

Regional Extension Center Program: Supporting Primary Care Providers to Achieve Meaningful Use & Enable Transformation

HITECH: Catalyst for Transformation

Putting the I in HealthIT
www.HealthIT.gov



Pre 2009

A system plagued
by inefficiencies

2009

EHR Incentive Program and 62
Regional Extension Centers

2014

Widespread adoption &
meaningful use of EHRs

Enabling the Three-Part Aim

Better healthcare



Improving patients' experience of care within the Institute of Medicine's 6 domains of quality: *Safety, Effectiveness, Patient-Centeredness, Timeliness, Efficiency, and Equity.*

Better health



Keeping patients well so they can do what they want to do. Increasing the overall health of populations: address behavioral risk factors; focus on preventive care.

Reduced costs

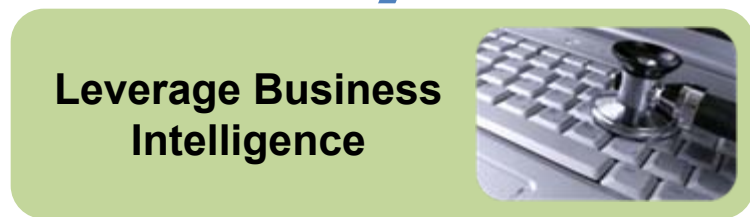
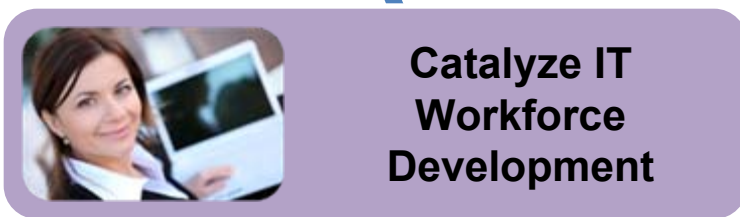
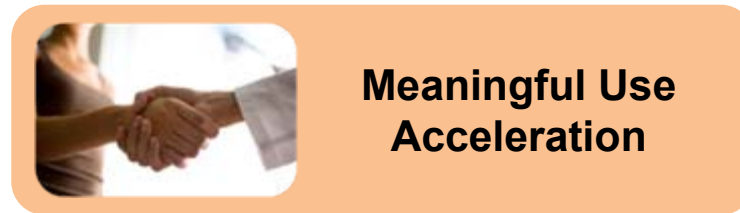


Lowering the total cost of care while improving quality, resulting in reduced monthly expenditures for Medicare, Medicaid, and CHIP beneficiaries.



HITECH Programs and other HIT initiatives

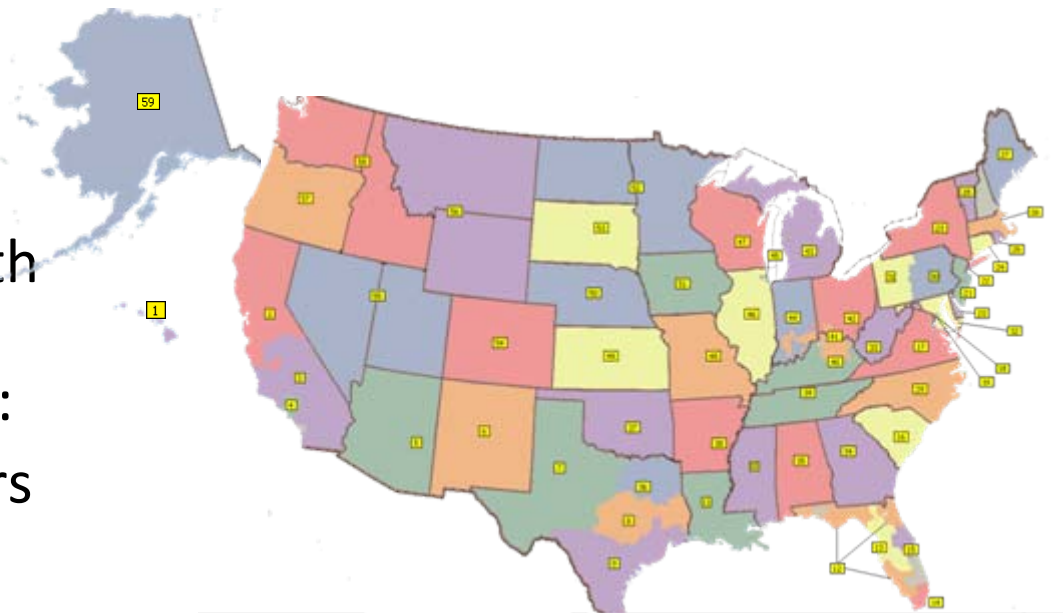
Goal: Assist All Providers to Achieve Meaningful Use of EHR Systems



62 RECs Cover 100% of the USA

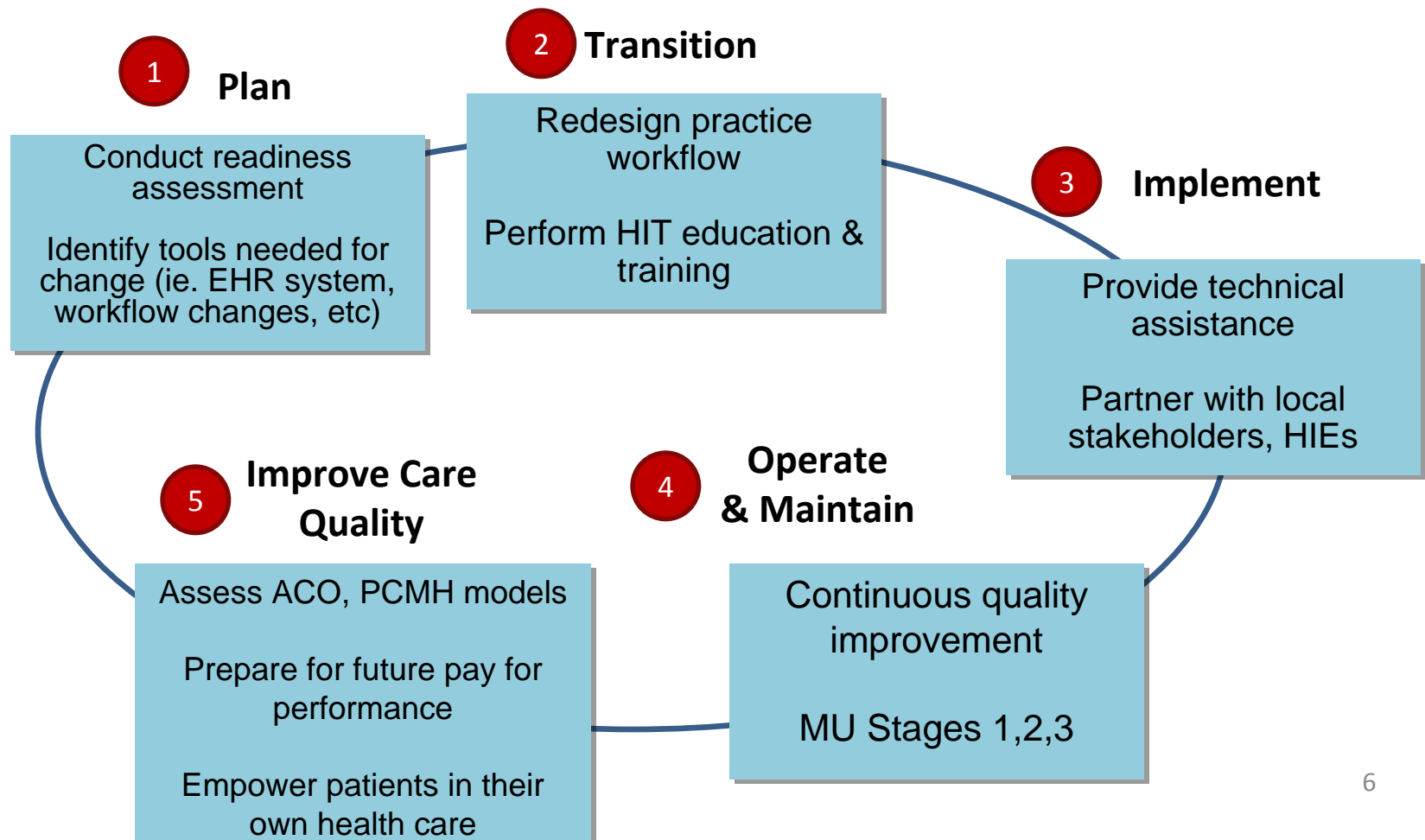
Initial Program Goal: 100,000 priority primary care providers achieve meaningful use (MU) by 2014

- Each REC has a:
 - Defined service area
 - Specific number of providers to assist
- National perspective with local expertise
- Approach differs by REC:
 - Local/regional centers (RECs within an REC)
 - Hospital partnerships
 - Payer partnerships



Comprehensive Support throughout the EHR Implementation Process and Beyond

Primary goal: Give providers as much support as possible



Stage 3

- Promote improvements in quality, safety and efficiency
- Decision support for national high-priority conditions
- Patient access to self-management tools
- Access to comprehensive patient data
- Improving population health

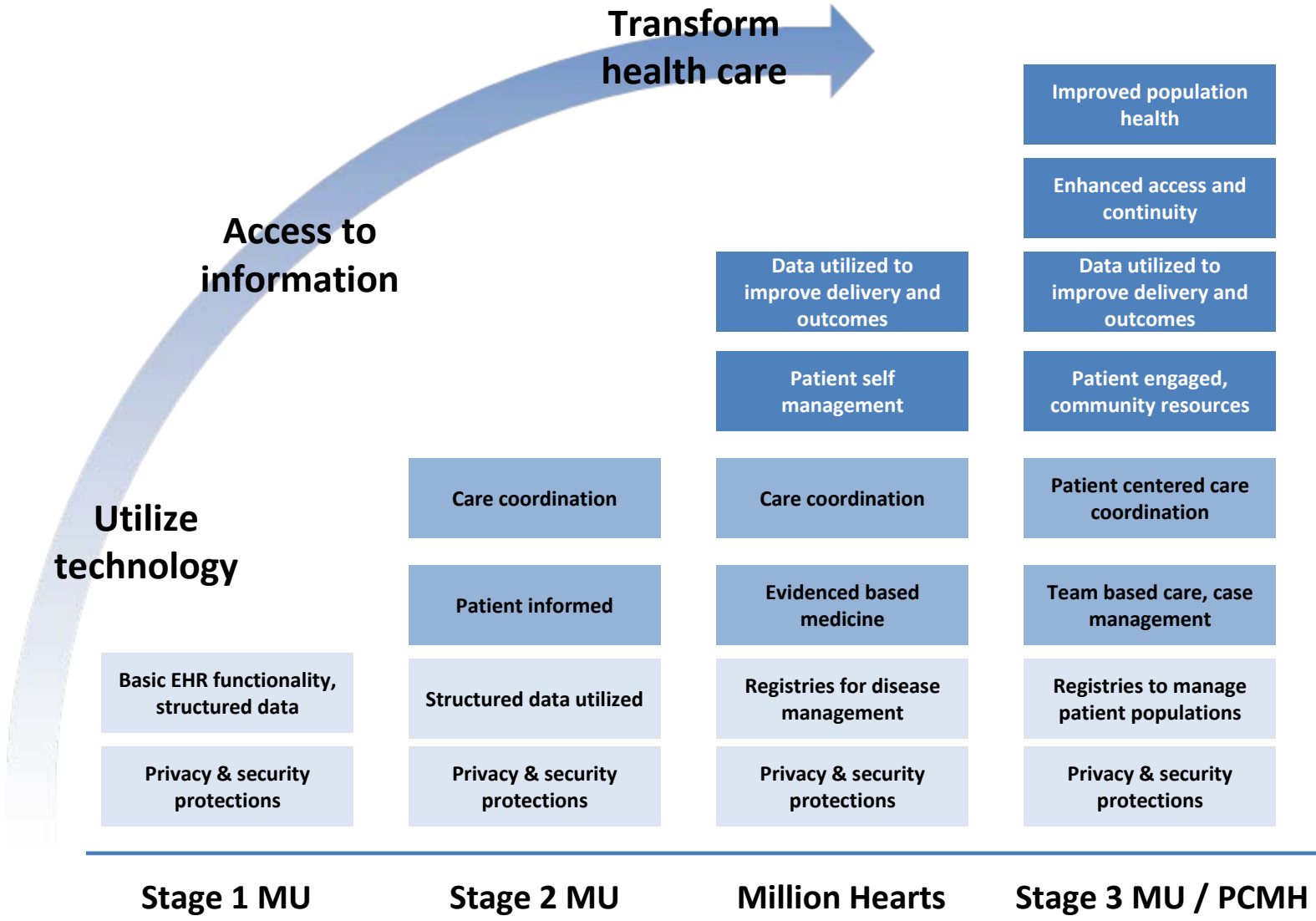
Stage 2

- Expand upon Stage 1 criteria to encourage use of health IT for continuous quality improvement at the point of care and exchange of health information in the most structured format possible
- Applying criteria more broadly to both inpatient and outpatient hospital settings

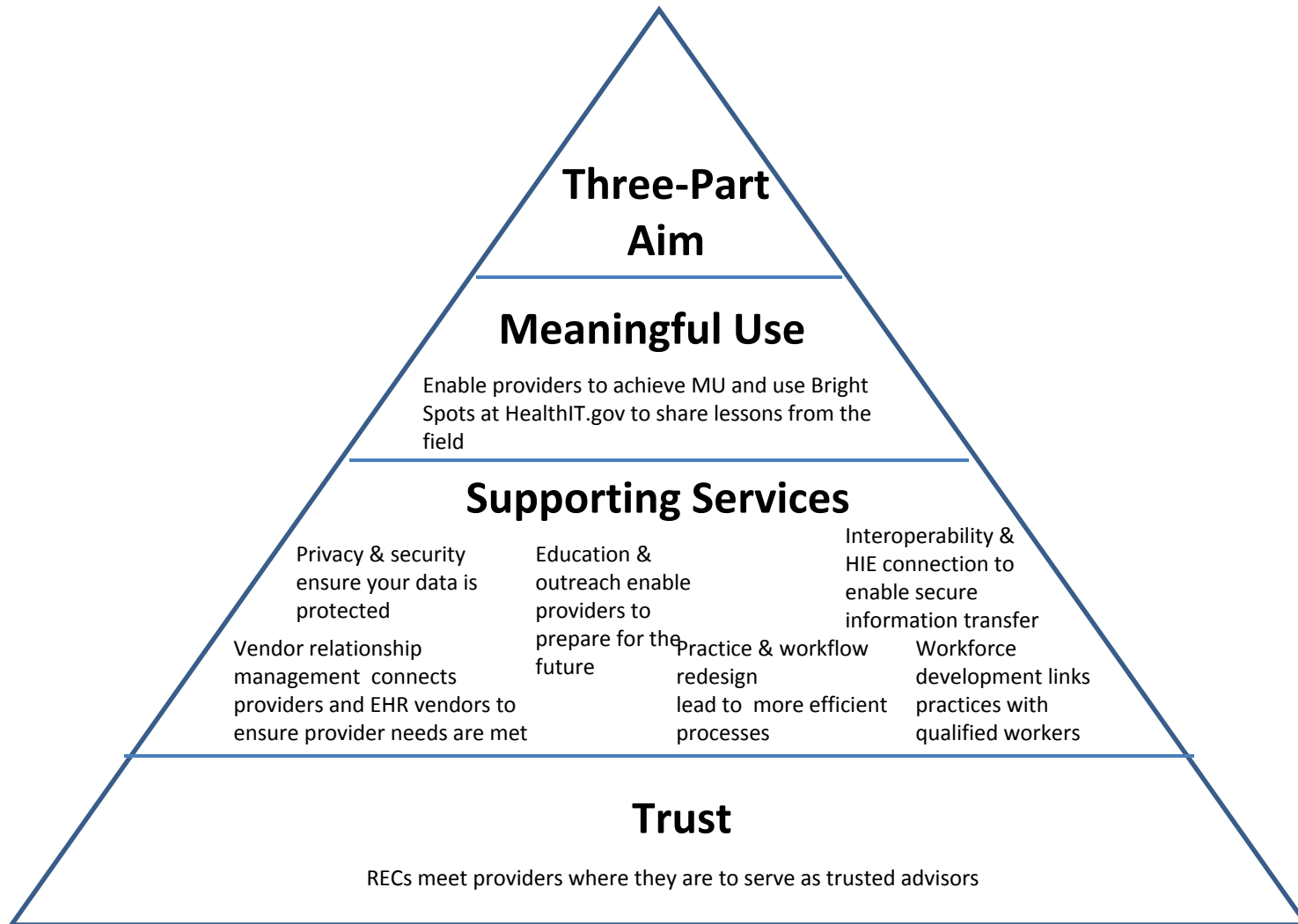
Stage 1

- Electronically capture health information in a structured format
- Use captured information for care coordination
- Implement clinical decision support tools
- Report clinical quality measures and public health information

MU as a Building Block

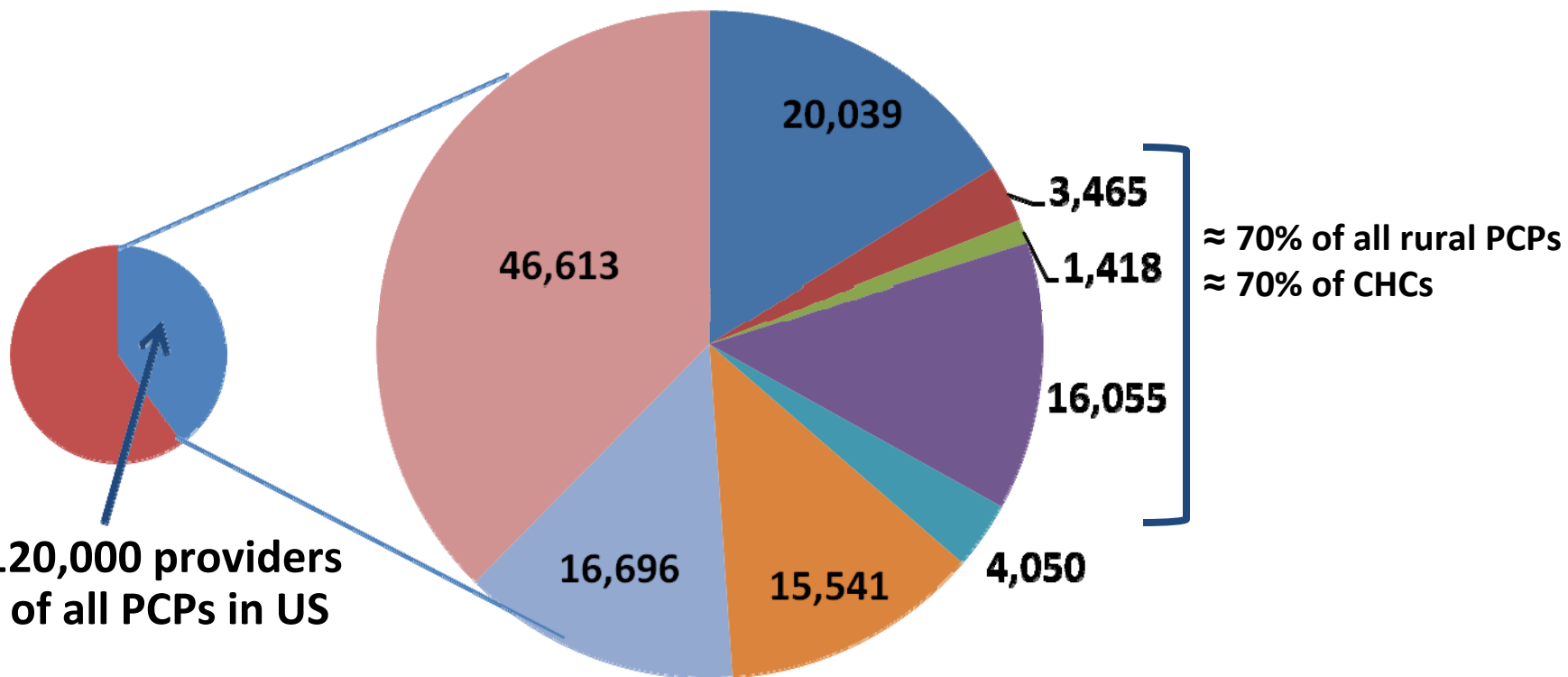


RECs Are Trusted Advisors that Cover the Full Range of Services



Who RECs Are Helping

<http://dashboard.healthIT.gov>



Community Health Center
Public Hospitals
Practice Consortium

Rural Health Clinic
Critical Access Hospitals
Private Practice 1 - 10

Rural Hospital
Other Underserved Setting

The following REC-supported providers are committed to attaining to meaningful use of EHRs by 2014:

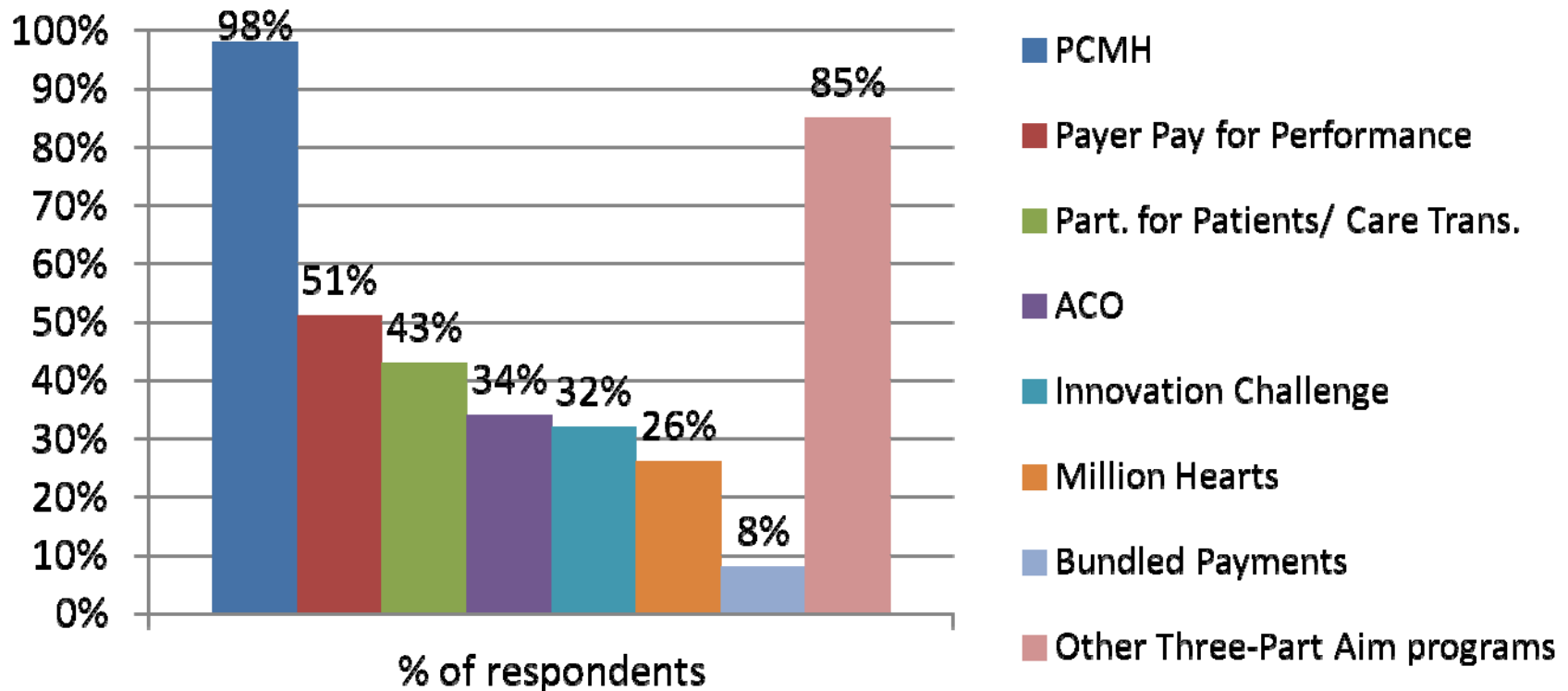
PCPs	Specialists	In Small Practices (<10)	Practicing in FQHCs	Practicing in CAH/RH/RHC	Practicing in MUA/Pub Hosp
125,000	10,000	42,000	19,000	7,600	27,000

As of January 2012, RECs serve the following PCPs:

MD	NP	PA	DO	CNM	Family Practice	Internal Medicine	Pediatrics	OB/GYN	GP	Adol, Geri, Gero
77,000	17,000	8,000	8,000	2,000	53,000	29,000	21,000	15,000	5,000	2,000

Meaningful Use Is Just the Beginning: Other Three Part Aim Programs

- A recent survey identified that the national network of RECs are currently working on over 190 different programs to help providers meet the Three-Part Aim goals



* As reported by 53 out of 62 RECs. Some REC are working on several different Three-Part Aim Programs

- RECs across 19 states are actively working on PCMH programs, many of which involve getting PCPs to level 3 NCQA recognition
- In CA, MA, NJ, FL, DC, SD, IN, and ME, RECs are working to support HRSA funded projects around PCMH promotion
- In MD, FL, NC, DE, ME, NC, RI and HI, RECs are working with payers/health plans to assist providers to get NCQA certification
- In OH, MA, GA and TX, RECs are working with their state governments in PCMH initiatives

In my community:

- Which primary care providers have achieved MU?
- What EHR systems are they using?
- What barriers are PCPs encountering?
- Who is poised to pursue medical home/medical neighborhood/other three-part aim programs?
- How can we measure X intervention or program?

Stay Connected, Communicate and Collaborate

- Questions? Browse the ONC website at: healthIT.gov
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Health.IT.gov/buzz-blog

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