Community Clinic Information Technology Fact Book

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Prepared for

The Community Clinic Initiative
A Joint Project of Tides &
The California Endowment

Prepared by

BLUEPRINT RESEARCH & DESIGN, INC.

720 Market Street, Suite 900
San Francisco, CA 94102
(415) 677-9700

2014 E. Madison Street, Suite 300
Seattle, WA 98122
(206) 324-4999

www.blueprintrd.com
info@blueprintrd.com

Community Clinic
Information Technology Fact Book

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Introduction

The Community Clinics Initiative (CCI) is a joint project of Tides and The California Endowment. Since its inception in 1999, CCI has provided 154 clinic corporations and 15 clinic consortia with over $30 million dollars to develop clinics' information technology (IT) infrastructure and information management capabilities.

Community clinics are an important lifeline for California's seven million uninsured and underinsured residents. These clinics offer health care at low or no cost, serving rural and inner city areas, and providing linguistically appropriate and culturally competent care. CCI sees building clinics' IT capacity as a critical piece in the broader health rights movement. Community-based clinics do more than provide needed health services – they work to ensure the right to health care for all, regardless of economic, insurance, or immigrant status. By building clinics' information technology capacity, CCI aims help build stronger and healthier communities, communities where access to quality healthcare is a right, not a privilege.

CCI is reaching far and wide. About 85% of the community clinic corporations in California have received one or more CCI grants. Approximately 60% of CCI clinic grantees are located in urban or suburban communities; the remaining 40% are rural providers.[1] CCI supports clinics of all sizes. About 25% have budgets under $1.5 million; 30% have budgets over $10 million.[2]

This document, the *Community Clinic Information Technology Fact Book*, presents recent findings from Blueprint Research & Design, Inc.'s ongoing evaluation of CCI.[3] The *Fact Book* is intended to provide clinic leaders and other interested observers a detailed portrait of California community clinics' information management capacities and uses of technology. It is also designed to be a reference tool for clinic leaders, providing them with IT-related information to draw upon when needed, and enabling them to gauge their own clinics' information technology capacities in comparison to the rest of the community clinic field.

The *Fact Book* contains information on five topics:

- Basic Organizational Characteristics—such as budget size and staff tenure
- Information Technology Operations and Infrastructure—including planning and training activities
- Clinical Uses of Information Technology—such as disease registries, electronic medical records, and electronic linkages to labs and pharmacies
- Information Management Capacity—including data analysis capacity
- Coordination of Activities—within consortia and with other healthcare actors

The *Fact Book* presents data drawn from the *2002 Clinic Information Management Assessment Survey*. This written survey was administered to CCI clinic grantees' Executive Directors and Medical Directors in the summer of 2002. The 2002 Survey marks the third time that grantee clinics have been surveyed about their information management capacity. It also marks the first time CCI gathered significant information about clinical uses of information technology directly from Medical Directors. An overview and analysis of the key survey findings is presented in "Getting Beyond Information Technology Basics: An Update on the Evolving Information Management Capacity of California's Community Clinics," a June 2003 Blueprint report which can be obtained directly from CCI.

[1] Urban and rural designations were self-reported by CCI grantees as part of their CCI grant applications.
[2] Budget data is drawn from 2002 Community Clinic Information Management Assessment Survey.
[3] Blueprint Research & Design, Inc. is a research, design, and strategy consulting firm serving philanthropic foundations. Blueprint has been CCI's external evaluator since 2000.

Data Sources & Notes

Overview

Since the beginning of the initiative, CCI has sought to paint a portrait of the evolving state of information management and technology infrastructure in California's community clinics. To help do so, Blueprint Research and Design, Inc., CCI's external evaluator, has annually administered a written survey, the *Clinic Information Management Assessment Survey*, to all CCI clinic grantees. The majority of information in the *Fact Book* comes from the third of these annual surveys, the *2002 Clinic Information Management Assessment Survey*.

In addition to the clinic survey, CCI evaluation research activities have included a complementary 2002 survey of 18 California clinic consortia;[4] telephone interviews with a purposefully selected sample of clinic Medical Directors; and case studies of six clinics chosen to represent a wide range of clinic characteristics and IT capabilities. Although not presented here, findings from these evaluation activities have informed the development of the survey research and analysis.

The annual written surveys were administered to clinic Executive Directors in the summers of 2000, 2001, and 2002. In July 2002, Blueprint delivered the third annual survey to 150 clinic corporations and community health centers that received CCI funding from 1999 to 2002.[5] General questions about clinics' information management were directed to Executive Directors. Questions about their clinical uses of information technology were sent to Medical Directors.

This survey yielded a high response: 80% of Executive Directors and 84% of Medical Directors completed and returned the surveys by Fall of 2002.

All data presented in the *Fact Book* are self-reported by clinic or consortia staff. To promote accurate reporting, respondents were advised in advance that CCI staff would not have access to their individual clinics' survey answers and that CCI grant-making decisions would not be based on their responses. Completed surveys were returned directly to Blueprint, which has shared only aggregate data with CCI.

Where possible, we note how the clinic field's IT capacities in 2002 compare to the state of the field in 2000, the earliest year for which we have survey data. Most comparisons are to 2001, for which more comparative data is available. Although it is useful to identify changes that have occurred since 2001, it is important to recognize that these one-year changes are not necessarily indicative of trends. For example, the median growth in clinic operating budget from FY2001 to FY2002 was 20%.[6] This growth may be part of a trend of increasing clinic budgets, or it may be due to a one-time influx of grant monies. Without comparable information from multiple years, we cannot definitively identify trends.

[4] Along with 15 California regional consortia, the California Hispanic Health Care Association, the California Rural Indian Health Board, and a California Planned Parenthood Federation of America collaborative were surveyed.

[5] CCI grants have been made to 154 clinics, four of which have closed or merged with other clinics. The 2002 survey was administered to the remaining 150 clinic grantees.

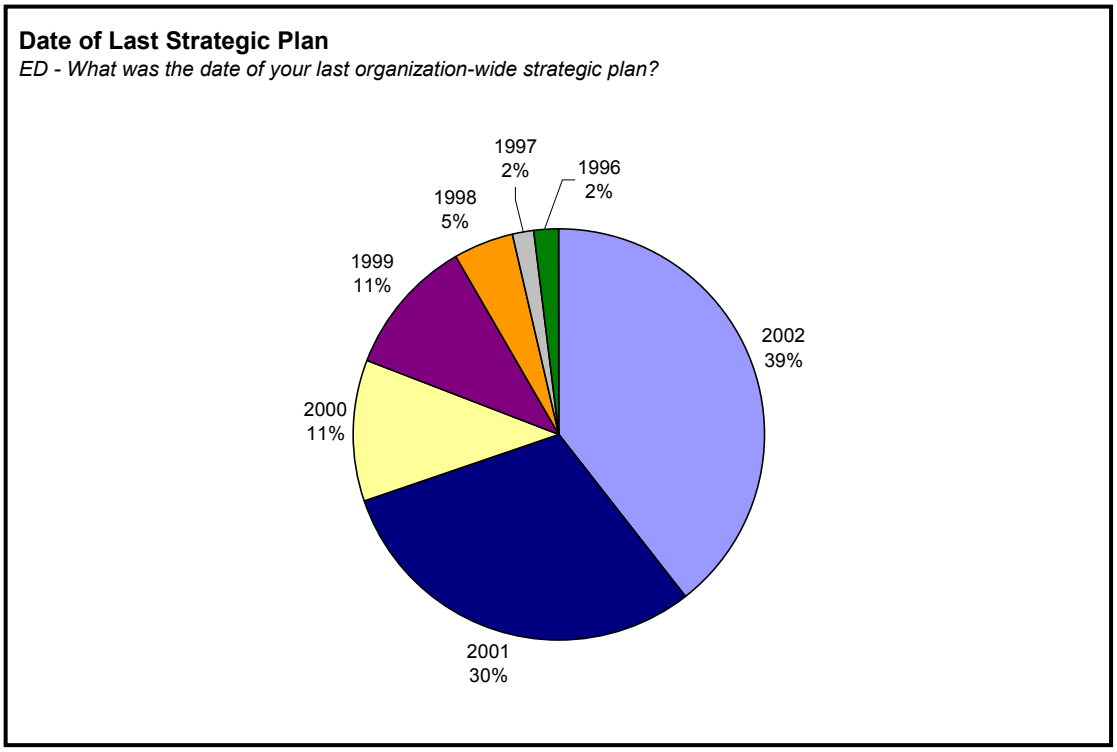
[6] The historical budget amounts have not been inflation adjusted. However, this rate of growth is considerably greater than the index we would use to adjust these numbers: the Consumer Price Index Annual, Not Seasonally Adjusted, West Urban, which is 3.5%.

How to Read the Charts in this Document

Most of the data in the *Fact Book* are drawn from the 2002 survey of Executive Directors and the 2002 survey of Medical Directors, described in more detail above.

Each chart includes the survey question, and to whom the question was directed—the Executive Director or the Medical Director. This information is included in the italicized subtitle of the chart. "ED" indicates that the question is from the survey of Executive Directors, and "MD" indicates that the question is from the Medical Directors' survey.

For example, the data presented in the chart below is drawn from Executive Directors' responses to the question, "*What was the date of your last organization-wide strategic plan?"*



Basic Organizational Characteristics

GRANTEE PORTFOLIO PROFILE

- There are a total of 169 CCI grantees—154 of these are clinic corporations and 15 are consortia.

- The survey response rate for the *2002 Clinic Information Management Assessment Survey* was 80% for Executive Directors and 84% for Medical Directors.

Rural vs. Urban[7]

- Thirty-nine percent (39%) of CCI grantees are rural providers.
- Sixty-one percent (61%) of CCI grantees are urban.

Poverty

- Forty percent (40%) of the clinic grantees reported that 90% or more of their clients are under federal poverty guidelines.

Single Site vs. Multi-Site

- Thirty-one percent (31%) of the clinic grantees are single site clinics.
- Sixty-nine percent (69%) of the clinics are multi-site clinics.

Consortia Membership

- Over 80% of clinics are members of a regional consortia, the California Hispanic Health Care Association, or California Rural Indian Health Board.

Basic CCI Grant Making

Comparison of Grant Making to Clinics Across CCI RFP Rounds				
	Minimum Grant Amount	*Average Grant Amount*	*Maximum Grant Amount*	*Number of Grants*
RFP1	$4,608	$17,640	$20,000	46
RFP2	$15,000	$60,778	$120,000	90
RFP3	$9,000	$77,840	$225,000	100
RFP4	$25,000	$99,841	$250,000	44
RFP5	$15,000	$81,681	$250,000	47

[7] Urban and rural designations were self-reported by CCI grantees as part of their CCI grant applications.

OPERATING BUDGET[8]

	Median Total Operating Budget FY02	*Median Total Operating Budget Growth ($) FY01 to FY02*	*Median Total Operating Budget Growth (%) FY01 to FY02*
All Clinics	$4,150,000	$400,000	10%
Small Clinics[9]	$1,010,500	$44,264	6%
Large Clinics[10]	$15,237,311	$1,968,057	13%

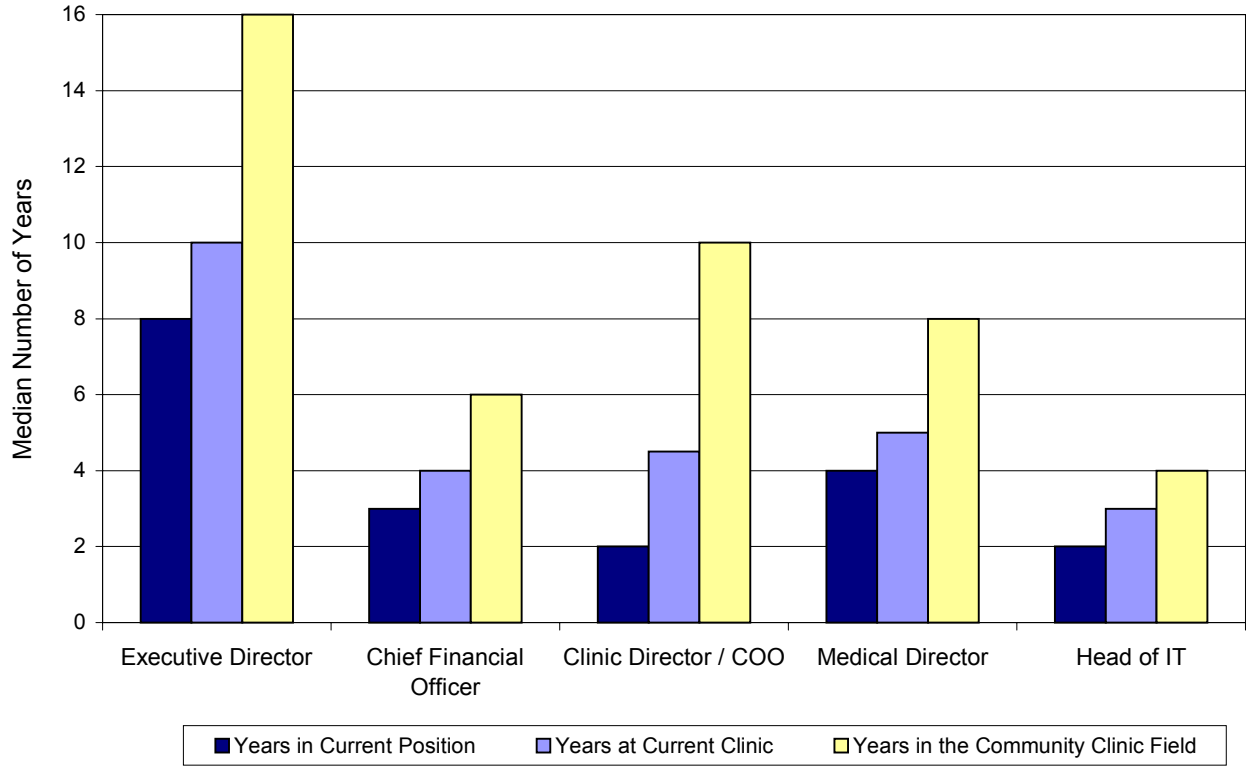
- The median 2002 clinic operating budget is $4,150,000.
- One-quarter of grantee clinics have budgets of $1.6 million or less.
- One-quarter have budgets of $12 million or more.
- Just over one-half of grantees have annual operating budgets under $5 million.
- Thirty percent (30%) have budgets over $10 million.
- The median growth in clinic operating budgets from FY01 to FY02 was 10%.
- Generally, large clinics' budgets grew more than small clinics' budgets (13% growth at large clinics compared to 6% growth at small clinics).

[8] Budget data is drawn from 2002 Community Clinic Information Management Survey.
[9] Small clinics are those with a FY02 total operating budget less than or equal to $1.6 million.
[10] Large clinics are those with a FY02 total operating budget equal to or greater than $12 million.

STAFF TENURE

Tenure of Management Team Members

ED - Please provide experience information for the members of your executive management team.

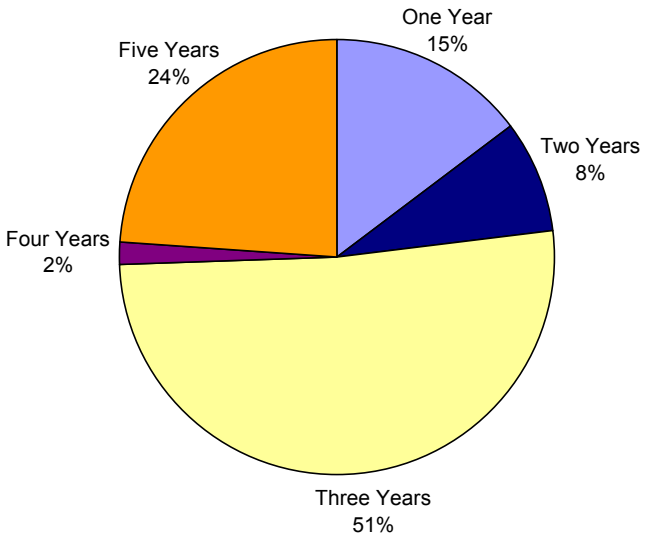


- Half of the clinics' Executive Directors have worked in the community clinic field for 16 years or more.
- Medical Directors have been in the community clinic field about half as long as Executive Directors. For Medical Directors, the median length of time in the community clinic field is 8 years.
- Half of the clinics' Executive Directors have been at their current clinics for ten years or more.
- Half of the clinics' Medical Directors have been at their current clinics for four years or more.
- Most Information Technology (IT) Directors are very new to their clinics. Only half have been at their current clinics for at least 2 years.
- Half of the clinics' IT Directors have been in the community clinic field for four years or more.
- About one-quarter of clinics have no IT Director.
- About one-quarter of clinics have no Clinic Director/Chief Operating Officer.

STRATEGIC PLANNING

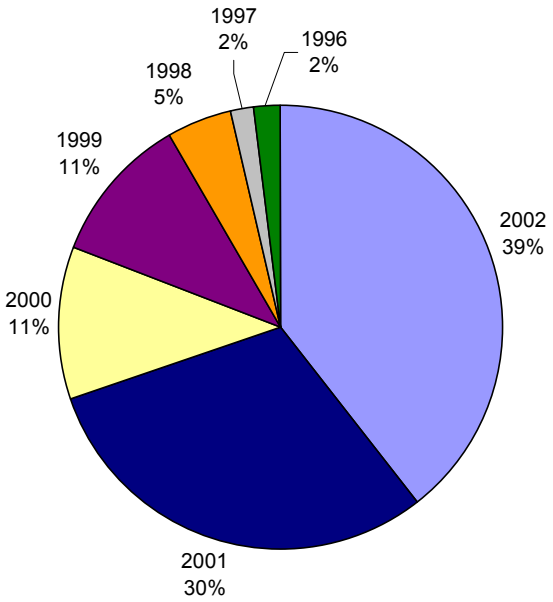
Strategic Plan Timeframe

ED - What is the timeframe of your clinic's strategic plan?



Date of Last Strategic Plan

ED - What was the date of your last organization-wide strategic plan?



- Clinics' strategic plan timeframes range from one to five years.
- About half of them are three-year plans.

Information Technology Operations & Infrastructure

INFORMATION TECHNOLOGY BUDGETS

	IT Budget: Fiscal Year 2002 Median	*IT Budget: Growth ($) Fiscal Year 2001 to Fiscal Year 2002 Median*	*IT Budget: Growth (%) Fiscal Year 2001 to Fiscal Year 2002 Median*	*IT Budget: As Proportion of Operating Budget Fiscal Year 2001 Median*	*IT Budget: As Proportion of Operating Budget Fiscal Year 2002 Median*
All Clinics	$150,000	$12,230	20%	3%	3%
Small Clinics[11]	$53,500	$10,330	73%	6%	5%
Large Clinics[12]	$300,000	$76,056	22%	2%	2%

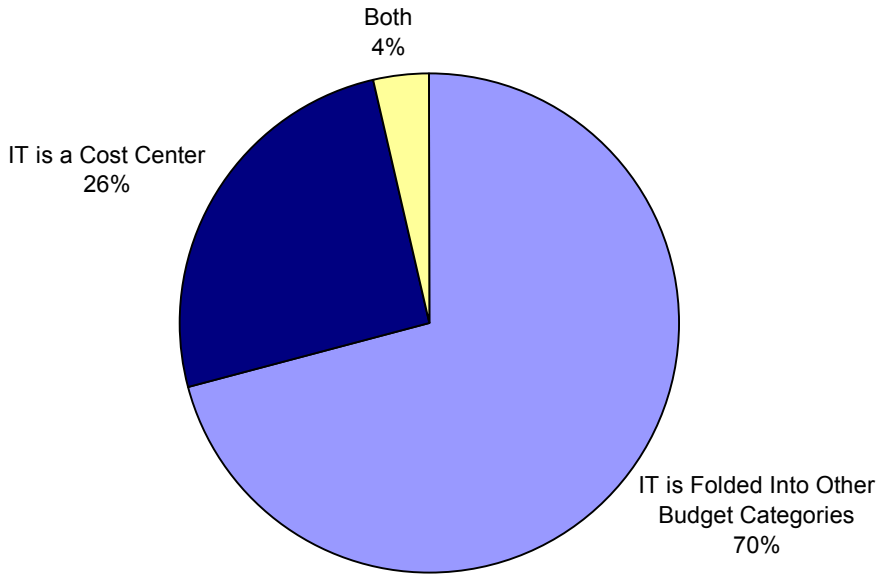
- The median clinic information technology (IT) budget in fiscal year 2002 was $150,000.
- Clinics' fiscal year 2002 IT budgets ranged from zero to over one million dollars.
- As a percentage of their fiscal year 2001 IT budgets, the median growth in clinics' IT budgets from 2001 to 2002 was 20%.
- Small clinics experienced greater growth in their IT budgets than large clinics experienced—a median growth of 73% for small clinics compared to 22% growth for large clinics.
- The percentage of clinics' total operating budgets dedicated to IT stayed the same, a median of 3%, from 2001 to 2002. Half of the clinics spend more than 3% of their budgets on IT, and half spend less than 3% on IT.
- Small clinics are spending a larger proportion of their operating budgets on IT than big clinics are—a median of 6% of their total operating budget for small clinics compared to 2% for large clinics.

[11] Small clinics are those with a FY02 total operating budget less than or equal to $1.6 million.
[12] Large clinics are those with a FY02 total operating budget equal to or greater than $12 million.

INFORMATION TECHNOLOGY BUDGETING PRACTICES

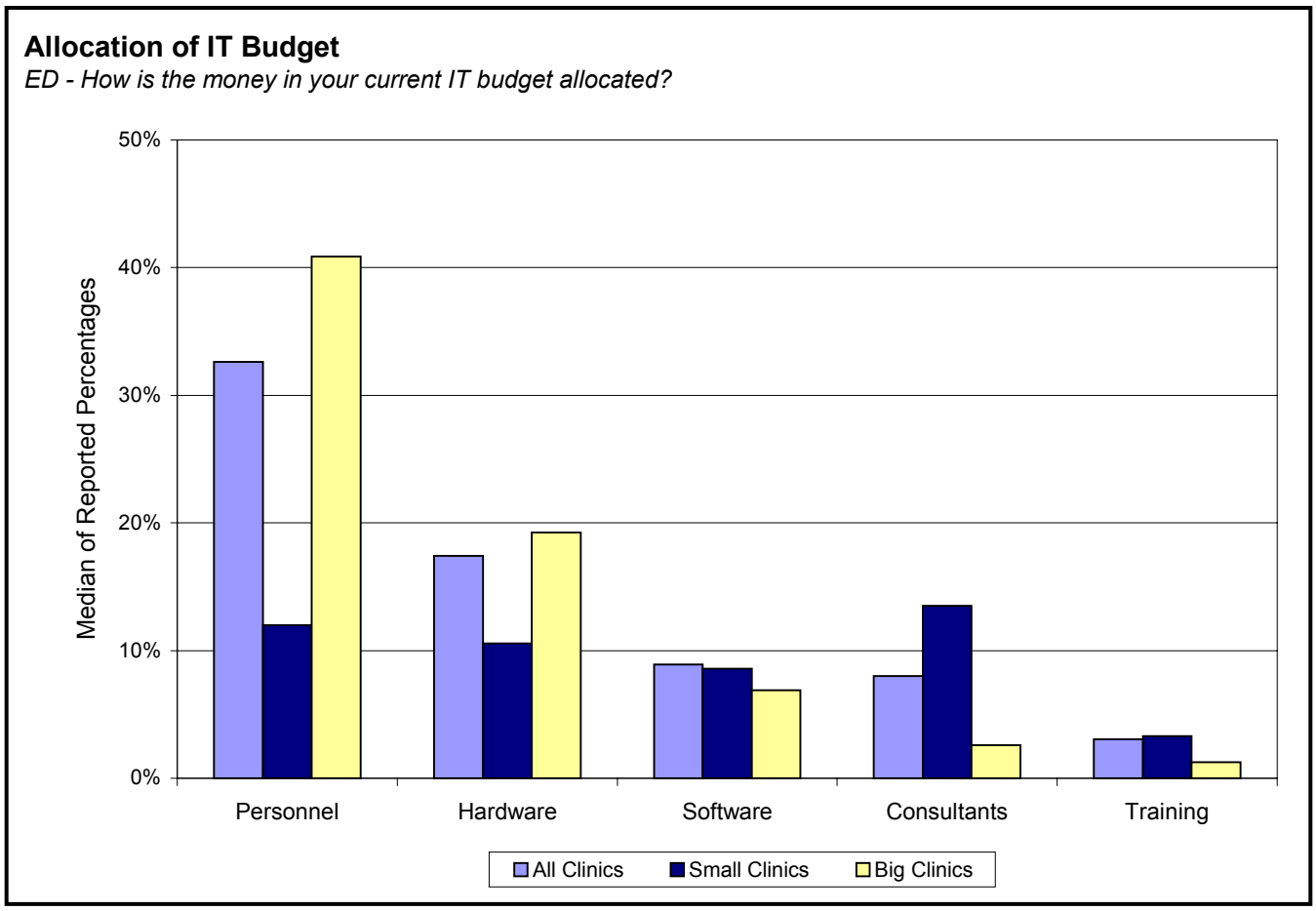
IT Budgeting Practices

ED - Do you budget for IT as a cost center or are IT costs folded into other budget categories?



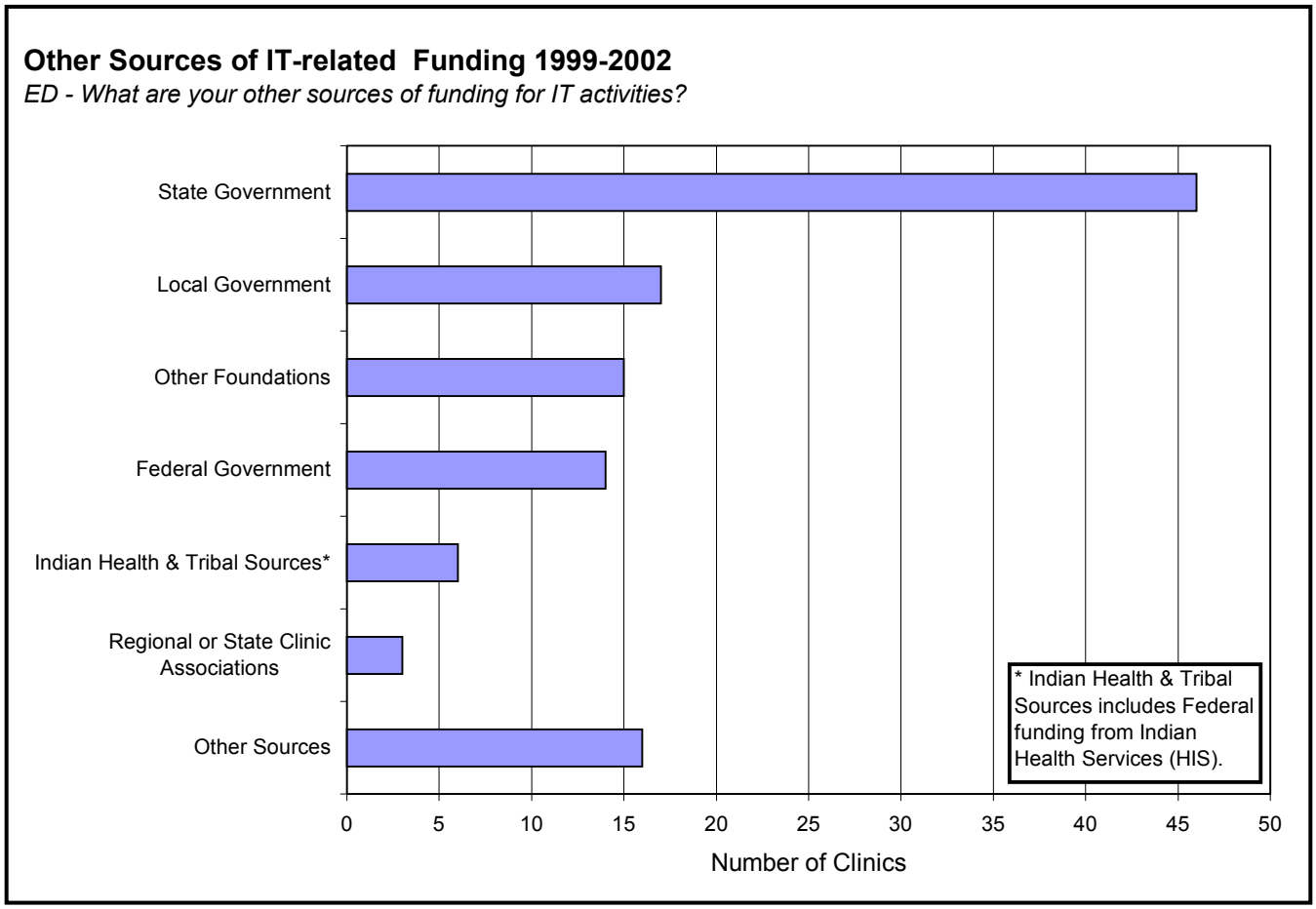
- Less than 30% of clinics budget for IT as a cost center; the remainder fold IT into other operating budget categories. Distributing IT costs throughout their other budget categories makes it harder to effectively identify the full cost of IT services, including training.

INFORMATION TECHNOLOGY BUDGET ALLOCATIONS



- The largest item in clinic's information technology (IT) budgets is Personnel.
- Large clinics spent more of their IT budget on Personnel than small clinics.
- Small clinics spent more of their IT budget on Consultants than large clinics, probably in lieu of hiring fulltime staff. No large clinic reported spending more than 20% on consultants, while at least one clinic reported spending 100% of their IT budget on consultants.
- Clinic size appears to make no difference in the proportion of budget dedicated to Software. Clinics, large and small, spend a median of 9% on Software. Clinics, large and small, spend an average of 15% on Software.
- Clinics tend to spend a very small percentage of their IT budgets, a median less than 5%, to train staff how to use IT.

OTHER INFORMATION TECHNOLOGY FUNDING SOURCES

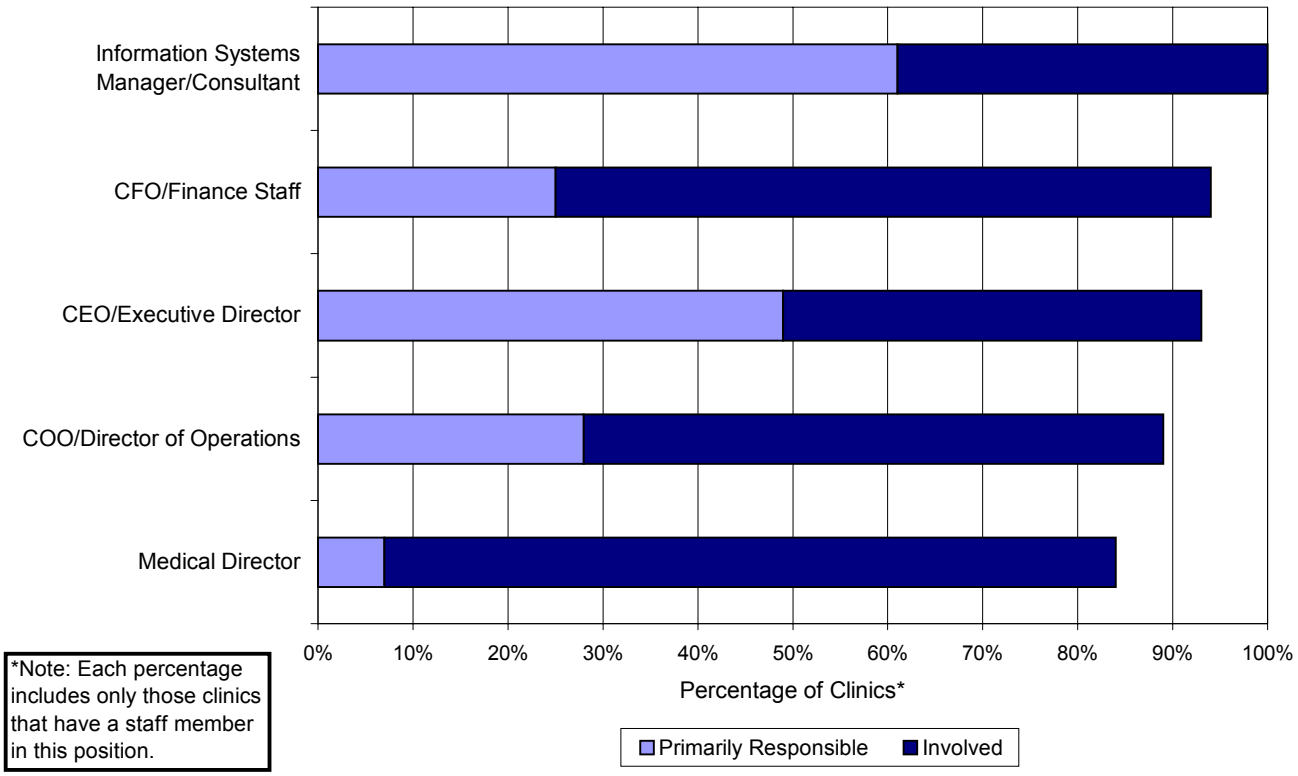


- Most funding for information technology (IT) related efforts other than CCI came from the state of California.
- IT funding to CCI grantees from other foundations, state, and federal programs was primarily directed at hardware.

INFORMATION TECHNOLOGY PLANNING CAPACITY

Management Team Members' IT Planning Involvement

ED - Who is involved in setting priorities and making key decisions about overall information management planning at your clinic?



*Note: Each percentage includes only those clinics that have a staff member in this position.

- Information technology (IT) planning generally is led by the Executive Director and the Information Systems Manager. The majority (over 60%) of Information Systems Managers and consultants have primary responsibility for information management planning at their clinics.

- Half of the Executive Directors reported that they are primarily responsible for overall clinic information management planning.

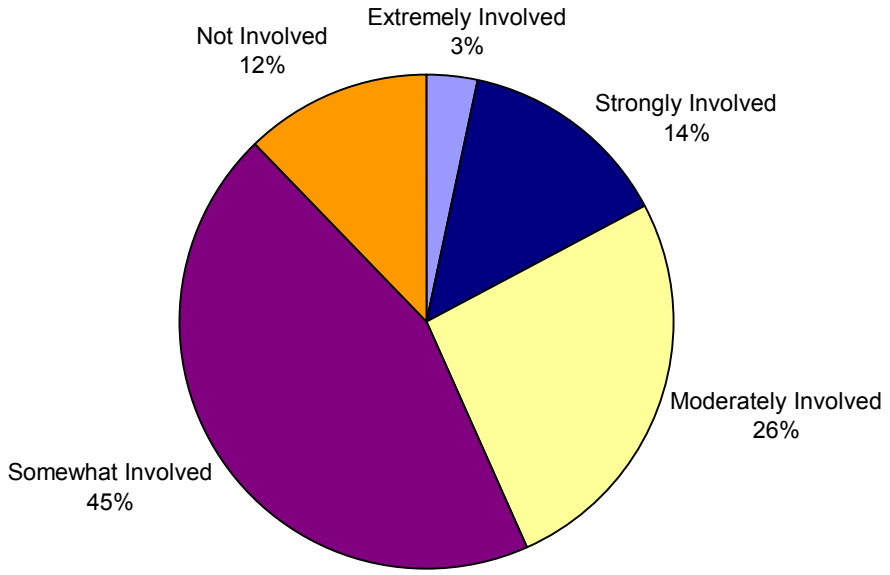
- Several of clinics share primary IT planning responsibility among two or more lead staff members. Most clinics also involve Medical Directors, Chief Financial Officers, and Chief Operating Officers in clinic information management planning. Other staff periodically involved in clinics' IT planning include billing managers, board members or committees, department directors, and site managers.

- Medical Director involvement in IT planning has increased significantly in the last three years. In the 2000 survey of grantees, only 34% of Medial Directors were reported to be involved in software decisions compared to, in 2002, 84% involved in IT planning, according to Executive Directors -- and 89% according to Medical Directors in 2002.

MEDICAL PROVIDER INVOLVEMENT IN INFORMATION TECHNOLOGY PLANNING

Medical Providers' Involvement in IT Planning to Improve Clinical Quality

MD - How involved are medical providers in IT planning to improve clinical quality?

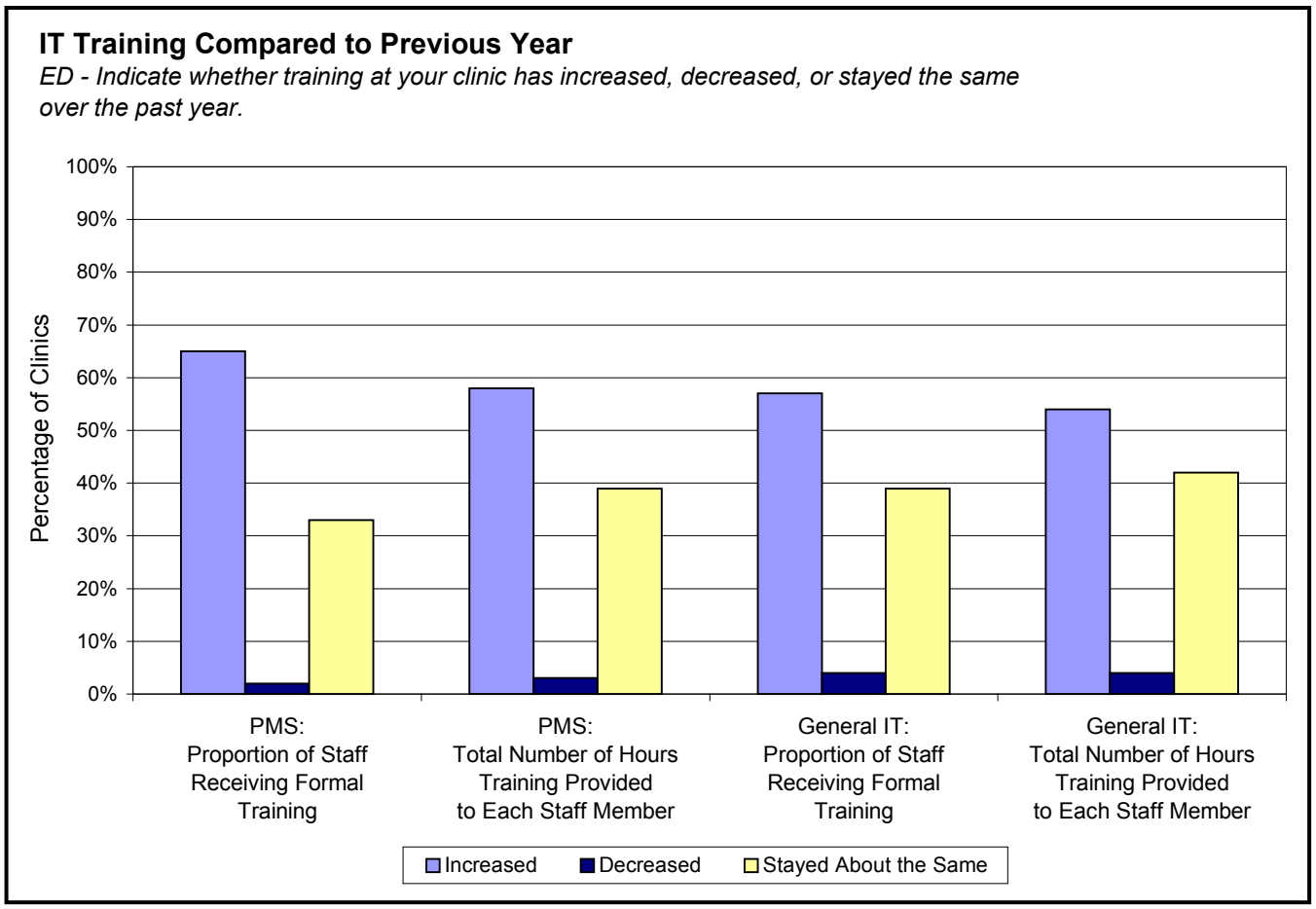


- According to Medical Directors, Medical *providers* have some type of involvement in information technology planning at the vast majority of clinics, although the level of involvement is mixed.
- The majority of clinics (71%) have somewhat or moderately involved medical providers with respect to clinic quality IT planning.
- Medical providers are not at all involved in IT planning at only 12% of clinics, according to Medical Directors.

INFORMATION TECHNOLOGY PLANNING STRUCTURES

- Eighty-four percent (84%) of clinics include information technology (IT) goals in their business plan, up from 70% in 2001.
- Fifty-nine percent (59%) of clinics have an IT interdepartmental planning team, up from 45% in 2001.
- Forty-seven percent (47%) of clinics have a formal, written IT plan, up from 43% in 2001 and 30% in 2000.
- In 2002, around 36% of clinics had all three IT planning indicators in place, compared to 21% of clinics that had all three IT planning indicators in place in 2001.
- The vast majority (86%) of clinics had at least one IT planning indicator in place in 2002.
- In 2002, 14% of clinics that did not have any IT planning indicators, an improvement over 20% of clinics that did not have any planning indicators in place in 2001.

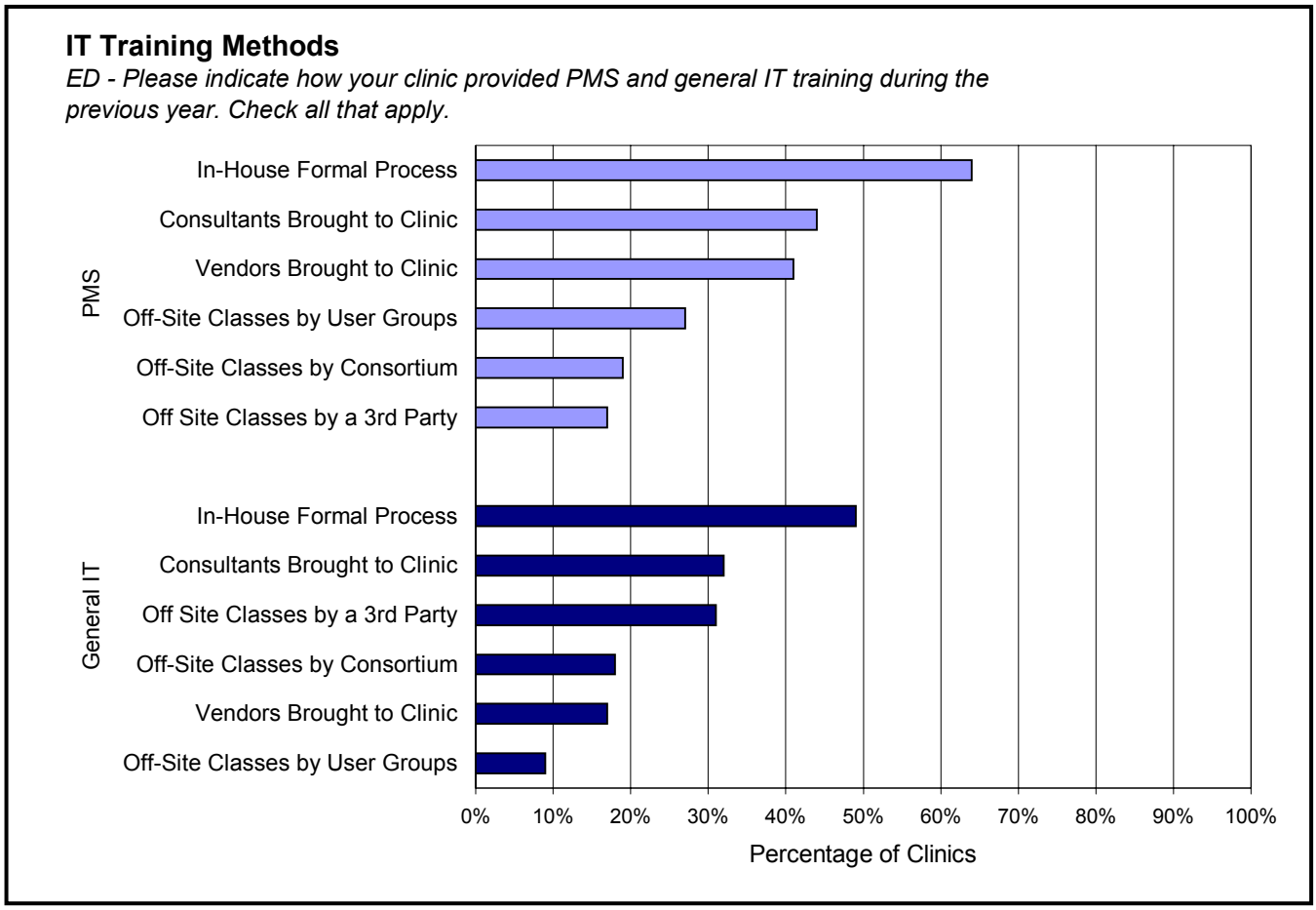
INFORMATION TECHNOLOGY TRAINING



- More than half the Executive Directors reported an increase in their staffs' practice management system (PMS) and general information technology (IT) training in 2002, compared to 2001.

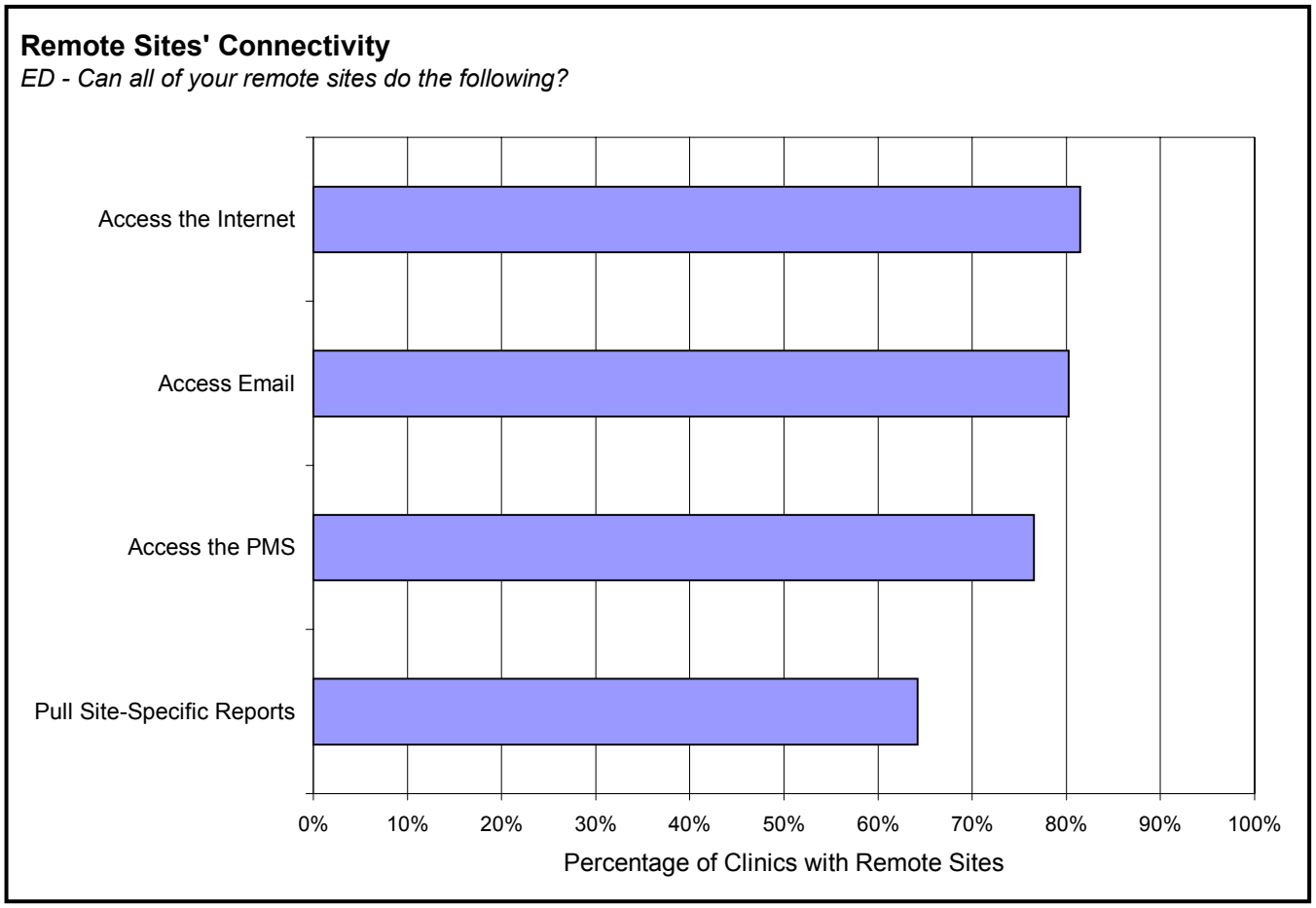
- The greatest increase in training (65%) was in the proportion of staff receiving formal training on PMS.

SOURCES OF INFORMATION TECHNOLOGY TRAINING



- Most practice management system (PMS) training is conducted in-house, either by hired consultants or vendors.
- About half of the clinics also use a formal in-house process to provide general information technology (IT) training.
- Clinics are as likely to send staff to off-site classes for general IT training as to bring a consultant in house.
- About 25% of clinics said their staff received PMS training via formal user groups.

REMOTE SITES' CONNECTIVITY



- Most multi-site clinics have all sites connected to the Internet and their own clinics' information systems. This marks a significant improvement from the start of the initiative, when two-thirds of clinics with remotes sites had at least one location that could not access the practice management system.

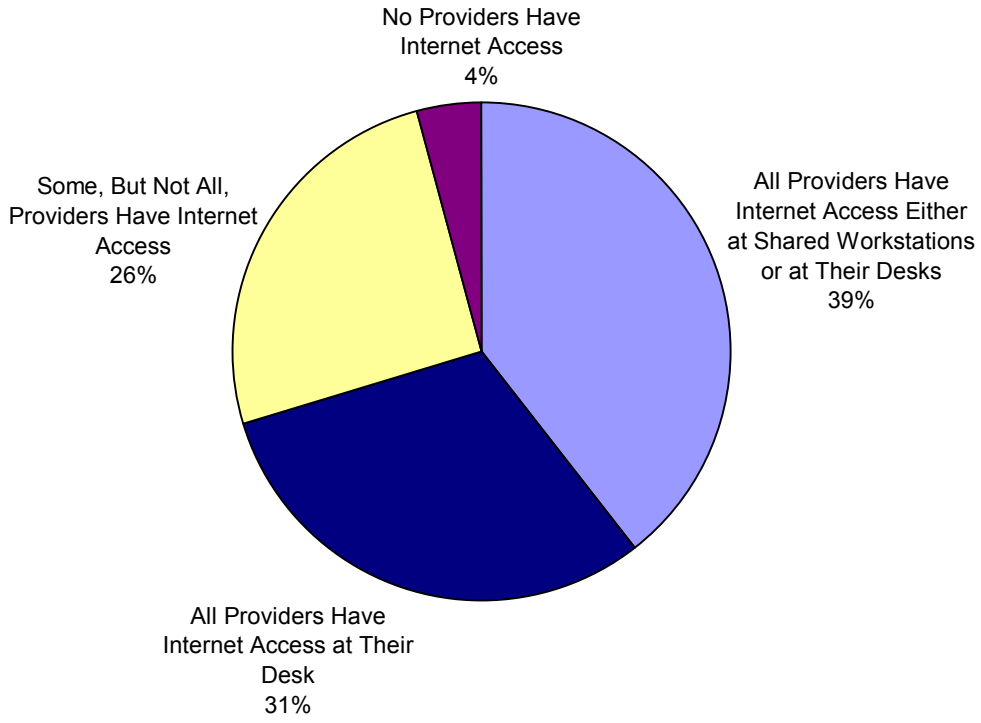
- All of the remotes sites at the large majority of these multi-site clinics can access the Internet (81%), email (80%), and their practice management systems (77%).

- Site-specific reports can be accessed by all remote sites at a smaller majority (64%) of the multi-site clinics.

MEDICAL PROVIDERS' INTERNET ACCESS

Medical Providers' Internet Access

MD - What proportion of medical providers on staff have Internet access?

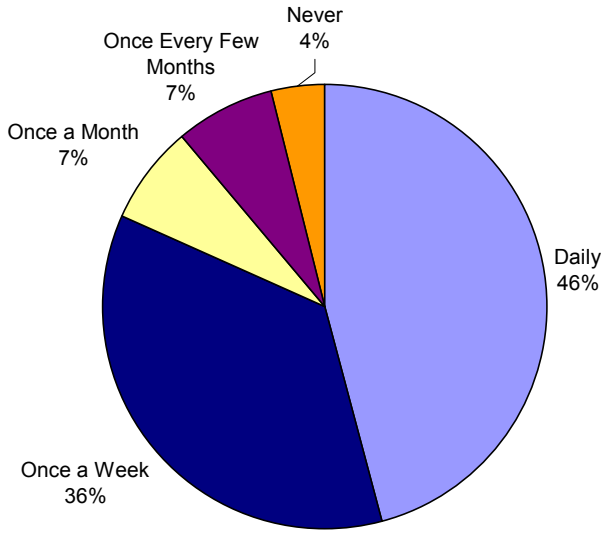


- The medical staff's use of the Internet has increased significantly since the program began in 2000.
- Eighty-five percent (85%) of Medical Directors now have Internet access at their desks; this compares to just over 60% of Medical Directors in 2001.
- Forty percent (40%) of Medical Directors use email daily to coordinate with other medical providers within their organizations.
- Seventy percent (70%) of Medical Directors reported that all their providers have Internet access, either at their own desk or at a shared workstation. Only 4% reported that none of their medical providers have Internet access.

MEDICAL PROVIDERS' INTERNET USE

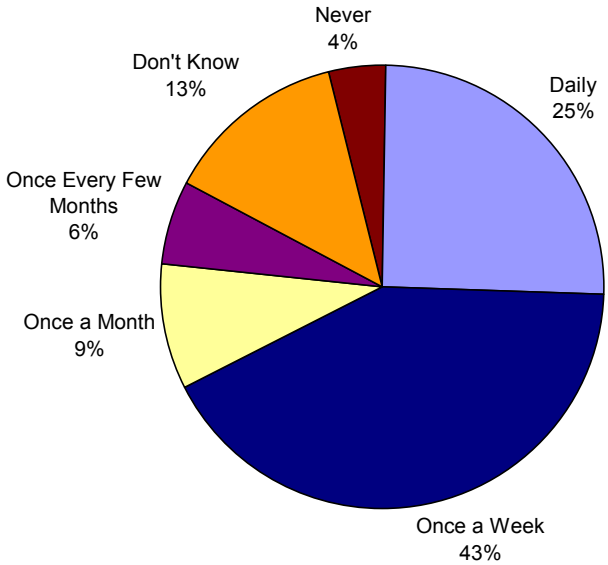
Medical Directors' Use of the Internet

MD - How frequently do you use the Internet to access medical reference information?



Medical Providers' Use of the Internet

MD - How frequently does your typical medical provider use the Internet to access medical reference information?

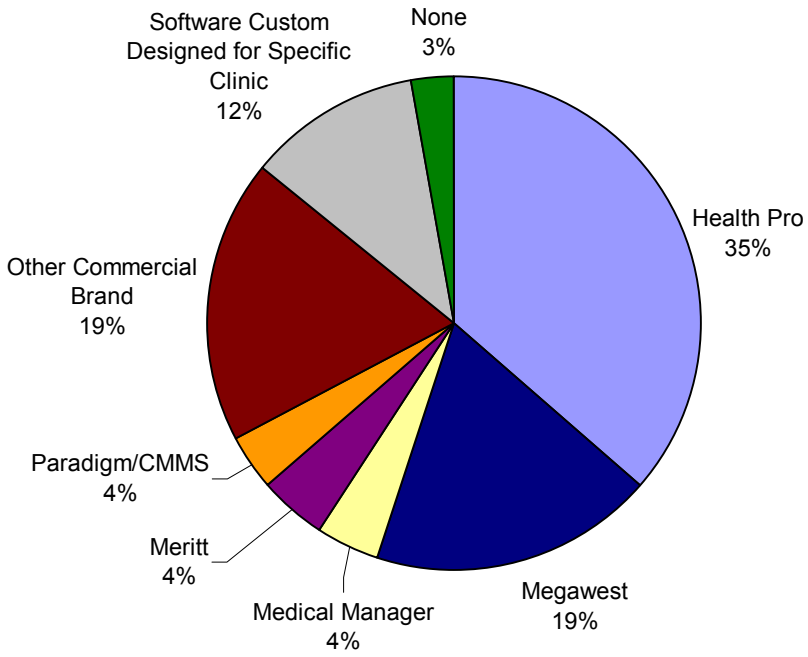


- Whereas nearly 50% of the Medical Directors reported using the Internet daily to access medical information, only 25% believe that a typical medical provider at their clinic uses the Internet daily for this purpose. This difference is likely due, in part, to providers more limited access to the Internet.

PRACTICE MANAGEMENT SYSTEMS (PMS)

Practice Management Software

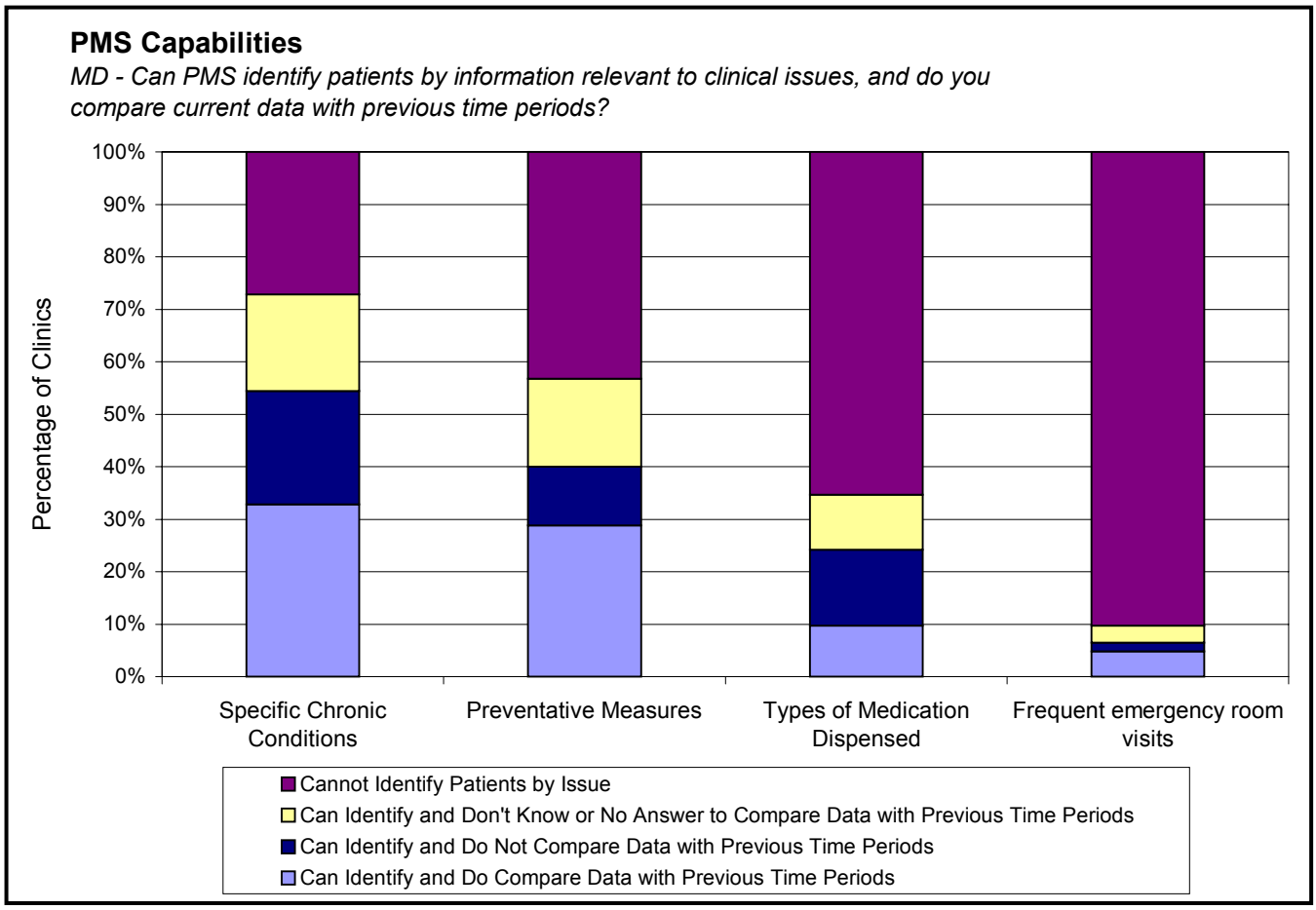
ED - Which practice management software do you use at your clinic?



- Clinics use a wide range of Practice Management Software.
- Health Pro, used by 35% of the clinics, is used by the largest share of clinics.
- Twelve percent (12%) of clinics use a custom-developed PMS.

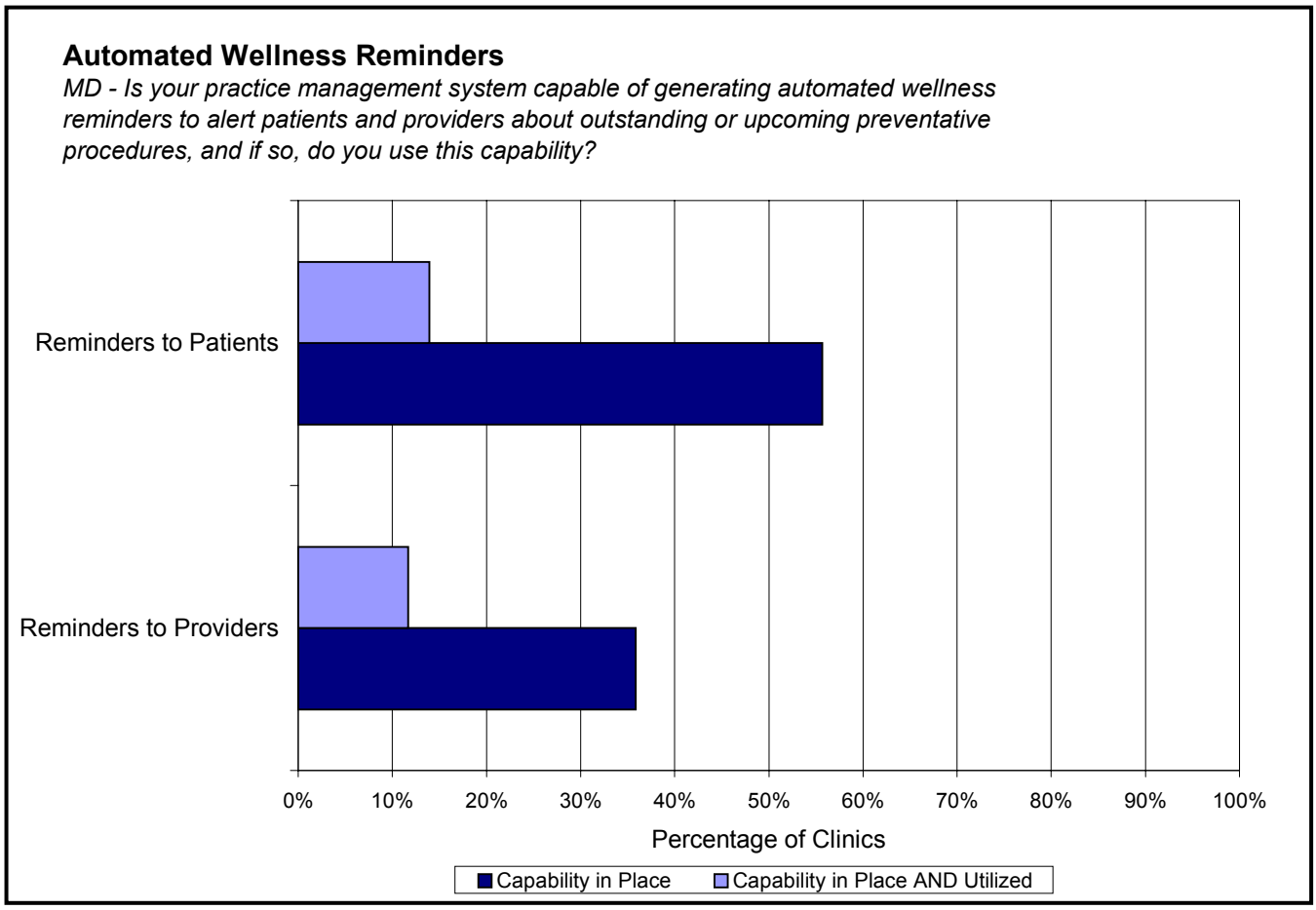
Clinical Uses of Information Technology

PMS CLINICAL CAPABILITIES



- Clinics continue to underutilize the power of their practice management systems (PMS) for health promotion and clinical management.
- Practice management systems at almost 75% of clinics are capable of identifying patients by specific chronic conditions.
- Almost 60% of clinic PMS are capable of identifying patients by preventative measures.
- About one-third of practice management systems can identify patients by medications dispensed.
- However, only half (or less) of Medical Directors with access to these types of information report that they compare it with previous time periods, one way clinics can assess trends in health conditions, in their client population.

PRACTICE MANAGEMENT SYSTEMS AUTOMATED REMINDERS

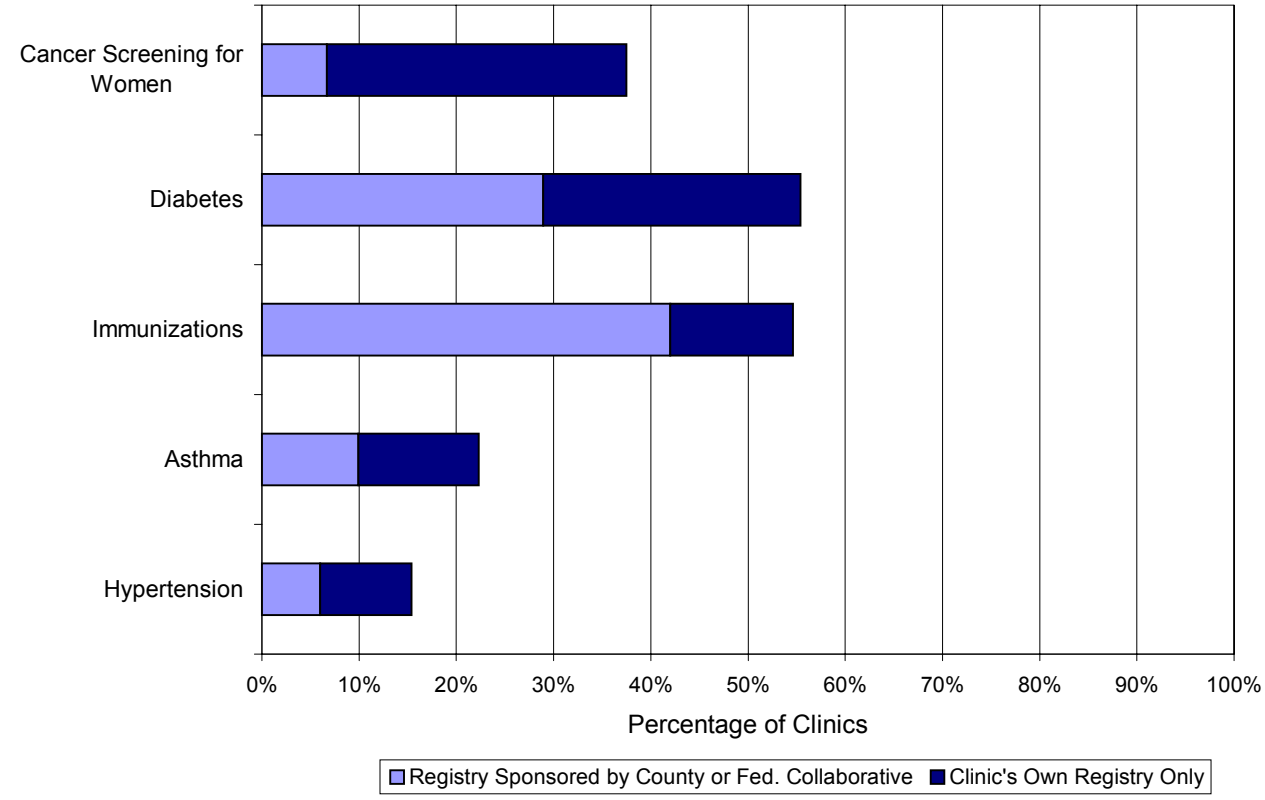


- Although more than half of the clinics have practice management systems (PMS) capable of generating automatic wellness reminders to patients, only 14% use this function.
- Just over one-third of the clinics have practice management systems capable of generating automatic reminders for providers, yet only about 12% of all clinics use this function.
- Some of this underutilization stems from clinic staffs' lack of confidence in their PMS vendors and systems.
- Clinics could place more effort on learning to use their current systems to their full capacity.
- Clinics that use automatic patient reminders primarily use the function to remind patients of pap smears, mammograms and general women's health procedures. A few also reported using this reminder function for immunizations, and well or preventative visits.

DISEASE REGISTRIES

Prevalence of Disease Registries

MD - Please indicate which of the following chronic disease registries your clinic maintains.



- Three-fourths of the clinics maintain at least one disease registry. Slightly more than half maintain more than one registry.
- Twenty-seven (27) clinics maintain an asthma registry, 67 a diabetes registry, 64 an immunization registry, 18 a hypertension, and 45 a cancer registry.
- Of the clinics with diabetes, cancer, and immunization registries, the large majority—76%, 87%, and 86% respectively—have maintained their registries for over one year.
- Lack of standardization among registries maintained outside of county or federal collaboratives may impede data sharing for advocacy and population health management.

ELECTRONIC PATIENT TRACKING

- Over 80% of the clinics do not have electronic tracking systems for referrals or for consultation reports from referral agencies/specialists.

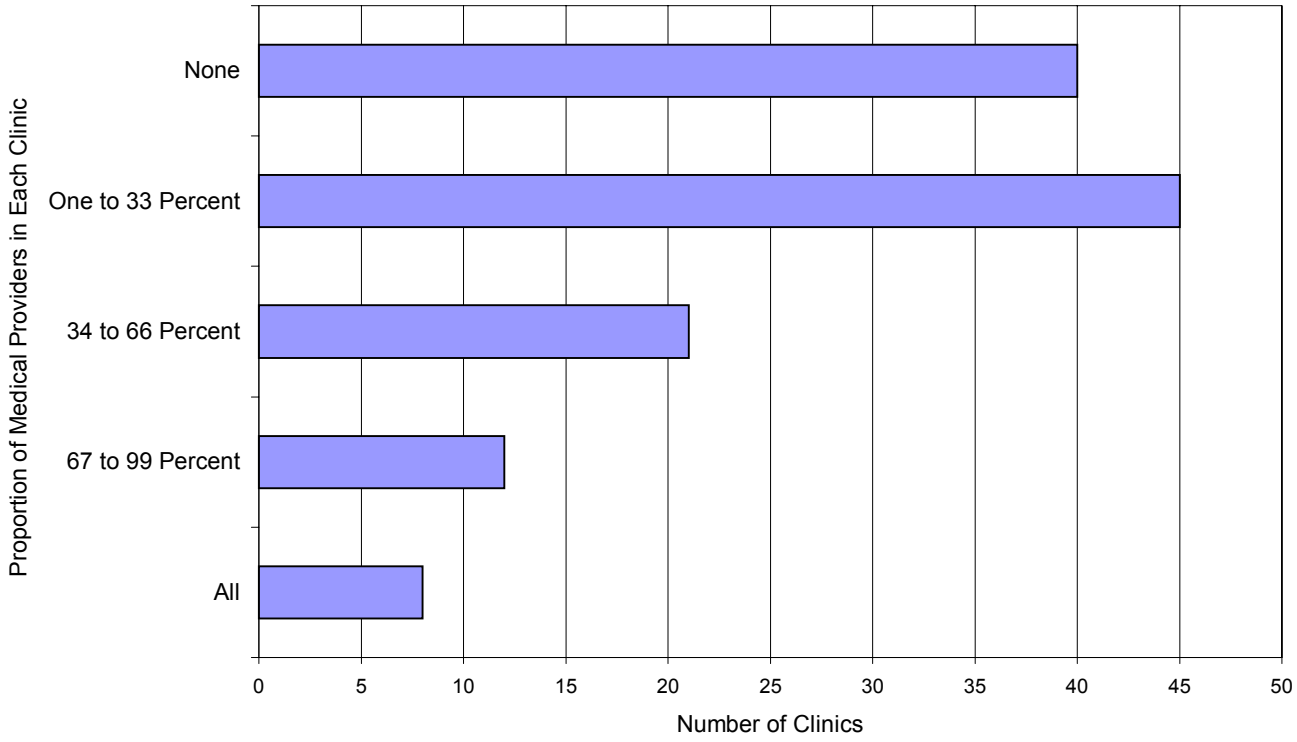
- Medical Directors surveyed in 2002 identified improving their patient tracking, recalls, and referrals recall systems as one of the top priorities in the coming year. Thirty percent (30%) of the clinics are developing electronic tracking systems.

- About one-fifth of clinics have some form of electronic patient notes. There does not seem to be a common electronic system among them.

PERSONAL DIGITAL ASSISTANTS (PDAs)

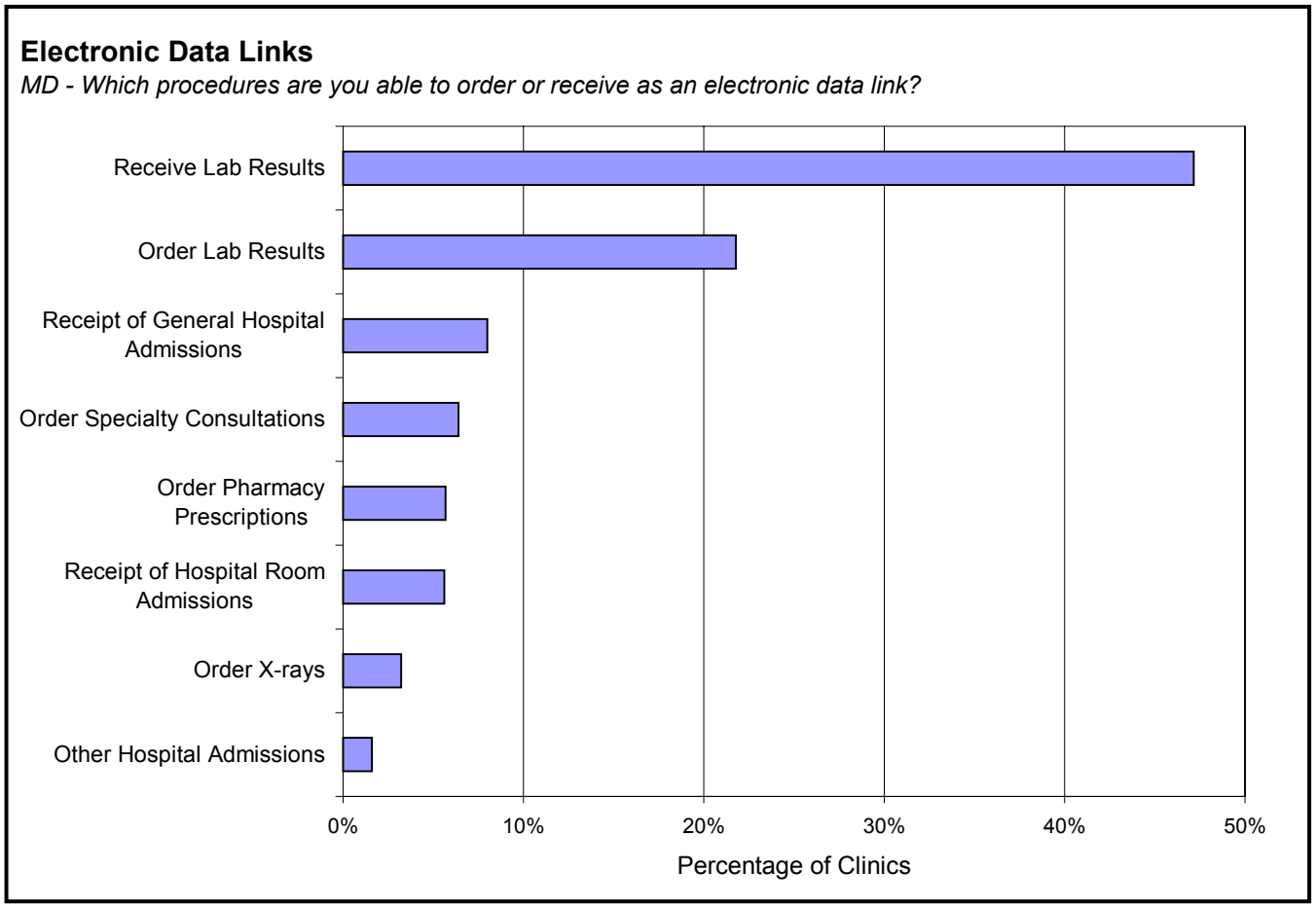
Clinical Uses of PDAs

MD - What proportion of your medical providers use a personal digital assistant in their practice?



- Nearly 70% of clinics have at least a few their providers using personal digital assistants (PDAs), but only 16% have most (more than 67%) of their providers using PDAs.
- Distribution of use within clinics appears to be haphazard, and penetration low.
- The most popular uses for PDAs are checking drug prescriptions (90%) and storing referral names and contact information (80%). Other popular uses are keeping track of schedules, checking drug formularies, and keeping track of patients who need follow up.
- Most PDAs are purchased by individual providers, not by community clinics.

ELECTRONIC DATA LINKS

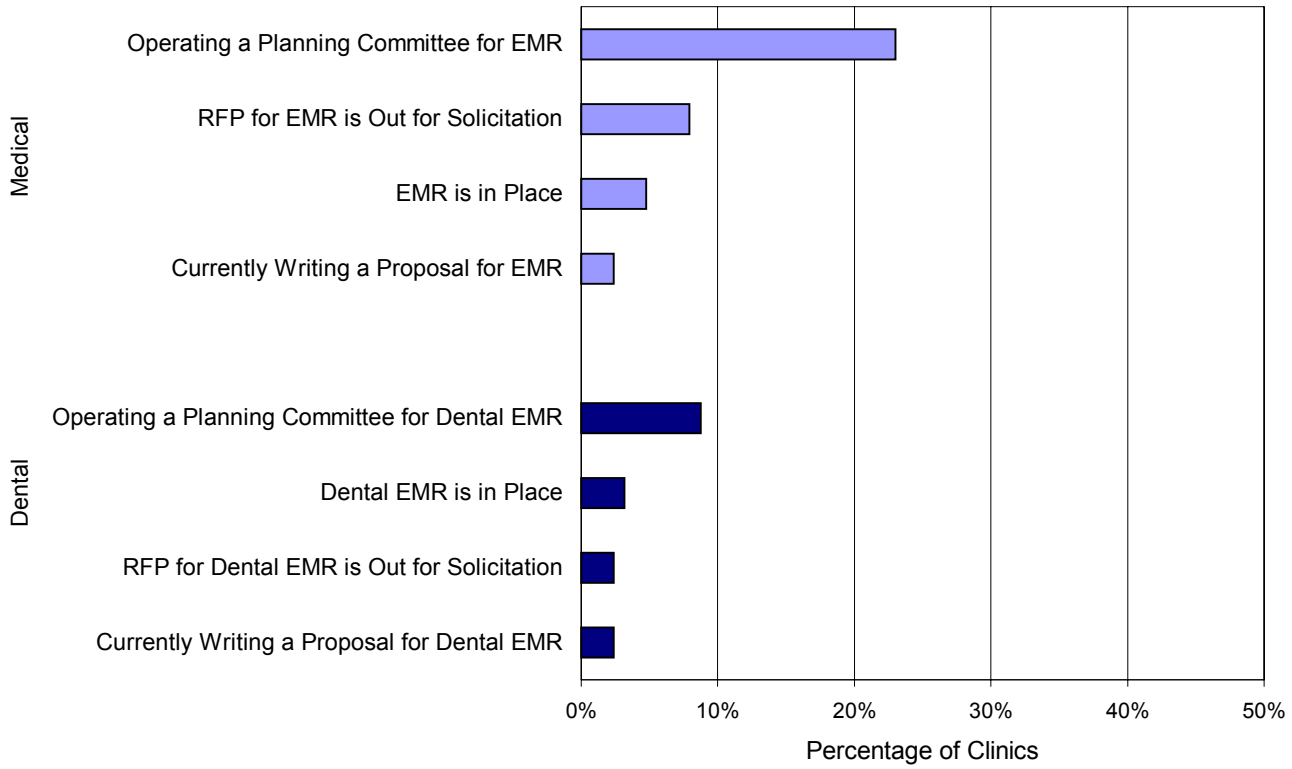


- Clinics have few electronic linkages with other provider services.
- About half can receive lab results electronically; just under 25% can send lab orders electronically.
- A handful can make other transactions electronically, such as ordering specialty consultations, ordering pharmacy prescriptions, and ordering X-rays.
- The relatively high percentage of clinics that can receive lab results electronically is likely driven by the lab vendor UniLab, rather than by clinics.

ELECTRONIC MEDICAL RECORDS (EMRs)

Status of EMR Implementation

MD - Please indicate whether your clinic is implementing or investigating EMR.

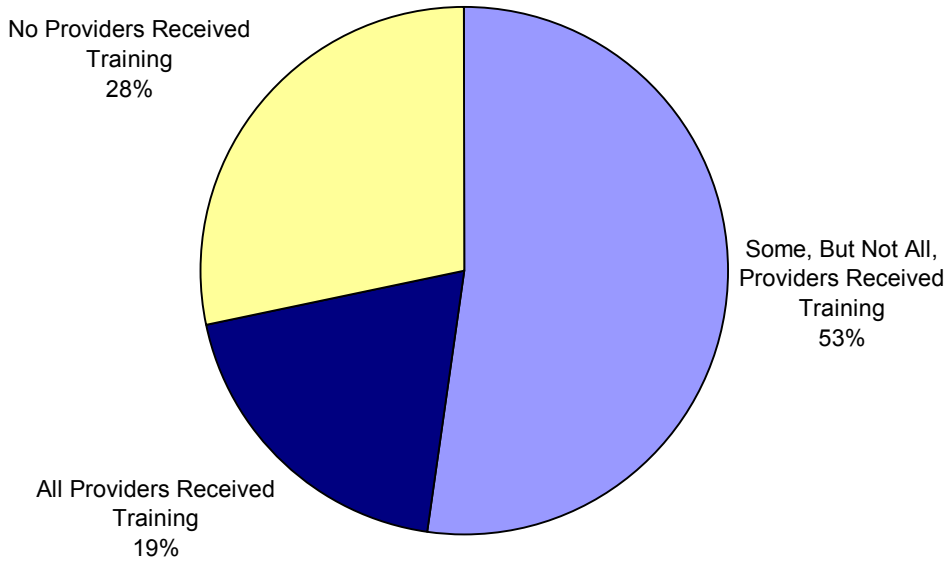


- While there is much interest about EMRs at clinics, only a small portion are actively pursuing it.
- Six Medical Directors report that their clinics have Medical EMRs in place.
- Another 13 clinics are actively pursuing EMR. Three are writing EMR requests for proposals (RPFs), and ten have an RFP out for solicitation.
- Twenty-nine (29) are operating some type of EMR planning committee.
- Four Medical Directors report that their clinics have dental EMRs in place. Another 17 are actively pursuing dental EMR.

DATA QUALITY

Medical Provider Training in Standardized Coding

MD - What proportion of your medical provider staff has received formal training in standardized coding of visit complexity?



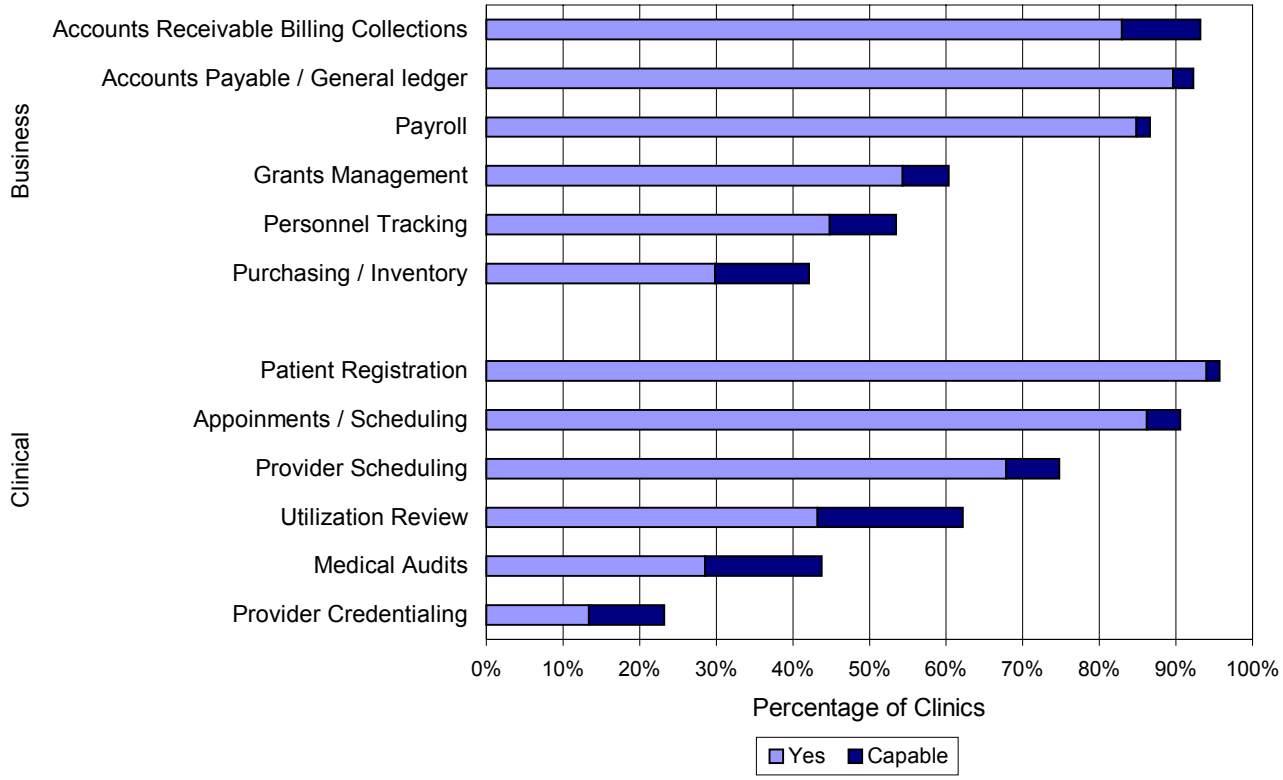
- Medical Directors see the poor quality of their clinics' encounter data as a key barrier to using this data more frequently to analysis of the health status of their patient population. Improving the quality of data was one of the most frequently mentioned priorities among Medical Directors in surveys and interviews during 2002.
- Twenty-nine percent (29%) of the Medical Directors reported that none of their clinics' medical providers had received formal training in standardized coding of visit complexity.
- On the other hand, 19% reported that all of their providers had received standardized coding training.
- The remaining 53% reported that some, but not all, of their clinics' providers had received standardized coding training.
- Forty-three percent (43%) of Medical Directors reported that they or their staff received training on quality of care indicators, such as HEDIS, population-based outcomes, or medical errors.

Information Management Capacity

ADMINISTRATION AUTOMATION

Automated Information Functions

ED - Which business and clinical administration functions are automated at your clinic?



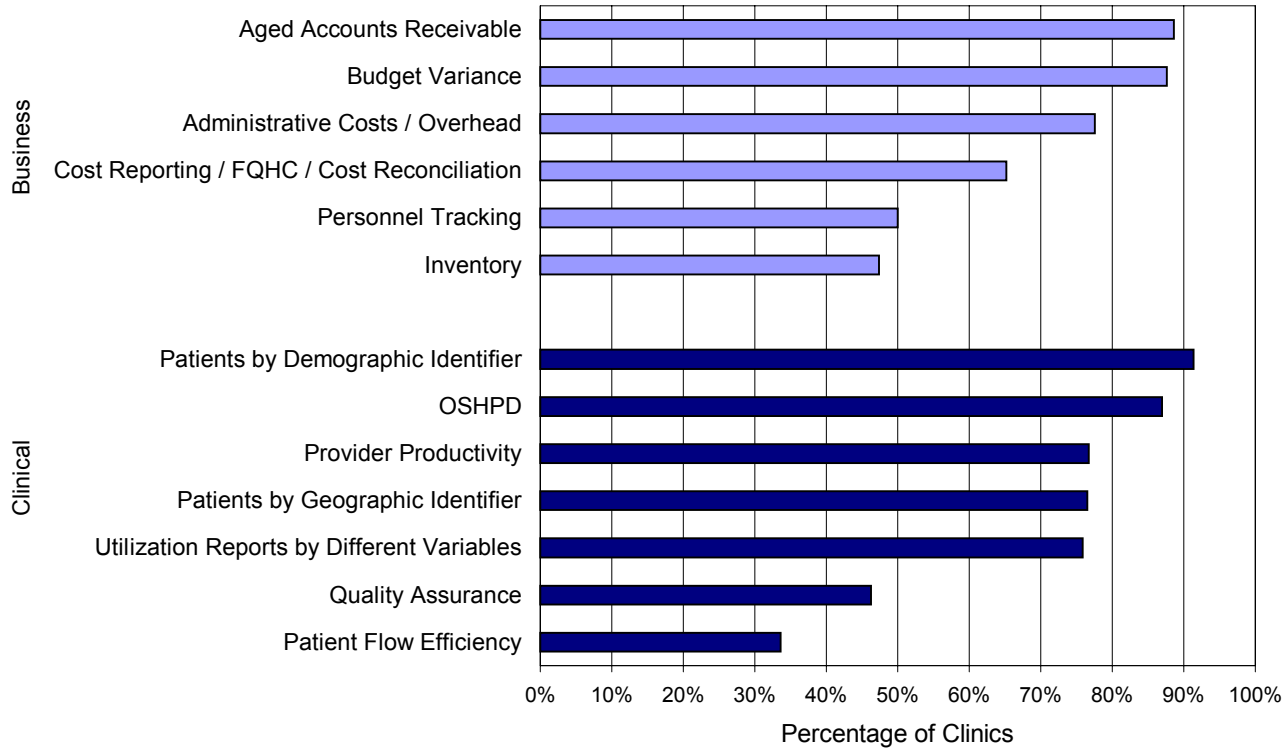
- Most clinics have automated basic business and administrative functions. Nearly 90% have automated patient registration and scheduling, and basic finance systems (accounting and payroll).

- Only about two-thirds of grantee clinics surveyed in 2000 had automated patient registration and scheduling functions. About 75% had automated accounting functions.

REPORT GENERATION

Report Generation

ED - Which of the following reports and data indicators does your clinic produce?

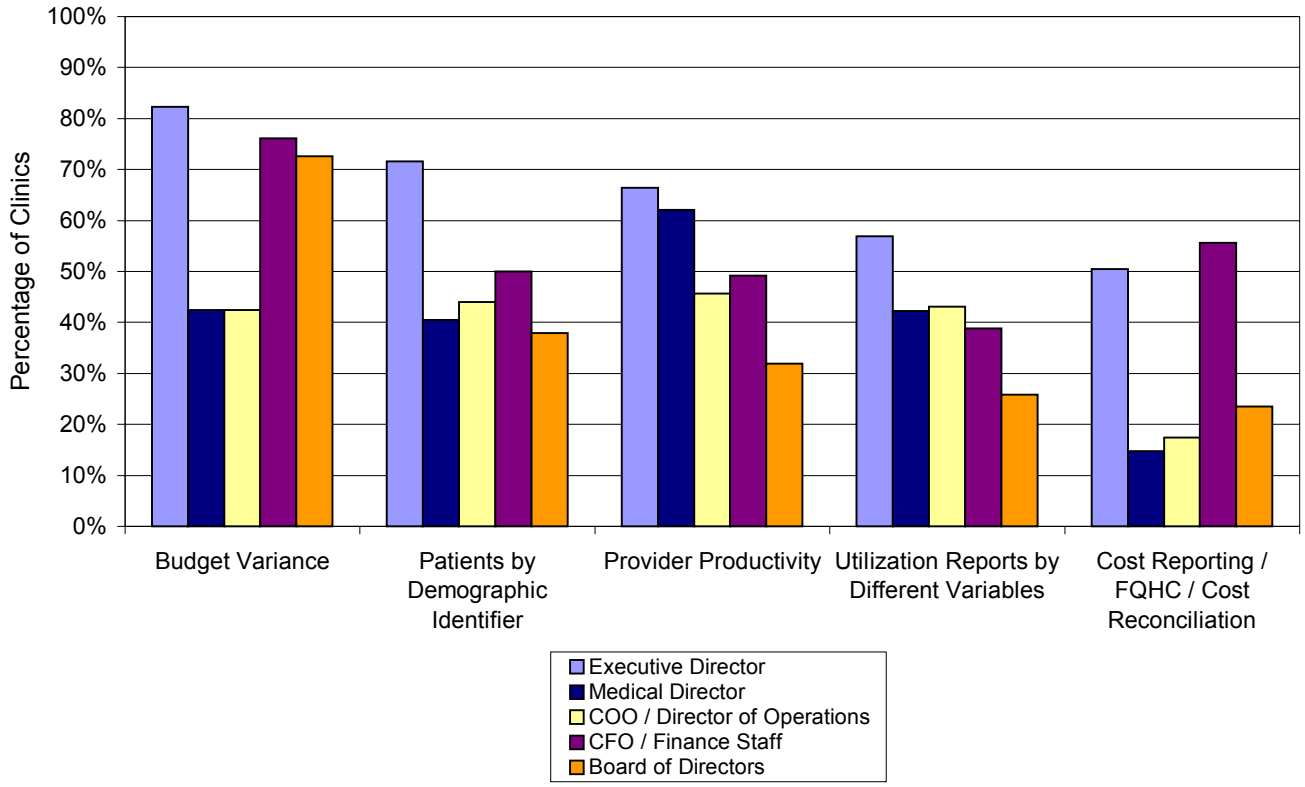


- Most clinics are producing basic business management reports such as budget variance and accounts payable, and clinical management reports such as patients by geographic and demographic variables.
- Less than half are using their information management systems to produce more sophisticated reports such as quality assurance and patient flow on a regular basis.
- Provider productivity reports are most frequently cited as the most useful report by Executive Directors.
- Reports appear to be more widely read in 2002 than in 2001. Financially oriented reports such as provider productivity and budget variance showed the greatest growth in readership over this one-year period.
- Reports at most clinics do not compare current data to previous time periods and there has been little growth in this capability between 2001 and 2002.

REPORT USE

Who Reviews Reports

ED - Who reviews each of the following reports on at least a quarterly basis?



Reports Most Frequently Reviewed by Key Members of the Management Team

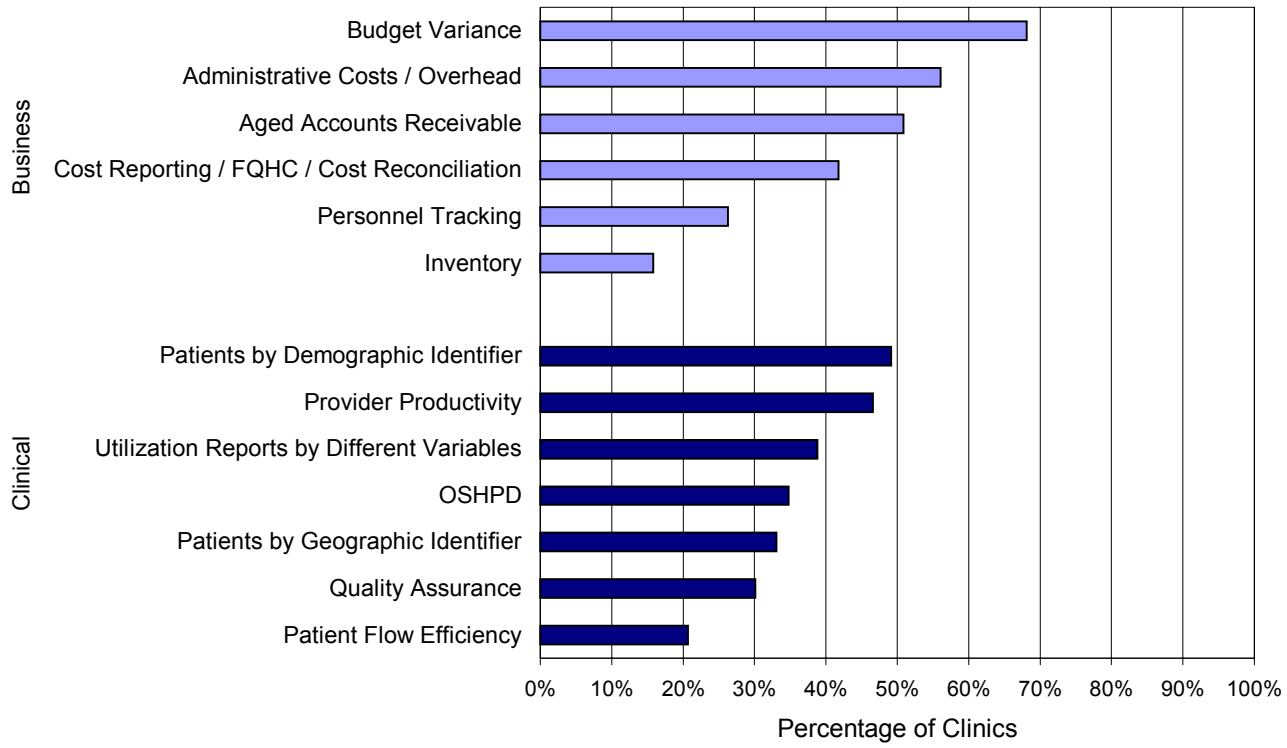
Executive Directors	*Proportion of clinics whose ED reads*		Medical Directors	*Proportion of clinics whose MD reads*		Boards of Directors	*Proportion of clinics whose Board reads*	
	2002	2001		2002	2001		2002	2001
Budget Variance	82%	71%	Provider Productivity	62%	47%	Budget Variance	73%	63%
Patients by Demographic Identifier	72%	69%	Budget Variance	42%	32%	Administrative Costs / Overhead	50%	47%
Administrative Costs / Overhead	69%	59%	Utilization Reports by Different Variables	42%	37%	Aged Accounts Receivable	40%	31%
OSHPD	69%	65%	Patients by Demographic Identifier	41%	43%	Patients by Demographic Identifier	38%	45%
Aged Accounts Receivable	68%	58%	OSHPD	30%	30%	Provider Productivity	32%	28%

REPORT USE & TREND ANALYSIS

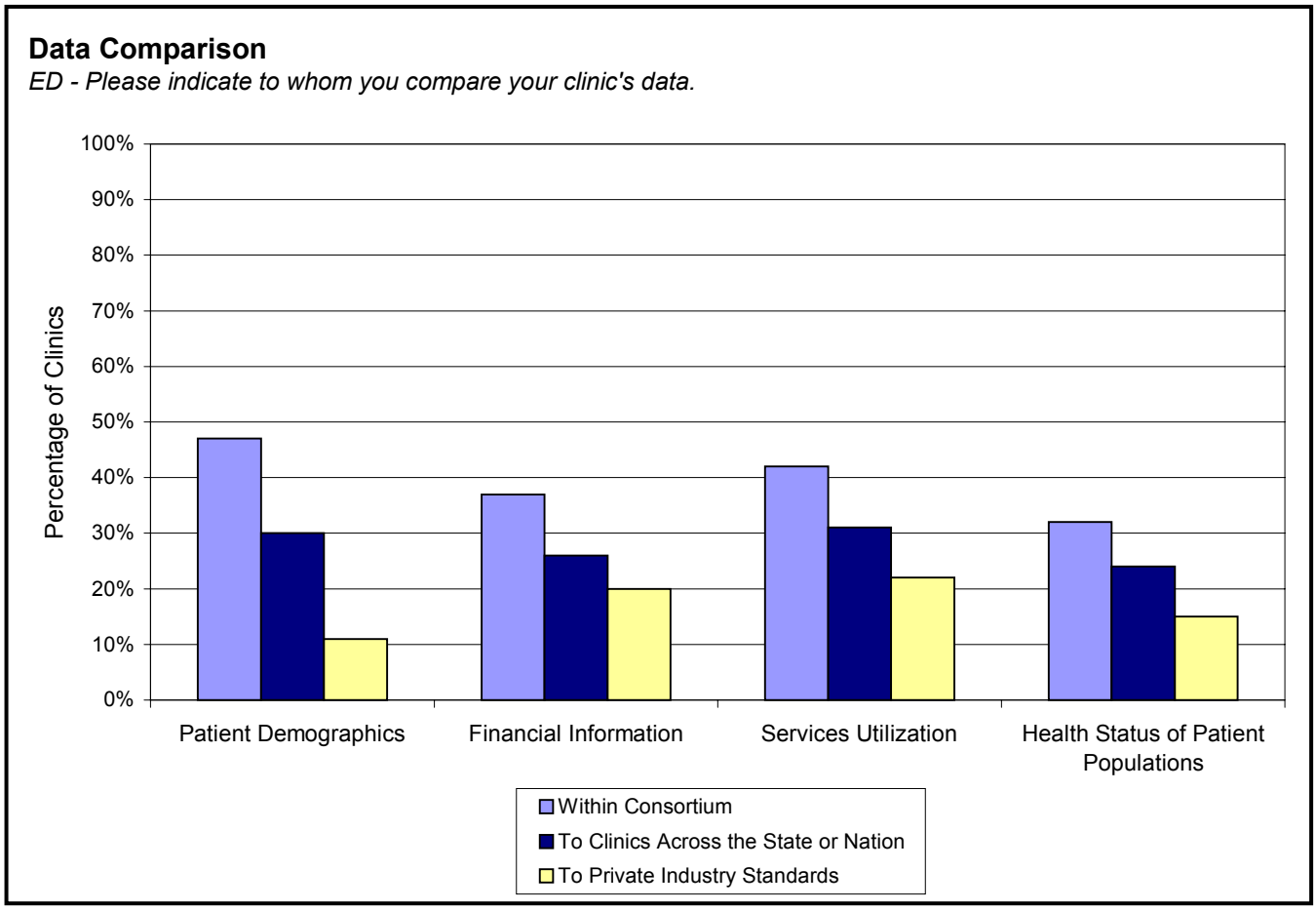
Reports Executive Directors Find Most Useful	
Top Ten Reports (of 352 reports listed) by Percent	*Percent of Respondents*
Provider Productivity	65%
Patients by Demographics	38%
Utilization	37%
Accounts Receivable (any)	36%
Budget Variance / Budget Comparisons	34%
Accounts Receivable (aged)	29%
OSHPD	17%
Productivity (other than Provider)	14%
Patient Flow	12%

Trend Analysis

ED - Do your regular versions of the following reports compare current data to previous time periods?

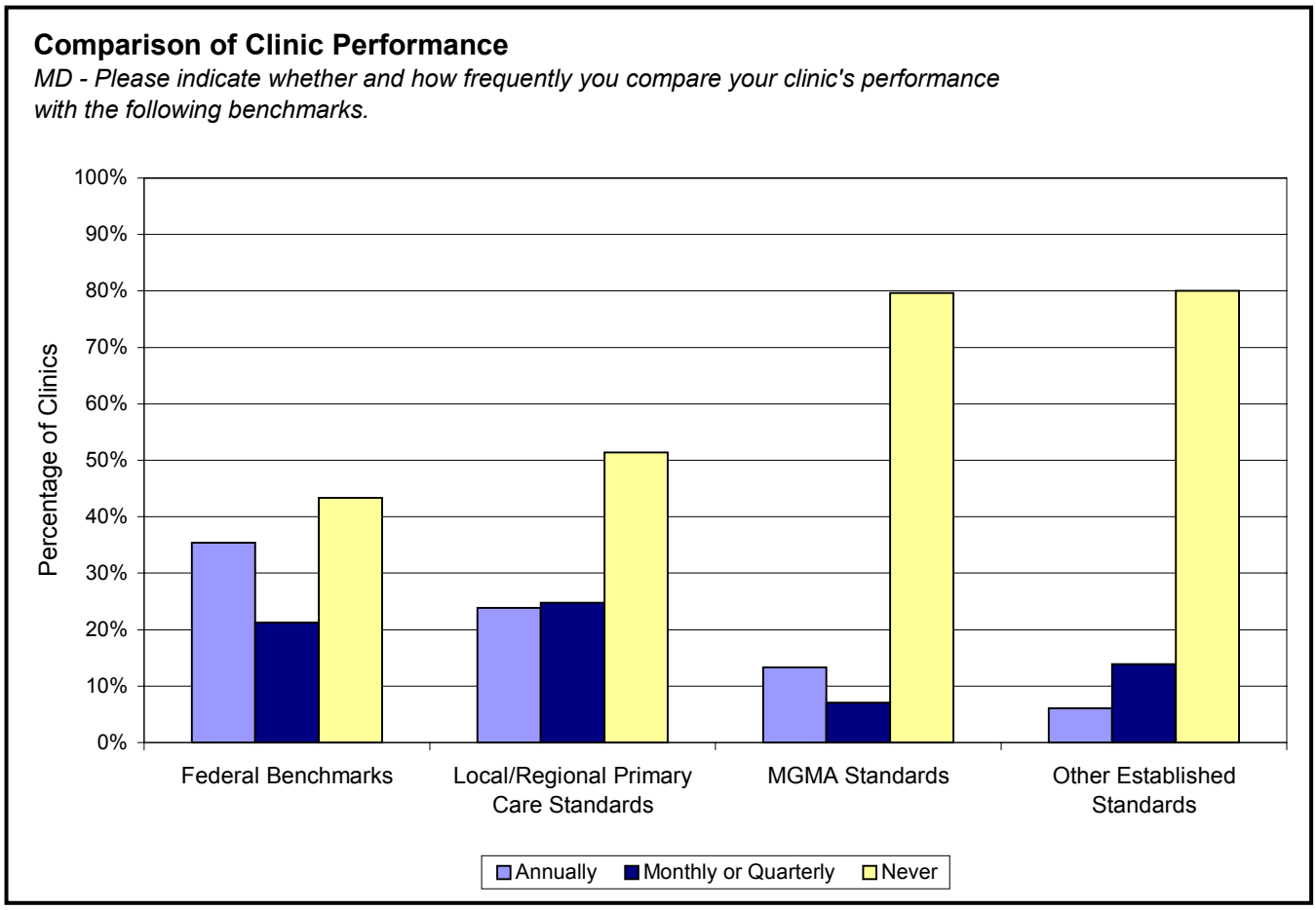


COMPARING DATA TO STANDARDS



- Most clinics do not compare data on their performance to other clinics or national standards.
- Within their consortia, clinics are more likely to compare information on patient demographics and types of services than financial information. About one–third compare financial information within their consortia. Between 40% and 50% compare patient demographics and service utilizations within their consortia.
- Few clinics compare themselves to any private industry standards or to other clinics outside their consortia.
- Of clinics with multiple sites, around 75% share financial, patient demographics, and service utilization information with other sites within their clinic corporation. Of multi-site clinics, only 38% share health status data. (Not shown on chart.)

COMPARING CLINICAL DATA TO STANDARDS



- Only about half the Medical Directors compare their clinic to any national or regionally recognized standards.

DATA ANALYSIS BY STAFF

- Sixty-six percent (66%) of Executive Directors mention CFOs and other financial staff as the people on their staff that spend a significant amount of time using the information system to collect and analyze data.

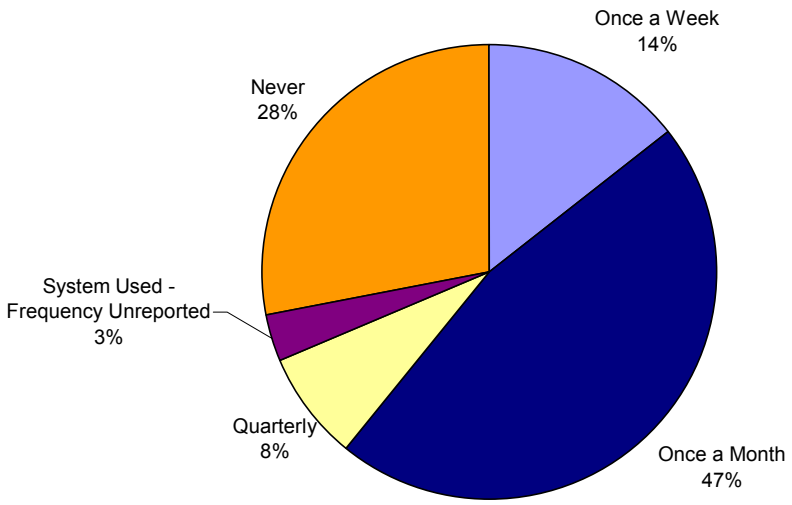
- About half the Executive Directors reported that they spend a significant amount of time analyzing data.

- Only one-quarter of the Executive Directors indicated that their Medical Directors spend a significant amount of time using the information system to collect and analyze data. However, they may not be aware of ways the Medical Directors are using the clinics' encounter data for population health analysis.

PROVIDER PRODUCTIVITY DATA

Use of IT System to Track Provider Productivity

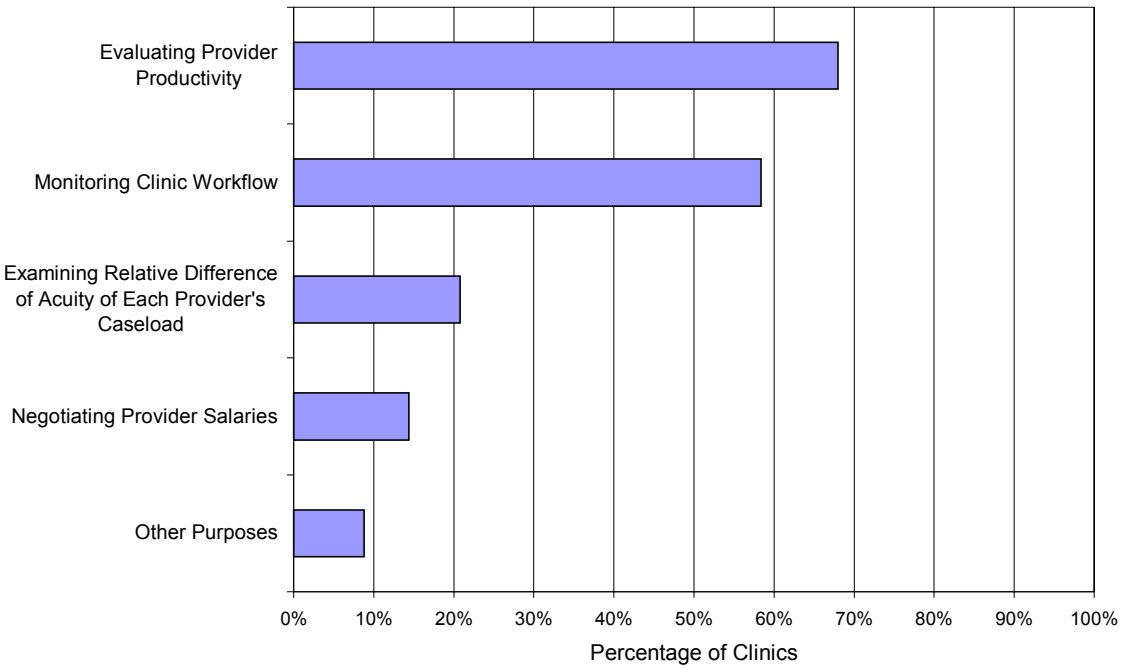
MD - Do you use your IT System to track provider productivity, and if so, how often?



25% of clinics can track this data by relative value units

Uses of Provider Productivity Information

MD - How do you use provider productivity information? Please check all that apply.



PROVIDER PRODUCTIVITY DATA (CONT.)

- More than 60% of clinics use their IT system to track provider productivity once a month or more frequently.

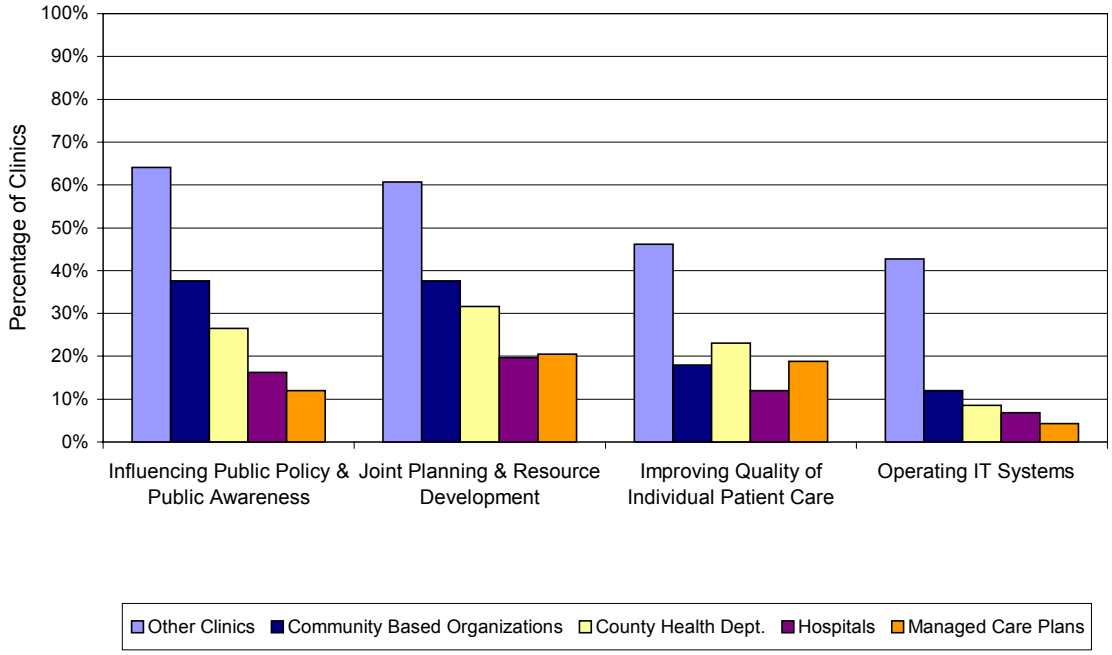
- Clinics use these data, not only to evaluate provider productivity, but also to monitor workflow at clinics. Almost 60% reported using these data for this function.

Coordination of Activities

COORDINATION WITH OTHER HEALTHCARE & COMMUNITY ACTORS

Coordination of Activities & Operations

ED - Please indicate the partners with whom you are CURRENTLY formally coordinating efforts.



Coordination of Activities & Operations

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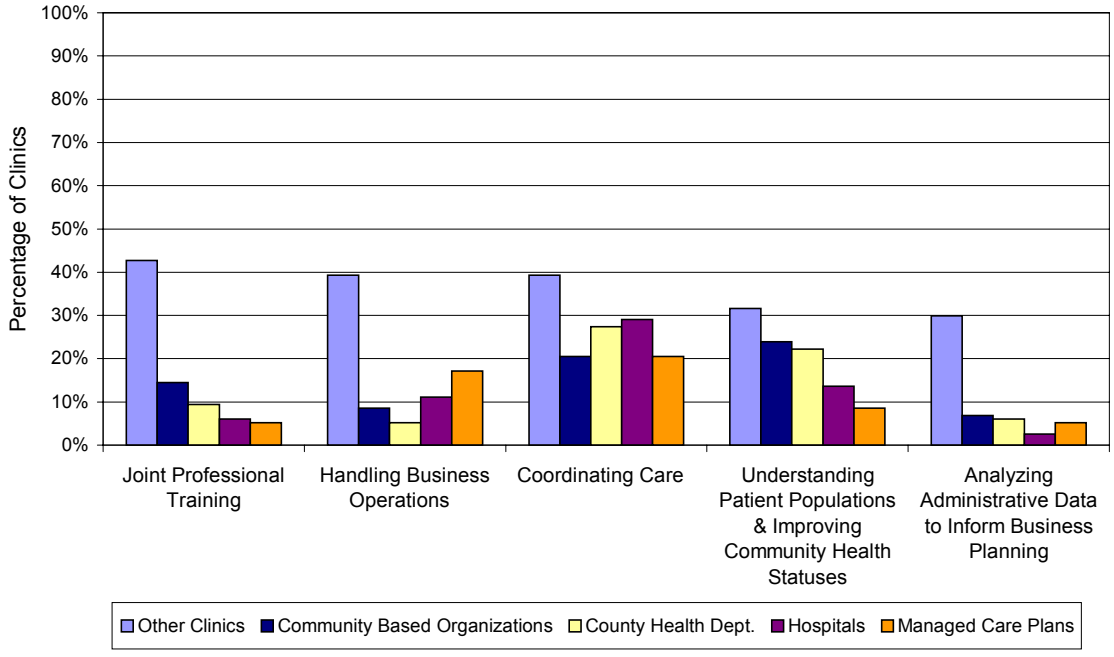
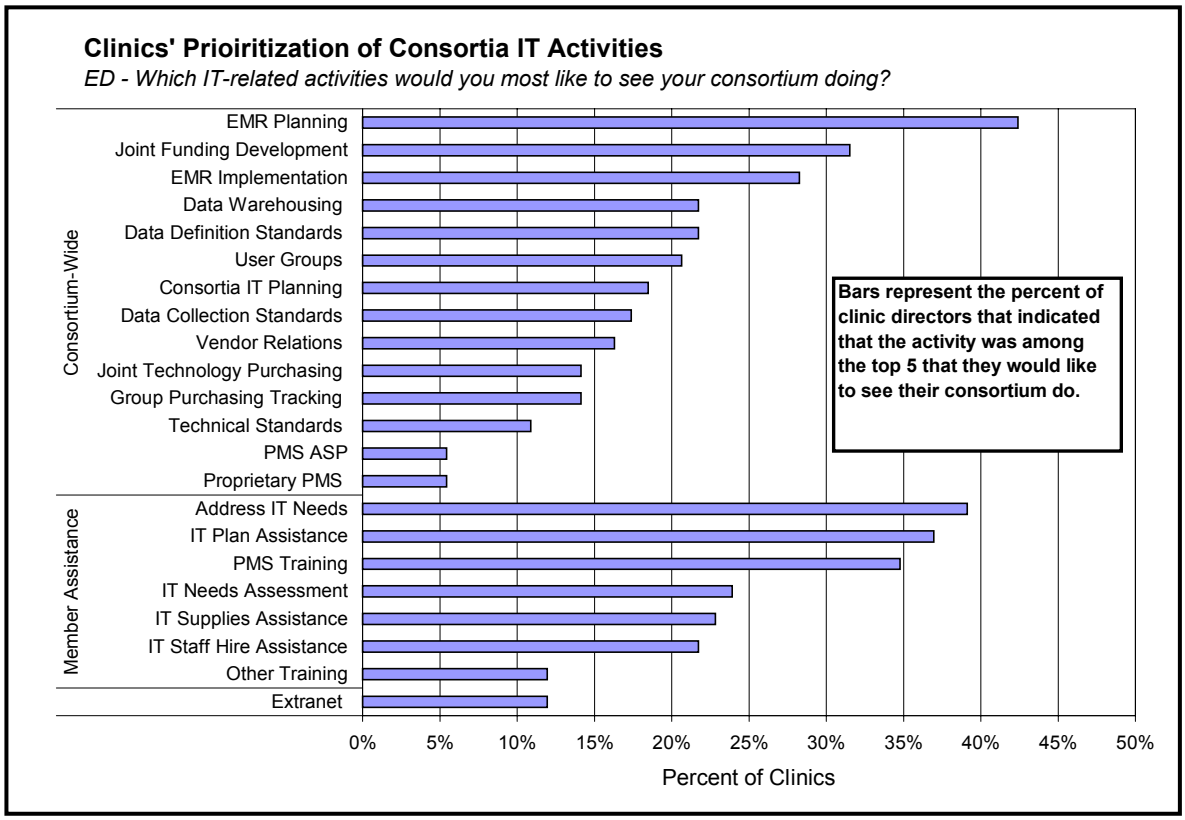
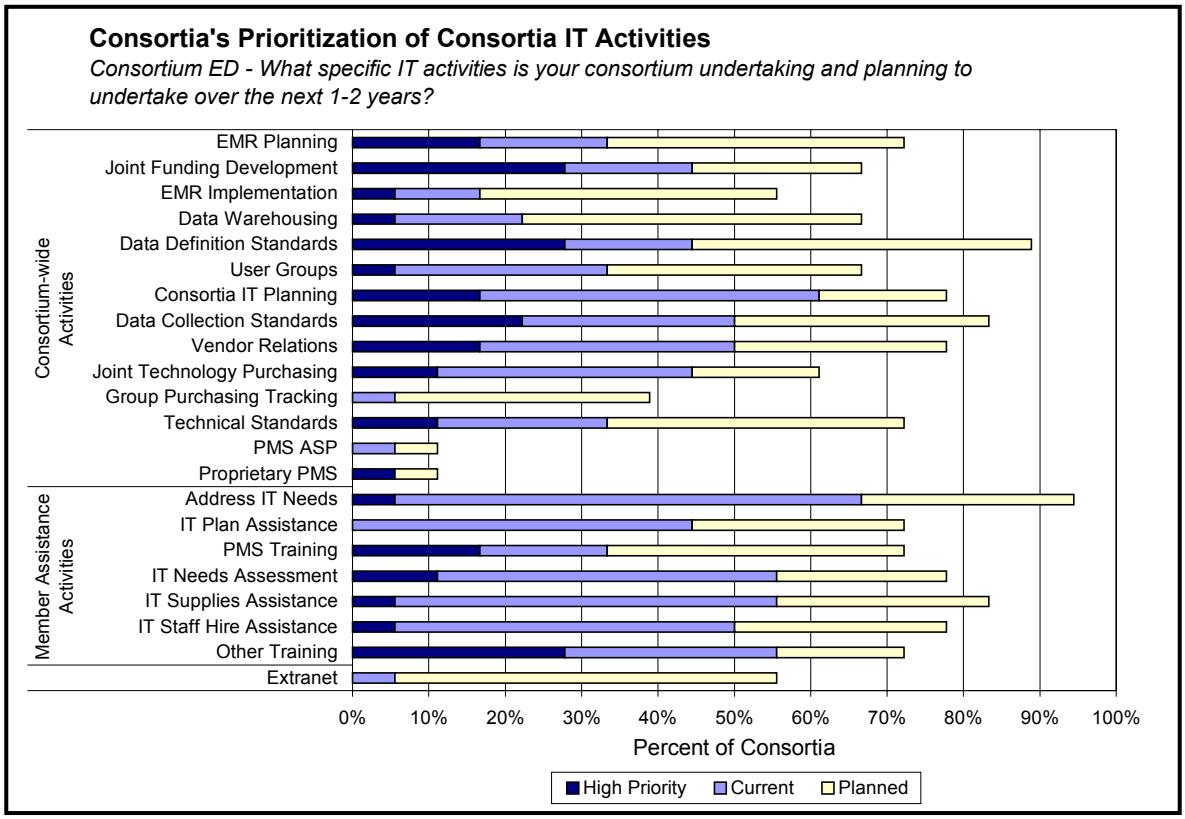


COORDINATION WITH OTHER HEALTHCARE & COMMUNITY ACTORS (CONT.)

- More than 60% of clinics are coordinating with other clinics in the areas of public policy and resource development.
- However, clinics generally are not coordinating their activities with each other or with other health care and community actors.
- When they do coordinate with others, clinics are more likely to coordinate any activity—clinical, business, or activism—with other clinics than with hospitals, health departments, community organizations (CBOs), or managed care plans.
- About 40% reported that they coordinate with other clinics to operate their IT systems.
- If clinics coordinate with other types of organizations, they are most likely to coordinate with CBOs. About one-third of the clinics are coordinating their public policy and resource development efforts with CBOs.

CLINICS & CLINIC CONSORTIA IT PRIORITIES[13]





[13] Comparative consortia data for this section are drawn from the Consortia Information Management Survey administered by Blueprint to 18 California clinic consortia in Spring 2002.

CLINICS & CLINIC CONSORTIA IT PRIORITIES (CONT.)

- Overall, no consortia IT-related activity was ranked as a high priority (ranked 1-5) by a majority of the clinic Executive Directors. There is no consensus among clinics as to the most important consortia IT activity.

- EMR planning (42%), assistance addressing individual clinics' IT problems (39%), and assistance with clinics' IT planning (37%) were the activities that were highly prioritized by the largest proportions of clinics.

- Although the majority of consortia plan to pursue these activities, less than 35% of consortia are currently conducting EMR planning and only about 45% are assisting members with their IT planning – none of whom prioritize this activity. However, over 65% of consortia are already helping their members address their IT problems.

- There also does not appear to be a consensus among consortia Executive Directors about the most important IT activities to pursue. Data definition standardization and joint funding development are prioritized by the largest percentage of consortia (28%).

- The consortia-wide IT activities pursued by the most consortia are: developing and revising a consortia-wide IT strategic plans (61%), standardizing data collection and recording among members (50%), and providing leverage/liaison assistance with IT vendors (50%).

- The most often provided IT member assistance activities are: assistance addressing members' IT problems (67%), assisting clinics to acquire hardware and software (56%), assessing members' IT needs (55%), and assisting clinics hire IT staff (50%).