South Central Indiana Regional Health Care Network – Paoli, Indiana

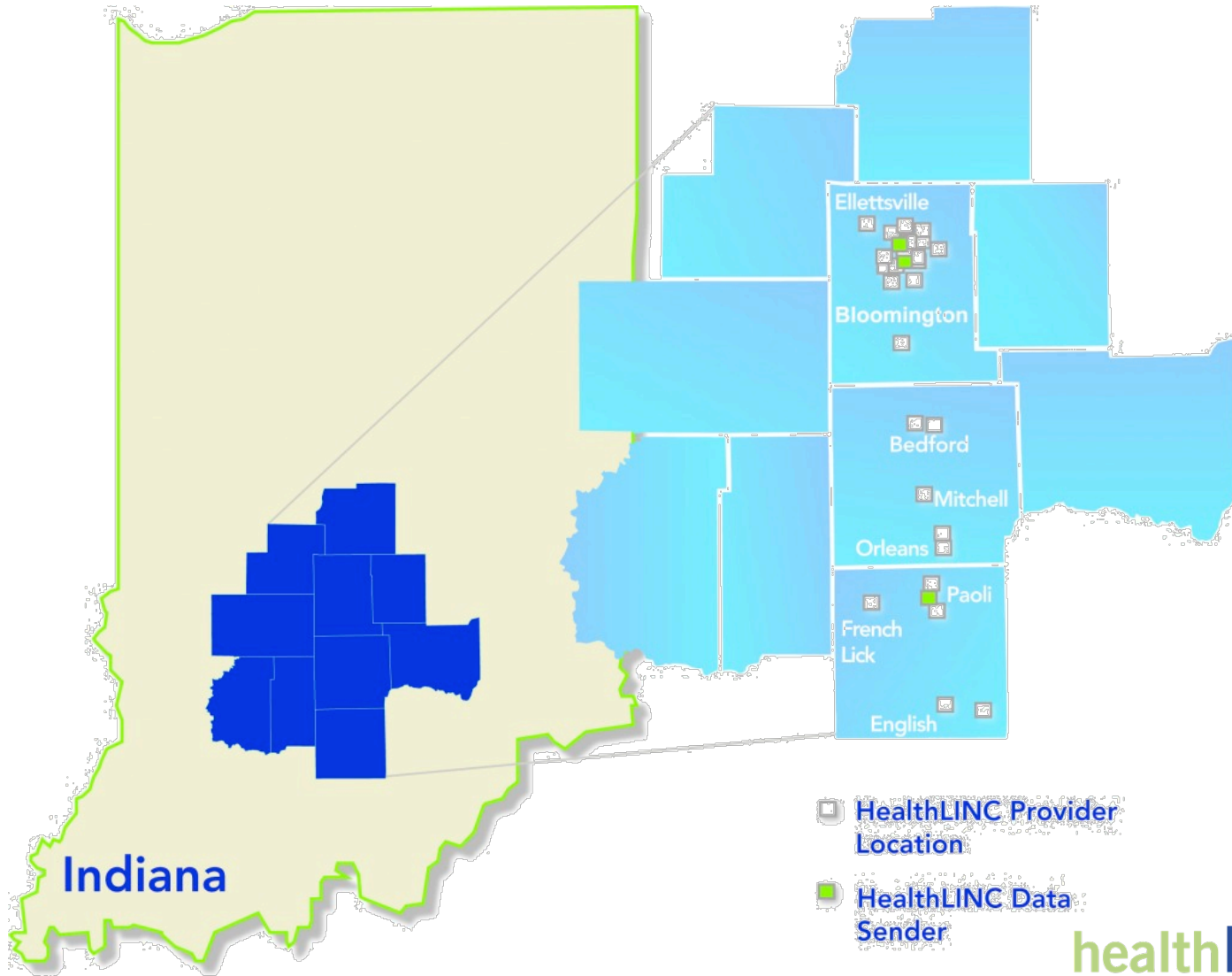Internet2 October 2009

Paoli Medical Community

HealthLINC Network

Barriers to Success

- Minimal prior experience with clinical IT systems

- No fiber or low cost broadband to the premises for outpatient providers

- Sneaker-net has "worked" for years

- At the beginning of grant, the Critical Access Hospital had HL7 outbound interfaces to radiology system (PACs)

- In rural communities practice and hospital staff wear many hats

One Week of Chart Work

Dr. David Trachenburg

Barriers
Stark Law unintended consequences

⊘ Hospitals, facilities, and physicians not motivated to work on care coordination <u>together</u>

⊘ Artificial separation between inpatient and outpatient care

⊘ Example: Medication Wreck-conciliation…

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Realities to consider…

- 70% of practices are tiny businesses

- Physicians have many different work flows within a practice -- each specialty has unique work flows

- Re-imbursement is declining

- Physicians are time bankrupt and profoundly distracted

- Physicians are looking for opportunities to provide additional diagnostic services which creates tension

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Summary

- 4 groups collaborated for HRSA Rural Health Network Grant in 2005

- HRSA Office of Rural Health Policy (ORHP) awarded to $540,000 for 2006-2009 grant to South Central Regional Health Network

- Presentation includes information from 2009 final report

Network Members as of 2009

- Bloomington Hospital of Orange County – Critical Access Hospital

- Bloomington Hospital and Healthcare System – Regional Hospital

- HealthLINC – Community Based Organization HIE

- Southern Indiana Community Health Care – Private Non-Profit Primary Care Practice

- Southern Hills Counseling Center – Rural Community Mental Health Center with multiple rural sites

- Jubilee Healthcare* – Indigent clinic located in the network service area

How To Meet Needs

- Increase the utilization of Health Information Technology (HIT) among providers

- Create enhanced communication processes between providers and patients

- Increase health information exchange between patients and providers

- Reduce adverse medical events among patients served by the network.

Challenges: Technology Selection

- The selection of different EMR vendors by network members also presented some barriers.

- This experience clearly proved that one size does not fit all in regards to EHR selection.

- Different EMRs was a barrier to interoperability, which was needed to achieve many of the goals and objectives of the network.

- The network decided to utilize Clinical Messaging in addition to the Provider Portal in order to implement the functions that require information sharing among the network members.

- This addressed the needs of the network but caused some delays in implementation.

Challenges: Adoption

- Rollout of EHR to disparate rural sites that are separated by rolling miles presented its own set of challenges.

- To address this issue the network members first set a model and then developed templates that aided with EHR implementation in the network members locations.

- A moderate barrier for full adoption was the difficulty orienting local physicians to the use of EHR versus traditional charting methods.

- This was magnified in the smaller and most rural facilities since so many staff/physicians must fulfill various key roles within their practice.

Challenges: Connectivity

- The network members experienced challenges obtaining high-speed access at reasonable rates given the geographic area served

- SICHC researched and pursued support through the Universal Service Fund but given the fact that the process was very time consuming they opted to utilize an internet service provider that resulted in higher pricing.

- Indiana was awarded a FCC grant for Critical Access Hospitals in 2007, and could benefit the network members, however, improved connectivity has not yet been achieved given the complexity of the project

- We encourage officials from USAC and HRSA to work closely together in this area.
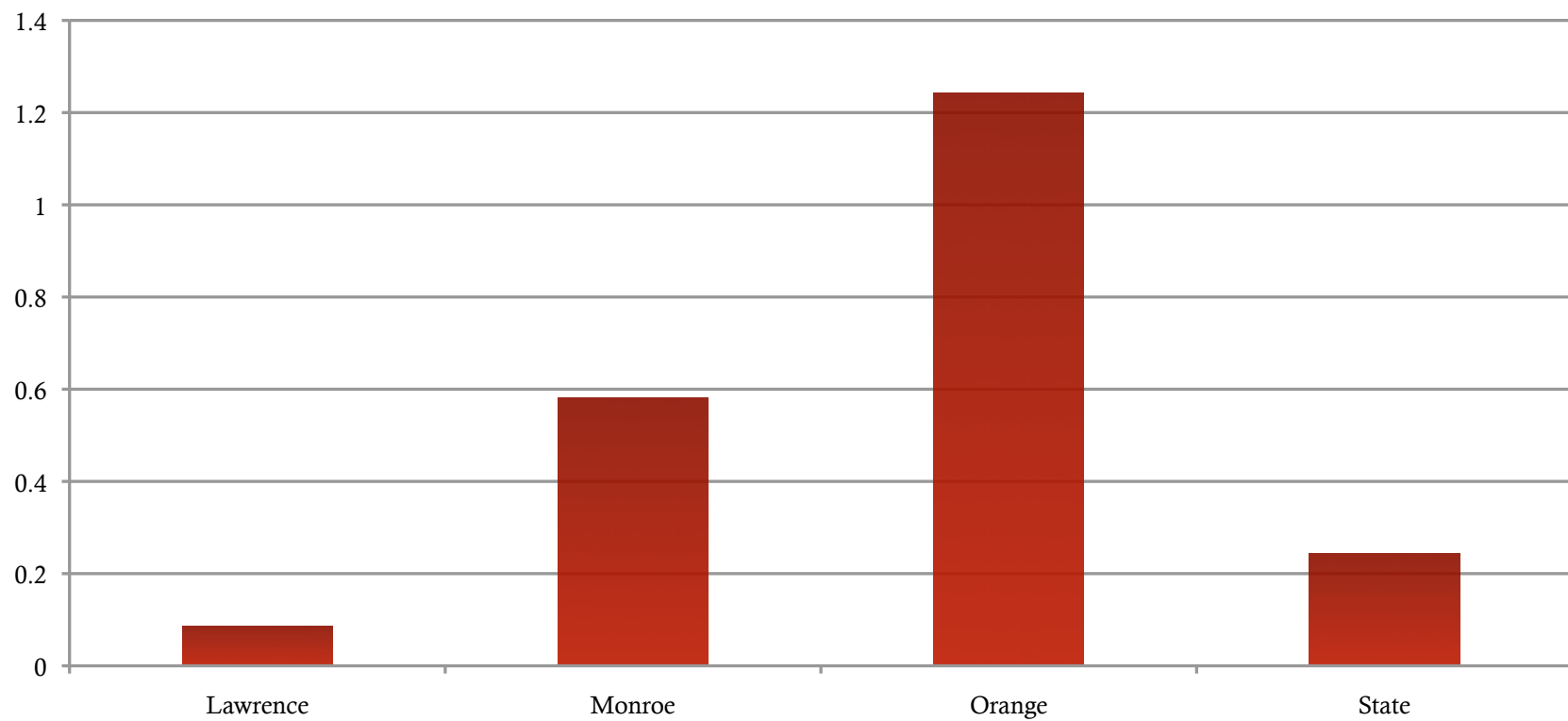
Achievements May 2009: Use of EMR
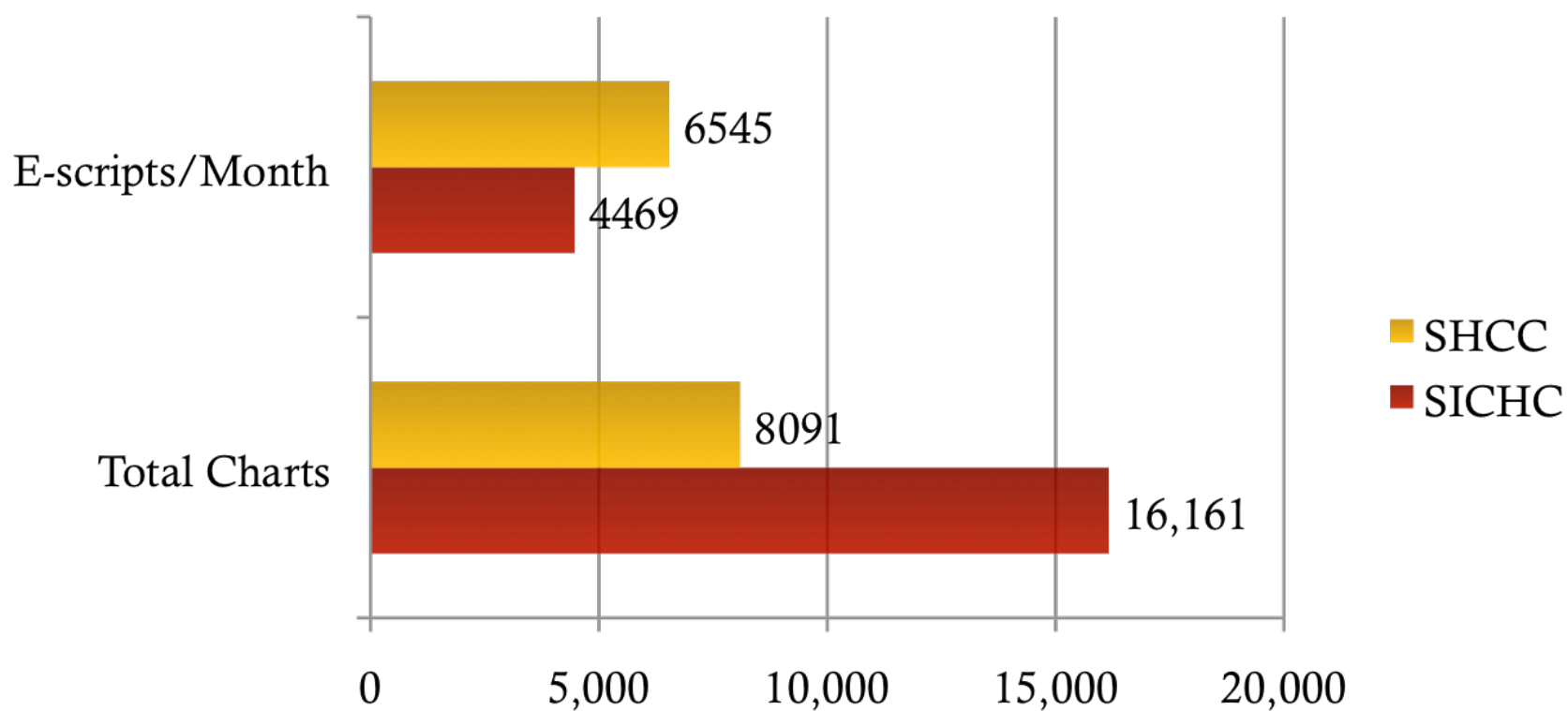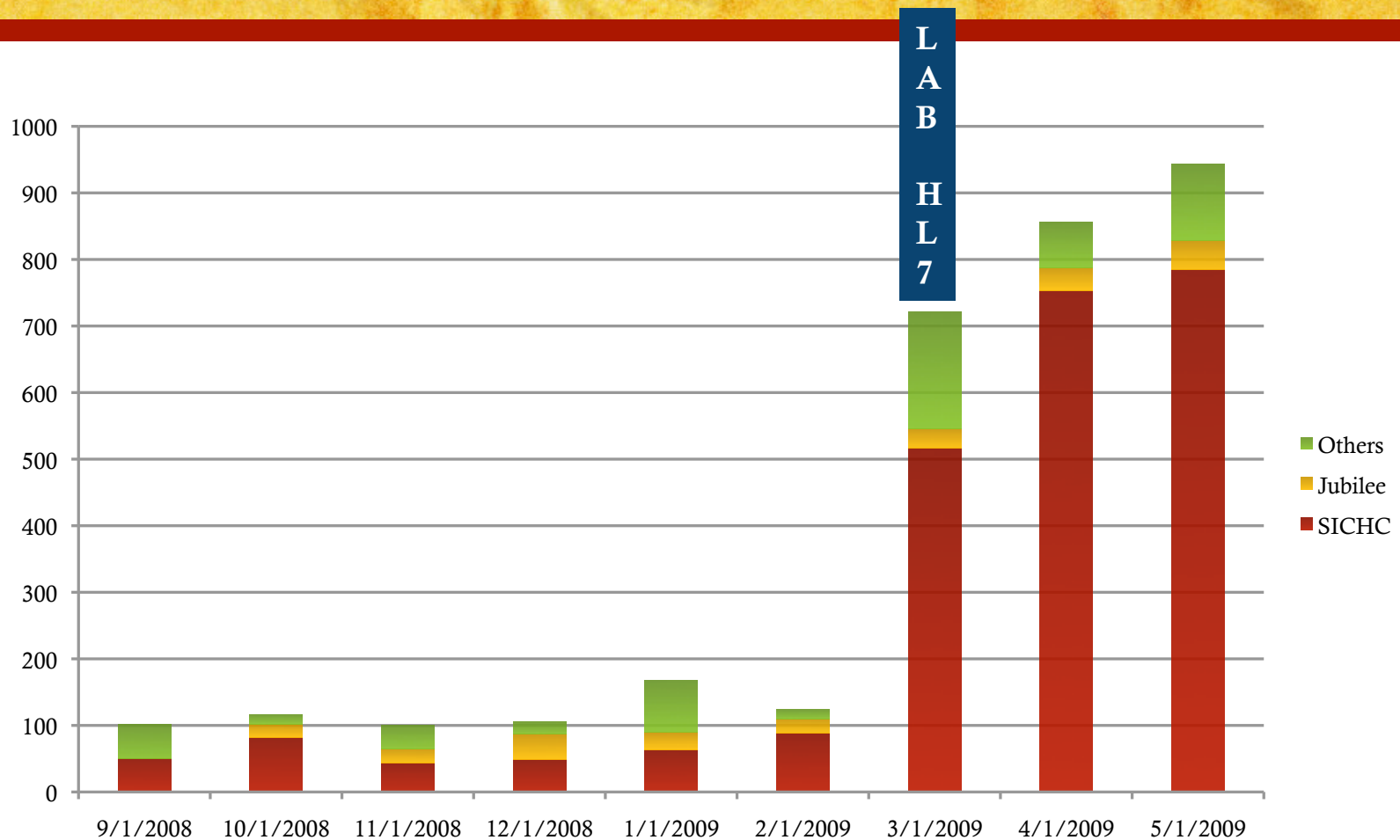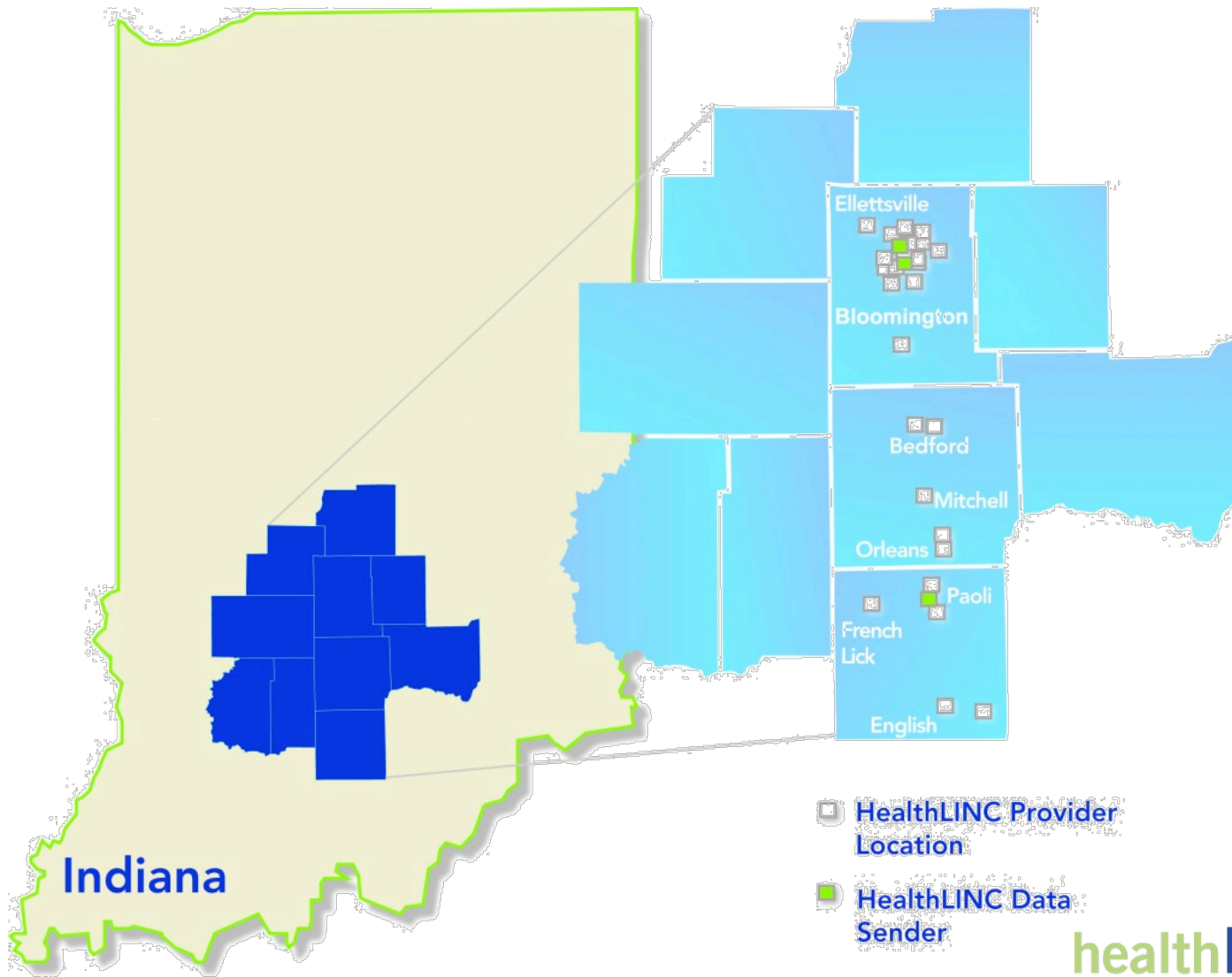
New E-Prescriptions: 6 months 2009
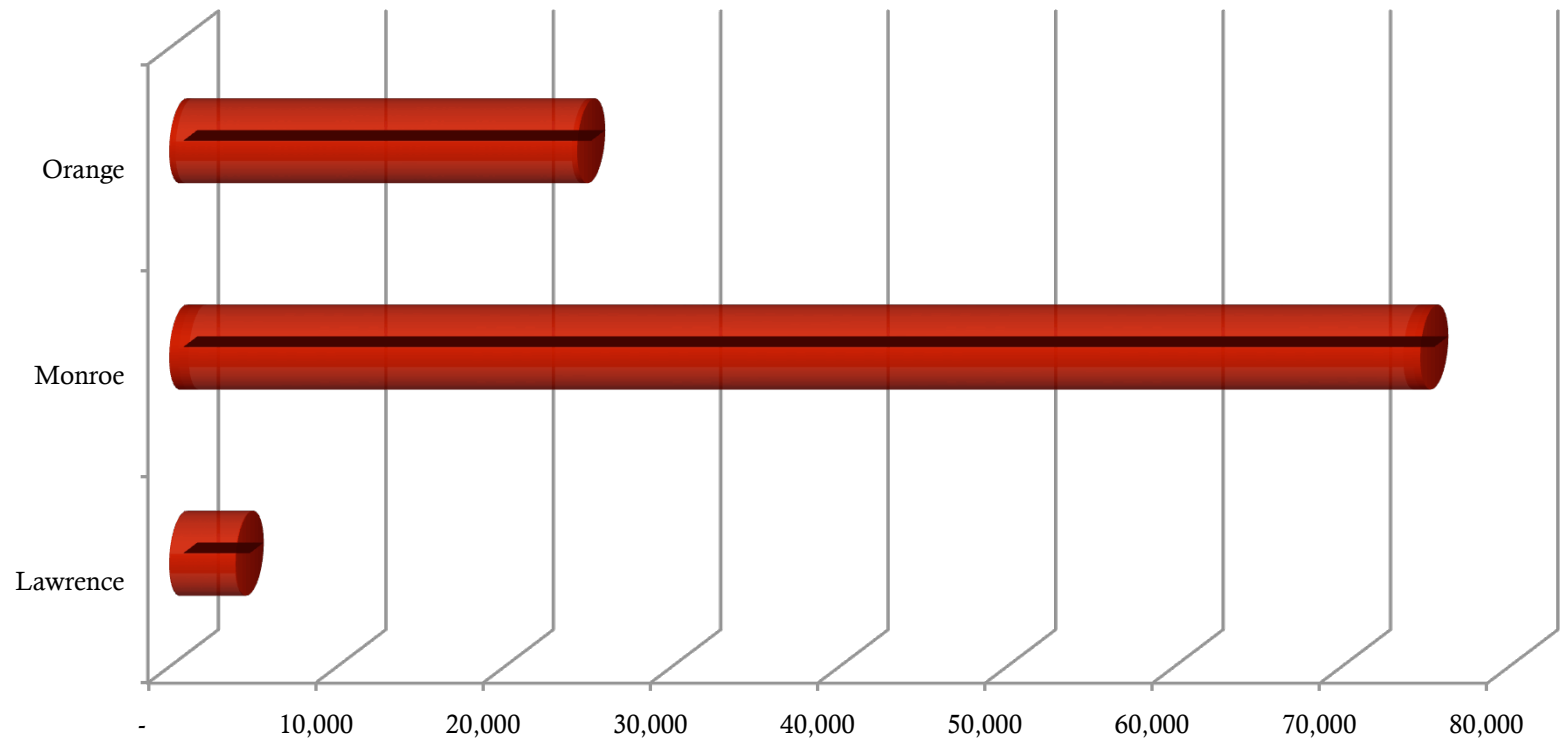
Provided by SureScripts

Achievements: Portal Use with Lab

HealthLINC Network

SICHC: Matt Waldron, MD

- "It won't make you faster and won't save you money," he said. Why make the move? "EMR has portability and accessibility. I can read patients' charts at any office location and log in **anywhere I can get Internet access**," Dr. Waldron explained.

SICHC:
Yolanda Yoder, MD

- "I can print out a copy of a prescription list and create a plan for the patient," she said.

- "Then the patient is able to leave the office with a good understanding of their meds. It's a safety issue for me."

Jubilee Clinic: Linda Wells-Frieberger

- Clinical Messaging, electronic prescribing and other EMR lite functionality for our underserved clinic will align us more with the community to aid transitions in care.

SHCC: Participation Success

- Since 2007, each of our 5 county offices and utilize Client Self Assessment

- At least 90% or our clients who have been admitted to our services have utilized this process

Future Plans for Network

- The future plans of the South Central Indiana Regional Health Care Network are to pursue opportunities that provide greater integration of health information technology in the rural setting

- Build appropriate exchange of information that promotes quality health care delivery

- Explore methods to lower cost and improve connectivity

- Continue partnership with HealthLINC HIE

Thank You

About the Speaker

Dr. Rowland works effectively with physicians and health care communities as they advance their development and implementation of electronic solutions.

With over 15 years experience as a practicing physician, Dr. Rowland brings a practical understanding of health care and combines it with his knowledge of and enthusiasm for electronic solutions.

Dr. Rowland has demonstrated fundraising capacity for large scale IT projects.

He completed a post doctoral fellowship in Medical Informatics at Harvard/MIT, Division of Health Sciences and Technology.

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Questions and Topics for Internet2: Challenges to HIT Adoption

- Challenge 1: Rural providers continue to have significant challenges to access to low cost connectivity.

  - What can be done to accelerate the rollout of rural broadband to physicians offices?
  - What are some model practices?
  - What models have other rural countries adopted?

Meaningful Use

- **American Recovery and Re-investment Act of 2009**
  - Window between 2011 and 2015
  - Maximize Medicare or Medicaid <u>one time incentive</u>

- Physicians Qualified EMR = up to $44,000
  - Connection to HIE
  - E-prescribing
  - Certified EMR-lite (EMR right)
  - Capacity to report quality data

- Hospitals Qualified EMR = $2 to $6 million
  - Connection to HIE
  - Certified Enterprise EMR
  - Capacity to report quality data

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Questions and Topics for Internet2: Challenges to HIT Adoption

- Challenge 2: Meaningful use (CMS incentives) will require physician practices to report standardized data

  - What can be done to enhance the likelihood that rural providers will chose Clinical IT systems that are capable of reporting
  - Are existing federal reporting programs aligned with CMS requirements for meaningful use?
  - What are some model practices?

Questions and Topics for Internet2: Challenges to HIT Adoption

- Challenge 3: The first wave of HIT extension centers are about to be funded.

  - How can prior successes (best practices) be incorporated into rural communities ?
  - How do we ensure that physicians focus on practice optimization and outcomes, rather than volume of services?

Thank You