



Addressing The Unique Needs of Rural Healthcare Organizations: *Opportunities, Challenges, and Available Resources*

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Connecting Rural Health Communities Through Information
Technology

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Mission Statement: AHRQ

The mission of the Agency for Healthcare Research and Quality is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans.





AHRQ Health IT Portfolio

- Help others to better utilize Health IT to:
 - Improve Quality
 - Assure Safety
 - Be more effective
 - Utilize resources efficiently

- \$50M annual budget (\$26M for rural and small community projects)

- Health IT as a “means to an end”





RAND Study: Quality of Health Care Often Not Optimal

Patients' care often deficient, study says.

Proper treatment given half the time.

On average, doctors provide appropriate health care only half the time, a landmark study of adults in 12 U.S. metropolitan areas suggests.

Medical Care Often Not Optimal

Failure to Treat Patients Fully Spans Range of What Is Expected of Physicians and Nurses

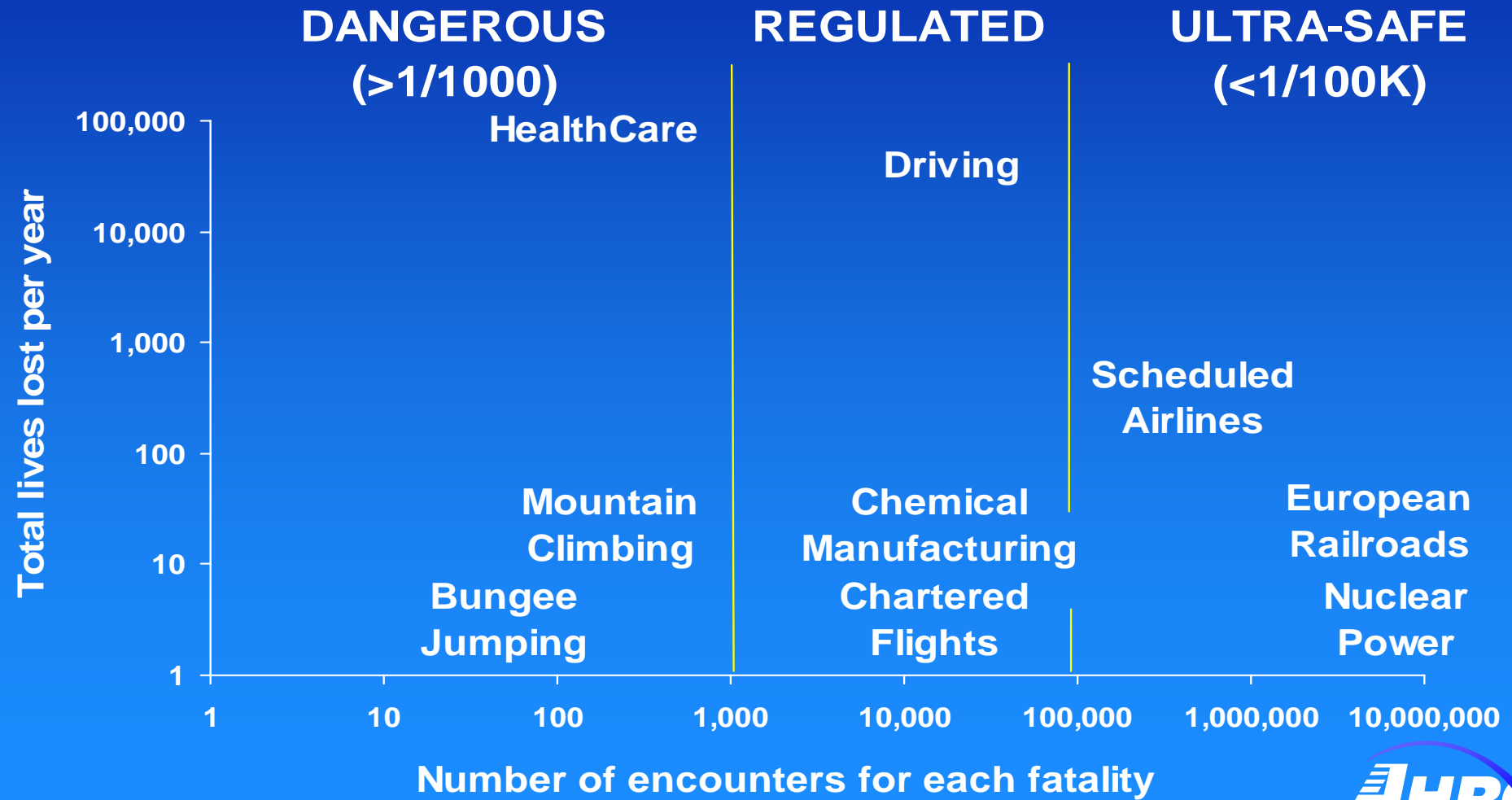
Study: U.S. Doctors are not following the guidelines for ordinary illnesses

Medical errors corrode quality of healthcare system

The American healthcare system, often touted as a cutting-edge leader in the world, suddenly finds itself mired in serious questions about the ability of its hospitals and doctors to deliver quality care to millions.



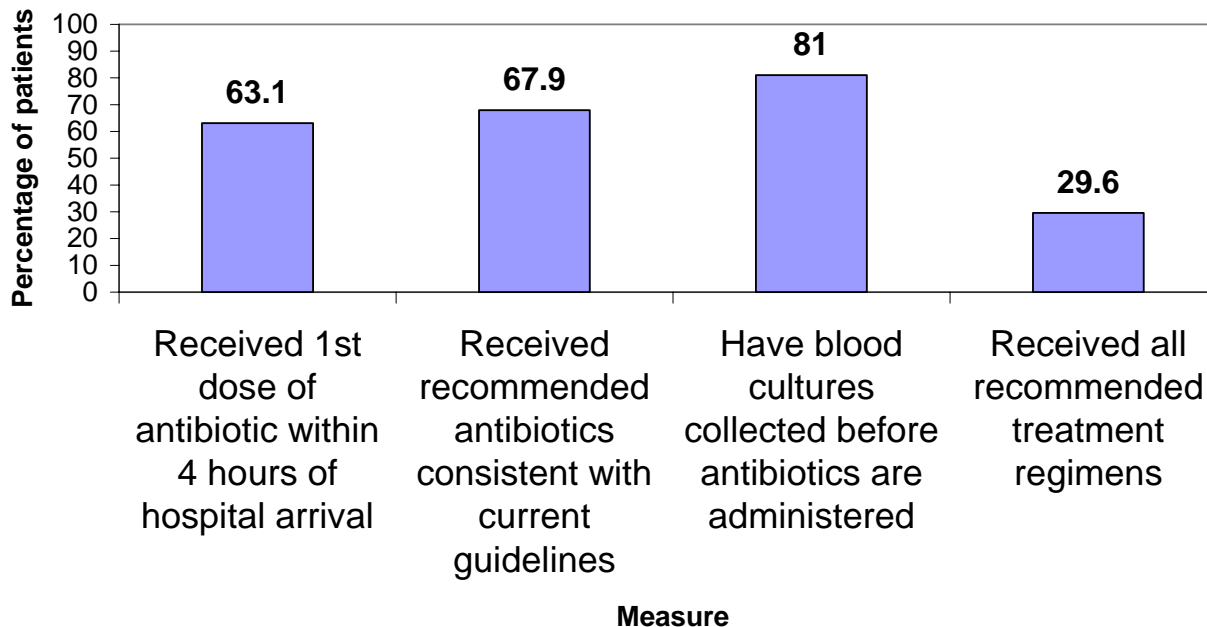
How Hazardous Is Health Care?





Major Opportunities for Improvement Still Exist in Quality...

Quality of Pneumonia Treatment for Elderly, 2002



Source: Centers for Medicare & Medicaid Services, Quality Improvement Organization Program, 2002.

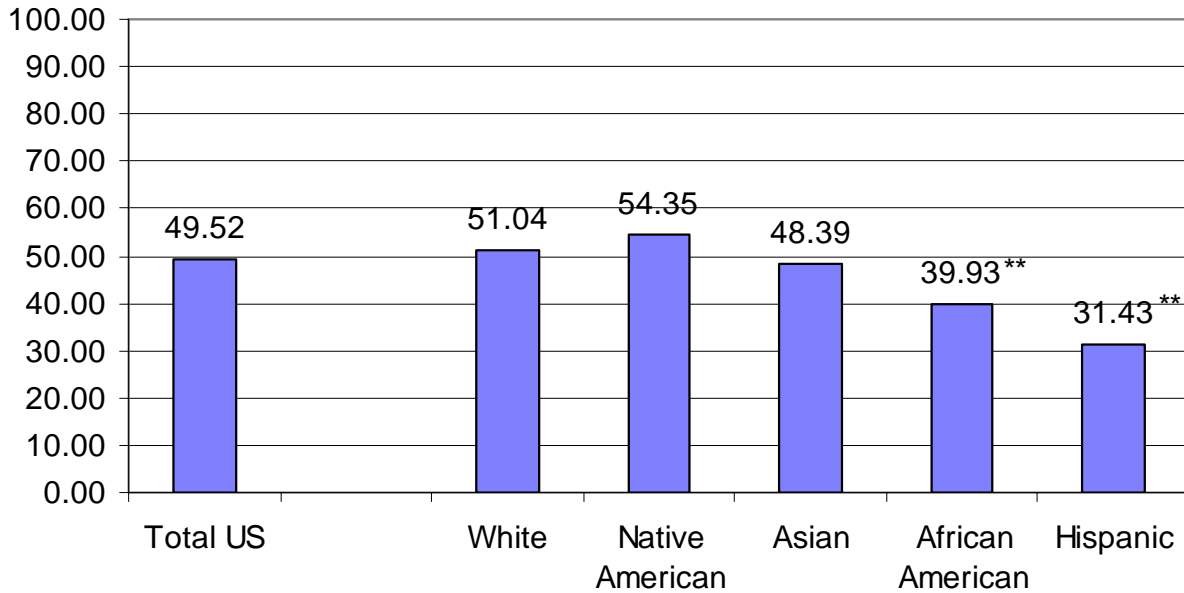
- 81% of Medicare pneumonia patients get blood cultures before antibiotics
- 68% get the right antibiotics
- 63% get their first antibiotic in a timely manner
- Yet, only 30% get all of three recommended interventions





... and Disparities

Percent of AMI patients given smoking cessation counseling while hospitalized, 2002



**Significantly lower than whites,

- Less than half of AMI patients are given counseling to quit smoking
- African Americans and Hispanics - Significantly less likely to receive such counseling



Diffusion of knowledge

Clinical Procedure	Landmark Trial	Current rate of use
Flu Vaccine	1968	64% (2000)
Pneumococcal Vaccine	1977	53% (2000)
Diabetic Eye Exam	1981	48.1% (2000)
Mammography	1982	75.5% (2001)
Cholesterol Screening	1984	69.1% (1999)

Balas EA, Boren SA., Managing Clinical Knowledge for Health Care Improvement. Yearbook of Medical Informatics 2000.





AHRQ HIT Initiatives

- Transforming Healthcare Quality through Information Technology (THQIT):
 - 3 Grant solicitations
 - Focus on community partnerships
- National Resource Center for Health IT
- State and Regional HIT demonstrations
- CMS – AHRQ collaboration
- Indian Health Service – RPMS Project
- ePrescribing
- Privacy and Security





Statistics

- THQIT Grants:
 - ~1,000 letters of intent to apply

- State & Regional HIT Demonstrations
 - 43+ Letters of Interest

- National Resource Center
 - \$18.5 Million contract





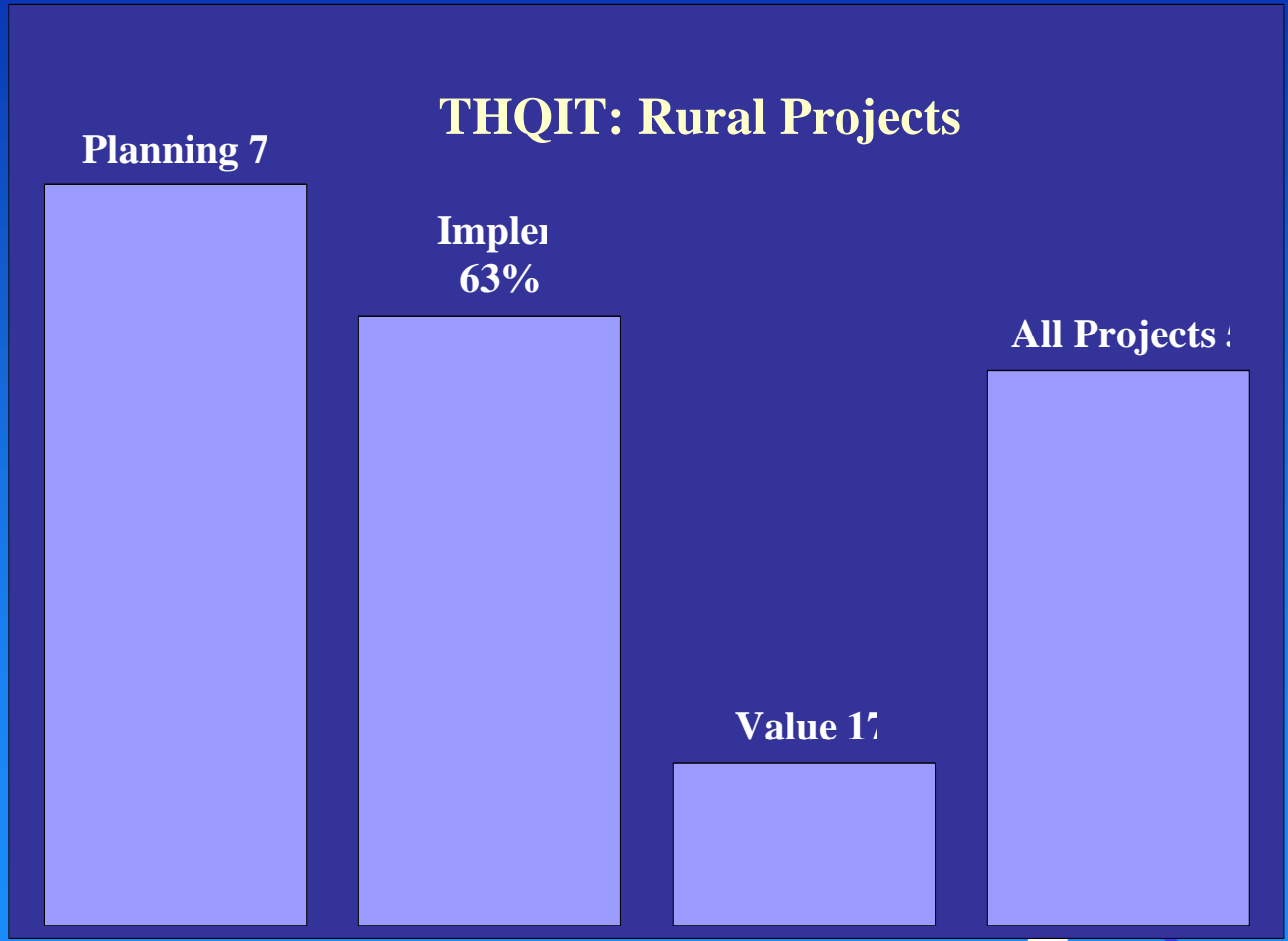
AHRQ Projects: *Rural Emphasis*

Key characteristics:

- 57 percent rural
(76 % of planning)
- 12 percent inner-city
(18 % implementation)
- 8 percent children's health
- 7 percent women's health

Other populations served:

- Women
- Disabled
- Elderly
- Minorities





Opportunities

- Quality & Safety
- Reduce Disparities
- Networks of Care (RHIO's)
- Public Health
- Better align incentives

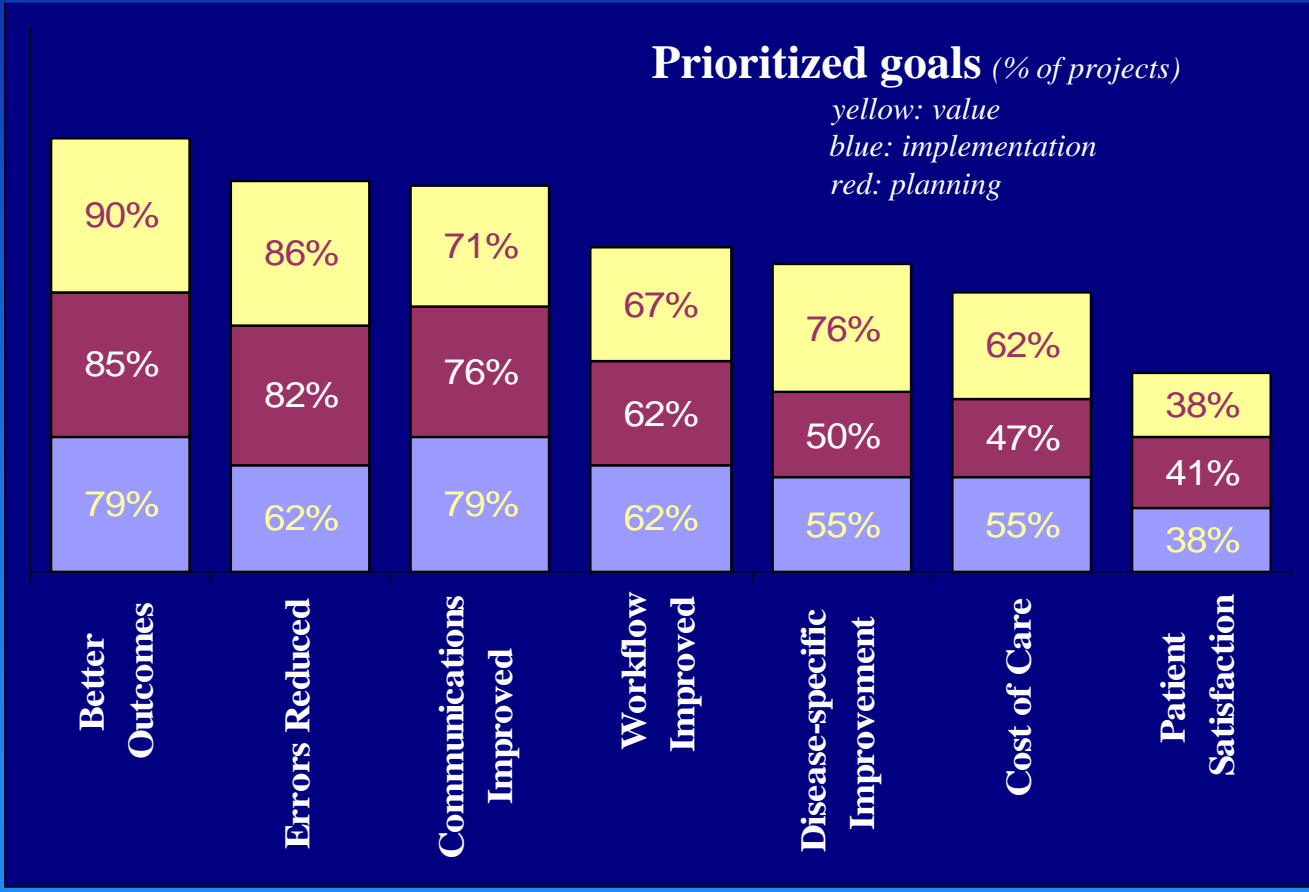




Priority Goals

Issues listed as priority (all projects)

- Improve health care outcomes: 85%
- Reduce medical errors: 76%
- Improve inter provider communication: 76%
- Improve clinical work flow: 63%
- Reduce cost of care: 54%
- Improve administrative efficiency: 37%
- Improve patient satisfaction: 39%





IT Impact on Quality and Safety

- Outpatient Advanced CPOE and EMR
 - Avoid 2.1 million adverse drug events per year (national adoption)

- Inpatient CPOE and EMR
 - Decrease serious medication errors by 55%

- Healthcare information exchange and interoperability between settings
 - Improve physician decision-making at the point-of-care through complete information access



State & Regional HIT Demonstrations

- 5-year State-based contracts:
 - Help States develop secure statewide networks
 - Ensure privacy of health information
 - Make an individuals' health information more available to health care providers

- Current State and Regional Projects
 - Colorado
 - Delaware
 - Indiana
 - Rhode Island
 - Tennessee
 - Utah





Challenges

Even if you are on the right track, you'll get run over if you just sit there.

-Will Rogers





Challenges

- Greater understanding in the last few years
- Similarity between many rural and non-rural sites
- Importance of lessons learned:

“My job is not to repeat the same mistakes...but to make new and innovative mistakes!”

Mark Frisse, M.D.





Anticipated Challenges

Planning Grantees

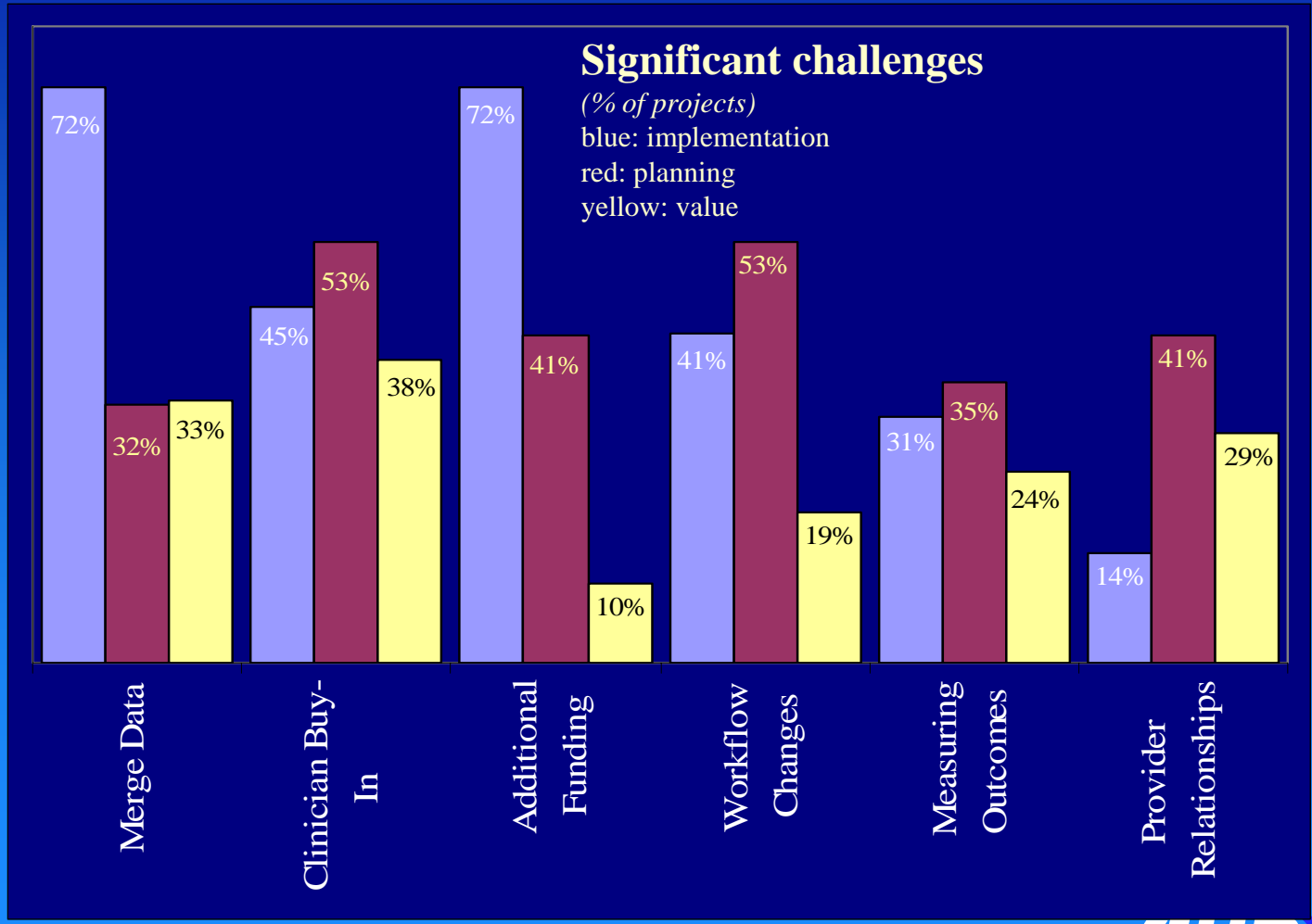
- Data integration: 72 percent
- Securing funding: 72 percent
- Clinician buy-in: 45 percent
- Clinical workflow: 41 percent

Implementation Grantees

- Additional Funding: 41 percent
- Clinical workflow: 53 percent

Value Grantees

- Data integration: 33 percent
- Clinician buy-in: 38 percent





Consistently Listed Challenges

■ Legal/privacy

- *lack of understanding around HIPAA compliance, confidentiality policies, and the security of web-based record access*

■ Buy-in for data sharing

- *understanding what kinds of consent is required, and clarifying state and federal security and privacy laws that apply to their projects*

■ Organizational and individual experience with HIT

- *consortium governance*
- *grant administration*
- *high levels of variance across single projects*
- *competing priorities*
- *staff training and turnover*





Consistently Listed Challenges (2)

- Work flow re-design
 - *projects unsure how to assess cultural readiness, prepare institutions for work flow re-design*
- Vendor procurement
 - *assistance needed for all phases from RFP development, contract negotiation and management*
- Clinician buy-in
 - *Resistance to change*



Resources

- AHRQ
- HRSA
- CMS - Quality Improvement Organizations
- Office of the National Coordinator for Health IT





AHRQ Resources

- AHRQ National Resource Center for Health IT
- AHRQ Grantees
- State and Regional Demonstration





AHRQ National Resource Center for Health Information Technology

- Provide **technical & expert support** to Health IT grantees, contractors and selected other Federal grantees
- Contract award to NORC (up to \$18.5M over 5 yrs)
 - In partnership with:
 - Vanderbilt University
 - Center for IT Leadership (Partners)
 - Indiana University
 - Foundation for the eHealth Initiative
 - CSC
 - Burness Communications





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