



To promote health through the effective use of information and information technology to support the medically underserved

**MESSAGE FROM THE CEO**

Dear OCHIN Family:

Thanks to the OCHIN collaborative, we have some very exciting news to share.

In April 2009, OCHIN's clinical director Susan Chauvie, RN, MPA-HA and three research partners, Jennifer DeVoe, MD, DPhil, OHSU, Amit Shah, MD, Multnomah County Health Department and Rachel Gold, PhD, MPH, CHR Kaiser Permanente Northwest will have an article published in Medical Care, a peer-reviewed national publication.

This newsletter highlights their work and the potential uses of our electronic data.

Abigail Sears, CEO

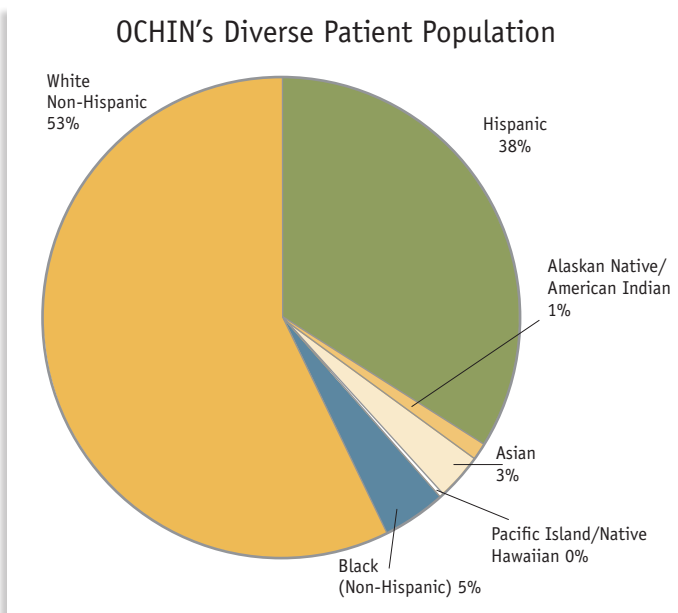
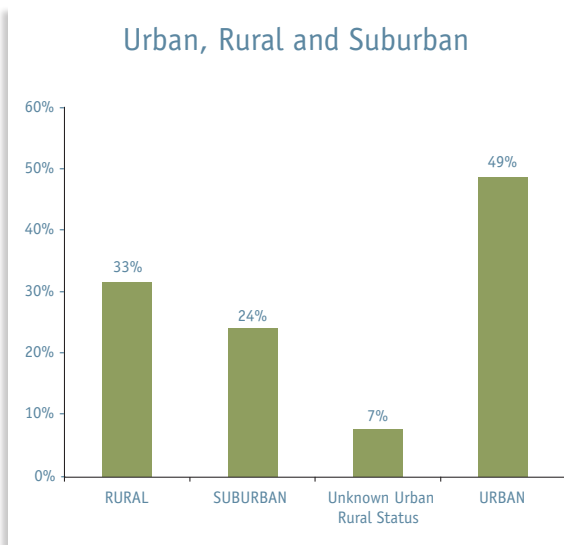
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**Insurance Continuity and Receipt of Diabetes Preventive Care in a Network of Federally Qualified Health Centers**

**The study shows that diabetic patients treated in federally qualified health centers (FQHCs) fare better with continuous insurance coverage and a medical home. And, FQHCs are doing a good job of providing health care to the underserved, but they cannot completely close the gap between patients who have continuous health coverage and those who don't.**

This is the first published study using data collected through OCHIN's practice management database. The study included administrative and insurance data from more than 100 safety-net clinics in Oregon, Washington and California serving more than 300,000 patients. Until the advent of Electronic Health Records in safety-net clinics, this data was very hard to come by. It required hours and hours of labor and sifting through paper charts and self-reported data. The work was made even more difficult by a lack of information on uninsured patients.

For the study, patients were considered to have continuous coverage if they had insurance on January 1, April 1, July 1 and October 1, 2005. They were considered to have interrupted or discontinuous coverage if they had coverage on at least one of those dates, but not all of them. Coverage included Medicaid, Medicare or private insurance.



OCHIN is one of only a few organizations in the nation collecting health-related data and statistics of low-income and uninsured populations. Currently, 66 percent are below 100 percent of the federal poverty level (FPL); 42 percent are covered by Medicaid/MediCal; 48 percent are uninsured; 60 percent are women and children; 38 percent are of Hispanic or Latino descent; 33 percent are from rural communities.

We strongly believe that our aggregate patient data can be used to inform local, state and federal health policies, and improve quality and treatment for low-income patients. We are very excited about this study and thank our collaborative members for allowing our participation.

Congratulations to the entire research team for this very useful publication.

To request a reprint of the article, please contact Rachel Gold, PhD, MPH, Center for Health Research Kaiser Permanente Northwest @Rachel.gold@kpchr.org

**In addition, OCHIN is working on 2 additional research projects that use data to improve health outcomes.**

**PASS2**

Using Electronic Health Records (EHR) data, the PASS2 study seeks to identify patients with asthma. It describes the trajectory of their disease in terms of healthcare utilization in order to better understand the burden of asthma in populations served by community-based practices. Funded by the Centers for Disease Control (CDC), this study focuses on extracting asthma-related information from EHR via the clinicians notes to monitor asthma incidence, prevalence and asthma-related healthcare utilization in community-based practices of OCHIN.

**Asthma Care Quality**

This study, funded by the Agency for Healthcare Research and Quality (AHRQ), will lead to improvements in how we assess the quality of asthma care. Asthma is known to be especially pronounced in medically vulnerable populations.

The study uses specialized computer programs to analyze the electronic health records of identified asthma patients in order to determine their receipt of recommended care.

Using this data, clinicians can better monitor the delivery of asthma care. The results of this work will help develop, implement and evaluate a method to automatically assess the quality of outpatient asthma care.