

A photograph of a female doctor with blonde hair, wearing a white lab coat and a stethoscope, smiling warmly at a young child. The child is looking towards the right of the frame. The background is a soft-focus window with blinds.

Update on HITECH & Other Recovery Act HIT Provisions

February 18, 2010
Conference Call

Sponsored by:

- **Minnesota e-Health Initiative**
- **Minnesota Department of Health**
- **Minnesota Department of Human Services**



Monthly Update Calls

- Purpose of the Calls:
 - Brief update on issues important to Minnesota Stakeholders
 - Provide a Q & A opportunity
 - Compliment other communications activities
- Monthly Timing of the Calls
 - Third Thursday of the Month - 4:00-4:45 p.m.
- E-mail feedback & suggestions for improvement to bob.b.johnson@state.mn.us

Plan for Receiving Questions From Conference Call Participants

- All lines will be muted during the call
- E-mail questions to bob.b.johnson@state.mn.us at any time during the presentation
- Questions will be addressed following the final presentation

*Following the call:
Questions will be reviewed and staff will identify future
resource materials to be posted.*

Reminder

- We don't have all the answers but we are very interested in hearing your questions and your perspectives.

Topic for Today's Discussion

Regional Extension and
Assistance Center for HIT(REACH)

Regional Extension and Assistance Center for HIT (REACH)

MDH eHealth Conference Call Series
February 18, 2010



HIT Regional Extension 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 Medicaid incentive payments
- Funded via ARRA stimulus package
- Managed by federal Office of the National Coordinator (ONC) for HIT



Scope and Timeline

- 4-year cooperative agreement starting in 2010
 - 50% federal funding and 50% from the award recipients through participation fees and other grant funding
- ONC anticipates up to 70 regional extension centers throughout the country, selected via a competitive application process
- HIT RECs will work in close coordination with other ARRA-funded HIT efforts, including:
 - State HIE programs
 - Beacon Community awardees
 - Workforce training programs
 - Research projects

HIT RECs (continued)

- 32 HIT RECs announced on February 12
 - HHS press release:
 - <http://www.hhs.gov/news/press/2010pres/02/20100212a.html>
 - Second round of HIT RECs to be announced in March
- The REACH program was one of the HIT RECs selected in the first round:
 - \$19 million in funding to serve MN and ND
 - Still working through contract details with ONC
 - Anticipate launching REACH in the Spring

Scope and Timeline (cont.)

- “Priority primary care providers” designated by ONC to receive subsidized Regional Center services:
 - Clinics with 10 or fewer physicians
 - Primary care (family practice, ob/gyn, general internal and pediatric medicine)
 - Rural, underserved, underinsured
- Regional Centers must serve at least 1,000 priority primary care providers (PCPs) over the first two years



MN and ND approach

- Three organizations applied together as *Key Health Alliance* -- Stratis Health, Rural Health Resource Center, and The College of St. Scholastica:
 - a strong track record of success in HIT and EHR technical assistance and support
 - a special emphasis in rural and underserved areas
 - ready to hit the ground running, and use the opportunity to serve as an Extension Center as the means to accelerate and expand work that we are already deeply engaged in
- Submitted proposal to serve as Regional Center for Minnesota and North Dakota, working closely with:
 - North Dakota Health Care Review, Inc. (NDHCRI)
 - University of ND, Center for Rural Health



REACH

- We named our program REACH – Regional Extension and Assistance Center for HIT
- Inclusive planning and implementation process with many collaborators and stakeholders
- Solicited ideas and feedback to ensure the proposal represented the best possible approach, addressing local priorities, unique needs, and being well coordinated with existing initiatives:
 - Leverage Minnesota eHealth Advisory Committee and ND HIT Committee
 - Work closely with MN and ND state HIE efforts
 - Coordinate with MN and ND state Medicaid offices



MN and ND Councils

- KHA formed state-based REACH Councils to help guide work for Minnesota and North Dakota
- MN Council members:
 - Minnesota Department of Health – Jim Golden
 - Minnesota Medicaid Agency – Brian Osberg
 - University of Minnesota, Academic Health Center – Kevin Peterson
- ND Council Members:
 - North Dakota HIT Advisory Committee – Lynette Dickson
 - North Dakota Health Care Review – Barb Groutt
 - North Dakota State Medicaid Agency – Maggie Anderson
 - North Dakota Medical Association – Bruce Levi
 - University of North Dakota, School of Medicine – TBD

REACH approach

- REACH services will be available to MN and ND providers of all types, sizes, and locations across the continuum of care, both with and without an EHR.
- REACH will use a process consultation approach, focused on providing the skills and tools to providers to make their own changes in an informed and sustainable way.
- While technology is important, the critical factors for success are the organizational change factors - leadership, culture, process, workflow re-design - and the REACH program will focus on these organizational changes.



REACH technical assistance

- Services offered will include:
 - 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



Estimated Scope of Assistance

For priority primary care providers (PPCPs):

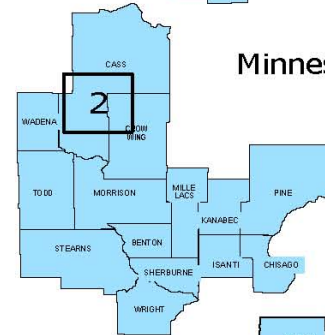
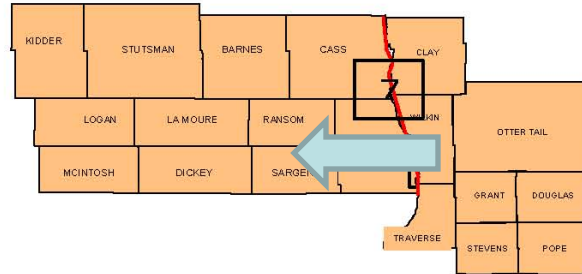
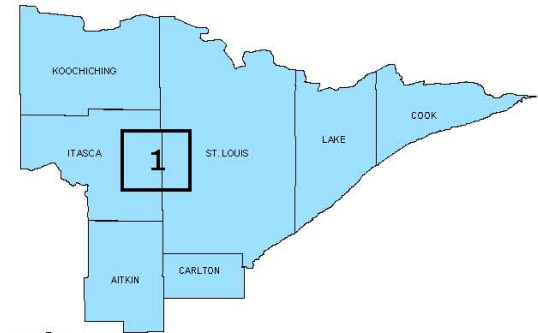
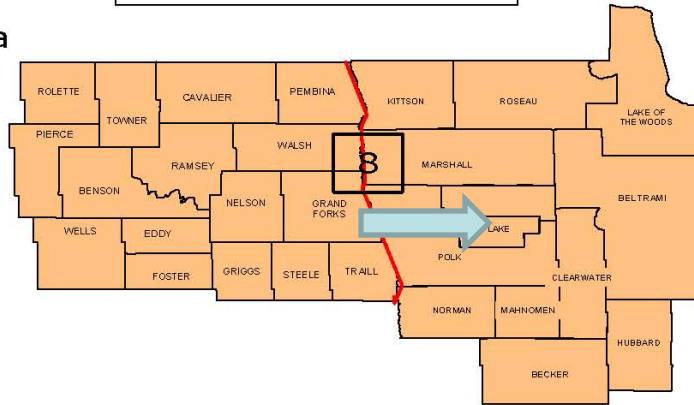
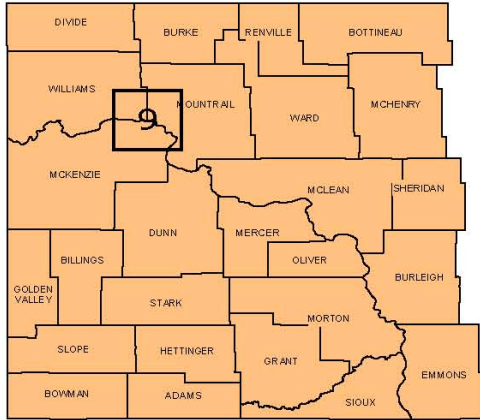
- REACH proposed to serve a total of 5,100 providers (approximately 500 clinics) over four year period
- Received commitment letters represent 4628 providers from 417 clinics for our proposal
- Three categories of providers (*first 2 yrs*)
 - without an EHR: *1728 PCP*
 - has an EHR needs fine tuning: *1123 PCP*
 - has an EHR and needs substantial help: *749 PCP*



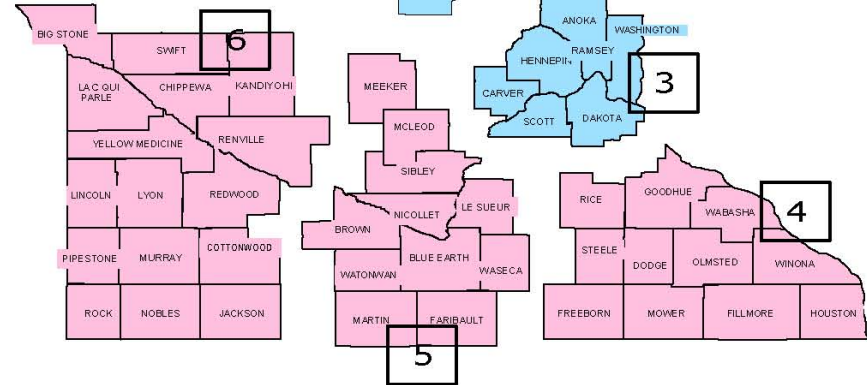
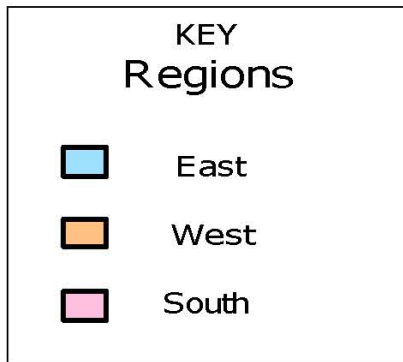
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REACH Regions

North Dakota



Minnesota



Acknowledgement

- REACH is a project federally funded through the Office of the National Coordinator, Department of Health and Human Services (grant number EP-HIT-09-003).



For more information:

- <http://www.stratishealth.org/expertise/healthit/clinics/HITREC.html>
- Key Health Alliance/REACH web site coming soon.

Key Health Alliance

- The College of St. Scholastica, Rural Health Resource Center, and Stratis Health – improving health for rural and underserved communities.

For More Information

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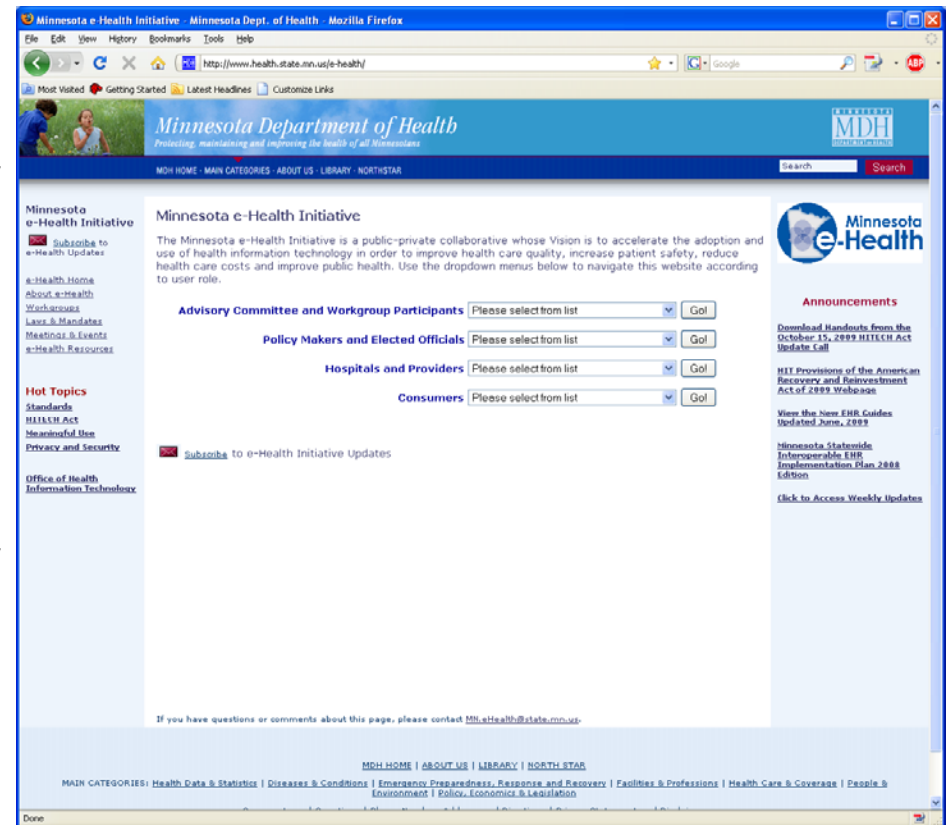
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www.health.state.mn.us/e-health/hitech.html



Questions?

e-mail questions to
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