving immunization compliance rates.
• This project uses mapped immunization data that was placed on Excel spreadsheets, and uploaded on secure servers.

DATA IMPORT OVERVIEW

• The process of importing immunization data from the registry takes approximately one month to complete.

1. Patient data file is extracted by the vendor and exported to the DC Immunization registry by a Unity analyst.

2. The analyst imports the completed immunization data file from registry, and sends it to the vendor.

3. The analyst tests the data before and after the final migration to verify that the migrated data does not override the existing information in the database and create duplicates.

4. The migration does not require down time; however, this activity is scheduled after normal business hours to safeguard the database.

DATA EXPORT OVERVIEW

• The process of exporting immunization data to the registry takes approximately one week to complete.

1. The Unity Data Manager uses programming codes to query the database directly for the immunization report.

2. The data file is tested, then sent to a Unity analyst for further review.

3. After the report accuracy is verified, the analyst sends the report to the DC Immunization registry.

RESULTS

• Immunization compliance rates from the DC Immunization Registry were compiled on a monthly basis before and after the initiation of the data exporting process.

• The goal of the project was to increase the compliance rate by 3%. It was revealed that Unity's compliance rates rose from 67% to 71% one year after the implementation of the EHR system.

VACCINE COMPLIANCE RATES
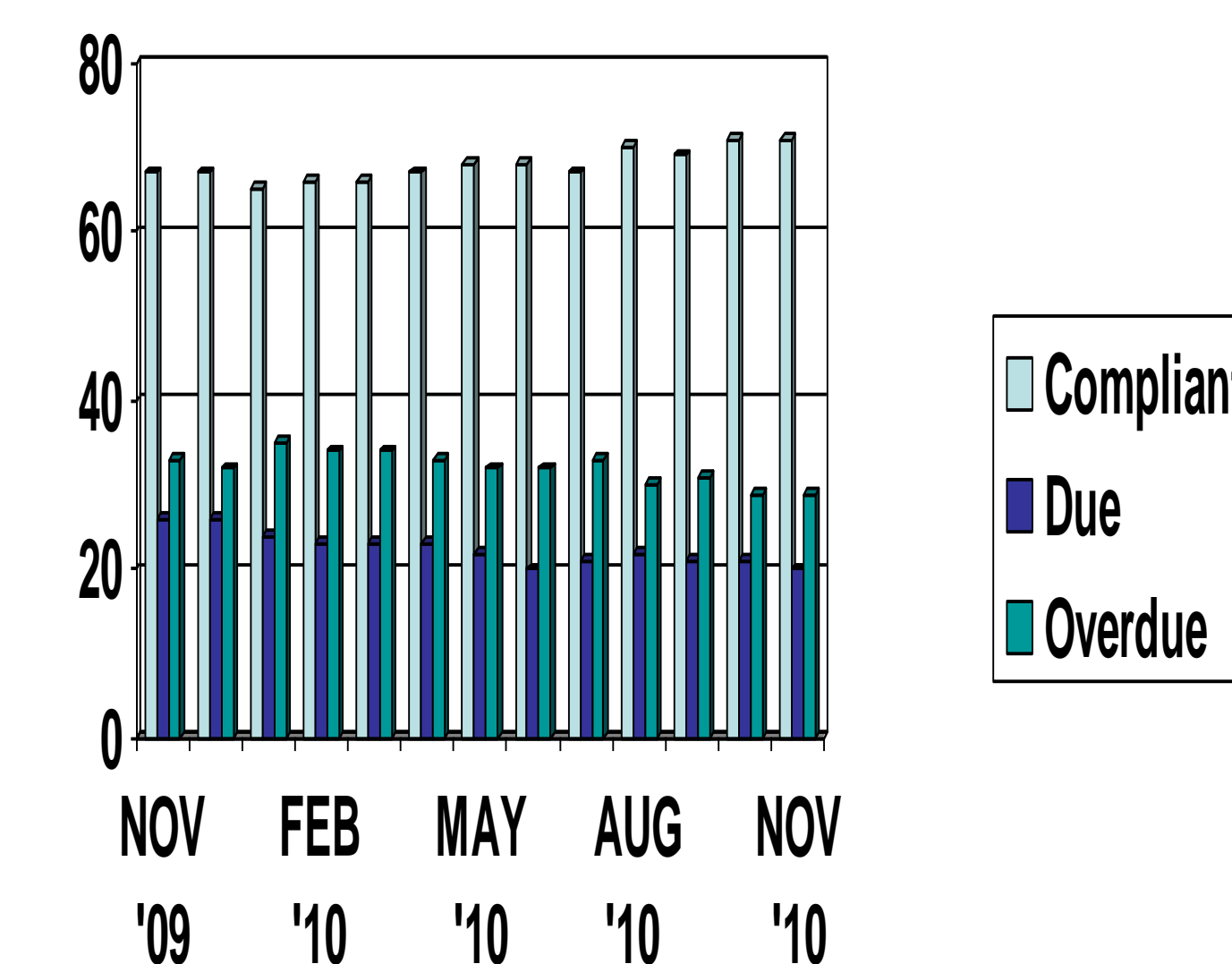
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ANALYSIS

• Challenges to additional compliance rate increases:

1. Reduced patient care access for staff training during the EHR transition.

2. Because the EHR software did not provide a useful reporting tool, reporting delays were experienced while coding discrepancies were evaluated.

3. Socio-economic concerns may cause medical care for a percentage of the target population to be fragmented.

LESSONS

• To accommodate supply concerns – The Future Immunization Order process was initiated.

• To minimize data entry errors –
1. An immunization orderset was created.
2. Power Point documentation guides were created.
3. Vaccine lot #s were programmed into the database.

• To improve the coordination of care –
1. An electronic appointment reminder call system was started.
2. A Walk-In Immunization visit type was created.
3. A software upgrade was planned.
4. A connection to the Regional Health Information Organization (RHIO) was planned.

• For EHR system concerns – an electronic help desk was created.

• For additional information please contact:

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