# eHEALTH INITIATIVE

### Real Solutions. Better Health.

eHealth Initiative
Capitol Hill Briefing

Issues and Opportunities Toward Interoperable EHRs for Rural and Underserved Healthcare Organizations

Thursday, June 20          2013

# Overview of Briefing

On Thursday, June 20th, eHealth Initiative (eHI) collaborated with the HIMSS Foundation's Institute for e-Health Policy to host a lunch briefing entitled: "**Issues and Opportunities Toward Interoperable EHRs for Rural and Underserved Healthcare Organizations.**" Allison Viola, MBA, RHIA, eHI's Vice President, Policy and Government Affairs, and Neal I. Neuberger, CISSP, Executive Director of the Institute for e-Health Policy, welcomed the approximately 80 attendees, including Hill staffers, policy fellows and eHI members. Mr. Neuberger emphasized the need to drill down on interoperability, and listed some challenges for rural and disadvantaged communities, including isolation of barriers, low patient volumes, health information technology (IT) worker shortages, and the lack of business cases for connectivity and linkages to other institutions. Ms. Viola reiterated that interoperability is a challenge but it can be accomplished, and commented that issues surrounding health IT are not just technological but there should also be a focus on data and semantic interoperability, business processes and more. Ms. Viola also noted that lunch briefings help provide opportunities to learn about different perspectives and ongoing activities surrounding issues such as interoperability. The goal of the briefing was to provide an overview and opportunity for discussion on health disparities and the use of health IT in rural and underserved communities. The summary below captures remarks from the panel and questions posed to panelists by attendees.


Marcia Cheadle


Angie Franks


Fegyele Jacobs

## Panelists

**Angie Franks**
President and CEO, Healthland, Inc.

**Marcia Cheadle, RN**
Director, Advanced Clinical Applications, Inland Northwest Health Services

**Yael Harris, PhD, MHS**
Director, Division of Quality, U.S. Department of Health and Human Services

## Moderator

**Feygele Jacobs**
EVP and COO, RCHN Community Health Foundation

# Discussions

**Feygele Jacobs**, EVP and COO, RCHN Community Health Foundation, moderated the panel of experts from a number of disciplines in areas with rural and underserved healthcare organizations. Ms. Jacobs gave the opening remarks, speaking to the new challenges of interoperability of electronic health records (EHR) within rural and underserved communities.

**Angie Franks**, President and CEO, Healthland, Inc., provided a background on Healthland, Inc., a company that supplies full electronic medical record (EMR) and billing solutions across the entire continuum of care (inpatient, outpatient, emergency department and post-acute care) for over 1,200 unique entities. She described independent rural hospitals as being very integrated, personal, local, and cost-effective. She acknowledged both external challenges (regulatory and reform, funding shifts, poorer health demographics) and internal realities (overwhelming pace of change, unknown financial impact, physician shortages, limited to no IT departments) facing rural hospitals today, and identified two necessary changes to help address these challenges**:**

> Rural hospitals "are the largest or second largest employer in town" and thus serve as the economic engine for rural communities.

- Extend the attestation timeline for Meaningful Use Stage 2
- Focus on standards development for interoperability

**Marcia Cheadle, RN**, Director, Advanced Clinical Applications, Inland Northwest Health Services (INHS), identified the disparities of health IT within the "rural ecosystem." She then discussed how rural hospitals can become interoperable through the use of health IT, as highlighted in her case study about a rural hospital in Eastern Washington that used a shared service model to increase data sharing. She shared other INHS Health Information Exchange (HIE) successes, such as the MEDITECH Regional EMR which has 2.5 million patient records and includes the integration of reference lab data, radiology image data, disparate emergency services data and EMRs, longitudinal inpatient EMRs, and uses telepharmacy and telehealth. Ms. Cheadle also spoke about HIE as a community and emphasized how important it is to release all data to clinicians so clinicians can provide safe and high quality health care.

**Yael Harris, PhD, MHS**, Director, Division of Quality, U.S. Department of Health and Human Services, began her discussion by addressing the barriers in health IT for rural hospitals and clinics. The two biggest barriers for achieving interoperability in rural communities are deciding who to be interoperable with and the inability to optimize technology use , citing a lack of resources and health IT training, a shortage of providers, unknown expenses, isolation from larger cities, and limited broadband access. Furthermore, Dr. Harris emphasized on the importance of telehealth capabilities in providing access to health care in both rural and urban health centers.

The audience raised questions and concerns regarding the extension of Meaningful Use Stage 2, to which Angie Franks responded saying there needs to be more time on the backend for smaller, rural hospitals to achieve these goals since the attestation incentives are essential for health IT progress for these hospitals. Questions on data transmission to promote a continuum of care within a state, as well as across state borders, were also raised. The panelists noted that licensing and accreditation standards are determined on a state-to-state basis, and that this greatly hinders transmission and integration of important health data.



# KEY TAKEAWAYS

Improving the infrastructure, expanding broadband access and utilizing telehealth are all essential to the success of health IT for underserved communities in both rural and urban areas.

For rural and underserved communities, interoperability and the inability to optimize technology use serve as the biggest barriers for health IT.

While rural and underserved community hospitals should be held to the same Meaningful Use standards, their implementation and approaches on health IT should be different.

There is an increased need to reach consensus on standards for interoperability to reduce costs and the complexity of exchanging information.

A clearer vision on the goals of interoperability needs to be communicated to all stakeholders.