

Impact of Health Information Technology on Planned Parenthood's Health Care Delivery Two Case Studies

Planned Parenthood Federation of America is a national not-for-profit organization that provides support services to 95 separately incorporated affiliates that operate 861 reproductive health care centers in almost every state. Each year, Planned Parenthood health centers provide reproductive health care including routine gynecological exams, breast and cervical cancer screenings, contraceptive services, abortion care, STI testing and treatment, and HIV testing and education to more than three million patients – the vast majority of whom are at or below 200 percent of the federal poverty level. More than six in ten patients consider a women's health center like Planned Parenthood to be their primary source of health care – making Planned Parenthood health centers a critical entry point into the health care system for millions of women and for many of them, the only health care provider they see.¹

Planned Parenthood understands the utility of health information technology (HIT) to streamline health center operations, and enhance health care delivery and patient outcomes. We also understand the value in being able to analyze clinical reproductive health data and trends nationally across all 861 Planned Parenthood health centers to better coordinate patient care and inform reproductive health care delivery. Therefore, in 2007, Planned Parenthood affiliates agreed to move towards the adoption of standardized practice management² and electronic health record³ (EHR) systems in all of their health centers over the next few years.

To date, Planned Parenthood affiliates lie along the entire continuum of adoption and deployment of selected HIT systems. Currently 56 affiliates have been able to commit to or implement the practice management systems, while 12 have been able to implement or are piloting EHR systems. However, like many other safety-net providers, particularly during these difficult economic times, some Planned Parenthood health centers lack sufficient resources and infrastructure support to purchase and implement health information technology systems at this time. That is why directing adequate funding for HIT adoption and implementation made available by the American Recovery and Reinvestment Act through the Title X program would go a long way towards helping Planned Parenthood health centers and other Title X family planning clinics continue to provide quality care to millions of low-income, uninsured and underinsured individuals while realizing the potential HIT offers to improve health care delivery and patient outcomes — as illustrated in the following two case studies.

For more information, please contact our Government Relations staff at 202-973-4848.

¹ Gold, RB et. al, *Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System*, Guttmacher Institute, 2009.

² Practice management software is a computer application that supports the day-to-day operation of a medical practice. The software allows staff to capture patient demographic information, schedule and track appointments, maintain a list of insurance payers and billing codes, collect information to bill patients and payers, and record payments and adjustments.

³ Electronic health record software is a computer application that collects and organizes patient health information generated during each encounter. The record includes a patient's medical history, vital signs, medications and allergies, immunizations, laboratory data and radiology reports, and progress notes among other items. The EHR system can be used to generate a variety of reports, provide clinical decision support, identify medical trends and support other functions that improve health care delivery and enhance patient health outcomes.

PLANNED PARENTHOOD AFFILIATE CASE STUDIES ON HIT IMPLEMENTATION AND IMPACT

Two of our affiliates, Mt. Baker Planned Parenthood and Planned Parenthood Association of Utah serve as two examples of the positive impact of health information technology on enhancing health care delivery and ultimately patient care.⁴ Since implementing HIT systems, specifically electronic health records and practice management systems, both affiliates have seen improvements in efficiency and accessibility of patient care, simplified public health reporting and enhanced quality assurance. Although both affiliates are at different stages of HIT implementation given their current infrastructure capacities, they continue to refine their HIT systems and see the potential for continued expansion of HIT as a means to support positive health care outcomes.

Mt. Baker Planned Parenthood

Mt. Baker Planned Parenthood (MBPP) has three health centers in the three northwest counties of Washington State (Region X), all of which receive Title X funding. MBPP serves primarily low-income patients, approximately 70% of whom are at or below 200% of the federal poverty level, in a service area that is predominately rural with the exception of one city with a population of 75,000. One rural health center is located on the San Juan Islands to which transportation is limited to ferry and plane. The island population is small; however demand for medical care is high given the limited number of providers. In 2008, MBPP served 14,287 patients through 20,458 health care visits - 70% of these visits were funded either through the Title X program or Medicaid.

MBPP implemented its HIT system in stages. In May 2004, the affiliate implemented a practice management system, and in June 2004 the affiliate began building an infrastructure for its EHR system. The live launch of MBPP's EHR system occurred in August 2005. MBPP continues to enhance its EHR system, with 2009 improvements including the launch of a robust patient follow-up system and a secure online patient portal that gives patients access to their medical information.

Planned Parenthood of Utah

Planned Parenthood Association of Utah (PPAU) operates eight health centers throughout the state of Utah and serves as the state's grantee for Title X funds in Region VIII. Their health centers range in size and locations from small rural clinic practices to larger metropolitan clinics. In 2008, PPAU provided care to over 44,000 patients, 32,000 of whom were served under the Title X program. PPAU patients are predominantly low-income and lack health insurance, with 75% at or below 150% of the federal poverty level and 97% uninsured.

In October 2008, PPAU implemented a basic EHR and practice management system at all eight health centers concurrently. Given their budget and size, the affiliate was able to implement a basic HIT system to replace their paper system within a four month period. The affiliate continues to incorporate additional functionality such as electronic lab orders and results.

⁴ The case studies are based on interviews in August 2009 with Cherie Stutesman, Operations Manager for Mt. Baker Planned Parenthood and Penny Davies, Vice President of Clinical Services for Planned Parenthood Association of Utah.

Positive Health Outcomes Related to HIT Implementation

HIT improves patient care and satisfaction through more efficient and timely access to health care.

- Both affiliates report that patient notifications for abnormal test results, including breast/cervical biopsies, sexually transmitted infections and cervical cancer screenings, are typically reduced from 2-3 days to the same day results are received. This not only reduces patient anxiety, but also increases patient health care outcomes due to quicker access to follow-up care and treatment.
- Rural patients' seamless access to follow-up health care has improved at both affiliates. At rural locations when no medical provider is available on-site and a patient is in need of follow-up education or care, an off-site provider who can access the patient's medical record electronically will provide limited follow-up care.
- EHR enhances care delivery for patients by making uniform information from multiple Planned Parenthood providers and health centers available in one electronic record. As aptly stated by one Mt. Baker patient, "It is great to be able to go to another clinic to pick up my supplies or for medical care without having to fill out another chart or wait for my records to be faxed to the clinic."
- For both affiliates, HIT has streamlined communications between providers and pharmacists reducing the potential for errors caused by handwritten prescriptions. MBPP primarily utilizes electronic prescribing both for on-site dispensing as well as to retail pharmacies.
- The affiliates' practice management systems allow staff to more efficiently communicate with patients the care that is covered by Title X and the estimated cost if any.
- PPAU and MBPP have received positive patient feedback regarding their HIT systems. Patients appreciate the fact that the provider can access all of a patient's visit information from the EHR providing a more personal encounter and enhancing continuity of care. During a visit, patients can witness the provider entering information into their medical record, increasing transparency of care.
- The online patient portal, recently launched by MBPP, further empowers patients by providing direct access to health care information after a health care visit. The portal may include access to lab results, chart notes, necessary follow-up care and educational resources as well as the ability to book appointments at a patient's convenience.

HIT simplifies public health reporting and enhances quality assurance.

- HIT increases the timeliness of mandatory public health reporting. MBPP set up a secure reporting system to the county health departments, allowing reportable sexually transmitted infections notifications to happen within a day of positive test results rather than the standard three days.
- Title X annual data reporting is now completed in a more timely and efficient manner with significantly less of MBPP's staff time. This capability was not available for PPAU in the last reporting period; however the affiliate believes HIT will improve efficiency of reporting moving forward.
- Both affiliates have received positive feedback from their Title X regional program consultants regarding the utility of their HIT systems to enhance health care delivery and patient care. PPAU is working in coordination with their regional program consultant to streamline medical chart audits now that health records from multiple sites can be pulled from one centralized location. Additionally, MBPP served as a presenter about their HIT system at a 2008 regional Title X reproductive health conference.
- Quality assurance and quality improvement are dramatically enhanced - since all data is centralized through the HIT systems; the affiliates are able to conduct more audits on the entire patient population rather than a small sample. This information can then be used to adjust for best practices more effectively leading to a high level of patient care. Given their different infrastructure capabilities, MBPP is able to do six times as many audits with one-fifth of the staff time, while PPAU can do twice as many audits with far less staff time.