

Implementation of Health Information Technology in Rural Settings: Workforce Shortages

Rural Health Information Technology:
Navigating the Road to Performance Improvement
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The Healthcare Scene



- IOM reports
 - 2001 - portray serious quality and safety deficits in healthcare;
 - 2005 - focus on rural health care
- Executive Orders – April 2004, August 2006 by President Bush
- Despite the evidence that HIT has the power to transform healthcare, studies have found widespread use remains low among consumers, physicians, rural hospitals, and other healthcare providers
- Further, many HIT implementations in large systems have been unsuccessful or extremely difficult
- Lastly, consumers and providers are demanding these services

The HIT Crisis



- The Healthcare industry lags all other major industries in IT adoption
- Pressing need for HIT for critical improvements in quality and efficiencies
- Healthcare facilities are already struggling to staff HIT needs
- Adequate staffing in several areas is a critical element to success

The HIT Workforce Needs



- Workforce needs will be required to support this industry transformation in key areas:
 - Healthcare professionals
 - Health Information Management
 - Technology experts
 - Management expertise around change strategy
- These workforce needs will be staggering across the country

Rural Healthcare Challenges



- Competing business priorities for limited resources
- Workforce declines in medicine, nursing, and many other allied health professions
- Staffing projections will require new ways of delivering care
- Demographics of rural communities suggest need to focus on areas of service such as chronic care management

HIT Challenges Faced by Rural Healthcare



- Limited staffing / funding
- Need for clear, crisp business case for HIT
- Higher numbers of solo practices and small group practices
- Need to manage critical referral patterns
- Support needed to address best models – linking with others versus stand-alone EHR's
- Management of planned change and strategy for HIT adoption

Reasons for Rural Health Workforce Shortages



- Aging workforce, retirements
- Differing priorities of current generation of graduates
 - Desire for more family and community time
 - Lack of will to work hours of baby-boomers
 - Often takes 2 physicians for every vacant position
- Fewer accessible professional colleagues
- Lack of traditional educational opportunities
- Recruitment and retention
- Salary and benefit packages less competitive
- Perception of fewer opportunities for advancement

Building the Workforce for Health Information Transformation (2006)



- “A work force capable of innovating, implementing and using health communications and information technologies will be critical to healthcare’s success.”
- A crucial success factor:
“educational curricula and learning environments that fully reflect the electronic environment in which health professionals will practice”

A Report published jointly by AHIMA and AMIA:
www.ahima.org/emerging_issues/workforce_web.pdf

Key Workforce Shortages



- Health Information Management – data
- Healthcare professionals – Pt care
- Technology experts - technology
- Management - change strategy

Health Information Management Workforce



- Estimated that approximately 6,000 new HIM workers are needed each year to fill new positions and replace those who retire or leave the field.
- 2,000 new graduates enter the HIM field each year.
- USA produces only 200 new Informatics graduates per year

Healthcare Professionals: Nursing, Primary Care, Dentistry, Pharmacy and more



- Healthcare professional programs are competing with every other sector for workforce
- Educational programs are very expensive to mount, maintain or increase
- Faculty are aging
- Clinical placements are stressed by workforce shortages

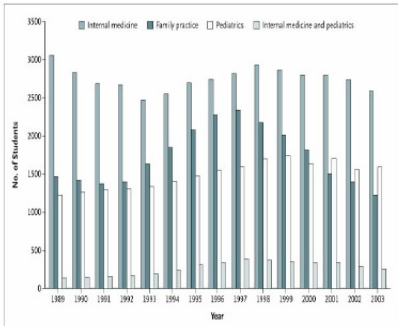
Nursing Workforce Crisis



- Largest healthcare workforce.
- In 2006, the Health Resources and Services Administration (HRSA) released projections that the nation’s nursing shortage would grow to more than **one million** nurses by the year 2020.
- In the report titled *What is Behind HRSA’s Projected Supply, Demand, and Shortage of Registered Nurses?*, analysts show that all 50 states will experience a shortage of nurses to varying degrees by the year 2015.

<http://bhpr.hrsa.gov/healthworkforce/reports/behindrnp/rojections/index.htm>

Workforce Crisis: National Trends in Medicine



Health Professions Workforce: HIT Educational Needs

- Healthcare informatics academic programs
 - BA/BS degrees
 - MA/MS degrees
 - Graduate Certificate Programs:
 - Healthcare informatics
 - Nursing informatics
 - Electronic health record strategies
 - Revenue management
 - Project management
- EHR readiness of faculty and students in all health professional programs

The Academic EHR System at The College of St. Scholastica

- "Live" electronic health record with secured Internet access 24 x 7 through a partnership with the Cerner Corporation
- Comprehensive point-of-care reference resources
 - Up-to-date evidence-based practice, clinical decision protocols,
 - Medical terminology, drug, lab/ diagnostic, and cultural guides
- "Pristine" Clinical Cases
 - 40 diverse and robust admission to discharge actual medical cases
- Used in Nursing, Physical Therapy, Occupational therapy, Social Work, Health Informatics and Information Management, and Exercise Therapy
- Subscription service to other colleges and universities

Challenge for Rural Health

US can not afford to educate

- more of the same health professionals
- to do the same work
- within the same model.

We can not educate our way out of this problem!

Implications: Policy

- Lobbying activities to advance Wu HIT Workforce bill
- Federal and State allocations toward workforce development; loan forgiveness, scholarships and traineeships
- Rural businesses and stakeholders develop roles to support and enhance rural HIT development for quality improvement and economic development

Implications: Education

- Increase the number of health professional educated within an HIT environment
- Increase the coursework offered in non-traditional formats available to rural residing settings
- Fund programs for expansion where capacity
- Create partnerships with rural communities to educate their residents

Implications: Practice

- Highlight advantages of rural practice
- New Models of Practice for rural healthcare
 - Patient-centered care model
 - Whole person orientation
 - Team approach with multiple disciplines
 - Eliminating barriers to access
 - Information systems
 - Redesigned offices
 - Focus on quality and safety
 - Enhanced practice finance
 - Commitment to provide portfolio of services

"Future of Family Medicine", 2002 report of 7 national family medicine orgs.

Rural HIT Workforce Issues and Getting the Data

Critical to assessing the current and future demand for rural HIT workforce is the ability to collect, analyze, interpret data and share findings.

Presently there is no central data repository for rural HIT workforce needs.

Consequently, there is no evidence based workforce data.

Workforce Data Needed:

- Valid and reliable data on supply and demand
- Educational preparation(s): existing, needed, and available for multiple professions
- Distribution and use of personnel in rural settings

Next steps:

- Data collection by and for rural stakeholders
 - Consensus statement from Healthcare IT Access Network for Rural & Underserved Populations
- Recognition and support for workforce development
 - Scholarships and stipends for students
 - Certificate programs
 - Rural clinical partnerships with education
- Development of HIT implementation models for rural facilities
- Development of new practice models

The Answer Involves Partners

The nation's health depends on strategic and distinctive partnerships with:

- schools;
- hospital and clinic systems;
- insurers;
- employers;
- government and other stakeholders.

Questions??

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