POLICY BRIEF
National Family Planning & Reproductive Health Association
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Challenges and Opportunities for Family Planning Health Centers in Implementing Health Information Technology

Policymakers and health care providers, particularly those serving low-income populations, have been looking for ways to modernize health systems. Health Information Technology (HIT) has emerged as a significant way to improve quality, increase service efficiency and reduce health care costs.

A groundbreaking 1999 report authored by the Institute of Medicine (IOM), *To Err is Human: Building a Safer Health System*, identified preventable medical errors as one of the many factors contributing to increased health care costs for consumers. HIT, which facilitates better understanding of a patient's health, can lead to better quality and healthier outcomes not just for individuals but for the American public as a whole.

The publicly funded family planning network, which is made up of a wide variety of public and private organizations that provide quality family planning services—contraception, counseling, education and preventive health care—to millions of women and men annually, has a strong interest in and need for HIT. These providers often serve as the only health care provider for many of the women and men they serve, primarily low-income, uninsured and underinsured Americans, and often face real difficulties accessing patient health histories because low-income patients move on and off health insurance and in and out of different provider systems. By having access to electronic health records (EHRs), providers would be able to coordinate patients' care and provide services that are more specific, and therefore more effective, to an individual patient, ultimately resulting in healthier outcomes. However, initial federal investments in HIT were made without appropriate consideration of the needs of family planning providers, which has impeded widespread adoption and use of these systems.

Background

Over the past few years, policymakers have recognized the promise of HIT and moved quickly to promote its widespread adoption in all types of health care settings – from large-scale health systems to smaller, safety net providers like community health centers. In 2004, then-President George Bush issued an Executive Order requiring the Secretary of Health and Human Services (HHS) to establish a National Health Information Technology Coordinator within the Office of the Secretary, to jump-start the national conversation about how to move forward on HIT adoption. President

Barack Obama and the 111th Congress continue to advance the issue and have invested substantial resources in the adoption of HIT systems in anticipation of health reform that will result in millions of new people with health care coverage.

As part of the 2009 American Recovery and Reinvestment Act (ARRA), Congress included nearly $50 billion in funding for HIT. That funding was designed to expand the number of HIT-sector jobs, to incentivize low-income Medicare and Medicaid providers to adopt and meaningfully use HIT, to increase EHR use in Federally Qualified Health Centers (FQHCs) and to enable states to provide technical assistance to health providers as they ramp up their HIT efforts. Unfortunately, while some safety net providers were explicitly considered by the government and included in HIT funding priorities and regulations, others—such as publicly funded family planning centers—were not.

Challenges

While some publicly funded family planning providers and systems—including those that receive funding through the federal Title X family planning program and/or Medicaid—are already using HIT, many are not. Publicly funded family planning providers, predominantly serving the poor and low-income for free or at a reduced cost, operate on limited budgets and therefore often lack the financial and staff resources to implement electronic systems. Such is the case for the Missouri Family Health Council, a Title X grantee to 21 partner agencies which served 74,595 people from 2008-09. The Council and its systems serve patients across a broad state with limited budgets, which prohibits these systems—which serve a critical population of low-income Americans, many in isolated, rural areas—from directing funds for costly health information technology and for the hiring of additional staff to maintain the electronic records. The slow adoption of HIT in these health centers would put them at a disadvantage in terms of reporting healthy outcome data and participating in federal incentive programs designed to reward providers for improving the care of their patients.

There are significant privacy concerns with allowing a variety of health professionals to access personal health information, particularly around reproductive health issues and in medically underserved populations. Although there are serious efforts—both public and private—to strengthen the security of EHRs, a number of concerns remain. A key issue in the provision of family planning services is that the services provided, and even the provider visit itself, be kept confidential. This is particularly important when minors are concerned, to ensure that the minor receives reproductive health care free from unlawful governmental and/or parental intrusion which could prevent the minor from seeking care. The same need for confidentiality applies to adults, who have a legal right to keep their reproductive health care private from spouses and/or partners.

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The unique structures of publicly funded family planning centers and systems may put them at a disadvantage in adopting and using HIT, and therefore qualifying for critical federal incentive payments. Unlike in many health systems, it is common for family planning providers to work in multiple facilities, sometimes for more than one health system. Providers may work part-time in one or more facility, and those agencies may operate in more than one state. Federal regulations, such as the final "meaningful use" rules issued in July 2010, are designed around individual providers working in a single setting, and do not appropriately contemplate the realities of publicly funded family planning systems.

Looking Ahead

HIT is essential to providing quality health care to all Americans, but is especially important for poor and low-income populations that often have gaps in their medical histories. Family planning providers that have been able to purchase and implement HIT systems—such as the four legal Title X grantees in Pennsylvania, which banded together to reduce the cost of purchasing and implementing their system—are improving the consistency and quality of patient care through electronic scheduling, effective billing, integration with financial accounting systems, effective follow-up for abnormal test results, inventory control, and electronic lab interface. However, many publicly funded family planning providers and systems lack the resources to implement HIT.

Government officials need to understand the importance of publicly funded family planning in the health care safety net and invest resources to enable these providers to incorporate HIT into their settings. NFPRHA believes that the federal resources dedicated to HIT expansion should explicitly be made available to family planning providers, and that regulations implementing HIT must consider the unique structures of publicly funded family planning centers and systems. ■

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