CHALLENGES OF RURAL PROVIDER EHR ADOPTION

REC – EHR SUMMIT
SAN FRANCISCO

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Texas A&M Health Science Center
Rural and Community Health Institute
“I’d like to say something before I start talking.”

Dan Quayle
RURAL AND COMMUNITY HEALTH INSTITUTE (RCHI)
In 2003, The Texas A&M System Board of Regents gave the A&M Health Science Center the authorization to create a powerful new resource for physicians and health care facilities operating in rural areas. This resource has been designated the Rural and Community Health Institute (RCHI).

Since its inception RCHI has grown from offering hospitals one core service, Rural Physician Peer Review Program©, with two participating hospitals, to an organization that extends across the state of Texas with a present or past relationship in over 100 facilities.
Services
- Physician Peer Review
- Utilization Management
- Texas Safety Net
- Patient Safety Organization (PSO)
- Healthcare Data Integration (HDI)
- Nursing Quality & Safety Collaboration
- KSTAR
- CentrEast Regional Extension Center

Research
- Provider Based Research Network (PBRN)

Education
- Case Based Learning (Peer Review)
- Continuing Medical Education (CME) and Continuing Nursing Education (CNE)

Policy
- Health Policy Hearing
- Testimony
Medicare & Medicaid incentives available for eligible professionals and hospitals who adopt and utilize electronic health record (EHR) systems.

The Recovery Act specifics three components of MU

- Use of certified EHR in a meaningful manner, e.g., e-prescribing
- Use of certified EHR technology for electronic exchange of health information
- Use of certified EHR technology to submit clinical quality measures (CQM)

Meaningful use will focus on achieving specific criteria in three stages

Report 20 of 25 objectives

- 15 Core (are a must)
- 5 Menu (choose 5 of 10 from menu objectives)
REC and Legal Recipient Name:
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REC Website – http://www.centreastrec.org
MISSION AND VISION

- **Mission**
  - The mission of the CentrEast Regional Extension Center is to bridge gaps and disparities in healthcare by improving the quality and safety of patient care.

- **Vision**
  - It is the vision of the CentrEast Regional Extension Center to be recognized as a center of excellence in healthcare extension services through partnerships with 1000 Priority Primary Care Providers (PPCPs) and Primary Care Providers (PCPs) in the CentrEast geographic region of Texas. Further, CentrEast will build on existing provider resources and remain a trusted partner for years to come through our already sustained health extension center.
CentrEast Regional Extension Center encompasses a geographic region of 47 counties consisting of urban and rural areas.

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Grant award - $5.2 million
Total number of priority PCPs served – 1000
  Total number of PCPs in service area – 3362
  Total number of priority PCPs in service area – 1336
Counties served - 47
Total patients served – 3,212,416
FUNDING

Pay Point 1: Recruit Providers
- $5,000 per provider
- Reimbursement is divided per pay point
- Estimated cost to support provider implementation starts at $10,000

Pay Point 2: Implement EHR
- Exchange of Lab Data
- Clinical Summaries

Pay Point 3: Meaningful USE
# REC Goals and Services

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<tr>
<th>Service area</th>
<th>Service Descriptions</th>
<th>Goal of each activity</th>
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<tr>
<td>Outreach &amp; education</td>
<td>(1) General Awareness Campaign; (2) PPCP Recruitment ; (3) Achieving Meaningful Use</td>
<td>(1) Widespread awareness of grant opportunity, create awareness of meaningful use and associated incentives from CMS &amp; State Medicaid Office; (2) Meet recruiting milestones; (3) Meet meaningful use milestones</td>
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<td>Vendor selection</td>
<td>(1) Vendor survey; (2) Group purchasing negotiations ; (3) Vendor selection materials ; (4) Collaboration with other REGs</td>
<td>(1) Reference document for PPCPs as they are guided and assisted through the adoption process; (2) Improved contract options with vendors and better pricing for PPCPs; (3) Create tools for provider education; (4) Greater pool of knowledge regarding EHRs and pricing discounts</td>
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<td>Practice &amp; workflow design</td>
<td>(1) Finalize practice and workflow redesign process; (2) Design practice workflow redesign tool for PPCPs ; (3) Staff Training ; (4) Begin practice and workflow redesign with PPCPs ; (5) Begin practice and workflow redesign with Non-PPCPs</td>
<td>(1) Well designed practice with improved efficiencies to promote a more effective care delivery model improving patient satisfaction; (2) Suite of redesign tools; (3) Trained and effective field staff; (4) Ability to adjust and change workflow to improve efficiencies and begin the implementation and adoption process; (5) Ability to adjust and change workflow to improve efficiencies and begin the implementation and adoption process</td>
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<td>Interoperability and HIE</td>
<td>(1) Language and service level agreements ; (2) Collaboration w/ State HIE effort ; (3) HIE Integration Assistance</td>
<td>(1) Progress to meaningful use and information exchange; (2) Effective HIE; (3) Effective HIE and interoperability</td>
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<td>Implementation support</td>
<td>(1) Train Staff; (2) Practice implementation; (3) Assistance for PPCPs ; (4) Assistance for non-priority providers</td>
<td>(1) Effective implementation; (2) Use tools to promote adoption and change; (3) Implement an integrate EHRs into medical practice effectively; (4) Implement an integrate EHRs into medical practice effectively</td>
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<td>Privacy &amp; security</td>
<td>(1) Develop privacy education materials ; (2) Incorporate Privacy &amp; Security into work flow redesign; (3) Assistance for PPCPs ; (4) Assistance for non-priority providers</td>
<td>(1) Create a reference tool kit for providers; (2) Promote compliance with privacy and security regulations; (3) Promote compliance with privacy and security regulations; (4) Promote compliance with privacy and security regulations</td>
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<td>Meaningful use</td>
<td>(1) Create meaningful use education and assessment tools ; (2) Meaningful use evaluation service; (3) Knowledge transfer; (4) Meaningful Use Incentive</td>
<td>(1) Tool creation; (2) Provider support toward meaningful use; (3) Forum will serve as a support assistance and provide information regarding best practices; (4) Create value and incentives for providers</td>
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<td>Workforce</td>
<td>(1) Recruitment ; (2) Staff Training ; (3) Establish relationships with community college and other educational programs</td>
<td>(1) Staff hired, intern program created; (2) Competent staff; (3) Future leaders and workforce will be trained and effective</td>
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PRACTICE AND WORKFLOW DESIGN

- Goals
  - Identify existing problems related to flows in facility (paper, patients, providers)
  - Identify existing practice characteristics
    - e.g. waiting time, encounter time, travel time, chart retrieval/ update/ storage
  - Identify the changes required in the facility for EHR implementation
  - Measure pre- and post-EHR implementation practice characteristics
PRACTICE AND WORKFLOW DESIGN

Methods

- Assessment Tool (paper and Excel based)
- Map flows using a facility drawing (fire exit plan)
- Use patients to capture some data (wait time, encounter time)
- Collect data and perform analysis
- Develop recommendation(s) and generate report(s)
CHALLENGES
"OK, OK, OK... Everyone just calm down and we'll try this thing one more time."
CENTREAST CHALLENGES

- Building a sustainable business model
  - PPCPs after 1000 member goal
  - Non priority primary care providers
  - Specialists
- Obtaining matching funds
  - Years 1 & 2 = 10%
  - Years 3 & 4 = 90%
- Underfunded
- Knowledge deficits
- Diversity
  - Financial
  - Status of adoption
  - Practice environment
- Resistance to change
Rural providers face several challenges and barriers as they look to EHR adoption and implementation.

- **Financial**
  - Same $ for rural or urban providers; but rural providers have more challenges
  - Declining reimbursement
    - Typically a lower profit margin for rural providers
  - Limited budgets
    - Unable to hire “experts”
  - High purchase and maintenance costs
    - Limited ability to obtain volume discounts
  - Decreased productivity with limited number of rural PCP’s
  - Workflow challenges and disruptions
CHALLENGES FOR EHR ADOPTION IN RURAL AREAS

- Technological
  - Intricate process in assessing and selecting EHR vendor
  - Many EHR vendors do not support rural communities
  - Broadband limitations
  - Usability limitations
  - Pending EHR certifications and meeting criteria requirements by vendors
- Interoperability of systems
  - Standards for information exchange
  - Cost of interfaces
CHALLENGES FOR EHR ADOPTION IN RURAL AREAS

- Cultural/Personnel
  - Provider/staff resistance
  - Altered provider/patient relationship
  - Inadequate and/or untrained staff
  - Staff often “multi-tasking”
  - Lacking consumer trust and education for IT adoption
  - Finding value in health IT
CHALLENGES FOR EHR ADOPTION IN RURAL AREAS

- GENERAL
  - Significant travel issues in rural areas
  - “Circuit riding technical support” - workforce
  - Limited physician coverage
  - Space and workflow issues
  - Strained and Old Infrastructure
  - Old buildings – retrofitting/asbestos
  - Cost of new and changing industry standards on data pipeline
LESSONS LEARNED

- Hire wisely
- “Non-central” staffing models (for the REC)
- Consider alternative disciplines (workflow analysis, productivity issues, etc.)
- Help with identification and collaboration with vendors who understand rural communities
- Strong communication lines
  - Internally with staff
  - Externally with vendors
LESSONS LEARNED

- Identify local resources (i.e., Community Colleges)
- CAH Supplemental Grant
- Find the physician champion (Duh!)
- What they need is support and access to “expertise”
WAY OUT WEST.

WELL, YOU'VE BEEN A PRETTY GOOD HOSS, I GUESS. HARDWORKIN'. NOT THE FASTEST CRITTER I EVER COME ACROSS, BUT...

NO, STUPID, NOT FEEDBACK. I SAID I WANTED A FEED BAG.