



HEALTH INFORMATION TECHNOLOGY  
*Regional Extension Center*



## **Iowa's New Resource: Health IT Regional Extension Center**

**Iowa HIMSS Chapter Meeting  
May 6, 2010**

**Presented by Nick Makris and Sandy Swallow**





- **Identify the role and scope of Iowa's HIT Regional Extension Center**
- **Describe the eligibility requirements of priority primary care providers and how to apply for the program**
- **Identify REC services that will assist providers in achieving meaningful use of EHR technology**

## ARRA 2009, i.e. the “Stimulus” Bill



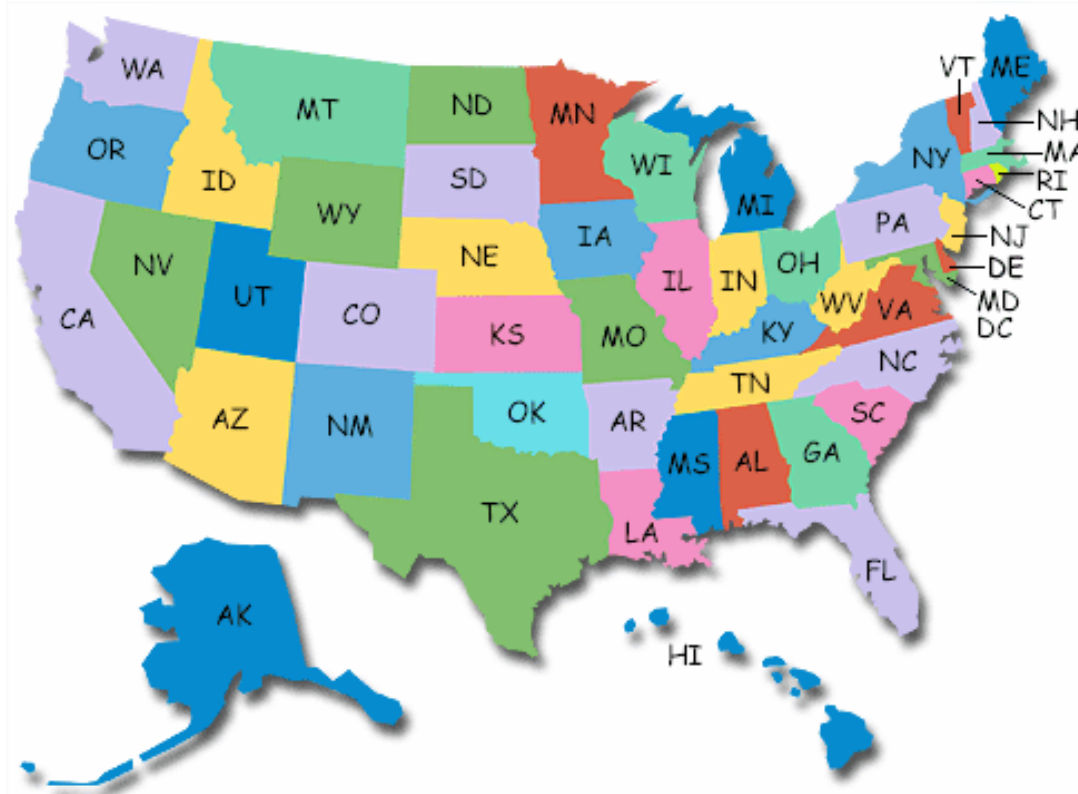
- **American Reinvestment and Recovery Act**
  - HITECH portion: Health care providers must adopt electronic health records by 2015
  - Department of Health and Human Services Office of the National Coordinator for Health IT launch grant programs
    - Regional HIT Extension Centers – Sec. 3012
    - State Health Information Exchanges – Sec. 3013
    - Others
  - ONC web site: [www.healthit.hhs.gov](http://www.healthit.hhs.gov)





- **Help providers adopt and meaningfully use certified EHR technology**
  - Improve patient care
  - Help eligible providers qualify for meaningful use incentive payments
- **Measure of success**
  - How many providers become meaningful users of certified EHR technology
- **New! RECs are tasked to work with Critical Access and Rural hospitals**

# Regional Extension Center Program



National goal: 100,000 priority primary care providers adopt health IT and achieve meaningful use by 2012 to improve patient care and safety

## Who are the Priority Providers?



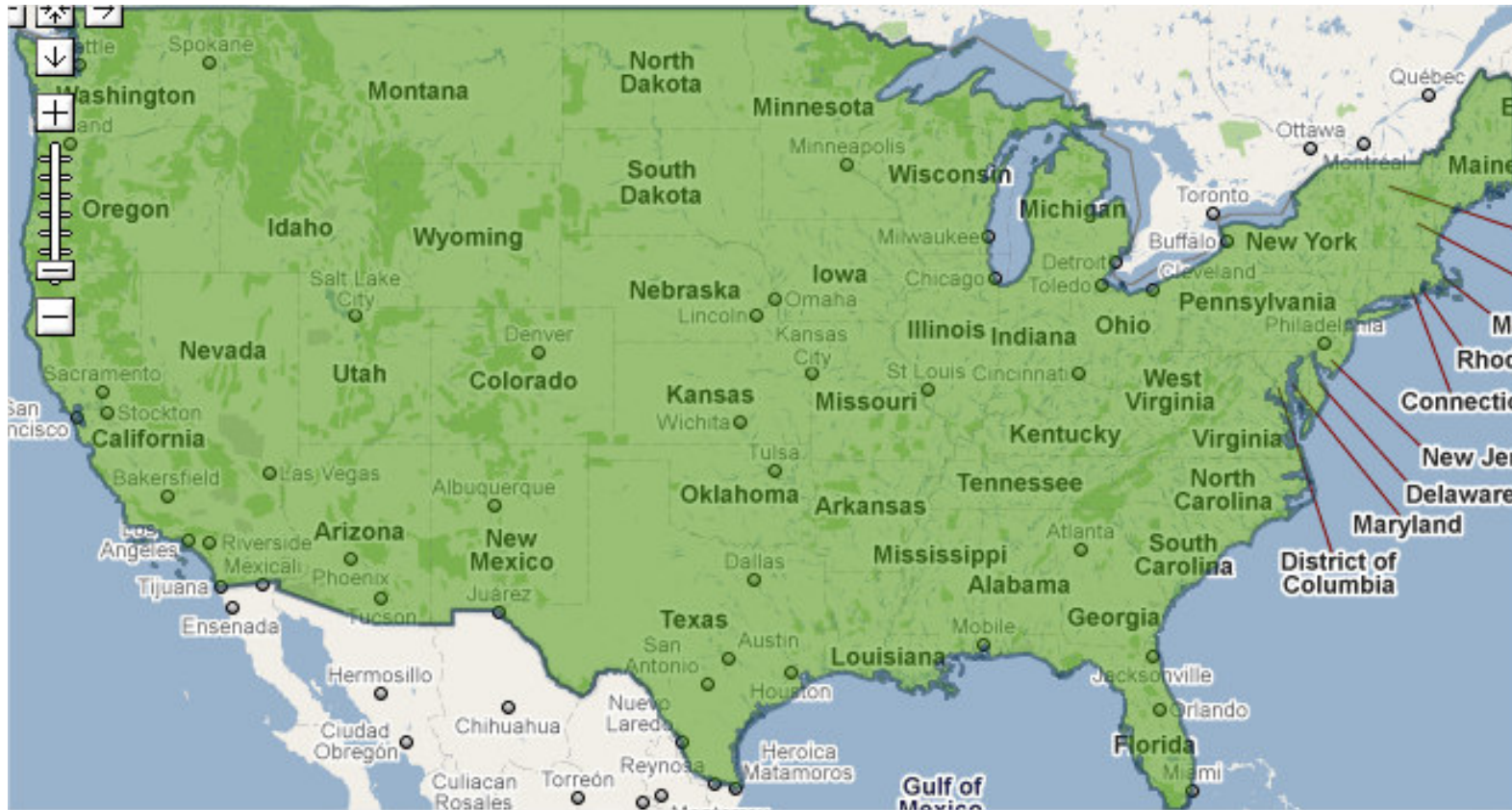
- **Physicians, PAs, NPs**
  - Prescriptive privileges
- **Family Practice, Internal Med, Peds, OB/GYN in**
  - Individual and small group practices (10 or fewer professionals)
  - Public and Critical Access Hospitals
  - Community Health Centers & Rural Health Clinics
  - Uninsured and underserved populations
- **With or without an EHR**



- **For primary-care providers already utilizing EHR technology**
  - Focus on achieving all aspects of meaningful use
- **Provider meaningful use incentive payments begin in 2011**



# Where are the RECs?



**Round 1: 32 RECs announced February 2010**

**Round 2: Remaining 28 RECs announced April 2010**

## Iowa's Regional Extension Center



- **Official name: IFMC Health Information Technology Regional Extension Center**
- **Cooperative Agreement recipient: IFMC, West Des Moines, Iowa**
- **Website: [www.iowaHITREC.org](http://www.iowaHITREC.org)**
- **Phone: 800-373-2964**
- **Partner: INConcertCare, Inc.**
  - FQHCs/Rural Health Clinics

## Iowa HITREC Goals



- **Mission: Provide robust local technical assistance for at least 1,200 Iowa priority primary care providers in the adoption, utilization and meaningful use of electronic health records to improve the health and safety of Iowans**
- **Vision: By 2012, one in three Iowa priority primary care providers will have successfully achieved CMS meaningful use requirements, thereby improving health care for Iowans. IFMC will be recognized as a statewide resource for health IT and meaningful use across the health care continuum.**





- **IFMC**

- Kim Downs, Senior Director Operations
- Susan Harr, Program Director
- Sandy Swallow, Program Specialist
- Marlene Hodges, QI Advisor
- Nick Makris, EHR Implementation Advisor
- Deb Innis, Communications Specialist
- Carrie Ortega, Project Assistant
- Clinical Director
- Outreach/Education Coordinator
- Additional QI and EHR Implementation Advisors
  - Some dedicated to physician office; some to Critical Access hospitals
- Help Desk Technicians



- **INConcertCare, Inc.**
  - Ted Boesen, Executive Director
  - Deb Kazmerzak, Senior Program Director
  - Kyle Haindfield, EHR Implementation Specialist
  - Network specialist
- **Expert Consultants**
  - Clinical Informatics
  - Legal (privacy & security expert)

## **Core Services: 15-20% of effort**



- **Outreach and education**
- **National Learning Consortium**
- **Statewide progress toward meaningful use**
- **Local workforce support**
- **Administration**



## **Direct Services: 80-85% of Effort**



- **“Boots on the ground”, i.e., direct onsite technical assistance to providers and CAHs**
- **Vendor selection & group purchasing**
- **Implementation and project management**



## **Regional Center Direct Services (cont.)**



- **Practice and workflow redesign**
- **Interoperability & health information exchange**
- **Privacy and security best practices**

## Examples of Iowa Services



- **Preferred vendor list**
- **QI and EHR field staff**
- **Assessment tools/downloadable resources**
- **Meaningful use gap analysis**
  - What a provider or hospital is missing
- **Help Desk 800-number**
- **Web site**
- **Statewide e-Health Summit**
  - Meaningful use
- **HIE consultation**
- **Privacy and security checklist**
- **Instructors and internships**
  - HIT workforce

# Example of EHR Road Map



| Assessment   | Planning   | Selection  | Implementation   | Evaluation  | Improvement   |
|--|--|--|--|---|---|
| <ol style="list-style-type: none"> <li>1. Learn about DOQ-IT project and complete and Application to Participate</li> <li>2. Complete Practice Assessments:                             <ul style="list-style-type: none"> <li>• Practice Readiness Assessment</li> <li>• Practice Profile</li> <li>• Office Staff Survey</li> <li>• Patient Survey Feedback</li> </ul> </li> <li>3. Hold regular staff meetings and select your project team</li> </ol> | <ol style="list-style-type: none"> <li>1. Review practice data:                             <ul style="list-style-type: none"> <li>• Practice Assessment</li> <li>• Office Staff Survey</li> <li>• Patient Survey Feedback</li> </ul> </li> <li>2. Identify and target improvement opportunities</li> <li>3. Define EHR implementation goals</li> <li>4. Prepare practice for change</li> <li>5. Utilize project tools and optimize shared learning</li> </ol> | <ol style="list-style-type: none"> <li>1. Understand and review available EHR solutions</li> <li>2. Define EHR system requirements</li> <li>3. Begin to prepare staff and office for an EHR system</li> <li>4. Select EHR system, solution, and vendor</li> <li>5. Prepare practice for change</li> <li>6. Utilize project tools and optimize shared learning</li> </ol> | <ol style="list-style-type: none"> <li>1. Create EHR system implementation plan and timetable</li> <li>2. Install and configure hardware</li> <li>3. Install and configure EHR system</li> <li>4. Prepare staff and office for EHR implementation</li> <li>5. Complete pre-implementation baseline evaluation</li> <li>6. Go-live with EHR system</li> <li>7. Utilize project tools and optimize share learning</li> </ol> | <ol style="list-style-type: none"> <li>1. Conduct post go-live reviews of implementation</li> <li>2. Conduct post go-live EHR staff training</li> <li>3. Complete post-implementation evaluation</li> <li>4. Capture and submit DOQ-IT chronic and preventative care measures data sets</li> <li>5. Utilize project tools and optimize shared learning</li> </ol> | <ol style="list-style-type: none"> <li>1. Review EHR implementation impact analysis</li> <li>2. Utilize DOQ-IT quality reporting and analyses for improvement</li> <li>3. Utilize EHR to practice evidence-based medicine</li> <li>4. Identify and target additional care management and process improvement opportunities</li> <li>5. Utilize project tools</li> </ol> |

\*Tools, templates and training materials will be provided to participants throughout the duration of the project.

# Iowa REC Business Model



- For illustration: The business model below only applies to priority primary care providers using Iowa HITREC preferred vendor products
- A different business model will apply to other providers and CAHs
- Nominal per provider fees are one time payments for HITREC services rendered through February 2012

| Technical Assistance Type  | 1 – 3 Priority Providers | 4 – 6 Priority Providers | 7 – 10 Priority Providers |
|--|--------------------------|--------------------------|---------------------------|
| EHR Assessment & Planning  | \$600 per provider       | \$500 per provider       | \$400 per provider        |
| EHR Selection & Implementation (includes quality reporting & e-Rx) | \$500 per provider       | \$400 per provider       | \$300 per provider        |
| Evaluation & Improvement (meaningful use)                          | \$400 per provider       | \$300 per provider       | \$300 per provider        |

## Coordination & Collaboration are Key



- **Coordination with**
  - IA Dept of Public Health HIE (3013) Program
  - Iowa Medicaid HIT plan
  - Community colleges & universities
- **Collaboration with**
  - Hospitals, health systems & clinicians
  - Provider associations & societies
    - Hospital, physician, pharmacy, nursing, clinic manager
  - Health information management professionals
    - Iowa HIMSS, IaHIMA
  - Health plans
  - Others

## **Need More Information?**



- **Provide your contact information**
- **Sign the HITREC interest form**
- **Join us for the 6<sup>th</sup> Annual e-Health Summit**
  - Thursday, August 5
  - Meadows Conference Center, Altoona

## Contact Information



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