TESTIMONY BEFORE INTERIM HEALTH AND HUMAN SERVICES COMMITTEE
UNMET HEALTHCARE NEEDS STUDY
JUNE 16, 2010

Mr. Chairman, members of the committee, I am Sheldon Wolf, the Health Information Technology (HIT) Director. I appear before you today to provide you with information regarding the role of telemedicine in providing healthcare services in the state and efforts to increase health care services in rural areas.

In October 2009, the North Dakota Information Technology Department, on behalf of the North Dakota Health Information Technology Advisory Committee (HITAC) applied for the State Health Information Exchange Cooperative Agreement Program. In March, the Office of the National Coordinator for Health Information Technology, (ONC) awarded North Dakota a four-year $5.3 million ($.5 million planning, $2.9 million intrastate and $1.9 million interstate exchange of data) dollar cooperative agreement, with a project start date of March 15, 2010. The purpose of the cooperative agreement is to establish a statewide health information exchange to improve the coordination, efficiency and quality of health care; develop governance, policies and network services; and to allow providers to have the ability to connect to the National Health Information Network (NHIN). A health information exchange is the electronic movement of health related information among organizations according to nationally recognized standards.

As part of the planning component, the ONC requires each state to complete a strategic and operational plan. ND hired a consultant (Hielix/Mednet) to help us complete our strategic and operational plans. As part of the statewide environmental scan, approximately 70 meetings were

held with about 250 people attending these meetings. From the information that was garnered in the meetings, draft strategies have been developed and circulated amongst the stakeholder group.

During the environmental scan, providers were asked what they would like to see shared through an HIE. The following items were identified as being important in the first phase of the HIE:

- Patient demographics
- Medications
- Latest lab/images
- Chief complaint
- Allergies
- Immunizations

The providers indicated that these items would enhance patient quality of care in the following areas:

- Continuity of care
- Decreased errors
- Reduce duplicate procedures and tests
- Increased efficiencies
- Improved quality of care
- Reconciliation of medication
- Lower costs

The HITAC committee is using this information to formalize the statewide strategic and operational plans, which must be submitted to ONC by September 27, 2010. Once these are approved by the ONC, implementation will begin on the health information exchange.

Additionally, Senate Bill 2332 provided $5 million for low interest loans to health care organizations to help them install electronic health records. The loan process is a three-step process. Step one was the initial application. Fourteen applications were received and the HITAC awarded twelve awards during this process. Step two includes an onsite readiness assessment as required by Senate Bill 2332. The twelve applicants are completing their onsite readiness assessment. Once that is complete, they will move on to Step three, the Bank of North Dakota loan application process.

From a Telemedicine environment, all of the hospitals in North Dakota already have videoconferencing equipment and capabilities via their connection to the Bioterrorism-Wide Area Network (BT-WAN). This connection allows them to conduct and access clinical and non-clinical education and training, participate in administrative functions such as meetings and provide clinical services, such as post-surgical follow-ups, psychiatric consults, etc. So how does all the work on the health information exchange and the loan program benefit telemedicine?

- The loan program will help providers move from paper charts to electronic health records. This will make the information more accessible (quicker, easier to share etc.)
- Establishing a health information exchange will allow providers to share information they have accumulated in their electronic health records with other providers quicker and provide more complete data to be used in a comprehensive evaluation. For example, rather than having to find the paper chart, copy and fax the medical information, the information noted above will be readily available on line for the provider evaluating the patient. In addition, the information gathered through the HIE may contain information from multiple providers; consequently, more information and a more complete picture will be available to the provider to use during the evaluation.
- It was noted several times during the environmental scan, that having electronic health records also has become a recruitment tool. Medical professionals are inquiring about the availability of electronic records as they evaluate locations where they wish to practice.

I would be happy to answer any questions. Thank you.

North Dakota Health Information Technology

Quality Healthcare for all North Dakotans - Anywhere, Anytime

In a nut shell.....

What is happening on a National level?

Established in 2004, the **Office of the National Coordinator for HIT (ONC)** is the principal Federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information to improve health care. ONC is located within the U.S. Department of Health and Human Services (HHS). http://healthit.hhs.gov

The **Health Information Technology for Economic and Clinical Health (HITECH) Act** 2009 seeks to improve American health care delivery and patient care through an unprecedented investment in health information technology. The provisions specifically designed to work together to provide the necessary assistance and technical support to providers, enable coordination and alignment within and among states, establish connectivity to the public health community in case of emergencies, and assure the workforce is properly trained and equipped to be meaningful users of EHRs. Combined these programs build the foundation for every American to benefit from an electronic health record, as part of a modernized, interconnected, and vastly improved system of care delivery.

Medicare and Medicaid Incentives 2009 American Recovery and Reinvestment Act (ARRA) - HITECH ACT

- Beginning 2011 – Hospitals and providers will be eligible for enhanced reimbursement from Medicare/Medicaid for the 'meaningful use' of an HER
- Beginning 2015 - Hospitals and providers will be penalized by Medicare if they are not using an EHR in a meaningful way

Additional Information: **http://www.cms.gov/Recovery/11_HealthIT.asp**

What is happening in North Dakota...

to coordinate local, state, regional and national efforts?

- The ND HIT Advisory Committee (HITAC) was established. This is a Governor appointed (23 member) committee representing a broad range of public and private stakeholders which has decision making authority and will provide direction to the State HIT Director.
  Member List - **http://ruralhealth.und.edu/projects/sorh/pdf/hit_advisory_committee_list.pdf**
- Established the ND HIT Office within the Information Technology Department (ITD) and hired the HIT Director.
  ND HIT website: **http://ruralhealth.und.edu/projects/sorh/hit.php**

What is happening in North Dakota…

to support ND entities implement electronic health records (EHR)?

- Assistance with upfront costs - The **State HIT Planning Loan Program** was established ($5 million-funded with state appropriated funds).
- Technical assistance for implementation - **Regional Extension Assistance Center on health information technology (REACH)** – The North Dakota Healthcare Review and the Center for Rural Health will work in partnership, will Key Health Alliance in Minnesota, to provide technical assistance, guidance and information on best practices to support and accelerate health care providers' efforts to become meaningful users of Electronic Health Records (EHRs) - (funded by ONC).
- HIT workforce - Lake Region State College will be the 'member' community college in ND in a 10 state (ND, SD, MT, WY, CO, UT, ID, OR, WA, AK) **Community College Consortia** that will establish intensive, non-degree health IT training programs that can be completed in six months - (funded by ONC).

to support the exchange of health information electronically along the continuum of care?

- The ND HIT Advisory Committee (HITAC) is currently engaging stakeholders to inform the development of strategic and operation plans for a **statewide health information exchange (HIE)** by September, 2010 ($5.4 million funded by ONC).

If you are interested in receiving up to date communication about the statewide HIT/HIE efforts, please contact: Sheldon Wolf, ND HIT Director
Email: shwolf@nd.gov
Phone: 701-328-1991

Health Information Technology Definitions

- **Electronic medical record:** An electronic record of health-related information on an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff *within one health care organization.*
- **Electronic health record:** An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff *across more than one health care organization.*
- **Personal health record:** An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be drawn from multiple sources while being managed, shared, and controlled *by the individual.*
- **Health information exchange:** The electronic movement of health-related information among organizations according to nationally recognized standards.
- **Telehealth/Telemedicine:** The use of telecommunications and information technology to deliver health services and transmit health information over distance.

North Dakota
Health Information Technology
Quality Healthcare for all North Dakotans - Anywhere, Anytime

ITD
Information Technology Department

Executive Summary
Environmental Scan Report

Presented to:

North Dakota's Health Information Technology Advisory Committee

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May 4, 2010

Environmental Scan Process

The State of North Dakota Information Technology Department was awarded a grant from the Office of the National Coordinator in March 2010 to write a Strategic and Operational Plan for Health Information Exchange (HIE) in North Dakota. Hielix and MEDNET teamed together to respond to a competitive RFP process and were selected to assist the state with this important work. In order to prepare for writing the required plans, Hielix and MEDNET conducted an Environmental Scan across the State from April 5th to April 16th, 2010.

In 12 days MHT held approximately 70 meetings and interviewed upwards of 250 people. Meetings were held in Bismarck, Fargo, Grand Forks, Jamestown, Minot, and Rugby. Additionally, extensive use of the BTWAN was employed to get to as many other locations as possible in a condensed time frame. Meetings also included four public forums, one in each of the primary cities, as well as on-site visits to the Air Force bases near Grand Forks and Minot. The group also visited the University of North Dakota and the Center for Rural Health.

The Environmental Scan consisted of three major components - 1) Review of existing documents; 2) Interviews with potential HIE stakeholders; and 3) Discussions with various state agencies.

Healthcare Structure in North Dakota

There are approximately 640,000 people residing in North Dakota. Of this total, about 500,000 reside in the metro areas of Bismarck, Devil's Lake, Dickinson, Fargo, Grand Forks, Jamestown, Minot, and Williston.

There are 53 hospitals and about 300 clinics[1] serving the residents and based in North Dakota. The hospital group consists of the following:

- 36 Critical Access Hospitals (CAH)
- 8 Regional Hospitals including 2 serving the Indian Health Service
- 1 Veterans Hospital
- 2 Long-term Acute Care Facility
- 3 Psychiatric Hospitals
- 1 Rehabilitation Hospital
- 2 Transplant Hospitals

The clinics consist of the following:

- 120 associated with the regional hospitals
- 50 associated with the CAH's
- 60 Independent clinics
- 4 Federally Qualified Health Centers with about 20 clinics each
- 4 Residency Clinics
- 8 Veterans Clinics
- 2 Military Clinics

The capacity for Long-Term Care is:

- 83 Nursing Facilities with 6,248 beds
- 63 Basic Care Facilities with 1,714 beds
- 69 Assisted Living Facilities with 2,569 beds

In addition, there are 1533 physicians licensed in North Dakota. Nearly 70% of them work within one of the six major healthcare systems - Altru, Innovis, Medcenter One, Sanford-MeritCare, Saint Alexius, and Trinity.

[1] North Dakota Healthcare Review Report 2009

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Stakeholder Value Propositions

The value proposition is the statement that describes why an organization would willingly participate in a venture such as a Health Information Exchange (HIE). The value proposition is a clearly defined statement that is designed to demonstrate a service offering will solve a problem in such a way that the value to the participating organization is greater than not participating.

The value propositions for the organizations interviewed during the Environmental Scan are shown in the following chart. While some minor variations may exist between organizations within each of these categories, the value proposition shown in the chart are generally representative of all organizations in each group.

Organization Type	Value Proposition
All Organizations	A. Improved quality of care B. Efficiencies and cost savings
PPS Hospitals	A. Greater operational productivity B. Market share/Competitive advantage
Critical Access Hospitals	A. Continuity of Care B. Connectivity C. Long-term viability of the organization
FQHC's	A. Access to numerous registries B. Connectivity to outside resources
Clinics	A. Connectivity to tertiary hospitals B. Continuity of care
Noridian / Blue Cross Blue Shield	A. Better connection for better health B. Reduced claims payments
Public Health Agencies	A. Easier data entry in the registries B. Connectivity
Center for Rural Health	A. Quality of healthcare in North Dakota B. Service to communities
U. S. Air Force	A. Better information on the treatment of service personnel B. Input for their worldwide EHR
N. D. Health Care Review	Improved healthcare outcomes
Mental Health	Protection of patient privacy
Long-term Care	A. Continuity of care B. Connectivity to other healthcare providers
State Agencies	Interoperability/coordination between agencies

Organic Ecosystems

Electronic health information exchange usually starts with a recognized value proposition between providers. Physicians refer patients to the local lab for tests and needs the results back for proper treatment. The patient may need hospitalization for treatment and the physician will refer the patient to the local hospital. Having current and complete patient information is important to the successful treatment. Therefore, an organic need emerges for the exchange of patient information for proper treatment. This need becomes the value proposition for exchanging health related information between physician, the lab and the hospital.

In North Dakota, four such organic ecosystems have emerged over time. They tend to be centered geographically around four primary cities - Bismarck, Fargo, Grand Forks, and Minot. Healthcare providers within each geographic region have made or see the need to make electronic connections within their region. The large, urban PPS hospitals serving each region are already well on the way to using electronic health exchange with their provider community. Local clinics and providers recognize the need for electronic exchange but often lack the resources to make it happen.

The four primary cities are served by six, large healthcare systems - Altru, Innovis, Medcenter One, Sanford-Meritcare, Saint Alexius and Trinity. Nearly 70% of all physicians work in these systems[2]. In addition, these six systems serve about 80% of the population of North Dakota. Healthcare information exchange in North Dakota needs to begin within the four regional organic ecosystems. This is where the greatest need exists, where the value proposition is strongest and where the greatest population base can be served. Connecting these four ecosystems as well as the state agencies is also necessary but the value proposition is not as strong. Therefore, the design of the technical infrastructure should consider this basic structure when the overall design is completed.

HIE Readiness

When analyzing the data gathered during the Environmental Scan, the readiness for HIE among all of the organizations interviewed breaks down into four distinct tiers. Tier 1 organizations are mostly using some form of EHR system to support their current operations. Tier 2 organizations are using some technology and can easily become HIE ready. Tier 3 organizations have limited use of technology in their current operations. Finally, Tier 4 organizations may never use technology for various reasons and may not participate in any HIE initiative.

From an infrastructure perspective, North Dakota is well designed to support electronic medical records and Health Information exchange. Leveraging existing models, such as the BTWAN, NWAIT, spoke and hub support and cloud support models - combined with the state of readiness puts the State of North Dakota in good standing for an HIE. However, in order to reach the entire community, the State will face some challenges.

Additionally, North Dakota has an excellent history of collaboration to overcome various challenges. The establishment of NWAIT as a cost effective way to manage health IT between several resource constrained organizations is another example of an organic ecosystem evolving based on shared need and value. Collaborative grant writing, sometimes spearheaded through the Center for Rural Health, has also helped significantly in many communities. These combined approaches and the inherent attitude of collaboration will serve well as the State strives to bring everybody onto some form of electronic medical system and, ultimately, connection to the HIE.

Benefits of HIE

The benefits of HIE were readily apparent to many of the scanned participants. However, a small percentage of the interviewees did not understand HIE nor did they see any particular value to them after it was described. During interviews, the participants usually cited several reasons they might wish to join in a statewide HIE initiative. The most frequent benefits discussed were:

- Better continuity of care for patients
- Easy access to a more complete and accurate health record

[2] North Dakota Healthcare Review Report 2009

- Improve patient outcomes and quality of care
- Decreased medical treatment errors
- Ability to reconcile medications
- Reduction in duplicate procedures/labs
- Lower costs and increased staff efficiencies

Risks and concerns

In addition to the perceived benefits of HIE, many of the scan participants expressed concerns about exchanging patient information. These concerns include:

- Trust
- Current state and national economic situation
- Conservative nature of the Legislature
- Oil boom
- Initial and on-going costs
- Competitive advantage
- Financial needs of rural communities
- Lack of input from Tribes
- Ownership of the data
- HIPAA security and breach of confidentiality
- Integration of disparate systems
- Ease of use
- Implementation
- Staff training
- Redundancy and Connectivity
- Interstate care

Initial HIE Offerings

One of the questions posed to the Environmental Scan participants was "If this HIE work had to be done in stages, what are data elements you would desire in the first release?" The feedback was fairly consistent across the participants. Most indicated they wanted a fully functioning HIE from the beginning but understood that may not be financially possible.

The data elements most often citied as most desirable in the first release include:

- Patient demographics
- Recent History
- Medications
- Allergies
- Latest labs and/or radiology results
- Immunizations

Vision Statement

The Health Information Technology Advisory Committee (HITAC) recently adopted a vision as a guide for its work in HIE. The vision statement reads "Quality Health Care for All North Dakotans - Anywhere, Anytime." The Environmental Scan participants were asked if this vision resonated with them or would they change it in some meaningful way. Nearly all of the participants really liked the vision statement and indicated it offered a good direction or the state.

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Governance Module

Organizing the HIE will present a considerable challenge. The Environmental Scan solicited input from the participants about how the HIE should be structured. Most of the participants had not given this idea much thought and were hesitant to express an opinion. However, when presented with three options, they had good opinions about what they liked and what they did not like. The three options are outlined below.

- Option 1 - Privately owned and operated
- Option 2 - State owned and operated
- Option 3 - Public - Private partnership

Funding Options

The Environmental Scan participant's indicated that state and federal resources should be used for the startup funding. Building the HIE will require capital that is not available within the healthcare community in North Dakota. Grants from state and federal sources were cited as the best way to fund the development of the HIE. Tapping into the oil revenue before it all become obligated was seen as one fairly painless way to support the build out of the HIE.

Identification of funding for ongoing operations was split into three major options.

- Option 1 - State support
- Option 2 - Subscription or Transaction Fees
- Option 3 - Taxation

  Several scan participants indicated some form of user tax might be applied on transactions. For example, some small percentage of the total reimbursement might be assessed on each transaction between payer and provider. The proceeds might then be applied to support the HIE's ongoing operations.

Summary

The Environmental Scan process described in this report adds a level of operational details about the current state of healthcare not found in previous works. This data and information will be useful in moving forward with HIE in North Dakota. All healthcare sectors, except Indian Health, were included in the scan. A rich array of information has been analyzed and synthesized for this report. North Dakota seems poised to make a significant step forward in improving the quality of healthcare by embracing Health Information Exchange.

As discussed in this report, many issues still need to be resolved but all of the participants expressed an interest and a willingness to support the states effort in building HIE. Of course, many details still need to be resolved but starting with a basic willingness to join the effort and help improve healthcare quality and lower operating costs is a good place to begin. North Dakota is in a good place and a lot of ground work has been laid that will raise the probability of building a successful HIE for the state.

This report will serve as the foundation for the identification of the strategies required to build a sustainable HIE in the state. With the support of most of the healthcare community behind the states efforts, this task should gain early momentum. Given the perceived value proposition of each stakeholder, the state can begin to create strategies that satisfy those stakeholder wants, needs and interests. Once those initial strategies are identified, building a successful and supported strategic and operational plan will flow naturally.

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Proposed Strategies

Strategy I - Define a Clear Vision, Guiding Principles and Measurable Actions

Goal 1: Create and adopt a compelling and engaging vision and mission

Goal 2: Use the results of the Environmental Scan to guide the development of the statewide HIE

Goal 3: Define a set of Guiding Principles
- Transparency and Openness
- Offering Personal Choice
- Inclusion
- Innovation
- Public Engagement
- Continual Reporting on Results

Goal 4: Establish a set of measurable actions to determine progress towards the statewide HIE, stakeholder's Return on Investment (ROI), and financial sustainability

Goal 5: Develop a "Learning Health System[1]"
As defined by ONC, a Learning Health system is designed to generate and apply the best evidence for the collaborative care choices of each patient and provider; to drive the process of new discovery as a natural outgrowth of patient care; and to ensure innovation, quality, safety, and value in health care

Goal 6: Establish privacy and security protections to ensure each patient's privacy is always protected from unauthorized access

Goal 7: Ensure the statewide HIE has a high level of interoperability, both inter-and intra-state

Strategy II - Build on the Existing Organic Ecosystems

Goal 1: Understand the six existing ecosystems as identified in the Environmental Scan and determine the value proposition for each one

Goal 2: Incorporate the current and planed capabilities of these ecosystems into the HIE technical infrastructure

Goal 3: Integrate the existing business and technical operations of the six ecosystems into the operational design of the HIE

[1] Pre-decisional DRAFT; Health IT Strategic Framework: Strategic Themes, Principle, Objectives, and Strategies. Office of the National Coordinator for Health Information Technology

Goal 4: Leverage the existing referral connections in each ecosystem to maintain the competitive balance in the state

Goal 5: Harmonize the various EHR technological capabilities within and between each Ecosystem

Goal 6: Connect the Ecosystems within North Dakota and nationally using NHIN standards

Strategy III - Demonstrate State Leadership

Goal 1: Survey existing state systems and determine where integration may be useful

Goal 2: Create and implement a plan for connecting the disparate systems and eliminate the need for providers to enter the same data multiple times

Goal 3: Coordinate with the state Medicaid program and integrate HIE with the new MMIS System

Goal 4: Leverage the use of the NPI application already secured by North Dakota and build it into the technology architecture of the new HIE

Goal 5: Design patient data privacy and security protections into all state systems

Goal 6: Secure legislative funding and support to help rural providers facing financial hardships

Goal 7: Identify the HIE needs of various Federally Funded and/or state based programs including Public Health, Indian Health Services, Center for Disease Control, HIV Care Grant, Rural Health, Mental Health, Emergency Medical Services, Children Programs and include them in the design of the statewide HIE

Goal 8: Coordinate with the Federal Care Delivery organizations (Department of Defense, Veterans Administrations, Social Security, etc.) to ensure their health information exchange needs are include on the design of the statewide HIE

Strategy IV - Confront the Major Obstacles Early

Goal 1: Ensure patient privacy and security concerns are identified and resolved early in the technical design process. In addition, continue the application of all current privacy and security protocols in the technical design process

Goal 2: Require any technology connecting to the HIE be certified and be interoperable with the technical infrastructure of the HIE

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Goal 3: Define the HIE policies for the control and use of all data. Legal specifications for the secondary use of data should be clarified at the beginning of the HIE implementation project to reduce stakeholder concerns.

Goal 4: Clarify the application of HIPAA in North Dakota and provide extensive provider education on its use.

Goal 5: Provide consumer and provider education on the benefits of Electronic Healthcare Information and Exchange to build support and demand for both programs.

Strategy V - Financial Sustainability

Goal 1: Trust Agreements need to be created and approved by all stakeholders including:

- Data use agreements
- Data sharing agreements
- Reciprocal agreement
- Business Associate Agreements

Goal 2: Develop a governance model for operating a statewide HIE that includes public and private participation

Goal 3: Identify start-up and ongoing operational funding sources and cultivate the necessary relationships to secure the required resources

Goal 4: Create and obtain support for a consensus based, robust revenue model for funding ongoing operations.

Goal 5: Design policies and procedures governing oversight and accountability for dealing with breaches of standard operating procedures, violation of HIPAA policies and other exchanges of health information

Goal 6: Utilize standard accounting practices (i. e. GAAP) for controlling and reporting financial information

Strategy VI - Build Trust

Goal 1: Build stakeholder trust to alleviate concerns about changing the competitive landscape by deploying HIE in North Dakota

Goal 2: Build consumer trust by addressing privacy and security issues as early as possible in the process and explain the protocols about the control and use of the data

Goal 3: Build legislative trust to gain support and secure adequate funding to demonstrate the viability of HIE.

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Goal 4: Build rural trust to overcome the perceptions of HIT disparity in the delivery of healthcare to the larger, urban areas.

Goal 5: Build generational trust as older patients are more suspicious of technology and more trusting of their personal physician than younger patients

Goal 6: Build national trust by agreeing to use DURSA for connecting to the North Dakota HIE to the Nationwide Health Information Network

Strategy VII - Start with Highest Potential for a Positive Return on Investment

Goal 1: Build on current initiatives such as the models created by NWAIT, DPHITA and the Northland Healthcare Alliance for rural providers to share costs and improve HIT across the state

Goal 2: Start with the most valuable data set including Patient Demographics, Recent History, Current Medications, Allergies, Latest Labs and Immunizations as most important to providers.

Goal 3: Design additional functionality in later releases

Goal 4: Develop the HIE technology architecture that is patient and provider centric and very easy to use

Goal 5: Leverage the capabilities of other ARRA funded programs (Regional Extension Centers, Job Training Grants, etc.) to accelerate the deployment of the statewide HIE

Strategy VIII - Provide Support to Help Providers Meet Meaningful Use Requirements

Goal 1: Facilitate the adoption of EHR technology by all providers

Goal 2: Coordinate state registries and reduce data entry duplication

Goal 3: Improve the quality, safety, efficiency of healthcare by moving forward with HIE technology that is used to support optimal patient care and creates a medical home for the treatment of chronic diseases

Goal 4: Improve continuity of care coordination for patients

Goal 5: Reduce disparities in HIT adoption between rural and urban centers

Goal 6: Build the exchange of healthcare information with neighboring states into the technical architecture of the statewide HIE

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Minnesota and North Dakota Primary Care Providers

Reaching EHR Meaningful Use – Low Cost Assistance

Making EHR work for you and your patients

The Regional Extension Assistance Center for HIT (REACH)—the federal HIT regional extension center—is ready to take your organization to stage 1 meaningful use or better in 12 months or less.

REACH services are available to Minnesota and North Dakota providers of all types and sizes across the continuum of care. If you are ready to commit to achieving meaningful use, REACH is ready to assist you—whether you have:

- No electronic health record (EHR) system
- An installed EHR that is difficult or impossible to use
- A working EHR that needs to be optimized to fully benefit you and meet federal meaningful use requirements

Extraordinary value to early registrants

Individual providers, clinics, and Critical Access and small hospitals in Minnesota and North Dakota can sign up for discount EHR consulting services through REACH. Our nonprofit rates offer extraordinary value to help you with EHR implementation and optimization. Even small clinics can afford our services.

For a limited time, qualifying primary care providers and small hospitals can receive discounted services—up to 90% off the actual cost of our already low rates—through federal recovery act incentive funds.

$25,000 worth of consulting work could cost a clinic as little as $2,500.

Getting started early is key

The process of selecting, implementing, and achieving meaningful use of an EHR takes a year—when done efficiently and effectively. Register early to start the process if your organization wants to become eligible for thousands of dollars of federal incentive payments and subsidies that ride on your ability to reach meaningful use by January 30, 2012, and to take full advantage of our discounted rates. The lowest fees are available for a limited time.

GET STARTED TODAY

Register for services

Go to www.khaREACH.org for more information and to register.

About REACH

REACH is a nonprofit federal HIT Regional Extension Center dedicated to helping providers in clinics, small hospitals, and other settings in Minnesota and North Dakota implement and effectively use EHRs. Our mission is to assure that each of our clients achieves meaningful use.

REACH is a program of Key Health Alliance, a partnership of Stratis Health, National Rural Health Resource Center, and The College of St. Scholastica, which collaborates with North Dakota Health Care Review and the University of North Dakota, School of Medicine and Health Sciences, Center for Rural Health.

Register Online

Qualify for discounted services—up to 90% off in the first two years

Key Health Alliance
Regional Extension Assistance Center for HIT

877-331-8783, ext. 222
info@khaREACH.org
www.khaREACH.org

REACH EHR Services

REACH uses a process consultation approach, giving providers the skills and tools to make changes in an informed and sustainable way. We focus on organizational change factors—leadership, culture, process, workflow re-design—to prepare organizations for EHR.

Services include:

- **Readiness assessments**—determining where your organization is on the continuum of readiness to adopt an EHR and providing a plan to prepare your organization for the EHR adoption process
- **Practice and workflow redesign**—planning and preparing for the cultural changes, as well as clinical, and business benefits of EHR
- **Assisting you in selecting a certified EHR product** that offers the best value for your needs—taking you from developing your system requirements/needs through your identifying the right vendor for you
- **Vendor contracting**—providing sample contracts and opportunities to connect with preferred vendors for an accelerated contracting process
- **Process for EHR project management**—offering a process to work with your selected vendor to ensure effective implementation of a certified EHR product
- **EHR optimization and meaningful use**—leveraging an EHR's potential to improve quality and value of care, by enhancing clinical and administrative workflows, process improvement, template building, and clinical decision support alignment
- **Technical reporting**—such as Crystal Report writing, SQL programming, or other technical services to support attestation and quality data submission to CMS
- **Privacy and security best practices**—providing training on how to comply with legal requirements to protect patient health information, including breach notification, risk mitigation, policy and procedure templates, and business associate management
- **Functional interoperability and HIE assessment and guidance**—from the basics of e-prescribing to preparing your organization to participate in health information exchange with other provider organizations and with other entities such as the immunization registry, public health and for quality reporting

REACH is your trusted consultant

REACH works with you to improve the quality and value of care you deliver, through adopting and meaningfully using an EHR. REACH is:

- Trusted. We represent physicians and patients, not an EHR vendor
- Mission-driven. The organizations that make up REACH are dedicated to improving care quality and patient safety
- Able to provide services at a significant discount
- Committed to getting our clients to stage 1 meaningful use in 12 months or less
- Provider focused and experienced, with proven success in implementing EHR with providers like you

REACH—Regional Extension Assistance Center for HIT

877-331-8783, ext. 222.
info@khaREACH.org
www.khaREACH.org

REACH – Advancing health information technology for Minnesota and North Dakota

A program of Key Health Alliance, a partnership of Stratis Health, National Rural Health Resource Center, and The College of St. Scholastica, which collaborates with North Dakota Health Care Review and the University of North Dakota, Center for Rural Health. Federally funded through the Office of the National Coordinator, Department of Health and Human Services (grant number EP-HIT-09-003).

Minnesota and North Dakota Primary Care Providers

Reaching EHR Meaningful Use – Low Cost Assistance

Learn how the Extension Center can help you reach meaningful use of your electronic health record system

The Regional Extension Assistance Center for HIT (REACH)—the federal HIT regional extension center—is ready to take your organization to stage 1 meaningful use or better in 12 months or less.

Learn more about how to leverage REACH services by participating in an informational call with REACH Clinical Director, Paul Kleeberg and Program Director Sue Severson. Dr. Kleeberg understands clinical practice, having worked as a family physician in a rural clinic and later in a large health system. He understands EHRs—having implemented and used them in his practice—and has experience using decision support to assist with the delivery of optimal care. Sue Severson has worked with more than 100 adult primary care clinics and hospitals, assisting them in preparing for, selecting, implementing, and fully using HIT.

Bring your questions about:

- Services for EHR implementation and optimization technical assistance
- Qualifying for federal subsidies for technical assistance
- Medicare/Medicaid incentive dollars
- 2012 deadlines for meaningful use—federal and state requirements for EHR functionality, reporting, and connectivity
- Patient safety, care quality
- Preparing your practice for the future

REACH services are available to Minnesota and North Dakota providers of all types and sizes across the continuum of care. If you are ready to commit to achieving meaningful use, REACH is ready to assist you—whether you have:

- No EHR
- An installed EHR that is difficult or impossible to use
- A working EHR that needs to be optimized to fully benefit you and meet federal meaningful use requirements

Direct questions about the calls to Amy Heikkinen at 952-853-8547 or aheikkinen@stratishealth.org.

877-331-8783, ext. 222
info@khaREACH.org
www.khaREACH.org

Find out more.

Join us for an open, informational call to learn what services and resources are available.

Start times - 30 minute calls

May
W 5/26, noon

June
W 6/2, 11:00 am
W 6/9, 10:00 am
M 6/14, 1:00 pm
W 6/23, 8:00 am
W 6/30, noon

July
TH 7/8, 1:00 pm
T 7/13, 10:00 am
W 7/21, 11:00 am
W 7/28, noon

August
W 8/4, 9:00 am
W 8/11, 11:00 am
W 8/18, 1:00 pm
W 8/25, 12:00 pm

Time in CST

Join a call

Dial: 866-939-8416
Enter participant code: 8695985#

REACH – Advancing health information technology for Minnesota and North Dakota

A program of Key Health Alliance, a partnership of Stratis Health, National Rural Health Resource Center, and The College of St. Scholastica, which collaborates with North Dakota Health Care Review and the University of North Dakota, Center for Rural Health. Federally funded through the Office of the National Coordinator, Department of Health and Human Services (grant number EP-HIT-09-003).

Health IT Workforce Training Starting Fall 2010

- Online and In-class options
- 6 months to completion
- Non-degree certificates
- Scholarships available
- Devils Lake & Grand Forks AFB

Lake Region State College* is developing a program to meet demands for skilled HIT workers as ND's healthcare providers adopt electronic medical records and electronic health records.

Courses available beginning Fall 2010:

- Trainers for HIT applications
- Technical/ software support
- Implementation Managers
- Clinician/practitioner consultants
- Implementation Support Specialist
- Workflow and IM redesign specialist

Lake Region
STATE COLLEGE

For more information call:

(701) 662-1670 or 800-443-1313

*Through a grant funded by the US Dept. of Health and Human Services
Office of the National Coordinator for Health Information Technology

North Dakota Health Information Technology

Quality Healthcare for all North Dakotans - Anywhere, Anytime

MISSION

Advance the adoption and use of technology to exchange health information and improve healthcare quality, patient safety and overall efficiency of healthcare and public health services in North Dakota.

VISION

Quality Healthcare for all North Dakotans – Anywhere, Anytime.

Website *http://ruralhealth.und.edu/projects/sorh/hit.php*

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