

# HEALTH CHOICE NETWORK

*Communities That Care*

Kevin Kearns,  
*President and CEO of Health Choice Network*

July 11, 2006

## Our Vision

*Health Choice Network is a national model for effective collaboration among health care partners, positioning our members as an integral part of the health care delivery system.*

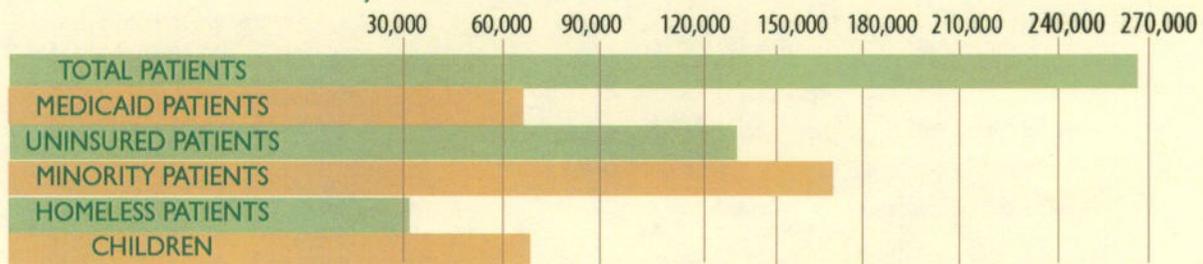


**HEALTH CHOICE NETWORK**  
*Communities That Care*

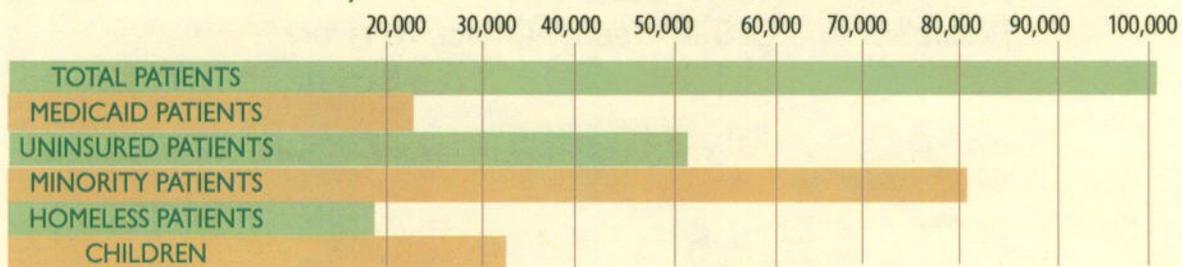
# OVERVIEW

Health Choice Network (HCN) is a national model of a successful collaboration among 26 community health centers (CHCs) one of several HRSA-sponsored Health Center Controlled Networks. HCN is addressing health care disparities, providing health information technologies and strengthening the financial position of the community health care system. Founded in 1994 as a 501c(3) organization, HCN was created and is governed by its members who comprise a minority-based Board of Directors. Network members maintain their vital community orientation by retaining their local-governing, consumer-majority Boards of Directors.

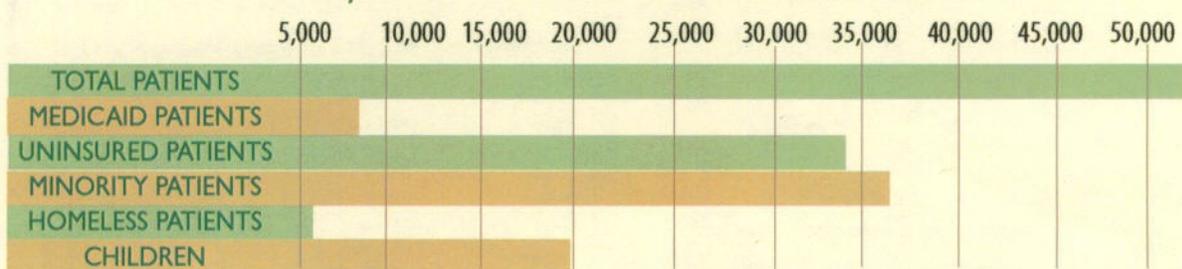
## Patients served by Florida member centers in 2005



## Patients served by New Mexico member centers in 2005



## Patients served by Utah member centers in 2005



## Health services provided by member centers in 2005

- Family practice
- Pediatrics
- Obstetrics & gynecology
- Pharmacy
- Dental
- Radiology
- Podiatry
- Vision services
- Behavioral health
- Health screening & prevention
- Substance abuse treatment
- Community & patient outreach
- Patient education
- School-based centers
- Disease management
- Extended hours of service
- Care for special populations
  - Migrants & seasonal farmworkers
  - Homeless
  - HIV/AIDS
- Faith-based partnerships
- Healthy Start
- Case management
- Other specialized services

# Remarks before the Medicaid Reform Commission

By Kevin Kearns, President and CEO of Health Choice Network • July 11, 2006

## 1. HEALTH CHOICE NETWORK (HCN) A collaboration among Community Health Centers

Community Health Centers (CHCs) help form the backbone of America's health care safety net, providing quality care to 15 million underserved individuals nationwide, with 5.5 million enrolled in Medicaid. In addition to providing a tremendous savings to all payers - particularly Medicaid and state governments - Community Health Centers provide quality care to patients regardless of their ability to pay. Even when a Medicaid recipient loses their coverage, health centers continue to serve their patients, providing an important continuity of care environment.

In 1994, after the first wave of Medicaid Reform and following the devastating aftermath of Hurricane Andrew in South Florida five area Community Health Centers banded together to form Health Choice Network, integrating key functions such as information technology to achieve cost efficiencies and improving the access to quality of health care.

Today, Health Choice Network includes 26 health centers with 145 sites located in three states, Florida, New Mexico, and Utah. Our centers provide care to more than 450,000 patients, including more than 220,000 uninsured and more than 100,000 Medicaid recipients. Our patients come from both rural and urban areas and include migrant workers, HIV/AIDS patients and thousands of children in school-based health.

The foundation of Health Choice Network is an integrated Information Technology system focused on providing health information to our medical, dental and behavior health providers. Today, our members are ordering lab tests electronically, reviewing the results on line, ordering prescriptions from any pharmacy (even in the most rural areas) with a few mouse clicks and documenting the entire progress in a manner that allows for electronic retrieval of key findings. And as our patients move on and off Medicaid, their electronic medical record continues to be maintained. The benefits of an electronic medical record have clearly been observed by our providers, patients and staff of the health centers as well as our health care community partners.

## 2. CHCs - Perfectly positioned to play a key role in the HHS/ONC National Framework on Health Information Technology

In July of 2004, the Office of the National Coordinator on Health Information Technology (HIT) introduced the framework for strategic action entitled *The Decade of Health Information Technology*. The framework identified four goals that will be critical to meeting the President's strategy for the majority of Americans to have universal electronic health records within 10 years. Community Health Centers are poised to play a key role in the national HIT efforts around these four goals:

1. **Inform Clinicians (adoption of electronic medical records)** - A recent survey conducted by the National Association of Community Health Centers found that 8% of health centers reported using an electronic medical record, and 60% plan to install an EMR system within the next three years. A focus on health centers' HIT efforts will provide access to EMRs in the mostly rural and medically underserved areas of our member centers.

- II. **Interconnect clinicians** - Many CHCs have formed networks or 'mini' Regional Health Information Organizations (RHIO) which improves connectivity between clinicians. Networks such as HCN have allowed community health centers to participate in the state and regional health information exchange efforts.
- III. **Personalized care** - CHCs promote the use of telehealth in their rural and underserved areas and encourage the use of personal health record among members. At Health Choice Network, we are in the process of developing a personal health record that can be used by our patients as they travel from area to area or are displaced in a disaster.
- IV. **Improve population health** - CHCs participate in HHS/HRSA's health disparities collaboratives and focus on disease management efforts.

### 3. CHALLENGES FOR CHCs In health information technology efforts

**Financial incentives** - A fundamental issue facing CHCs (and other primary care providers) from Medicaid and other payers is the misalignment of financial incentives to invest in HIT. When CHCs provide quality care and reduce expensive hospital costs, they do not benefit financially. Instead, those benefits are typically realized by the payers or hospitals. This misalignment makes it difficult for our primary care providers to invest in health information technology.

**'Payer Based EHRs'** - One of the solutions mentioned nationally to help finance HIT efforts is to focus on a "payer based electronic health record," whereby we rely on the payers (including Medicaid) to help facilitate and finance the exchange of health information. Unfortunately, with over 45 million Americans without a 'payer,' this approach would fail to provide the exchange of health data in our most vulnerable citizens - a population that arguably will benefit the most from electronic health records.

### 4. Electronic medical records in times of natural disasters

The benefits of electronic medical records have never been more apparent than during and after disasters. The experiences of our health centers during the recent hurricanes seasons have clearly demonstrated the tremendous benefit in providing access to key health data at a critical time. Shortly after Hurricane Charley when our center in Port Charlotte, Florida was completely destroyed, our providers were operating out of a mobile unit with access to the patient's prescription, laboratory and health data from a wireless notebook connection. We were able to route patients to the appropriate center within our network to provide much-needed health care.



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9064 N.W. 13th Terrace • Miami, FL 33172  
(305) 599-1015 • [www.hcnetwork.org](http://www.hcnetwork.org)

# HEALTH CHOICE NETWORK

Serving 26 member health centers operating 145 sites in three states

## FLORIDA

Broward Community and Family Health Centers  
*Rosalyn Frazier, President and CEO*

Camillus Health Concern  
*Alina Perez-Stable, Executive Director*

Citrus Health Network  
*Mario Jardon, CEO*

Community Health Centers of Pinellas  
*Pat Mabe, CEO*

Community Health of South Dade  
*Col. Brodes H. Hartley Jr., President and CEO*

Economic Opportunity Family Health Center  
*Annie Neasman, President and CEO*

Family Health Centers of Southwest Florida  
*Lalai S. Hamric, President and CEO*

Family Medical and Dental Centers  
*Sara Vance, President and CEO*

Health Care Center for the Homeless  
*Bakari Burns, CEO*

Helen B. Bentley Family Health Center  
*Caleb A. Davis, President and CEO*

Miami Beach Community Health Center  
*Kathryn Abbate, Executive Director*

Florida Premier Community HealthCare Group  
*Dorothy Knight, CEO*

Tampa Community Health Centers  
*Charles Bottoms, CEO*

## NEW MEXICO

New Mexico Health Choice Network  
*David Roddy, CEO*

Ben Archer Health Center  
*Mary Alice Garay, Executive Director*

Health Centers of Northern New Mexico  
*Alfredo Vigil, Executive Director*

La Casa de Buena Salud  
*Seferino Montano, Executive Director*

La Clinica de Familia  
*Harriett Brandstetter, Executive Director*

Las Clinicas del Norte  
*Andy Lopez, Executive Director*

La Familia Medical Center  
*Rick Adesso, Executive Director*

## UTAH

Utah Health Choice Network  
*Chris Viavant, Project Director*

Carbon Medical Service Association  
*Yvonne Jensen, Executive Director*

Community Health Centers of Salt Lake  
*Eligio White, Executive Director*

Enterprise Valley Medical Clinic  
*CJ Hansen, Executive Director*

Green River Medical Center  
*Mary Winters, Executive Director*

Mountainlands Community Health Center  
*Lynn Hudgens, Executive Director*

Wasatch Homeless Health Care Center  
*Allan Ainsworth, Executive Director*

Wayne Community Health Center  
*Gina Flanagan, Executive Director*



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