Adoption of Health Information Technology in Rural Health Clinics

As the nation, including rural areas, moves swiftly toward the adoption of health information technology (HIT), the progress by the Rural Health Clinics (RHCs) in adopting and implementing HIT remains unknown. There are approximately 3,800 RHCs located throughout the United States, yet an aggregate catalogue and contact list for all currently operating RHCs does not exist. To address these issues, the Technical Assistance and Services Center (TASC), a program of the National Rural Health Resource Center, and the Maine Rural Health Research Center (MRHRC) at the University of Southern Maine are developing a database of RHCs and will be utilizing this information to conduct a national survey focusing on meaningful use of HIT by RHCs.

Numerous surveys have been or are being conducted on the level of HIT adoption and meaningful use by CAHs or small rural hospitals. These surveys paint only part of the picture of the level of HIT use in rural America as they do not include RHCs. The MRHRC has undertaken an extensive survey of a random sample of 650 RHCs to assess their HIT adoption and patient-centered medical home status. The sample approximated the overall population of RHCs in terms of the distribution across the states as well as by provider type (e.g., independent vs. provider-based), and ownership control. This spring, they will be conducting a second survey on the HIT adoption of a larger sample of 1600 drawn from the full set of approximately 3,800 RHCs. The survey will take approximately ten minutes to complete and will be extremely valuable in painting a more comprehensive picture of HIT adoption and meaningful use in rural America.

While the University will be rolling out the assessment, TASC is updating a database to include contact information for the RHCs to ensure the assessments are sent to the correct RHC but also the correct people within the RHC. In return for participation, TASC and the University of Southern Maine will send each participating state a brief summary of the aggregate assessment data for the RHCs in the state for comparison with the national average. To protect the confidentiality of the respondents, we will only do this for states with at least five responding RHCs.

As this is a vitally important project affecting RHCs across the country, we would greatly appreciate your assistance in ensuring that the RHC assessment is a success. We ask for your support in creating awareness of this assessment in your region.
About the National Rural Health Resource Center and TASC

The National Rural Health Resource Center is a nonprofit organization dedicated to sustaining and improving health care in rural communities. As the nation’s leading technical assistance and knowledge center in rural health, The Center focuses on five core areas: Performance Improvement, Health Information Technology, Recruitment and Retention, Community Health Assessments and Networking. Since 1999, TASC, a program of the National Rural Health Resource Center, has provided information, tools and education to CAHs and to individual State Flex programs. TASC is supported by Grant Number U27RH08533 from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Office of Rural Health Policy.

About the Maine Rural Health Research Center at the University of Southern Maine

The Maine Rural Health Research Center informs health care policymaking and the delivery of rural health services through high quality, policy relevant research, policy analysis and technical assistance on rural health issues of regional and national significance. Since 1992, the MRHRC has been committed to enhancing policymaking and improving the delivery and financing of rural health services by effectively linking its research to the policy development process through appropriate dissemination strategies. MRHRC is supported by Grant Number U1CRH03716 from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Office of Rural Health Policy.

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