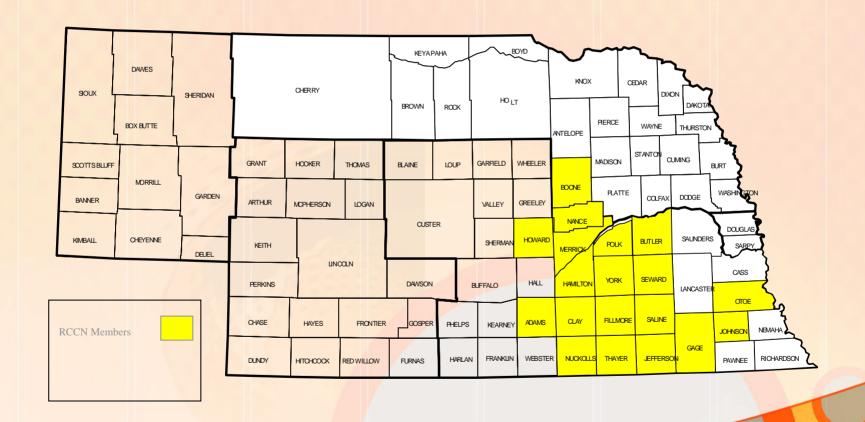# *Rural Comprehensive Care Network*

- *Was Created in 1997 by the Collaboration of*
  - *The Blue River Valley Healthcare Network (BRVN)*
    - *Made up of 19 rural hospitals*
  - *The South East Rural Physicians Alliance (SERPA)*
    - *Made up of 67 rural providers*
- *As a Quality Initiative Program*

The Rural Comprehensive Care Network of Nebraska

RCCN Members

June, 2007

Electronic Health Record or Health Information Technology Grant

May 1, 2006-April 30, 2009

EHR Grant Basics

- *The purpose of the grant is to implement electronic health records into our rural facilities*

- *The target population of this grant will be rural physician clinics, rural hospitals, and rural pharmacies.*

- *The ultimate goal is to decrease medical errors and improve patient safety.*

- *The partners in this grant are BRVN, SERPA and CIMRO of NE.*

- *Contracted with UNMC to do a Return on Investment*

Benefits

- *Better access to data –*

- *Better charting -*

- *Better care management –*

- *Better prescribing –*

- *Greater efficiency -*

Goals of the Grant

- *Develop partnerships to collaborate on adoption of electronic health records.*

- *Collaborate in the adoption of the EHR by local health care providers*

- *Conduct pilot projects in 25% of the communities by providing a portion of funding for EHR.*

- *Build a regional data repository*

Opportunity 1

- *All network members would purchase from the same vendor*

- *Creating a centralized datacenter – Master patient index*

- *Would have RCCN technical staff available to help hospital and clinic staff*

- *Leverage funds from more than one health care system to purchase Electronic health record*

Opportunity 1

- *PROS*
  - *Easier to interface systems*
  - *Easier to integrate systems*
  - *Assist each other in the learning curve across the network between facilities*
  - *Standardized training between facilities*

- *CONS*
  - *Take forever to choose vendor*
  - *Agreement between facilities on their needs*
  - *Facilities would not have as much control*
  - *May require some facilities to change the system they currently are on to another system.*

Opportunity 1

- *Chances of this happening:*
  - *This will not happen!*

Opportunity 2

- *There would be 3-4 vendors selected for the clinic and 3-4 vendors selected for the hospital.*

- *RCCN: would/could/should provide support for the vendors selected*

- *Some financial savings could be realized if several clinics and hospitals chose the same vendor. Leverage the dollar*

- *Possible shared master patient index*

Opportunity 2

- *PROS*
  - *Possible shared master patient index – depends upon the vendors selected*
  - *More individual control of the system*
  - *Could implement quicker*
  - *RCCN staff would be available as a resource*

- *CONS*
  - *Will cost more in having a variety of vendors selected*
  - *Will require more interfaces to be written fo*
  - *r the data to pass back and forth*
  - *Will require Staff to be more knowledgeable about different systems so knowledge might be limited*

Opportunity 2

- *Chances of this happening:*
  - *This has a good chance of happening.*

Opportunity 3

- *RCCN will help provide resources for hospitals and clinics to make good decisions about the appropriate vendor for them.*

- *RCCN will look at ways to leverage funds if there is knowledge about other network members purchasing the same system.*

- *No master patient index*

Opportunity 3

- *PROS*
  - *The hospital and clinic will be in complete control*
  - *The system may meet the immediate needs of the facility*
  - *If the assessment is done and needs are met it moves them closer to the EHR*

- *CONS*
  - *Systems will only talk to each other if the interface is paid for at great cost*
  - *Will be more difficult to realize an EHR*
  - *Standardization will not be able to be measured across the network*

Opportunity 3

- *Chances of this happening*
  - *This is currently going on. We are striving to integrate lessons learned to other facilities and expand this to opportunity 2.*

Expectations

- *That RCCN will use opportunity 2 or 3 by the end of the grant.*

- *There will be 12 subgrants that will be promoting the integration of the hospital and clinic record.*

- *The network of RCCN will be stronger by working with CIMRO of NE and UNMC.*

Lessons Learned so far...

- *EMR, EHR and HIT are different things*
  - *EMR is a medical record in a facility of one person.*
  - *EHR is a specific concept relating to systems with the ability to capture data from multiple sources for clinical decision making at the point of care. (Health IT Certification)*
  - *HIT is information systems supporting the management of health information for many purposes. (Health IT Certification)*
- *There is so much to know – we don't even know the right questions to ask.*
  - *Education, we need computer classes 101 for staff before we expect them to use them.*

Lessons learned so far...

- *If they say they are HL7 they should be compatible with other HL7 compliant systems BUT it will probably be expensive.*
  - *HL7 - Health level seven, standards development*
- *EHR or EMR implementation will only get done if there is a leader that has* time, money and support from the management.
- *If there is a physician champion it should be expected that their "production" will go down and they will still need to be compensated for the time they spend on EHR or EMR.*

Lessons learned so far…

- *Not all hospitals, clinics and pharmacies will choose the same or compatible vendors.*
  - *It has to be a choice made through communication with each other about vendor selection and how to get the data to integrate/interface -- seamless.*
- *Vendors can and are often chosen before the facility is ready.*
- *Assessments are necessary to assist in vendor selection if you want a successful implementation.*

Lessons learned so far…

- *EMR or EHR are like cars.*
  - *They will need to be replaced.*
  - *They are only a means to get you somewhere that you want to go.*
  - *They take maintenance and updates*
  - *It takes the appropriate mechanic to fix them if they break.*
  - *It is not if they break it is when they break.*
  - *It takes time, money and education to run them.*

Any Questions?