

Helping Rural Hospitals Realize the Electronic Health Records Dream

By Jim Sinek and Becky Quammen

In just six months' time, we implemented an advanced electronic health record (EHR) and got on the fast track toward qualifying for the government's incentive funds here at Faith Regional Health Services, a 227-bed regional referral center in Norfolk, Neb. As a matter of fact, our clinicians entered nearly 70% of orders electronically on the very day that we flipped the switch on this system -- far exceeding anyone's expectations and the government's meaningful use requirements.

With American Recovery and Reinvestment Act financial enticements looming, we realized that many other hospitals in rural Nebraska would be trying to follow suit. Our fear: They might spin their wheels on an EHR initiative that never really brings the desired clinical and efficiency results to fruition.

Why? Small community hospitals typically don't have the financial resources to invest in advanced technologies. As a matter of fact, a brief from the NORC Walsh Center for Rural Health Analysis points out that smaller rural hospitals are not as well positioned for health IT implementation as their larger, system affiliated counterparts. While system hospitals reported annual IT budgets of about \$1.3 million, standalone facilities spent less than half that amount. Thus, these smaller providers typically invest in less expensive technology, which, in many cases, does not offer the sophisticated features and functions needed to bring about clinical results -- and to realize the meaningful use requirements.

Or, they purchase a suitable system but lack the expertise and manpower to get it properly implemented. As a matter of fact, the ability to hire information technology professionals may become a serious limiting factor in the adoption and implementation of electronic health records and other technology especially in rural America, according to the *National Rural Health Information Technology Workforce Summit Summary*.

Reaching out

So, we decided that Faith Regional could step up to the plate and help. Instead of sitting on the sidelines, we launched a program that will not only bring high quality EHRs to rural hospitals in northeast Nebraska but ensure that these systems are optimally utilized.

Working with Quammen Healthcare Consultants, Orlando, we came up with a plan. We approached Siemens Healthcare, Malvern, Pa., and proposed that these smaller critical access hospitals access Soarian Clinicals, a solution that is typically used by large medical centers or health systems, directly through Faith Regional. By setting up this program we can help to level the playing field for smaller hospitals.

The end result: Critical access hospitals will get a high level solution at a cost that is within reach. Perhaps more importantly, though, the critical access hospitals also will get the training, change management and implementation expertise needed to successfully implement an EHR -- obstacles that often limit the effectiveness of IT implementations at smaller facilities.

Although this regional EHR outreach program was born out of the altruistic desire to improve care, there are some self-serving elements for Faith Regional as well. To start, as a regional

referral center, we can provide patients more cost effective care if we have the latest medical information emanating out of the region's rural facilities. For example, if clinicians can pull up a medical history on the screen before a patient arrives at our emergency room, then we don't have to perform duplicative tests and we can zero in on treating the patient right away.

The EHR initiative also will help us develop better overall relationships with critical access hospitals. We expect that if physicians are using the EHR, then they will be more likely to refer patients to Faith Regional. Indeed, physicians will have subscriber rights and be able to follow their patients throughout the hospital stay – and, in essence, become a part of the care team.

Eventually, we want to provide a variety of other services -- management, physician recruitment, consulting -- to the critical care hospitals. By doing so, we can become more than a referral center – and actually provide critical access hospitals with more comprehensive and sophisticated services than they currently possess which can help them and us improve care delivery. In the final analysis, by creating these strong ties with critical access facilities, we can improve clinical care for patients throughout rural Nebraska.

Jim Sinek is President and CEO of Faith Regional Health Services, Norfolk, Nebraska. Becky Quammen is CEO of Quammen Healthcare Consultants, Orlando.