

## **Publications/Resources on Health Information Technology in Community Health Centers:**

### ***Health Affairs\****

#### **Adoption of Health Information Technology in Community Health Centers: Results of a National Survey**

Alexandra Shields et al., "Adoption of Health Information Technology in Community Health Centers: Results of a National Survey." *Health Affairs*, 26, no. 5 (2007): 1373-83

To the extent that health information technology (IT) improves health care quality, differential adoption among providers that serve vulnerable populations may exacerbate health disparities. This first national survey of federally funded community health centers (CHCs) shows that although 26 percent reported some electronic health record (EHR) capacity and 13 percent have the minimal set of EHR functionalities, CHCs serving the most poor and uninsured patients were less likely to have a functional EHR. CHCs cited lack of capital as the top barrier to adoption. Ensuring comparable health IT capacity among providers that disproportionately serve disadvantaged patients will have increasing relevance for disparities; thus, monitoring adoption among such providers should be a priority.

#### **The Value of Electronic Health Records in Community Health Centers: Policy Implications**

Robert Miller and Christopher West, "The Value of Electronic Health Records in Community Health Centers: Policy Implications" *Health Affairs*, 26, no.1 (2007): 206-214

This paper analyzes the costs and benefits of electronic health records (EHRs) in six community health centers (CHCs) that serve disadvantaged patients. EHR-related benefits for most study CHCs did not pay for ongoing EHR costs, yet quality improvement (QI) was substantial. Compared to private practices, CHCs cannot use EHRs to increase visit coding levels and revenues, yet they likely use EHRs more aggressively for QI, which raises equity questions. The evidence suggests that policies are needed that help CHCs to afford EHRs and produce more EHR-related QI gains, including through grants and QI performance rewards.

#### **Health Information Technology and Quality Improvement for Community Health Centers**

Kevin Fiscella and Jack Geiger, "Health Information Technology and Quality Improvement for Community Health Centers" *Health Affairs* 25, no. 2 (March/April 2006): 405-412

Selection, acquisition, and implementation of HIT for quality improvement (QI) are beyond the means of many federally supported community health centers (CHCs). In the absence of federal leadership and investment, adoption of HIT will be slow, haphazard, duplicative, and wasteful. Active support of HIT in CHCs will maximize HIT benefits, minimize costs, and ensure that CHCs have the tools to address the needs of vulnerable populations.

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