

This is a monthly newsletter that is provided to all members of the New Hampshire, Vermont, and Rhode Island Health Information Management Associations and is accessible at the state's respective internet sites. Our purpose is to educate the members on the Meaningful Use initiative as it relates to the Electronic Health Record (EHR) and federal funding that has been provided to support the implementation and/or upgrading of all EHRs to Meaningful Use.

The American Recovery and Reinvestment Act (ARRA) regulations became law in February of 2009. An important component of it is the Health Information Technology for Economic and Clinical Health (HITECH) Act. This provides the financial incentives for providers and hospitals to install EHRs and demonstrate Meaningful Use as early as this year. This funding is for both Medicare and Medicaid, although whether Medicaid is involved is determined by each state.

The structure for this involves 62 Regional Extension Centers (REC) throughout the country, each using its own model to administer the program. The REC's purpose is to help clinical providers transition into a practice that meaningfully uses electronic health records. The REC is supported through stimulus funding made available through the Office of the National Coordinator for Health Information Technology (ONC).

The goal of the funding is to support 100,000 clinical providers nationwide by year 2014. NH has identified the following: Priority Primary Care Providers (PPCP) including MD, DO, NP, PA or certified nurse midwife who provide at least 30% primary care services in practices with 10 providers or less. In addition to providers, certain hospitals and clinics are also eligible for funding: Public Hospitals; Critical Access Hospitals, Community Health Centers; Rural Health Clinics; and other settings that predominantly serve uninsured, underinsured and medically underserved populations.

The REC oversees three components in this process: The provider, EHR vendor, and practice consultants. There is no enrollment fee for providers to belong to the REC. In return, the provider contracts with the REC to become the project manager, thus removing this burden from the provider. The REC works with primary providers to provide the following:

- Consulting and Planning
- Education and training
- Vendor selection and group purchasing
- Practice and workflow redesign, including:
  - Sharing of best practices from the National Learning Consortium
  - Sharing of privacy and security best practices
  - Functional interoperability with health information exchange
  - Progress towards Meaningful Use (*more to come in future newsletters*)
- Local workforce support
- Implementation and project management
- Infrastructure and Security
- Post-implementation support
- Optimization

New Hampshire was one of the last states to have a Regional Extension Center. In September 2010 David Blumenthal announced the selection of the NH REC. The Massachusetts eHealth Collaborative (MAeHC) was then granted the authority and funding to be the REC for NH, and Jeff Loughlin was appointed as the Executive Director.

As part of the NH strategy, the REC is partnering with many of the larger hospitals and medical organizations to provide services through sub-recipients by leveraging the vast amount of knowledge and expertise currently in the state. In addition, they are also collaborating extensively with the state Medicaid programs, the NH Hospital Association, and the NH Medical Society to ensure a consistent and supported message is used in all education and outreach opportunities.

Most recently, the REC applied for round 2 of CAH supplemental funding which should provide additional \$18,000 per hospital to assist the CAHs and their providers in reaching Meaningful Use.

Future newsletters will provide individual state-specific activity with their REC and more on Meaningful Use.

### TERMINOLOGY AND ACRONYMS

American Recovery and Reinvestment Act (ARRA)

Critical Access Hospitals (CAH)

Disproportionate Share Hospital (DSH)

Electronic Health Record (EHR)

Federally Qualified Community Health Centers (FQCHC)

Health Information Technology for Economic and Clinical Health (HITECH) Act

Implementation and Optimization Organization (IOO)

Massachusetts eHealth Collaborative (MAeHC)

Office of the National Coordinator for Health Information Technology (ONC)

Priority Primary Care Provider (PPCP)

Regional Extension Center (REC)

<u>STATE</u>	<u>REGIONAL EXTENSION CENTER</u>	<u>IMPLEMENTATION AND OPTIMIZATION ORGANIZATIONS (PRACTICE CONSULTANTS)</u>	<u>ELECTRONIC HEALTH RECORD VENDORS</u>	<u>FUNDING AWARDED TO REC</u>
NEW HAMPSHIRE	Massachusetts eHealth Collaborative	Massachusetts eHealth Collaborative	None Specifically	\$5.1m
RHODE ISLAND	Rhode Island Quality Institute	<ul style="list-style-type: none"> <li>▪ Acadia Solutions</li> <li>▪ Blackstone Valley Community Health Care, Inc. (<i>NextGen partner</i>)</li> <li>▪ Coastal Medical, Inc. (<i>eClinicalWorks partner</i>)</li> <li>▪ CompUtopia</li> <li>▪ Concordant, Inc.</li> <li>▪ Electronic Health Record of RI (EHRI) (<i>eclinical Works partner</i>)</li> <li>▪ Lifespan/Physician PSDO</li> <li>▪ Massachusetts eHealth Collaborative</li> <li>▪ NetCenergy</li> <li>▪ Polaris Medical Equipment</li> <li>▪ Quality Partners of Rhode Island</li> <li>▪ The Ficus Group</li> </ul>	<ul style="list-style-type: none"> <li>▪ Allscripts</li> <li>▪ athenahealth</li> <li>▪ Blackstone Valley Community Health Care, Inc.</li> <li>▪ eClinicalWorks</li> <li>▪ Ingenix</li> <li>▪ Polaris Medical Management</li> <li>▪ SuccessEHS</li> </ul>	\$6.0m
VERMONT	Vermont Information Technology Leaders	Vermont Information Technology Leaders	<ul style="list-style-type: none"> <li>▪ Allscripts</li> <li>▪ athenahealth</li> <li>▪ Fletcher Allen Health Care/PRISM</li> <li>▪ Greenway (PrimeSuite)</li> </ul>	\$6.8m

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