

## Regional Extension Centers: Defining Roles for SORHs

**Amy Brock Martin, Dr.P.H.**  
Deputy Director & Research Assistant Professor  
SC Rural Health Research Center  
Department of Health Services Policy & Management  
Arnold School of Public Health  
University of South Carolina

**Graham Adams, Ph.D.**  
Chief Executive Officer  
South Carolina Office of Rural Health



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Rural Health Research Center

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## Geneology of the Regional Extension Center Program

- H.R. 1 American Recovery & Reinvestment Act (2009)
  - ◆ Title IV – Health Information Technology Economic and Clinical Health Act
    - Health Information Technology Extension Program
      - Health Information Technology Regional Extension Centers Program



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## Anatomy of RECs

- Administratively managed by the Office of the National Coordinator for Health Information Technology (affectionately referred to as the 'ONC.')
- Goal is to provide outreach & support to at 100K "priority primary care providers" over 2 years.
- Priority populations include CAHs, FQHCs, RHCs, and other small rural hospitals and primary care practices.
- \$677M in anticipated grant awards for REC activities.



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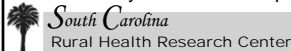
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**Need for Assistance in South Carolina:  
Findings from a Statewide Environmental Scan**

- We conducted a cross sectional survey of hospitals and primary care practices to ascertain their:
  - ◆ Knowledge of federal initiatives, incentives, penalties...
  - ◆ Current EMR/EHR adoption & functionality
  - ◆ HIE readiness
  - ◆ Plans for adoption – financial, staffing, training...
  - ◆ Anticipated costs & related expectations
  - ◆ Collection of quality indicators
- Analysis was conducted December 2009 before anybody really knew anything! Great baseline opportunity. Will reassess in April 2011.
- Funded by SCDHHS as a part of HITECH Grant




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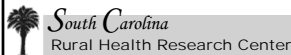
**Need for Assistance in South Carolina:  
Findings from a Statewide Environmental Scan**

**Hospitals**

- Response rate, 40.4% (n=42)
- Acute care hospitals (92.7%)
- 3 of the state's 5 CAH responded.

**Practices**

- Actual response rate, 25.2%, (n=377) with estimated response rate, 35% to 38%
- Single-specialty (25.0%)
- Multi-specialty (23.68%).
  - ◆ Rural Health Clinics (14.3% of all responses)
  - ◆ Federal Qualified Health Centers (4.8% of all responses).




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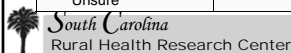
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**Need for Assistance in South Carolina: Select Findings from a Statewide Environmental Scan (weighted analysis)**

	PPC	HOSPITAL
<b>INTERNET CONNECTIVITY</b>		
T-1 line	30.6%	30.0%
DSL	18.2%	-
Fiber Optic	20.5%	52.5%
<b>PATIENT INFORMATION STORAGE</b>		
EMR	49.5%	57.1%
Paper	14.6%	21.4%
<b>INCENTIVES CONSIDERED</b>		
Medicaid	5.2%	2.4%
Medicare	49.7%	46.3%
Neither	26.6%	26.8%
Unsure	18.7%	24.4%




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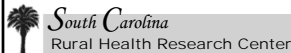
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### SCORH: Portfolio of REC Services

- Contracted to assist up to 215 RHC physicians with adopting certified EHR within 2 years
- In-practice TA with selection of a certified EHR product, vendor contract review, workflow redesign, etc.
- Assist practice with e-prescribing and running quality reports to meet 2<sup>nd</sup> milestone
- Advice in qualifying for EHR Incentive Payments
- Advice in achieving meaningful use and connecting to statewide Health Information Exchange (HIE) and National Health Information Network (NHIN)



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### Current Status of Activities

- SCORH currently contracting with in-state IT firm to provide initial TA
- Goal to have internal expertise at SCORH and use consultants as necessary to meet need
- Some already have EMR, but will need assistance with e-prescribing, quality reports and meaningful use
- As of 10/30, 89 RHC physicians had reached the first milestone
- Of the 89 docs, 31 are provider-based and 58 are free-standing



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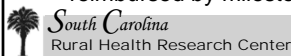
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### Lessons Learned through Initial Contract Period

- Many rural practices simply cannot afford the upfront costs of EHR
- Many physicians are misinformed regarding meaningful use and EHR incentives
- Some EHR vendors/ reps are misrepresenting product capabilities
- Some older physicians will likely retire early in lieu of adopting EHR
- Challenging to be a TA provider since we're reimbursed by milestone on the backend



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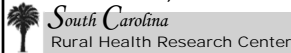
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## Potential Roles of SORHs in RECs/HIT

- If you haven't already, contact your state REC
- Your SORH could assist with provider outreach, education, convenings, etc?
- RECs will likely have additional funding for Years 3 and 4 (although much less)
- Beyond the REC, the ONC will undoubtedly be funding more IT-related programs
- Rural providers will increasingly need affordable IT expertise (could a SORH broker discounted IT services?)



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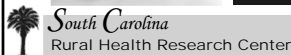
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## Contact information



Amy Brock Martin, Dr.P.H.  
[brocka@mailbox.sc.edu](mailto:brocka@mailbox.sc.edu)  
SC Rural Health Research Center  
220 Stoneridge Drive, Suite 204  
Columbia, SC 29201  
803-251-6317 (telephone)

Graham Adams, Ph.D.  
[adams@scorh.net](mailto:adams@scorh.net)  
SC Office of Rural Health  
107 Saluda Pointe Drive  
Lexington, SC 29072  
803-454-3850



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