RHITND Program: Where Are We Headed?

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Rural Health Information Technology Network Development Program
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Rural Health Outreach Tracking and Evaluation Program

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National Rural Health Association

National Organization of State Offices of Rural Health

National Rural Health Resource Center
Overview

• Overview of NORC and UMRHRC Evaluation Activities
• Exploring Opportunities to Strengthen the Rural Health Network Development Planning Grant Program
• Using PIMS for Performance Improvement
• Sample PIMS Data Analyses
  – Delta
  – Outreach
• RHITND Program Activities
Exploring Opportunities to Strengthen the Rural Health Network Development Planning Grant Program
Rural Health Network Development Planning Grant

• Established 2004 one year grants
• Expand access to, coordinate and improve the quality of essential health care services
• Strengthen the rural health care system as a whole
  • Develop decision-making and planning capacity
  • Program flexibility – assess/address local need, develop business, operation, strategic plan, by-laws, network board, and HIT development
Project Goals

- Identify key challenges to network development and function
- Assess the extent to which grantees have sustained operations
- Examine the role of key factors in grantee success
- Identify opportunities to strengthen the program
Network Grantees 2006 - 2010

• Network Planning Grant Awards N=107

• 89% Response rate 95/107

• 83% survival rate 79/95

  • 88% of network closures (under grant or as expired)
    ▪ Lack of adequate network/member leadership
    ▪ Inability to plan/act collectively (finding common value)
### Operational Focus (N=95)

- Integration/Coordination of multiple services: 33%
- Vulnerable populations: 16%
- HIT/HIE development: 14%
- Health promotion/disease prevention: 11%
- Behavioral health: 10%
Key Challenges to Network Formation (N=95)

- Member and community buy-in
- Identifying collaborative projects & prioritizing efforts
- Meeting logistics (weather and distance)
- Implementing network strategies
- Member competitiveness and mistrust
Network Grantee Successes

- Expansion of Service Capacity (30%)
- Improving Service Coordination (25%)
- Maintaining Viable Services (19%)
- Sharing Resources (16%)
- Advocating for Rural Health (10%)
Network Post-Grant Sustainability 2006 - 2009

• 77% of surviving networks obtained some form of post-grant funding – others internal or no support

• Prominent funding sources
  • 50% Federal grants
  • 45% Member financial contributions
  • 30% Foundation and private grants
  • 29% Service fees
  • 27% State grants/contracts
  • 21% Member dues
Leadership Lessons Learned

• Be proactive – seek opportunities to build value
• Build support with members with time and resources to form core group
• Management autonomy – report to network
• Upper management experience with multiple organizations is priceless
• Be flexible and open to new ideas
• Use multiple communication strategies
Leadership Lessons Learned - continued

- Key factors largely responsible for developing and strengthening member support
  - Inclusiveness
  - Identification/recognition of ROI
  - Creating environment where “nobody feels like they are in it for themselves”
  - Framing issues so members see larger picture
  - Baby steps
  - Give members options for participation
  - Post-grant funding
Most Effective Strategies for Post-Grant Survival

• Employ experienced leadership
• Start early - Build on efforts don’t search for a cause
• Link with organizations that have financial expertise and potential for support
• Develop a well-conceived business plan
• Instill value in membership and value in effort
• Keep planning and operations transparent
• Governance structure to lend legitimacy and authority to network existence
Using PIMS Data for Performance Improvement
Using PIMS Data for Performance Improvement

- Performance Improvement (PI) is a continuous, systematic process for improving program operations and outcomes.

- PIMS data is a rich source of information to allow 330A grantees to compare their performance against peers (benchmarking) and to track their progress over time.

- The Common Metrics Process allows grantees to compare themselves against like programs – apples to apples.

- Sharing PIMS data findings enhances grantee participation and buy in for PIMS reporting.
Continuous Cycle of Performance Improvement

1. Create PIMS Feedback Forms for Grantees & Conduct Trainings
2. Stimulate Grantee Performance Improvement & Increase PIMS Buy-In
3. Enhance Completeness, Consistency & Quality of Grantee Reporting
4. Analyze Grantee Data by Peer Groups
How to Use Data

• Analyze Program Trends
  ✓ Measure Performance Over Time
  ✓ How Are We Doing Compared with Last Year?
  ✓ What Goals Do We Want to Set for Next Year?

• Benchmark
  ✓ Compare Individual Program Results to Aggregate Data
  ✓ Are We In Line With Our Peers?

• Educate and Engage Staff
  ✓ What Can We Realistically Achieve?
  ✓ What Specific Areas Can We Improve?

• Engage Stakeholders, Policy Makers and Funders
  ✓ Use Data to Tell the Story of How You are Making a Difference
  ✓ What is the Impact of our Program?
Delta Grantee Snapshot

**Mean Number of People in the Target Population**

- Jefferson Comprehensive Health Center
- Community-based
- Delta

- 2008-2009: 0, 26891.8, 179936.3
- 2009-2010: 500000, 357256.0, 228115.3

**Mean Number of People in the Target Population with Access to New and/or Expanded Services**

- Jefferson Comprehensive Health Center
- Community-based
- Delta

- 2008-2009: 0, 113025.5, 89703.9
- 2009-2010: 500000, 269942.0, 142237.0

**Jefferson Comprehensive Health Center (Community-based)**

**Mean Number of New and/or Expanded Services**

- Jefferson Comprehensive Health Center
- Community-based
- Delta

- 2008-2009: 0, 26.8, 444.0
- 2009-2010: 2, 3.0, 148.5

**Types of New and/or Expanded Services**

- CVD
- Other
- Nutrition
- Health Education
- Health Promotion
- Substance Abuse
- Diabetes
- Case Management
- Pharmacy
- Health Literacy
- Telehealth
- Oral Health
- Mental/Behavioral Health
- Primary Care

Percentage of Grantees Selecting Service

NORC WALSH CENTER FOR RURAL HEALTH ANALYSIS
Rural Health Research Center UNIVERSITY OF MINNESOTA
Outreach – Access to New or Expanded Services (number of people)

Number of People in the Target Population with Access to New and/or Expanded Services (2009-2010)

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<th>Category</th>
<th>Mean</th>
<th>Median</th>
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<tbody>
<tr>
<td>IT</td>
<td>22477.6</td>
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<td>Direct Service</td>
<td>18901.8</td>
<td>2479.0</td>
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<td>Counseling/Consultation</td>
<td>5631.3</td>
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<td>Health Education</td>
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<td>Workforce</td>
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<td>Quality</td>
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Note: Zeros removed for all categories.
Rural Health IT Network Development Project
RHITND Project Goals

• Primary goal is to support rural organizations in their ability to effectively achieve Meaningful Use requirements
• Enhance the delivery of care in rural areas
• Expand access to health care for all members of the rural population
• Coordinate and improve the quality of essential health care services
Key Factors

• Identify implementation successes and challenges
• Examine lessons learned in the establishment and adoption of electronic health records
• Progress toward achieving Meaningful Use
• Assess patient and provider satisfaction
• Enhance care coordination
• Examine sustainability strategies
Methods

• Conduct online survey with a group of Network participants
  – Clarify responses via follow-up phone interview
• Conduct two site visits
  – Develop two briefs highlighting each site visit
• Collect data using surveys/phone interviews and site visit for the three years of the program
Next Steps

• Deploy online survey
  – Conduct follow-up phone interviews
• Review PIMS data from Year One
• Select grantees for sites visits
  – Conduct site visits
• Identify the number of grantees who successfully attest for Meaningful Use
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