



e-net

IPHCA's Health Information NetworkSM

FAQs

Frequently Asked Questions regarding IPHCA's e-net Health Information NetworkSM

Q: Will I have access to my data?

A: Yes. IPHCA understands that access to your health center data is critical for running your daily operations, as well as for responding to funding requests, grant applications, and reporting to various entities. Your data will be accessible to allow you to continue to operate and perform administrative functions.

Also, keep in mind that the NextGen EHR and EPM software was designed specifically to meet the unique needs of community health centers. The large library of on-demand reports available are tailored for the CHC operation, and have been tested and proven by over 170 non-profit health center sites across the nation. For any unique reporting needs, NextGen system includes an ad hoc reporting tool.

Q: Who will maintain the data?

A: Since this is an enterprise system, there is data that is entered and maintained at the enterprise level, and there is data that is entered and maintained by each health center. The enterprise level data will be developed through a collaborative process with IPHCA and the member health centers, then IPHCA will be responsible for entering and maintaining the data in the system. Examples of enterprise level data include appointment rescheduling reasons and financial classes. The health center level data, such as sliding fee schedules and the claim edits library, will be entered and maintained by each member health center, with IPHCA providing support as needed. Nightly backups will be performed on all data both locally and at NextGen's off-site data storage facility.

Q: How will issues regarding enterprise level data be addressed?

A: IPHCA will facilitate discussions with all member health centers to develop enterprise level data that is acceptable and accommodating to all participants. A similar process was used to develop enterprise level data for the i-net practice management system, and IPHCA is confident that the process will be as successful for e-net as it was for i-net.

Q: How will the security of the data be addressed?

A: Although there will be multiple health centers using the same EHR, EPM, and EDR systems, data will not be shared (accessible, viewable, editable, etc.) between health centers. This separation of data is achieved via separate practice ids as well as security roles defined within each practice. IPHCA staff will have access to all data solely for the purposes of providing support to member health centers.

The physical security of the data will be accomplished through storing all equipment in a secured computer room as well as having all communications pass through a firewall to a router, then to a switch and into Citrix and from Citrix into it's own physical e-net domain.

Q: Where will my data reside?

A: All data will reside on the host system – specifically, on servers residing in IPHCA's secure computer room in Springfield. As a result, IPHCA bears the necessary expenses for ensuring business continuity and protecting the data.

Q: How will IPHCA ensure business continuity?

A: One of the advantages of being a part of the e-net health information network is the fact that IPHCA will bear the responsibility and the significant costs associated with ensuring business continuity. This includes implementing:

- redundancies for power supply via a backup generator to ensure power to the e-net infrastructure
- redundancies for internet service via two internet sources accessing IPHCA facility at different physical points
- redundancies for hardware via a RAID array IPHCA is also currently investigating options for having infrastructure located off-site for disaster recovery purposes.



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- a fire suppression system using gas rather than water to ensure the e-net infrastructure is not damaged if the smoke alarms are activated.
- redundancies for HVAC via a separate and dedicated heating/cooling system for the computer room. The computer room HVAC system will be powered by the generator during power outages, and if the computer room HVAC system fails due to a mechanical problem, the building's central HVAC system will take over to ensure temperature control in the computer room until the dedicated system is repaired.

Q: What happens if there is a power outage?

A: If there is a power outage at IPHCA, the backup generator will automatically activate, providing power to the e-net infrastructure. Service to the health centers will not be interrupted. If there is a power outage at your health center, your service could be interrupted if no power redundancy is available.

Q: What happens if the internet is down?

A: IPHCA contracts with two separate internet service providers, with service entering the facility at different access points. If one provider is down (or if one access point is physically compromised), service from the alternate internet provider will automatically activate, providing no interruption to service. If the internet is down at your health center, your service could be interrupted if no internet service redundancy has been established.

Q: What happens if the server goes down?

A: The servers are organized in an array that offers redundancy if one would go down. The failed drive can then be swapped for a new one without interruption to the system. Since there is no infrastructure hardware located at your health center, there is no need for infrastructure redundancies at the local level.

Q: What happens if the HVAC breaks?

A: Temperature in IPHCA's computer room is regulated by a dedicated HVAC system that is powered by the backup generator during power outages. In addition, if the computer room HVAC system fails due to a mechanical problem, the building's central HVAC system will take over to ensure temperature control in the computer room until the dedicated system is repaired. Since there is no infrastructure hardware located at your health center, there is no need for HVAC redundancies at the local level.

Q: What happens if there is a fire?

A: IPHCA's secure computer room is equipped with a gas fire suppression system. Unlike sprinkler systems, the gas system is specifically designed to preserve hardware rather than cause damage when activated. This ensures that activation of the fire suppression system - either by real fire or by false alarm - will not damage the hardware. Obviously, a fire itself could damage the equipment. IPHCA has already arranged to have data stored off-site and is investigating options for the infrastructure for situations such as a fire.

Q: Is there additional cost for training?

A: The training fees are covered under the MSA. Training is provided by IPHCA staff, who are currently obtaining certification on the NextGen system. These staff are extremely familiar with practice management systems, and have been supporting the i-net system since its implementation.

Q: Will support be provided after we go live?

A: Yes. Another benefit of being part of the e-net health information network is the post-implementation support provided by IPHCA. Again, this support is provided at no additional cost to you.

Q: How much will we pay for the software licenses?

A: Currently, IPHCA has been able to obtain funding to cover the cost of the software licenses for the health centers. As a result, there is no cost to the health center. IPHCA plans to continue pursuing funding to be able to continue to pay for software licenses for all health center participants as they join e-net.



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Q: Will costs decrease as more health centers join the network?

A: Yes. As more health centers join e-net, the fixed costs can be spread amongst more members, making the monthly maintenance fees cheaper for everyone!

Q: Would it be cheaper to implement EPM/EHR/EDR on my own?

A: No. The e-net health information network is currently the largest CHC health information network in Illinois, representing economies of scale for the participants. IPHCA has received over \$6.9 million in funding to date to offset many of the costs of implementing EPM/EHR/EDR, and the remaining costs are divided among the participants in a cost-sharing structure.

One of the most significant benefits to Illinois' community health centers who join the e-net network are the extensive cost savings over implementing EPM/EHR/EDR independently. Based on a recent cost comparison for a health center with 14 providers, e-net membership results in

- **127% savings in initial system purchase (including hardware)**
- **9.7 % savings in annual maintenance**
- **47% savings on staffing/training costs**

If a community health center were to implement EPM/EHR/EDR independently, they would be responsible for various costs which could include – but are not limited to the following items (with estimated cost in parenthesis):

- Provider licenses* (\$10,000 each)
- Mid-level provider licenses* (\$7,000 each)
- Annual software maintenance fees
- Hardware* – servers with redundant hard drives
- Annual hardware maintenance fees
- Internet connectivity*
- Firewall hardware and software*
- Third party software licenses* and maintenance (ICD9 and CPT4 Code libraries, Infoscan formulary database, ePrescribing and Backup Exec licenses)
- Redundancies in cooling, power, connectivity and data storage*

**Costs borne by IPHCA for e-net participants.*