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Health Information Technology and Publicly Funded Family Planning Agencies: Readiness, Use and Challenges

Jennifer J. Frost, Jenna Jerman and Adam Sonfield

HIGHLIGHTS

- The types of health information technology (HIT) that are most widely used by publicly funded family planning agencies are those that accomplish agency management tasks, most commonly third-party billing (75%). Only about half of agencies report current use of electronic health records (EHRs) for electronic entry of clinical notes (49%), and far fewer agencies provide patients with online access to scheduling (21%) or medical records (12%).
- Federally qualified health centers (FQHCs) report the highest current use of HIT when compared with other types of family planning agencies. Planned Parenthood affiliates and other agencies (including hospital-based agencies) fall somewhat below FQHCs, and health department agencies report comparatively little current use of HIT.
- Most agencies report that they are prepared for HIT implementation in terms of having internet connectivity (73%) and the necessary IT infrastructure and support (57–59%). Fewer than half report being prepared in terms of their staff's IT experience and literacy and their capacity to conduct necessary staff training (39–47%). FQHCs report being the most prepared to implement HIT systems and health departments are the least prepared.
- The top three barriers to successfully adopting and utilizing HIT are financial: implementation costs (cited by 67% of agencies), ongoing costs (62%) and acquisition costs (58%). Other common challenges include identifying or building an appropriate EHR system (37%) and obtaining necessary IT support and expertise (34%). Health departments are the most likely to report that many aspects of HIT implementation were problematic, and FQHCs are the least likely to report such challenges.
- Large proportions of agencies report a need for five different types of technical assistance: training (68%), conversion from paper to electronic records (58%), implementation and project management (57%), customization to ensure patient confidentiality (55%) and readiness assessment and project planning (52%).
- More than three-quarters of agencies report that some or all of their service delivery sites bill at least 30% of client encounters to Medicaid, indicating that they would have clinicians eligible for a Medicaid program that provides incentive payments for adopting and using EHRs.

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CONTENTS

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Introduction

Background and Significance

Publicly funded family planning centers provide critically important sexual and reproductive health services to millions of poor and low-income women and men each year. They allow women and couples to avoid unintended pregnancies, plan the timing of wanted pregnancies, and receive a range of preventive health services, treatment for sexually transmitted infections (STIs) and referrals for other needed care. For many women, visits to publicly funded family planning providers are the only regular health care they receive.[1]

Given recent developments related to health care reform, as well as pervading pressures to "modernize" health care practices, it is likely that in order for publicly funded family planning centers to survive and continue to provide critical sexual and reproductive health care, they will need to take up and fully integrate the use of new health information technologies (HIT) into their practices. Use of new HIT—most prominently, electronic health records (EHRs)—has been touted as a key to meeting two sometimes conflicting goals of reform: improving quality and accessibility of care, and decelerating the growth in health care costs. Many policymakers, providers and other experts believe these technologies can reduce administrative costs, increase staff efficiency, improve care coordination, help eliminate unnecessary procedures and medical errors, and otherwise improve the system for patients, providers and public health.[2]

Indeed, many family planning providers already use electronic inventory and billing systems to help them keep track of their stock of contraceptives and other medical supplies, and to detect changes in clients' preferences.[3] These technologies also make it easier to set and maintain a budget and to comply and prove compliance with the rules of government programs. Electronic billing facilitates timely and accurate reimbursement from private insurance companies and Medicaid, and is often required by insurers as a prerequisite for being part of their provider network. All of these systems—as well as more basic applications, such as electronic scheduling—have the potential to greatly reduce administrative workload, once staff are appropriately trained.

Full-fledged EHRs are a relatively new technology that enable the collection of information, such as medical history, prescriptions and lab results, for each client visit. Ideally, maintaining easily accessible health information files for each client would lead to fewer repetitive forms for patients, fewer repetitive tests and services, and fewer staff hours spent on paperwork. EHRs should also make records more portable, resulting in better care coordination among providers and over time. All of this assumes well-designed software and standards to ensure ease of use and compatibility.

In recognition of these potential benefits, Congress has enacted a variety of incentives and policies to encourage and coordinate the adoption of EHRs and other forms of HIT. Most of these federal investments were enacted in 2009 as part of the American Recovery and Reinvestment Act of 2009, popularly known as the stimulus package.[2] That law included more than $20 billion in funding for a wide array of HIT programs, such as state and regional programs to provide technical assistance and improve connectivity.[4]

The largest of the stimulus HIT programs will provide substantial financial incentives to individual Medicaid and Medicare clinicians who adopt and demonstrate meaningful use of EHRs. These incentives, which began in 2011, will help pay for the purchase and implementation of a new or upgraded system, staff training, maintenance and ongoing use. For Medicaid providers—who may include physicians, nurse practitioners and some physician assistants—the incentives could surpass $60,000 over six years, one-third of which could be available in the first year.[5] A health center with multiple eligible providers could receive such incentives for each eligible provider on staff. The incentives will help pay for the purchase and implementation of a new or upgraded system, as well as staff training, maintenance and ongoing use.

One major caveat is that providers are only eligible if at least 30% of their clients are Medicaid enrollees. That standard, if applied today, might exclude providers in many family planning centers, particularly in states that have very restrictive eligibility criteria for full-benefit Medicaid and that have not established a Medicaid expansion pro-

gram specifically for family planning. The major expansion to Medicaid under the federal health reform legislation, slated to start up in 2014, should eventually make that threshold easier for providers to meet.

The one group of publicly funded family planning providers that will almost universally be able to take advantage of the stimulus incentives are Federally Qualified Health Centers (FQHCs). That is because the law includes a broader standard for FQHC-based provider eligibility: At least 30% of their clients must be "needy individuals," defined as those covered by Medicaid or the Children's Health Insurance Program and those receiving uncompensated care or care on a sliding-scale basis. On top of that, the stimulus act earmarks $2 billion per year for FQHCs to establish new centers, renovate existing facilities and invest in HIT,[4] and the health reform legislation included $11 billion in additional funding to help expand the FQHC network.[6]

The path to these incentives is not so clear for specialized family planning providers, including most Title X–supported providers that are not part of the FQHC network. These providers must meet the higher eligibility threshold and may therefore have more difficulty qualifying for the Medicaid incentives.

Moreover, in addition to cost barriers, family planning providers face a host of challenges, ranging from technical support and interoperability issues to confidentiality concerns, and must find ways to tailor these technologies to the specific requirements of Title X and other grant programs. Many agencies lack the technical staff capabilities required to develop and implement HIT for their clinical practices, and clinical providers may not be trained in the use of EHR systems.

Study Objectives

To provide policymakers and program planners with the information needed to assist publicly funded family planning centers in making the leap forward in HIT use, we conducted an assessment and gap analysis of the current HIT capabilities and anticipated barriers among a nationally representative sample of publicly funded family planning agencies.

The goals of this report are

- to understand and measure the current HIT capabilities and experiences of the range of publicly funded family planning agencies; and
- to identify barriers to implementation and technical assistance needs that would be most useful to agencies working to integrate new HIT systems into the family planning clinic setting.

Methodology

Sample

In late 2010 and early 2011, we surveyed a nationally representative sample of agencies providing publicly funded contraceptive services. The original sample included 972 of the 2,923 publicly funded family planning agencies known to be providing services at that time and listed in the Guttmacher Institute's database of publicly funded family planning agencies and clinics. This database is regularly updated to confirm clinic names, addresses, public funding status, and provision of contraceptive services using directories of Title X–supported clinics, Planned Parenthood clinics, federally qualified health centers (FQHCs), and Indian Health Service units, as well as through personal communications with Title X grantees, agency administrators and others.

Sampled agencies were stratified by type (FQHCs, Planned Parenthood affiliates, health departments and hospitals/other agencies) and Title X status (receipt of Title X funding by some or all clinics, or no Title X funding at any clinics). Agencies were randomly selected within each of the strata. Because there are many more agencies of some types than of others, we varied the proportion of each agency type that was sampled to ensure a sufficient number of cases to make estimates specific to each type. We sampled 100% of Planned Parenthood affiliates, 50% of FQHCs, 30% of health departments and 30% of the remaining combined group of hospitals/others.

Fieldwork Protocols

The survey instrument was developed by Guttmacher staff and pretested with several family planning agency administrators. The four-page questionnaire asked for basic information about the agency, including client caseload and number of service sites, and about current use of and preparedness to implement HIT within the next two years. Questions addressed use of HIT for both staff needs for clinical and reporting requirements and family planning patients' online access to records. In addition, the survey asked about subsidies and incentives received for HIT implementation and about competence with and barriers to implementing HIT and practice management systems. Most questions were closed-ended with a few requesting additional clarification; the competency and barriers questions included an open-ended category to capture the full range of experiences. The full questionnaire and wording of all questions can be found in the Appendix (page 59).

The surveys were mailed to agency family planning directors at the end of November 2010. A reminder mailing was sent to agencies in the last week of December 2010. To improve response rate, nonresponse follow-up phone calls were conducted between January and May 2011. More than 2,200 contacts were made during this period, via phone, fax and email. In addition, agencies that had not yet responded to the survey by the beginning of March were offered a $25 incentive for completed surveys. Incentives were mailed directly to the contact person identified at that agency through nonresponse follow-up. Approximately 123 agencies responded to this effort.

Although the initial mailing was addressed to the agency's "Family Planning Director," it was often forwarded to the agency's information technology (IT) staff, or other administrative staff knowledgeable about the agency's IT practices, for completion. During nonresponse follow-up, whenever possible, we attempted to forward the survey directly to staff who we had been informed would have the most knowledge about IT practices at the agency. However, because staffing structures vary widely among respondent agencies, there is likely a range of IT knowledge and expertise among staff who completed the survey.

Response

Ultimately, 461 agencies responded to this survey, for a total response rate of 52%, while 14 refused, and 429 failed to respond after numerous follow-up attempts. Sixty-eight agencies were found to be ineligible, largely due to having closed or merged with another agency. In cases where at least one sampled agency had merged with one or more other agencies, the resulting agency was included in the sample. This was most common amongst small county health departments which had merged into a larger district health department.

Response rates varied by stratum, with 63% of Title X–funded agencies responding, compared to 36% of non-Title X–funded agencies. Planned Parenthood affiliates had the highest response rate (82%), followed by health departments (69%) and FQHCs (40%); 34% of hospitals/other agencies responded.

Statistical Analyses

Analyses were performed using SPSS version 18. All cases were weighted by agency type and Title X status to reflect the universe of family planning providers at the time of analysis. Therefore, although all results presented here are based on the sample respondents, the weighted percentages are representative of the national universe of publicly funded family planning agencies. Weighted and unweighted frequencies and cross-tabulations of each survey item by key variables can be found in Appendix Table 1 (page 33). Key differences in the proportions of agencies currently using HIT for specific tasks have been tested for statistical significance using paired t-tests but are not shown in the tables. In general, percentage point differences of 10 points or more are statistically significant; in some cases smaller differences are also significant, depending on the groups being compared.

Key Measures

Health information technology (HIT). We defined HIT as the collection, storage, use and exchange of health information in electronic formats, including electronic health records (EHRs) and practice management systems. To measure the use of HIT, we asked agencies a series of questions about current and planned use of HIT for each of several different types of activities. Response categories included current use at all sites, at some sites or at no sites. For agencies that reported current use at no sites, we asked them to specify if they were planning to implement use of HIT for each activity within the next two years, if they were interested in use (but had no plans to implement it yet) or if they were not interested in using HIT for the specified task. In reporting the results from these questions, we present data on current use (combining use at all sites and use at some sites into one group) and on planning use. We have grouped agencies' current and planned use of HIT into the following categories:

- *EHRs*—including electronic entry of clinical or follow-up notes and medical history, electronic prescribing of medication, clinical decision support (contraindication alerts, follow-up, etc.) and electronic referrals to or from outside providers.
- *Agency management*—including processing third-party billing and receivables, ordering and receiving laboratory tests, generating internal management reports and applicable external reports (e.g., the Family Planning Annual Report for Title X agencies, Uniform Data Systems reports for FQHCs, family planning-specific clinical quality and outcomes reports or other quality assurance efforts), reporting STI incidence to the state, and tracking supply inventory.
- *Patient communications*—including producing electronic appointment reminders, notifying patients about lab results, and providing an online portal for patients that may include online access for scheduling appointments, viewing laboratory results, requesting supply or prescriptions refills, and viewing medical records.

Key agency characteristics. In this section, we present data on key characteristics of publicly funded family planning agencies (Figure 1), and, in later chapters, we examine variation in HIT use among agency respondents, according to some of these characteristics. Many characteristics vary by type of agency, which may be important to the implementation of EHRs and other HIT. These characteristics include levels and types of funding, the structure and reporting requirements of the larger system supporting an agency and its clinics, the number of clients the agency serves, and whether it is in a metropolitan or nonmetropolitan location. Because these characteristics are interrelated, some observed differences in HIT implementation may in fact be due to variation in agency type and in the systems that support each type.

- *Agency type*—measured as federally qualified health centers (FQHCs), Planned Parenthood affiliates, health department agencies, and hospitals or other agencies. Overall, 30% of agencies providing publicly funded family planning services are FQHCs, 3% are Planned Parenthood affiliates, 35% are health departments, and 32% are either hospitals (12%) or other types of agencies (20%).
- *Title X funding status*—measured as Title X–funded versus not Title X–funded. Just over half of all agencies (54%) receive any federal Title X funding for one or more of their clinic sites. Health departments make up the largest share of agencies that receive Title X funding (58%); only 14% of Title X–funded agencies are FQHCs. In comparison, agencies that provide publicly funded family planning services without Title X funding are most commonly FQHCs (48%), and few are health departments (9%).
- *Agency caseload*—measured as small (fewer than 2,000 patients annually), midsize (2,000–9,999 patients annually) and large (10,000 or more patients annually).

Twenty-seven percent of all agencies in the sample were small, 33% were midsize and 41% were large. Reflecting the fact that different agency types administer different numbers of clinics per agency, caseload also varies by agency type. Planned Parenthood affiliates and FQHCs see the most patients annually. We considered the vast majority of Planned Parenthoods and more than half of all FQHCs to be large agencies (data not shown). Among all large agencies, 46% are FQHCs and 22% are health departments. In comparison, among the small agencies, more than half are health departments (52%) and 14% are FQHCs.

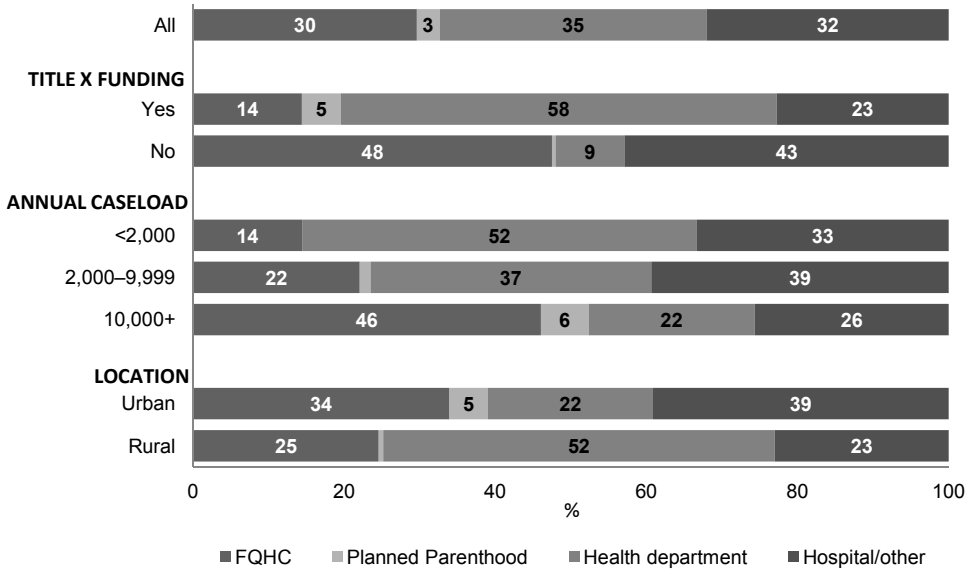
- *Agency location*—measured as mostly rural, mostly urban, or about half rural and half urban. Forty-six percent of agencies reported that their sites are located in mostly rural locations, 40% reported mostly urban locations and 14% reported that their sites are split between rural and urban locations. We combined the latter two categories to create a category called "any urban," and thus separated agencies whose clinics are mostly rural from those with many or all clinics located in urban areas. A majority of agencies that reported being largely rural are health departments (52%).

Competence and barriers. To measure how prepared agencies are and how problematic various issues are in terms of their successful implementation and utilization of HIT, we asked agencies to respond to a series of items measured on five-point scales, with possible responses ranging from "not at all prepared" to "very prepared" and from "not at all problematic" to "very problematic." Similarly, we asked agencies how useful several types of technical assistance would be to their success in adopting and utilizing HIT. These items were also measured on a five-point scale, with possible responses ranging from "not at all useful" to "very useful." For each of these scales we grouped the top two codes together to represent "prepared," "problematic" or "useful," and the bottom two codes together to represent "not prepared," "not problematic" and "not useful."

Supplementary Interviews

In May 2011, we contacted 20 agencies that had provided notable responses to the questionnaire's open-ended questions; the agencies were selected so as to represent variety in all of the key agency characteristics. Representatives from 10 of the 20 agencies agreed to 30–60-minute follow-up interviews, which took place in June. The interviews were conducted to expand upon the agencies' closed- and open-ended responses and to gather anecdotal information about such contextual issues as the history and timing of HIT implementation; the brand, cost and functionality of implemented HIT systems; and agencies' experience with various potential sources of funding and technical assistance. Information from these interviews are presented anonymously alongside the statistical findings of this report.

FIGURE 1. Distribution of publicly funded family planning agencies by agency type, Title X funding status, client caseload and location, 2011



Source: Guttmacher Institute Health Information Technology Survey of Publicly Funded Family Planning Agencies, 2011.

Current and Planned Use of HIT

HIT Use Among All Family Planning Agencies

Currently, the health information technologies that are most widely used by family planning agencies are those that accomplish agency management tasks (Tables 1 and 2, pages 14 and 15; and Figures 2 and 3, pages 9 and 10). Only about half of agencies reported current use of EHRs and far fewer provide patients with online access to scheduling or records.

Agency management. A full three-quarters of family planning agencies reported using HIT to assist with third-party billing and receivables, and more than 60% of agencies reported using HIT to order lab tests, generate internal management reports or perform required external reporting. About 10% of agencies reported plans to initiate HIT use for each of these management tasks. Fewer than half of agencies reported currently using HIT for STI reporting (48%) or for supply inventory (41%). Overall, more than half of agencies (55%) reported current use of HIT for at least four of the six management tasks asked about; 14% of agencies have yet to use HIT for any of these tasks.

EHRs. Among all agencies surveyed, about half are already implementing core EHR activities, such as electronic entry of clinical notes and medication prescriptions (49% and 47%, respectively), and another 20% are planning to implement all four core EHR activities within the next two years. About four in 10 agencies reported current use of HIT for clinical decision support (41%) or to facilitate patient referrals (37%). Overall, 40% of agencies reported current use of at least three of the four EHR tasks asked about, and 41% had not implemented any of these EHR activities.

Patient communications. Four in 10 agencies reported using electronic appointment reminders (39%) and 30% have implemented electronic notification of laboratory results. Another 20% of agencies have plans to implement these activities in the future. HIT is least commonly used to facilitate online service provision or communication with patients. Fewer than one-quarter of all family planning agencies reported providing patients with online access to appointment scheduling, lab results, prescription supply or refills, or medical records. However, about 20% of family planning agencies reported that they are planning to begin offering patients online access to records and services in the next two years. Overall, only 13% of agencies reported using HIT for at least four of the six patient communications tasks asked about and 45% do not use HIT for any of these tasks.

Follow-up interviews concurred with the general pattern seen in these data. Several respondents interviewed reported that their agencies have implemented some agency management functions (such as scheduling and report generation) years ahead of EHRs, in at least two cases as early as the 1980s. Several respondents noted that their agencies are planning to phase in specific, more-advanced HIT functions—such as electronic prescribing and online patient records—as manufacturers update their systems to meet evolving federal standards for HIT systems.

HIT Use by Agency Type

Use of HIT varies dramatically by agency type. Generally, FQHCs reported the highest current use, compared with other types of agencies. Planned Parenthood affiliates and hospitals/other agencies were similar and fall somewhat below FQHCs in terms of HIT use. Health department agencies lag behind other agency types and reported comparatively little current use of HIT. Figure 3 provides an example of these patterns, including one item from each of three subcategories of HIT tasks—management, EHR and patient communication. The detail for all HIT tasks is available in Table 1, and summary measures are in Table 2.

Management

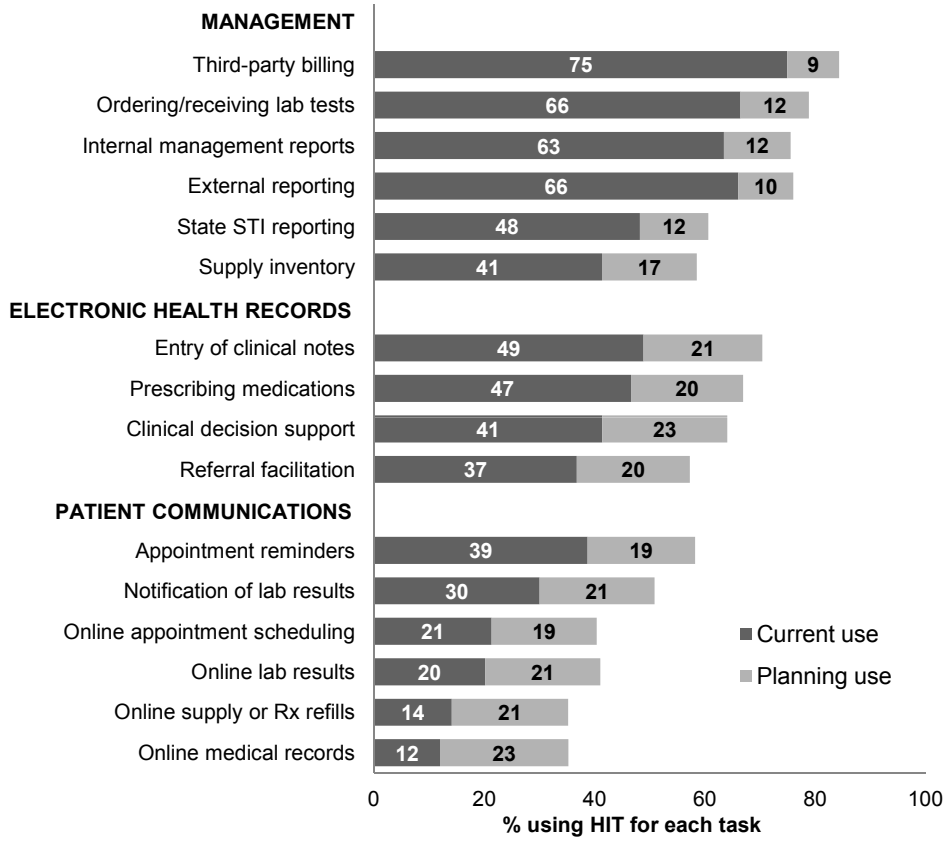
- High proportions of all types of agencies reported using HIT, including practice management systems, for some kind of management task.
- More than 80% of FQHCs and Planned Parenthoods reported currently using HIT for the core management task of third-party billing. About two-thirds of FQHCs and Planned Parenthoods use HIT for at least four of the six management tasks asked about.

- Two-thirds (65%) of health departments reported current use of HIT for third-party billing and half (51%) reported at least four of the six items asked about. For these tasks, health departments are similar to hospitals/other agencies.
- Among agencies, health departments are the most likely to report using HIT to make STI reports to state health agencies.
- One health department noted that use of practice management technology for reporting depends on the state government's technology: For data on immunizations, the agency uses its own technology to transfer information to the state, but for communicable diseases, the agency enters the information directly into the state's online data system.

EHRs

- Three-quarters (74%) of all FQHCs reported having already implemented the core EHR tasks of electronically entering clinical notes or medication prescriptions, and another 21% have plans to do so in the next two years. Two-thirds of FQHCs use HIT for clinical decision support, and another 27% plan to do so. Overall, two-thirds (67%) of FQHCs reported having implemented at least three of the four EHR tasks asked about.
- In contrast, only about one-third of Planned Parenthood affiliates (36–37%) and one-quarter of health departments (23–25%) have implemented EHR systems that include entry of clinical notes or medication prescriptions.
- Planned Parenthood affiliates are the most likely to report plans for implementing these two tasks in the next two years (31–34%), and nearly half of Planned Parenthoods reported already using HIT for clinical decision support (48%).
- Overall, only 29% of Planned Parenthoods and 17% of health departments reported having implemented at least three of the four EHR tasks asked about.
- One large FQHC reported that its choices for an EHR system are limited by the agency's broad scope of practice, which includes not only family planning and primary care, but also dental and behavioral health care.

FIGURE 2. Current and planned use of HIT among all publicly funded family planning agencies, 2011



Source: Guttmacher Institute Health Information Technology Survey of Publicly Funded Family Planning Agencies, 2011.

Patient communications

- Among the six types of patient communication HIT tasks covered in the survey, including using HIT to facilitate communication with clients or provide clients with online access to care, fewer than half, and in many cases fewer than one-quarter, are performed by agencies of any type.
- About four in 10 FQHCs reported current use of HIT for appointment reminders or client notification of lab results. Nearly as high a proportion of health departments use HIT for appointment reminders.
- Planned Parenthood affiliates outpace all other agency types in terms of giving clients online access to appointment scheduling (43% reported doing so, compared with 18–23% of other agency types). However, the online scheduling module used by many Planned Parenthoods does require a follow-up phone call to confirm the appointment.
- Few agencies of any type provide clients online access to supply or prescription refills: Some 7–20% of agencies reported currently doing so, and higher proportions (15–29%) reported plans to implement such access within the next two years.
- Overall, only 18% of FQHCs and 7% of both Planned Parenthood affiliates and health departments reported currently using HIT for at least four of the six patient communications tasks asked about.

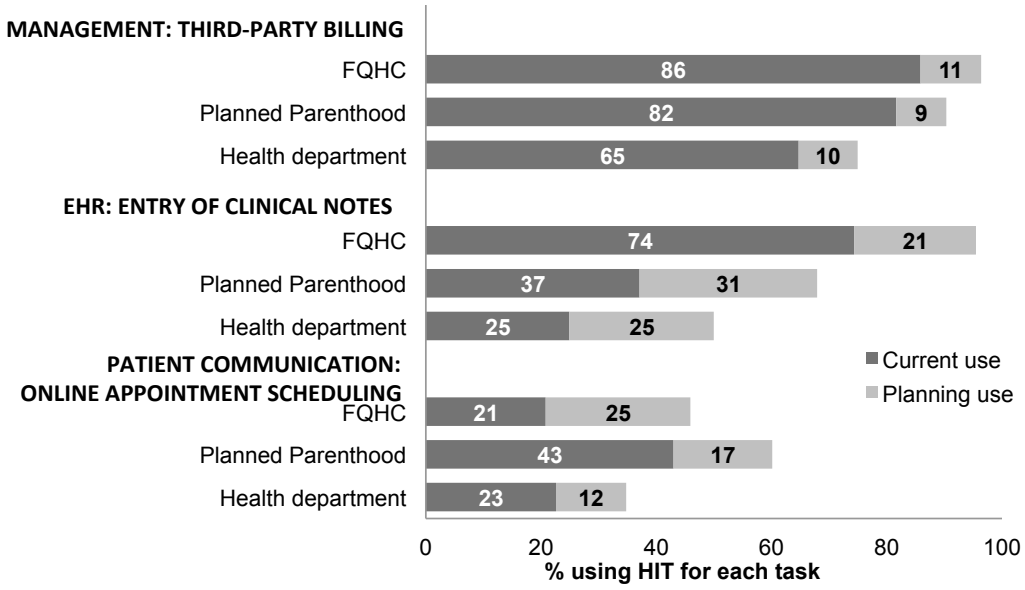
HIT Use by Agency Size and Location

Generally, larger agencies have outpaced smaller agencies in the adoption of HIT, as have agencies with urban locations, compared with those in rural areas. However, variation in implementation by annual caseload differs according to the type of HIT task considered. Use of HIT for management tasks follows a linear relationship with agency size—large agencies (those serving more than 10,000 clients per year) are most likely to use HIT for these tasks and the smallest are the least likely. In contrast, only large agencies are much more likely to report current use of EHRs, compared with small and midsize agencies, which are very similar to each other in terms of EHR use. Use of HIT for patient communication and the provision of online access does not appear to be related to agency size at all—small agencies are just as likely as large agencies to have implemented these tasks.

Management

- Third-party billing, the task most commonly executed using HIT or a practice management system, varies linearly in use by agency location and size—69% of rural agencies and 80% of urban agencies currently use HIT for billing, as do 61% of small agencies, 73% of midsize agencies and 85% of large agencies (Table 1).

FIGURE 3. Current and planned use of specific HIT tasks among all publicly funded family planning agencies, by agency type, 2011



Source: Guttmacher Institute Health Information Technology Survey of Publicly Funded Family Planning Agencies, 2011.

- Similar patterns by size and location are also found for the other common management tasks: electronic ordering and receiving of lab tests and internal management reporting.
- Small agencies are the most likely to report plans for implementing electronic management tasks or practice management systems in the coming two years (12–22%, depending on the task, compared with 6–13% of large agencies).

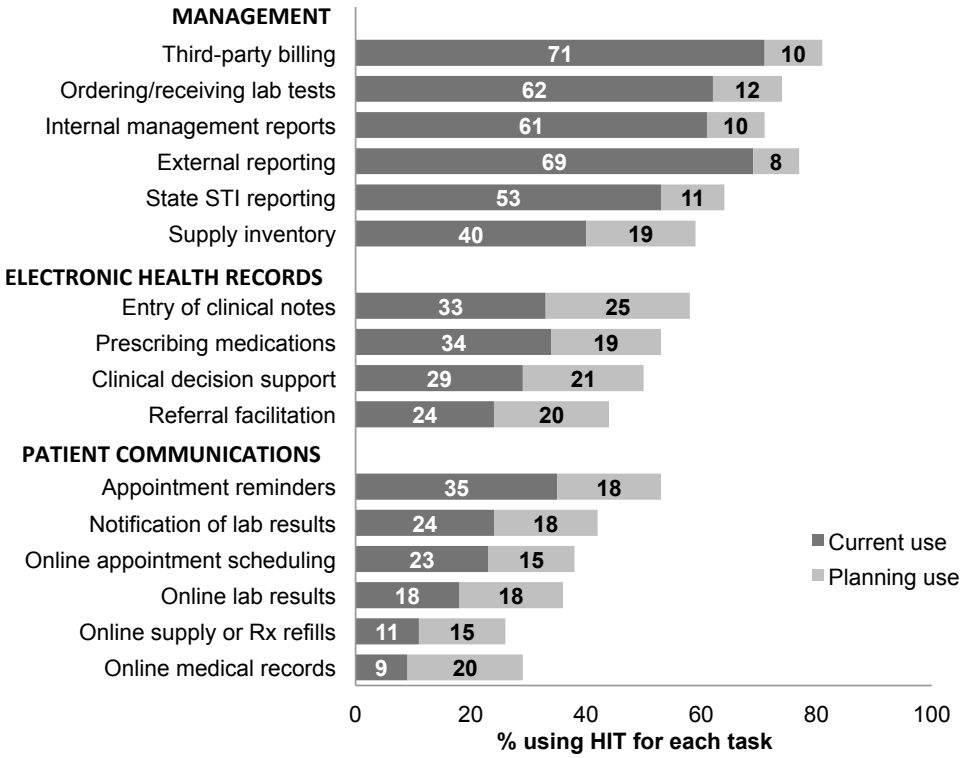
EHRs

- About 30–40% of small and midsize agencies reported current use of EHR systems that include electronic entry of clinical notes, medication prescribing and clinical decision support; approximately one in four reported plans to implement these systems in the coming two years. Agencies with only rural locations reported similar use of EHRs.
- About six in 10 large agencies reported current use of EHR systems for these tasks, as did about half of agencies with urban clinics.
- Half of large agencies reported using an EHR system to facilitate referrals, while only about one in four smaller agencies did so.

Patient communications

- About four in 10 agencies of all sizes (36–42%) reported current use of HIT for appointment reminders; one-quarter of small agencies and one-third of large agencies use HIT to generate lab result notifications.
- About one in five agencies of all sizes and in all locations (19–23%) provide clients with online access to schedule appointments.
- Approximately 20% of agencies of all sizes reported plans to implement these practices in the next two years.
- According to one large independent agency, online scheduling could be problematic for its rural clinic sites: Because of limited provider availability and long travel times for clients, clinic staff prefer to talk to a client when they schedule an appointment so that they can gauge the client's needs and ensure that an appropriate clinician will be available.

FIGURE 4. Current and planned use of HIT among Title X–funded family planning agencies, 2011



Source: Guttmacher Institute Health Information Technology Survey of Publicly Funded Family Planning Agencies, 2011.

HIT Use Among Title X–Funded Family Planning Agencies

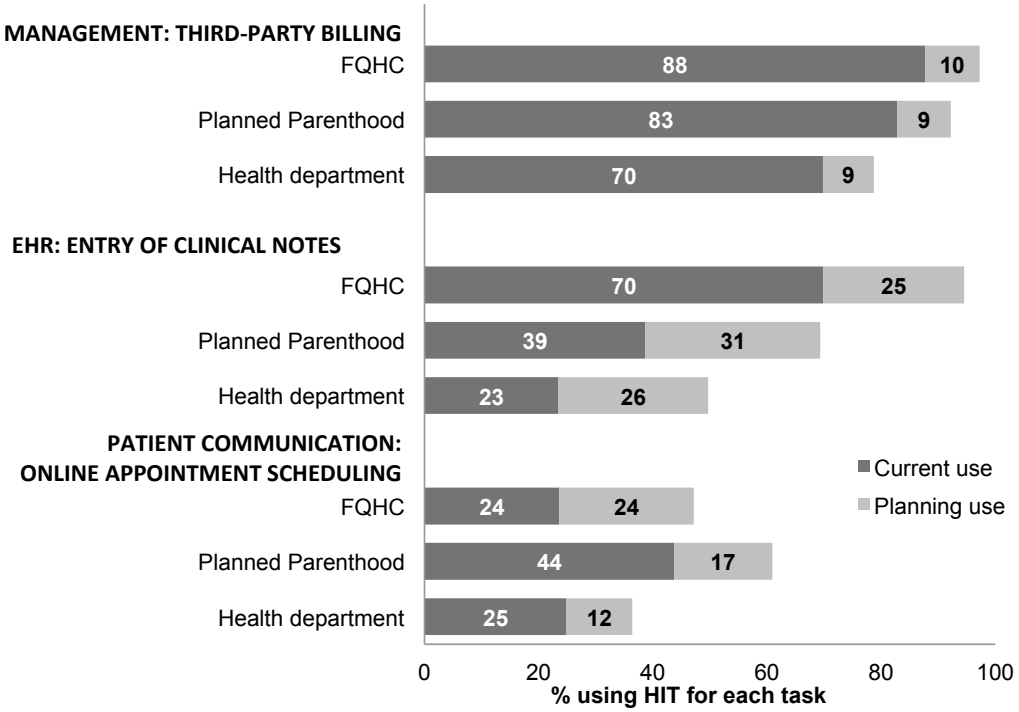
Agencies that receive federal Title X funding are fairly similar to all agencies in terms of HIT use for management tasks, patient communication and online access. However, differences in use of EHR systems are more pronounced, with Title X–funded agencies less likely than all agencies to report current use of EHR systems.

- High proportions of Title X–funded agencies reported current use of HIT for management tasks, with seven in 10 agencies using HIT for third-party billing and six in 10 using it to order and receive lab tests or make internal management reports (Figure 4, page 11). More than half of Title X–funded agencies (53%) reported current use of HIT for state STI reporting.
- Overall, 53% of Title X–funded agencies reported current use of HIT for at least four of the six management tasks asked about (Table 2).
- Only one-third of Title X–funded agencies reported current use of an EHR system that includes electronic entry of clinical notes or medication prescriptions, and even fewer have a system that allows clinical decision support or referral facilitation (Table 3, page 16). One-quarter (26%) reported current use of HIT for at least three of the four EHR tasks asked about.
- One in four Title X–funded agencies reported that although they do not currently use EHRs for clinical note entry, they are planning to adopt such a system in the coming two years.
- More than one-third of Title X–funded agencies reported use of HIT for appointment reminders, and one in four used HIT to notify clients of lab test results or to provide clients with online appointment scheduling.
- Only one-tenth of Title X–funded agencies currently provide clients with online access to prescription refills or medical records; however, 15–20% of agencies reported plans to do so within two years. A similar proportion (10%) reported current use of HIT for at least four of the six patient communication tasks asked about.

HIT Use Among Title X–Funded Agencies, by Agency Type

Much of the variation in HIT use by Title X funding status, especially use of EHRs, is due to the fact that Title X–funded agencies are dominated by health departments and non-Title X–funded agencies are dominated by FQHCs. For the most part, within agency types, the differences by

FIGURE 5. Current and planned use of specific HIT tasks among different types of Title X–funded agencies, 2011



Source: Guttmacher Institute Health Information Technology Survey of Publicly Funded Family Planning Agencies, 2011.

Title X funding status are minimal, and the same patterns of greater HIT use by FQHCs, and lesser use by health departments exist, independent of funding status.

- High proportions of FQHCs with Title X funding currently use HIT for third-party billing (88%) or have an EHR system that includes electronic entry of clinic notes (70%; Figure 5).
- Among Title X–funded health departments, use of HIT for third-party billing is relatively high (70%). However, few Title X–funded health departments currently have an electronic system for entering clinical notes (23%).
- Although few Title X–funded agencies currently provide their clients with online appointment scheduling (23%), Planned Parenthood agencies are more likely to do so (44%), compared with either FQHCs or health departments (24–25%).

HIT Use Among Title X–Funded Agencies, by Size and Location

Following the patterns of all agencies, urban and larger Title X–funded agencies are more likely to currently use HIT for clinic management, EHR and patient communications tasks than are their rural and smaller counterparts. Differences among Title X–funded agencies' use of HIT for clinic management tasks are the most pronounced according to an agency's size. Differences among rural and urban agencies' use of HIT are not as considerable as the differences noted by agency size.

- The greatest differences in HIT use for clinic management by agency size are seen in the generation of internal management reports, with 40% of small agencies and 82% of large agencies reporting use (Table 3).
- Third-party billing is used by 54% of small agencies, 71% of midsize agencies and 85% of large agencies.
- Twenty-three percent of small Title X–funded agencies, 30% of midsize agencies and 44% of large agencies currently use HIT to record clinical or follow-up notes and medical histories. By location, 28% of rural agencies and 38% of urban agencies use HIT for entering clinical notes.
- Fewer than one-quarter (23%) of small Title X–funded agencies, compared with 32% of midsize agencies and 44% of large Title X–funded agencies, are currently using HIT to prescribe medications.
- Small differences are seen among agencies, according to whether they offer patients online appointment scheduling. Nineteen percent of both midsize and small agencies, and 30% of large agencies currently offer that service. Negligible differences were seen between rural agencies (22%) and urban agencies (24%).
- Eighteen percent of small agencies use HIT to communicate with patients about lab results. Twenty-three percent of midsize agencies and 29% of the largest agencies currently use this service.

TABLE 1. Percentage of publicly funded family planning agencies that currently use or are planning to use HIT for each specified task, according to agency type, location and client caseload, 2011.

Task	Total (N=460)		Agency type							
			FQHC (N=104)		Planned Parenthood (N=70)		Health department (N=200)		Other (N=86)	
	Current use	Planning use	Current use	Planning use	Current use	Planning use	Current use	Planning use	Current use	Planning use
Management										
Third-party billing	75	9	86	11	82	9	65	10	75	7
Ordering/receiving lab tests	66	12	82	13	71	16	59	13	60	11
Internal management reports	63	12	77	15	80	10	54	7	58	15
External reporting	66	10	87	11	78	11	63	7	48	14
State STI reporting	48	12	44	18	53	9	61	8	36	13
Supply inventory	41	17	34	16	38	20	38	19	52	16
Electronic health records										
Entry of clinical notes	49	21	74	21	37	31	25	25	53	17
Prescribing medications	47	20	74	21	36	34	23	18	48	21
Clinical decision support	41	23	66	27	48	22	20	20	42	23
Referral facilitation	37	20	60	20	21	26	17	19	38	23
Patient communication										
Appointment reminders	39	19	41	27	23	28	36	16	42	16
Notification of lab results	30	21	39	27	20	34	18	16	36	19
Online appointment scheduling	21	19	21	25	43	17	23	12	18	21
Online lab results	20	21	22	28	13	27	18	17	22	18
Online supply or Rx refills	14	21	20	29	12	23	7	15	17	21
Online medical records	12	23	17	29	7	24	7	19	13	23

Task	Location				Caseload					
	Rural		Any urban		<2,000		2,000–9,999		10,000+	
	Current use	Planning use	Current use	Planning use	Current use	Planning use	Current use	Planning use	Current use	Planning use
Management										
Third-party billing	69	10	80	9	61	12	73	11	85	7
Ordering/receiving lab tests	63	11	69	14	48	18	65	15	79	7
Internal management reports	53	13	72	11	45	18	61	10	77	10
External reporting	60	10	71	11	52	17	67	11	74	6
State STI reporting	42	14	53	11	38	22	53	10	50	9
Supply inventory	36	17	46	18	39	20	39	19	45	13
Electronic health records										
Entry of clinical notes	41	19	55	24	42	20	38	27	62	18
Prescribing medications	43	16	50	25	28	25	39	23	64	15
Clinical decision support	36	20	45	25	32	25	29	29	58	16
Referral facilitation	27	18	45	23	28	17	25	25	51	19
Patient communication										
Appointment reminders	33	18	43	21	37	21	36	23	42	15
Notification of lab results	28	17	31	24	25	21	28	22	34	20
Online appointment scheduling	19	16	23	22	19	24	21	14	22	20
Online lab results	19	19	21	23	16	24	19	17	23	22
Online supply or Rx refills	12	17	15	25	12	23	9	18	19	22
Online medical records	10	19	13	27	8	27	12	20	14	23

Source: Guttmacher Institute Health Information Technology (HIT) Survey of Publicly Funded Family Planning Agencies, 2011.

TABLE 2. Percentage of publicly funded family planning agencies that currently use HIT for specified summary groups of tasks, according to agency type, for all agencies and for Title X–funded agencies, 2011.

	Total	Agency type			
		FQHC	Planned Parenthood	Health department	Hospital/ other
ALL AGENCIES					
Management					
4 of 6 management tasks	55	68	65	51	47
No management tasks	14	7	5	14	19
Electronic health records					
3 of 4 EHR tasks	40	67	29	17	42
No EHR tasks	41	16	42	65	38
Patient communication					
4 of 6 patient communication tasks	13	18	7	7	16
No patient communication tasks	45	40	45	49	47
TITLE X AGENCIES					
Management					
4 of 6 management tasks	53	74	68	53	36
No management tasks	12	7	5	11	20
Electronic health records					
3 of 4 EHR tasks	26	64	31	16	27
No EHR tasks	54	11	43	66	53
Patient communication					
4 of 6 patient communication tasks	10	17	8	8	12
No patient communication tasks	47	28	43	47	61

Source: Guttmacher Institute Health Information Technology (HIT) Survey of Publicly Funded Family Planning Agencies, 2011.

TABLE 3. Percentage of Title X–funded family planning agencies that currently use or are planning to use HIT for each specified task, according to agency type, location and client caseload, 2011.

Task	Total (N=330)		Agency type							
			FQHC (N=41)		Planned Parenthood (N=64)		Health department (N=175)		Hospital/ Other (N=50)	
	Current use	Planning use	Current use	Planning use	Current use	Planning use	Current use	Planning use	Current use	Planning use
Management										
Third-party billing	71	10	88	10	83	9	70	9	61	16
Ordering/receiving lab tests	62	12	85	15	69	17	60	11	51	12
Internal management reports	61	10	82	14	83	10	58	6	52	19
External reporting	69	8	91	9	83	10	66	5	59	14
State STI reporting	53	11	48	21	56	8	61	8	32	12
Supply inventory	40	19	46	17	40	19	39	19	37	18
Electronic health records										
Entry of clinical notes	33	25	70	25	39	31	23	26	34	20
Prescribing medications	34	19	74	26	36	34	23	17	34	18
Clinical decision support	29	21	61	32	48	22	18	20	31	18
Referral facilitation	24	20	67	18	21	26	16	19	18	20
Patient communication										
Appointment reminders	35	18	45	32	25	27	37	16	27	15
Notification of lab results	24	18	42	33	22	33	17	15	29	15
Online appointment scheduling	23	15	24	24	44	17	25	12	13	17
Online lab results	18	18	24	21	14	27	17	17	16	17
Online supply or Rx refills	11	15	22	21	13	22	8	13	14	15
Online medical records	9	20	14	28	8	23	8	18	10	20

Task	Location				Caseload					
	Rural		Any urban		<2,000		2,000–9,999		10,000+	
	Current use	Planning use	Current use	Planning use	Current use	Planning use	Current use	Planning use	Current use	Planning use
Management										
Third-party billing	68	9	74	12	54	12	71	11	85	9
Ordering/receiving lab tests	58	12	67	13	51	16	59	12	75	9
Internal management reports	50	10	72	10	40	18	57	8	82	6
External reporting	62	7	75	9	59	10	65	8	81	5
State STI reporting	47	11	58	10	44	16	50	9	61	8
Supply inventory	38	18	41	20	39	19	34	21	46	15
Electronic health records										
Entry of clinical notes	28	22	38	28	23	24	30	25	44	25
Prescribing medications	28	18	39	22	23	22	32	16	44	21
Clinical decision support	26	20	32	23	21	22	27	20	38	21
Referral facilitation	19	17	30	23	17	15	18	22	37	19
Patient communication										
Appointment reminders	34	15	36	22	29	20	35	19	40	16
Notification of lab results	22	17	25	21	18	18	23	19	29	18
Online appointment scheduling	22	12	24	18	19	17	19	11	30	19
Online lab results	19	16	17	21	13	19	15	16	24	20
Online supply or Rx refills	10	12	13	18	8	15	8	12	17	18
Online medical records	11	16	7	25	6	23	9	16	12	21

Source: Guttmacher Institute Health Information Technology (HIT) Survey of Publicly Funded Family Planning Agencies, 2011.

Preparedness and Challenges to HIT implementation

All Agencies

More than half of all publicly funded family planning agencies reported having conducted an assessment to determine their readiness to successfully implement an HIT system: nearly nine in 10 FQHCs, compared with about half of Planned Parenthood affiliates and one in four health departments (not shown). Some 42% of all Planned Parenthoods and 43% of health departments intend to conduct such an assessment in the next two years.

Preparedness

- A majority of agencies reported that they are prepared to implement and use HIT in terms of having internet connectivity (73%) and having the necessary IT infrastructure and support (57–59%; Table 4, page 22, and Figure 6, page 18).
- Several agencies with rural clinics reported that access to broadband Internet is limited, either because of connectivity problems or because it is unaffordable. Such barriers could prevent sharing large amounts of encrypted data and implementing online patient portals.
- Fewer than half of agencies (39–47%) reported having sufficient IT literacy or EHR experience among staff, or having the capacity to conduct necessary staff training.
- Not surprisingly, FQHCs reported being the most prepared to implement HIT systems, and health departments the least prepared.
- Eighty-one percent of FQHCs are prepared in terms of IT infrastructure, and 54% are prepared in terms of training capacity (Figure 7, page 19).
- Only 44% and 25% of health departments reported being prepared in terms of IT infrastructure and training capacity, respectively. Planned Parenthood affiliates fall between FQHCs and health departments in preparedness measures.
- A health department and a hospital-based clinic both emphasized that agencies may need to identify and train some clinicians and staff members who can serve as HIT point persons, capable of providing training and assistance to their peers and of helping to design and implement aspects of the HIT system so that it matches the agency's procedures and protocols.
- Small agencies are the least prepared to implement HIT, with only slightly more than half (53%) having internet connectivity and fewer still reporting being prepared in other ways.
- Similarly, rural agencies are less prepared than urban agencies, although these differences are less pronounced.

Challenges. Agencies reported a number of challenges that have hindered or may hinder their ability to successfully adopt and utilize an EHR system and other HIT. The challenges to HIT implementation and utilization identified by different types of agencies follows a similar pattern that has been seen throughout this report: Health departments were the most likely to report that many aspects of HIT implementation are problematic, and FQHCs are the least likely to report such challenges.

- Cost is clearly the largest barrier to HIT utilization. The top three barriers, reported by more than half of all agencies, have to do with cost challenges. Nearly seven in 10 agencies (67%) reported that implementation costs would be problematic for the successful adoption and utilization of an EHR system or other HIT, 62% reported that ongoing costs would be problematic for them and 58% reported acquisition costs as a barrier (Table 5, page 23).
- Eighty-one percent of health departments reported that implementation costs were problematic, compared with 66% of Planned Parenthoods and 45% of FQHCs (Figure 8, page 20).
- In the follow-up interviews, agencies reported a wide range of costs, which varied according to such factors as agencies' number of clinicians and sites, quality of current infrastructure and range of HIT functions implemented. Initial costs were reported as ranging from $250,000 to $750,000, with $20,000–60,000 in annual costs. Several respondents also emphasized the lost revenue and fewer clients served during implementation and staff training.
- Economies of scale can help lower these costs, according to one independent agency that participated in a statewide purchasing alliance. A county health

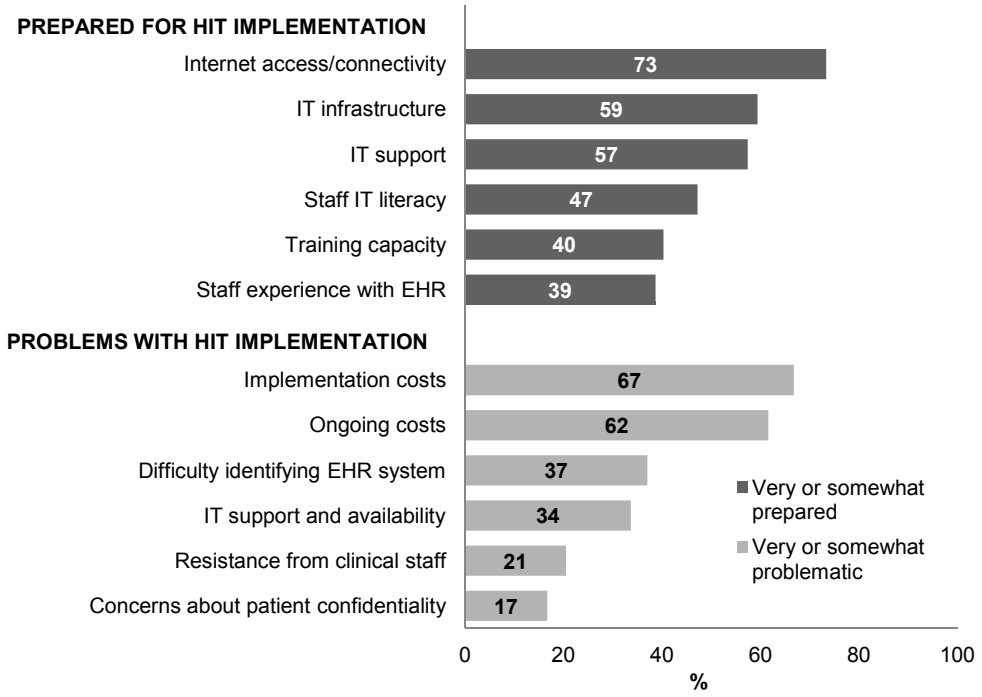
department and a hospital-based agency, however, both described that one drawback to group purchasing is that parent organizations may not fully consider the specific needs of a family planning program.

- About one in three agencies indicated that it would be problematic to identify or build an EHR system that would fit their specific needs (37%) or to obtain necessary IT support and expertise (34%). For health departments, identifying or building an appropriate EHR system was commonly thought to be problematic—53% reported this barrier, compared with only 17–18% of Planned Parenthoods and FQHCs.
- Among agencies that reported having already implemented an EHR or practice management system, many reported that substantial customization of the system had been necessary. Fifty-nine percent reported their agency's having customized their system to support sliding-fee scales and related billing issues, and 46% reported customization to ensure patient confidentiality (Appendix Table 1).
- Several respondents explained that the intersection of HIT systems and clinic operations were particularly complicated. A Planned Parenthood agency, for example, noted that they had had to experiment, at a cost, with different hardware configurations (e.g., bolted-down hardware vs. rolling carts vs. laptops or tablets) to see how each affected the work of clinicians and staff and the ability of staff to move clients quickly through the clinic.
- One in five agencies reported that clinical staff resistance (21%) or patient confidentiality concerns (17%) were problematic to their adoption of HIT or EHR systems.
- Several agencies noted that their HIT software included robust built-in security measures to protect confidentiality. One large independent agency, however, emphasized that confidentiality concerns do add to the cost and complexity of HIT implementation by requiring, for example, external tests of clinic security.

Technical assistance needs. We asked agencies to indicate what types of technical assistance would be useful to the agency's successful adoption or ongoing utilization of an EHR system and other HIT (Table 6, page 24).

- Two-thirds of all agencies (68%) noted that training would be useful, with responses varying from 62% of FQHCs to 71% of health departments.

FIGURE 6. Percentage of all publicly funded agencies reporting they are prepared to implement or use HIT or for whom certain issues are problematic



Source: Guttmacher Institute Health Information Technology Survey of Publicly Funded Family Planning Agencies, 2011.

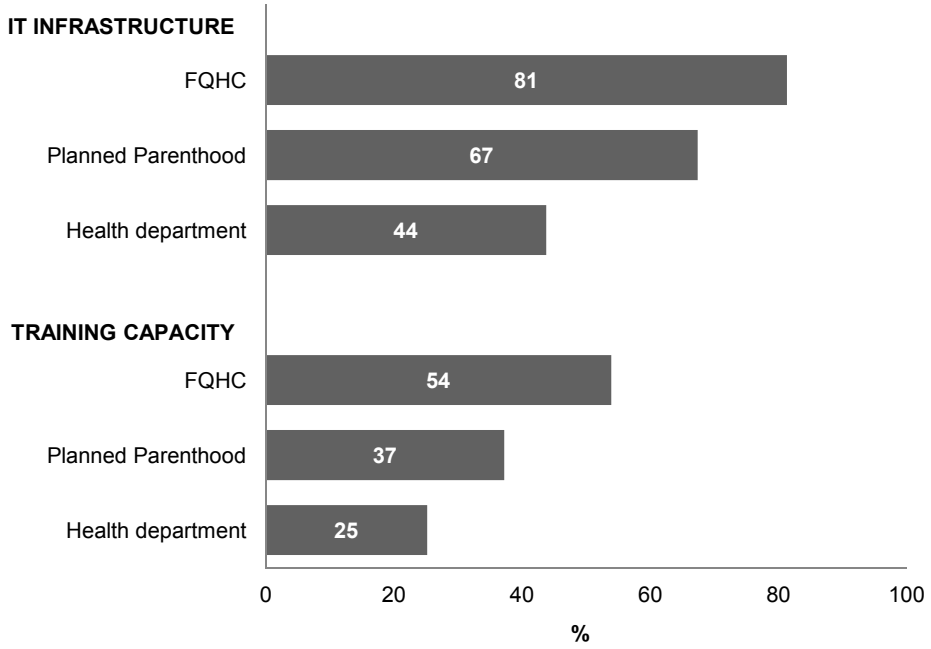
- More than half of agencies (58%) indicated that technical assistance with conversion from paper to electronic records would be useful; Planned Parenthood affiliates (68%) and health departments (72%) were most likely to say that such assistance would be useful. Only 42% of FQHCs reported that such assistance would be useful.
- Technical assistance with implementation and project management, customization to ensure patient confidentiality, and readiness assessment and project planning were indicated as areas that would also be useful by 57%, 55% and 52% of agencies, respectively.
- Multiple agencies mentioned the Regional Extension Centers (RECs), funded by the federal government under the American Recovery and Reinvestment Act, as a source of technical assistance. Two agencies reported that their RECs were accommodating and helpful on a wide range of issues. A Planned Parenthood, by contrast, found that their REC was unresponsive, seemingly because it was inundated with requests for assistance.
- According to one small FQHC, some FQHCs acquire technical assistance from local and national associations representing those health centers, as well as from the Health Resources and Services Administration, the federal agency that runs the FQHC grant program.
- Several Planned Parenthood agencies reported relying heavily on Voxent, a nonprofit organization set up to provide technical assistance to PPFA affiliates for one specific brand of HIT systems.

Title X–Funded Agencies

Patterns of preparedness and implementation challenges reported by Title X–funded agencies are similar to those reported by all agencies, with slightly fewer Title X–funded agencies reporting being prepared for HIT implementation and slightly more indicating certain barriers to successful implementation.

- Seven in 10 (69%) Title X–funded agencies reported that they were prepared in terms of internet access and connectivity, but only half (51–53%) had the kind of IT infrastructure and support, such as computers and data storage, that would prepare them for HIT implementation (Table 7, page 24, and Figure 9, page 21). Only one-third (36%) of Title X–funded agencies reported being prepared in terms of training capacity.
- Cost represented an especially common challenge among Title X–funded agencies, with 72% indicating that implementation costs are problematic and 69% indicating that ongoing costs would be problematic (Table 8, page 25). Forty-three percent of these agencies reported that identifying an appropriate EHR system is problematic.

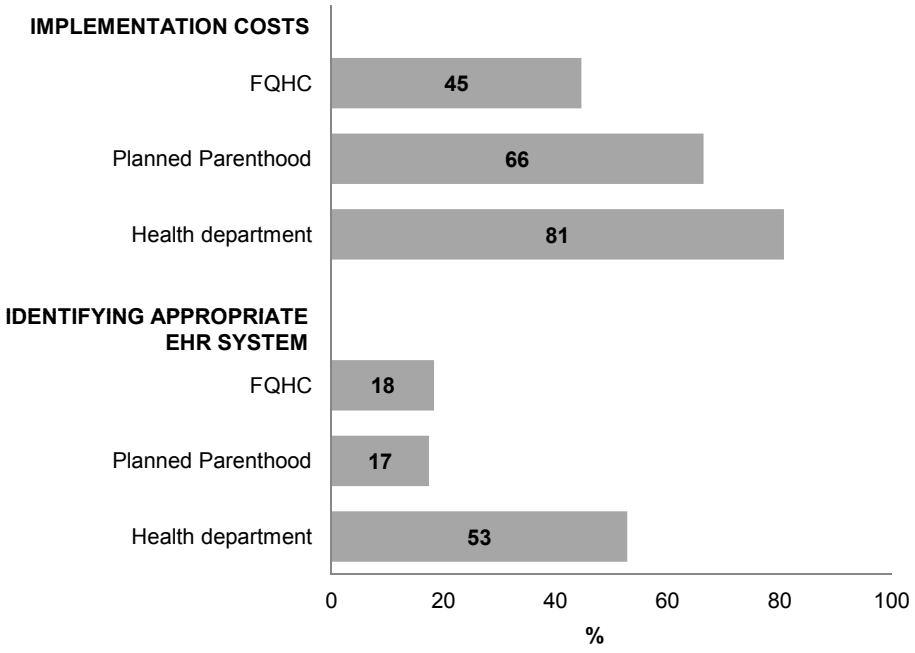
FIGURE 7. Percentage of publicly funded family planning agencies reporting being very or somewhat prepared, 2011



Source: Guttmacher Institute Health Information Technology Survey of Publicly Funded Family Planning Agencies, 2011.

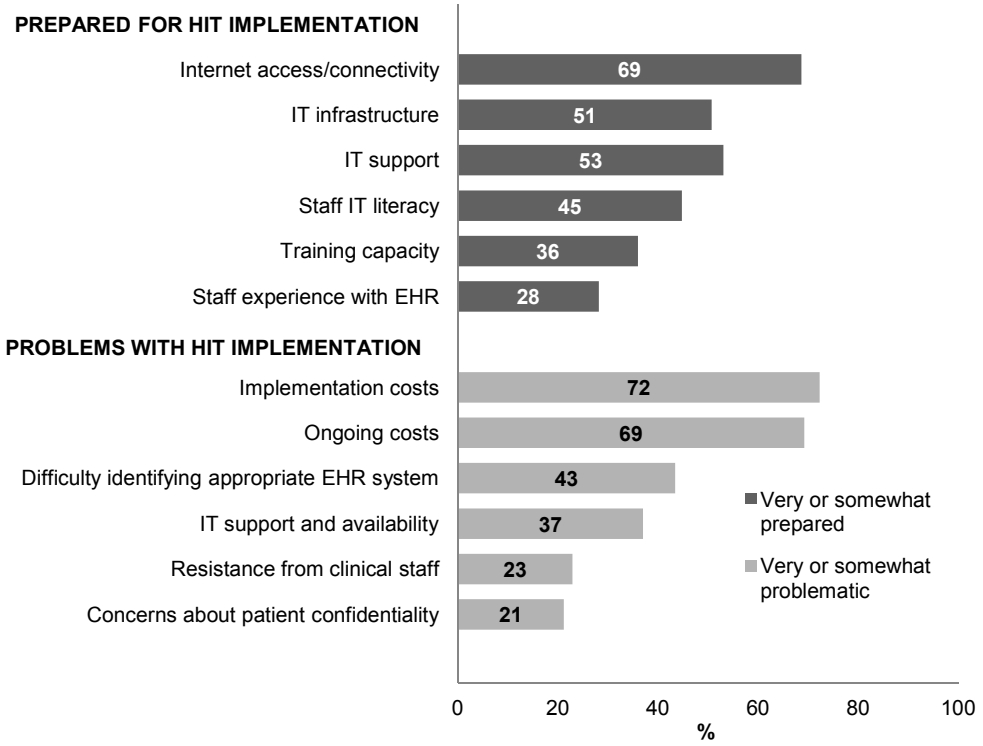
- Nearly seven in 10 Title X–funded agencies (68%) reported that training would be a useful form of technical assistance, and the other types of technical assistance asked about were reported to be useful by about six in 10 Title X agencies (Table 9, page 26).
- Among Title X–funded agencies, patterns of preparedness for or barriers to HIT implementation, by type of agency, mirrored findings for all agencies. FQHCs are the most prepared and least likely to report challenges, and health departments are the least prepared and most likely to report challenges (Figures 10 and 11, pages 21 and 22).
- Among Title X–funded agencies that have already implemented an EHR or practice management system, the issue of customization was especially problematic. Seventy-five percent reported that their system had needed substantial customization in order to meet the Family Planning Annual Report (FPAR; the Title X program's annual service report) requirements (Appendix Table 2, page 46).
- Several agencies noted that EHRs, unless customized, do not include a standard way of noting a client's continuation on a contraceptive method, an element necessary for FPAR.

FIGURE 8. Percentage of publicly funded family planning agencies reporting certain potential barriers as very or somewhat problematic, 2011



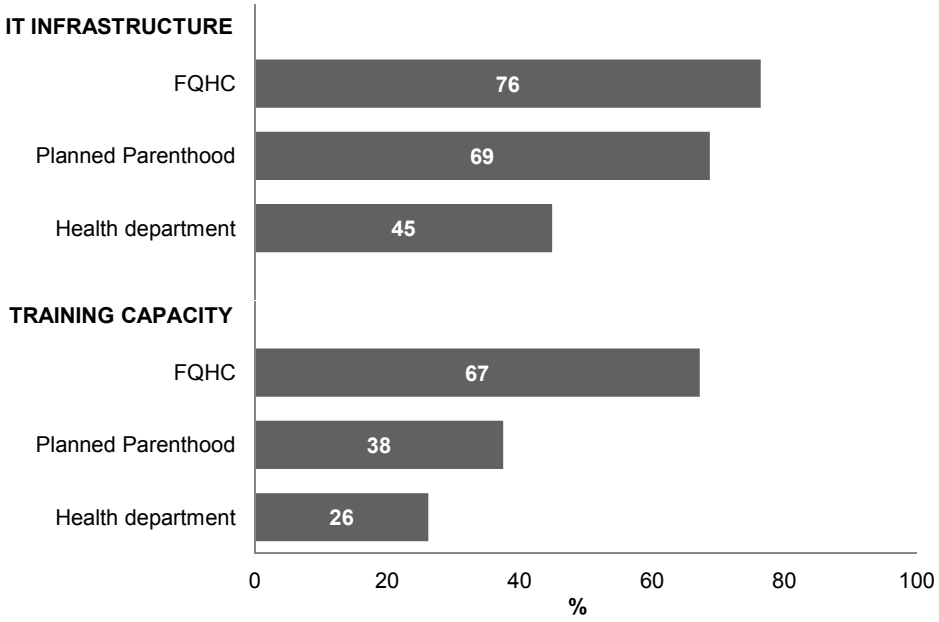
Source: Guttmacher Institute Health Information Technology Survey of Publicly Funded Family Planning Agencies, 2011.

FIGURE 9. Percentage of Title X–funded agencies reporting they are prepared to implement and use HIT or for whom certain issues are problematic



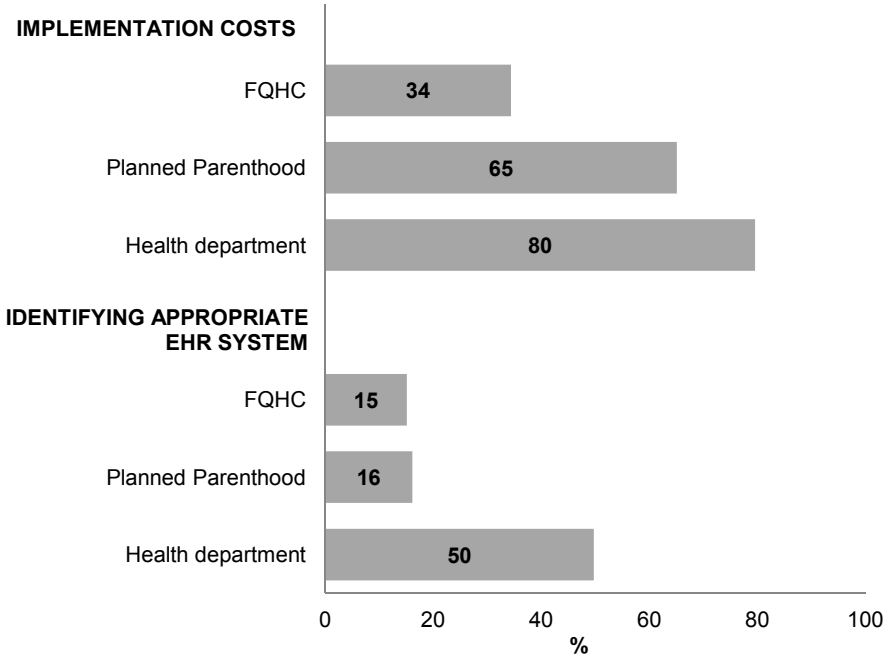
Source: Guttmacher Institute Health Information Technology Survey of Publicly Funded Family Planning Agencies, 2011.

FIGURE 10. Percentage of all Title X–funded agencies reporting being very or somewhat prepared, 2011



Source: Guttmacher Institute Health Information Technology Survey of Publicly Funded Family Planning Agencies, 2011.

FIGURE 11. Percent of all Title X-funded agencies reporting certain potential barriers as very or somewhat problematic, 2011



Source: Guttmacher Institute Health Information Technology (HIT) Survey of Publicly Funded Family Planning Agencies, 2011.

TABLE 4. Percentage of publicly funded family planning agencies reporting that they are prepared to implement and use HIT in terms of specific aspects of preparedness, according to agency type, location and client caseload, 2011.

		Agency type			
Aspect of HIT preparedness	Total	FQHC	Planned Parenthood	Health department	Hospital/ other
Internet access/connectivity	73	87	82	66	68
IT infrastructure (computers, data storage)	59	81	67	44	55
IT support	57	70	59	48	56
Staff IT literacy	47	62	41	32	51
Training capacity	40	54	37	25	45
Staff experience with EHR and other HITsystems	39	59	24	18	44
	Location		**Caseload**		
Aspect of HIT preparedness	**Rural**	**Any urban**	**<2,000**	**2,000–9,999**	**10,000+**
Internet access/connectivity	64	80	53	74	85
IT infrastructure (computers, data storage)	51	65	41	55	74
IT support	48	64	40	57	69
Staff IT literacy	36	55	31	42	62
Training capacity	32	48	22	40	52
Staff experience with EHR and other HIT systems	27	49	18	34	56

Source: Guttmacher Institute Health Information Technology (HIT) Survey of Publicly Funded Family Planning Agencies, 2011.

TABLE 5. Percentage of publicly funded family planning agencies reporting the extent to which potential barriers would be problematic in adopting and using an EHR system and other HIT, according to agency type, location and client caseload, 2011.

Potential barrier to implementation	Total	Agency type			
		FQHC	Planned Parenthood	Health department	Hospital/ other
Implementation costs (e.g., conversion, abstraction of paper records, training)	67	45	66	81	71
Ongoing costs (e.g., maintenance, upgrades)	62	38	54	80	64
Initial acquisition costs (e.g., researching products, purchasing equipment/software, installation)	58	32	59	79	58
Difficulty identifying/building an EHR system that fits agency's specific needs	37	18	17	53	39
IT support availability and expertise	34	27	28	44	30
Resistance from clinical staff	21	18	16	27	16
Concerns about patient confidentiality	17	5	4	25	19
Resistance from front-line staff	16	9	13	28	10
Concerns about provider confidentiality	12	5	3	22	9
Resistance from patients	6		1	13	4
Potential barrier to implementation	**Location**		**Caseload**		
	Rural	**Any urban**	**<2,000**	**2,000–9,999**	**10,000+**
Implementation costs (conversion, abstraction of paper records, training)	72	62	79	67	59
Ongoing costs (maintenance, upgrades)	72	53	72	66	51
Initial acquisition costs (researching products, purchasing equipment/software, installation)	69	49	73	59	48
Difficulty identifying/building an EHR system that fits agency's specific needs	39	36	47	40	28
IT support availability and expertise	37	32	45	37	24
Resistance from clinical staff	25	17	22	19	21
Concerns about patient confidentiality	23	12	27	17	10
Resistance from front-line staff	20	13	22	18	11
Concerns about provider confidentiality	19	7	24	11	5
Resistance from patients	7	5	15	3	2

Source: Guttmacher Institute Health Information Technology (HIT) Survey of Publicly Funded Family Planning Agencies, 2011.

TABLE 6. Percentage of publicly funded family planning agencies reporting that each type of technical assistance would be useful in adopting and using an EHR system and other HIT, according to agency type, location and client caseload, 2011.

Technical assistance type	Total	Agency type			
		FQHC	Planned Parenthood	Health department	Hospital/ other
Training	68	62	68	71	69
Conversion from paper to electronic records	58	42	68	72	58
Implementation and project management	57	47	63	65	56
Customization to ensure patient confidentiality	55	39	50	63	61
Readiness assessment and project planning	52	35	54	61	57
Technical assistance type	**Location**		**Caseload**		
	Rural	**Any Urban**	**<2,000**	**2,000–9,999**	**10,000+**
Training	71	63	74	63	66
Conversion from paper to electronic records	63	54	65	57	55
Implementation and project management	58	55	68	55	50
Customization to ensure patient confidentiality	59	51	61	58	49
Readiness assessment and project planning	57	47	64	51	45

Source: Guttmacher Institute Health Information Technology (HIT) Survey of Publicly Funded Family Planning Agencies, 2011.

TABLE 7. Percentage of Title-X funded family planning agencies reporting that they are prepared to implement and use HIT in terms of specific aspects of preparedness, according to agency type, location, and client caseload size, HIT survey of agencies, 2011.

Aspect of HIT preparedness	Total	Agency type			
		FQHC	Planned Parenthood	Health department	Hospital/ other
Internet access/connectivity	69	84	83	66	62
IT support	53	73	63	49	48
IT infrastructure (computers, data storage)	51	76	69	45	44
Staff IT literacy	45	74	41	35	52
Training capacity	36	67	38	26	40
Staff experience with EHR and other HIT systems	28	70	23	20	23
Aspect of HIT preparedness	**Location**		**Caseload**		
	Rural	**Any urban**	**<2,000**	**2,000–9,999**	**10,000+**
Internet access/connectivity	62	75	53	66	83
IT support	49	56	38	55	62
IT infrastructure (computers, data storage)	45	56	40	45	65
Staff IT literacy	40	50	29	44	59
Training capacity	30	42	17	38	50
Staff experience with EHR and other HIT systems	21	36	10	30	42

Source: Guttmacher Institute Health Information Technology (HIT) Survey of Publicly Funded Family Planning Agencies, 2011.

TABLE 8. Percentage of Title X–funded family planning agencies reporting the extent to which potential barriers would be problematic in adopting and using an EHR system and other HIT, according to agency type, location and client caseload, 2011.

Potential barrier to implementation	Total	Agency type			
		FQHC	Planned Parenthood	Health department	Hospital/ other
Implementation costs (conversion, abstraction of paper records, training)	72	34	65	80	80
Ongoing costs (maintenance, upgrades)	69	25	52	81	71
Initial acquisition costs (researching products, purchasing equipment/software, installation)	69	35	57	78	69
Difficulty identifying/building an EHR system that fits agency's specific needs	43	15	16	50	53
IT support availability and expertise	37	15	29	43	37
Resistance from clinical staff	23	20	17	27	16
Concerns about patient confidentiality	21	2	5	23	31
Resistance from front-line staff	20	5	14	26	14
Concerns about provider confidentiality	16	5	3	19	18
Resistance from patients	8			13	4
Potential barrier to implementation	**Location**		**Caseload**		
	Rural	**Any urban**	**<2,000**	**2,000–9,999**	**10,000+**
Implementation costs (conversion, abstraction of paper records, training)	79	66	87	75	59
Ongoing costs (maintenance, upgrades)	80	58	81	75	54
Initial acquisition costs (researching products, purchasing equipment/software, installation)	80	58	84	70	56
Difficulty identifying/building an EHR system that fits agency's specific needs	45	42	49	50	32
IT support availability and expertise	41	33	42	41	29
Resistance from clinical staff	27	19	23	23	23
Concerns about patient confidentiality	27	15	36	17	14
Resistance from front-line staff	23	16	25	21	14
Concerns about provider confidentiality	22	10	30	15	7
Resistance from patients	11	6	18	5	4

Source: Guttmacher Institute Health Information Technology (HIT) Survey of Publicly Funded Family Planning Agencies, 2011.

TABLE 9. Percentage of Title X–funded family planning agencies reporting that each type of technical assistance would be useful in adopting and using an EHR system and other HIT, according to agency type, location and client caseload, 2011.

		Agency type			
Technical assistance type	Total	FQHC	Planned Parenthood	Health department	Hospital/ other
Training	68	46	67	72	74
Conversion from paper to electronic records	66	34	67	73	70
Implementation and project management	61	38	61	65	66
Customization to insure patient confidentiality	59	35	48	64	64
Readiness assessment and project planning	57	28	52	62	63
	Location		Caseload		
Technical assistance type	Rural	Any urban	<2,000	2,000–9,999	10,000+
Training	70	66	76	64	66
Conversion from paper to electronic records	69	63	75	62	64
Implementation and project management	63	60	69	59	57
Customization to insure patient confidentiality	65	53	70	57	53
Readiness assessment and project planning	63	51	68	55	50

Source: Guttmacher Institute Health Information Technology (HIT) Survey of Publicly Funded Family Planning Agencies, 2011.

Current and Expected Receipt of EHR Incentives

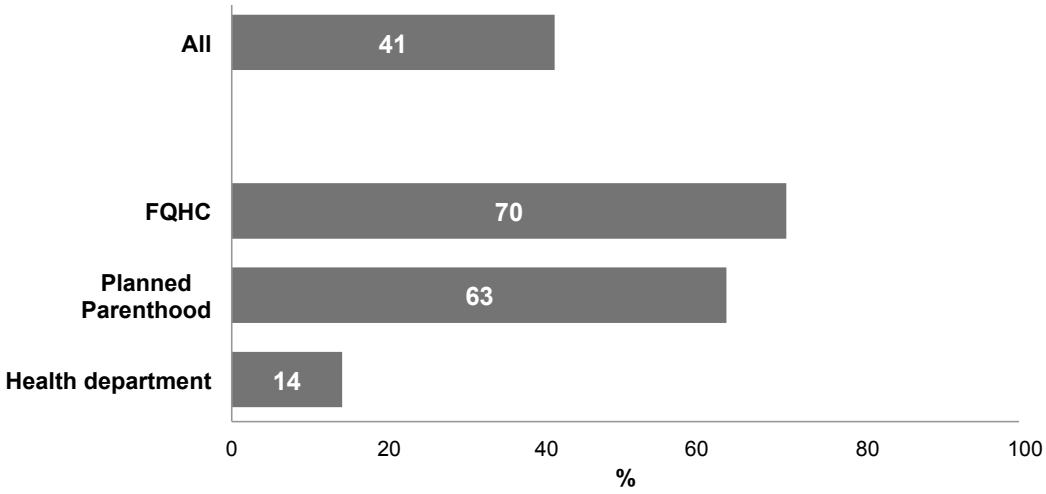
All Agencies

One in four family planning agencies (24%) reported that they or their clinicians had received some kind of subsidy, financial assistance or incentive payment to purchase, implement, upgrade or operate an HIT system (Appendix Table 1). FQHCs are the agencies with the highest proportion reporting having received such assistance or incentives (49%); in many cases, they cited receiving special funding for FQHCs through the American Recovery and Reinvestment Act. In comparison, only 26% of Planned Parenthood affiliates and 9% of health departments reported having received any kind of financial assistance for the implementation of HIT. Similarly, few small agencies and rural agencies reported having received any financial assistance (12% and 18%, respectively). Notably, the survey was fielded in late 2010 and early 2011, before most states had begun to distribute funding under the Medicaid EHR incentive program,[7] so we expect that the proportion of agencies that have received financial assistance for HIT implementation will have increased since.

Eligibility assessment

- More than three-quarters of all family planning agencies reported that some or all of their service delivery sites billed at least 30% of their total client encounters to Medicaid, indicating that a large majority of agencies would have EHR incentive-eligible clinicians. In fact, of the 41% of agencies that have gone through the process of determining whether any of their clinicians would be eligible for the Medicaid EHR incentive program (Figure 12), 95% determined that some or all of their clinicians would indeed be eligible.
- Higher proportions of FQHCs and Planned Parenthood affiliates than health departments have performed an assessment of clinician eligibility (70% and 63% vs. 14%).
- One FQHC pointed out an important technical problem with clinician eligibility: Many of their nonphysician clinicians bill through their physician supervisor, rather than billing Medicaid directly. That arrangement needs to be changed, through a time-consuming process of becoming credentialed with Medicaid, for the agency to maximize the Medicaid incentive funding it can receive.

FIGURE 12. Percentage of agencies that have determined whether any clinicians are eligible for Medicaid EHR incentive program



Source: Guttmacher Institute Health Information Technology Survey of Publicly Funded Family Planning Agencies, 2011.

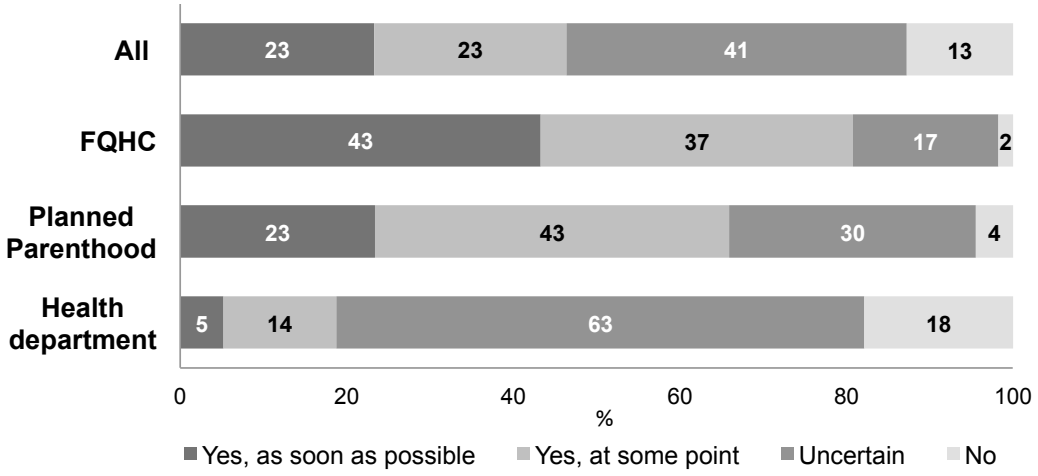
Incentive application plans

- About one-quarter of all family planning agencies reported planning to apply for Medicaid EHR incentives as soon as possible, and another quarter plan to do so at some point in the future (Figure 13). Four in 10 agencies are uncertain about whether they will apply for these incentives, and one in 10 do not plan to apply at all.
- When examined by agency type, only 5% of health departments plan on applying for the Medicaid EHR incentive as soon as possible, compared with 43% of FQHCs and 23% of Planned Parenthoods. Health departments are also the most likely (63%) to be uncertain as to whether they will ever apply for these incentives when compared with Planned Parenthoods (30%) and FQHCs (17%).
- A Planned Parenthood agency described a bureaucratic reason that delayed their application for the incentives: Their state has not yet established rules for having incentive payments go directly to an agency, rather than to individual clinicians (who would then transfer the payments to the agency). Another agency reported that it needs to develop new contracts with its clinicians to ensure that the payments do eventually go to the agency.

Title X–Funded Agencies

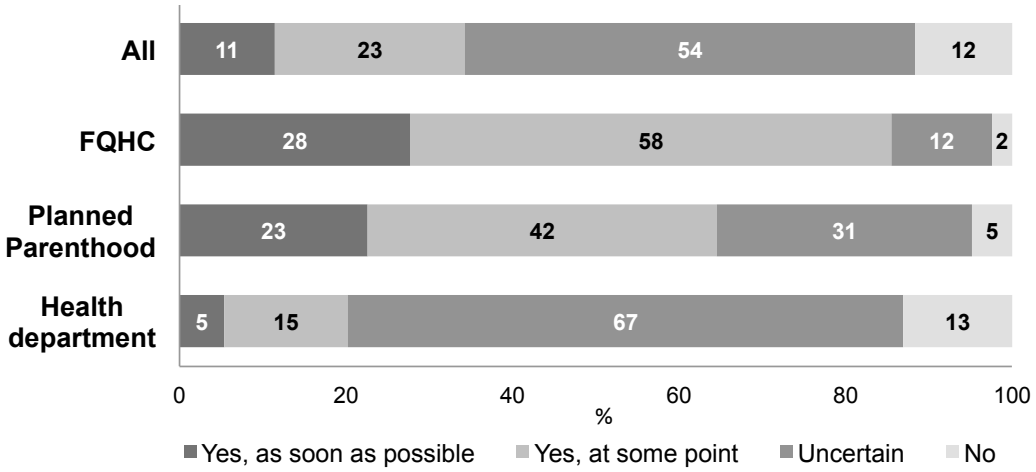
- Among Title X–funded agencies, only 18% reported that they or their clinicians have received some kind of subsidy, financial assistance or incentive payment to purchase, implement, upgrade or operate an HIT system at the time of the survey (Appendix Table 2).
- Fewer than one-third (29%) have assessed whether or not they will be eligible for the Medicaid EHR incentive program.
- A majority of Title X–funded agencies (54%) are unsure if they will ever apply for the Medicaid EHR incentive program; only 11% reported that they will apply for this program as soon as possible (Figure 14).
- About one in four Title X–funded FQHCs (28%) and Planned Parenthood affiliates (23%) plan to apply for these incentives as soon as possible, and another 58% of FQHCs and 42% of Planned Parenthoods plan to do so at some point. Health departments are far less likely to report any plans to apply for the incentives (20% total).

FIGURE 13. Distribution of agencies planning on applying for Medicaid EHR incentive program



Source: Guttmacher Institute Health Information Technology Survey of Publicly Funded Family Planning Agencies, 2011.

FIGURE 14. Distribution of Title X–funded agencies planning on applying for Medicaid EHR incentive program



Source: Guttmacher Institute Health Information Technology Survey of Publicly Funded Family Planning Agencies, 2011.

Discussion

Publicly funded family planning agencies face a host of challenges related to changes in the health care delivery system, including a variety of opportunities and requirements anticipated to accompany health care reform. One of the key aspects of health care reform, touted as a way to both save money and provide better care to patients, is the implementation and use of health information technology (HIT), including electronic health records (EHRs) and practice management systems. In order for publicly funded family planning clinics to continue to provide critical sexual and reproductive health care to the millions of women who have depended on their services in the past—and to allow them expand their services to additional women who may look to them for care when given access to insurance through health care reform—the implementation and use of HIT will be essential. Agencies that do not embrace HIT systems will be at an extreme disadvantage as systems and sources of funding change, and some may not survive at all once health care reform is fully implemented, beginning in 2014.

Our assessment of the current state of HIT readiness among publicly funded family planning agencies reveals both good news and bad news. The good news is that most agencies want to embrace this technology and are thinking about how to do so, and many have taken the steps to fully or partially implement HIT. The bad news is that even for the most commonly used HIT function—electronic systems for third-party billing—one-quarter of family planning agencies are still behind the times; for many HIT functions, that gap is twice or three times as great. Moreover, some segments of the family planning agency network remain woefully unprepared. In particular, public health departments that provide family planning care have been able to make little headway toward HIT implementation and use, with only 17% having implemented at least three out of four of the EHR functions we asked about and even fewer, 7%, having implemented at least four of the six patient communications functions. In addition, even those agencies that reported current use of specific HIT functions may not be using the technology to its full capacity, and there is likely some variability in how well agencies are using the HIT systems they have implemented. For example, some agencies that reported using EHRs for prescribing medications may have been referring to their use in dispensing contraceptives onsite and may not be using EHRs to electronically transmit a prescription to a pharmacy.

In order to ensure that all publicly funded family planning agencies can avail themselves of these new technologies and systems going forward, a number of steps need to be taken to provide agencies with the resources and training necessary. One of the biggest challenges identified by providers is costs, including acquisition costs, implementation costs and ongoing costs. Not only are these costs significant, but they are being asked of agencies during a period when funding for even basic patient care is being cut in unprecedented ways. Many agencies are facing cuts in federal, state and local revenues that have led to clinic closures, staff layoffs and other budget-trimming strategies. In this environment, finding the extra funding needed to acquire and implement a new HIT system is extremely difficult for many providers, even if neglecting to do so could endanger the agencies' long-term survival. What is needed is to provide agencies with financial assistance designated specifically for HIT-related expenses, advisory assistance for leveraging economies of scale, and help identifying potential ways to reduce non-HIT expenses and reallocate funding.

Publicly funded family planning agencies identified a range of technical assistance needs: identifying appropriate HIT and EHR systems; converting paper systems to electronic systems; customizing their new system to accommodate sliding-fee scales, patient confidentiality and FPAR requirements; training their staff to use a new system; and maintaining the system and troubleshooting the multitude of problems that undoubtedly will arise. One way to help meet those needs might be to outsource some specialized tasks, such as identifying and adapting appropriate EHR packages, providing ongoing network support or processing third-party billing. In addition, family planning programs could collaborate with other networks of specialized health care providers—such as STI clinics and substance abuse treatment centers—that are facing the same series of challenges, in order to share information and solutions and take advantage of even greater economies of scale.

Although few publicly funded family planning agencies had received any federal assistance or incentive monies earmarked for HIT and EHR implementation at the time of the survey, this is likely to increase in the future. In particular, states are only now beginning to distribute funding through the Medicaid EHR incentive program;[7] for those publicly funded family planning agencies that are eligible for this program and savvy enough to apply, this may provide one source for needed EHR implementation funding. Additionally, more family planning agencies may become eligible for this program in 2014 or soon thereafter, when health reform's expansion of Medicaid may allow agencies to meet the necessary threshold of client encounters billed to Medicaid.

However, although the resources from this program may help many family planning agencies get started, it will not be enough. Many agencies will not be eligible or able to secure funding through this program, and for those that do, other resources may still be needed. This is particularly true of agencies that do not qualify for additional funding sources. While FQHCs will have access to a variety of federal funding streams for building their HIT infrastructure, other agencies such as health departments will have very limited funding opportunities, which may in turn require these providers to reduce or even eliminate family planning services.

Overall, publicly funded family planning agencies are facing serious challenges to updating their HIT infrastructure and practices to align with what will be required of them in the evolving U.S. health care system. Most agencies have taken important initial steps to meet these challenges and are making plans to go further. Yet, many will need a helping hand if they are to survive.

References

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4. U.S. Department of Health and Human Services, Recovery Act-funded programs, 2011, <http://www.hhs.gov/recovery/programs/index.html>, accessed Jan. 9, 2012.

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7. Centers for Medicare and Medicaid Services, *November 2011: EHR Incentive Program,* <http://www.cms.gov/EHRIncentivePrograms/Downloads/Monthly_Payment_Registration_Report_Updated.pdf>, accessed Jan. 9, 2012.

APPENDIX TABLE 1. Percentage distribution of publicly funded family planning agencies, according to their response on all questionnaire items, by agency Title X funding status, type, client caseload and location, 2011

Questionnaire item		TOTAL			Title X status (%)		Agency type (%)				Annual client caseload (%)			Location (%)	
		%	No. (unweighted)	No. (weighted)	Non-Title X	Title X	FQHC	Planned Parenthood	Health department	Hospital /other	< 2,000	2,000 – 9,999	10,000 +	Rural	Any urban
TOTAL		100	460	2751	100	100	100	100	100	100	100	100	100	100	100
Title X status	No Title X	46	130	1264	100	0	74	7	12	62	42	39	55	38	51
	Title X	54	330	1487	0	100	26	93	88	38	58	61	45	62	49
Agency type	FQHC	30	104	814	48	14	100	0	0	0	14	22	46	25	34
	Planned Parenthood	3	70	83	0	5	0	100	0	0	0	1	6	1	5
	Health department	35	200	972	9	58	0	0	100	0	52	37	22	52	22
	Hospital/other	32	86	882	43	23	0	0	0	100	33	39	26	23	39
Client caseload	<2,000	26	114	724	24	28	13	0	39	27	100	0	0	36	17
	2,000–9,999	33	145	902	28	37	24	15	35	40	0	100	0	38	29
	10,000+	41	198	1110	48	34	63	85	25	32	0	0	100	26	53
Location	Rural	46	208	1237	39	52	38	9	67	33	64	52	29	100	0
	Any urban	54	247	1471	61	48	62	91	33	67	36	48	71	0	100
Service focus	Sexual and reproductive health	40	225	1057	20	58	4	100	58	51	61	46	23	40	41
	Primary/other	60	214	1557	80	42	96	0	42	49	39	54	77	60	59
Q3 Approximately how many total clients received outpatient health services at all sites administered by your agency during the past full year?	<500	9	35	235	10	8	6	0	13	7	32	0	0	14	3
	500–1,999	18	79	489	14	21	7	0	27	20	68	0	0	22	14
	2,000–4,999	18	79	497	15	21	14	3	20	22	0	55	0	22	16
	5,000–9,999	15	66	405	12	17	11	13	15	18	0	45	0	16	14
	10,000–49,000	33	156	899	38	29	50	57	23	26	0	0	81	21	43
	50,000+	8	42	211	10	6	13	27	3	7	0	0	19	5	10
	No response	0	3	15	0	0	0	0	0	0	0	0	0	0	0
Q4 Approximately what percentage of the total outpatient client caseload receives contraceptive services?	<10%	16	55	433	27	7	30	0	8	15	13	14	20	24	10
	10–24%	28	106	736	34	22	43	0	25	18	14	26	37	26	29
	25–49%	22	84	590	23	21	19	4	22	26	11	24	27	16	27
	50–74%	14	70	375	10	17	5	20	17	19	22	18	6	12	16
	75–99%	18	125	483	5	29	3	72	25	20	36	15	9	21	16
	100%	2	11	51	1	3	0	4	2	3	3	2	1	1	3
	No response	0	9	84	0	0	0	0	0	0	0	0	0	0	0
Q5 How many total clinic sites are administered by your agency?	1	42	151	1027	39	44	15	2	58	55	64	52	19	49	36
	2–4	29	117	721	32	27	40	25	22	28	25	33	29	30	29
	5+	29	140	706	29	29	45	73	20	18	11	15	52	21	35
	No response	0	52	298	0	0	0	0	0	0	0	0	0	0	0

APPENDIX TABLE 1 (continued)

Questionnaire item		TOTAL			Title X status (%)		Agency type (%)				Annual client caseload (%)			Location (%)	
		%	No. (unweighted)	No. (weighted)	Non-Title X	Title X	FQHC	Planned Parenthood	Health department	Hospital /other	< 2,000	2,000 – 9,999	10,000 +	Rural	Any urban
Q6 Of the total sites, how many provide contraceptive services?	1	44	159	1079	42	47	19	2	62	56	67	55	23	52	39
	2–4	32	124	765	35	28	45	27	23	28	25	35	32	31	32
	5+	24	121	583	23	25	36	72	16	16	9	10	45	17	29
	No response	0	56	324	0	0	0	0	0	0	0	0	0	0	0
Q7 Of the total sites, how many receive Title X funding?	1	55	138	756	80	52	42	13	65	51	71	62	30	61	48
	2–4	27	80	370	20	27	36	30	20	34	22	30	27	27	26
	5+	19	72	260	0	21	22	57	16	16	7	8	42	11	26
	No response	0	170	1365	0	0	0	0	0	0	0	0	0	0	0
Q8 Of the total sites, are they mostly rural, mostly urban/suburban, or about half rural/half urban?	Mostly rural	46	208	1237	39	52	38	9	67	33	64	52	29	100	0
	Mostly urban or suburban	40	178	1081	50	32	53	71	20	47	17	39	55	0	74
	About half rural/half urban	14	69	389	12	17	9	20	13	20	19	9	16	0	26
	No response	0	5	44	0	0	0	0	0	0	0	0	0	0	0
For questions 9–12, which of the following best describes your current and prospective use of HIT within the next 2 years (including practice management systems and electronic health records systems) for each activity at your contraceptive services sites?															
Q9a Staff use of HIT to accomplish: entry of clinical or follow-up notes and medical history	All sites	43	164	1167	61	27	66	33	21	47	37	35	54	38	47
	Some sites	6	24	161	6	6	8	4	3	6	5	3	9	3	8
	No sites, planning to begin use	21	109	584	18	25	21	31	25	17	20	27	18	19	24
	No sites, interested in future use	26	139	704	12	37	5	32	43	26	29	32	19	34	19
	No sites, not interested in using	4	19	101	2	5	0	0	7	3	8	3	1	5	3
	No response	0	5	33	0	0	0	0	0	0	0	0	0	0	0
Q9b Staff use of HIT to accomplish: third-party billing and receivables	All sites	67	293	1778	71	64	81	75	56	65	53	65	77	61	72
	Some sites	8	33	205	8	7	5	7	8	10	8	8	8	8	8
	No sites, planning to begin use	9	45	250	8	10	11	9	10	7	12	11	7	10	9
	No sites, interested in future use	11	55	281	7	13	4	10	17	10	15	11	7	16	6
	No sites, not interested in using	5	22	135	5	5	0	0	8	8	12	5	1	6	5
	No response	0	12	102	0	0	0	0	0	0	0	0	0	0	0

Questionnaire item		TOTAL			Title X status (%)		Agency type (%)				Annual client caseload (%)			Location (%)	
		%	No. (unweighted)	No. (weighted)	Non-Title X	Title X	FQHC	Planned Parenthood	Health department	Hospital /other	< 2,000	2,000 – 9,999	10,000 +	Rural	Any urban
Q9c Staff use of HIT to accomplish: supply inventory	All sites	36	153	944	37	35	28	35	35	43	34	35	38	32	39
	Some sites	6	21	148	6	5	6	3	3	8	5	4	7	4	7
	No sites, planning to begin use	17	82	456	15	19	16	20	19	16	20	19	13	17	18
	No sites, interested in future use	35	165	923	33	36	43	42	35	27	33	34	37	38	32
	No sites, not interested in using	7	28	174	8	5	7	0	8	6	8	7	5	9	4
	No response	0	11	107	0	0	0	0	0	0	0	0	0	0	0
Q9d Staff use of HIT to accomplish: ordering/receiving labratory tests	All sites	59	261	1584	64	54	71	58	53	54	43	61	67	58	59
	Some sites	8	36	206	8	8	11	13	6	6	5	4	12	5	10
	No sites, planning to begin use	12	59	333	13	12	13	16	13	11	18	15	7	11	14
	No sites, interested in future use	18	82	481	12	23	5	13	23	25	24	18	14	22	14
	No sites, not interested in using	3	15	92	4	3	0	0	6	4	10	2	0	4	3
	No response	0	7	55	0	0	0	0	0	0	0	0	0	0	0
Q9e Staff use of HIT to accomplish: prescribing of medication	All sites	41	156	1094	56	28	64	31	19	43	23	36	55	37	44
	Some sites	6	25	160	6	6	10	4	4	5	5	4	9	6	6
	No sites, planning to begin use	20	99	548	21	19	21	34	18	21	25	23	15	16	25
	No sites, interested in future use	26	137	696	12	38	5	30	43	26	33	30	18	33	20
	No sites, not interested in using	7	36	196	5	9	0	0	16	5	14	7	4	9	6
	No response	0	7	57	0	0	0	0	0	0	0	0	0	0	0
Q9f Staff use of HIT to accomplish: notifying patients of lab results or availability of results	All sites	24	92	647	31	19	30	16	15	29	19	25	26	23	25
	Some sites	6	23	157	7	5	9	4	3	7	6	3	8	5	6
	No sites, planning to begin use	21	100	559	24	18	27	34	16	19	21	22	20	17	24
	No sites, interested in future use	40	193	1070	31	47	31	44	52	34	35	43	41	44	37
	No sites, not interested in using	9	42	248	8	11	2	1	14	11	19	7	5	11	8
	No response	0	10	70	0	0	0	0	0	0	0	0	0	0	0

APPENDIX TABLE 1 (continued)

Questionnaire item		TOTAL			Title X status (%)		Agency type (%)				Annual client caseload (%)			Location (%)	
		%	No. (unweighted)	No. (weighted)	Non-Title X	Title X	FQHC	Planned Parenthood	Health department	Hospital /other	< 2,000	2,000 – 9,999	10,000 +	Rural	Any urban
Q9g Staff use of HIT to accomplish: appointment reminders	All sites	31	125	834	35	29	36	13	31	30	31	32	31	29	32
	Some sites	7	31	194	8	7	5	10	5	12	6	4	10	3	11
	No sites, planning to begin use	19	94	517	21	18	27	28	16	16	21	23	15	18	21
	No sites, interested in future use	36	173	960	31	41	30	44	41	35	34	35	39	42	31
	No sites, not interested in using	6	26	151	5	6	2	4	8	7	8	6	4	7	4
	No response	0	11	95	0	0	0	0	0	0	0	0	0	0	0
Q9h Staff use of HIT to accomplish: clinical decision support (contraindication alerts, follow-up, etc.)	All sites	36	147	969	49	25	58	41	17	35	27	26	49	31	39
	Some sites	6	23	152	7	4	8	7	3	6	4	3	8	5	6
	No sites, planning to begin use	23	100	614	25	21	27	22	20	23	25	29	16	20	25
	No sites, interested in future use	31	161	829	13	45	7	30	50	30	32	35	26	38	24
	No sites, not interested in using	5	24	147	5	5	0	0	10	6	11	6	1	6	5
	No response	0	5	41	0	0	0	0	0	0	0	0	0	0	0
Q9i Staff use of HIT to accomplish: other	All sites	21	13	85	34	8	48	45	9	18	0	5	56	9	31
	Some sites	2	1	9	5	0	11	0	0	0	0	0	6	5	0
	No sites, planning to begin use	19	14	76	12	26	18	34	19	19	33	16	7	20	19
	No sites, interested in future use	30	21	120	20	40	11	11	38	34	35	35	22	47	17
	No sites, not interested in using	27	16	108	29	25	11	9	35	29	32	44	10	19	33
	No response	0	395	2353	0	0	0	0	0	0	0	0	0	0	0
Q10a Family planning clients' online access to: medical records	All sites	10	36	266	13	7	12	7	5	13	5	10	13	8	11
	Some sites	2	8	54	2	2	5	0	2	0	3	2	2	3	1
	No sites, planning to begin use	23	101	624	27	20	29	24	19	23	27	20	23	19	27
	No sites, interested in future use	44	210	1190	43	45	48	59	45	39	37	48	47	47	43
	No sites, not interested in using	20	95	546	14	26	7	10	30	24	28	20	16	23	17
	No response	0	10	70	0	0	0	0	0	0	0	0	0	0	0

Questionnaire item		TOTAL			Title X status (%)		Agency type (%)				Annual client caseload (%)			Location (%)	
		%	No. (unweighted)	No. (weighted)	Non-Title X	Title X	FQHC	Planned Parenthood	Health department	Hospital /other	< 2,000	2,000 – 9,999	10,000 +	Rural	Any urban
Q10b Family planning clients' online access to: appointment scheduling	All sites	19	94	507	19	19	17	37	19	18	16	19	20	18	19
	Some sites	2	15	64	1	4	4	6	3	0	4	2	2	2	3
	No sites, planning to begin use	19	78	511	24	15	25	17	12	21	24	14	20	16	22
	No sites, interested in future use	46	208	1225	43	48	45	38	48	45	34	55	46	50	42
	No sites, not interested in using	14	56	373	14	14	9	1	17	16	22	11	12	15	13
	No response	0	9	71	0	0	0	0	0	0	0	0	0	0	0
Q10c Family planning clients' online access to: laboratory results	All sites	18	71	479	22	15	17	13	16	22	14	18	20	17	18
	Some sites	2	10	58	2	3	5	0	2	0	2	1	3	2	2
	No sites, planning to begin use	21	93	557	24	18	28	27	17	18	24	17	22	19	23
	No sites, interested in future use	44	209	1171	42	46	42	58	46	43	40	50	43	48	41
	No sites, not interested in using	15	65	401	11	18	8	1	20	17	20	14	13	15	15
	No response	0	12	84	0	0	0	0	0	0	0	0	0	0	0
Q10d Family planning clients' access to: supply or prescription refills	All sites	12	43	319	16	9	15	12	5	17	10	9	16	10	13
	Some sites	2	9	53	2	2	5	0	2	0	2	0	3	2	2
	No sites, planning to begin use	21	87	557	28	15	29	23	15	21	23	18	22	17	25
	No sites, interested in future use	48	231	1272	43	52	46	63	52	44	44	54	47	53	45
	No sites, not interested in using	17	75	440	11	21	5	3	27	17	20	19	12	18	15
	No response	0	15	110	0	0	0	0	0	0	0	0	0	0	0
Q10e Family planning clients' access to: other	All sites	5	6	25	8	3	9	31	4	0	5	0	10	4	2
	Some sites	1	1	5	0	2	4	0	0	0	0	0	3	0	2
	No sites, planning to begin use	18	16	92	17	19	25	10	22	8	24	4	21	23	14
	No sites, interested in future use	43	38	215	38	46	39	40	42	47	38	53	42	45	43
	No sites, not interested in using	33	26	164	37	30	23	19	31	45	34	43	24	29	39
	No response	0	373	2252	0	0	0	0	0	0	0	0	0	0	0

APPENDIX TABLE 1 (continued)

Questionnaire item		TOTAL			Title X status (%)		Agency type (%)				Annual client caseload (%)			Location (%)	
		%	No. (unweighted)	No. (weighted)	Non-Title X	Title X	FQHC	Planned Parenthood	Health department	Hospital /other	< 2,000	2,000 – 9,999	10,000 +	Rural	Any urban
Q11a Generation of reports or information exchange for: Family Planning Annual Report (FPAR)	All sites	43	217	1108	29	53	38	65	51	35	38	46	43	38	45
	Some sites	5	30	133	1	8	3	12	7	4	5	5	5	4	6
	No sites, planning to begin use	13	52	348	17	11	17	9	8	17	19	11	10	11	15
	No sites, interested in future use	27	102	696	32	23	26	11	25	31	20	24	33	32	23
	No sites, not interested in using	12	43	320	21	5	16	4	9	13	16	14	8	15	10
	No response	0	16	146	0	0	0	0	0	0	0	0	0	0	0
Q11b Generation of reports or information exchange for: STI state reporting	All sites	44	207	1159	40	47	41	48	55	33	35	49	45	37	48
	Some sites	4	22	117	3	6	3	5	6	4	3	4	5	5	4
	No sites, planning to begin use	12	52	328	15	11	18	9	8	13	22	10	9	14	11
	No sites, interested in future use	33	141	874	35	31	36	36	24	40	29	31	38	37	30
	No sites, not interested in using	6	25	172	8	5	2	3	7	10	11	7	4	8	5
	No response	0	13	101	0	0	0	0	0	0	0	0	0	0	0
Q11c Generation of reports or information exchange for: Uniform Data System (UDS) reports	All sites	41	152	1016	51	33	76	26	22	26	14	42	58	31	49
	Some sites	4	16	90	3	4	6	4	4	1	2	5	4	4	3
	No sites, planning to begin use	14	61	354	15	14	10	18	16	17	27	13	7	13	15
	No sites, interested in future use	28	124	689	19	35	7	36	39	36	35	25	26	35	22
	No sites, not interested in using	13	57	327	12	14	0	17	19	20	22	16	6	17	11
	No response	0	50	275	0	0	0	0	0	0	0	0	0	0	0
Q11d Generation of reports or information exchange for: family planning–specific clinical quality and outcomes reports (e.g., FPCA)	All sites	25	107	620	23	26	34	29	18	24	14	23	33	17	31
	Some sites	4	22	105	3	6	6	8	5	1	4	5	4	4	5
	No sites, planning to begin use	19	79	473	22	17	20	18	18	19	23	22	14	17	21
	No sites, interested in future use	41	171	1021	38	43	35	37	45	43	38	38	45	49	34
	No sites, not interested in using	11	46	280	14	9	6	9	15	13	20	12	5	14	9
	No response	0	35	252	0	0	0	0	0	0	0	0	0	0	0

Questionnaire item		TOTAL			Title X status (%)		Agency type (%)				Annual client caseload (%)			Location (%)	
		%	No. (unweighted)	No. (weighted)	Non-Title X	Title X	FQHC	Planned Parenthood	Health department	Hospital /other	< 2,000	2,000 – 9,999	10,000 +	Rural	Any urban
Q11e Generation of reports or information exchange for: HEDIs or other quality assurance efforts	All sites	25	92	611	31	19	45	25	10	19	8	19	39	13	34
	Some sites	5	21	121	3	6	7	3	3	5	4	5	5	5	5
	No sites, planning to begin use	17	74	432	20	15	20	19	14	17	22	15	16	16	19
	No sites, interested in future use	40	174	992	32	46	22	40	54	41	44	43	35	48	33
	No sites, not interested in using	14	58	340	14	13	5	12	18	18	22	18	5	19	9
	No response	0	41	256	0	0	0	0	0	0	0	0	0	0	0
Q11f Generation of reports or information exchange for: internal management reports	All sites	56	249	1469	62	50	71	77	46	49	39	57	65	48	62
	Some sites	8	34	205	4	11	6	3	8	9	5	4	12	5	10
	No sites, planning to begin use	12	50	319	14	10	15	10	7	15	18	10	10	13	11
	No sites, interested in future use	19	86	496	16	22	8	10	28	21	25	22	13	25	13
	No sites, not interested in using	6	26	152	4	7	0	0	11	6	12	7	1	8	4
	No response	0	15	111	0	0	0	0	0	0	0	0	0	0	0
Q11g Generation of reports or information exchange for: facilitating referrals to or from outside providers	All sites	31	116	836	46	19	53	18	14	31	26	22	42	23	38
	Some sites	5	21	142	6	5	7	3	3	7	2	3	9	4	6
	No sites, planning to begin use	20	92	545	22	20	20	26	19	23	17	25	19	18	23
	No sites, interested in future use	36	185	945	20	48	19	52	52	32	38	42	29	45	28
	No sites, not interested in using	7	33	193	6	8	1	1	13	8	16	8	1	10	5
	No response	0	13	91	0	0	0	0	0	0	0	0	0	0	0
Q11h Generation of reports or information exchange for: other	All sties	6	6	20	6	5	20	69	0	0	0	0	36	0	14
	Some sites	3	1	11	8	0	15	0	0	0	0	8	0	0	8
	No sites, planning to begin use	21	11	73	22	20	42	0	19	11	25	25	0	24	17
	No sites, interested in future use	40	25	140	25	52	12	17	50	48	45	32	46	53	22
	No sites, not interested in using	30	15	102	39	23	12	14	31	41	30	34	17	23	38
	No response	0	402	2405	0	0	0	0	0	0	0	0	0	0	0

APPENDIX TABLE 1 (continued)

Questionnaire item		TOTAL			Title X status (%)		Agency type (%)				Annual client caseload (%)			Location (%)	
		%	No. (unweighted)	No. (weighted)	Non-Title X	Title X	FQHC	Planned Parenthood	Health department	Hospital /other	< 2,000	2,000 – 9,999	10,000 +	Rural	Any urban
If you are currently using an EHR or practice management system at any of your contraceptive services sites, was substantial customization of the system done in order to:															
Q12a EHR system customized to: meet FPAR reporting requirements	Yes	57	127	576	27	75	54	75	75	43	53	68	52	52	60
	No	43	60	426	73	25	46	25	25	57	47	32	48	48	40
	NA	0	238	1539	0	0	0	0	0	0	0	0	0	0	0
	No response	0	35	210	0	0	0	0	0	0	0	0	0	0	0
Q12b EHR system customized to: support sliding fee scales and related billing issues	Yes	59	158	825	47	71	62	65	81	34	69	66	53	61	58
	No	41	79	566	53	29	38	35	19	66	31	34	47	39	42
	NA	0	190	1182	0	0	0	0	0	0	0	0	0	0	0
	No response	0	33	179	0	0	0	0	0	0	0	0	0	0	0
Q12c EHR system customized to: ensure client confidentiality	Yes	46	112	643	33	59	39	32	68	40	46	57	39	45	47
	No	54	121	756	67	41	61	68	32	60	54	43	61	55	53
	NA	0	187	1120	0	0	0	0	0	0	0	0	0	0	0
	No response	0	40	232	0	0	0	0	0	0	0	0	0	0	0
Q12d EHR system customized to: other	Yes	38	84	377	15	58	30	56	64	26	32	40	39	37	37
	No	62	91	615	85	42	70	44	36	74	68	60	61	63	63
	NA	0	192	1136	0	0	0	0	0	0	0	0	0	0	0
	No response	0	93	624	0	0	0	0	0	0	0	0	0	0	0
Q13 Has your agency or any of your sites or clinicians received subsidies, financial assistance or incentive payments to purchase, implement (including training), upgrade or operate HIT systems?	Yes	24	101	628	30	18	49	26	9	15	12	25	29	18	27
	No	76	347	2042	70	82	51	74	91	85	88	75	71	82	73
	No response	0	12	82	0	0	0	0	0	0	0	0	0	0	0
Q14a Received assistance to implement HIT from: Medicaid	Yes	10	7	43	12	8	10	14	23	0	15	9	10	22	5
	No	90	58	381	88	92	90	86	77	100	85	91	90	78	95
	No response	0	395	2326	0	0	0	0	0	0	0	0	0	0	0
Q14b Received assistance to implement HIT from: private insurer(s)	Yes	2	1	9	4	0	3	0	0	0	15	0	0	8	0
	No	98	60	396	96	100	97	100	100	100	85	100	100	92	100
	No response	0	399	2346	0	0	0	0	0	0	0	0	0	0	0

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Q14c Received assistance to implement HIT from: hospital system(s)	Yes	10	2	42	18	0	0	0	0	43	0	15	10	0	14
	No	90	59	374	82	100	100	100	100	57	100	85	90	100	86
	No response	0	399	2334	0	0	0	0	0	0	0	0	0	0	0
Q14dReceived assistance to implement HIT from: Title X	Yes	13	12	57	4	23	7	29	43	8	24	10	10	25	10
	No	87	54	364	96	77	93	71	57	92	76	90	90	75	90
	No response	0	394	2330	0	0	0	0	0	0	0	0	0	0	0
Q14e Received assistance to implement HIT from: donor	Yes	16	18	67	13	20	12	83	0	29	22	15	16	11	19
	No	84	49	345	87	80	88	17	100	71	78	85	84	89	81
	No response	0	393	2339	0	0	0	0	0	0	0	0	0	0	0
Q14f Received assistance to implement HIT from: other	Yes	78	64	416	80	76	87	55	75	54	64	76	84	85	73
	No	22	20	117	20	24	13	45	25	46	36	24	16	15	27
	No response	0	376	2218	0	0	0	0	0	0	0	0	0	0	0
Q15 What proportion of all health care client encounters at this agency as a whole in 2009 were billed to Medicaid (including Medicaid managed care and Medicaid waiver programs)?	0	6	14	90	9	3	2	2	9	7	15	5	1	7	5
	1–24%	25	75	381	22	28	24	32	32	18	20	38	18	31	20
	25–49%	31	88	479	27	36	46	34	26	21	20	28	41	26	35
	50–74%	25	56	375	26	23	24	17	20	31	24	20	28	24	26
	75–100%	13	32	198	16	10	4	15	14	22	21	9	11	12	14
	Don't know	0	184	1166	0	0	0	0	0	0	0	0	0	0	0
	No response	0	11	62	0	0	0	0	0	0	0	0	0	0	0
Q16 Of the total service delivery sites in your agency, approximately how many of them had at least 30% of client encounters billed to Medicaid?	None	25	112	634	25	24	22	25	28	23	35	29	15	28	22
	Some	17	79	433	13	20	17	19	19	14	12	21	17	19	16
	Most	20	96	513	18	22	19	30	22	17	23	12	24	18	22
	All	38	147	988	43	34	42	26	31	45	30	37	45	35	41
	No response	0	26	184	0	0	0	0	0	0	0	0	0	0	0

APPENDIX TABLE 1 (continued)

Questionnaire item		TOTAL			Title X status (%)		Agency type (%)				Annual client caseload (%)			Location (%)	
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Q17 Have you gone through the process of determining whether any of your physicians or nurse practitioners will be eligible for the Medicaid E.H.R. incentive program?	Yes	41	174	1085	56	29	70	63	14	42	17	34	62	37	45
	No	59	270	1538	44	71	30	37	86	58	83	66	38	63	55
	No response	0	16	129	0	0	0	0	0	0	0	0	0	0	0
Q18 If yes, what proportion of your physicians or nurse practitioners will be eligible?	None	6	17	65	1	13	1	15	18	9	9	9	5	6	6
	Some	12	23	130	12	12	11	19	11	13	8	17	11	15	11
	Most	39	69	418	38	41	37	48	32	45	18	30	46	35	41
	All	42	62	449	48	34	51	19	39	33	65	44	38	44	42
	No response	0	289	1689	0	0	0	0	0	0	0	0	0	0	0
Q19 Are you eligible (or you on their behalf) planning on applying for the Medicaid EHR incentive program?	Yes, as soon as possible	23	85	609	38	11	43	23	5	25	10	21	34	23	23
	Yes, at some point	23	111	604	23	23	37	43	14	18	14	23	29	18	28
	Uncertain	41	192	1069	25	54	17	30	63	39	55	40	32	47	35
	No	13	53	334	14	12	2	4	18	18	21	16	5	13	13
	No response	0	19	136	0	0	0	0	0	0	0	0	0	0	0
Q20 Has your agency conducted an assessment to determine its readiness to successfully implement an HIT system?	Yes	53	210	1360	67	41	87	56	27	48	29	49	71	38	64
	No, but planning to in next two years	30	153	778	20	38	9	43	42	35	35	35	23	40	22
	No, and no plans to do so	17	76	441	13	21	4	1	29	17	36	15	6	22	13
	already implemented HIT	0	2	9	0	0	0	0	1	0	0	1	0	0	0
	No response	0	19	162	0	0	0	0	0	0	0	0	0	0	0
Q21 Thinking of your agency as a whole, including all your health care service sites, how prepared is your organization to implement and use HIT in each of the following areas?															
Q21a Preparedness for HIT in: IT infrastructure (e.g., computers, data storage)	Not prepared	18	88	467	12	22	4	15	27	20	35	19	5	24	13
	Middle or neither	23	106	609	18	27	15	17	30	24	23	25	21	25	22
	Prepared	59	251	1576	70	51	81	67	44	55	41	55	74	51	65
	No response	0	15	99	0	0	0	0	0	0	0	0	0	0	0

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Q21b Preparedness for HIT in: internet access/connectivity	Not prepared	10	48	265	7	13	3	7	15	11	26	7	2	12	9
	Middle or neither	17	76	439	14	19	10	11	19	21	21	18	13	24	11
	Prepared	73	320	1937	79	69	87	82	66	68	53	74	85	64	80
	No response	0	16	110	0	0	0	0	0	0	0	0	0	0	0
Q21c Preparedness for HIT in: IT support	Not prepared	20	97	520	17	22	8	24	26	23	40	16	10	24	17
	Middle or neither	23	103	605	21	25	21	17	26	21	20	27	21	29	19
	Prepared	57	243	1517	63	53	70	59	48	56	40	57	69	48	64
	No response	0	17	109	0	0	0	0	0	0	0	0	0	0	0
Q21d Preparedness for HIT in: staff IT literacy	Not prepared	24	112	626	21	26	12	22	33	25	41	26	12	30	19
	Middle or neither	29	139	770	29	29	26	38	35	25	28	32	27	34	25
	Prepared	47	192	1249	50	45	62	41	32	51	31	42	62	36	55
	No response	0	17	106	0	0	0	0	0	0	0	0	0	0	0
Q21e Preparedness for HIT in: staff experience with EHR and other HIT systems	Not prepared	40	202	1071	31	49	22	48	58	38	62	42	24	48	33
	Middle or neither	21	104	556	18	23	20	28	24	18	19	23	20	25	18
	Prepared	39	139	1026	51	28	59	24	18	44	18	34	56	27	49
	No response	0	15	99	0	0	0	0	0	0	0	0	0	0	0
Q21f Preparedness for HIT in: training capacity	Not prepared	30	141	790	25	34	11	28	41	36	51	30	17	35	25
	Middle or neither	30	139	789	30	30	35	35	34	20	27	30	31	33	28
	Prepared	40	164	1067	45	36	54	37	25	45	22	40	52	32	48
	No response	0	16	106	0	0	0	0	0	0	0	0	0	0	0
Q23 How problematic are each of the following items in terms of your agency being able to successfully adopt and utilize an EHR system and other HIT?															
Q23a Problematic: difficulty identifying/building EHR system that fits your agency's specific needs	Not problematic	36	163	924	42	30	58	62	20	31	20	37	45	30	41
	Middle or neither	27	110	701	28	26	23	21	28	30	33	22	27	31	23
	Problematic	37	161	957	29	43	18	17	53	39	47	40	28	39	36
	No response	0	26	170	0	0	0	0	0	0	0	0	0	0	0
Q23b Problematic: concerns about patient confidentiality	Not problematic	63	282	1652	66	61	84	82	51	56	50	63	72	56	70
	Middle or neither	20	82	526	23	18	11	13	23	25	23	20	18	21	18
	Problematic	17	74	438	11	21	5	4	25	19	27	17	10	23	12
	No response	0	22	134	0	0	0	0	0	0	0	0	0	0	0

APPENDIX TABLE 1 (continued)

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Q23c Problematic: concerns about provider confidentiality	Not problematic	67	294	1756	70	65	83	85	54	66	51	69	76	58	75
	Middle or neither	20	82	534	22	19	12	12	24	25	25	20	18	23	17
	Problematic	12	59	320	8	16	5	3	22	9	24	11	5	19	7
	No response	0	25	140	0	0	0	0	0	0	0	0	0	0	0
Q23d Problematic: initial acquisition costs (e.g., researching products, purchasing equipment/software, installation)	Not problematic	25	93	639	33	18	42	26	8	27	17	27	27	15	32
	Middle or neither	18	68	459	22	14	26	15	13	15	10	14	25	16	19
	Problematic	58	275	1502	45	69	32	59	79	58	73	59	48	69	49
	No response	0	24	151	0	0	0	0	0	0	0	0	0	0	0
Q23e Problematic: implementation costs (conversion, abstraction of paper records, and training)	Not problematic	15	64	401	18	13	25	19	8	15	9	19	16	13	18
	Middle or neither	18	70	467	22	14	30	15	12	14	12	14	25	15	20
	Problematic	67	304	1746	60	72	45	66	81	71	79	67	59	72	62
	No response	0	22	136	0	0	0	0	0	0	0	0	0	0	0
Q23f Problematic: ongoing costs (e.g., maintenance, upgrades)	Not problematic	14	52	367	18	11	25	15	4	15	9	18	15	7	20
	Middle or neither	24	104	624	29	20	37	31	16	21	20	16	34	21	26
	Problematic	62	277	1590	52	69	38	54	80	64	72	66	51	72	53
	No response	0	27	170	0	0	0	0	0	0	0	0	0	0	0
Q23g Problematic: resistance from patients	Not problematic	68	295	1755	69	68	76	85	55	74	56	65	78	59	77
	Middle or neither	26	108	666	29	24	24	13	32	22	29	31	20	34	18
	Problematic	6	29	153	3	8	0	1	13	4	15	3	2	7	5
	No response	0	28	177	0	0	0	0	0	0	0	0	0	0	0
Q23h Problematic: resistance from clinical staff	Not problematic	48	209	1237	47	48	46	58	40	55	43	53	46	45	50
	Middle or neither	32	133	829	35	29	35	26	33	29	34	28	33	30	32
	Problematic	21	93	535	18	23	18	16	27	16	22	19	21	25	17
	No response	0	25	151	0	0	0	0	0	0	0	0	0	0	0
Q23i Problematic: resistance from front-line staff	Not problematic	55	235	1408	56	53	58	72	42	64	51	54	58	47	61
	Middle or neither	29	118	747	32	27	33	15	30	26	26	29	31	33	25
	Problematic	16	79	417	12	20	9	13	28	10	22	18	11	20	13
	No response	0	28	179	0	0	0	0	0	0	0	0	0	0	0

Questionnaire item		TOTAL			Title X status (%)		Agency type (%)				Annual client caseload (%)			Location (%)	
		%	No. (unweighted)	No. (weighted)	Non-Title X	Title X	FQHC	Planned Parenthood	Health department	Hospital /other	< 2,000	2,000 – 9,999	10,000 +	Rural	Any urban
Q23j Problematic: IT support availability and expertise	Not problematic	35	164	919	36	34	50	52	27	30	28	34	41	32	38
	Middle or neither	31	120	808	34	28	23	20	29	41	27	29	35	32	30
	Problematic	34	153	877	30	37	27	28	44	30	45	37	24	37	32
	No response	0	23	148	0	0	0	0	0	0	0	0	0	0	0
Q25 How useful would each of the following types of technical assistance be for your agency's successful adoption and utilization of an EHR system and other HIT?															
Q25a Usefulness of: readiness assessment and project planning	Not useful	31	127	797	38	25	43	37	19	31	18	29	40	24	37
	Middle or neither	17	73	452	16	19	22	9	20	12	18	19	15	19	16
	Useful	52	237	1353	46	57	35	54	61	57	64	51	45	57	47
	No response	0	23	149	0	0	0	0	0	0	0	0	0	0	0
Q25b Usefulness of: implementation and project management	Not useful	25	101	639	28	21	34	24	18	24	12	28	31	21	29
	Middle or neither	19	74	481	20	17	19	13	18	20	20	17	19	22	16
	Useful	57	260	1472	51	61	47	63	65	56	68	55	50	58	55
	No response	0	25	159	0	0	0	0	0	0	0	0	0	0	0
Q25c Usefulness of: training	Not useful	19	75	501	23	16	23	16	14	23	13	22	22	15	24
	Middle or neither	13	62	339	10	15	16	16	15	8	13	15	12	14	13
	Useful	68	298	1748	67	68	62	68	71	69	74	63	66	71	63
	No response	0	25	163	0	0	0	0	0	0	0	0	0	0	0
Q25d Usefulness of: conversion from paper to electronic records	Not useful	27	97	685	37	18	41	21	14	28	18	27	32	22	31
	Middle or neither	15	62	386	14	16	17	10	14	14	17	16	13	16	15
	Useful	58	274	1505	49	66	42	68	72	58	65	57	55	63	54
	No response	0	27	175	0	0	0	0	0	0	0	0	0	0	0
Q25e Usefulness of: customization to insure patient confidentiality	Not useful	29	118	742	34	24	46	31	17	26	21	22	39	24	33
	Middle or neither	16	73	416	16	16	15	19	20	13	18	20	12	17	16
	Useful	55	241	1422	50	59	39	50	63	61	61	58	49	59	51
	No response	0	28	171	0	0	0	0	0	0	0	0	0	0	0

Source : Guttmacher Institute Health Information Technology (HIT) Survey of Publicly Funded Family Planning Agencies, 2011

APPENDIX TABLE 2. Percentage distribution of Title X–funded family planning agencies, according to their response on all questionnaireitems, by agency type, client caseload and location, 2011

Questionnaire item		TOTAL			Agency type (%)				Annual client caseload (%)			Location (%)	
		%	No. (unweighted)	No. (weighted)	FQHC	Planned Parenthood	Health department	Hospital/other	< 2,000	2,000 – 9,999	10,000 +	Rural	Any urban
TOTAL		100	330	1487	100	100	100	100	100	100	100	100	100
Agency type	FQHC	14	41	214	100	0	0	0	3	10	28	9	21
	Planned Parenthood	5	64	77	0	100	0	0	0	2	13	1	10
	Health department	58	175	857	0	0	100	0	76	53	46	73	41
	Hospital/other	23	50	339	0	0	0	100	21	34	13	18	28
Client caseload	<2,000	28	82	419	7	0	38	25	100	0	0	42	14
	2,000–9,999	37	108	551	26	14	35	56	0	100	0	40	34
	10,000+	34	137	503	67	86	27	19	0	0	100	18	52
Location	Rural	52	152	762	30	10	65	40	76	56	27	100	0
	Any urban	48	175	714	70	90	35	60	24	44	73	0	100
Service focus	Sexual and reproductive health	58	200	818	0	100	62	76	66	64	43	60	56
	Primary/other	42	115	597	100	0	38	24	34	36	57	40	44
Q3 Approximately how many total clients received outpatient health services at all sites administered by your agency during the past full year?	<500	8	23	112	5	0	12	0	27	0	0	14	1
	500–1,999	21	59	306	2	0	26	25	73	0	0	28	13
	2,000–4,999	21	59	303	16	3	19	31	0	55	0	22	19
	5,000–9,999	17	49	248	10	11	16	25	0	45	0	18	15
	10,000–49,000	29	108	420	50	58	25	17	0	0	84	16	42
	50,000+	6	29	83	17	28	2	2	0	0	16	1	10
	No response	0	3	15	0	0	0	0	0	0	0	0	0
Q4 Approximately what percentage of the total outpatient client caseload receives contraceptive services?	<10%	7	21	107	25	0	6	2	5	5	12	10	5
	10–24%	22	62	328	44	0	24	10	12	24	30	20	25
	25–49%	21	62	309	24	5	25	13	10	22	29	20	23
	50–74%	17	55	255	5	16	17	25	23	23	7	18	17
	75–99%	29	115	428	2	75	26	44	48	23	20	31	27
	100%	3	10	40	0	5	2	5	2	4	2	1	4
	No response	0	5	21	0	0	0	0	0	0	0	0	0
Q5 How many total clinic sites are administered by your agency?	1	44	108	570	10	2	58	42	67	56	12	54	33
	2–4	27	77	351	41	23	21	34	25	29	26	28	26
	5+	29	103	376	49	75	21	23	9	15	62	19	41
	No response	0	42	191	0	0	0	0	0	0	0	0	0

Questionnaire item		TOTAL			Agency type (%)				Annual client caseload (%)			Location (%)	
		%	No. (unweighted)	No. (weighted)	FQHC	Planned Parenthood	Health department	Hospital/ other	< 2,000	2,000 – 9,999	10,000 +	Rural	Any urban
Q6 Of the total sites, how many provide contraceptive services?	1	47	114	599	13	2	62	42	66	58	18	57	35
	2–4	28	80	362	46	25	21	34	26	30	27	29	27
	5+	25	92	325	41	74	17	23	8	12	55	14	38
	No response	0	44	201	0	0	0	0	0	0	0	0	0
Q7 Of the total sites, how many receive Title X funding?	1	52	129	652	29	13	65	45	68	62	27	60	43
	2–4	27	78	344	44	30	19	35	24	30	28	28	26
	5+	21	72	260	27	57	16	20	8	9	45	12	30
	No response	0	51	231	0	0	0	0	0	0	0	0	0
Q8 Of the total sites, are they mostly rural, mostly urban/suburban, or about half rural/half urban?	Mostly rural	52	152	762	30	10	65	40	76	56	27	100	0
	Mostly urban/suburban	32	121	469	60	70	21	33	9	31	51	0	66
	About half rural/half urban	17	54	245	10	21	14	27	15	13	22	0	34
	No response	0	3	11	0	0	0	0	0	0	0	0	0
For questions 9–12, which of the following best describes your current and prospective use of HIT within the next 2 years (including practice management systems and electronic health records systems) for each activity at your contraceptive services sites?													
Q9a Staff use of HIT to accomplish: entry of clinical or follow-up notes and medical history	All sites	27	92	405	57	34	20	27	21	28	33	26	29
	Some sites	6	17	82	13	5	3	7	2	3	10	3	9
	No sites, planning to begin use	25	84	366	25	31	26	20	24	25	25	22	28
	No sites, interested in future use	37	119	551	5	31	44	41	40	41	30	44	30
	No sites, not interested in using	5	14	72	0	0	6	5	12	3	1	6	4
	No response	0	4	12	0	0	0	0	0	0	0	0	0
Q9b Staff use of HIT to accomplish: third-party billing and receivables	All sites	64	213	918	85	77	62	52	49	62	77	59	68
	Some sites	7	23	107	2	6	8	9	5	8	9	9	6
	No sites, planning to begin use	10	32	151	10	9	9	16	12	11	9	9	12
	No sites, interested in future use	13	41	191	3	8	16	15	22	15	5	16	10
	No sites, not interested in using	5	13	73	0	0	5	9	11	4	1	6	4
	No response	0	8	46	0	0	0	0	0	0	0	0	0

APPENDIX TABLE 2 (continued)

Questionnaire item		TOTAL			Agency type (%)				Annual client caseload (%)			Location (%)	
		%	No. (unweighted)	No. (weighted)	FQHC	Planned Parenthood	Health department	Hospital/ other	< 2,000	2,000 – 9,999	10,000 +	Rural	Any urban
Q9c Staff use of HIT to accomplish: supply inventory	All sites	35	115	508	42	37	36	27	36	30	39	34	35
	Some sites	5	14	71	5	3	3	10	3	4	7	4	6
	No sites, planning to begin use	19	60	274	17	19	19	18	19	21	15	18	20
	No sites, interested in future use	36	122	535	29	41	37	38	36	39	34	38	35
	No sites, not interested in using	5	14	78	7	0	5	7	6	6	4	7	4
	No response	0	5	21	0	0	0	0	0	0	0	0	0
Q9d Staff use of HIT to accomplish: ordering/receiving labratory tests	All sites	54	180	799	78	55	54	41	44	54	63	52	57
	Some sites	8	27	113	7	14	6	10	6	5	11	5	11
	No sites, planning to begin use	12	41	177	15	17	11	12	16	12	9	12	13
	No sites, interested in future use	23	69	334	0	14	23	38	25	28	15	27	18
	No sites, not interested in using	3	9	44	0	0	5	0	9	1	1	4	2
	No response	0	4	20	0	0	0	0	0	0	0	0	0
Q9e Staff use of HIT to accomplish: prescribing of medication	All sites	28	91	410	62	31	19	27	20	28	34	24	32
	Some sites	6	17	81	12	5	4	7	2	4	10	4	7
	No sites, planning to begin use	19	70	285	26	34	17	18	22	16	21	18	22
	No sites, interested in future use	38	120	552	0	30	45	45	42	44	29	43	32
	No sites, not interested in using	9	27	134	0	0	15	3	14	9	6	11	7
	No response	0	5	24	0	0	0	0	0	0	0	0	0
Q9f Staff use of HIT to accomplish: notifying patients of lab results or availability of results	All sites	19	58	272	30	17	15	22	15	22	18	19	18
	Some sites	5	15	71	12	5	2	7	3	1	11	3	8
	No sites, planning to begin use	18	67	267	33	33	15	15	18	19	18	17	21
	No sites, interested in future use	47	153	688	20	44	55	45	44	50	48	48	47
	No sites, not interested in using	11	30	153	5	2	13	10	20	8	6	14	7
	No response	0	7	35	0	0	0	0	0	0	0	0	0

Questionnaire item		TOTAL			Agency type (%)				Annual client caseload (%)			Location (%)	
		%	No. (unweighted)	No. (weighted)	FQHC	Planned Parenthood	Health department	Hospital/ other	< 2,000	2,000 – 9,999	10,000 +	Rural	Any urban
Q9g Staff use of HIT to accomplish: appointment reminders	All sites	29	88	424	35	14	32	20	24	31	30	32	25
	Some sites	7	24	97	10	11	5	7	5	4	10	3	11
	No sites, planning to begin use	18	64	268	32	27	16	15	20	19	16	15	22
	No sites, interested in future use	41	133	598	21	44	41	50	41	40	42	43	38
	No sites, not interested in using	6	18	86	2	5	6	9	10	6	2	8	4
	No response	0	3	15	0	0	0	0	0	0	0	0	0
Q9h Staff use of HIT to accomplish: clinical decision support (contraindication alerts, follow-up, etc.)	All sites	25	88	366	56	41	16	24	21	24	30	22	27
	Some sites	4	14	59	5	8	2	7	0	3	8	3	5
	No sites, planning to begin use	21	69	310	32	22	20	18	22	20	21	20	23
	No sites, interested in future use	45	141	662	8	30	53	50	44	51	39	48	41
	No sites, not interested in using	5	16	79	0	0	9	2	13	3	2	6	4
	No response	0	2	10	0	0	0	0	0	0	0	0	0
Q9i Staff use of HIT to accomplish: other	All sites	8	6	16	0	50	4	11	0	0	38	5	12
	Some sites	0	0	0	0	0	0	0	0	0	0	0	0
	No sites, planning to begin use	26	11	51	100	38	19	33	26	29	23	23	31
	No sites, interested in future use	40	16	79	0	13	38	55	39	53	27	46	33
	No sites, not interested in using	25	10	49	0	0	38	0	35	18	12	26	24
	No response	0	287	1293	0	0	0	0	0	0	0	0	0
Q10a Family planning clients' online access to: medical records	All sites	7	23	109	9	8	6	10	4	8	10	9	6
	Some sites	2	5	24	5	0	2	0	2	1	2	2	1
	No sites, planning to begin use	20	66	292	28	23	18	20	23	16	21	16	25
	No sites, interested in future use	45	155	657	51	61	45	38	39	49	48	47	44
	No sites, not interested in using	26	74	371	7	8	29	31	33	27	18	26	24
	No response	0	7	35	0	0	0	0	0	0	0	0	0

APPENDIX TABLE 2 (continued)

Questionnaire item		TOTAL			Agency type (%)				Annual client caseload (%)			Location (%)	
		%	No. (unweighted)	No. (weighted)	FQHC	Planned Parenthood	Health department	Hospital/ other	< 2,000	2,000 – 9,999	10,000 +	Rural	Any urban
Q10b Family planning clients' online access to: appointment scheduling	All sites	19	73	280	14	38	21	13	15	16	26	21	18
	Some sites	4	14	55	10	6	3	0	4	3	4	1	6
	No sites, planning to begin use	15	48	217	24	17	12	17	17	11	19	12	18
	No sites, interested in future use	48	151	705	45	38	47	56	41	58	45	49	48
	No sites, not interested in using	14	39	199	7	2	16	14	24	13	7	17	10
	No response	0	5	32	0	0	0	0	0	0	0	0	0
Q10c Family planning clients' online access to: laboratory results	All sites	15	47	214	14	14	15	16	12	13	19	17	13
	Some sites	3	8	40	10	0	2	0	1	2	5	2	4
	No sites, planning to begin use	18	62	262	21	27	17	17	19	16	20	16	21
	No sites, interested in future use	46	154	663	43	58	45	47	42	52	44	46	46
	No sites, not interested in using	18	51	268	13	2	21	21	26	18	12	19	16
	No response	0	8	40	0	0	0	0	0	0	0	0	0
Q10d Family planning clients' access to: supply or prescription refills	All sites	9	28	130	12	13	6	14	7	8	12	9	9
	Some sites	2	7	35	10	0	2	0	1	0	5	1	4
	No sites, planning to begin use	15	51	218	21	22	13	15	15	12	18	12	18
	No sites, interested in future use	52	175	753	50	63	52	50	49	55	52	55	50
	No sites, not interested in using	21	60	306	7	3	27	21	27	25	12	23	18
	No response	0	9	45	0	0	0	0	0	0	0	0	0
Q10e Family planning clients' access to: other	All sites	3	4	9	0	38	3	0	4	0	7	3	4
	Some sites	2	1	5	14	0	0	0	0	0	9	0	5
	No sites, planning to begin use	19	12	55	28	13	24	0	19	5	38	26	6
	No sites, interested in future use	46	28	133	31	38	45	62	40	68	27	45	49
	No sites, not interested in using	30	17	87	28	13	29	38	38	27	20	26	37
	No response	0	268	1199	0	0	0	0	0	0	0	0	0

Questionnaire item		TOTAL			Agency type (%)				Annual client caseload (%)			Location (%)	
		%	No. (unweighted)	No. (weighted)	FQHC	Planned Parenthood	Health department	Hospital/ other	< 2,000	2,000 – 9,999	10,000 +	Rural	Any urban
Q11a Generation of reports or information exchange for: Family Planning Annual Report (FPAR)	All sites	53	184	779	53	69	54	48	49	52	59	49	58
	Some sites	8	28	117	7	13	8	9	8	6	11	5	11
	No sites, planning to begin use	11	32	157	21	9	7	14	12	10	8	9	12
	No sites, interested in future use	23	68	332	19	9	26	21	22	26	21	29	16
	No sites, not interested in using	5	13	77	0	0	6	9	9	7	1	8	2
	No response	0	5	25	0	0	0	0	0	0	0	0	0
Q11b Generation of reports or information exchange for: STI state reporting	All sites	47	156	682	46	51	54	27	39	46	54	42	51
	Some sites	6	19	85	2	5	7	5	5	5	7	5	7
	No sites, planning to begin use	11	33	154	21	8	8	12	16	9	8	11	10
	No sites, interested in future use	31	100	459	30	34	25	47	30	34	31	35	28
	No sites, not interested in using	5	14	78	0	2	6	9	10	7	0	7	3
	No response	0	8	29	0	0	0	0	0	0	0	0	0
Q11c Generation of reports or information exchange for: Uniform Data System (UDS) reports	All sites	33	94	433	81	29	24	21	13	30	51	24	42
	Some sites	4	12	53	7	4	4	2	3	3	6	3	5
	No sites, planning to begin use	14	40	181	9	19	13	18	19	13	9	12	16
	No sites, interested in future use	35	102	464	2	33	43	41	43	35	30	43	27
	No sites, not interested in using	14	41	190	0	15	17	19	22	18	4	19	10
	No response	0	41	166	0	0	0	0	0	0	0	0	0
Q11d Generation of reports or information exchange for: family planning–specific clinical quality and outcomes reports (e.g., FPCA)	All sites	26	82	359	51	31	19	27	18	22	36	20	32
	Some sites	6	19	75	9	8	6	2	5	6	6	5	6
	No sites, planning to begin use	17	51	229	21	16	17	13	14	20	15	15	19
	No sites, interested in future use	43	127	585	20	36	47	51	45	43	43	49	37
	No sites, not interested in using	9	26	117	0	8	11	8	18	10	1	11	6
	No response	0	25	122	0	0	0	0	0	0	0	0	0

APPENDIX TABLE 2 (continued)

Questionnaire item		TOTAL			Agency type (%)				Annual client caseload (%)			Location (%)	
		%	No. (unweighted)	No. (weighted)	FQHC	Planned Parenthood	Health department	Hospital/ other	< 2,000	2,000 – 9,999	10,000 +	Rural	Any urban
Q11e Generation of reports or information exchange for: HEDIs or other quality assurance efforts	All sites	19	60	255	55	27	12	11	5	13	36	12	27
	Some sites	6	17	82	13	3	4	8	4	9	5	3	9
	No sites, planning to begin use	15	48	207	24	20	13	15	18	12	16	14	17
	No sites, interested in future use	46	136	626	8	37	57	48	52	52	36	54	38
	No sites, not interested in using	13	38	179	0	12	15	19	21	14	7	17	9
	No response	0	31	138	0	0	0	0	0	0	0	0	0
Q11f Generation of reports or information exchange for: internal management reports	All sites	50	177	723	66	79	48	39	30	52	65	44	57
	Some sites	11	30	154	15	3	10	12	9	6	16	6	16
	No sites, planning to begin use	10	30	147	14	10	6	19	18	8	6	10	10
	No sites, interested in future use	22	64	309	5	8	27	21	29	26	11	29	13
	No sites, not interested in using	7	18	102	0	0	9	9	14	8	1	10	4
	No response	0	11	52	0	0	0	0	0	0	0	0	0
Q11g Generation of reports or information exchange for: facilitating referrals to or from outside providers	All sites	19	62	280	53	18	13	14	16	13	29	16	23
	Some sites	5	15	70	15	3	3	4	1	5	8	3	7
	No sites, planning to begin use	20	65	282	18	26	19	20	15	22	19	17	23
	No sites, interested in future use	48	157	695	15	53	54	53	50	52	43	53	43
	No sites, not interested in using	8	21	116	0	0	11	9	18	8	1	11	4
	No response	0	10	44	0	0	0	0	0	0	0	0	0
Q11h Generation of reports or information exchange for: other	All sties	5	5	11	55	80	0	0	0	0	52	0	17
	Some sites												
	No sites, planning to begin use	20	7	41	45	0	19	22	23	22	0	22	18
	No sites, interested in future use	52	21	103	0	20	56	56	54	56	24	61	33
	No sites, not interested in using	23	8	45	0	0	26	22	23	22	24	18	33
	No response	0	289	1287	0	0	0	0	0	0	0	0	0

Questionnaire item		TOTAL			Agency type (%)				Annual client caseload (%)			Location (%)	
		%	No. (unweighted)	No. (weighted)	FQHC	Planned Parenthood	Health department	Hospital/ other	< 2,000	2,000 – 9,999	10,000 +	Rural	Any urban
If you are currently using an EHR or practice management system at any of your contraceptive services sites, was substantial customization of the system done in order to:													
Q12a EHR system customized to: meet FPAR reporting requirements	Yes	75	118	476	74	76	78	71	69	81	73	69	79
	No	25	36	158	26	24	22	29	31	19	27	31	21
	NA	0	148	719	0	0	0	0	0	0	0	0	0
	No response	0	28	134	0	0	0	0	0	0	0	0	0
Q12b EHR system customized to: support sliding fee scales and related billing issues	Yes	71	124	513	60	66	83	59	76	75	63	69	71
	No	29	48	214	40	34	17	41	24	25	37	31	29
	NA	0	129	630	0	0	0	0	0	0	0	0	0
	No response	0	29	130	0	0	0	0	0	0	0	0	0
Q12c EHR system customized to: ensure client confidentiality	Yes	59	90	411	50	33	73	54	57	69	51	59	59
	No	41	74	281	50	67	27	46	43	31	49	41	41
	NA	0	135	648	0	0	0	0	0	0	0	0	0
	No response	0	31	147	0	0	0	0	0	0	0	0	0
Q12d EHR system customized to: other	Yes	58	75	304	47	58	69	52	53	60	58	53	63
	No	42	53	219	53	43	31	48	47	40	42	47	37
	NA	0	136	653	0	0	0	0	0	0	0	0	0
	No response	0	66	311	0	0	0	0	0	0	0	0	0
Q13 Has your agency or any of your sites or clinicians received subsidies, financial assistance or incentive payments to purchase, implement, upgrade or operate HIT systems?	Yes	18	63	260	54	27	10	14	7	18	26	10	27
	No	82	259	1192	46	73	90	86	93	82	74	90	73
	No response	0	8	35	0	0	0	0	0	0	0	0	0
Q14a Received assistance to implement HIT from: Medicaid	Yes	8	4	16	0	14	23	0	0	7	12	22	4
	No	92	37	172	100	86	77	100	100	93	88	78	96
	No response	0	289	1300	0	0	0	0	0	0	0	0	0
Q14b Received assistance to implement HIT from: private insurer(s)	Yes	0	0	0	0	0	0	0	0	0	0	0	0
	No	100	38	177	100	100	100	100	100	100	100	100	100
	No response	0	292	1311	0	0	0	0	0	0	0	0	0

APPENDIX TABLE 2 (continued)

Questionnaire item		TOTAL			Agency type (%)				Annual client caseload (%)			Location (%)	
		%	No. (unweighted)	No. (weighted)	FQHC	Planned Parenthood	Health department	Hospital/ other	< 2,000	2,000 – 9,999	10,000 +	Rural	Any urban
Q14c Received assistance to implement HIT from: hospital system(s)	Yes	0	0	0	0	0	0	0	0	0	0	0	0
	No	100	38	177	100	100	100	100	100	100	100	100	100
	No response	0	292	1311	0	0	0	0	0	0	0	0	0
Q14dReceived assistance to implement HIT from: Title X	Yes	23	11	47	11	29	43	15	19	21	22	36	19
	No	77	33	155	89	71	57	85	81	79	78	64	81
	No response	0	286	1285	0	0	0	0	0	0	0	0	0
Q14e Received assistance to implement HIT from: donor	Yes	20	14	36	19	82	0	27	0	32	17	26	18
	No	80	29	147	81	18	100	73	100	68	83	74	82
	No response	0	287	1305	0	0	0	0	0	0	0	0	0
Q14f Received assistance to implement HIT from: other	Yes	76	38	177	86	55	73	64	100	71	77	68	78
	No	24	15	57	14	45	27	36	0	29	23	32	22
	No response	0	277	1254	0	0	0	0	0	0	0	0	0
Q15 What proportion of all health care client encounters at this agency as a whole in 2009 were billed to Medicaid (including Medicaid managed care and Medicaid waiver programs)?	0	3	6	26	0	2	6	0	11	0	0	5	2
	1–24%	28	55	225	12	34	31	30	28	30	25	27	29
	25–49%	36	67	291	77	32	29	23	25	33	46	30	41
	50–74%	23	38	188	7	18	21	39	23	29	18	25	22
	75–100%	10	21	83	4	14	13	8	13	7	11	14	7
	Don't know	0	134	634	0	0	0	0	0	0	0	0	0
	No response	0	9	41	0	0	0	0	0	0	0	0	0
Q16 Of the total service delivery sites in your agency, approximately how many of them had at least 30% of client encounters billed to Medicaid?	None	24	76	338	16	23	26	24	30	22	22	27	20
	Some	20	63	279	25	21	20	18	19	23	18	18	22
	Most	22	75	304	29	31	24	10	26	15	24	23	20
	All	34	97	481	29	26	30	48	25	40	35	32	38
	No response	0	19	86	0	0	0	0	0	0	0	0	0

Questionnaire item		TOTAL			Agency type (%)				Annual client caseload (%)			Location (%)	
		%	No. (un-weight-ed)	No. (weighte d)	FQHC	Planned Parent-hood	Health departm ent	Hosp-ital/ other	< 2,000	2,000 – 9,999	10,000 +	Rural	Any urban
Q17 Have you gone through the process of determining whether any of your physicians or nurse practitioners will be eligible for the Medicaid E.H.R. incentive program?	Yes	29	109	420	73	63	15	31	9	28	47	18	40
	No	71	211	1018	27	38	85	69	91	72	53	82	60
	No response	0	10	50	0	0	0	0	0	0	0	0	0
Q18 If yes, what proportion of your physicians or nurse practitioners will be eligible?	None	13	15	55	0	16	15	25	21	16	10	15	12
	Some	12	16	52	11	21	12	10	19	11	11	11	13
	Most	41	46	178	55	47	31	34	32	25	53	29	47
	All	34	32	144	34	16	42	31	28	48	26	45	28
	No response	0	221	1058	0	0	0	0	0	0	0	0	0
Q19 Are you eligible (or you on their behalf) planning on applying for the Medicaid EHR incentive program?	Yes, as soon as possible	11	42	164	28	23	5	14	8	10	16	8	14
	Yes, at some point	23	81	327	58	42	15	17	14	20	33	14	32
	Uncertain	54	161	773	12	31	67	53	64	57	43	66	42
	No	12	33	167	2	5	13	15	15	13	8	12	12
	No response	0	13	57	0	0	0	0	0	0	0	0	0
Q20 Has your agency conducted an assessment to determine its readiness to successfully implement an HIT system?	Yes	41	137	583	98	55	30	28	17	35	66	30	52
	No, but planning to in next two years	38	124	543	0	44	42	51	42	42	31	43	33
	No, and no plans to do so	21	57	296	2	2	27	21	40	23	3	26	15
	already implemented HIT	0	1	5	0	0	1	0	0	1	0	0	0
	No response	0	11	60	0	0	0	0	0	0	0	0	0
Q21 Thinking of your agency as a whole, including all your health care service sites, how prepared is your organization to implement and use HIT in each of the following areas?													
Q21a Preparedness for HIT in: IT infrastructure (e.g., computers, data storage)	Not prepared	22	68	322	7	14	25	29	35	24	10	26	18
	Middle or neither	27	83	386	17	17	31	27	25	31	24	28	25
	Prepared	51	170	729	76	69	45	44	40	45	65	45	56
	No response	0	9	50	0	0	0	0	0	0	0	0	0

APPENDIX TABLE 2 (continued)

Questionnaire item		TOTAL			Agency type (%)				Annual client caseload (%)			Location (%)	
		%	No. (un-weighted)	No. (weighted)	FQHC	Planned Parenthood	Health department	Hospital/ other	< 2,000	2,000 – 9,999	10,000 +	Rural	Any urban
Q21b Preparedness for HIT in: internet access/connectivity	Not prepared	13	38	180	2	8	14	16	26	10	4	12	14
	Middle or neither	19	57	271	14	9	20	22	20	24	12	26	12
	Prepared	69	226	986	84	83	66	62	53	66	83	62	75
	No response	0	9	50	0	0	0	0	0	0	0	0	0
Q21c Preparedness for HIT in: IT support	Not prepared	22	73	319	9	23	24	27	38	20	13	23	22
	Middle or neither	25	74	350	18	14	27	25	24	25	25	27	22
	Prepared	53	172	756	73	63	49	48	38	55	62	49	56
	No response	0	11	61	0	0	0	0	0	0	0	0	0
Q21d Preparedness for HIT in: staff IT literacy	Not prepared	26	83	377	9	21	31	29	38	27	17	27	25
	Middle or neither	29	99	413	17	38	35	20	33	29	24	33	24
	Prepared	45	137	640	74	41	35	52	29	44	59	40	50
	No response	0	11	57	0	0	0	0	0	0	0	0	0
Q21e Preparedness for HIT in: staff experience with EHR and other HIT systems	Not prepared	49	159	700	18	50	55	53	67	49	32	54	43
	Middle or neither	23	76	332	12	27	25	25	23	21	26	26	21
	Prepared	28	86	405	70	23	20	23	10	30	42	21	36
	No response	0	9	50	0	0	0	0	0	0	0	0	0
Q21f Preparedness for HIT in: training capacity	Not prepared	34	107	488	5	27	39	44	50	35	21	35	34
	Middle or neither	30	101	428	28	36	35	16	33	28	29	35	24
	Prepared	36	112	515	67	38	26	40	17	38	50	30	42
	No response	0	10	57	0	0	0	0	0	0	0	0	0
Q23 How problematic are each of the following items in terms of your agency being able to successfully adopt and utilize an EHR system and other HIT?													
Q23a Problematic: difficulty identifying/building EHR system that fits your agency's specific needs	Not problematic	30	111	428	64	61	21	25	17	26	46	24	37
	Middle or neither	26	82	369	21	23	29	23	34	24	22	32	21
	Problematic	43	121	612	15	16	50	53	49	50	32	45	42
	No response	0	16	77	0	0	0	0	0	0	0	0	0
Q23b Problematic: concerns about patient confidentiality	Not problematic	61	202	867	86	82	54	56	46	62	71	53	69
	Middle or neither	18	57	256	12	13	22	13	18	21	15	20	16
	Problematic	21	58	302	2	5	23	31	36	17	14	27	15
	No response	0	13	63	0	0	0	0	0	0	0	0	0

Questionnaire item		TOTAL			Agency type (%)				Annual client caseload (%)			Location (%)	
		%	No. (un-weight-ed)	No. (weighte d)	FQHC	Planned Parent-hood	Health departm ent	Hosp-ital/ other	< 2,000	2,000 – 9,999	10,000 +	Rural	Any urban
Q23c Problematic: concerns about provider confidentiality	Not problematic	65	209	910	91	85	56	65	47	65	78	55	74
	Middle or neither	19	59	271	5	11	25	16	22	21	15	23	16
	Problematic	16	45	226	5	3	19	18	30	15	7	22	10
	No response	0	17	80	0	0	0	0	0	0	0	0	0
Q23d Problematic: initial acquisition costs (e.g., researching products, purchasing equipment/software	Not problematic	18	59	247	52	27	8	18	4	17	28	9	26
	Middle or neither	14	42	193	14	16	14	13	12	13	16	11	16
	Problematic	69	214	966	35	57	78	69	84	70	56	80	58
	No response	0	15	82	0	0	0	0	0	0	0	0	0
Q23e Problematic: implementation costs (conversion, abstraction of paper records, and training)	Not problematic	13	45	190	37	19	8	9	5	13	20	9	18
	Middle or neither	14	45	204	28	16	12	11	8	13	21	12	17
	Problematic	72	227	1027	34	65	80	80	87	75	59	79	66
	No response	0	13	67	0	0	0	0	0	0	0	0	0
Q23f Problematic: ongoing costs (e.g., maintenance, upgrades)	Not problematic	11	34	152	36	15	5	9	1	9	20	4	17
	Middle or neither	20	68	282	39	34	14	20	17	16	26	16	24
	Problematic	69	212	975	25	52	81	71	81	75	54	80	58
	No response	0	16	78	0	0	0	0	0	0	0	0	0
Q23g Problematic: resistance from patients	Not problematic	68	219	955	87	85	57	77	58	61	83	59	76
	Middle or neither	24	71	334	13	15	29	19	24	33	13	29	18
	Problematic	8	24	120	0	0	13	4	18	5	4	11	6
	No response	0	16	78	0	0	0	0	0	0	0	0	0
Q23h Problematic: resistance from clinical staff	Not problematic	48	152	670	54	56	42	56	44	50	49	50	45
	Middle or neither	29	91	414	26	27	31	28	34	27	28	23	36
	Problematic	23	71	322	20	17	27	16	23	23	23	27	19
	No response	0	16	82	0	0	0	0	0	0	0	0	0
Q23i Problematic: resistance from front-line staff	Not problematic	53	174	753	70	70	45	59	46	52	61	51	56
	Middle or neither	27	80	379	25	16	28	27	29	27	24	26	28
	Problematic	20	61	277	5	14	26	14	25	21	14	23	16
	No response	0	15	78	0	0	0	0	0	0	0	0	0

APPENDIX TABLE 2 (continued)

Questionnaire item		TOTAL			Agency type (%)				Annual client caseload (%)			Location (%)	
		%	No. (unweighted)	No. (weighted)	FQHC	Planned Parenthood	Health department	Hospital/ other	< 2,000	2,000 – 9,999	10,000 +	Rural	Any urban
Q23j Problematic: IT support availability and expertise	Not problematic	34	119	490	61	51	28	29	26	32	43	32	37
	Middle or neither	28	84	405	24	21	28	34	32	27	28	27	30
	Problematic	37	114	526	15	29	43	37	42	41	29	41	33
	No response	0	13	67	0	0	0	0	0	0	0	0	0
Q25 How useful would each of the following types of technical assistance be for your agency's successful adoption and utilization of an EHR system and other HIT?													
Q25a Usefulness of: readiness assessment and project planning	Not useful	25	83	348	46	39	19	23	12	24	35	17	33
	Middle or neither	19	54	262	26	9	19	15	20	22	15	21	16
	Useful	57	179	802	28	52	62	63	68	55	50	63	51
	No response	0	14	76	0	0	0	0	0	0	0	0	0
Q25b Usefulness of: implementation and project management	Not useful	21	67	300	44	25	17	17	9	23	30	15	28
	Middle or neither	17	52	240	17	14	18	16	21	19	12	22	13
	Useful	61	195	862	38	61	65	66	69	59	57	63	60
	No response	0	16	85	0	0	0	0	0	0	0	0	0
Q25c Usefulness of: training	Not useful	16	49	232	30	16	13	17	8	19	21	11	22
	Middle or neither	15	50	216	23	17	16	9	16	17	13	18	12
	Useful	68	216	959	46	67	72	74	76	64	66	70	66
	No response	0	15	81	0	0	0	0	0	0	0	0	0
Q25d Usefulness of: conversion from paper to electronic records	Not useful	18	57	250	46	22	13	12	8	21	23	13	24
	Middle or neither	16	46	220	20	11	14	18	17	17	14	18	13
	Useful	66	210	927	34	67	73	70	75	62	64	69	63
	No response	0	17	90	0	0	0	0	0	0	0	0	0
Q25e Usefulness of: customization to insure patient confidentiality	Not useful	24	78	341	58	32	17	21	9	25	37	18	32
	Middle or neither	16	54	229	8	21	19	14	21	18	10	18	15
	Useful	59	180	825	35	48	64	64	70	57	53	65	53
	No response	0	18	93	0	0	0	0	0	0	0	0	0

Source: Guttmacher Institute Health Information Technology (HIT) Survey of Publicly Funded Family Planning Agencies, 2011

2010 HEALTH INFORMATION TECHNOLOGY SURVEY OF FAMILY PLANNING AGENCIES

The Guttmacher Institute
125 Maiden Lane, New York, NY 10038
Phone (800) 355-0244 • Fax (212) 248-1951 • www.guttmacher.org

The purpose of this survey is to gather information about current use and preparedness to implement health information technologies (HIT) among agencies that administer the provision of publicly funded contraceptive services at one or more clinic sites. HIT includes electronic health records (EHRs) and practice management systems and other technologies that assist in the electronic collection, storage, use and exchange of health information.

Please be assured that we will make every effort to protect the confidentiality of your responses. We will not publish results that will permit identification of individual respondents or organizations. Please return this survey by **December 22, 2010**. Use the enclosed postage-paid envelope or send to the address above. You may also complete an online version, following the instructions in the cover letter.

If your clinic does **not** currently provide contraceptive services, please contact the field coordinator by e-mail or phone so we can remove you from our list of family planning providers. Any questions regarding this survey should be directed to Jenna Jerman, field coordinator, at (800) 355-0244 x2205 or jjerman@guttmacher.org or Jennifer Frost, project manager, x2279 or jfrost@guttmacher.org. **Thank you very much for completing this survey!**

Please mark any address corrections:

Please provide the following:

Name: _____
Title: _____
Telephone: _____
Fax: _____
E-mail: _____

(1-5)

I. AGENCY CHARACTERISTICS

1. What type of organization is your agency? ***(Check one box.)***

Health department (e.g., state, county, local)	☐ -1
Hospital	☐ -2
Planned Parenthood	☐ -3
Federally Qualified Health Center (e.g. community/migrant health centers)	☐ -4
Other (specify: _____)	☐ -5

(6) (7)

2. Which of the following best describes the primary service function of your agency? ***(Check one box.)***

Reproductive health services	☐ -1
Primary (general health) care	☐ -2
Other (specify: _____)	☐ -3

(8) (9)

3. Approximately how many total clients received outpatient health services (including both contraceptive and non-contraceptive services) at all sites administered by your agency during the past full year (either calendar or fiscal year)?

(10) <500 ☐ -1 500-1,999 ☐ -2 2,000-4,999 ☐ -3 5,000-9,999 ☐ -4 10,000-49,000 ☐ -5 50,000+ ☐ -6

4. Approximately what percentage of the total outpatient client caseload receives contraceptive services?

(11) <10% ☐ -1 10-24% ☐ -2 25-49% ☐ -3 50-74% ☐ -4 75-99% ☐ -5 100% ☐ -6

5. How many total clinic sites are administered by your agency? **Total sites**: ☐☐☐ (12-14)

(15-17) **6.** Of the total sites, how many provide contraceptive services? ☐☐☐

(18-20) **7.** Of the total sites, how many receive Title X funding? ☐☐☐

(21) **8.** Of the total sites, are they: ***(Check one box.)*** Mostly rural ☐ -1 Mostly urban/suburban ☐ -2 About half rural/half urban ☐ -3

II. USE OF HEALTH INFORMATION TECHNOLOGY (HIT)

For questions 9-12, which of the following best describes your current and prospective use of HIT within the next 2 years (including practice management systems and electronic health records systems) for each activity at your contraceptive services sites?

9. Staff use of HIT to accomplish:

		(Check one box per row.) Currently use HIT for specified activity at:				
		All sites	Some sites	No sites, planning to begin use	No sites, interested in future use	No sites, not interested in using
(22)	Entry of clinical or follow-up notes and medical history	☐-1	☐-2	☐-3	☐-4	☐-5
(23)	Third-party billing and receivables	☐-1	☐-2	☐-3	☐-4	☐-5
(24)	Supply inventory	☐-1	☐-2	☐-3	☐-4	☐-5
(25)	Ordering/receiving of laboratory tests	☐-1	☐-2	☐-3	☐-4	☐-5
(26)	Prescribing of medication	☐-1	☐-2	☐-3	☐-4	☐-5
(27)	Notifying patients of lab results or availability of results	☐-1	☐-2	☐-3	☐-4	☐-5
(28)	Appointment reminders	☐-1	☐-2	☐-3	☐-4	☐-5
(29)	Clinical decision support (e.g., contraindication alerts, follow-up, etc.)	☐-1	☐-2	☐-3	☐-4	☐-5
(30)	Other (specify:_____)	☐-1	☐-2	☐-3	☐-4	☐-5

(31)

10. Family planning clients' online access to:

(32)	Medical records	☐-1	☐-2	☐-3	☐-4	☐-5
(33)	Appointment scheduling	☐-1	☐-2	☐-3	☐-4	☐-5
(34)	Laboratory results	☐-1	☐-2	☐-3	☐-4	☐-5
(35)	Supply or prescription refills	☐-1	☐-2	☐-3	☐-4	☐-5
(36)	Other (specify:_____)	☐-1	☐-2	☐-3	☐-4	☐-5

(37)

11. Generation of reports or information exchange for:

(38)	Family Planning Annual Report (FPAR)	☐-1	☐-2	☐-3	☐-4	☐-5
(39)	Sexually transmitted infection (STI) state reporting	☐-1	☐-2	☐-3	☐-4	☐-5
(40)	Uniform Data System (UDS) reports	☐-1	☐-2	☐-3	☐-4	☐-5
(41)	Family planning-specific clinical quality and outcomes reports (e.g., FPCA)	☐-1	☐-2	☐-3	☐-4	☐-5
(42)	HEDIS or other quality assurance efforts	☐-1	☐-2	☐-3	☐-4	☐-5
(43)	Internal management reports	☐-1	☐-2	☐-3	☐-4	☐-5
(44)	Facilitating referrals to or from outside providers	☐-1	☐-2	☐-3	☐-4	☐-5
(45)	Other (specify:_____)	☐-1	☐-2	☐-3	☐-4	☐-5

12. If you are currently using an EHR or practice management system at any of your contraceptive service sites, was substantial customization of the system done in order to:

		Yes	No	NA
(46)	Meet FPAR reporting requirements	☐-1	☐-2	☐-3
(47)	Support sliding fee scales and related billing issues	☐-1	☐-2	☐-3
(48) (49)	Ensure client confidentiality (if yes, please specify how): _____	☐-1	☐-2	☐-3
(50) (51)	Meet other needs related to family planning provision (if yes, please specify needs):_____	☐-1	☐-2	☐-3

III. SUBSIDIES OR INCENTIVES

13. Has your agency or any of your sites or clinicians received subsidies, financial assistance or incentive payments to purchase, implement (including training), upgrade or operate HIT systems? (52)

Yes	☐ -1
No	☐ -2

If yes →

14. If yes, from whom? ***(Check all that apply.)***

(53)	Medicaid	☐ -1
(54)	Private Insurer(s)	☐ -2
(55)	Hospital System(s)	☐ -3
(56)	Title X	☐ -4
(57)	Donor	☐ -5
(58)	Other (specify:_____)	☐ -6

(59)

15. What proportion of all health care client encounters at the agency as a whole in 2009 were billed to Medicaid (including Medicaid managed care and Medicaid waiver programs)? (60-63)

_____%

16. Of the total service delivery sites in your agency, approximately how many of them had at least 30% of client encounters billed to Medicaid in 2009? (64)

None ☐ -1 Some ☐ -2 Most ☐ -3 All ☐ -4

17. Have you gone through the process of determining whether any of your physicians or nurse practitioners will be eligible for the Medicaid EHR incentive program? (65)

Yes	☐ -1
No	☐ -2

If yes →

18. If yes, what proportion of your physicians or nurse practitioners will be eligible? (66)

None	☐ -1
Some	☐ -2
Most	☐ -3
All	☐ -4

19. Are your eligible clinicians (or you on their behalf) planning on applying for the Medicaid EHR incentive program? ***(Check one box.)*** (67)

Yes, as soon as possible ☐ -1 Yes, at some point ☐ -2 Uncertain ☐ -3 No ☐ -4

IV. COMPETENCY AND BARRIERS

20. Has your agency conducted an assessment to determine its readiness to successfully implement an HIT system? ***(Check one box.)*** (68)

Yes ☐ -1 No, but planning to in next 2 years ☐ -2 No, and no plans to do so ☐ -3

21. Thinking of your agency as a whole, including all your health care service sites, how prepared is your organization to implement and use HIT in each of the following areas?

	Rate preparedness level using a scale from 1 to 5. (Check one box per row.)	**Not at all prepared 1**	**2**	**3**	**4**	**Very prepared 5**
(69)	IT infrastructure (e.g., computers, data storage)	☐ -1	☐ -2	☐ -3	☐ -4	☐ -5
(70)	Internet access/connectivity	☐ -1	☐ -2	☐ -3	☐ -4	☐ -5
(71)	IT support	☐ -1	☐ -2	☐ -3	☐ -4	☐ -5
(72)	Staff IT literacy	☐ -1	☐ -2	☐ -3	☐ -4	☐ -5
(73)	Staff experience with EHR and other HIT systems	☐ -1	☐ -2	☐ -3	☐ -4	☐ -5
(74)	Training capacity	☐ -1	☐ -2	☐ -3	☐ -4	☐ -5

22. Describe what you consider to be your agency's greatest weakness(es) in terms of HIT preparedness:

(75) _____

(76) _____

(77) _____

23. How problematic are each of the following items in terms of your agency being able to successfully adopt and utilize an EHR system and other HIT:

Rate problem level using a scale from 1 to 5. ***(Check one box per row.)***	**Not at all problematic 1**	**2**	**3**	**4**	**Very problematic 5**
(78) Difficulty identifying/building an EHR system that fits your agency's specific needs	☐ -1	☐ -2	☐ -3	☐ -4	☐ -5
(79) Concerns about patient confidentiality	☐ -1	☐ -2	☐ -3	☐ -4	☐ -5
(80) Concerns about provider confidentiality	☐ -1	☐ -2	☐ -3	☐ -4	☐ -5
(81) Initial acquisition costs (e.g., researching products, purchasing equipment/software, installation)	☐ -1	☐ -2	☐ -3	☐ -4	☐ -5
(82) Implementation costs (conversion, abstraction of paper records, and training)	☐ -1	☐ -2	☐ -3	☐ -4	☐ -5
(83) Ongoing costs (e.g., maintenance, upgrades)	☐ -1	☐ -2	☐ -3	☐ -4	☐ -5
(84) Resistance from patients	☐ -1	☐ -2	☐ -3	☐ -4	☐ -5
(85) Resistance from clinical staff	☐ -1	☐ -2	☐ -3	☐ -4	☐ -5
(86) Resistance from front-line staff	☐ -1	☐ -2	☐ -3	☐ -4	☐ -5
(87) IT support availability and expertise	☐ -1	☐ -2	☐ -3	☐ -4	☐ -5

24. Describe what you consider to be your agency's greatest barrier(s) to expanded HIT utilization:

(88) _____

(89) _____

(90) _____

25. How useful would each of the following types of technical assistance be for your agency's successful adoption and utilization of an EHR system and other HIT?

Rate usefulness level using a scale from 1 to 5. ***(Check one box per row.)***	**Not at all useful 1**	**2**	**3**	**4**	**Very useful 5**
(91) Readiness assessment and project planning	☐ -1	☐ -2	☐ -3	☐ -4	☐ -5
(92) Implementation and project management	☐ -1	☐ -2	☐ -3	☐ -4	☐ -5
(93) Training	☐ -1	☐ -2	☐ -3	☐ -4	☐ -5
(94) Conversion from paper to electronic records	☐ -1	☐ -2	☐ -3	☐ -4	☐ -5
(95) Customization to insure patient confidentiality	☐ -1	☐ -2	☐ -3	☐ -4	☐ -5

26. What other types of technical assistance would be useful for your agency?

(96) _____

(97) _____

(98) _____

Thank you again for completing the survey!

Advancing sexual and reproductive health worldwide through research, policy analysis and public education

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