



Davies Award Executive Summaries:

Cherokee Indian Hospital Authority 2008 Davies Community Health Organization Award Winner

Cherokee Indian Hospital Authority (CIHA) is the primary medical home and public health provider for an active user population of over 10,000 members of the Eastern Band of Cherokee Indians. The Cherokee Indian Hospital Authority is the governing body for the hospital as an independent component of the Eastern Band of Cherokee Indian Tribal government. Cherokee Indian Hospital also works closely with the Tribal Health and Medical Division (HMD) in providing a complete range of services from primary prevention to long term care.

Clinical Goals and Performance:

One of the key expectations of implementing the EHR at the Hospital was to improve patient care services as measured using a standardized electronic tool called the Clinical Reporting System (CRS). The CRS is a tool that collects and reports clinical performance on over 300 clinical measures. The outpatient department selected measures useful for monitoring progression towards the mission and objectives of the outpatient department. Using the CRS tool, the performance management team collects and reports on these measures, which are included in quarterly reports for the governing body and members of the outpatient department. Final outcomes reported (2007) as compared to baseline (2004) show the following changes among the outcome measures:

- Tobacco use screening increased from 43-80%
- Hypertension assessment for patients over 20 years of age increased from 54 – 69%
- Cervical cancer screening for females aged 21-74 years old increased from 54-58%
- Improved percentage of patients with an LDL in goal range improved from 70.6 to 74.5%
- Reduction in the percent of patients with uncontrolled hypertension from 26.9 to 21.3%
- Provision of pneumovax to patients over 65 years increased from 64 to 75%

CIHA was able to improve quality of care and better patient outcomes through the use of the EHR. The EHR alerts result in improving the screening rates for hypertension, cervical cancer and LDL levels and in early detection and trending that improves patient care and outcomes. The EHR enables patients to be more engaged in their health through improved educational opportunities and follow up with the provider team. The improved outcomes and quality of care promote and support the CMS Triple Aim: better health for patients, better health for communities and lower healthcare costs.

Financial Goals and Performance:

The implementation of EHR assisted in the need to perform a workflow and process analysis, which assisted in the identification of tools to monitor, track, and control the Revenue cycle. These tools in conjunction with the implementation of process changes supported by EHR have lead to a 21% increase in collections (33-50% of which can be directly attributed to EHR implementation). Additionally, the billing and collection staff has become more effective with less staffing requirements (20% reduction in manpower). EHR has also streamlined the revenue cycle allowing the reduction of claims awaiting coding staff processing from over 20 days to an average of 2.3 days during one quarter. This reduction in process time directly affects the bottom line by reduction in “Days (of collections) in Accounts Receivable”. New functionality in EHR (linking) also allows sites to more easily capture the coding necessary for the Medicare Physicians Quality Reporting Initiative (PQRI), further garnering 12% extra on reimbursement.