

NSRHN

**Northern Sierra
Rural Health Network
RHIO Readiness
Assessment**

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HRSA HIT Conference

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About NSRHN

- Regional rural health network with 45 members in nine rural counties in Northeastern California.
- Members consist of community clinics, rural hospitals, tertiary care providers, public health departments and others.
- Formed in 1996 to address variety of issues facing the rural health safety-net providers.
- Twelve employees, 2 offices, \$1.7 million annual budget.

NSRHN Geographic Area



- 435,900 residents
- 30,000 square miles

80% of residents live in rural or frontier communities

Barriers to EHR/HIT adoption

- Organizational resistance to change
- Lack of financing and/or incentives
- Impact of lack of productivity on practice income
- Lack of clinician buy-in



Add'l barriers for rural providers

- Lack of locally available IT support services
- Lack of affordable connectivity options
- Predominance of public payer systems (Medi-cal, Medicare)
- Large numbers of uninsured patients
- Fewer vendor choices
- Geographic isolation from tertiary health care systems, health care payers and policy makers

PATHWAY TO HEALTHIER COMMUNITIES

Northern Sierra Rural
Health Network =
Regional Health
Information
Organization =
RHIO

★ Improved
Provider and
Patient
Satisfaction

★ Improved
Quality
of
Care

★ Improved
Patient
Safety

★ Reduced
Disparities

★ Increased
Efficiency

★ Improved
Preventive
Care

**HEALTHIER PATIENTS,
HEALTHIER COMMUNITIES**

DATA ANALYSIS: More Targeted Outreach • Improved Population Management

Clinician Technology
Training

Shared Clinical
Applications

Electronic Health
Records



Patient Control of PHI

Virtual Private Network

Centralized
Technology Help
Desk and Support
Services

PDAs

Telemedicine

Pathway graphic courtesy of
The Tides Foundation
Community Clinic Initiative

Program Mission

The NSRHN RHIO Readiness Project aims to ensure that rural and safety net providers can participate in the development of regional, state, and national health information exchange (HIE) initiatives that will benefit underserved rural communities.

Project Team

Northern Sierra Rural Health Network

- Speranza Avram - Executive Director
- Jan Phillips Sotka - Network Coordinator
- George Swetzer - Technology Officer



Illumisys

- John Weir - Director of Information Technology
- Dawn Weathersby, MS, RN - Manager, Program Development
- David Baas – EHR Implementation Consultant



Object Health

- Timathie Leslie – Principal
- Joseph Ray – Director
- Libby Sagara – Consultant



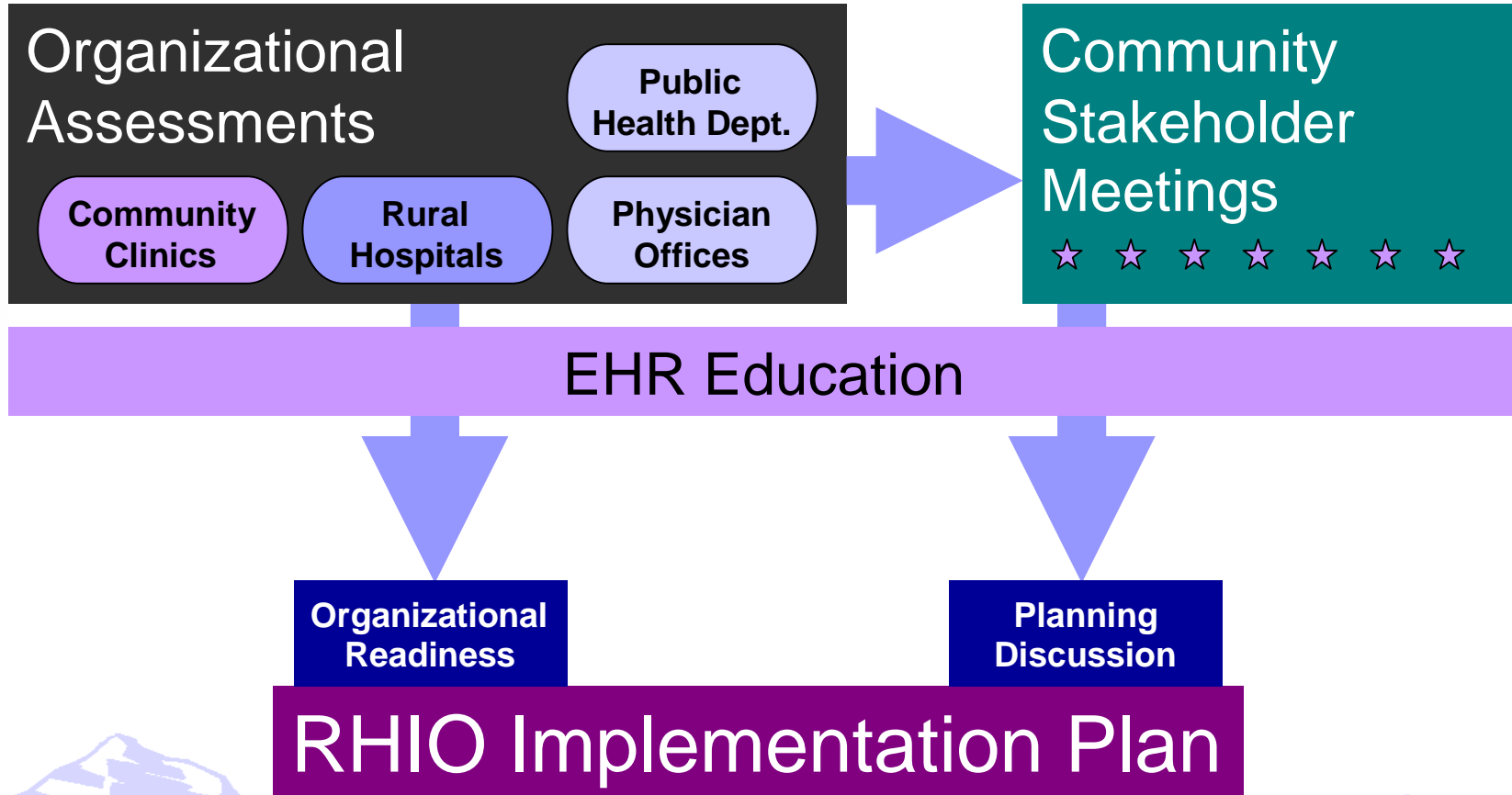
Project Funded by Blue Shield of California Foundation

Program Objectives

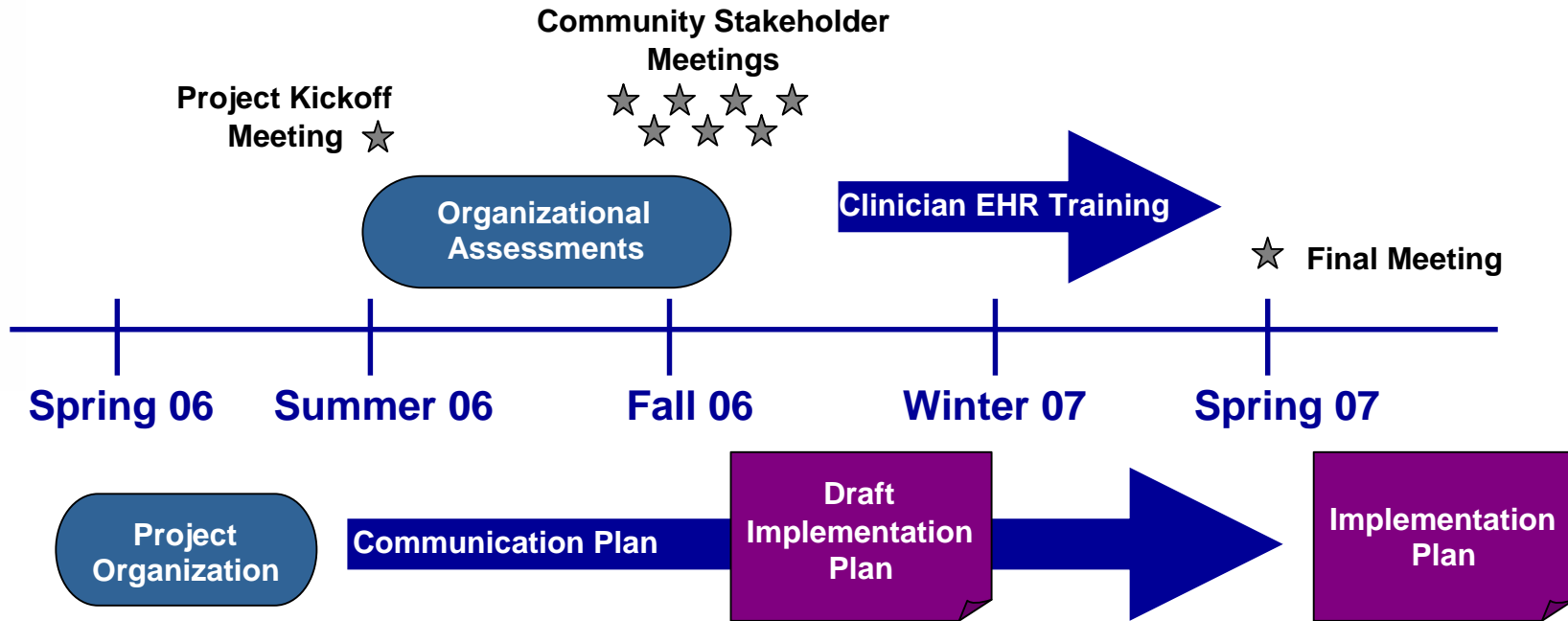
- ▶ Identify the readiness of providers in a 9-county region to participate in a RHIO and implement HIT/EHR
- ▶ Conduct clinician EHR/RHIO education
- ▶ Conduct Community Stakeholder Meetings
- ▶ Address common HIT adoption barriers
- ▶ Develop a RHIO Implementation Plan



Program Approach



Project Timeline



Readiness Assessments

- Organizational Assessments of key stakeholders throughout the region will assess:
 - General strengths and challenges facing the institution
 - Views on whether and how health information technology and exchange can help solve these challenges
 - Vision for a Regional Health Information Organization
 - Collaboration necessary for success including stakeholder participation, governance and financing

Assessment Participants

- Participants include:
 - ~ 15 community clinic corporations
 - 10-12 rural hospitals
 - Up to 10 physician practices
 - Local public health departments



Community Stakeholder Meetings

Inform the RHIO implementation plan, through:

- Education
 - Project intro and overview
 - Health information technology overview
 - RHIO Strategy: Vision, Mission and Goals; Guiding Principles
 - Implementation Planning: Financing Approach; Governance Approach; Technology Approach
- Final Meeting
 - Implementation Plan Presentation

Clinician EHR Training

- A series of video trainings conducted by the staff of Illumisys on HIT/EHR
- Program begins in December and continues through Winter '07
- Topics:
 - Leadership and Project Overview
 - Interoperability and Data Standards
 - Technical Infrastructure and System Requirements
 - Security, Confidentiality, and Privacy
 - Incentive and Compliance Programs
 - Legal, Regulatory, and Policy Issues

Implementation Plan

- The RHIO Implementation Plan will identify:
 - Assessment Summary
 - Benefits
 - Risks
 - Financing alternatives for consideration by individual facilities, health care payers, government agencies, foundations, and other interested parties.
 - Recommendations
 - Implementation Roadmap
 - Next Steps

Readiness Assessment Overview

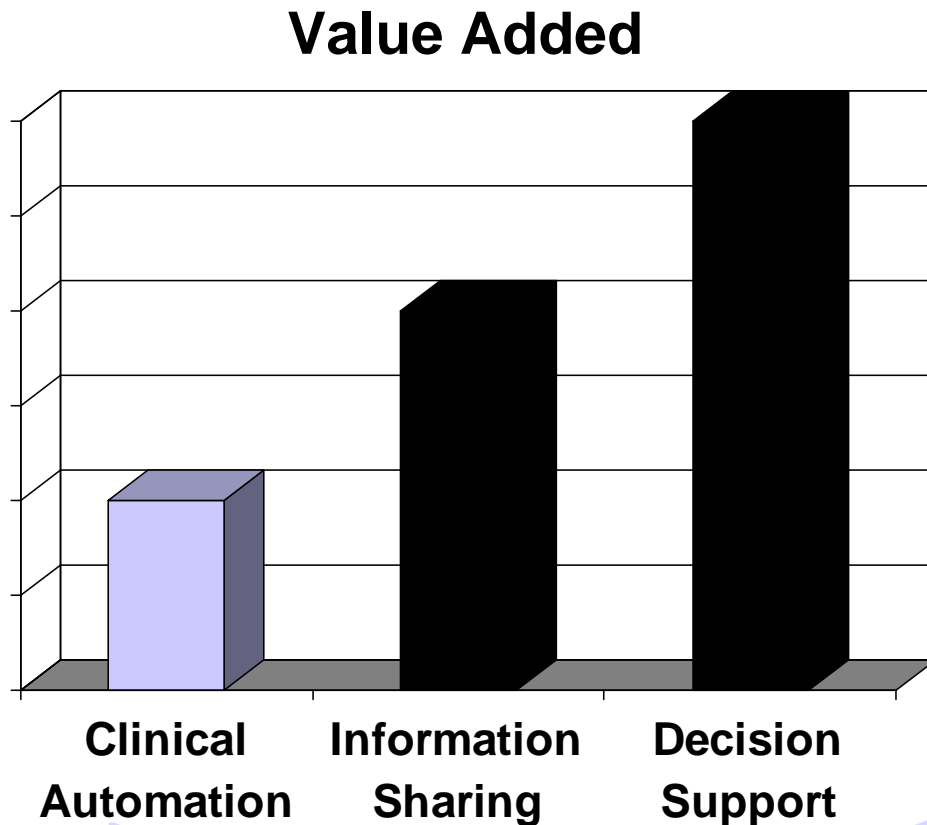


Why is readiness so important?

Only 50% of EHR implementations
have succeeded.

*Successes are attributed to understanding
of organizational readiness.*

HIT Value Proposition



Clinical Automation

- Increased operational efficiencies
- Improved communication among providers
- Improved patient safety

Information Sharing

- Decrease administrative burden of manual data sharing (fax, courier, mail)
- Decrease unnecessary utilization of ancillary tests

Decision Support

- Decreased medical errors and adverse drug events
- Improved patient compliance
- Decreased variability

Barriers to Adoption

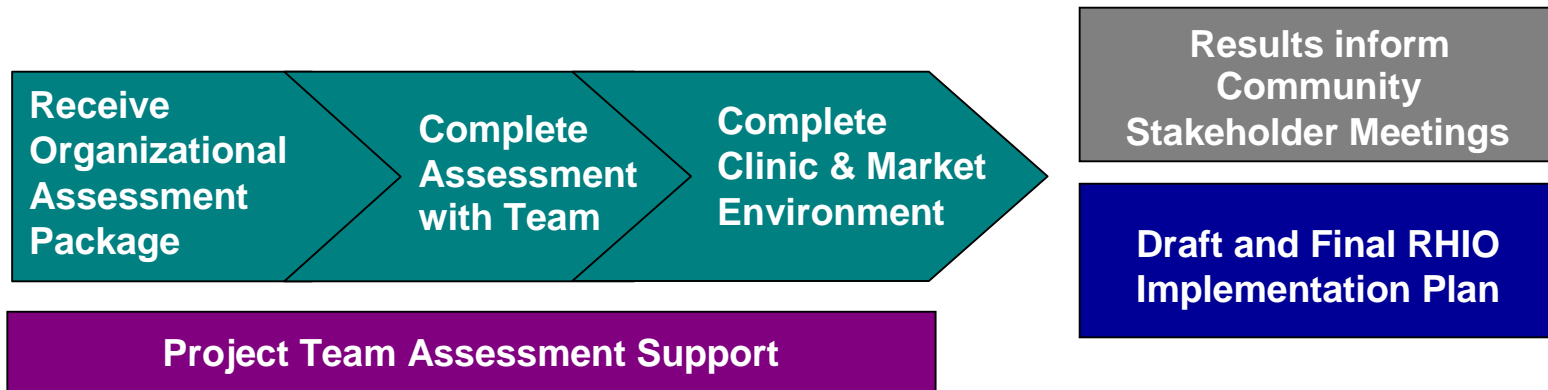


Lack of executive or project leadership

Barrier to Adoption	Explanation
Cost of adoption	Initial capital and on-going cost exceed financial benefit to physician groups
Clinician support	Clinician resistance and additional time for patient care
Early stage development of commercial products	Challenging to use - many screens Don't address rural community health needs
Practice transformation changes	EHR value found in operational modifications
Low level of electronic data exchange and lack of standards	Result in high-cost interfaces and duplicative processes

Adapted from Source: Promoting Adoption of electronic Health Records: Incentives and Connectivity, September, 2004, Connecting for Health program.

Readiness Assessment Process



1. Organization identifies Assessment Project Lead
2. Organizational Assessment package distributed to Provider by email
3. Provider leadership team completes Organizational Assessment with support of project team
4. Organizational Assessment results inform November '06 Community Stakeholder Meetings
5. Individual Organization Assessment Reports show next steps
6. Participants receive Final RHIO Implementation plan in April '07

Self-Assessment

Excel-based tool designed to diagnose self-perceived readiness in a number of different areas

The assessment is geared toward and should be completed by executive management

Results will provide insight into perceived capacity and potential issues

1. ORGANIZATIONAL ALIGNMENT						
Readiness Areas & Categories	Elements	Not Yet Prepared 1.....2	Moderately Prepared 3.....4	Highly Prepared 5.....6	Rating Column	
CULTURE: Selection & Contracting	1.01 EHR is viewed...	as an IT project to "go paperless" only.	as a clinical technology to achieve workflow efficiencies.	primarily as a technology to enable quality care improvement goals.		
	1.02 The EHR planning process includes...	top management and/or designated investigator only.	key planners or departments and is participatory.	all departments, is team-oriented and emphasizes communication and collaboration.		Please enter a rating between 1 & 6 (whole numbers only).
	1.03 Physician involvement in the EHR process...	is limited to a physician advocate to represent clinical interests.	primarily occurs for key decisions; clinical interests are valued.	is active in planning and decision-making; clinical and managerial interests are aligned.		
CULTURE: Implementation	1.04 The clinic has the ability and tendency to...	embrace limited amounts of change; new solutions and programs are created in response to significant pressure or funding opportunity.	modify existing processes when faced with significant change.	embrace change and create new solutions.		

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RHIO Assessment Project Contacts

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