

Minnesota Rural Health Cooperative Granite Falls, MN

HIT Planning Grant

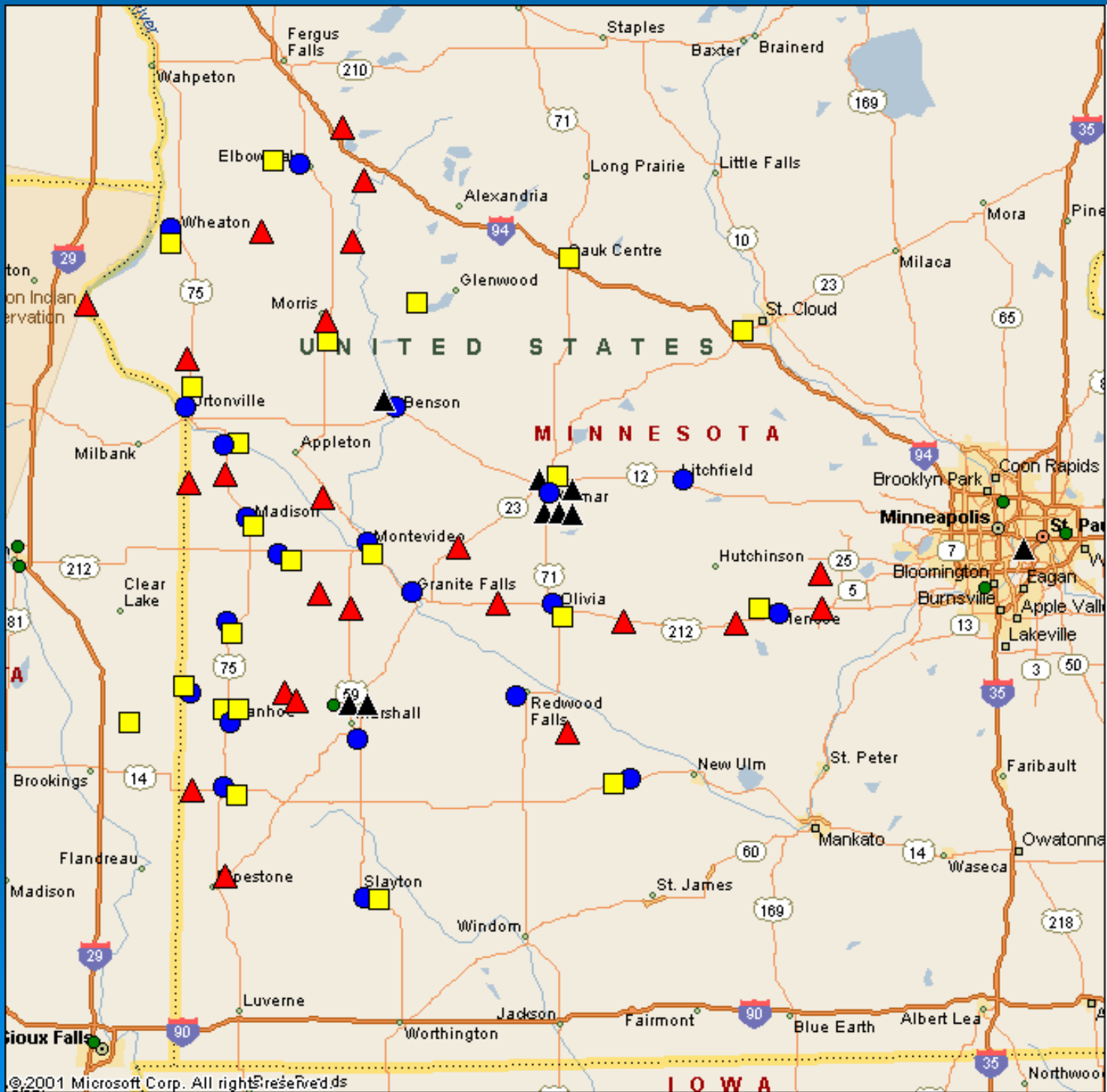


Who Are Those Guys

- Cooperative established in 1995 to “preserve and maintain health care resources and access with local community choice and control for member communities in southwestern Minnesota.”

Who Are Those Guys

- 21 hospitals, 694 beds
- 18 of 21 hospitals Critical Access
- 56 primary care, specialty and satellite clinics
- 100 physicians
- 64 pharmacies recently added as a new member class



What Do We Do

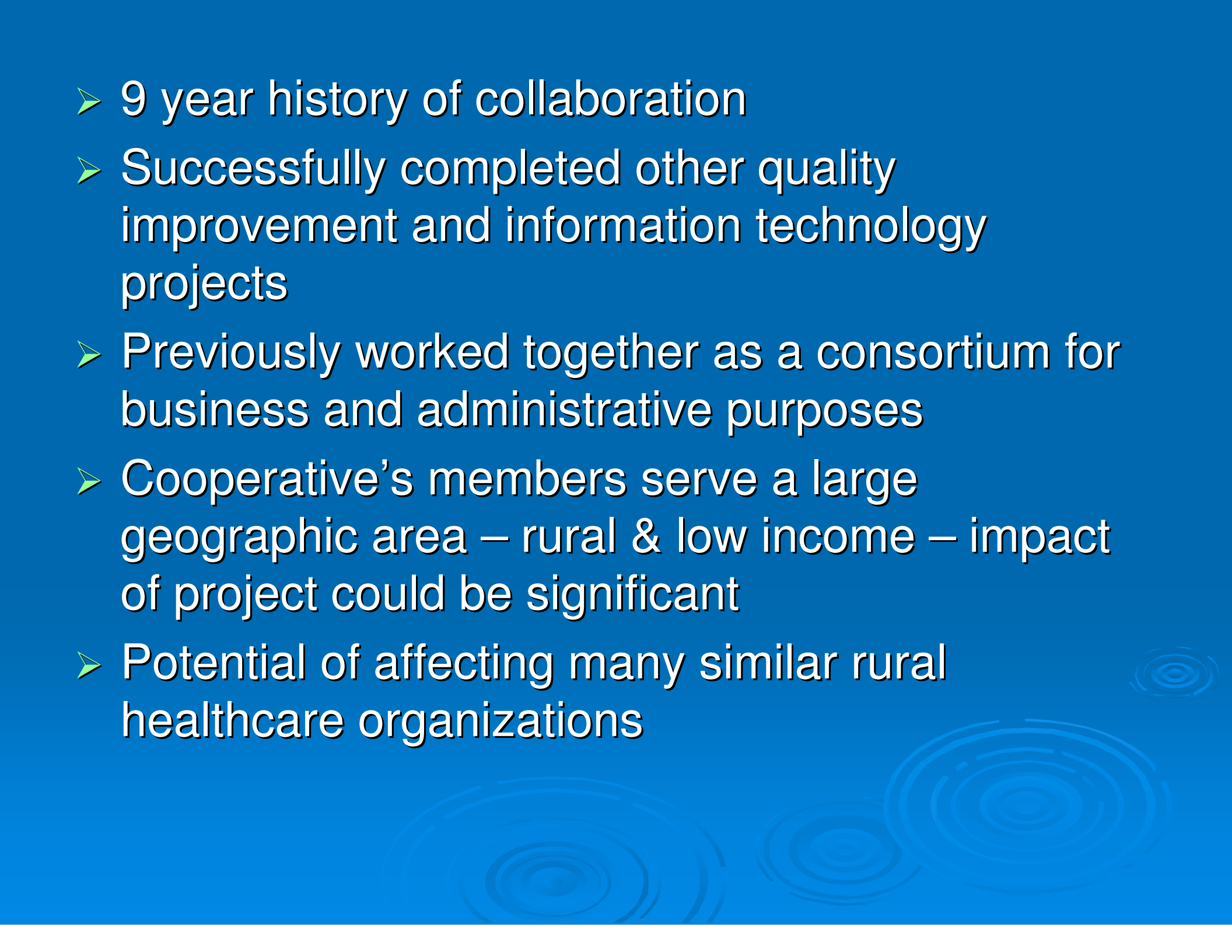
- Contracting services for risk/non-risk business with benefits from negotiating as a larger group
- Administrative support for contracts assistance problem resolution and quality assurance requirements
- Centralized credentialing services for health plans and hospital privileging
- Education, peer support and networking opportunities
- Cost reduction opportunities via preferred vendor arrangements and group purchasing

What we said we wanted to do:

- Examine our existing HIT systems and interfacing potential
- Prioritize our individual and collective HIT initiatives
- Examine the potential of central data storage which will help our group as a whole to develop standard practice guidelines, peer review protocols and collective reporting capabilities

How did we ever
get this grant?



- 9 year history of collaboration
 - Successfully completed other quality improvement and information technology projects
 - Previously worked together as a consortium for business and administrative purposes
 - Cooperative's members serve a large geographic area – rural & low income – impact of project could be significant
 - Potential of affecting many similar rural healthcare organizations
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Planning Committee Formed

- Committee to be made up of senior leaders and represent the collective group
- Participating organizations nominated and elected Planning Committee
- Members of Committee serve an advisory role in development of the HIT Strategic Plan
- 10 member representation: 6 administrative, 4 IT – almost half clinic, half hospital

Our Consultants

- **Patty McCullough and Jamie Riebe**
Health Planning & Management Resources, Inc.
Expertise in healthcare market research and strategic planning
- **Bill Sonterre and Stan Hunecke**
Valor Solutions, LLP
Expertise in area of healthcare management and information technology solutions

MRHC HIT Environment

- A comprehensive survey was conducted of all Cooperative members to determine their current HIT capabilities as well as their future HIT plans and priorities.

Key Highlights of the Survey

- 24% had no plans to change application/program
- 64% without interactive communication capabilities
- 36% have high speed internet access, 17% have a T-1 line, 17% have a VPN
- 29% have an HL7 interface engine, of those 26% develop interfaces outside their facility
- Only 50% have vendor that currently supports HL7 standards
- 94% interface claims electronically using X.12

Key Survey Highlights cont.

- 10% have an internal IT staff member
- 39% use a consultant who works when called
- 23% use a remote vendor support
- Wide variety of software vendors (54) and applications currently in use
- Among top nine most used vendors, one proprietary system clearly predominant
- Current EHR use very limited (5)

Needs Identified

- Quality assurance
- Contracting compliance
- Education
- Tech support

Do they need good quality assurance to achieve contract compliance?

OR

Do they need good contract compliance to achieve quality assurance?

Strategic Plan Goals

- (1) To facilitate the implementation of an Electronic Medical/Health Record system for the Cooperative members to enable them to:

Strategic Plan Goals cont.

- Improve the quality of patient care by giving health-care providers useful measures of how their treatments and diagnostic protocols compare with the best published medical practices
- Increase the accuracy and efficiency with which members comply with the stipulations of their contracts, including their quality-improvement activities

Strategic Plan Goals cont.

- (2) To establish a secure connection to allow data exchange among Cooperative members and other referral locations for patient referral and care with the best available protections of personal health information

Physician Task Force Formed

- In order to have a fully electronic process for quality improvement, the vision for the quality improvement for the future needed to be defined
- Needed physician input
- 2 family practice physicians, 1 surgeon
- Task was to develop the quality vision and select the first clinical pathways

Physician Task Force Vision

- To improve patient care using health information technology at the point of service that will prompt clinicians to implement the best clinical practices. Subsequently the technology will allow clinicians to collect, analyze and compare clinic- or Cooperative-wide data to improve care.

Physician Workgroup Vision cont.

- To develop and implement a process for collecting, analyzing and sharing data among Cooperative members that will result in achieving goals related to quality of care for all members.

Identified Initial Clinical Pathways

- 1. Diabetes Mellitus, Type 2; Management of
- 2. Hypertension Diagnosis and Treatment
- 3. Preventive Services for Children and Adolescents
- 4. Preventive Services for Adults
- 5. Heart Failure in Adults
- 6. Depression, Major, in Adults in Primary Care
- 7. Asthma, Diagnosis and Management of
- 8. Low Back Pain, Adult
- 9. Cervical Cancer Screening
- 10. Tobacco Use Prevention and Cessation for Adults and Mature Adolescents

The Plan

- Prepare selected worksites and complete staff training necessary for implementation
- Install 5 EHR systems each year for 3 years
- Variety of settings in Yr 1: clinic/hospital combination, very small clinics (1 or 2 providers) using ASP model, medium clinic, larger clinic
- Cooperative resources in form of IT support available for assistance as needed
- Local site “hand holding” to ensure members do not have typical HIT experiences

The Plan cont.

- Develop templates for practice guidelines and install 3 in Yr 1, 4 in Yr 2, 3 in Yr 3 – 10 total for each site
- Educate sites for use of templates
- Implement hardware & software at Cooperative level to accomplish goals of quality improvement reporting and contract compliance monitoring
- Interface needs assessment related to Cooperative members and other networks for other referrals documented and built for data exchange

Initial Site Selection Criteria

- Demonstrated organizational commitment to using EHR to improve patient care
- Cultural, financial, organizational readiness based on surveys from Readiness Workshops
- Willingness to commit the 50% match of funds
- Must have adequate Practice Management System or willingness to install a minimum core package (to be defined later)
- Willingness to use one of the designated systems

Between Now and an Award

- Readiness Workshops – collaboration with Stratis Health - “real life” demonstrations that relate to cultural readiness, expectations from the facility in order to prepare for implementation
- Mandatory attendance by project team, which includes top administrator and physician champion at a minimum, with lead nurse and IT person recommended also
- Thorough readiness assessment after workshop
- Site selection process
- Vendor selection process

Barriers (herding cats)

- 20/80% grant funding – hardware/software/interface vs. support
- Prominent hospital software is hospital based and only clinics that are tightly tied to hospitals – no stand-alone clinics & is not an open system
- Deployment of EHR will involve either the ability to interface to existing systems or the replacement of existing systems if required
- Members committed to current vendor
- More interest than money, particularly physician owned clinics

Barriers (more herding cats)

- Physicians must play a key role in process
- Members still charging ahead with their own projects
- Too many IT folks, not enough decision makers or physicians
- Planning committee had to be reminded to keep MRHC hat on and not “what’s in it for me”
- EHR vendors coming out of woodwork to make a sale
- Plans to use ASP model for very small clinics – they may demand their own system

Barriers (still more herding cats)

- Lack of interest in and recognizing value of technical assistance
- Hardware/software “plug and play” attitude
- Lack of acceptance by care providers
- Reluctance to change the manner in which patient care is delivered
- Diverse and disconnected technologies
- Lack of state or national standards
- Members “talk the talk” but may not “walk the walk”

Successes!

- Board unanimously approved Strategic Plan in both concept and direction to be taken
- Chairman of the Board is a physician champion and on Physician Task Force
- Consultants chosen for us turned out to be a find
- Two surveys done related to project had 100% response rate from the membership

More Successes!

- 36 members vying for 15 implementation spots – represents 75% of clinics and 71% of hospitals
- Collaboration with Stratis Health
- Even if not awarded Implementation grant, good HIT environment benchmark and vendor review information for members to pursue
- Implementation project ambitious but doable