Key Health Alliance – Fact Sheet

Health Information Technology Regional Extension Center for Minnesota and North Dakota

The Office of the National Coordinator (ONC) for Health Information Technology is establishing Health Information Technology (HIT) Regional Extension Centers across the country to support the adoption and meaningful use of HIT.

ONC is issuing grants to establish and operate Regional Extension Centers, which will provide HIT technical assistance and support to providers within specific geographic regions. Key Health Alliance, a partnership of Stratis Health, the Rural Health Resource Center, and the College of St. Scholastica, has submitted an application to serve as the Regional Extension Center for the states of Minnesota and North Dakota. Our goal is to assist providers in optimizing their electronic health record (EHR) systems and achieving meaningful use of HIT to improve health care quality.

Minnesota and North Dakota approach
Key Health Alliance has strong track record of success in HIT and EHR technical assistance and support, a special emphasis in rural and underserved areas, and the ability to hit the ground running, leveraging the opportunity to serve as an extension center as a means to accelerate and expand work that we are already deeply engaged in.

To meet the needs of North Dakota providers, Key Health Alliance is working closely with North Dakota Health Care Review, Inc. (NDHCRI) and University of North Dakota, Center for Rural Health. We have an inclusive planning and implementation process with many collaborators and stakeholders across both states.

We are actively soliciting ideas and feedback to ensure this proposal and Regional Center program represents the best possible approach, addressing local priorities, unique needs, and being well coordinated with existing initiatives.

HIT Regional Extension Centers
Here are a few quick facts about the operation of the Regional Centers:

- New national program to offer technical assistance and support to health care providers to adopt, implement, and meaningfully use electronic health records
  - To improve the quality and efficiency of care
  - For eligible providers, to qualify for Medicare and/or Medicaid incentive payments
- Funded via the American Recovery and Reinvestment Act (ARRA) of 2009, the stimulus package
- Managed by federal Office of the National Coordinator (ONC)
- Four-year cooperative agreement, with 50% federal funding and 50% from participation fees and other grant funding over the four years, with the federal support largely available in the first two years
Support for providers
Services will be available to providers of all types, sizes, and locations across the continuum of care, both with and without an EHR. ONC has designated that “priority primary care providers” receive federally subsidized technical assistance. ONC defines priority primary care providers as physicians and health care professionals with prescriptive privileges (i.e., physicians passistants, nurse practitioners, and nurse midwives) primarily focused on primary care (i.e., internal medicine, family practice, Ob/Gyn, and pediatrics) in the following settings:

- Individual and small group practices (ten or fewer professionals with prescriptive privileges) primarily focused;
- Public and Critical Access Hospitals;
- Community health centers and rural health clinics; and
- Other settings that predominantly serve uninsured, underinsured, and medically underserved populations.

Technical assistance and support
Regional Centers will focus on the following areas providing technical assistance – direct consultative support including on-site, one-on-one, and group education – and general support:

- Vendor selection and group purchasing
- Implementation and project management
- Practice and workflow redesign
- Functional interoperability and HIE
- Privacy and security
- Progress towards meaningful use
- Local workforce support

Fees for Services
In the first two years of the Regional Center program, technical assistance will be subsidized as specified by ONC for “priority primary care providers,” with approximately 90% of the funding for the Regional Center’s services coming from the grant and 10% from fees paid by participating providers. For example, if your practice is five to 10 physicians, you may receive services valued at $25,000-$50,000, and may pay less than $5,000. For all other providers, and for “priority primary care providers” after the first two years, there will be a fee scale based on the services needed.

Medicare and Medicaid Incentives/Penalties
The Regional Extension Centers will help providers select, implement, and achieve meaningful use of certified EHR technology, as well as the ability to exchange health information with other providers and agencies. Achieving this goal will enable eligible providers to receive incentive payments from Medicare and/or Medicaid.

According to the US Department of Health & Human Services, ARRA authorizes the Centers for Medicare & Medicaid Services (CMS) to provide reimbursement incentives for eligible professionals and hospitals who are successful in becoming “meaningful users” of certified EHR technology. These incentive payments begin in 2011 and gradually decrease. Starting in 2015, providers are expected to have adopted and be actively utilizing a certified EHR in compliance with the “meaningful use” definition or they will be subject to financial penalties under Medicare.
Anticipated start date
Services to providers are anticipated to be available starting in mid-January 2010 at the earliest.

For more information

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