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Arizona's Regional Extension Center: An Opportunity to Make Healthcare Higher in Quality and Lower in Costs through Adoption of Electronic Health Records

“Congress, the executive branch, leaders of health care organizations, public and private purchasers...should make a renewed national commitment to building an information infrastructure to support health care delivery, consumer health, quality measurement and improvement, public accountability, clinical and health services research, and clinical education. This commitment should lead to the elimination of most handwritten clinical data by the end of the decade.”

– Crossing the Quality Chasm
(Institute of Medicine, 2001)

Background

The above recommendation was made at the start of this century. As we near the end of its first decade, federal funds allocated in 2009 through the Health

Information Technology for Economic and Clinical Health (HITECH) Act, a component of the American Recovery and Reinvestment Act of 2009 (ARRA), have created an unprecedented investment in and opportunity for such a sweeping recommendation to come to fruition. Through ARRA, it is estimated that health information technology (HIT) investments made by the federal government may reach \$40 billion over the next eight to 10 years.

The HITECH Act sets forth a broad agenda—the development of a federal policy with corresponding funding to advance all aspects of a nationwide HIT infrastructure, including the electronic use and exchange of health information. The final goal of the legislation is to establish an electronic health record (EHR) for every

American by 2014.¹

Significant responsibility for the HITECH Act rests with the U.S. Department of Health and Human Services, Office of the National Coordinator for Health Information Technology (ONC), who serves as a distribution agency for a portion of the HIT funds. Among ONC's roles are the coordination, imple-

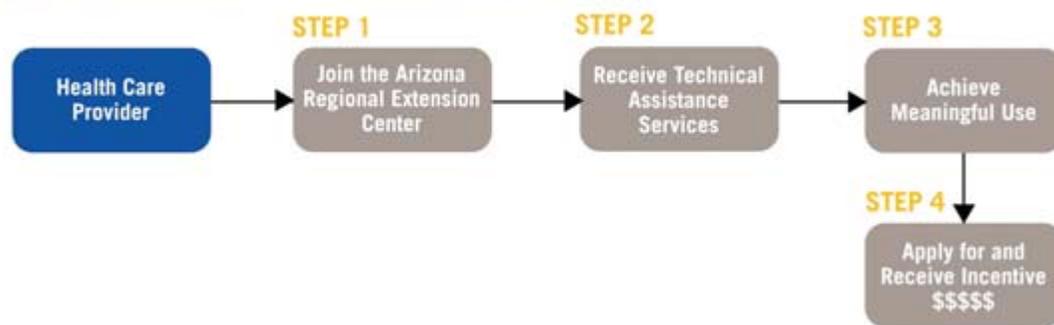
systems. Meaningful Use of EHR systems by qualified Medicare and Medicaid healthcare providers will allow such providers to receive up to \$44,000 or \$63,750, respectively, from the Centers for Medicare & Medicaid Services (CMS) between 2011 and 2016. Within Arizona, Arizona Health-e Connection (AzHeC) applied to be the

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mentation and distribution of \$634 million in funds to establish HIT Regional Extension Centers nationwide to assist healthcare providers with adoption and Meaningful Use of EHR

statewide Regional Extension Center for Arizona. In April AzHeC was awarded \$10,791,644 over two years to develop a sustainable Regional Extension Center

Regional Extension Center Provider Assistance Process



to serve Arizona's healthcare providers.

Building on its tradition of collaboration, the Arizona Regional Extension Center will leverage the expertise of several key organizations. These organizations collectively provide significant experience in EHR systems implementation and HIT education and workforce development. Partners include Arizona State University's Department of Biomedical Informatics, Health Services Advisory Group and the Purchasing & Assistance Collaborative for Electronic Health Records. Additionally, the Arizona Hospital and Healthcare Association, Arizona Medical Association, Arizona Osteopathic Medical Association and University of Arizona will assist with education and outreach to the healthcare community.

A Catalyst for Change – What the Arizona Regional Extension Center Will Do for Healthcare in Arizona

Wide-scale EHR adoption has been a goal in Arizona

since 2005 when a gubernatorial executive order was issued to develop a "Roadmap" for establishing the state's health information infrastructure (HII) and the adoption of HIT, including healthcare provider use of EHRs. This effort brought together a wide range of stakeholders from across the state and led to the establishment of AzHeC in January 2007.

The Regional Extension Center award provides an unprecedented opportunity to make major progress toward the vision and recommendation set forth by the IOM through a critical aspect of HIT – EHRs. Arizona has been at the forefront of HIT leadership. Yet, while much work has already been done to advance HIT in the state, much work is still needed.

Current State of EHRs in Arizona

Currently, the majority of Arizona provider practices do not utilize EHR systems. At the national level, among practices with less than eight

clinicians (which comprise approximately 98 percent of Arizona practices) only six percent have a fully functioning EHR system.² Additionally, Arizona State University's Center for Health Information and Research (CHiR) reports that from a survey conducted at the time of license renewals, among Arizona allopathic and osteopathic physicians, more than 75 percent utilized paper-based medical records.³

There is also general consumer support for EHRs. Within Arizona, findings from consumer focus groups conducted statewide indicate support for HIT. Data revealed that over 60 percent of respondents felt it was very important that their doctors have access to all their medical records, including primary care and specialist reports, test results and medications. Nearly half of respondents felt it was very important that all healthcare providers use EHR systems instead of paper records. Finally, with

What is Meaningful Use?

Under ARRA, Medicare and Medicaid incentive payments will be available to eligible healthcare providers, such as physicians and hospitals. In order to receive incentive payments, providers must demonstrate Meaningful Use of a certified EHR system. At the time this publication was submitted, the Centers for Medicare & Medicaid Services (CMS), along with ONC, had released proposed rules for Meaningful Use and an initial set of standards, which were officially posted in the Federal Register on January 13, 2010. Public comments were due March 15, 2010, and a final rule on Meaningful Use is expected late spring or early summer. Additionally, ONC released a proposed rule on the establishment of two certification programs for testing and certifying health information technology (HIT) systems. This rule was officially posted in the Federal Register on March 10, 2010. Public comments on the proposals for the temporary certification program were due April 9, 2010. Comments on the proposals for the permanent certification program were due May 10, 2010.

Continued on page 14

Table 1

Regional Extension Center Services	
General Assistance	Technical Assistance
<ul style="list-style-type: none"> • Outreach and education • Workforce support • Tools and resources in all aspects of electronic health record (EHR) and health information technology adoption (HIT) 	<ul style="list-style-type: none"> • Vendor selection and referred pricing • Project management • Practice and workflow redesign • System implementation • Interoperability and health information exchange (HIE) • Privacy and security

Extension Center

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regard to EHR systems, a majority of respondents viewed coordination of care among providers as a problem (37.5 percent indicated major problem and 36.2 percent indicated minor problem).⁴

Arizona Regional Extension Center Goals & Services

With funding and structure for EHR adoption in place, the time to move forward with EHRs statewide is now. The Arizona Regional Extension Center has an ambitious, yet achievable goal—to assist 2,010 Arizona priority primary care providers in adoption and achievement of EHR Meaningful Use by April 2012 as well as serve an additional 2,000 providers the following two years. Such a reach would equate to nearly 60% of Arizona primary care providers achieving EHR Meaningful Use by 2014! AzHeC anticipates the Regional Extension Center to be providing services to

Arizona healthcare providers by late summer 2010.

How will the Arizona Regional Extension Center achieve this goal? First

fully identify and provide solutions to the challenges Arizona healthcare providers face in adopting EHR systems, including insufficient financial and time commit-

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and foremost, it will serve as neutral, trusted source for accurate and credible information. Second, the organization will strive to

ments, inadequate planning capacity, concerns around workflow restructuring and aging or nonexistent telecom infrastructure. Finally,

the Arizona Regional Extension Center will provide critical technical assistance services as outlined in Table 1.

Eligibility for Regional Extension Center Services

Any Arizona healthcare provider is eligible for Arizona Regional Extension Center services, which will be provided at reasonable, needs-based fees. However, only providers that meet federal “priority primary care provider” qualification standards will be eligible to receive discounted services due to the federal subsidies provided to the program.

Among Arizona’s estimated 6,700 primary care providers, AzHeC estimates 95 percent match the federal “priority primary care provider” criteria. Eligibility criteria are outlined in Tables 2 and 3 below.

Table 2

Federal Criteria – Who are <i>Primary Care</i> Providers?
<p>According to federal guidelines for Regional Extension Centers, primary care providers include:</p> <ul style="list-style-type: none"> • Physicians or other healthcare providers such as physician assistants and nurse practitioners with prescriptive privileges • Primary care includes family medicine, general medicine, ob/gyn and pediatrics

Table 3

Federal Criteria – Who are <i>Priority Primary Care</i> Providers?
<p>According to federal guidelines for Regional Extension Centers, priority primary care providers include:</p> <ul style="list-style-type: none"> • Individual and small group practices (10 or fewer professionals with prescriptive privileges) primarily focused on primary care • Public and critical access hospitals • Community health centers and rural health clinics • Other settings that predominately serve uninsured, underinsured and medically underserved populations

Next Steps – A Real and Rare Opportunity to Move Healthcare Forward

With funding in place to create an Arizona Regional Extension Center, the potential to truly impact change within the state and national healthcare system is enormous. While wide-scale EHR adoption is not the panacea for transforming the healthcare system, it is one of the critical pieces toward recognizing the benefits of HIT:

- Improved patient safety
- Stabilization or reductions in costs
- Greater overall transparency

- Reductions of duplicate tests and other inefficiencies
- Higher quality healthcare and public health

Progress toward HIT has been slow to date, yet the recent passage of the HITECH Act has fast-tracked EHRs by emphasizing unprecedented structure and funding for its adoption—such an opportunity requires action!

To learn more about the Arizona Regional Extension Center program:
 Visit www.azhec.org
 Email ehr@azhec.org
 Call 602.288.5130 

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