

Funding Rural Health Information Systems: an HIT Performance-Improvement Challenge

Funding Cost-Effective Electronic Health Records by Imposing Interoperability on Disparate Legacy Information Systems
Connecting Rural Healthcare Providers with Payers, for Better Performance




September 13, 2007

The Case for Information Technology

- Cost Savings
- Improved Efficiency in Healthcare Delivery
- Improved Quality of Care
- Improved Patient Safety
- Accountability - Improved Reporting of Outcomes and Disease-Management

Earle Rugg
Chief Marketing Officer
Rural Health IT Corporation

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Funding Information Technology: Focus on Benefits & Solutions

- Infrastructure Connectivity
- Sustainability Plan
- Performance Requirements
- Quality Measurements
- Transparency Initiatives
- P4P & P4Q
- Accountability - Improved Reporting of Outcomes and Disease-Management

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Chief Marketing Officer
Rural Health IT Corporation

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Funding Information Technology: Focus on Benefits & Solutions

- Outcomes Evaluation, Measurement & Disease-Management
- *Examples:*
- Diabetes
- Congestive Heart Failure
- Pain Management
- Addiction Medicine

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Chief Marketing Officer
Rural Health IT Corporation

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AHRQ CAH Model: Interoperable Legacy Systems



- Goals:
- Developing Funding for Interoperable Electronic Health Records (EHRs)
- Connect HIS/EHR vendors to Electronic Medical Record (EMR) vendors
- Develop Business & Sustainability Plan
 - Develop Funding Processes
 - Administrative, physician & community leadership

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Chief Marketing Officer
Rural Health IT Corporation

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AHRQ CAH Model: Interoperable Legacy Systems



- Marshall leadership and political support
- Maintain workflow-processes and physician support
- Coordinate Business & Technical Plans
- Solution: Sustainability through Cost-Effective Legacy Interoperability, Business Enhancements & Disease Management
- Final Goal: Fully Operational EHR, regionally connected to Physician EMRs, essential services & neighboring providers

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Chief Marketing Officer
Rural Health IT Corporation

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Mt Ascutney (MAH) Regional Health Information Exchange-RHIE:



Dr. Julie McGowan, Professor and Associate Dean at the Indiana University School of Medicine and Site Principal Investigator of AHRQ's National Resource Center has referred to this technology as "a promising new paradigm shift in healthcare that can be a national model."

"The MAHHC Consortium is leading the way in developing solutions for interoperability...and is utilizing this technology to create a truly connected healthcare community"-Sen. John Sununu (R-NH), writing in the Keene (NH) *Sentinel*, October 25, 2005

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Chief Marketing Officer
Rural Health IT Corporation

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Considerations for Constructing MAH EHR Plan



• This new system makes the performance of healthcare tasks:

- Easier
- Faster
- More accurate
- More thorough

• Consider:

- What needs to be done
- How is it done now?
- What has to change to make converting tasks to electronic format work in this current system?
 - the applications, or
 - the users, or
 - **PROBABLY BOTH**

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Chief Marketing Officer
Rural Health IT Corporation

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Remember (*This is Important!*):



- Implementing an EHR is not solely an exercise in technology management.
- It is more an exercise in people and culture management.

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Chief Marketing Officer
Rural Health IT Corporation

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Reaching the Goal:



MAH Technical Analysis & Decisions:

- Leverage existing applications
- Select the additional applications which are most appropriate for the purposes required.

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Chief Marketing Officer
Rural Health IT Corporation

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Mt. Ascutney Consortium



Before AHRQ Funding:

- Incomplete penetration of electronic records
 - Hospital billing & financial management, lab & X-ray reports, pharmacy, doctors & outpatient clinics all have electronic record-keeping.
 - The rehab unit has its own in-house-developed care plan database. The rest of the chart is still on paper.
 - The Acute-Skilled Level I Unit & nursing home still use paper.



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Chief Marketing Officer
Rural Health IT Corporation

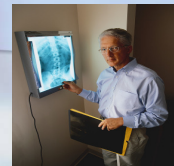
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Mt. Ascutney Consortium



- X-ray films are still hard copy, as are reports.
- Radiologists want a PACS system that is remotely accessible, to help with manpower and coverage issues.



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Regional Connectivity

- How do several institutions and providers in a region allow access to information between enterprises in order to:
 - Improve Efficiency in Healthcare Delivery?
 - Improve Quality of Care?
 - Improve Patient Safety?
 - Accountability – Facilitate Improved Reporting of Outcomes?

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Chief Marketing Officer
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After AHRQ Funding, MAH Enterprise Diagram: *Using the Clinical Information Portal*

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After AHRQ Funding: Regional Information Sharing Using the Portal

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The Funding Plan Needs Consideration of an Evidence-Based-Medicine Practice Process

- Develop Guidelines
- Track Compliance and Deviation
- Develop Outcomes Data and Information Protocols
- Analysis and Comparison of Outcomes Data

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Building a Sustainable Business Model

- Cost-Effective Regional EHR/HIE
- Pursue Administrative savings, by not adding new people
- No new IT employees to manage the new EHR
- Leverage cost by connecting to physicians' EMRs
- Establish Disease Management Pilots through Evaluation Protocols, Measurements & Analysis, leading to improved Patient Outcomes

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Chief Marketing Officer
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Building a Sustainable Business Model

- Develop quality and transparency pilots, through comparison and evaluation of services
- Develop pay-for-performance initiatives with payers
- Develop clinical drug trials and protocols directly with Pharma
- New transparency protocols mean quality-driven new revenue
- Develop Direct Payer-coordinated claims processing efficiency pilots

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Disease Management Pilots

- Addictive Disease & Pain Management Pilot
- Vermont Medicaid & Statewide Health Information Exchange Pilot

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Addictive Disease & Pain Management Pilot

- Addictive Diseases may be viewed as Communicable
- The Addictions & Pain Management are inseparable clinically
- As such, Addictive Disorders can be managed with the same Public Health and Preventive Medicine tools so successful with other Communicable Disorders
- EHRs & Community-Wide Interoperability/Connectivity supply the essential tools to apply the powerful weapons of Public Health & Preventive Medicine, in an efficient and cost-effective manner
- Screening at-risk Individuals: Contact Analysis
- Disease Registries; Outcome Monitoring
- Primary, Secondary and Tertiary Prevention
- Technology transfer to Primary Care; etc.
- Addictive Disease is the largely unrecognized common factor behind 90% of the highest individual consumers of health care resources
- Research shows that every \$1 expended in the treatment of Addictive Disease saves \$7 in future health care costs "Addiction: Why Can't They Just Stop" Susan Cheevers 2007

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Vermont Medicaid & Statewide Health Information Exchange Pilot

- Mt. Ascutney Consortium Projects
- Medicaid Claims Adjudication Pilot
- The new Disease-Management Pilot will:

1. Improve the quality of health for the most critically ill recipients
2. Save money for managing the population
3. Support systems for their field care coordinators
4. Implement a 'Chronic Care Management System' that will ultimately manage 5 - 10% of the population on multiple information pathways

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Funding Sources

- Government Grants and Support: HRSA, AHRQ, USDA
- Payer Grants and Support: All Blue Cross Blue Shield Plans Interested
- Vendor Discounts and Benefits
- Banks and Financial Institutions' Support
- Creative Funding

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Current Blue Cross/Blue Shield Rural HIT Support

- California BCBS
- Hawaii BCBS
- North Dakota BCBS
- Minnesota BCBS
- Michigan BCBS
- North Carolina BCBS
- Georgia BCBS
- South Carolina BCBS
- Alabama BCBS

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Chief Marketing Officer
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Pending Legislation

- Indian Youth Telemental Health Demonstration Project Act, S. 398 – Dorgan (Passed Indian Affairs)
- Critical Access to Health Information Technology Act, Sen. Coleman (To help rural hospitals compete for grants)
- Remote Monitoring Access Act, Sen. Coleman, S.361 (Medicare fee schedule benefit)
- Grants for Rural Health Information Tech Dev., Sen. Coleman, S.628
- Medicare Quality Improvement Organization Act of 2007, Rep. Burgess, H.R. 1046
- Health Information Privacy, Security Act – Sens. Kennedy, Leahy, S. 1814

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Chief Marketing Officer
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Action Plan for Rural HIT Funding

- **Build Infrastructure Connectivity**
- **Initiate business plans and model pilot programs**
- **Coordinate business plans & strategies with disease-management goals & metrics**
- **Marshall resources, funding, & stakeholders**
- **Identify HIS/EMR data & interoperability solutions**
- **Build Health Information Exchange System & Disease Management Pilots**



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Earle Rugg
Chief Marketing Officer
Rural Health IT Corporation

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Contact Information

- **Earle Rugg**
- **Rural Health IT Corporation**
- **1950 Lafayette Road, Box 1**
- **Portsmouth, NH 03801**
- **erugg@ruralhealthit.com**
- **603-682-4672**



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Earle Rugg
Chief Marketing Officer
Rural Health IT Corporation

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