Chapter 11
Health Information Technology Collaboration in Community Health Centers: The Community Partners HealthNet, Inc.

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EXECUTIVE SUMMARY

Health-Center-Controlled Networks (HCCNs) are collaborative ventures that provide health information technologies to Community Health Centers (CHCs). Community Partners HealthNet (CPH), Inc. is a HCCN. CPH’s member organizations are non-profit health care organizations that provide primary health care to individuals in medically underserved areas. As non-profits, they must regularly seek grant funding from foundations and state and federal agencies to provide quality, accessible health care. Consequently, initiatives to adopt and implement Health Information Technologies (HIT) require individual CHCs to carefully consider
how best to incorporate HIT for improved patient care. This case study describes CPH, discusses the collaboration of six individual CHCs to create CPH, and then explains CPH’s on-going operations.

**ORGANIZATION BACKGROUND**

Community Partners HealthNet, Inc. (CPH) is a non-profit, federally-funded, Health-Center-Controlled Network (HCCN). The federal Health Resources and Services Administration (HRSA) defines an HCCN as: “A group of safety-net providers (a minimum of three collaborators/members) collaborating horizontally or vertically to improve access to care, enhance quality of care, and achieve cost efficiencies through the redesign of practices to integrate services, optimize patient outcomes, or negotiate managed care contracts on behalf of the participating members….HCCNs … exchange information and establish collaborative mechanisms to meet administrative, IT [information technology], and clinical quality objectives” (HRSA, 2012). Benefits of being an HCCN include federal financial incentives and favorable status in the awarding of federal grants (HRSA, 2012). CPH’s member organizations began with six Community Health Centers (CHCs) in North Carolina. By 2011, it had expanded to include six multi-site CHCs (including three of the original members) and eight Rural Health Clinics (RHCs) in North Carolina and Texas (Community Partners HealthNet, 2012).

**Health Care Environment**

CPH’s member organizations are ambulatory safety-net health care providers (also known as “essential community providers” and “providers of last resort” [Lewin & Altman, 2000, p. 54]). The Institute of Medicine (IOM) has defined “core safety net provider” as a set of:

providers that organize and deliver a significant level of health care and other health-related services .... These providers have two distinguishing characteristics: (1) by legal mandate or explicitly adopted mission they maintain an “open door,” offering services to patients regardless of their ability to pay; and (2) a substantial share of their patient mix is uninsured, Medicaid, and other vulnerable patients (Lewin & Altman, 2000, p. 21).

Examples of core ambulatory safety-net providers are CHCs, RHCs, migrant clinics, free clinics, public health department clinics, and emergency rooms of public and teaching hospitals.
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