

September 2011

HIT Education Track at 2011 IHA Annual Meeting

The IHA Annual Meeting will be held October 4-6 at the Des Moines Marriott Downtown. On October 6, the conference will feature an education program track on health information technology. Presentations will include:

- **The Nebraska Health Information Initiative (NeHII):** This project started as a collaborative effort in 2005 with Nebraska hospitals, physicians, pharmacists and payers. After initial planning phases and an Omaha pilot project, NeHII went live in July 2009 and continues to build on its early success. Session participants will learn what NeHII is doing today and how the ongoing implementation is impacting Nebraska providers and individuals.
- **People, Process and Technology - That's the Proper Order of Things!:** Meaningful achievement with information technology (IT) means people and processes come first, yet health care organizations often prioritize the technology, leaving employees, patients and their process components to be addressed after IT implementation. This session will lay out a practical approach for putting things in proper order, whether new technology has already been implemented or not. The presentation will also dive into what the appropriate levels of each of these elements look like in a community hospital setting.

Contact [Perry Meyer](#) at IHA with any questions about these presentations. To register for the IHA Annual Meeting, [click here](#).

Iowa Hospitals Receive Federal IT Development Grants

The Department of Health and Human Services (HHS) announced late last week that rural health networks across the nation will receive more than \$11.9 million to support their adoption of health information technology (IT) and certified electronic health records (EHR). In Iowa, Van Buren County hospital in Keosauqua and Wright Medical Center in Clarion each received grants of \$300,000.

The funding announced by HHS Secretary Kathleen Sebelius will also help participating eligible providers of these rural health networks to qualify for the Medicare and Medicaid EHR incentive payments, administered by the Centers for Medicare & Medicaid Services.

The pilot program was developed as a result of President Obama's Rural Health Initiative, which identifies IT as a priority area and the secretary's taskforce on rural IT development. Funding is distributed through HHS' Health Resources and Services Administration and comes from existing appropriations and authorization for the Rural Health Care Services Outreach and Rural Health Network Development Program.

EHR System Increases Integrated Care in North Iowa

(This article, provided by Jim FitzPatrick, CEO of Mercy Medical Center-North Iowa in Mason City, originally appeared on the IHA blog.)

As a rural health care delivery network in northern Iowa and southern Minnesota, Mercy Health Network-North Iowa spans 14 Iowa counties. The network consists of a secondary referral hospital (Mercy Medical Center-North Iowa in Mason City) and eight rural primary care hospitals in Iowa Falls, Hampton, Britt, Algona, New Hampton, Osage, Emmetsburg and Cresco. The network also includes Mercy Clinics (a primary care and specialty physician network), a home health agency, a hospice, a senior services agency, a regional referral laboratory, regional rehabilitation and diagnostic technology services, pharmacies, an emergency services network and a variety of other health care services.

Mercy Health Network-North Iowa set the stage for improved safety, quality and recruitment efforts in rural Iowa by implementing the electronic health record (EHR) system in 2008. This implementation transformed the way health care was being delivered in the rural setting, making care more efficient and safe by connecting multiple computer systems throughout this network of rural hospitals.

Patients seeking care at one of the network facilities have their medical information stored in one electronic system, so everything from allergies, vital statistics and illness history to treatment records and nurse's notes, is kept in one place and is readily accessible to doctors and nurses in the network. This takes the burden of transporting health information from physician-to-physician or facility-to-facility off the patient. The EHR system puts the patient's most current health information and the latest evidence-based care information at the clinicians' fingertips when they need it – at the time care is delivered.

Physicians at Mercy Medical Center-North Iowa use a laptop computer to access patient information while making rounds in the critical care unit. The EHR has helped these hospitals continue to improve patient care and safety, and leverage recruitment efforts as health care providers seek out employment with health care systems that are committed to investing in technology to improve patient outcomes. When quality of care is increased because medications are delivered sooner and test results are accessible sooner, patients can get better more quickly!

These are some of advantages we are seeing as EHR spreads:

- A safer environment for patients. Physician orders are not be subject to handwriting misinterpretation and communication between clinicians, especially at handoffs when defects occur most is improved with real-time information.
- Better quality of care because medication orders will be processed more quickly via the computer.
- A warning of adverse drug event alerts when there is a possibility of drug-to-drug, drug-to-allergy or drug-to-test results contraindication. This gives the physician the immediate

opportunity to change the order or override the alert while still at the computer with full knowledge of the patient's latest results, allergies, and vitals at the physician's fingertips.

- Better quality of care thanks to the clinical decision support tools. These knowledge-based tools link evidence to best practice guidelines. This allows the clinician to use all the relevant information including best practice guidelines, drug databases and practice evidence-based medicine at the point of care.
- Savings in health care. Cost will be contained because fewer duplicate tests will be ordered. Since results will go directly to the electronic chart, there is little chance the result will be separated from the chart.

Mercy Health Network-North Iowa has begun the process of implementing an EHR system in all of its outpatient clinics. This is one more step as toward a more fully integrated health care system – not only in northern Iowa, but throughout the state and the nation.

E-Health Business and Financial Sustainability Workgroup Formed

The Iowa Legislature, in [House File 649](#), required the formation of a workgroup to develop a business model and financial sustainability plan for implementing a statewide health information exchange (HIE). The legislation requires the workgroup to consider and make recommendations regarding:

- Fees to be paid by participants using the health information network,
- Strategies to avoid the use of general fund appropriations for sustainability of the health information network.
- Establishment of a dedicated electronic health finance fund.
- Transitioning of technical infrastructure, business operations and governance of the health information network to a nongovernmental entity.

The approved business model and financial sustainability plan must be submitted to the governor and the General Assembly by December 1. This requires the Iowa Board of Health to approve the plan at its November 2011 meeting and the e-health executive committee to approve the plan at its October meeting.

Workgroup members include:

Name	Representing
Louise Billmeyer	Federation of Iowa Insurers
Tom Signor	Federation of Iowa Insurers
Lee Carmen	University of Iowa Hospitals and Clinics
Scott Curtis	IHA

Amber Lenhardt	IHA/Iowa Health system
Don Nelson, M.D.	Iowa Medical Society
Dana Shafer, D.O.	Iowa Osteopathic Medical Association
Jody Holmes	Iowa Medicaid Enterprise
James Thomson	Business Entrepreneur
Gerd Clabaugh	Iowa Department of Public Health

The workgroup met for the first time on August 30 and has scheduled a conference call for September 13, followed by a face-to-face meeting on September 16 in conjunction with the e-health executive committee meeting.

Monograph Examines Board's Role in IT Planning

A new monograph from the American Hospital Association's Center for Healthcare Governance examines the hospital board's role in ensuring information technology (IT) supports a health care organization's overall strategic aims. Author Pam Arlotto, CEO of Maestro Strategies, provides a guide to help health care boards and executives align strategies, processes, IT and people to build new organizational capacity for clinical transformation.

The author provides a snapshot of where the health care field stands in implementing "meaningful use" of information technology; eight strategies to help boards develop a clear plan and evaluate progress toward meaningful use; and questions to help board members assess their organization's progress.

To order the monograph, visit www.americangovernance.com.

In Visit to Iowa, Obama Announces Rural Health Initiatives

The U.S. Department of Health and Human Services (HHS) and the Department of Agriculture will sign an agreement to link rural hospitals and clinicians to existing capital loan programs to purchase health information technology. In addition, HHS will issue guidance to expand eligibility for the National Health Service Corps loan repayment program so that Critical Access Hospitals (CAHs) can use the loans to recruit physicians, President Barack Obama announced in Iowa at the Rural Economic Forum he hosted last month in Peosta. The actions were announced as part of an initiative to grow the economy and create jobs in rural America, based on recommendations from the White House Rural Council.



President Barack Obama speaks during the Rural Economic Forum in Peosta.

With regard to access to technology and health care workers, the initiative is aiming to:

- **Expand health information technology (IT):** The Department of Agriculture and HHS will sign an agreement linking rural hospitals and clinicians to existing capital loan programs that

enable them to purchase software and hardware needed to implement health IT. Under current conditions, rural health care providers face challenges in harnessing the benefits of IT because of limited access to capital and workforce challenges. Rural hospitals tend to have lower financial operating margins and limited capital to make the investments needed to purchase hardware, software and other equipment.

- **Increase physician recruitment at CAHs:** Expansion of the National Health Service Corps loan repayment program will help more than 1,300 CAHs across the country, including 82 in Iowa, recruit needed staff. The addition of one primary care physician in a rural community generates approximately \$1.5 million in annual revenue and creates 23 jobs annually. The average CAH creates 107 jobs and generates \$4.8 million in payroll annually.

“Creating jobs and economic opportunity in rural America is a priority for the Obama Administration, and the White House Rural Council has used an ‘all hands on deck’ approach to leverage resources across the federal government to achieve that goal,” said Agriculture Secretary Tom Vilsack. “By bringing new capital, job training, and additional investments to our rural communities, we are working to ensure the people who live in these towns have a better, brighter future.”

Electronic Health Records Help Joplin Providers Get Back on Track

On May 22, a devastating tornado struck Joplin, Missouri, killing 134 and devastating a community of some 50,000 people. As one of a series of storms, it made 2011 the deadliest year for tornadoes in the United States in more than half a century. As in all disasters, there were important lessons – not least, that nature will continue to inflict catastrophes unpredictably and in many forms. We learned once more about heroism, community spirit, and resilience in America. And we learned again about the importance of disaster preparedness.

In terms of health care, another lesson was repeated. The Joplin tornado proved once again the resilience and security afforded by hospitals and providers transitioning from paper to electronic health records (EHRs).

One of Joplin’s hospitals, St. John’s Regional Medical Center, was heavily damaged. Five patients and a visitor died in the storm. Paper records and x-rays were lost. Yet just six days after the tornado, the hospital staff was at work again in a new temporary mobile medical unit, delivering care with full access to their electronic patient records.

As it happened, three weeks before the storm, St. John’s had completed its transfer to the EHR system maintained by its parent company, the 26-hospital Sisters of Mercy Health System of St. Louis. The EHR system significantly aided St. John’s in tracking patient medical histories and delivering care based on the full patient records even from their temporary facility.

The aftermath of the storm highlighted a major difference between paper records and EHRs. The paper records still in the hospital on May 22 were literally blown to the winds. Some records had been found as far as 75 miles away.

Dottie Bringle, R.N., COO and CNO at St. John's, said that the EHR system was crucial in tracking patients and providing medical information readily after the storm. "Having an EHR allowed us to be able to know exactly who all the patients were in our hospital so we were able to locate each and every one fairly quickly after the EF5 tornado hit," Bringle said. "If we only had paper (records), it would have been very difficult to manage our patients."

Less than a mile away, the Family Health Center of Joplin tells a similar story. It was severely damaged by the storm, but was fortunate enough to have an EHR system, which the center had been using for the last seven years. After the storm, the practice's information technology partner had the system up and running within 72 hours, enabling the center to care for patients from a new temporary location.

Record Numbers Attend the 2011 e-Health Summit

About 300 health care professionals – a record number – gathered at the 7th Annual Iowa e-Health Summit in Altoona last month. The purpose of the Summit was to highlight the clinical value, current status and statewide vision for e-health initiatives to improve health care for Iowans. As the federally designated Health Information Technology Regional Extension Center for Iowa, Telligen (formerly the Iowa Foundation for Medical Care) hosted the conference, which for the first time included two days' of programming.

The first day of the conference focused on electronic health record (HER) adoption and was led by Telligen staff, while the second day targeted Iowa's health information exchange (HIE) and was led by the Iowa Department of Public Health (DPH) and Iowa Medicaid Enterprise (IME).

Keynote speakers included Dr. Peter Basch, medical director of ambulatory EHR and health information technology (IT) policy for MedStar Health; Dr. David Hunt, medical director and office provider adoption support at the federal office of the national coordinator; and Laura Adams, CEO of the Rhode Island Quality Institute. They spoke on the value of optimizing EHR, the HIE's role in the changing landscape of health care and why the time is now for "meaningful use" of IT and EHRs.

A new and well-received segment for the summit was the patient perspective at the close of each day. The sessions included consumers and patients discussing real-life stories about their medical journeys and the impact of EHRs. Based on early feedback, this segment will likely become a standing feature at future e-health summits.

Links:

1. [Health IT Connection PDF](#)
 2. [IHA Health Care IT Resources](#)
-