

Telling Missouri's Public Health Stories



Bold Transition to Electronic Health Records

Fourteen local public health agencies (LPHAs) in southeast Missouri embark on a bold transition from paper charting to electronic medical records. The move marks an effort to modernize and streamline public health processes for greater efficiency, improved accuracy and cost savings. Participants also hope the effort will lead to opportunities for increased revenue to bolster severely limited budgets.

The Cape Girardeau County Public Health Center leads the effort, with support from a three-year, \$743,000 grant from Missouri Foundation for Health. Grant funds have been used to purchase the electronic health record software and to cover staff training and implementation.

Jane Wernsman, director of the Cape Girardeau County Public Health Center, says many local public health agencies in Missouri still use paper records, which are not as efficient as an electronic medical record system. She believes transitioning to electronic health records will result in improved documentation and a more streamlined system for capturing allowable financial reimbursement. These improvements should eventually translate into more revenue for local public health agencies.



“By utilizing health information technology we hope to strengthen public health infrastructure in Southeast Missouri,” says Wernsman, “making it more sustainable and responsive to the region’s needs. Implementation of electronic health records (EHR) systems will allow the agencies to bill public and private insurance plans for immunizations and other billable services. The additional income will increase the capacity to provide public health services.”



Jane Wernsman, Director, Cape Girardeau County Public Health Center
Photo Credit: Southeast Missourian

Most of Missouri’s LPHAs rely on a local mil tax to fund the myriad of programs and services they deliver to county residents on a daily basis. In their original funding proposal the counties described the variance in public health income within their region.

“A recent survey determined the average annual budget of the seventeen LPHS’s is \$1,45,827. The operating budget income ranges from \$442,297 to \$2,700,749 per year. Local support, primarily from county mill taxes, accounts for 45% of the budgets. Income generated through billing Medicaid, Medicare, and private insurance accounts for only six (06%) percent of the average annual income. The amount ranges from \$3,680 to \$191,604 per year and averages \$88,687 among the seventeen LPHAs.”

Wernsman adds, “It is anticipated that private insurance, Medicaid, and Medicare revenues will increase over the three-year project lifespan.”

The transition to EHR will also facilitate more timely accurate data collection, something Wernsman believes will strengthen public health infrastructure capability in three core areas: assessment, policy development and assurance.

“In order to carry out these core functions, public health agencies depend on reliable, timely data and clinical information. An EHR system will ensure a robust, data rich, information base that will provide critical information from the multi-disciplines of epidemiology, environmental, health care management (primary care providers), policy development, demographics, geographic, socio-cultural and economic,” she says.

The transition to EHR hasn't been easy. Wernsman says one of the biggest challenges was to meet the specific electronic health records needs of each individual county while providing the best approach for public health in general – the need of one versus the need of many. The region was divided into four groups for training and staggered “go live” dates. Some that were eager to start the transition had to wait for training. Despite that, local public health agencies are optimistic about the project's success.

Staff at Bollinger County Health Department say, “It's a big challenge, but once we get all the bugs worked out, it's going to be great.”

Although the local public health agencies in this region have worked well together on a number of issues over the years, Wernsman applauds the collaborative nature of this project.

“For 14 local public agencies to go together and collaborate on a project like this is pretty significant,” she says. “I think it shows the spirit of local public health in Southeast Missouri. Through this project, we have experienced a clearer understanding of the services that each individual local public health agency provides . . . being responsive to the needs of their respective jurisdictions in terms of the services that they provide.”

Gerri Smith, administrator for the Pemiscot County Health Center agrees. “Part of our success [implementing EHR] is that we have each other. We did it in phases, but we've got somebody to call on who has already been through it.”

This type of collaborative spirit is paramount to the success of Missouri's public health system transformation initiative, #HealthierMO. In the face of continued funding cuts, local public health agencies are reaching out increasingly for assistance from neighboring LPHAs and community partners in order to assure the delivery of core public health services in their communities. This shift in public health service delivery is described by the Centers for Disease Control and Prevention (CDC) as the Public Health 3.0 model.

The CDC says, “Recent stressors on public health are driving many local governments to pioneer a new Public Health 3.0 model in which leaders serve as Chief Health Strategists, partnering across multiple sectors and leveraging data and resources to address social, environmental, and economic conditions that affect health and health equity.”



Training provided at St. Genevieve County Health Department for staff from St. Genevieve, St. Francois, Iron, and Washington Counties.

Missouri's #HealthierMO initiative seeks to apply the Public Health 3.0 model to ongoing transformation efforts that will affect statewide public health system changes. The initiative's vision is to create a stronger, more sustainable, culturally relevant and responsive public health system that can better meet the needs of Missouri's diverse communities.

Wernsman says, "An EHR system is one tool that can provide the local public health agency with the capability to meet that vision. Real time local data that can be readily collected, assessed and disseminated will help to standardize that data. At the same time, the EHR will support the LPHA's capability to increase billing revenues, automate work flow, reduce duplicate data entry, while complying with federal Meaningful Use requirements."

Rachelle Johnson, administrator of the Mississippi County Health Department counts the transition to EHR as one of her agency's top successes of the year.



Counties participating in the EHR transformation include Bollinger, Butler, Cape Girardeau, Dunklin, Iron, New Madrid, Mississippi, Pemiscot, Ripley, Scott, St. Francois, Ste. Genevieve, Stoddard and Washington.

For other LPHAs considering a switch to EHR, Wernsman offers four pieces of advice:

- 1) Identify on the front end your agencies capacity/capability to undertake the implementation and utilization of an EHR.
- 2) Identify on the front end (before requesting demos) programs that you are providing and data that you want collected.
- 3) Appoint an EHR coordinator or "champion" for the office.
- 4) Develop the capacity to train staff and bill more efficiently for public health services and increase billing revenues / billing sources.

She adds that safety, security and comfort came in numbers, at least for her group. "With 14 LPHAs participating, we not only have the training and support from the vendor, but each of us has 13 other counties to call on and ask the 'how to's'."

This is collaboration at its finest!

The #HealthierMO initiative is seeking more stories like this one that demonstrate how partners in Missouri's greater public health system are working together to transform the future of public health in our state and offer every resident the opportunity for a healthier life. If you have a story to share, message us on Facebook @ [HealthierMO](#) or Twitter @ [aHealthierMO](#) or email Communications Coordinator Jaci McReynolds at jmcreynolds@healthiermo.org. Learn more about the initiative and how you can get involved at [HealthierMO.org](#).