



NATIONAL RURAL HIT COALITION SUMMIT MEETING

Need for a Positive Message on Rural HIT Adoption

- Acknowledge that there is a huge amount for rural to gain via technology and HIT.
- Seek meaningful, achievable targets with the required support available for the adoption and implementation of HIT to be successful in rural America.
- The viability of the health care sector has a huge impact on the schools, businesses, etc. in the entire rural community.

Meaningful Use

- HIT implementation needs to focus on quality, patient safety, and community health goals.
- ARRA HIT incentives, if properly structured, have the potential to profoundly increase rural provider HIT adoption and care quality.
- A gap exists between CAH and PPS hospital HIT adoption.
 - ▣ According to the HIMSS EHR Adoption Model, CAHs average 1.49 while PPS hospitals average 3.01 on a 7-stage scale.
 - ▣ It is thought that the proposed Meaningful Use definition for 2011 is approximately Stage 4 on the HIMSS Model.
 - ▣ If the draft Meaningful Use Matrix is approved as written, early-stage adopters will be effectively excluded from incentives, and/or will be incentivized into implementing too quickly to achieve the goals of the Committee.

Meaningful Use (continued)

- The meeting participants supported the recommendations made by NRHA on behalf of the National Rural HIT Coalition in the comment letter to ONCHIT on Meaningful Use.
 - ▣ Recommendations include:
 - Creation of two distinctive phasing structures for meaningful use
 - More work needs to be done to set appropriate meaningful use phases, both for inpatient (hospital) and outpatient (clinic) requirements.
 - Creation of a workgroup to develop an early-stage adopter phasing model consistent with the goals of the Committee.
 - This workgroup should include rural health, rural HIT, and patient safety representatives who are familiar with current rural HIT adoption levels and challenges.
 - Allotment of time for development and presentation of an impact analysis of the likely effects of approving the draft Meaningful Use Matrix as written.

Meaningful Use (continued)

- After the recent release of the proposed definition for Meaningful Use, Dr. Blumenthal asked the Policy Committee to revise the guidelines. Public comments were still being accepted through June 26.
- Hospital surveyors, pharmacists, EMS, and mental health professionals need to have a voice in Meaningful Use.
- HIT Coalition work should not focus on just rural populations, but other populations that are in an early adoption phase, such as underserved populations.

Frameworks and Tools

- HIT implementation in rural hospital will require comprehensive, holistic approaches.
 - Use frameworks such as Baldrige and Balanced Scorecard technologies so strategies for HIT implementation are related system-wide.
 - TASC has developed, with Stratis Health, an EHR Roadmap and an HIT Readiness Assessment for small and rural hospitals.

Workforce

- Hospitals, long-term care facilities, and other ambulatory care settings added 27,000 new jobs in February 2009, a month when 681,000 jobs were eliminated nationwide.
- Estimates from the Bureau of Labor Statistics (BLS) place healthcare and computer science-related professions as 18 of the top 20 fastest growing occupations between 2004 and 2014.
- HIT professionals will be the profession in the shortest supply in 5 years, and the shortage will continue to grow.

Workforce (cont.)

- Need for more research documentation
- HITECH Act places money into training a workforce, specifically the continuum of the workforce, and not just those that are advanced.
 - ▣ Also a need to re-train displaced workers.
- Important to remember the various disciplines within the HIT workforce: technical support and information management.
 - ▣ Departments within a health care facility will need an HIT champion in a nurse, a physician, manager, etc.
- Rural communities need to grow their own IT professionals. Hospitals should work with their community schools to grow their own.

Technical Assistance Centers

- The meeting participants supported the recommendations made by NRHA on behalf of the National Rural HIT Coalition in the comment letter to ONCHIT on HIT Regional Extension Centers.
 - Recommendations include:
 - Applicants can effectively serve all prioritized providers, particularly in working with rural providers and rural EMS.
 - At least one Regional Extension Center is provided funding to serve as a National Rural HIT Technical Assistance and Knowledge Center for other Regional Extension Centers.
 - “Extension agents”, as proposed in the Notice, would need to have rural HIT skills, as well as experience working in a rural hospital or clinic setting.
 - Regional Extension Center organizational plans and implementation strategies should also incorporate multi-stakeholder collaborations with the State Offices of Rural Health (SORHs) and rural health networks.
 - Applicants need expertise in providing early stage assistance in health information technology adoption, including planning, goal assessment, vendor selection, and workflow transition preparation.

Technical Assistance Centers (cont.)

- There are two different types of technical assistance: process consultation and expert consultation.
- Technical support should focus on process consultation which leads to capacity and sustainability, versus expert consultation that can result in ongoing dependency on outside experts.

Capital

- CAHs will not receive ARRA funding upfront and will need to access grants and loans.
 - Funding will be for un-depreciated certified EHR products.
 - CAHs will need funding not only for the purchase of HER products, but also for ongoing HIT support.
- The Rural Health Resource Center is working with USDA to facilitate additional loan distribution to rural hospitals.

Networks and Co-Ops

- Individual small hospitals will need to work together to access resources and expertise.
 - Grants and discounts
 - IT professional co-ops
 - Negotiating with vendors

Information Sources

- Meeting participants discussed the need for a go-to source for rural HIT knowledge.
- Access to information, tools, and resources should be available online.

Contact Information

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