



Connecting Rural Health Communities Through Information Technology

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This Presentation

- About the Office of Rural Health Policy
- Earlier health information technology (HIT) activities
- A quick look at the national picture
- HIT from a rural perspective
- ORHP's next steps

About the Office of Rural Health Policy (ORHP)

- Created in 1987 by Congress to address the problems that arose from the implementation of the inpatient Prospective Payment System (PPS), which led to the closure of an estimated 400 rural hospitals.
- Advises the Secretary and the Department of Health and Human Services on rural issues.
- Administers grant programs, makes policy recommendations, and facilitates research on rural health.

Earlier Activities: the IOM Report

- Quality Through Collaboration: the Future of Rural Health (November 2004)
- Rural Health Care in the Digital Age
 - Described the critical transition of the health care sector
 - Described the need for infrastructure development
 - Described how HIT could bridge distances and create access to clinical knowledge, specialized expertise and services

Meanwhile, at the National Level

- National Coordinator on Health Information Technology (ONCHIT) in HHS
- “Application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing and use of health care information, data and knowledge for communication and decision-making.”

At the National Level

- ONCHIT's role – from the **top** down
 - Setting the standards
 - Creating a dialogue
 - Framing this as a national issue
 - Forming Regional Health Information Organizations (RHIOs)
 - Focusing on electronic health record

HIT from the Rural Perspective: The Opportunities

- Opportunity to help rural providers across the spectrum of care and improve patient care and coordination
- Opportunity to get engaged at the beginning (unlike the prospective payment system)

HIT from a Rural Perspective: The Challenges

- Size and limited infrastructure mean that rural providers face unique HIT challenges
 - Hardware and software may not exist
 - Low rates of high-speed connectivity
 - Capital to invest in and sustain HIT is limited
 - Workforce limitations
 - Technical assistance

Addressing HIT from a Rural Perspective

- Will require a **ground up** approach
- May require collaboration beyond the health sector
- May require taking small (and successful) steps (e.g., email, computerizing immunization records) to minimize risks

Addressing HIT from a Rural Perspective

- May be a tough sell to individual practices and critical access hospitals (CAHs)
- Will require creating local networks or linking to existing ones

Addressing HIT from a Rural Perspective

- Getting technical assistance
 - Making the decision to invest in HIT
 - Making the business case for adoption
 - Figuring out what to do when the things aren't working
 - Getting help from the network?
 - Do community colleges have a role?

Addressing HIT from a Rural Perspective

- Rural providers and HIT vendors
 - Lack of understanding of needs and capacity by both
 - Rural - not just a smaller version of urban
 - Will require new strategies for referrals over longer distances
 - Convincing vendors that there is a rural market (after they've captured the academic health centers and the large systems)
 - Legacy systems, long-term contracts

ORHP's Next Steps

- Meeting in the Fall of 2006 - addressing pre-adoption issues for rural providers
- Chapter in the National Advisory Committee on Rural Health and Human Services Report, April 2006
- HRSA's new HIT office
- Ongoing collaboration with the Agency for Health Care Research and Quality

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