Columbia Basin Health Association

Application for

HIMSS Nicholas E. Davies

Award of Excellence

Community Health Organizations

May 30, 2008

1. CHO Applicant Identification Form: Who Is the Applying Organization?

Section A1. Identifying Information: Individual CHO Application

1. Community Health Organization name: **Columbia Basin Health Association**
2. Name and title of applicant: **Greg Brandenburg, Chief Executive Officer**
3. Address: **140 East Main Street**
4. City: **Othello** State: **Washington** Zip code: **99344**
5. Telephone: **(509) 488-5256** Fax: **(509) 488-9939**
6. Email: greg@cbha.org Web site: www.cbha.org
7. Type of CHO: (select from CHO Applicant Qualifications) **Federally Qualified Health Center, Community & Migrant Health Center**
8. Member of collaborative entity/health network? **YES** If yes, name: **Community Health Plan of Washington**
9. Number of sites **3**
10. Annual number of patient encounters: **133,624**[1]
11. Annual number of patient encounters documented in EHR: **105,577**
12. Services offered (Indicate whether services are offered directly, through referrals or partners, etc): **Please see Number 13 below. Services offered directly with or without referral.**
13. Adult Medicine: **X** Pediatrics **X** Women's health: **X**
    Dental: **X** Radiology: **X** Lab: **X** Mental health: **X** Emergency care **No** Urgent care: **X**
    Pharmacy: **X** Other services: **Optometry, WIC, Maternity Support Services.**
14. Staffing (number of FTEs): Physicians **13** Nurse practitioners **0** Physician assistants **7**
    Nurses (RN/LPN) **20** Certified nurse midwives **0** Lab personnel **10**
    X-ray personnel **3** Medical assistants **24**
15. Other medical personnel **4** Dentists **5** Dental hygienists **2** Other dental personnel **20**
    Psychiatrists **0** Other licensed clinicians, **6** Other mental health staff **2**
    Care managers **12**
    Information systems staff **4**
    Number of all other FTEs (including administrative, executive, fundraising, etc.): **120**
    Describe hospital affiliation(s): **CBHA admits and rounds on its own patients at Othello Community Hospital and delivered 580 of the 581 babies born there in 2007. We provide 24/7/365 family practice call coverage.**
16. Provide detailed information regarding any commercial/employment agreements with the vendor/s of EHR hardware/software. **No commercial/employment relationships with any vendor of our EHR system.**
17. Please list the names of the members of the EHR Implementation Team:

Greg Brandenburg, CEO	**Dr. Hung Miu, Medical Director**
Doug Thompson, Project Manager	**Marsha Simmons, Director of Operations**
Jaylene Roberts, IT Director	**Pablo Melo, Business Analyst**
Sally Yancey, Chief Financial Officer	**Jim Burnham, Laboratory Manager**
Elsa Rodriguez, Pharmacy Manager	**Rigo Ozuna, IT Specialist**
Daniel Gonzales, IT Specialist	**Tara Schutte, IT Specialist**
Vicky Sullivan, Nursing Director	**Tari Perez, Clinic Manager**
Kelly Carlson, Director of Compliance	**Dulcye Field, Director of Quality**

    Will all be considered authors of the application? **Greg Brandenburg, CEO and Rebecca Wolfs, Clinic Manager**

[1] This number reflects dental encounters that, at the time, were not part of our EHR system.

Abstract

Columbia Basin Health Association ("CBHA") is an ideal candidate for the Nicholas E. Davies Award of Excellence for Community Health Organizations. CBHA began its Electronic Health Record ("EHR") journey in 1999, and was one of the first Community Health Center's ("CHC") in the nation to fully transition to an EHR. Through the talents of a visionary Leadership Team, empowered by a supportive Board of Directors and an innovative group of talented project team leaders, CBHA continues to improve upon its early EHR successes in order to keep up with the changing demands of CHC patients, regulatory agencies, providers and staff. Since 1999, CBHA has been the CHC model in Washington State, and the following application will demonstrate why CBHA deserves your award.

Columbia Basin Health Association

Application for HIMSS Nicholas Davies Award

Founded in 1973, CBHA's mission and purpose is to provide equal access to quality health care to all persons regardless of age, sex, color, ethnicity, national origin, or the ability to pay. CBHA is a Community and Migrant Health Center and was one of the first Community Health Center's nationally to fully transition to EHR. CBHA is comprised of three clinics in the Central Washington area, two clinics in Othello, (approximate population – 6220) and one clinic in Mattawa, (approximate population – 3200) (http://washington.hometownlocator.com/Census/Estimates/Cities.cfm). Combined, these clinics draw patients from over 32 different zip codes for medical, dental, vision, lab, prescription, x-ray, behavioral health, maternity support and Women, Infant & Child ("WIC") services. Of the 24,990 patients CBHA served in 2007, 11,644 were Migrant/Seasonal Farm Workers, 9,573 were patients best served in a language other than English, 96% were below 200% of the Federal Poverty Level Guidelines (FPL) and 53% below 100% of the FPL (Uniform Data Systems, 2007).

Purpose

In 1999, the Leadership Team of CBHA began work on a vision to establish an EHR system that could meet the long list of demands innate when providing healthcare in rural communities to high populations of migrant/seasonal farmworkers and un-insured patients. Their philosophy was then as it is today, "*If you can measure it, you can manage it!"* Key elements of this vision included the ability to:

- Improve provider productivity through process efficiencies;
- Decrease patient wait times amidst a "Walk-in's Are Welcome" service culture;
- Improve the quality of patient care, identify their unique health risks, and provide appropriate care including preventative, screening and immunization services they need;
- Provide educational resources to all patients regarding their diagnosis, treatment options, and other services available to them, thereby providing them the opportunity to make informed decisions regarding their care;
- Query reports from the EHR system for:
    - Quality improvement initiatives;

- Tracking and measuring improvements in both provider and patient compliance with specific national benchmarks, regulatory standards, and organizational goals;
- HRSA Uniform Data System ("UDS") reporting;
- Grant applications;
- Investment justification;
- Pay-for-Performance measurements.

To perform these tasks, the Leadership Team envisioned an EHR system that communicated with all other ancillary information systems, could support multiple users, and provide detailed, centralized reports for each department accessible from multiple sites, both internal and external.

Personnel

CBHA's success in EHR implementation is due to the collaborative and trusting relationship between the Board and the Leadership Team. CBHA is governed by a volunteer Board of Directors, made up of community members, local farm workers and business owners independent of the organization and responsible for CBHA operations. When selling their vision of EHR to the Board, the Leadership Team explained that if CBHA providers could see 21 patients in a seven (7) hour schedule, have their chart documentation legible, compliant, and completed within one (1) hour of seeing their last patient, the transcription savings alone, per provider, per month would total $1,000 or over $120,000 a year with a 10 provider medical staff. This fueled the Board's interest and led to their approval of the EHR project.

Following this vision, the Board authorized the Chief Executive Officer ("CEO"), Greg Brandenburg to put together a CBHA EHR project team. This team originally consisted of the CEO, the Chief Financial Officer ("CFO"), Medical Director and the organization's original information technology ("IT") staff member. Throughout the years the EHR project team has grown to include the Project Manager, Director of Nursing, IT Supervisor/ Clinical Systems Specialist, Director of Quality, Director of Compliance, Nursing and Provider "Super User's", Data Analyst, Clinic Managers, Director of Laboratory and Radiology, Director of Pharmacy and the Director of Operations. This team worked with representatives and support personnel from various software systems throughout the EHR transition process, and during their most recent upgrades have contracted with several outside consulting firms,

including TROI, Moose Logic, CySolutions and Lost Creek Consulting to complete the many projects included in CBHA's EHR journey. This support was integral to helping us develop the interfaces necessary to share data inter-departmentally.

Partnerships

The most important partnership established during the EHR process, was between the EHR project team and the CBHA medical providers. The project team knew that without physician support of this project, it would fail, so they involved all of the CBHA medical staff in the decision making process. When it came down to deciding what software to purchase, the final decision was made by the medical providers. With that said, getting the providers to buy-in on the system meant that the system itself needed to satisfy the providers' list of demands, such as the ability to provide:

- Decision support tools such as evidence-based protocols and reports;
- An electronic prescription writer that would print or provide secure messaging to internal pharmacies, and the ability to fax or produce an Rx on security prescription paper;
- The ability to electronically order lab tests and have the results submitted back electronically, for both internal labs and reference labs;
- Provide secure messaging and telephone triage documentation;
- Provide a feature to scan old patient records and paperwork generated outside the organization;
- Provide for "closed circle" referral management and tracking;
- Provide 24-hour availability of patient information through hospital and VPN access.

Because of our rural location, CBHA has a very close and collaborative relationship with Othello Community Hospital, and both organizations have HIPAA compliant access to each other's EHR system to ensure appropriate continuum of care of patients.

Method

To fulfill CBHA's EHR vision, the EHR project team made preparations to ensure as smooth a transition as possible. Unfortunately, this vision was at a time when EHR was in its infancy. There were no readily available "Model Approaches" or "Practices" to follow. To find a complete system that satisfied their requirements, the project team knew they would need to use a "Best of Breed" approach to selecting

the necessary software and hardware, keeping in mind the overall goals of improving provider productivity and sustaining a high level of care to our patients. Return on investment was anticipated from transcription cost savings and increased patient volumes that would be possible with a more efficient system of charting. Since many of the products available for purchase were web-based, as were many of the programs used by CBHA partners, it was decided early on in the process that each computer station would have a full computer set up, with CPU, monitor, keyboard, and mouse, which would be networked together and managed by a central server. Any anticipated reduction in medical records staff was offset by an increase in the IT staff that would be necessary to maintain the EHR system.

Purchasing

After inviting vendors to present their products to CBHA providers, they chose Chart Logic for electronic medical records and HealthPro for practice management. In 2000, Chart Logic worked well for charting and was considered a "Best of Breed", but ultimately, as the organization grew Chart Logic was not able to meet the demands and enhancements requested by the CBHA provider staff. Only through the use of Microsoft Access and an open database connectivity link could reports be generated for measuring and managing processes and clinical information. For that reason, in 2006, CBHA prepared to change EHR systems again, and this time, the providers selected GE's Centricity software.

Neither Chart Logic nor Centricity could be used straight "out-of-the-box." CBHA and CHC specific tables, codes, and tools had to be loaded in the system, which varied depending on clinical specialty and each provider's individual practice style. An isolated test environment for each application was created to allow for system set-up tests as well as for training staff and testing system upgrades. Each vendor provided CBHA with on-site technical support at implementation time, supplemented by continued technical support by telephone.

To support the EHR system, a T1 network connection between CBHA's Main Street and Mattawa Clinics was established, as well as a fiber connection between 14th Avenue and Main street clinics. In addition, interfaces to allow cross-communication between computer systems in each department had to be programmed. When CBHA made the change from Chart-Logic to Centricity, an additional server was required and all individual computers needed memory upgrades to support the more powerful program.

Products

The "Best of Breed" products below make up the CBHA EHR system:

- HealthPro Practice Management System (2000-2006): This product was best of breed because it allowed flexibility and customization when setting up the billing codes, tables, and service codes to meet our specific needs. An interface program was developed to extract clinical data for reporting purposes.
- Chart Logic – Electronic Medical Record (2000 – 2007): This product was best of breed because the system allowed the providers the ability to continue using dictation software for charting, which they had already been using. This is the system selected by the providers due to its open-text format, which was similar to a word processing document.
- Centricity Physician Office (2006) and later, Centricity Physician Solutions (2007 – Current): which combined Electronic Medical Record and Practice Management Software. Although Chart Logic met our initial needs of saving transcription costs and providing a compliant and legible chart note, the emergence of a new and improved EMR showcased additional features and functionality that were not available in our then-current software. Limitations on capturing discrete data elements, inconsistency among providers to use standardized chart templates, and lack of clinic decision support tools motivated us to look for a product that could move us beyond our existing EMR. This product was selected because of its ability to pull billing data as well as clinical data for reporting purposes from one integrated product. It allows for reporting on specific key data points, such as patient education levels, migrant and veteran status and also measurements for disease management and quality initiatives. The system includes Clinical Content Consultant ("CCC") forms, which are incorporated into exams to ensure that our providers meet all of the documenting requirements for a complete chart note. The forms can be customized to set up provider approved drug formularies, order codes, custom problem lists, and patient handouts. Through the use of form development capabilities, CBHA established its own Eye-Care form which was not otherwise offered by the system.

- Northern Software's E-Lab Laboratory Information System (2001): This system is supplemented by an interface that allows the CBHA lab to communicate electronically with Centricity, thereby automating lab ordering and result reporting. The Northern Software representative provided technical expertise in building the interface between our EHR system and E-lab.
- OnBase Document Management Software (2003): Provides users in reception, patient benefits, billing, and medical records departments to access a patient record from one source. It allows for efficient searching of documents using key words and keeps them organized by document type. OnBase can auto-index documents directly to the patient's record using bar-code technology. This software tool was key during the initial transition to EHR when merging a patient's paper documents into electronic form into the OnBase system. Using three document scanners and a small group of temporary employees, 350-400 charts were scanned a day, totaling 21,000 charts in about three months. (https://www.onbase.com/English/IndustrySolutions/Healthcare/CaseStudies/ColumbiaBasin)
- Inland Imaging's IDX Image Cast Imaging Software (2006): Used in conjunction with our x-ray equipment, this imaging software is provided to our providers as a part of the Picture Archiving and Communications System ("PACS"). PACS allows us to store our patient's clinical images offsite more economically than storing them ourselves, and because the PACS system in used in multiple health care centers, including our local hospital, our providers have HIPAA compliant access to any PACS supported images as necessary for their patient's continuity of care.
- Wired MD Patient Education Terminals (2003): At each CBHA location, computer terminals are set up in patient waiting areas and exam rooms with a direct link to WebMD. This system provides medical information in multiple languages, and includes a video feature for patients who cannot read. It provides patients with a long list of options, including e-mailing video links and text to a patient's home e-mail address.
- ScriptPro Pharmacy Automation Hardware and Software (2005): This system was chosen because of its high reliability of robotics, integrated work flow control, card swipe audit trail

of every step of the filling process and its ability to interface with our current pharmacy management system.

- Visual Pharmacy - Pharmacy Management System (2001): This system was selected because of cost-effective functionality.
- EagleSoft Electronic Dental Record ("EDR") (2008): This system allows us to interface patient demographic information straight from Centricity to EagleSoft, eliminating duplicate patient records across departments. The system functions via terminal service (Citrix) for remote site operation.
- Adobe Photoshop: Using our exam room computers, this software allows us to create our own screen-saver programs for marketing CBHA services and providers, community events, and important updates to our patients while they occupy our exam rooms.

Process

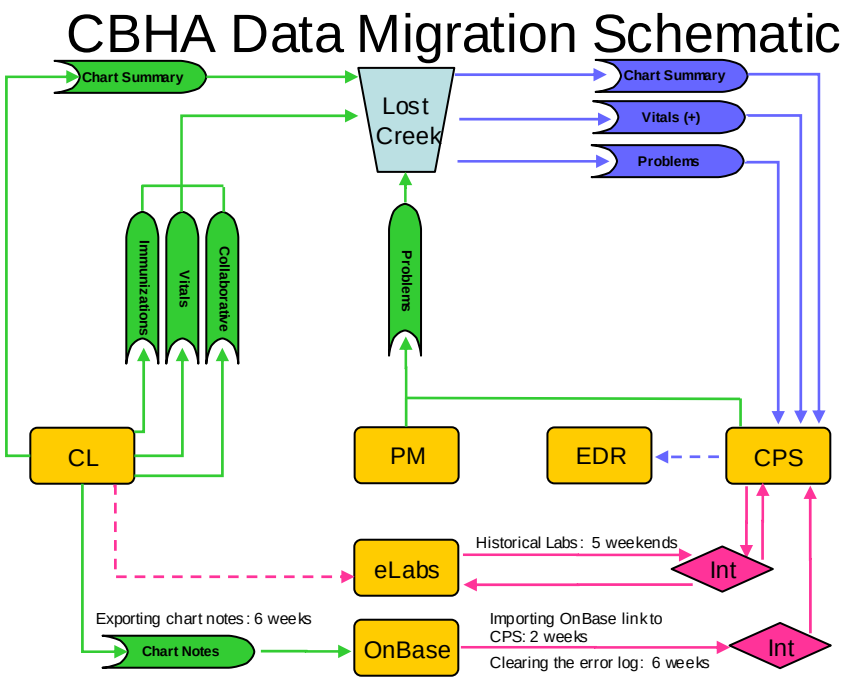
CBHA's approach to EHR change management included ongoing communication with providers and staff, a phase-by-phase training schedule using a "Train-the-Trainer" approach, and incentive programs for providers and nursing staff. Peer pressure and updated customer service trainings for support staff completed the transition to the EHR system. Staff successfully learned how to input patient and insurance data in real-time, including insurance verification, and automated check-in procedures.

Chart Logic was phased in one provider at a time. Since this was the first EHR system, there was no rush in transitioning away from paper charts and this allowed for complete testing and training of staff. With the switch from Chart Logic to Centricity, there was no phasing from one system to the other. Chart Logic was turned off on a Friday after work and Centricity was turned on the following Monday morning, making it necessary to have more defined training schedules for the providers and nursing staff. CBHA hired a full-time EHR trainer (Clinical System Specialist) who successfully completed GE Centricity Training Certification to oversee the training process. Department supervisors were the first to undergo system training and they, in turn, trained their own staff in each phase of EHR implementation.

Under both Chart Logic and Centricity, the Providers were trained one-on-one so their specific practice patterns and needs were addressed. Because Centricity offers various charting tools, each provider was able to customize their own charting method. Providers were given eight (8) weeks of training and

were given a monthly bonus for all chart notes completed within 48-hours of a patient's exam. Any missing or incomplete charting resulted in a deduction from this bonus. Similarly, nurses and nurse assistants had six (6) weeks of training and were offered a financial incentive for time spent practicing with the new system. Using a "Super-User" team approach to training worked well with the nursing staff because it established responsibility and ownership in each team's completion of exercises and classes.

To help with the transition from Chart Logic to Centricity, CBHA contracted with an outside consultant, Lost Creek Consulting, to write the interfaces for systems communications inter-departmentally. The CBHA Data Migration Schematic below demonstrates the process by which we transferred data from Chart Logic and HealthPro to Centricity and OnBase, with assistance from Lost Creek Consulting. The Green arrows show the flow of information from Chart Logic "CL" and HealthPro (HP) to either our OnBase system or to Lost Creek Consultants, who would take that data and translate it into information (shown as the Blue arrows and flows) that was migrated to Centricity ("CPS") and the EDR. The Pink arrows demonstrate the communication flows made possible by the system interfaces.



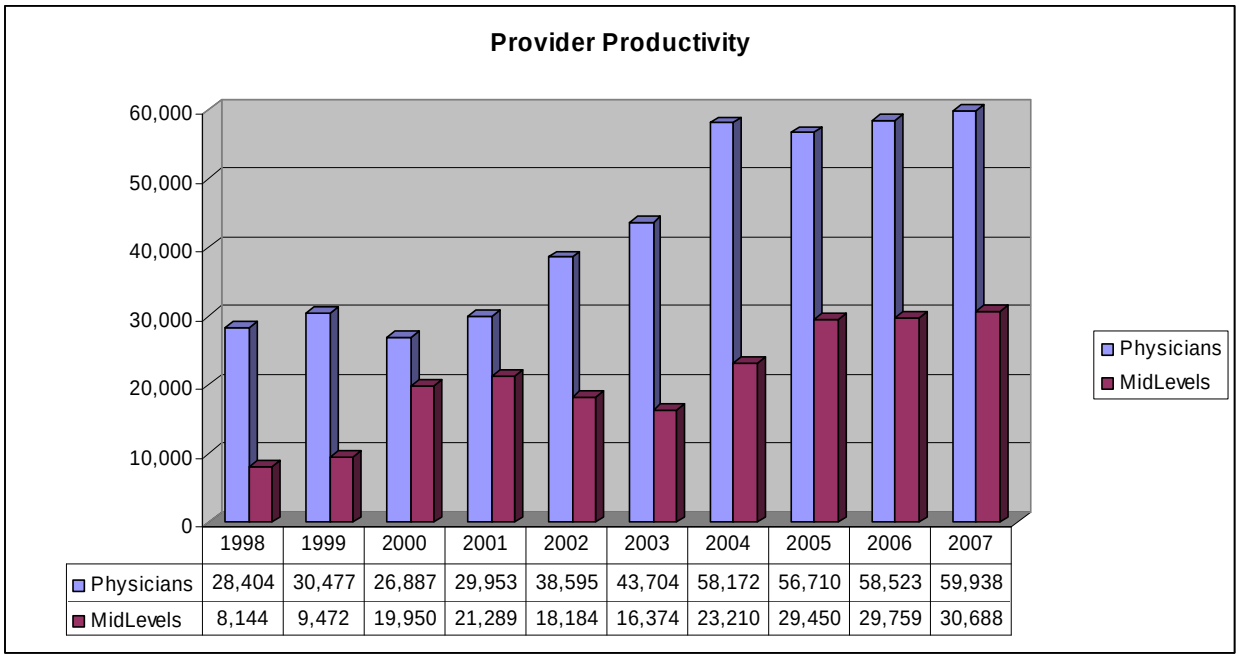
Results

Progress/Performance

Using Centricity, OnBase, and the interfaces linking all departments together as one EHR system, CBHA enjoys easy data entry and HIPAA compliant chart access across multiple users and sites. Providers produce accurate, timely, and legible EHR thanks to system inbuilt reminders, flow sheets, growth charts, and immunization records. Lab orders and lab results are communicated to and from the provider electronically. Providers can prescribe medications with a click of the mouse straight to the CBHA pharmacy or fax directly to a neighboring pharmacy, while behind the scenes the system has already verified the prescription with a patient's allergy alerts and CBHA physician approved formularies. The dental department pulls patient demographic data from Centricity to ensure no duplicate charts are created. Electronic messaging between the providers and support staff provides timely communication.

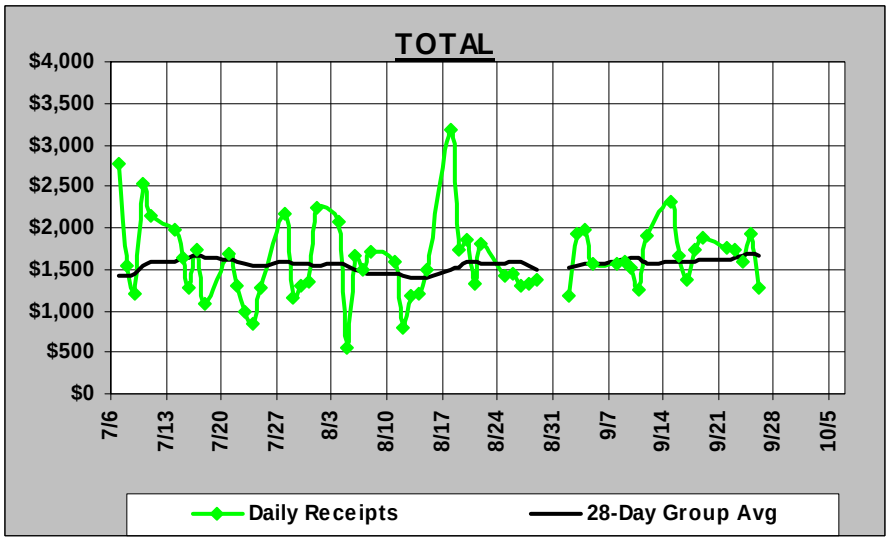
CBHA patients have also benefited from EHR. In the waiting room, patient wait times have averaged between eleven (11) and thirteen (13) minutes each year for the past five (5) years. During their short wait, they have access to a computer with a direct link to WebMD for medical information. Because CBHA tracks access into the system with electronic date and time stamps along with specific employee permissions to access information, patient privacy is assured. CBHA facility safe-guards, computer fire-walls and anti-virus software ensure the safety of their information.

The table below shows the number of patient encounters each year since 1998. The efficiencies realized through an interdepartmental EHR system, in conjunction with acquiring a second Othello clinic in 2004, has allowed CBHA providers to increase the number of patients they see each day and do so with an increased emphasis on quality of care, as discussed further below. This has been the largest return on investment. In 1998, the average total encounters per provider were 3,550.5 per year. In 2007, the average total encounters per provider increased to 4,281.3. Similarly, average encounters per Mid-level provider totaled 3,257.6 in 1998 and increased to 4,384 per year in 2007.



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Physicians	28,404	30,477	26,887	29,953	38,595	43,704	58,172	56,710	58,523	59,938
MidLevels	8,144	9,472	19,950	21,289	18,184	16,374	23,210	29,450	29,759	30,688

Administratively, having one patient record for both billing and practice management systems allows CBHA to produce Balanced Scorecards. Balanced Scorecards are most commonly used for staff, provider and nursing incentive plans, with bonuses awarded for top performance in specific areas, such as percentage of co-pays collected, number of patients enrolled in managed care, patient wait times, and days in accounts receivable. For example, the chart below is used to measure our receptionist's individual and group performance against established goals for daily collections;



For providers, reports on provider referral patterns, lab usage, billing habits, prescription patterns or special procedures provides vital information needed for peer reviews of clinical performance as well as internal coding audits. Also, the simple fact that staff no longer have to compete with other departments to share or view a patient's chart and no longer have to spend valuable time trying to find charts has improved employee moral and is one of many reasons CBHA was named as one of the "Best Companies to Work For" in the non-for-profit category by Washington CEO Magazine in 2003, 2006 and 2008 (http://www.washingtonceo.com).

Perhaps the most exciting patient benefit of this EHR system is the increased quality of care CBHA can provide to our patients through condition-specific reporting, such as HbA1c trends of diabetic patients, the percentage of patients receiving Patient Health Questionnaire screenings for Depression, and the percentage of eligible patients receiving Dexa-Scan screening tests, among others. Monitoring of these trends, as well as the ability to report on any given data collection point allows CBHA to measure and improve patient care, both against our own benchmarks as well as those set nationally. For example, CBHA is an active participant in the Washington State Child Profile program for tracking and updating child immunization records. According to claims data submitted to the Community Health Network of Washington for the period January-March 2008, CBHA ranked 2nd among the 19 CHC's for immunization rates for children with ages 0-6 with an average of 97% children receiving all recommended immunizations versus the CHC overall average of 73%. The clinic ranked 1st had a denominator of two (2) versus CBHA's denominator of 314. (Community Health Plan of Washington, 2008) We also work with the Diabetic Collaborative on a monthly basis summarizing the health of our diabetic patients so that we can assess our patients with national benchmarks. We participate with the National Committee for Quality Assurance ("NCQA") and their Diabetes Physician Recognition Program ("DPRP") to measure our doctors and their clinical outcome measures against a panel for measure. If our providers meet those measures, they will be recognized as physicians of choice for Diabetes Management. Currently, we are using the NCQA measures and performing an in-house study to determine how our providers measure up and expect eligibility by August or early September. In addition, we submit scrubbed patient information to the Medical Quality Improvement Consortium ("MQIC"), in order to benchmark where our patients are compared to the over 9-Million patients included in the consortium.

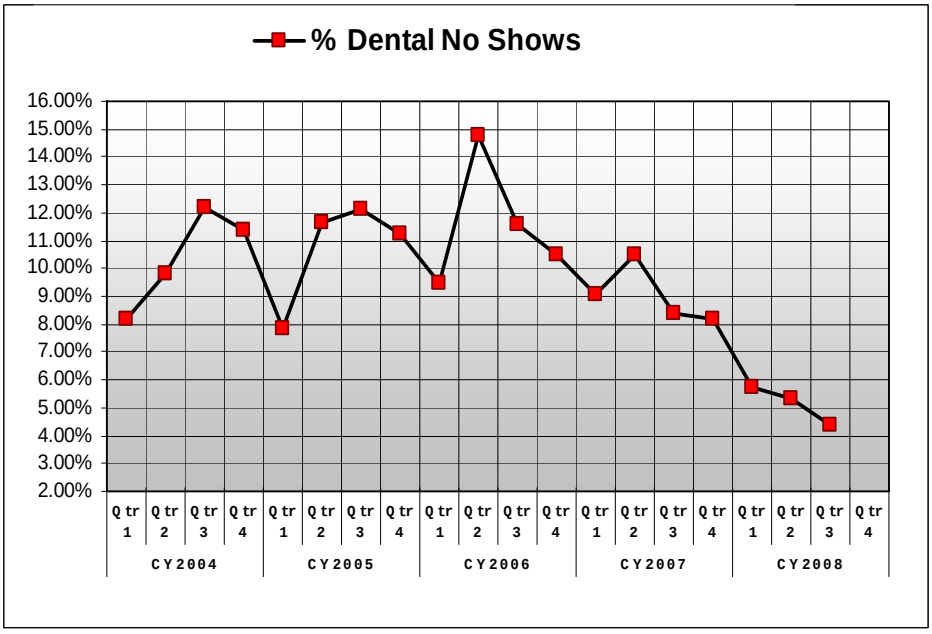
Discussion

By using the philosophy that "*If you can measure it, you can manage it,"* and embracing technology as a vital tool for both operations and management has allowed CBHA to make improvements that benefit the organization's financial position, quality of patient care, and employee performance.

Finance

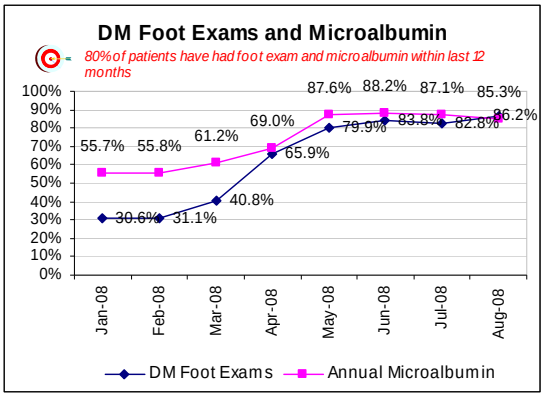
Driven by our mission, CBHA's purchase and workflow decisions enhanced patient safety and had a positive financial impact on the organization. For example, Visual Pharmacy, our Pharmacy Management System, was purchased in 2001 because of its low cost of entry and provided an estimated 38% return on investment ("ROI") in labor savings. The system paid back its initial investment in 2004. In 2005, ScriptPro's workflow and robotics system added barcode safety features, audit logs and improved productivity. ScriptPro had a 3.5 year payback period and an ROI of 30% based on a 7 year life.

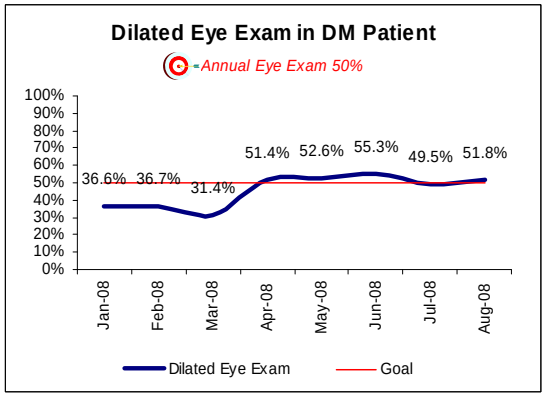
Another area of opportunity for improving revenues has been by reducing patient "No-Show" rates. By using our PM software to only allow dental appointments to be made 1 week in advance we are able to fill 100% of the available slots and reduce the potential that patients will encounter situations causing them to not show up for their appointment. The table below shows the decreased "No-Show" rates for Dental appointments; our Medical appointment "No-Show" rates have averaged below 7% so far in 2008.



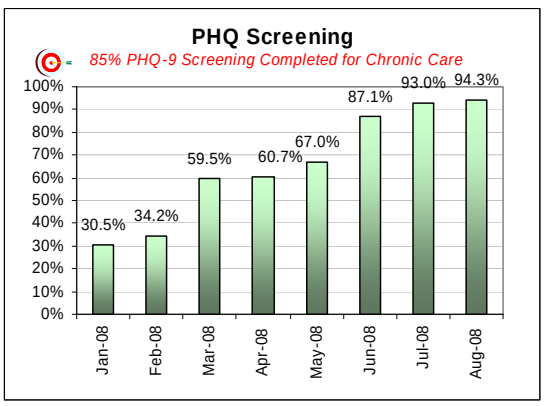
Practice

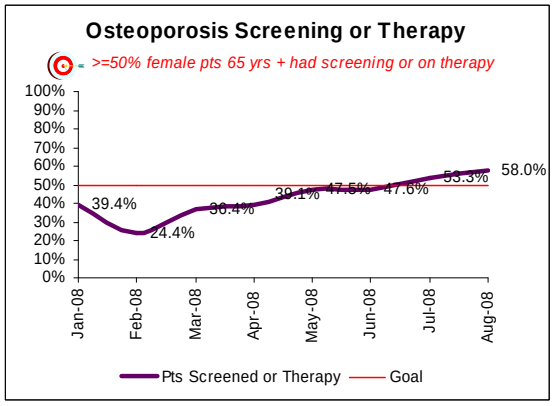
In January 2008, we began tracking our 1,150 diabetic patients using our EHR system to monitor 20 specific metrics, including the Physician Quality Reporting Initiatives ("PQRI") of the Tax Relief and Health Care Act of 2006, Title 1, Section 101. First we looked at Hemoglobin A1c ("HbA1c") levels (PQRI Measure 1). In January 2008, 31.9% of patients had HbA1c levels greater than nine (9). We continue to track this measure and have already seen progress in decreasing this percentage. Next, we looked at how many of our diabetic patients received foot exams within the last 12 months. In January, only 30.6% of our patients had a foot exam in the last year documented, but in May, that number increased to 79.9%. Then we looked to see how many of our diabetic patients had a yearly eye-exam (PQRI Measure 117). In January, only 36.6% had documented eye exams, but in May, that number increased to 52.6%. Our Nephropathy evaluations in January were performed on 55.7% diabetic patients seen that month - in May, they improved to 87.6%. Providers are alerted by PQRI recommended protocols preloaded into the system and statistical reports from the system provide feedback on individual provider's performance as part of an incentive program CBHA recently implemented related to Diabetic Management.



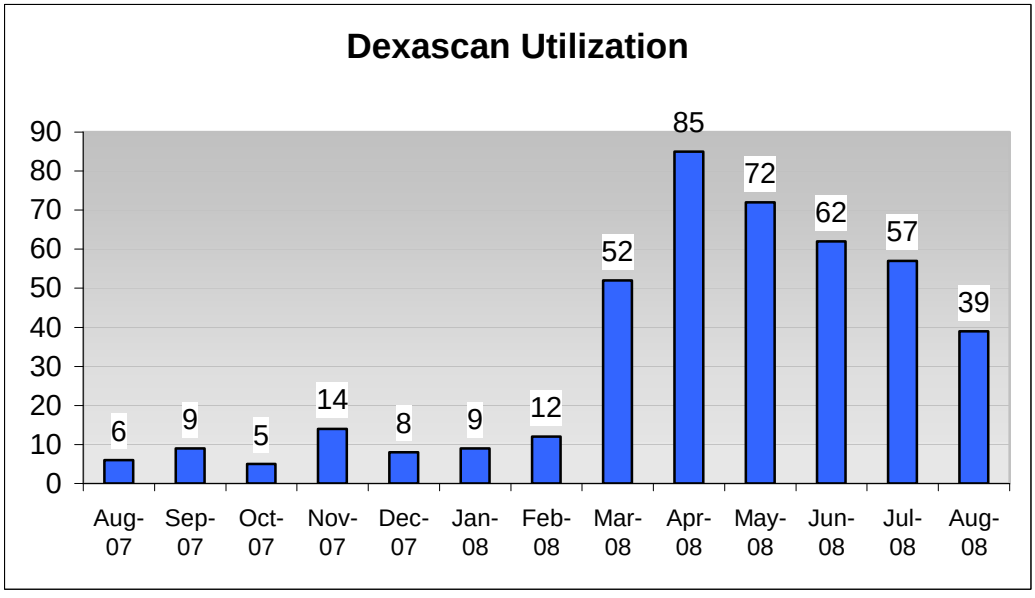


Patient care has improved in other areas, such as completing patient health questionnaires for clinical depression. In January we screened only 30.5% of our patients, and in April, that number increased to 60.7%.





In February of this year, we began measuring the number of female patients screened or on therapy for Osteoporosis including the utilization of Dexa-Scans to diagnose Osteoporosis in patients meeting the appropriate criteria for this test. Tracking our data between May 2007 and February 2008, we gave Dexa-Scans to only 5-14 eligible patients each month. Knowing we should expect these numbers to be higher given the increasing age of our population, we took the opportunity to further educate our providers on the appropriate patient eligibility criteria for Dexa-Scans and we immediately saw an increased to 52 patients in March and 85 patients in April who received a Dexa-Scan. Since then, we have seen a gradual decline in numbers as the patient backlog has caught up to what we believe will be a normal census of Dexa-scan patients. Most recently we have started to focus on our male patient population in this area. These improvements and our compliance with PQRI Measures are the result of our ability to pull this information from our EHR system.



Our EHR transitions, because of the vision of our Leadership Team, the support from the CBHA Board, and the exceptional CBHA staff, are now offering us a new and exciting benefit – the positive reputation and pride that comes from being noticed. In 2004, CBHA was awarded the Association of Medical Directors of Information Systems ("AMDIS") for excellence in applied medical informatics. Like the other AMDIS award winners in 2004, such as Massachusetts Institute of Technology (MIT) and the Nevada Army National Guard, CBHA has demonstrated successful application of information systems and technology in the practice of medicine. In October 2007, CBHA was the first CHC to be recognized by the Washington State Medical Association by receiving the William O. Robertson, MD Patient Safety Award for Achievement for its patient safety project "Medication Reconciliation." Using our EHR system, this project emphasized the importance of patient education and participation with medical providers to ensure both the patient and the provider maintain a current and accurate list of all medications the patient is prescribed from all their care providers, as well as when and how to take those medications.

Since the implementation of CBHA's EHR, the organization has consistently ranked above the 95% nationally in total medical team productivity as reported in the Bureau of Primary Health Care Uniform Data System ("UDS"). At a recent Community Health Center retreat held this April in Santa Fe, New Mexico, CBHA Leadership Team learned that the organization was included in the ranking of (8) top CHC clinics throughout the country (Lyons & Smith, 2008). We ranked:

- 1st in Medical Productivity per MD
- 1st in Medical Productivity per Midlevel
- 2nd in Direct Medical Support per Provider
- 1st in Total Clinic Support per Provider
- 1st in Dental Productivity per Provider
- 1st in Dental Support Staff per Provider

CBHA has built for itself a reputation of EHR success and is often invited to speak at Best Practices Forums, Northwest Regional Primary Care Association ("NWRPCA") Conferences and the Centricity Health Users Group ("CHUG") regarding the implementation of EHR. This summer, a representative from CBHA will present "Technology Options in a Community Health Pharmacy Environment" at the Texas Association of Community Health Centers.

We at CBHA appreciate your consideration of us for the 2008 HIMSS Nicholas E. Davies Award of Excellence – Community Health Organizations, and invite you to visit Othello, Washington and see for yourself why we are deserving of this honor.

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