



ND HIT Steering Committee ~ Proposed State Supported
Improving Access, Quality and Patient Safety through HIT Grant Program

INTRODUCTION

The National Governors Associations', State Alliance for e-Health, is calling states to action with their recently released first annual report *Accelerating Progress – Using HIT and Electronic HIE to Improve Care*. Within the Executive Summary it is stated that "Health information technology (HIT) and health information exchange (HIE) are critical tools in states' efforts to transform health care in this country." The Alliance recognizes that "states are poised to accelerate progress and address challenges to widespread HIT adoption and electronic HIE development." It was recommended "To help their citizens reap the benefits of HIT and HIE, states must engage in collaborative, coordinated efforts..." Also, in keeping with President Bush's vision for a better U.S. healthcare system, calling for the creation of electronic health records (EHR) for all Americans by 2014, the eHealth Alliance also recommends to, "Make available a patient-centered, interoperable and portable EHR available to every child by 2014."

.....Surveys also indicate that North Dakota's rural facilities have severe shortages of technical staff to support and implement HIT, face significant financial challenges obtaining the capital to acquire EHRs and other HIT tools and have limited access to technical assistance resources to guide their efforts.....

Excerpt from the ND HIT Report coauthored by Michael Rodriguez, HIT Project Director with John Snow Inc.(JSI), Denver, Colorado a public health research consulting firm.

The Center for Rural Health, UND School of Medicine and Health Sciences (CRH-UNDSMHS), contracted with JSI, on behalf of the ND HIT Steering Committee to review the results gathered from HIT surveys and make recommendations to guide future efforts for facilitating the adoption and implementation of technology in our state.

As a first step in ND, the (twenty-two member) - **ND HIT Steering Committee** was legislatively created during the 2007 Session. This committee along with over 40 additional stakeholders serving on five work groups (1) Health Information Exchange, 2) Funding/Resources, 3) Communication/Education, 4)Policy/Legislation, 5)Privacy/Security) have been working to explore and facilitate the adoption/implementation of technology in health care. It is widely recognized that in order to improve access, quality and patient safety not to mention the fundamental role HIT plays in recruitment and retention of new physicians and other health care professionals to our state, a statewide infrastructure to exchange health information electronically is vital to the transformation of healthcare for the residents of ND.

In order to develop a plan for accelerating progress towards the adoption and implementation of HIT/HIE an assessment of HIT in ND health care facilities was needed. Therefore, the Center for Rural Health, UND School of Medicine and Health Sciences on behalf of and in collaboration with the Steering Committee, recently completed statewide HIT surveys. (The survey results and a final report is in the process of completion and will be released in November, 2008.)

The statement to the left, an excerpt from the report, serves as a Call to Action identifying the critical need and challenges in North Dakota regarding the adoption and implementation of technology. Michael Rodriguez, HIT Projects Director with John Snow, Inc. concluded, "**In order to move the State of North Dakota forward, strong consideration should be given to the pursuit of the following six initiatives:**

Create a formal organization within the state charged with coordinating HIT efforts and potentially governing a health information exchange initiative.

Develop a North Dakota Strategic Plan for implementing and sustaining a statewide electronic health information exchange.

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Create a state-funded grants or loan program to support rural and public health entities in the implementation of health information technology driven quality improvement programs.

Develop health information technology training programs for current staff at health care facilities as well as for the future.

Implement a peer-to-peer HIT support program for rural healthcare provider organizations.

Sponsor rotating rural HIT technical support teams to assist organizations that do not have the necessary staff for the implementation of such projects.

The State of North Dakota faces many obstacles in providing the highest quality of care to patients, particularly across rural areas. Opportunities to support the evaluation, adoption and maintenance of HIT abound, albeit with the dedication of significant human and financial resources. Without these investments, however, the digital divide that is currently in place is likely to grow significantly."

BACKGROUND

The ND HIT - Funding and Resources Work Group reviewed state supported HIT grant programs and other initiatives in a number of states such as MN, AZ, FL, NY, KY to name a few. The proposed grant program below is a result of that effort; using each state program as a model taking in to consideration the lessons learned, best practices to develop a program which best suits the identified needs and state of readiness in our state. All in order to create more network solutions for promoting HIT adoption essential in improving the safety and quality of health care delivery and cutting waste and duplication of care.

While it is widely known that there is no single approach to undertake such a diverse task as creating an electronic infrastructure, as the process is incremental, long and challenging. In order to address the needs demonstrated by the results from the recently completed HIT Surveys and confirmed in the recommendations by the JSI consultant and expert in the field, the ND HIT Steering Committee proposes the following grant program as a first step towards investing in the healthcare infrastructure of ND to accelerate progress.

PROPOSED REQUEST for APPROPRIATION – 2009 Legislative Session

QUALITY IMPROVEMENT and PATIENT SAFETY THROUGH HIT - Grant Program

The overarching goal for a grant program is to improve access, quality and patient safety, through the effective adoption and implementation of electronic exchange of health information within and among health care facilities in a given region (e.g. electronic health records, regional health information exchange, telehealth, etc.).

Eligible health care entities: All rural health clinics and community health centers; hospitals; licensed nursing facilities; local public health units and nonprofit entities (with the purpose of providing health information exchange coordination governed by a representative and other providers of health or health care services) approved by the ND HIT Steering Committee.

All proposed grant projects will *require collaboration between three (at minimum) or more eligible health care entities which are not owned by any one entity.* The intent of the grant program is to facilitate the formation of collaborative efforts between distinct corporate entities.

Matching Funds: Grant funds shall be awarded on a 25% match basis for the total grant amount awarded. Applicants shall be required to provide 10% in the form of cash match and 15% in-kind match, such as staff or services.

Proposed Funding Period: July 1, 2009-December 31, 2010

Eligible Technology Solutions: All grantees will be required to select standards-based, interoperable products that are approved by the Certification Commission for Healthcare Information Technology (CCHIT).

GRANT OPTIONS

I. Readiness Assessment and Planning Grants:

Purpose: To support the structured planning activities that will prepare for successful adoption/implementation of technology solutions. Activities may include: initial stages of collaboration with partners, readiness assessment, development of education/training programs for healthcare professionals and staff, workflow analysis within individual health care facilities as well as between community/regional facilities, business planning, determining specific network HIT functions.

At the end of the grant period: Grantees must demonstrate progress after the first six months that will lead to completing the goal within the eighteen month funding period. For example, if the applicant proposes to use the funds to plan for implementation of an EHR other related technology solutions; at the end of the 18 month funding period, grantees will have a solid plan to adopt the selected technology solution along with indicators of success.

Need for readiness/planning grants: On a recent national technical assistance conference call sponsored by the HRSA, Office of HIT, it was stated that “50% of projects involving the implementation of technology fail due to poor or inadequate planning.” Putting new electronic solutions on top of inefficient/ineffective/non-HIPAA compliant processes will result in inefficient/ineffective/non-HIPAA compliant electronic processes. This speaks to the critical need for a thoughtful and thorough process for assessment, planning, training and education well before implementation.

The results of the recently completed HIT surveys demonstrate the need for technical assistance with planning: 80% of rural hospitals, 24 of 44 LTC and 84% LPHU indicated they have NOT conducted workflow analysis and redesign; 51% hospitals, 24 of 44 LTC and 96 % LPHU indicated they have NOT assessed computer skills; 10 of 37 hospitals, 23 of 44 LTC and 10 of 25 LPHU indicated they do not have dedicated IT support staff.

II. Implementation Grants

A. Electronic Medical Records (or related technology) Implementation Projects

Purpose: To support communities/networks who can clearly demonstrate they have completed a structured planning process and are in the position, at the time of submitting an application, to begin implementation of electronic health record, e-prescribing or other related technology.

At the end of the project period: Grantees must demonstrate that they have implemented EMRs or related technology, in the sites that initially proposed. Grantees must also demonstrate how this implementation has or will lead to improvements in access, quality and/or patient safety. All grantees must demonstrate steps taken to achieve sustainability of initiative.

Justification:

*The results of the ND HIT survey demonstrate the need in ND ~ 55 % of the rural hospitals indicated they do not have an EMR, 79% (34 of 43 respondents) LTC do not have and EMR; 2/3 primary care physician clinics do not have an EMR; and 83% (25 of 28) of LPHU do not have an electronic patient management system. These grants would support the implementation of EMR or related technology for facilities in order to move ND healthcare facilities forward. The top barriers for all facilities to implementing EMR or related technology, was *lack of financial resources and current reimbursement*.*

B. Telehealth Implementation Pilot Projects

Purpose: To support communities/regions who can clearly demonstrate the completion of the planning and readiness phase and are in the position to begin implementation of a new or expanded telehealth program (e.g. teledialysis, telestroke, telemental health, etc.)

At the end of the project period: Grantees must demonstrate that they have implemented a new or expanded telehealth program in the sites initially proposed. Grantees must also demonstrate how this implementation has or will

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lead to improvements in access, quality and/or patient safety. All grantees must demonstrate steps taken to achieve sustainability of initiative.

Justification:

The results of the ND HIT demonstrate the need in ND ~ 81 % of the rural hospitals and 39% LTC indicated using telehealth for videoconferences; 54% of rural hospitals respondents indicated they use teleradiology; 44% for provider education. Much remains untapped with regard to increasing access to health care services via telemedicine. Interest was indicated by rural and urban survey respondents on a number of applications such as telestroke, teleemergency room and teledialysis. These grants would support the implementation such telehealth programs.

III. Health Information Exchange Collaborative Grants

Purpose: To support existing or newly established collaborative who can clearly demonstrate the completion of the planning and readiness phase and are in the position to begin to connect and facilitate the exchange of health information between eligible health care entities in a selected geographical region.

At the end of the project period: Grantees must demonstrate that they have implemented an effective system to exchange health information regionally in the sites that were initially proposed. Grantees must also demonstrate how this implementation has or will lead to improvements in access, quality and/or patient safety. All grantees must demonstrate steps taken to achieve sustainability of initiative.

Justification:

All six North Dakota urban hospital systems indicated in the survey that they have an EMR system. This state of readiness would put them in position to work collaboratively within their region to begin the development of a process/method for exchanging health information between the rural health care entities, public health units, etc. with the ultimate goal of a statewide health information exchange in the future.

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.

Health information exchange: The electronic movement of health-related information among organizations according to nationally recognized standards.