



**Davies Award Executive Summary:  
2009 Community Health Organization Winner: Urban Health Plan**

Founded as a community health center in 1974 by a local physician, Urban Health Plan has grown to be one of the largest providers of ambulatory care services in NYS. In 1999, UHP earned the designation of a Federally Qualified Health Center, under which it offers a broad array of primary and preventative medical services, dental, mental health and specialty services UHP serves the South Bronx community in New York City. In 2008, UHP's 340 FTE staff and 60 providers served 31,045 patients in 201,604 visits, an increase in visits of 15% over the previous year and 35% over 2005 - the last year prior to full EHR implementation.

The residents of the service area suffer from significant economic challenges as well as from racial/ethnic health disparities. Most residents speak Spanish as a first language and many are linguistically isolated. UHP is located in one of the poorest congressional districts in the country. The Bronx ranks in the highest 2% of U.S. counties in poverty and has an unemployment rate that ranks it in the highest 1% of U.S. counties. The community also suffers from high rates of diabetes, asthma, obesity, HIV/AIDS, and mental health when compared to NYC rates. These variables made an EHR essential to track the community's health needs and to assist in the development of evidence-based programs that can be evaluated for improvement in health outcomes.

**Clinical Impact of EHR Implementation:**

UHP implemented eClinicalWorks EHR in 2005, with the goals of improving health outcomes through clinical decision support utilization, improving care coordination and public health and quality reporting, and improving efficiency. With the EHR, UHP was able to transform the way they captured information and managed knowledge. For example, UHP reviewed care of diabetic patients seen between 2/1/08 and 1/31/09. UHP found that there were 442 patients with an average A1C of 11, and the remaining 1819 patients were well controlled with the average A1C at 6.9. Armed with this information, UHP staff decided that their focus needed to be on the small subset of uncontrolled patients whose average HgbA1C was over 9%.

The ability to capture data at the point of care for UHP's performance improvement teams was made possible through the integration of the EHR and outcome measures into provider templates. The reporting of such data is now well enhanced since it is captured through the use of structured data and SMART Forms. SMART forms ask and collect data in a structured format, with some answers triggering additional questions (e.g. Do you smoke? If yes, how many packs). These forms have the ability to calculate the severity of certain conditions (asthma, depression, alcohol abuse) and a summary of the data appears in the progress note.

UHP's ability to run reports, such as tests ordered but not received, has created the opportunity to reach out to patients in real time. This has resulted in a 4% increase in screening rates over the first 6 months of 2009.

**Financial Return on Investment:**

Improvements in data collection and utilization in operational, financial, and clinical realms have been realized. Evidenced by the change in the ratio of visits per staff member, UHP has become more productive. In 2005, 291 FTE staff produced 149,549 visits (514 visits/staff member). In 2008, 340 FTE staff produced 201,606 visits (593 visits/staff member). The increase in productivity from 2005 to 2008 is 15.3%. Patient visits in 2008 exceeded the visits in 2005 by 52,000, a 35% increase. The number of users increased 19% from 2005 to 2008. The number of billable visits increased by 23% from 2005 to 2008, resulting in a corresponding jump in revenue of \$2,852,671. Procedures and tests performed during the patient encounter are now automatically captured, coded and billed by the provider. UHP is able to bill significantly more claims due to system efficiencies

Also, UHP saw an annual \$175,000 savings on administrative and maintenance costs.