



CHN Quarterly Update

Volume 1, Issue 3
May 28, 2009

Spotlight on FCC Connectivity: Within Sight!

It's been a 1 ½ years since the FCC's Rural Healthcare Pilot Program awarded \$7.9 million to CHN to bring high speed broadband connectivity to more than 400 nonprofit Tennessee clinics, including the CHN membership. Finally, the goal is in sight!

We have long had our site list approved and a plan of action in hand, but we have been waiting for approval from the FCC to post the RFP and solicit bids for service.

In May, the FCC granted the approval and the RFP is now posted on their web site as required by the grant. This RFP must be posted for 28 days, then the implementation plan can begin!

"It has taken 16 months, but we have won," said CHN CEO Keith Williams. "The RFP is approved, it is posted, and it is going to be done."

Rollout is expected to be rapid with as many as 120 sites coming on line per month. The plan is for billing of the 85% supplement to occur behind the scenes so that clinics only pay 15% of the total cost on a monthly invoice. Stay tuned for more specific instructions as the bidding and implementation process progresses.

Background

The grant will cover 85% of broadband connectivity costs for 3 years at participating nonprofit

health care delivery sites. Participants will receive approximately \$25,000 worth of connectivity per site per year over 3 years.

As written into the RFP, this connectivity will allow for rapid data transfers even for large data packets. End user sites will have connections of up to 3 MB and hub sites will have up to 10MB connections.

Value to CHN Membership:
*\$25,000 annually per site
in high speed broadband connectivity.*

CHN CEO Keith Williams Inducted as President of National Cooperative of Health Networks (NCHN)

In late April, 2009, the National Cooperative of Health Networks Association (NCHN) elected and inducted the 2009-10 slate of officers at their annual conference in Charleston, SC. Our own Keith Williams was elected to serve as the incoming President of the national organization.

"NCHN is very fortunate to have Keith as our President for 2009," said NCHN Executive Director Rebecca Davis. "He served on the NCHN Conference Planning Committee for three years, was a member of the Program Development Committee, and has been a presenter

at several NCHN Conferences."

NCHN is a professional membership organization of health network leaders from more than 60 networks in 33 states. Its mission is to support and strengthen health

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Who knew?

- *Nationally, ER visits were 1/3 fewer in counties with CHCs. (recent study at the Morehouse School of Medicine)*
- *A complete network of CHCs across the country could reduce spending on ER care by more than \$18 billion per year. (NACHC)*
- *In 2008, CHCs in TN generated 1,663 full-time jobs and "injected \$134.3 million of operating expenses directly into the local economy." (TPCA)*

As quoted by The Knoxville News Sentinel, May 11, 2009

The ePrescribing/NextGen Lite Rollout is Upon Us

In 2008 the State of Tennessee awarded CHN a \$1 million grant to support the implementation of ePrescribing among nonprofit health facilities and clinics across Tennessee.

This grant was designed to work in conjunction with the FCC grant bringing high-speed broadband connectivity to the same nonprofit sites. Later, the State also agreed to provide additional funding to bring the same ePrescribing capability to more mid-level prescribers at these nonprofit sites.

Now that the FCC implementation is in sight, the State has released the grant funding! As a result, the ePrescribing implementation is now gaining steam! Mara Robertson, CHN's new EMR/EPM Project Director will be overseeing this implementation in the near future.

NCHN, *cont. from page 1*

alliances through collaboration, networking, leadership development and education.

Among the members of NCHN are various combinations of hospitals, community health centers, critical access hospitals, physician practices, mental health providers, rural health clinics and other for-profit and not-for-profit health care organizations.

For 2009 NCHN's major focus is on continued support for Network Leaders through the expansion of the Executive Coaching Program, ongoing regional conferences and workshops, and the development of specialized curriculum around Health Network Governance.

Background

In 2008, the State established a grant program to offer providers at nonprofit facilities the funding to implement ePrescribing, a function that is generally acknowledged as a point of entry toward utilization of a full EMR.

The state grant offers \$3,500 to each participating M.D. or D.O. to implement ePrescribing, and \$2,500 for each participating mid-level prescriber. Awardees agreed to ePrescribe for 2 years and to meet special performance criteria established by the State as a condition of the grant.

Integration of ePrescribing into the clinical workflow is particularly exciting in light of new federal incentives to practitioners for ePrescribing medication for Medicare patients, and pending incentives being discussed for

ePrescribing for Medicaid patients.

"Effectively, CHN members are positioned to get higher Medicare reimbursements, avoid future penalties, and eventually garner similar rewards with Medicaid and commercial payers," said Keith Williams, CHN CEO.

As a service to our membership and other participating nonprofits, CHN negotiated a pared down version of the NextGen EMR focusing on the eRx functionality, as well as demographics and workflow. This new product is known as NextGen Lite. Notably, the cost of NextGen Lite fits within the funds provided by the state grant.

And, if these clinics decide to upgrade to a full EMR at some point in the future they will only need to add incremental modules to their NextGen Lite product.

This is an area where Keith has already emerged as a leader as other networks have looked to the success in Tennessee for guidance.

"Keith been a major contributor to the Effective Network Leader Workshop and other training sessions for Office of Rural Health Policy grantees," said Davis. "I am confident that the Association will move forward under Keith's leadership and look forward to working with him."

The work our network has achieved in Tennessee has also been recognized for national leadership in several other recent

forums, driving a solid foundation of respect and relationships to support our future endeavors.

At the American Telemedicine Association Annual Meeting recently, Keith moderated a panel of upper level management representatives from Cisco, Intel, United Health Care, and AT&T.

He also was asked to relate the Tennessee experience as a speaker at the National Rural Health Association conference in May, and at the HRSA OHIT Grantee meeting in Nashville and at the All Grantee Meeting in Washington in August.

EMR/EPM Support is Here: Introducing Mara Robertson

Implementation of the State's eRx grant is eminent, so with that in mind CHN has brought a new resource on board.

Mara Robertson has been hired as the EMR/EPM Project Director for CHN and will be supporting our members in the pending NextGen Lite implementation, current NextGen users, and any other EMR/EPM related issues. Mara lives in Cordova but will be travelling the state as needed.



Mara Robertson, CHN's new EMR/EPM Project Director.

Mara is a NextGen Super User and is NextGen Certified, qualifying us to offer Level 1 and Level 2 support for NextGen.

"Mara came highly recommended as one of the best in the country for NextGen support," said Keith Williams, CHN's CEO. "She will be a valuable asset for CHCs in Tennessee working to implement these new technologies and thus, enhance our ability to offer high quality and affordable care to patients our clinics serve."

In addition to the NextGen Lite implementation to ePrescribing

grantees, one of Mara's high priority tasks is to establish a NextGen Users Group among the CHN membership. This group will help both existing and new NextGen clients benefit from her knowledge and lessons already learned the hard way elsewhere.

If needed, she would also be helpful for a clinic transition to any EMR/EPM product since she brings significant experience tackling the problems that occur during this kind of technological transition in a health care environment. She can help with templates, system shortcuts, and workflow and process issues.

CHN's first ePrescribing implementation is scheduled within the next month for Memphis Health Center. Calendar development is in progress for the subsequent rollouts. Expect to hear from Mara soon as she travels to clinics statewide!

To contact Mara call 866-519-2464x13
Mara.Robertson@CommunityHealth.net

"Mara came highly recommended as one of the best in the country for NextGen support."

— Keith Williams, CHN CEO

"I have hit the ground running!" said Mara, already ensconced in troubleshooting at Lifespan Health. "Basically, I am just expanding my scope from working with NextGen at the Health Loop Clinics to working with facilities across the state."

NextGen Implementation: What Can You Expect?

By Mara Robertson

Your administration has made a phenomenal decision to rise up and meet the challenge of providing quality healthcare to patients using an electronic medical record. Congratulations!!

ePrescribing is only one functional aspect of NextGen; it is actually a foundation for a comprehensive electronic health record (EHR).

What can you expect? *Change!!* Change can be a good thing! You have an awesome opportunity to

make an introspective assessment and foster dialog. What works for us? Which processes are efficient? Where are the bottlenecks? Where can we improve?

To effectively answer these questions involves a team approach. This team will consist of core representation from every department in your organization.

Workflow+ training = success.

The secret of success in software implementations is workflow processes! Your core team will

assess current workflow processes. Building your workflow processes into your training will result in success.

We learn by doing so the training is actually an orientation. A hands-on approach provides staff with the tools they need to be successful. And training requires some creativity, as well. Therefore two PCs in an isolated place on campus will work wonders.

CHN is excited to team with you to make your NextGen implementation a ***SUCCESS!***

Early Reports: STORC Delivering Great Results



In January, CHN and our perinatal services partner Regional Obstetrical Consultants (ROC), launched a perinatal telemedicine pilot in East Tennessee which has since been christened Solutions to Obstetrics in Rural Counties (STORC).

Since the launch, the STORC program has seen 9 patients, including follow-up visits from patients that had originally been seen in Chattanooga, some new patients, and 2 patients that have now been seen twice using telemedicine services.

“So far it has been a huge success,” said Sarah Treat, MS, FNP-BC and the Nurse Coordinator/Clinical Coordinator for the STORC program. “All of the patients and family members have been very appreciative of the service. The major obstacle to care for patients in Tullahoma is transportation.”

Similar to other parts of the state, patients in Tullahoma must travel a significant distance

“All of the patients and family members have been very appreciative of the service. The major obstacle to care for patients in Tullahoma is transportation.”

— Sarah Treat, MS, FNP-BC
STORC Nurse Coordinator &
Clinical Coordinator

in order to see a perinatal specialist in Chattanooga. A Tullahoma-based patient has to cross Monteagle Mountain, driving at least 86 miles and spending over 1 ½ hours in a car one way.

*“We didn’t have to go anywhere!
It’s five minutes down the road.”*

— Tara Tamalavicz,
STORC patient

Having telemedicine services available in her own community obviously makes it much easier and less costly for a patient to get the specialty care she needs.

Among the patients that participated in STORC’s first day of services was Tara Tamalavicz.

“Before this we had to make several trips to Chattanooga to see doctors,” said Mrs. Tamalavicz. “The first real benefit is time. We didn’t have to go anywhere! It’s five minutes down the road.”

Treat was in the room with Tamalavicz and a specialist participated via telemedicine.

“It was good to have someone in the room with us at the same time to tell us what was going on,” said Tamalavicz.

Universally, patient reaction has been positive. One prospective father noted that STORC made it possible for him to accompany his wife to the doctor’s visit – something he otherwise would not have been able to do since he could not take another day off.

“I was very impressed with the telemedicine project,” said Tara Boleyn, Chief Nursing Officer at

Harton Regional Medical Center, home to STORC services in Tullahoma. “I saw firsthand how this will benefit OB patients in our community.”

Background:

The STORC pilot is funded by a \$1.8 million grant from the Blue-Cross BlueShield of Tennessee Health Foundation.

“I was very impressed with the telemedicine project. I saw firsthand how this will benefit OB patients in our community.”

— Tara Boleyn
Chief Nursing Officer
Harton Regional Medical Center,
Tullahoma, TN

The pilot is slated to include 11 new telemedicine sites: Livingston, Jellico, Cookeville, Crossville, McMinnville, Winchester, Morristown, Athens, and Sevierville with specialists in Chattanooga and Knoxville. Locations may change.

So far, the initial specialty hub site (the ROC office in Chattanooga) has been actively servicing Harton Regional Medical Center in Tullahoma, and is preparing to offer services to Rural Medical Services’ clinics in Newport, Cosby and Parrottsville.

The next sites slated to come online are the ROC satellite office in Cookeville and the River Park Hospital in McMinnville.

Eventually perinatal services will be offered to all sites statewide on the CHN Telehealth Network.

Spotlight on Telehealth: Pediatric Subspecialty Services Via Telehealth Are Coming to Middle and West Tennessee sites

Telehealth delivery of pediatric subspecialty services is officially headed to Middle and West Tennessee!

CHN's application to the HRSA Office of Rural Health Policy to create the South Central Tennessee Telehealth Consortium was successful, and in fact, has a May 1, 2009 start date.

"The telehealth arrangements will allow our patients in Linden at Perry County Medical Center and in Lyles at Three Rivers Community Health – Hickman to seek subspecialty care without the long waits for appointments or the drive into metro Nashville."

— *Barbara Heady,
Executive Director,
Perry County Medical Center*

Partners in this effort include CHN, Hardeman County Community Health Center, Lifespan Health, Perry County Medical Center, and the Monroe Carell Jr. Children's Hospital at Vanderbilt.

Specifically, this program brings in \$375,000 in outreach grant funding over a three-year period to establish and provide specialty telehealth services for pediatric patients at health center sites located in southwest and south central Tennessee.

"We are very excited about the opportunity to partner with Vanderbilt to provide much needed subspecialists to our pediatric

patients," said Barbara Heady, Executive Director of Perry County Medical Center. "The telehealth arrangements will allow our patients in Linden at Perry County Medical Center and in Lyles at Three Rivers Community Health – Hickman to seek subspecialty care without the long waits for appointments or the drive into metro Nashville."

The Vanderbilt-affiliated pediatric subspecialists who will perform these services are located in Nashville and in Jackson.

"Vanderbilt recognizes that many children living in rural areas have difficulty accessing the medical care that they need for a variety of health-care issues," said Dr. Rick Barr, Division Chief of Pediatric Critical Care Medicine, Monroe Carell, Jr. Children's Hospital at Vanderbilt. "Improving care and access to care is the main goal."

Echoing the community health centers' excitement about

"Vanderbilt recognizes that many children living in rural areas have difficulty accessing the medical care that they need for a variety of healthcare issues. Improving care and access to care is the main goal."

— *Dr. Rick Barr,
Division Chief,
Pediatric Critical Care Medicine,*

Just the Facts:

South Central Tennessee Telehealth Consortium

Funder:

HRSA Office of Rural Health Policy

Program:

Rural Health Care Services
Outreach

Project Period:

May 1, 2009 – April 30, 2012

Funds Provided:

Total of \$375,000
(Year 1 = \$150,000;
Year 2 = \$125,000;
Year 3 = \$100,000)

Partners:

- Hardeman County Community Health Center
- Lifespan Health
- Perry County Medical Center
- Monroe Carrell, Jr. Children's Hospital at Vanderbilt
- Community Health Network

Focus:

To provide pediatric subspecialty services via telehealth to sites in Middle and West Tennessee.

connecting with specialists at Vanderbilt, the specialists are also looking forward to the collaboration.

"The Doctors at Monroe Carell, Jr. Children's Hospital at Vanderbilt are delighted to partner with the Community Health Network on this important project to improve

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TennCare MCOs to Reimburse for Telehealth

In a major step forward for telehealth reimbursement in Tennessee, the Bureau of TennCare has instructed all of Tennessee's contracted Managed Care Organizations (MCOs) to begin payments for telehealth services at both the specialty service site as well as the remote clinic site as of the first of January, 2009.

This program will benefit TennCare patients in rural areas who will be able to see a medical or behavioral specialist at a local community health center instead of travelling to the city.

Discussions have been underway for several months with agreement from all three MCOs, but

directives from the Bureau make the new reimbursement protocol official.

Claims for specialty care rendered will have to be submitted with a GT Modifier. The GT Modifier will also help to track utilization of telehealth and lay the groundwork for further expansion initiatives down the road.

In order to qualify for payment at the clinic site, a service must be performed. This will likely reflect an Evaluation & Management (i.e. E&M – either provider or nurse visit) or could reflect some procedure performed at the originating (patient) site such as an EKG or ultrasound.

In other words, unlike Medicare reimbursements for facility fees, under TennCare protocols simply presenting a patient during a telehealth specialty consultation will not generate reimbursement.

For TennCare patients, an actual face-to-face encounter involving independent judgment must be provided in order for the originating site to have a billable service.

More information may be obtained by contacting your regional Telehealth Specialist (Hillary Newton, East TN; Kelly Irwin, Middle & West TN) or by contacting Deb Gott. All of these CHN staff may be reached at 866-519-2464.

AmeriChoice Invests in Expansion of CHN Telehealth Network

While the TennCare Bureau has given telehealth a major vote of confidence by instructing Tennessee MCOs to reimburse at both the originating and specialty site for telehealth visits, one of the MCOs has taken that support to a whole new level.

"This initiative will improve access and availability to services in rural areas for TennCare members across the state."

*— Lea Haynie,
Executive Director for
Behavioral Health Services,
AmeriChoice*

AmeriChoice has committed to invest in the CHN Telehealth infrastructure to bring specialty medical and behavioral health

services to TennCare members, especially in rural areas.

AmeriChoice has pledged to invest \$279,000 over the remainder of this year. This will fund telehealth staff members, the purchase of additional telehealth units, and connectivity.

"AmeriChoice is pleased to be working with the Community Health Network and the Tennessee Primary Care Association on this telemedicine initiative," said Lea Haynie, Executive Director for Behavioral Health Services at AmeriChoice. "This initiative will improve access and availability to services in rural areas for TennCare members across the state."

Working with the Tennessee Primary Care Association (TPCA), CHN identified a need

for greater integration of behavioral health into the primary care environment. The investment from AmeriChoice will make it possible to enrich and expand telehealth access by providing additional specialized telehealth equipment to rural clinics.

This project will also bring new specialties to the network with an emphasis on behavioral health.

The contract with AmeriChoice was signed in December 2008 and is currently being modified as of June 1 to reflect an increase in their investment for calendar 2009. AmeriChoice is also making a separate grant of \$140,000 to TPCA to support Continuing Medical Education (CME) opportunities using telehealth for providers and staff at clinics on the CHN Telehealth Network.

Spotlight on Bargains: Preferred Movers of Tennessee



CHN has negotiated a new shared purchasing program for Tennessee's community health centers that are hiring staff who need to relocate. The program offers discounts and premium services for CHN members who choose to take advantage of the opportunity; it is a nonexclusive contract and participation is entirely voluntary.

Preferred Movers of Tennessee, a Wheaton Worldwide Moving Company, offers full service moving services from any location

in the U.S and some parts of Canada. Their services include any combination of packing, temporary storage, loading and unloading, and the actual transport of household goods.

"We will make every effort to give CHN members the maximum discounts available in the industry," said Tom Jackson, Vice President of Sales for Preferred Movers of Tennessee. "And we offer 'no obligation' price quotes so that customers can compare rates with other companies and see for themselves."

Wheaton Van Lines has been in operation for more than 60 years and is among the Top Ten van lines in the U.S. They service over 30,000 moves per year, all of

which are monitored as part of their Quality Assurance Program. Wheaton is an industry leader in labor certification and conducts background checks on all permanent and temporary laborers to ensure customer safety and confidence.

To arrange for a free quote from Preferred Movers of Tennessee with our preferred pricing, call Paul Monroe at 866-519-2464x03 or Paul.Monroe@CommunityHealth.net.

CHN is always looking for new shared purchasing programs to help our members be more financially efficient. Please contact Paul Monroe with suggestions/requests for new services or recommendations for new partners.

Pediatric Subspecialty Services via Telehealth, *cont. from page 5*

education and treatment of children with diabetes, weight management, and mental health issues," continued Dr. Barr.

The project's three focus areas are pediatric type 1 and type 2 diabetes (education and treatment), child obesity (weight management through exercise, nutrition and lifestyle change), and pediatric psychiatric diagnosis and treatment services.

There also will be a significant focus on community education using the telehealth system. The goal is to empower providers in local communities – some of which have a federal designation as health professional shortage areas – by increasing the knowledgeable resources in that community. In this way educational services for rural providers and



Rick Barr, MD MSCI, Division Chief, Pediatric Critical Care Medicine, Monroe Carell Jr. Children's Hospital at Vanderbilt

staff, as well as families and caregivers, will keep educating long after the outreach effort is done.

"It's basically the 'teach a man to

fish' approach," said Deb Gott, CHN Telehealth Program Director. "We want to connect providers to resources that can help them offer enhanced care to their communities."

This program is illustrative of many upcoming growth opportunities for the Telehealth Network as CHN continues to seek out the resources that help members to better serve their patients.

Speaking from the Vanderbilt Children's Hospital perspective, Dr. Barr agrees.

"We can easily see this collaboration expanding within the Community Health Network as well as involving other pediatric specialists at Children's Hospital."



P.O. Box 40
Oakdale, TN 37829

Phone: 866-519-2464
Fax: 866-692-5767
E-mail: Keith.Williams@CommunityHealth.net
On the web: www.CommunityHealth.net

Enhancing the business of Community Health

The Community Health Network, Inc. (CHN) is a 501c3 not-for-profit corporation whose members include 17 community health center organizations and the Tennessee Primary Care Association (TPCA), collectively operating approximately 100 clinics. CHN's mission is to improve the quality and efficiency of health care delivery for medically underserved communities by providing affordable, integrated technology systems, expertise, and related services for community health centers. For more information go to www.CommunityHealth.net.

CHN Monthly Announcements

Breaking News:

Upcoming HRSA Conference — HRSA Office of Health Information Technology (OHIT) requested that CHN apply to host a conference for OHIT grantees. This application has been funded for \$10,000. CHN is working with TPCA to plan this conference, which is scheduled for August 3rd and 4th to be held at the TPCA offices. OHIT grantees from across the nation will attend. Stay tuned as more information becomes available!

Applications Pending:

HRSA Office for the Advancement of Telehealth Grant — If funded, this grant will provide \$735,000 over 3 years to help coordinate our existing specialty programs in telehealth and will support staff and some uncompensated care. This could likely provide the much needed motivation for specialty groups to provide care to our network. Vanderbilt and ETSU College of Medicine have shown interest in collaborating.

HRSA OHIT Innovation Grant — If funded, this grant will provide \$750,000 over 3 years to integrate EMR with Telehealth utilizing HIE. The pilot will include Hardeman County Community Health Center, Perry County Medical Center, Lifespan Health and Matthew Walker Community Health Center. This project may be expanded into a statewide project if ARRA funds come into play.

Program Updates:

USDA Funded Telehealth Network Expansion — Using funds from our most recent USDA grant CHN has recently purchased a 40 port bridge and four portable ultrasound machines. The ultrasound units will travel the state using the same scheduling protocols as currently utilized for the retinal cameras. They will be particularly useful in conjunction with the STORC pilot project for perinatal services in East Tennessee. In addition, the 40 port bridge, once fully implemented, will tremendously increase the flexibility of our telehealth network in terms of functionality for both clinical services and CME. Stay tuned for more information!