

# **Health IT Regional Extension Centers: Supporting Primary Care Providers to Achieve Meaningful Use**

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# ONC Organizational Chart

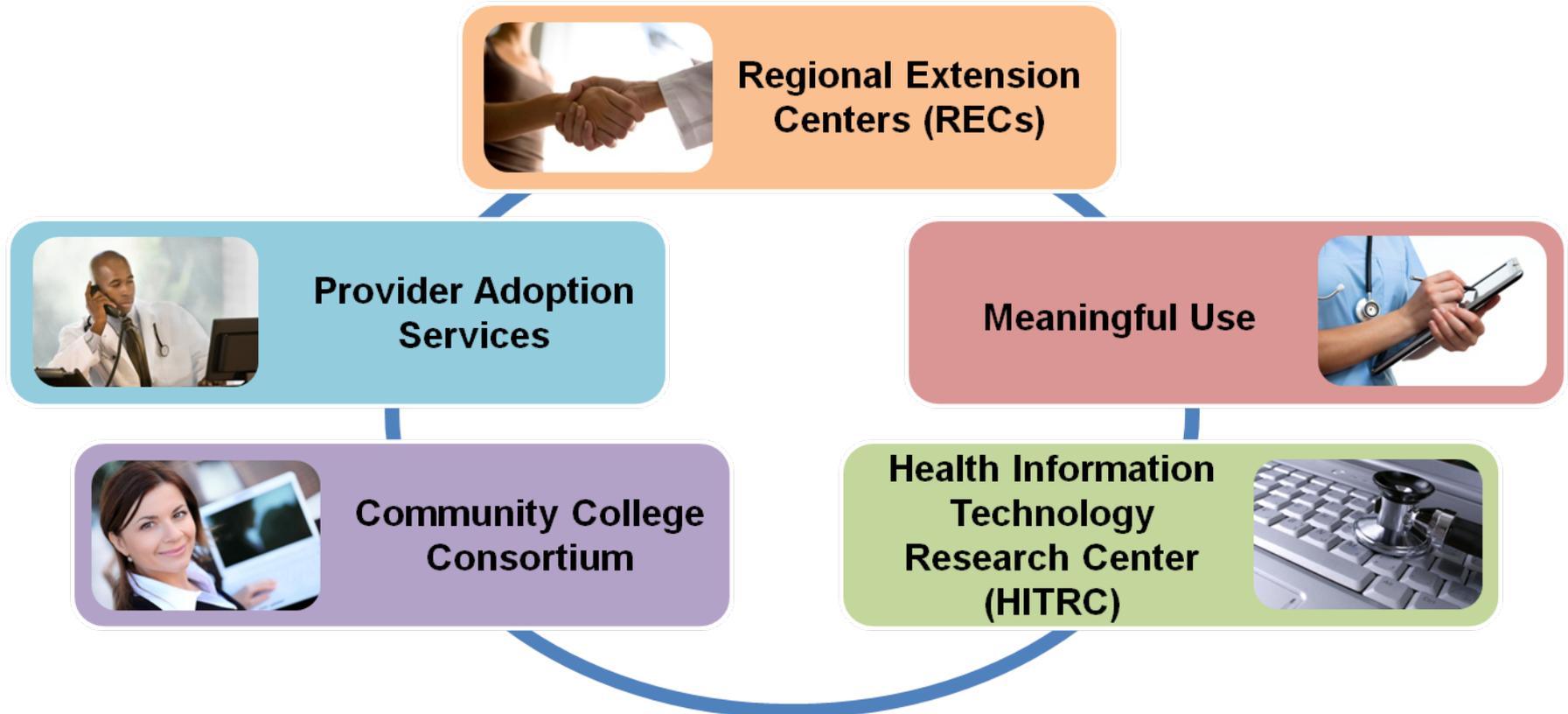
## National Coordinator



# Office of Provider Adoption Support (OPAS)

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**Goal: Assist All Providers to Achieve Meaningful Use of EHR Systems**



# Big Picture Goal

## Paper-Based Practice



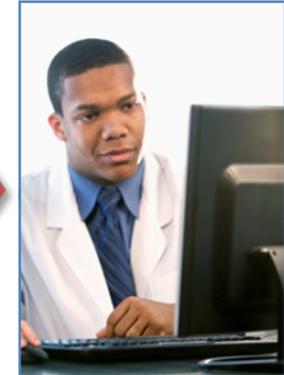
## Support Network

- Regional Extension Center
- Community College Workforce
- Communities of Practice
- Health Information Technology Research Center (HITRC)

## REC-Provider Partnership



## Fully Functional EHR



Education and Outreach • Workforce • Vendor Relations • Implementation • Workflow Redesign • Functional Interoperability • Privacy and Security • Meaningful Use

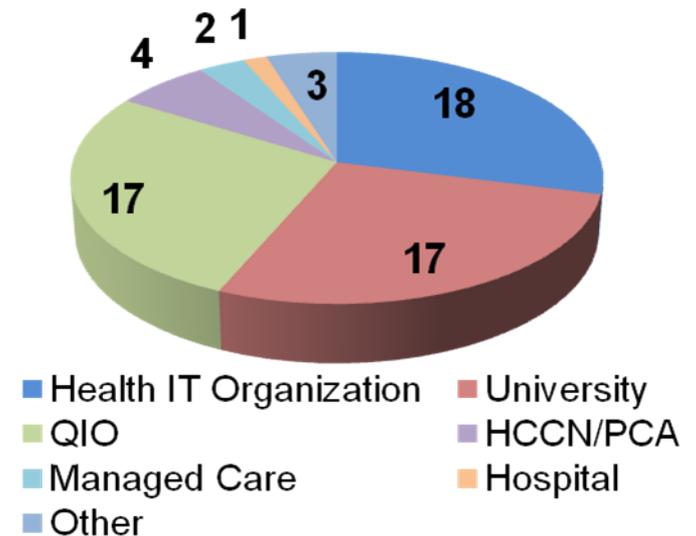
- ↑ Population Health
- ↑ Health Care Efficiency
- ↑ Patient Health
- ↑ Outcomes

# 62 RECs Cover 100% of the USA

**Goal: 100,000 priority primary care providers achieve meaningful use (MU) by 2014**

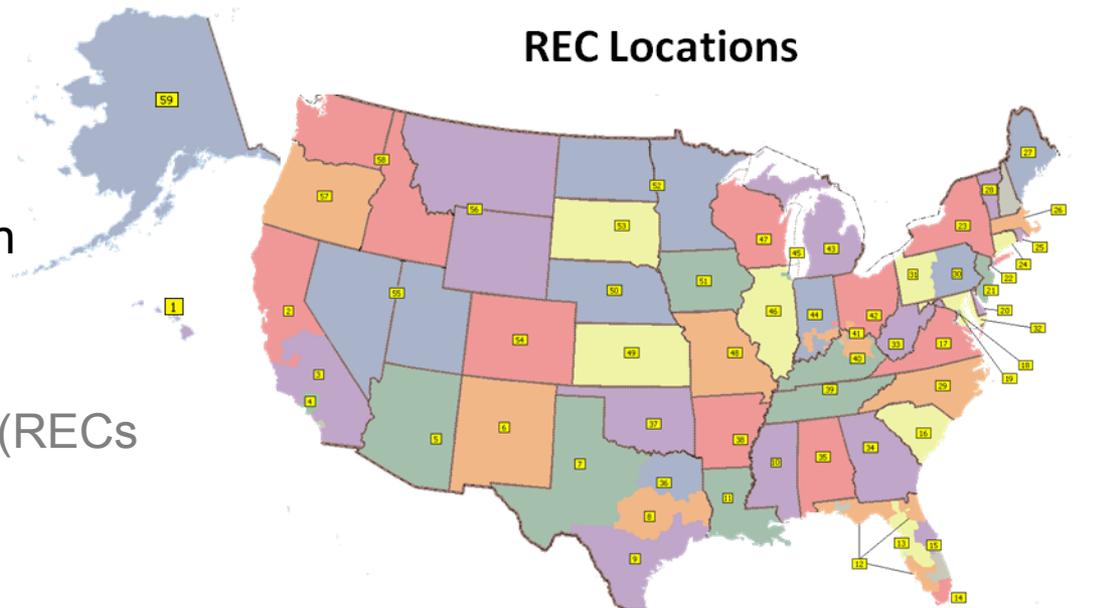
- Not-for-profit organizations
- Experts in EHR adoption
- Provide “on-the-ground” technical assistance
- Extensive stakeholder partnerships
- Focused on achieving MU

**Organizations Sponsoring RECs**



# United Purpose, Local Approaches

- Each REC has a:
  - Defined service area
  - Specific number of providers to assist
  - National perspective with local expertise
- Approach differs by REC:
  - Local/regional centers (RECs within an REC)
  - Hospital partnerships
  - Payer partnerships



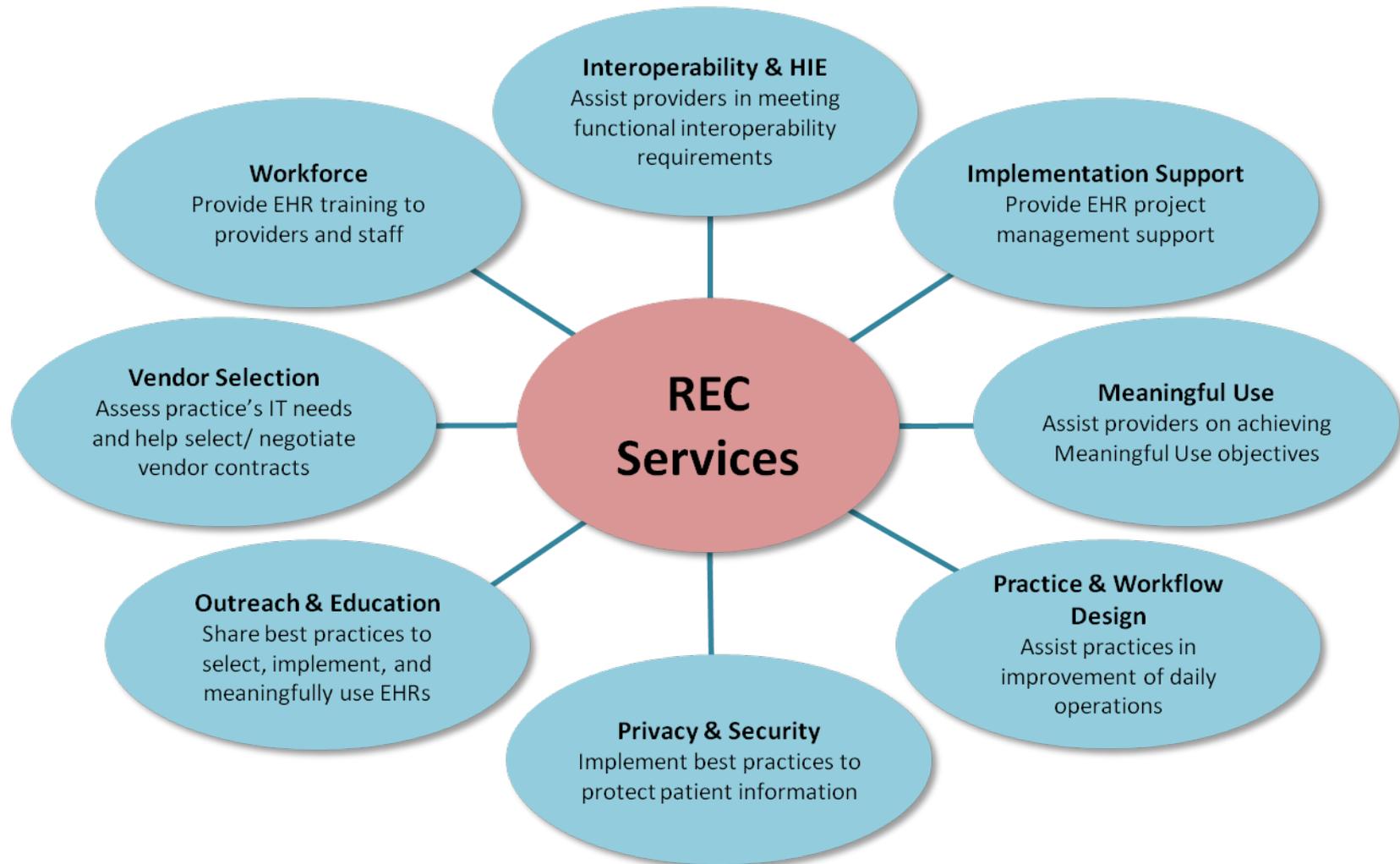
## SLIDE NOTES:

Each REC is developing their own approach to providing the services:

- Local/region centers (RECS within an REC)
  - Actively working with behavioral health and other non-primary providers
  - Hospital partnerships to support affiliated providers
  - Developing partnerships with payers
- Challenges:
    - Coordinating timing of moving parts (Meaningful Use final rule, EHR Certification Process, Medicaid EHR incentive programs)

\*Note: applicable regions across the nation may also be supported by the Indian Health Board Regional Extension Center, headquartered in Washington DC.

# RECs Cover the Full Range of Services

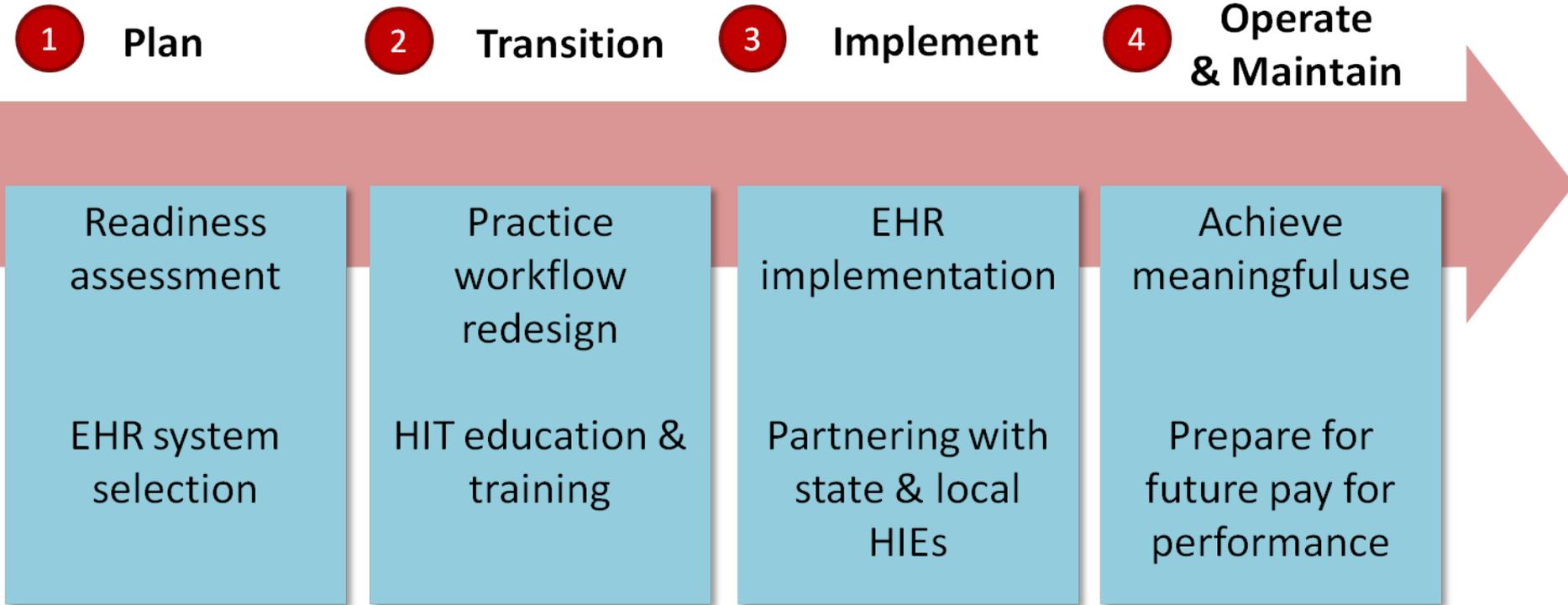


While RECs are encouraged to work with all providers, they will initially focus on “Priority Settings”:

- Individual/small group primary care practices (<10 PCPs)
- Public Hospitals and CAHs
- Community Health Centers and Rural Health Clinics
- Other settings that serve medically underserved populations



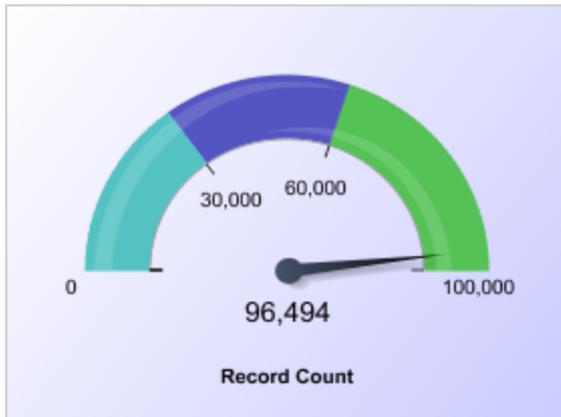
# Comprehensive Support throughout the Entire EHR Implementation Process



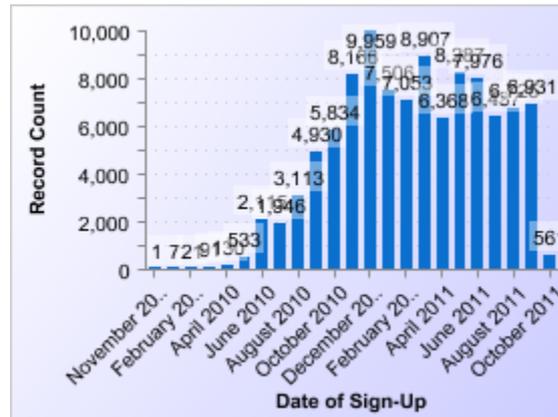
**Primary goal: Give providers as much support as possible**

# Where We are Today: PCPs Enrolled in RECs

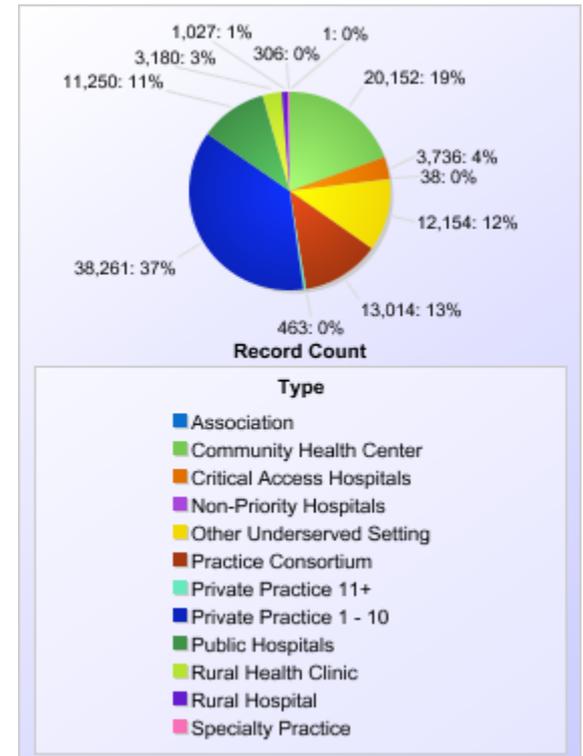
## Total Primary Care Providers Enrolled



## PCP Enrolled by Month



## PCP Signed by Practice Type



# General Information about RECs

- RECs that have already met/exceed enrollment targets
  - CO, DE, LA, MA, MD, ME, MS, MO, NH, OK, UT/NV, TN
- Over 800 CAH/Rural Hospitals Enrolled
- RECs want to support their providers to participate NQS programs
  - Care transitions
  - PCMH
  - ACO
  - Million Hearts, etc.



- PPCPs to MU target: 6,000
  - Currently enrolled: 5,580
- State divided into 7 geographic regions serviced by local partners to provide hands-on IT support

## Program Highlights

- Utilizing web tools to support field staff with consistent information on vendors and FAQ to reach MU, training opportunities and OHIP program tools and processes
- Integrated state strategies: REC, state HIE and workforce programs tightly linked
  - Working with public health stakeholders to facilitate an RFP for EHR vendors to implement their systems in smaller public health agencies
  - Working closely with local community colleges including assisting in the development of testing scenarios for the workforce program that adequately reflects actual situations encountered in EHR implementation



- PPCPs to MU target: 2,500
  - Currently enrolled: 1,930
- Increased their initial target by 66 percent to serve additional providers

## Program Highlights

- Leveraging experience as a health center controlled networked (HCCN) to work with local hospitals as stakeholders and subcontractors to deliver adoption services to providers
- They've worked closely with Intel to develop marketing tools



- PPCPs to MU target: 1,129
  - Currently enrolled: 717
- Each practice is staffed with both clinical and technical staff to ensure issues are addressed at the same time

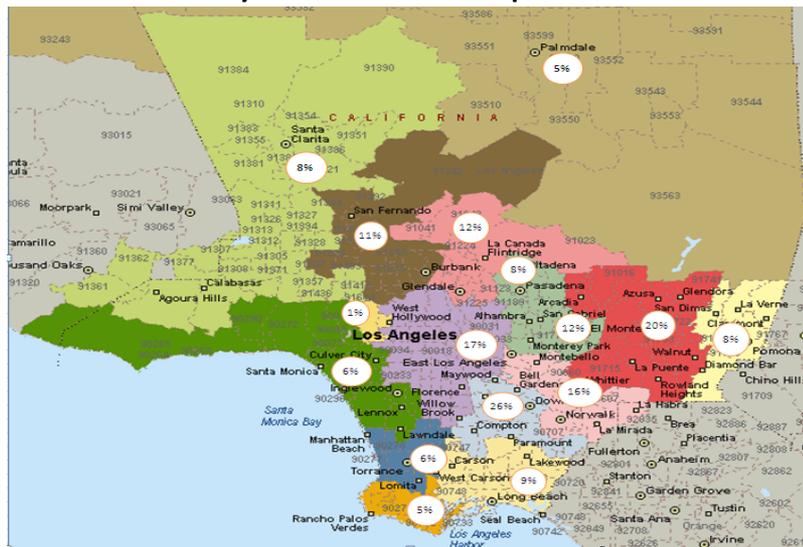
## Program Highlights

- Strong vendor program to index product information
  - Maintains a vendor neutral stance
  - Guides providers to select whichever EHR is right for their practice and engages them with REC tools
  - our clients in so much as they can purchase any EHR that is right for their practice and still receive REC assistance
- An estimated 90 percent of all rural Nebraska priority providers are enrolled in REC (using SK&A data as baseline)
- Adaptable program model to meet rural needs
  - A Meaningful Use specialist can be deployed to sit with practice EHR champion(s) to review all progress made towards meeting MU and an in-depth review is provided to the client as to how best to achieve MU attestation



**HITEC LA™**  
POWER YOUR PRACTICE

- PPCPs to MU target: 3,000
  - Currently enrolled: 2,332
- HITEC-LA is a county-owned Med-Cal managed care plan for Los Angeles County
- Focusing recruitment on small practices in Los Angeles that serve the most medically underserved patients



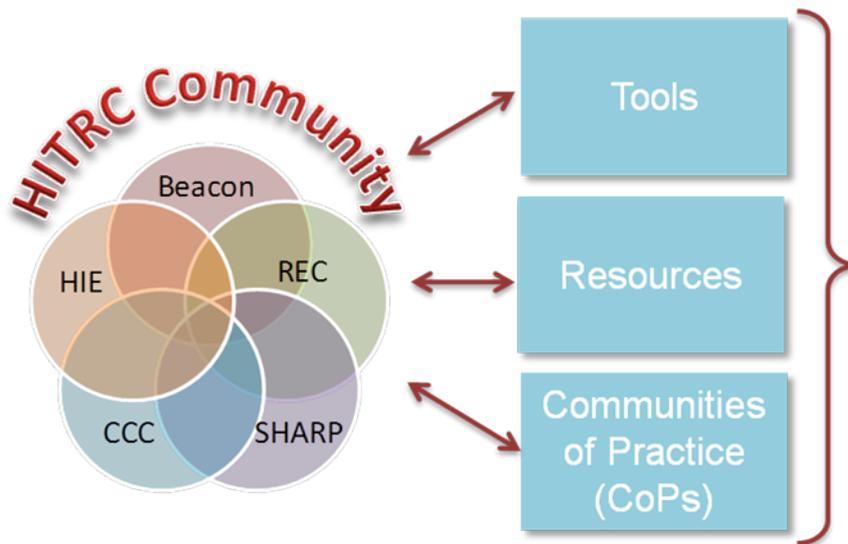
## Program Highlights

- Have developed a sophisticated on-line system to record, measure and monitor provider progress towards MU
- Has incorporated milestone-based deliverables into Service Partners (sub) contracts, per above
- Using data collected by the tracking system to adjust HITEC-LA's strategy and evolve its services so that it can assist providers in achieving MU

# HITRC's Central Role Supports Health IT Optimization

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Works with HITRC community and shares knowledge



Works with external communities and shares knowledge

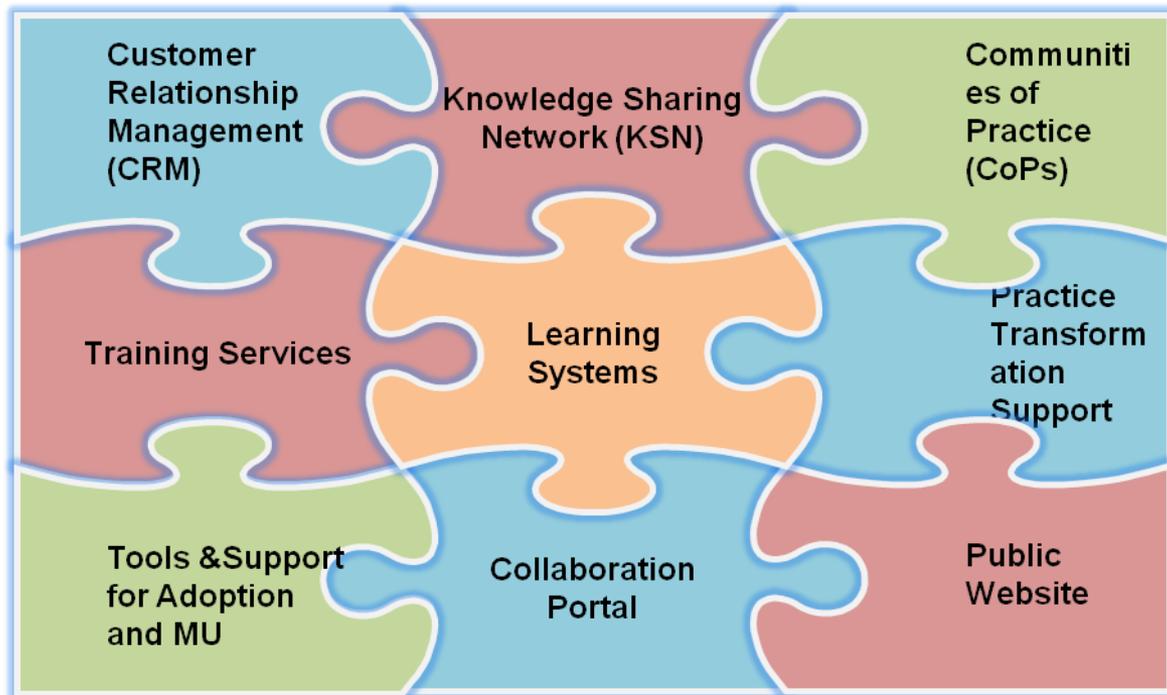
**HITRC**  
Providing Strategic Health IT Support



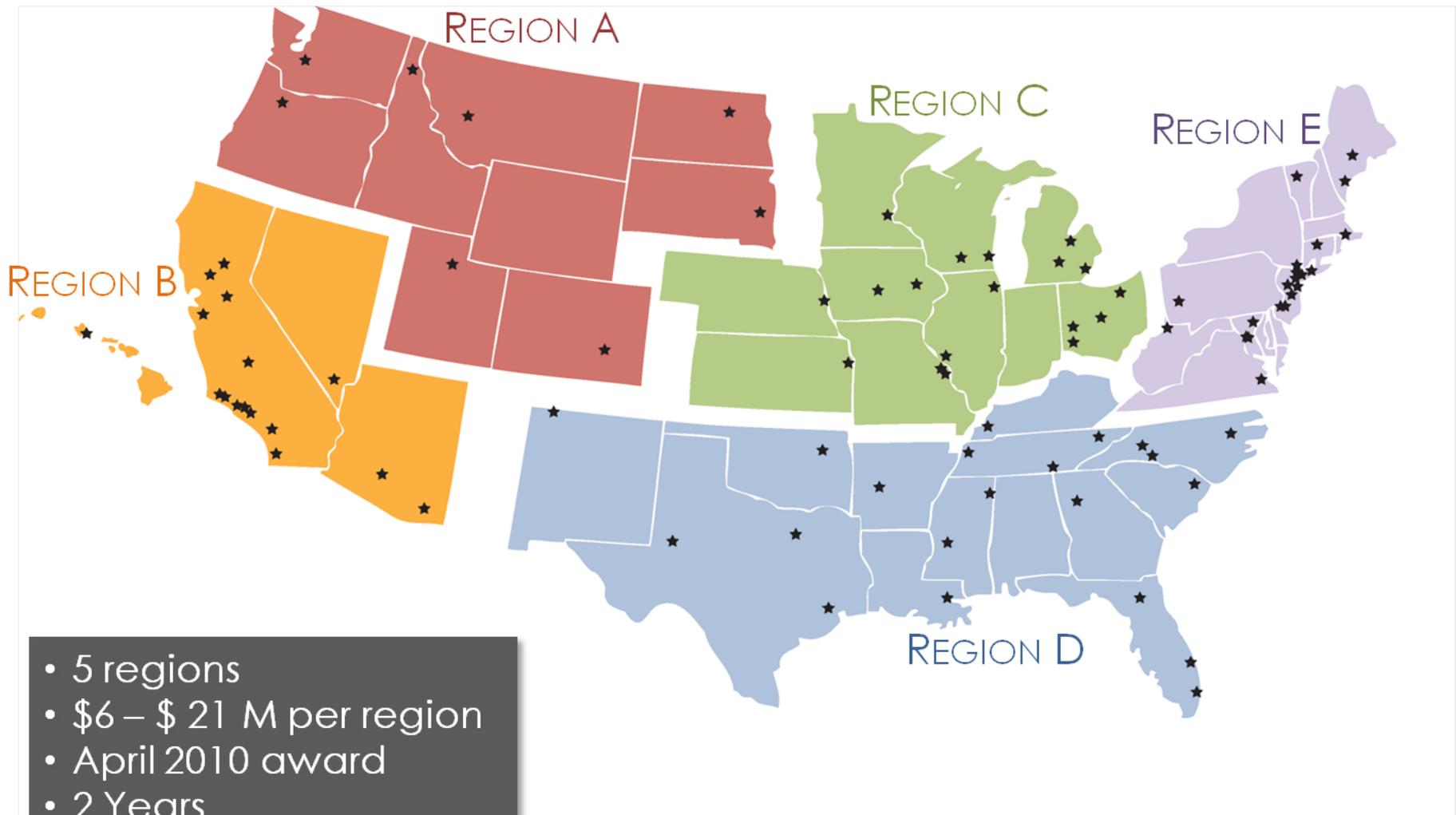
## SLIDE NOTES:

HITRC offers RECs a variety of resources:

- **Tools and Support for Adoption and Meaningful Use:** Usable, easy-to-locate tools and knowledge that will support high adoption and meaningful use of EHR capabilities
- **Training Services:** Curricula, instructors, training services, and conferences available to RECs to increase health IT implementation and use knowledge
- **Collaboration Portal:** A tool providing a virtual space where RECs and their partners can convene to address common issues and develop shared knowledge
- **Knowledge Sharing Network:** People, processes, lexicon and technology used to build a knowledge base supporting adoption and meaningful use of EHRs
- **Communities of Practice:** Sponsored groups with interest in specific aspects of HIT convened to develop knowledge that supports EHR adoption
- **Practice Transformation Support:** Methodologies, tools, and knowledge that will support effective and efficient workflow management in practices with EHRs
- **Customer Relationship Management:** Tools for operating the RECs including contact management, sales force automation, project management and portal to knowledge sharing network
- **Public Website:** Internet-available knowledge to foster awareness of meaning of EHR implementation best practices and encourage wide spread adoption and meaningful use



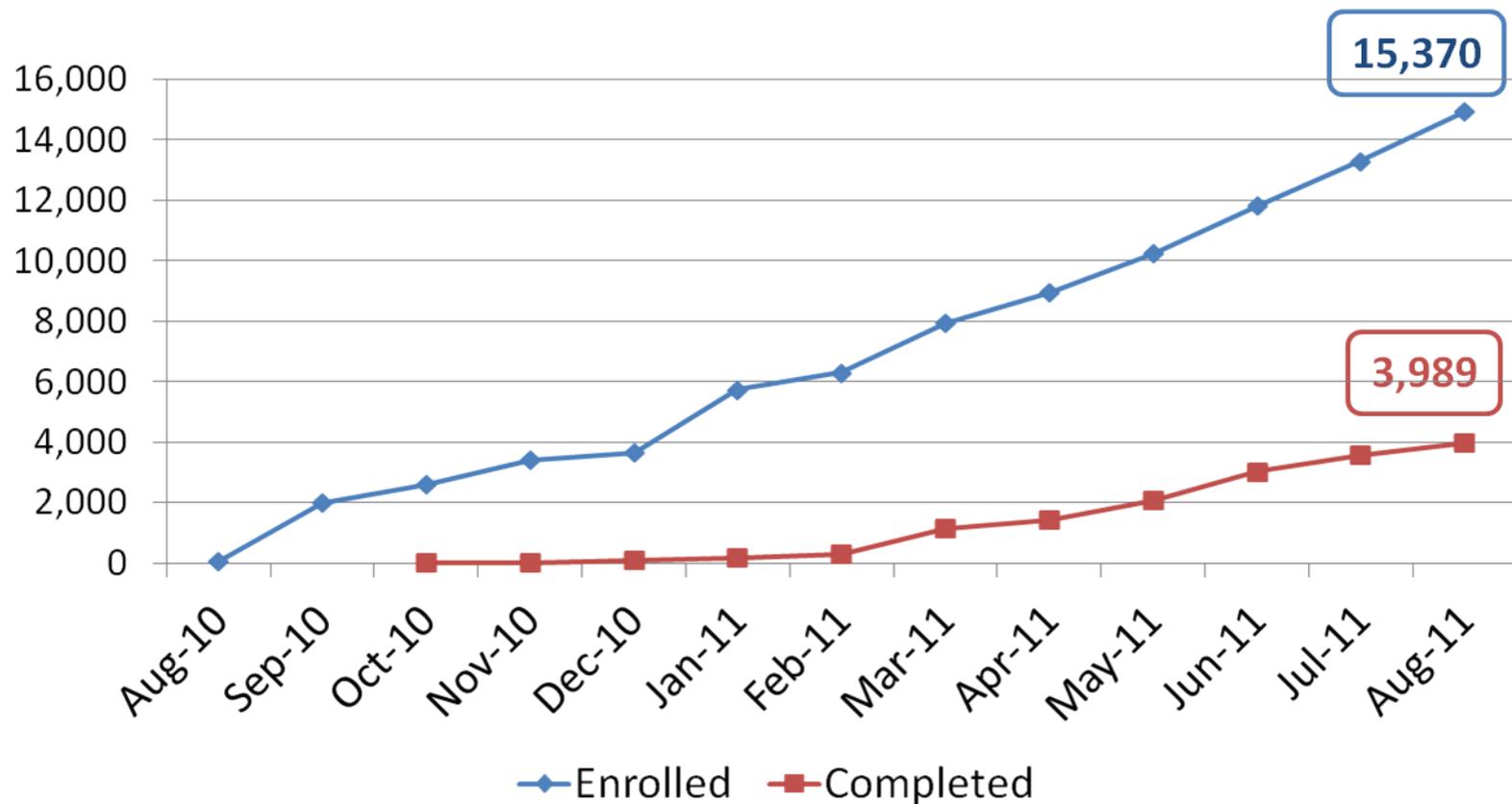
# Community College Consortia



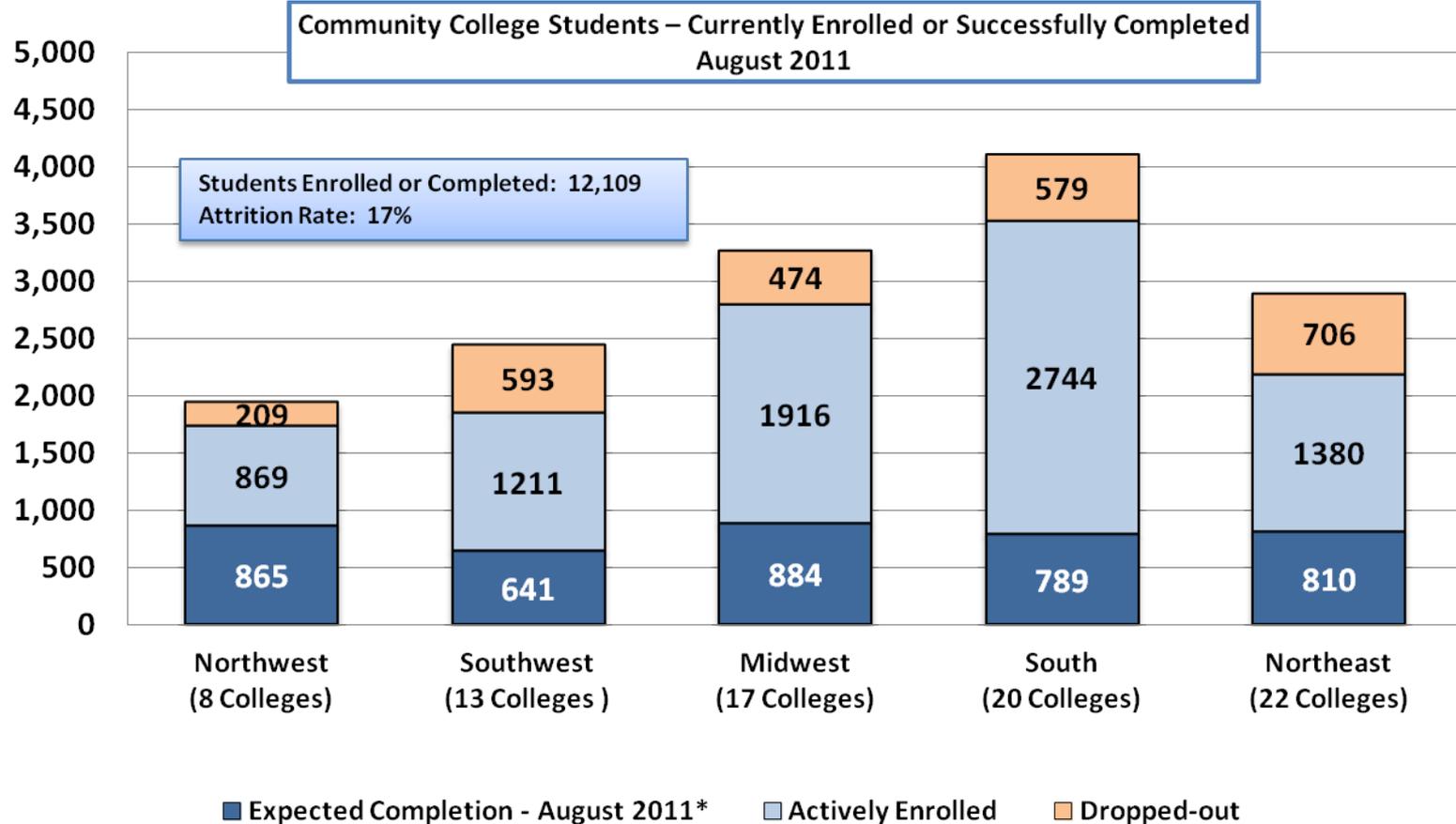
- 5 regions
- \$6 – \$ 21 M per region
- April 2010 award
- 2 Years
- 10,500 to be trained

- Targeted Health IT Professional Roles
  - Mobile workforce supporting adoption process
    - Practice workflow and information management redesign specialists
    - Clinician/practitioner consultants
    - Implementation support specialist
    - Implementation managers
  - Onsite support personnel (post-adoption)
    - Technical/software support staff
    - Trainers

- Students Enrolled and Students Completed
  - (Cumulative)



# Workforce Training Enrollment and Graduation



\* Enrollment to date includes unique students reported in August 2011 cycle

\* Expected completion based on reported training end date before 9/30/2011, or start date before 4/1/2010