



## Massachusetts League of Community Health Centers Eyes Grants & New Data Analytics Tools as Key to Success

**Community health centers are a key part of Massachusetts' health care ecosystem, providing vital services for one in eight of the Commonwealth's residents, or more than 820,000 patients in 2012. They're also key stakeholders in embracing and applying new uses for health IT, which is paramount in ensuring that health centers address the needs of, and the high demand from, their vulnerable patient populations.**

Patient volume has risen significantly at health centers since the Commonwealth passed sweeping health reform legislation in 2006, increasing nearly 40 percent.

With the centers becoming more integral to the health care landscape, many are realizing the potential of health IT to drive their organizations forward. Recently, several centers were awarded Implementation Grant funds from the Massachusetts eHealth Institute (MeHI) to assist them in connecting to the state's health information exchange, the Mass HIway, with the goal of safely and securely sharing health data.

The Massachusetts League of Community Health Centers (League) – which advocates for and provides support to 50 community health centers across Massachusetts – is at the forefront of shepherding health IT adoption.

A critical tool that is helping to achieve widespread improvement is the Data Reporting and Visualization System (DRVS), a web-based data collection, analytics and reporting platform tool that helps centers manage and put to use the reams of data they produce. The result is a firmer grasp on how well each center operates, how medical data is reported, and how patients experience the care they receive.

Through collaboration with a private consulting firm, the League developed DRVS, pronounced 'drives', specifically for health centers. The platform extracts data from the centers' electronic medical records (EMRs) and uses it to compare everything from how different centers match up on clinical measures, to reporting data to state and federal agencies.

"We're excited about it," said Ellen Hafer, Executive Vice President and COO at the League. "In this era of reform, providers at every level of the health care system will need access to better data. From tracking costs, to better managing resources, to producing better patient health outcomes, data is critical for transforming the way we deliver health care."

Currently, there are about a half dozen EMRs in the Commonwealth of Massachusetts that are equipped to hook into DRVS. The platform requires an upfront interface build to extract data from the EMRs and then the centers on going use is through an Internet connection and a Web browser, a critical feature that

helps limit costs and maximize access. The system is designed to produce daily reports which health centers are able to use at a variety of levels, including to measure clinical outcomes for specific diseases, keep track of the numbers of diagnostic tests performed, and capture numerous other data points collected for reporting requirements.

In order to help the centers gauge productivity, DRVS produces benchmark reports that can compare operational measures from one center to the next. Individual centers can also generate benchmark reports among their own groups of providers. The reports can be delivered daily, allowing the centers a "real-time" snapshot of how they are performing on specific measures, thus giving them timelier measurement capacity and the ability to develop quality improvement strategies more quickly.

"The reports have grown both in number and depth since we started," said Hafer.

Part of DRVS' benefit is the ability to help the centers capture data needed to attest to the Centers for Medicare & Medicaid Services' (CMS) Meaningful Use program, which provides financial incentives to providers who use EMRs and meet specific benchmarks. Health centers are now able to capture and report their own data to CMS using DRVS.

Some centers have also been able to respond to extensive reporting requirements in the state's patient-centered medical home (PCMH) initiative. As well, DRVS has played a role in preparing health centers for payment reform and participation in Accountable Care Organizations (ACOs).

Over the last two years, DRVS has expanded to health centers in several other states, which has helped to reduce the cost for Massachusetts-based centers. Currently, 18 of 36 federally-funded health centers in the Commonwealth use DRVS. Most of the remaining 14 health centers in Massachusetts are hospital-based and fall under different federal guidelines. In addition to the 18 Massachusetts centers using DRVS, eight more may add the technology in the near future, Hafer said.

"As would be the case when working with any type of provider organization, I think the central challenge in rolling out a major initiative like DRVS is demonstrating what the financial return on investment will be" said Hafer.

