



John Graham, PhD

Senior Investigator, NC Institute for Public Health
Adjunct Assistant Professor, Public Health Leadership Program

John Graham stresses the need for providers to more effectively use EHR data to provide them with decision support.

Tell us a little bit about your background. How did you end up in your current position?

I have a varied background. I have my PhD in economic development and I taught and conducted research as an economist at the Solar Energy Research Institute, the University of Colorado in Boulder and the Shell Foundation. My interest in computing began with programming the analysis for our research. I then moved back to North Carolina, my home, and worked at Duke as the Director of the Planning Office where we did financial modeling, projecting operational budgets and modeling the financial impact of major university initiatives. We also provided strategic planning consultation to administrative and academic leadership. I then spent about ten years directing my own consulting firm that principally provided project management services. Then I returned to academia, to the University of North Carolina Chapel Hill Gillings School of Public Health and its NC Institute for Public Health. My job has been to oversee public health-related consulting services and projects.

Most recently, over the last five or six years, I've had a number of different roles in health information technology. I was the public health liaison for the Office of the National Coordinator's Regional Extension Center. And I participated on the Clinical and Technical Operations Workgroup of the NC HIE (Health Information Exchange) where we put together requirements and directed the RFP process for the state's NC HIE. I was also a partner recipient of a Beacon Grant, which is led by the Office of the National Coordinator to identify innovative health information technology. I coordinated a number of public health software solutions there. I've also worked with the public health incubators program on a number of public health and HIT initiatives.

What are the primary responsibilities of your current role?

I oversee a number of major Institute projects and programs. One of the big projects is the NC TeleHealth Network, a high-speed dedicated broadband network offered through an FCC (Federal Communications

Commission) program called Healthcare Connect Fund. The overall intention is to make a dedicated broadband network available to health systems and providers at a substantial discount. The focus of this network is on rural nonprofit providers in particular. This dedicated network has a very high throughput and is highly reliable. This means participating providers can leverage the technology available today, including HIE, the exchanging of images and reporting for public health purposes with regards to outbreaks, etc. We're also continuing to work on some other incubator projects related to such things as community health assessments, prevention-related interventions and disease surveillance.

Why are you passionate about public health? What motivates you to go to work every day?

In general, the nature of the work is very interesting to me. And it's a kind of work that's timely in the sense of the needs that are out there—the needs of the public health agencies and of the population more generally. I also go to work because I enjoy my colleagues and those in the public health community.

Patagonia Health has collaborated with you on the creation of the Management Dashboard App. Where did the idea come from? What process was followed to bring the idea to fruition?

Like lots of projects, the real genesis of the idea comes from health directors and the staff of health departments. I'm in the public health community all the time and we have conversations which give rise to lots of different needs and potential solutions. This was an incubator project, and it, along with several other potential projects, was submitted to incubator steering committee representatives from all of the public health incubators. For those who aren't familiar, incubators are groups of voluntary associations of local health departments. They meet regularly to go over common issues and the various projects that could be undertaken to resolve those issues. There's a steering

committee with representatives from each of the incubators, and the steering committee decides which project will be undertaken. The Management Dashboard was perceived as one of the most important on that particular list so it was chosen based on the group's review and decision. The project objectives are to develop a set of dashboard key performance indicator requirements. We're developing a requirements document that's being made available for all health departments. Then, regardless of who their EHR provider is, they can discuss the list of requirements with their provider and track the status of various initiatives. The other is to develop a working version for Patagonia Health clients given Patagonia Health's large presence among local public health agencies. It's been a productive partnership.

What's the ultimate goal of the project?

We want providers to be able to more effectively use the digital information that's made available through their EHR. This will provide them with decision support for things such as helping to identify issues earlier on. And it supports overall quality improvement. In terms of process improvement, it's useful to make sure projects target the right things. This tool helps to do that. Generally, the idea is to assist in tracking different clinical programs.

Who is the intended user of the Management Dashboard?

Clinical program managers and health directors.

Can you give us an example of how they might use the program?

As an example, Meaningful Use statistics are tracked in the Management Dashboard. Meaningful Use (MU) is an incentive program that provides healthcare providers with incentive funding for the adoption of electronic health records. To receive incentives, providers have to attest to and pull together data that shows they are meeting MU benchmarks. The Management Dashboard enables the health department leadership to quickly identify how well the department is doing overall in terms of meeting these benchmarks and to look at the performance of individual providers. The point of Meaningful Use and EHRs in general is to improve the quality of care and constrain increases in cost. So, to the degree that a health department can meet these benchmarks, they will improve the quality of care and constrain the cost of care.

The healthcare landscape continues to

evolve. What do you see as the primary opportunities for public health organizations?

The biggest opportunity is to become a participant in the performance-based healthcare teams. The most widely-known model is Accountable Care Organizations (ACOs). As experts in population-based prevention, health departments can play a key role in containing costs and enhancing quality of care for populations of interest to their ACO partners.

What do you see as the primary challenges for public health organizations?

All of the changes taking place in the healthcare and public health landscape are happening quickly. Local public health departments are government agencies, so they're not built to change rapidly. Local public health needs to make necessary changes while negotiating the bureaucracies and politics of being a local government agency.

What do public health organizations need in order to be successful? What are some specific actions public health organizations can take to move toward this success?

They need to work on building a number of competencies. For example, community health assessment competencies can be strengthened further. There are a number of ways to engage community partners in community health assessments and the development of community health improvement plans. We can achieve a better integration of prevention, intervention and acute care. We obviously need to continue to develop sophistication in terms of the use of health information technology in regards to community health assessment mapping and other analytics tools. We need to continue to enhance our clinical analytics capabilities. And then we need to focus on prevention. This means enhancing the ability of public health to identify and prioritize evidence-based strategies and be able to collaborate with community partners to understand and meet the needs of the community.

Where do you see the public health field five years from now?

Public health will continue its role in communicable diseases services and providing immunization. It will continue its work with environmental health. It will strengthen its prevention competencies and its evaluation competences and be a strong partner with

other healthcare members in a more integrated public health space.

What can supporting organizations do to help? How can we promote the work you're doing?

The most important thing is to, as much as possible,

have an ear to the formal and informal conversations that are going on. To try to anticipate the needs of public health and then validate those needs. And of course look for ways to partner in terms of developing solutions. One potential line of business might be analytics training.

About John Graham, PhD

Senior Investigator, NC Institute for Public Health
Adjunct Assistant Professor, Public Health Leadership Program

John's long-standing record of successful and productive public health-related projects demonstrate his capacity to pull together and manage expert teams to accomplish useful public health outcomes. He has a variety of experience in both the public and private sector. John held positions as an economist with the National Science Foundation, the Shell Foundation and Solar Energy Research Institute. Later, he served as an independent consultant before transitioning to the University of Colorado, first as a budget analyst and later as the associate deputy director of the Economics Institute. At Duke University, he was the director of the University Planning Office of the Office of Vice President, Planning & Treasurer. John was then general manager at Newlin, Graham & Associates before assuming his current role as senior investigator/assistant director of the School of Public Health at UNC Chapel Hill.

John has been awarded the Cameron Scholarship, the Shell Fellowship and the UNC Chapel Hill Robert E. Bryan Award for Service to the State. He has been published in a number of peer-reviewed publications and participates in ongoing research support.

Patagonia Health Inc.

15100 Weston Parkway, Unit 204
Cary, NC 27513

Email: info@patagoniahealth.com
Phone: (919) 238-4780
Fax: (919) 238-7920

Web: www.patagoniahealth.com