



Kentucky

Number (Percent) of Responding Health Centers*: 12 (100%)

Acquisition and Use of Electronic Health Information

Percent reporting that they **submit claims electronically**:

- 83% Yes
- 17% No
- 0% Don't Know

Percent reporting that they **use Electronic Medical Records (EMRs)**:

- 25% Yes, all electronic
- 0% Yes, part paper and part electronic
- 75% No

Percent reporting that they **plan to install a new EMR system or replace the current system** within the next 3 years:

- 50% Yes
- 17% No
- 33% Maybe
- 0% Don't Know

Percent reporting that have **more than one primary care delivery site**: 75%

Of these, percent reporting the capacity their other sites have on average:

- Less capacity than primary site: 56%
- About the same capacity: 44%
- Greater capacity: 0%

Percent reporting that they maintain any **disease-specific patient registries** (e.g., depression, diabetes, asthma): 83%

Percent reporting that they maintain any patient registries as part of HRSA's **Health Disparities Collaboratives**: 83%

Barriers to Adopting Electronic Medical Records (EMRs)

Respondents Rate the Importance of Select Barriers to Implementing an EMR at Their Health Center	Not at all Important	Somewhat Important	Important	Very Important
Unable to integrate the EMR with practice's billing/claims submission system	0%	27%	36%	36%
Added value of EMR does not justify investment	9%	45%	36%	9%
Lack of capital to invest in EMR	0%	9%	27%	64%
Lack of support from physicians	9%	55%	27%	9%
Lack of support from non-physician providers	20%	60%	20%	0%
Inability to evaluate, compare, and select the appropriate EMR system	18%	18%	36%	27%
Currently available software does not meet the health center's needs	9%	36%	55%	0%
Concern about loss of productivity or income during transition to the EMR system	18%	18%	9%	55%

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Health Information Technology Planning & Staffing

Percent reporting that they have a **dedicated health information technology staff person or Chief Information Officer**:

67% Yes
33% No
0% Don't Know

Percent reporting that they utilize the following **additional information systems** or computer support staff:[^]

A network: 8%
Contractual arrangements: 50%
Larger organizational structure:[#] 0%
None of the above: 42%

Reported role of health center's governing board in implementing an EMR: [^]	Percent Reporting
Approved a budget for implementation of an EMR	33%
Approved/ assisted with the development of a strategic plan for health IT/EMR	42%
Established a board workgroup on health center information technology issues	17%
Identified or approved network partners for HIT	17%
Had/has one or more representatives serving on a regional health information organization (RHIO) or similar health information technology organization [†]	0%
Initiated efforts to highlight health information technology adoption at the health center	25%

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About the 2006 Survey of Health Center Use of Electronic Health Information

The National Association of Community Health Centers, Harvard Medical School/MGH, and George Washington University conducted and funded this survey, with additional survey assistance from faculty at Yale University. Executive Directors of all federally-funded health centers in 2004 (N=914) received the survey by mail and email, and data were collected from March through May 2006. National response rate is 79.5%. Data in this fact sheet are based on available responses. The maximum percent of responses nationwide that were missing for questions on barriers was 6.9%, and 1.7% for any other question. The final report is forthcoming. For more information, email healthit@nachc.com.

Note: Responses may not total 100% due to rounding.

* Based on the number of federally-funded health centers in 2004. For more recent information, see www.nachc.com/research/ssbysdat.asp.

[^] Health centers may select all that apply and therefore responses do not total 100%.

[#] I.e., affiliate medical center, university, or health department.

[†] In some states, the Primary Care Association may be an active participant in a RHIO or state-wide initiative promoting health information exchange.