



Center *for*  
Rural Health

University of North Dakota  
School of Medicine & Health Sciences

<http://medicine.nodak.edu/crh>

## An Overview of Health Information Technology Activities in North Dakota

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Project Director

*Connecting resources and knowledge to strengthen  
the health of people in rural communities.*

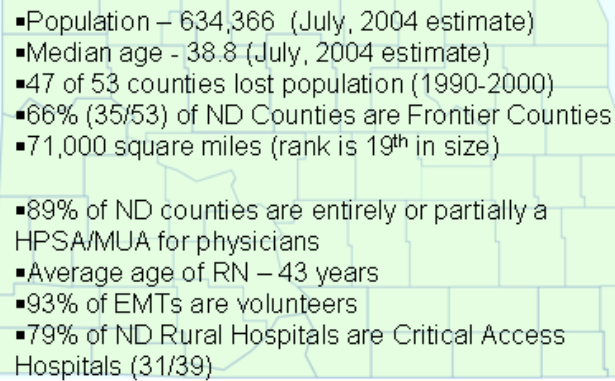


### Center *for* Rural Health

- Established in 1980, at the University of North Dakota School of Medicine and Health Sciences in Grand Forks, ND
- Focuses on:
  - Education, Training, & Resource Awareness
  - Community Development & Technical Assistance
  - Native American Health
  - Rural Health Workforce
  - Rural Health Research
  - Rural Health Policy
- Web site: <http://medicine.nodak.edu/crh>



## NORTH DAKOTA

- 
- A light green map of North Dakota showing county boundaries. A text box is overlaid on the map, containing statistics about the state.
- Population – 634,366 (July, 2004 estimate)
  - Median age - 38.8 (July, 2004 estimate)
  - 47 of 53 counties lost population (1990-2000)
  - 66% (35/53) of ND Counties are Frontier Counties
  - 71,000 square miles (rank is 19<sup>th</sup> in size)
  - 89% of ND counties are entirely or partially a HPSA/MUA for physicians
  - Average age of RN – 43 years
  - 93% of EMTs are volunteers
  - 79% of ND Rural Hospitals are Critical Access Hospitals (31/39)



### **First - Health Information Technology Summit** April, 2006

*Sponsored by:*

*Senator Kent Conrad  
ND Health Care Review  
ND Healthcare Association  
ND Medical Association  
Gruby Technologies  
Center for Rural Health*



## ND HIT Steering Committee Activities

- **August, 2006 - ND HIT Stakeholder - Facilitated Meeting**

Included a national overview on HIT activity and health information exchange (HIE) initiatives in other states; brainstorming sessions; further developed Steering Committee and Stakeholder Group (*40 participants*)



## ND Health Information Technology (HIT) Steering Committee Members

- Center for Rural Health – *representing rural communities*
- Senator Kent Conrad's office – *representing federal government*
- ND State CIO – *representing the Governor*
- ND Department of Health
- ND Department of Human Services
- North Dakota Health Care Review  
*representing Quality Improvement Organization (QIO)*
- ND Medical Association – *representing physicians*
- ND Healthcare Association – *representing hospitals*



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## **ND Health Information Technology (HIT) Steering Committee Members (cont.)**

- ND BlueCross BlueShield  
*representing third-party payer*
- ND Health Information Management Association (HIMA)  
*representing health information management workforce*
- Gruby Technologies – *representing technology businesses*
- AARP – *representing consumers*
- CIO of one tertiary and one Critical Access Hospital (CAH)  
*representing urban and rural hospitals*
- ND Medical Group Managers Association - *representing clinics*



## ND HIT Steering Committee Activities

- **September, 2006** - eHealth Initiative HIT - National Conference. Steering Committee sent one ND representative.
- **October, 2006** - Regional Privacy and Security Meeting  
Steering Committee sent three ND representatives
- **November, 2006** - ND HIT Steering Committee held face-to-face meeting  
Developed Vision and Mission statements, five immediate goals, expectations of committee members, HIT/HIE Activities Fact Sheet; sent letter, fact sheet and member list to Governor Hoeven and state legislators.



- **VISION**  
*Implement a statewide health information technology and exchange infrastructure.*
- **MISSION**  
*Facilitate the adoption and use of health information technology and exchange to improve healthcare quality, patient safety and overall efficiency of healthcare and public health services in North Dakota.*



- **December, 2006** - Senator Judy Lee, Chair Senate Human Services Committee and Representative Clara Sue Price, Chair House Human Services Committee sponsored SB2303  
Steering Committee members provided input and feedback
- **January - February, 2007** - Testimony was provided in support of SB 2303 by Steering Committee members
- **March, 2007** - Steering Committee held second face-to-face meeting. Purpose was to discuss progress of SB 2303; further develop goals and subcommittees.
- **May, 2007** – Steering Committee sent five representatives to the Region VIII HIT Round Table Conference, Salt Lake City, Utah
- **August, 2007** – A joint Steering Committee and Stakeholder Group meeting will be held. The purpose is to utilize five subcommittees that will be tasked with exploring the various topics (HIE applications; education/communication; legislation/policy; privacy/security; finance/resources) in order to develop a statewide HIT plan.



## Current HIT Activities

### BCBSND Rural Health Grant Program

Initiated in 2001

Six funding periods – 2005 HIT focus

Twelve HIT projects funded

Grants range \$45,000-\$65,000

2007 (Year Six) \$450,000

18 month funding period

Funded projects: laboratory information system;  
computed radiography; PACS; home health  
monitors; EMR



## Current HIT Activities

### Personal Health Record – Education project

AHIMA link <http://www.myphr.com/>

- ND Health Information Management Association (HIMA) – Will have one state Community Education Coordinator (CEC) who will conduct training sessions for NDHIMA members.
- Train the trainer model.
- AHIMA Training Toolkit – available July 2007



## Current HIT Activities

- 2007 ND Legislature approved \$1 million to support a Client Information Sharing System (CISS) project which will provide the base architecture needed to create a single client view across Department of Human Services (DHS) and programs.
- In the 2007-2009 biennium, DHS will implement a Master Client Index (MCI) and expose eligibility information through a “hub” infrastructure. Initially, this system will provide a means to share eligibility information to the new Medicaid Management Information System (MMIS), but it will provide a basis to extend the architecture to all DHS systems.



## Current HIT Activities

### North Dakota State University - Telepharmacy Program

**September, 2002** - NDSU College of Pharmacy received a federal grant from HRSA, HHS, Office for the Advancement of Telehealth (OAT), to implement a state-wide telepharmacy pilot program.

**June, 2003** - The North Dakota State Board of Pharmacy established permanent rules allowing a retail pharmacy to open and operate in certain remote rural areas of the state without a licensed pharmacist being physically present in the store and allows a pharmacist to supervise a registered pharmacy technician at a remote telepharmacy site using telepharmacy technology for the purposes of dispensing prescriptions to patients, providing drug utilization review, and patient education counseling.

As of **January, 2006** - **fifty-seven** (44 retail; 13 hospital) pharmacies are involved in the Telepharmacy Project, **twenty-one** central pharmacy sites and **thirty-six** remote telepharmacy sites.

Thirty-three (62%) of the fifty-three counties are involved in the project and two in Minnesota. Approximately 40,000 rural citizens have had pharmacy services restored, retained or established through the North Dakota Telepharmacy Project since its inception.



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