



CASE STUDY:

Community health centers find practical, powerful capabilities with MicroMD® EMR

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*Doug Smith
President and CEO,
Greene County Health Care
CEO and CIO,
Community Partners HealthNet*

ORGANIZATION

Community Partners HealthNet, a network of community health centers that, together, operate 43 medical and dental clinics with 105 physicians, mid-level providers and dentists.

OBJECTIVE

To pool resources and expertise to acquire practical EMR technology that can serve the particular needs of community health centers.

SOLUTION

Host MicroMD EMR from Henry Schein Medical Systems, manage the data warehouse centrally and track clinical outcomes, all through an application service provider (ASP) model.

RESULTS

Improved quality of care; enhanced care management through medication interaction alerts; streamlined collection and presentation of patient data; more intuitive patient education; advanced tracking and outcomes measurement capabilities.

As president and CEO of Greene County Health Care in North Carolina, Doug Smith appreciates the IT difficulties most community health centers (CHCs) face.

Compared to the private sector, Smith explains, fewer than half as many CHCs have adopted electronic medical record (EMR) systems. Almost all CHCs cite lack of capital as the reason for this gap.

Objective

As CEO and chief information officer of Community Partners HealthNet (CPH), Smith possesses even deeper insight into these challenges—and solutions.

In fact, CPH traces its origins to Smith's extensive review of the EMR marketplace. "One of my main conclusions was that unless a community health center is very large, it needs the economies of scale of a cooperative network organization for group purchasing of an EMR," says Smith, "as well as for the IT expertise and resources to manage and support the software." In response, Smith's organization and six others formed Community Partners HealthNet.



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CPH health centers operate 43 medical and dental clinics with 105 physicians, mid-level providers and dentists. With CPH in place, Smith and his associates began the search for a practical EMR.

Solution

The CPH selection team spent six months gathering input and reviewing options. Among the criteria, clinicians emphasized an intuitive, logical interface.

IT team members also had their requirements. “To ensure scalability and system performance, the EMR had to be a Microsoft® Windows®-based, client-server system using SQL as the database,” says Smith.

Comfortable with its organization of patient data and confident in its processing speed, CPH chose MicroMD EMR from Henry Schein Medical Systems.

“Obviously, cost was also a factor,” says Smith. “Our contract is based on a per-provider license fee, which helps make it affordable with our group purchasing power.” He adds that CPH’s initial per-provider cost for MicroMD EMR was less than half the estimated national average.

CPH and its three full-time IT professionals serve member CHCs through an application service provider model, hosting MicroMD EMR, managing the data warehouse, and tracking clinical outcomes. The CHCs access CPH through secure, firewall-to-firewall virtual private networks with Citrix clients at the user end.

Result

“MicroMD EMR has helped our community health centers improve the quality of care,” says Smith. “Medication interaction alerts are especially useful, for example, because our patient population includes so many people with multiple medical conditions and prescriptions.”

For the CHCs participating thus far, MicroMD EMR has been instrumental in streamlining the collection and presentation of clinical data. In fact, a majority of the providers have come to prefer exam-room access to patient charts via MicroMD EMR.

MicroMD EMR has also impacted patients directly. “They can view graphs and charts as the clinician discusses patients’ blood pressure, weight, body mass index, and diabetes condition indicators,” says Smith, “and patients feel like nothing is hidden from them.”

Clinical tracking and outcomes measurement has proven vital as well. “We can conduct peer reviews and comparisons without tedious, manual chart pulls,” says Smith. “And our ability to develop reports on key clinical indicators—such as the percentage of patients with diabetes, by race, whose blood glucose levels are under control—is fundamental to our goal of reducing racial disparities in outcomes.”

“Our approach,” says Smith, “offers a practical and affordable model. Although it’s incremental, it has proven successful.”



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