

Community Health Centers, Electronic Health Records, and Public Health

By Michelle Pichardo, MPH

The integration of public health functionality into community health centers using electronic health records (EHRs) has proved to be a process with endless possibilities. The Institute and the New York City Department of Health and Mental Hygiene (DOHMH) are collaborating on the Take Care New York project and the Syndromic Surveillance system. Take Care New York was created to develop and improve the relationship between public health functionality and evidence-based practices within a community health center setting. The

Syndromic Surveillance system allows the NYCDOHMH to investigate the use of clinical data from EHRs for improved surveillance of disease outbreaks investigation and response to seasonal and acute instances.



Dr. Farzad Mostashari

The Institute was first introduced to these projects by **Dr. Farzad Mostashari**, assistant commissioner, and chair of the

Primary Care Information Taskforce of the DOHMH. Dr. Mostashari is involved in several projects to establish prevention-oriented improvements to the overall quality of care through enhanced public health reporting and functionalities using EHRs.

Recently, Dr. Mostashari was interviewed about his experience working with the Institute and his knowledge of electronic health records and quality improvement.

Dr. Mostashari first became interested in working

with the Institute in 2003 when he gave a presentation and met **Dr. Neil Calman** who was in the audience. Dr. Mostashari and Dr. Calman talked about the Institute's programs and goals. "I was impressed with the work at the Institute and the capabilities," Dr. Mostashari stated.

Following that initial meeting, Dr. Calman and **Dr. Kwame Kitson** were invited to participate in the proof of concept for the Take Care New York project. An opportunity for collaboration emerged: since May 2004, the Institute has served as the model for incorporating public health functionality into an EHR system allowing for the development of standard processes to be used by other community health centers that implement EHR software and reporting infrastructure.

Historically the DOHMH has not reached out to community health centers (CHCs); but Dr. Mostashari says that developing a relationship with the Institute has greatly informed and motivated the DOHMH to reconsider the importance of working with CHCs and the effectiveness of aligning similar goals and objectives and given both an opportunity to greatly expand their experience with EHRs and QI.

Some important developments in electronic health records and QI, according to Dr. Mostashari, have been the recognition of the need to transform quality of care by bringing a public health perspective to clinical settings. He noted that EHRs have the potential to improve QI research, especially around chronic care, preventive care, and addressing health disparities.

In 2005 the Institute developed a data extract from the EHR's reporting database (also known as Clarity)

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to send clinical data using the CDC's Public Health Information Networking-Messaging System (PHIN-MS) to the NYCDOHMH. This data extract permits the Institute to participate in the citywide syndromic surveillance system, thereby allowing the Institute to serve as an action arm to enhance public health investigations by providing up-to-date vital health information to public health analysts who scan the data for significant changes.


Dr. Mostashari believes the future of EHRs and QI in community health centers will include a standard definition of what we mean by EHR-enabled QI and knowledge about what tools an EHR can offer to

help health care providers better understand the interplay between workflow within the practice structure and software. Dr. Mostashari noted that it is important to be careful not to burden providers, and to keep in mind that QI activities should be well integrated into the daily structure and realities of the practice.

Finally Dr. Mostashari stated that he feels a deep appreciation for the Institute and its leadership. He and his team will continue to work with the Institute on the second phase of the Take Care New York project over the next three years. For more information on DOHMH's projects please visit www.nyc.gov/pcip. ■

CQI: Thinking Globally, Acting Locally

By **Anna Quiñones**, Quality Improvement Coordinator

 Quality improvement is now an everyday responsibility for many staff members of the Institute for Family Health.

In March 2007, **Dr. Kwame Kitson**, vice president of continuous quality improvement (CQI), and **Anna Quiñones**, CQI coordinator, began expanding improvement strategies, focused on creating localized projects inspired by the successes of CQI on the global level (EHR-based analysis). By localizing the PDSA (Plan-Do-Study-Act) cycle, Kitson hopes to encourage new perspectives of quality from the success of individual projects by perpetually raising the bar of quality for the entire Institute, and to escalate towards TQM (total quality management) – systematic perfection. The resulting initiative focused on creating dozens of new CQI projects to increase access to care, resolve efficiency issues, and encourage continued exploration of new quality improvement opportunities.

CQI staff encouraged medical directors and supervisors to target site-specific deficiencies and to assign project leaders for quality improvement interventions. Project leaders were expected to help shape the project's goals, define how the problem would be measured, explore barriers to quality improvement, and to plan and execute an intervention.

As of June 2007, the Institute has twenty new CQI projects simultaneously underway; interventions varying from patient compliance, referral efficiency, and depression screening illuminate the scope of care and challenges at the Institute.

After observing alarming trends first hand among high-risk asthmatics in the south Bronx, **Adam Szerencsy, MD**, medical director at Urban Horizons Family Health Center, created an asthma control project. With the assistance of **Nyrva Badette**, HealthCorps volunteer, Dr. Szerencsy began a complete reform of asthmatic patient

care at Urban Horizons, including new systems of classification, patient education, and individualized asthma management plans to improve patients' subjective symptoms as measured by the Asthma Control Test (ACT). Dr. Szerencsy also created a new best practice alert (BPA) to alert physicians to patients' asthmatic status.

When their project concludes, Dr. Szerencsy and his staff hope to supply 90% of asthmatic patients with a documented classification and action plan, patient education, and new tools to help keep their asthma under control.

The CQI staff offers thanks and encouragement to everyone who has become part of the quality improvement team by participating in the new projects happening throughout the Institute. We hope everyone takes pride in finding new paths to greater successes, and making the Institute for Family Health the best place to be a patient in New York. ■

Staff and Faculty Peer-Reviewed Publications, 2006-2007

Faculty and Staff Journal Publications

- Barr WB.** Vaginal speculum examinations without stirrups. *British Medical Journal*. 2006 Jul 22;333(7560):158-9.
- Calman NS, Kitson K, Hauser D.** Using Health Information Technology to Improve Health Quality and Safety in Community Health Centers. *Journal of Progress in Community Health Partnerships: Research Education and Action*. In press.
- Calman, NS, Golub M, Ruddock C, Le L, Hauser D,** The Action Committee of the Bronx Health REACH Coalition. Separate and Unequal Care in New York City. *Journal of Health Care Law & Policy*. 2006. 9(1):105-120.
- Calman NS, Hauser D,** Forte G, Continelli T. New York State Physicians: Characteristics and Distribution in Health Professional Shortage Areas. *Journal of Urban Health*. 2006 Nov 29; [Epub ahead of print].
- Kaplan SA, **Calman NS, Golub M, Ruddock C,** Billings J. The role of faith-based institutions in addressing health disparities: a case study of an initiative in the southwest Bronx. *Journal of Health Care for the Poor and Underserved*. 2006 May;17(2 Suppl):9-19.
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- Rubin SE, Grumet S, **Prine L.** Hospital religious affiliation and emergency contraceptive prescribing practices. *American Journal of Public Health*. 2006 Aug;96(8):1398-401. Epub 2006 Jun 29.
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- Lam, S, **See S.** Exenatide: A Novel Incretin Mimetic Agent for Treating Type 2 Diabetes Mellitus. *Cardiology in Review*. July/August 2006;14(4):205-211.
- Bennett I, Calkins AA, Burg J, Finkel ML, **Wolff W,** Bowman K, Fleischman J. Initiating abortion training in residency programs: issues and obstacles. *Family Medicine*. 2006;38:330-335.
- Cohrsen A.** Echinacea's immune effects-possibilities and

Faculty and Staff Book Chapters

- Barr WB.** Cervical cancer screening. *Essential of Family Medicine: Fundamentals and Cases, 3rd Edition*. Robert Rakel, editor. (In press.)
- Barr WB.** Term Premature Rupture of Membranes (PROM). *Family Practice Obstetrics, 3rd Edition*. Ratcliffe SD, et. al., editors. (In press.)
- Calman, NS, Golub M, Kitson K, Ruddock C.** Electronic Health Records: The Use of Technology to Eliminate Racial Disparities in Health Outcomes. In: *Medical Informatics: An Executive Primer*. Health Information and Management Systems Society, Chicago, IL. Kenneth Ong, MD, Editor. January 2007.
- Calman, N.** Preparing the Mind and Body for the Decades Ahead. In: *Sixty Things to Do When You Turn Sixty*. Ronnie Sellers Productions, Portland ME. Ronnie Sellers, Editor. 2006.

CONGRATULATIONS TO OUR TOP PROVIDER PERFORMERS!

The following providers have been recognized for their success in utilizing Aspirin/Platelet Agg Inhibitors for CVA/MI prophylaxis in treating their diabetic patients.

Dr. Elizabeth Molina-Ortiz
Dr. Adam Szerencsy
Dr. Stephen Dahmer
Dr. Ruth Lesnewski
Dr. Kwame Kitson

These providers had the highest fluvax rate for patients 65 years and older (September 2006 to May 2007).

Dr. Daniel Blumkin
Dr. Ruth Lesnewski
Dr. Kwame Kitson
Dr. Amarilys Cortijo
Dr. Neil Calman



Practices

Amsterdam Center
East 13th St. Family Practice
Family Practice Center of Ellenville
Family Practice Center of Hyde Park
Family Practice Center of Kingston
Family Practice Center of New Paltz
Mt. Hope Family Practice
Parkchester Family Practice
Phillips Family Practice
River Center for Counseling
Sidney Hillman Family Practice
Specialty Care Center of Kingston
Urban Horizons Family Health Center
Walton Family Health Center
Washington Irving High School Health Center
Westchester Avenue Center

Programs

Area Health Education Centers (AHEC)
Beth Israel Residency in Urban Family Practice*
Bronx Health REACH
Care for the Homeless
Community Health Workers and Healthy Families of Dutchess County
COMPASS Programs
Faculty Development Program in Urban Primary Care
Healthy Start Program of Ulster County
Walton & New York City Free Clinics
Washington Irving School-Based Health Center

New Program Brings Dramatic Increase in Adolescents Engaged in Care

By Virna Little, PsyD, LCSW

The number of adolescents coming to the Institute's Mt. Hope Family Practice has soared since the 2006 inception of the Teen Pregnancy Project, which is sponsored by the Bronx District Public Health Office (DPHO). The project delivers a clear and consistent message to adolescents about reproductive health care, contraception and hormonal contraception and gives them access to a local health center that offers both reproductive health services and counseling to delay childbearing and reduce unintended pregnancies and sexually transmitted diseases.

The project links Mt. Hope Family Practice with University Heights Secondary School, a local public high school within the clinic's service area. A public health advisor is assigned by DPHO to both University Heights Secondary School and Mt. Hope to counsel students on birth control, contraception, emergency contraception and teen pregnancy. The public health advisor acts as a liaison between the school and the health center to ensure that students receive a comprehensive follow-up.

Before the implementation of the project, social work intern **Emily Bullen** gathered comprehensive baseline data for 12- to 18-year-olds from the Institute's electronic health record for 2004 to 2006. Before the intervention, 592 adolescents were seen from January to August 2006. In a matter of four months, 292 adolescents came in to the health center. That is a 48% increase above the baseline data.

The number of teens engaged in this pilot project continues to rise, leading to the hope that other schools and health centers will be paired for an expansion of this work. The program conveys a positive outcome to the community, and delivers a message that the practice is a safe and trusted place for teens and adolescents. The staff at Mt. Hope have really taken ownership of this project. Medical Assistants **Kim Morton** and **Tanya Graziano**, Patient Services Representative **Monique Maloney**, and Referrals Coordinator **Tanya Baker** have done a wonderful job promoting this program and caring for the adolescents seeking treatment, and they've worked to coordinate efforts between the Department of Health and providers at the center." ■

CQI Notes is a publication of the Institute for Urban Family Health.

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