HEALTH IT AND HEALTH DISPARITIES

Georgia Health Information Technology Regional Extension Center – helping eligible providers reach Meaningful Use

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Case Study Report: Georgia Health Information Technology Regional Extension Center – helping eligible providers reach Meaningful Use

"Just access to care is a huge issue...it's hard to get primary care physicians to come to rural Georgia. We believe that this technology and telemedicine in general is key to reforming health care. It is cost effective, efficient, the quality is great, the patients love it, and the physicians feel very comfortable diagnosing this way." – GA-HITREC Partner and Stakeholder from the Georgia Partnership for TeleHealth

Report Summary	
Intervention and Setting	Georgia Health Information Technology Regional Extension Center (GA-HITREC)
Target Population	All eligible providers in Georgia, with a particular focus on rural and minority providers.
Technology Description	Health IT available through GA-HITREC • Five electronic health record (EHR) systems noted as "preferred" through a Group Purchasing Plan Health IT available through partner organizations • Telehealth technologies (Georgia Partnership for TeleHealth) • Various EHR systems (Georgia Association for Primary Health Care) • EHR and Personal Health Record (PHR) system/Patient Portal (Morehouse Medical Associates)
Funding and Start-up	• GA-HITREC is federally funded through the Department of Health and Human Services' (HHS) Office of the National Coordinator for Health Information Technology (ONC) • Morehouse Medical Associates health IT was funded through 2001 and 2007 grants from the Health Resources and Services Administration (HRSA)
Data and Analysis	Content analysis using NVivo for a series of in-person and telephone discussions with the following key individuals: • GA-HITREC Deputy Director, Health IT Director, Director of Education and Outreach, and Director of Business Development; • Executive Director of the GA Partnership for TeleHealth (GA-HITREC partner organization); • Two representatives from the GA Association for Primary Health Care (GA-HITREC partner organization); • Two providers from Morehouse Medical Associates, a Morehouse Medical Satellite clinic, and two rural providers.
Key Take-Aways	• Group purchasing plans and lab hubs are centralized strategies that can help lower costs of EHR implementation. • Although outside of the scope of Meaningful Use, telemedicine can be extremely helpful, especially for rural providers. • PHRs and EHRs can support patient engagement, a key component of Meaningful Use. • Conflicting priorities for national programs may work against the goals of supporting minority and rural providers.

Introduction

The Georgia Health Information Technology Regional Extension Center (GA-HITREC) in Atlanta, housed at Morehouse School of Medicine's National Center for Primary Care (NCPC), is the only regional extension center (REC) in the state. The GA-HITREC uses a community-based approach to aid eligible providers in reaching Meaningful Use of certified electronic health record (EHR) systems. The GA-HITREC's association with the NCPC at Morehouse School of Medicine, whose ultimate goal is to eliminate health disparities, helps drive their focus on rural and minority providers.

Georgia is the largest state east of the Mississippi River. Ranking second to Texas as the state with the highest number of counties, more than 100 of Georgia's 159 counties are defined as rural and are spread across five major geographic regions.[i] According to 2010 data, Georgia has more counties (91) in persistent poverty than any other state (an overall poverty rate of 23.5% in rural areas, only 16.7% in urban areas).[ii, iii] The Georgia State Office of Rural Health's 2007 *State of Georgia Rural Health Plan* reports that in these rural counties, "the story of rural health has been one of high rates of death and disease along with persistent poverty, low literacy, and inadequate health care services. Rural communities bear a greater burden of cardiovascular disease, cancer, diabetes, obesity, and infant conditions than their urban counterparts. Rural Georgians are older, poorer, and sicker than their urban counterparts, which makes rural health critically important to the state's overall health."[iv] The Georgia Rural Health Association indicates rural counties typically contain half as many physicians and dramatic shortages of nurses, therapists, and nutritionists, making it harder for rural populations to receive the care they need.[v] Further, about half of the state's doctors practice within a 60-mile radius of Atlanta, while the other half cover the entire rest of the state.[vi]

With a 2010 population of 9,687,653 – 1,839,995 living in rural areas – Georgia is the ninth most populous state in the nation.[vii] According to the U.S. Census (2010), 59.7% of the state's population is White, 30.5% is Black, and 8.8% is of Hispanic origin; the racial or ethnic minority proportion of the population exceeds the national average. In 2005, a U.S. government analysis showed more than 15% of Georgians live in medically underserved areas (MUAs), where residents have higher rates of undiagnosed and chronic diseases – and worse health in general – than people who have easier access to doctors.[viii] Georgia's population grew 18% over the last decade, with Black population growth greater than either Hispanic or White growth. Between 2010 and 2030, the state's population is projected to grow by an additional 4.6 million people; this population growth puts further pressure on the state's already strained health care system, especially for rural, minority populations.[ix]

Potential benefits of using technology such as EHRs and telehealth. In general, using an EHR effectively can result in benefits such as improved productivity (e.g., more efficient handling of specific patient needs), financial improvements (e.g., more efficient billing or more complete documentation for reimbursements), and improvements in quality of care (e.g., better chronic disease management or more rapid access to patient information).[x] Additionally, EHRs with patient portals incorporated can assist with patient engagement. EHRs can also help facilitate health information exchange, which can be particularly useful in rural settings where health care providers are spread apart.

Many telehealth interventions also demonstrate utility as a health care delivery tool for underserved populations in rural communities where geographic distance and lack of specialists pose challenges to traditional delivery of health services.[xi] Telemedicine offers a cost-effective solution to workforce

shortage problems, and geographic barriers by instituting a healthcare delivery model that applies high-speed telecommunications systems and computer technology along with medical cameras to examine, diagnose, treat, and educate patients from a distance.[xii] Telemedicine provides many benefits including rapid delivery of diagnostic and other health services, mentoring for local healthcare providers, avoidance of travel, and cost-savings for patients and providers.[xiii] Research from the Georgia Partnership for TeleHealth (a GA-HITREC partner) showed telemedicine helps cut costs on travel, work time and provides earlier access to care therefore preventing the large costs of untreated healthcare problems.[xiv] Research further indicates that telehealth contributes to high patient satisfaction due to convenience and the benefit and comfort of remaining under the care of their local primary care provider.[xv]

Key functionality and uses. In their original application and subsequent charge, the GA-HITREC was to focus on bringing EHRs and Meaningful Use to rural communities and minority providers and leveraging their work with the NCPC to help these communities address areas of health disparities. To do this, the GA-HITREC seeks to engage eligible providers throughout the state of Georgia and assist them in the process of selecting, implementing, and Meaningfully Using certified EHR systems and other health information technology (health IT) tools to improve the health outcomes of rural and minority Georgians. Located in a neighborhood designated an MUA, they rely on a combination of outreach and partnerships to implement their community-based approach and encourage adoption of various EHR systems. The technologies endorsed by or being used by the GA-HITREC and their partners are described in Table 1 below.

Sources of Funding
- Federally funded via HHS' ONC
- HRSA grants in 2001 and 2007

Table 1: Overview of Health IT Identified

Type of Health IT	Description of Functionality
Various electronic health record (EHR) and personal health record (PHR) systems	• Five different EHR systems are identified to be on a preferred vendor list by the GA-HITREC and available through their Group Purchasing Plan: – Greenway, NextGen, eClinicalWorks, e-MDs, and Medical Informatics Engineering (MIE) – Lab hub interface is also available • Multiple vendors are included on the preferred vendor list by the GA Association for Primary Health Care, a partner with the GA-HITREC serving community health centers. Their portfolio of 5 products includes: – eClinicalWorks, NextGen, Allscripts, Success EHS, and USMD/Visionary Medical Systems • EHR and PHR from McKesson are available to patients at Morehouse Medical Associates
Telehealth technologies	Store-and-forward technologies available through the GA Partnership for TeleHealth that allow providers to take images and forward them to specialists who make treatment and care recommendations.

Encouraging Adoption & Implementation

In the section below, we detail findings regarding how the GA-HITREC and their partners encourage the adoption and implementation of health IT and EHR systems.

Using partners to encourage engagement can help improve adoption. The GA-HITREC uses a community-based approach to engage providers and encourage adoption, implementation, and Meaningful Use. The GA-HITREC works closely with partners throughout the state to reach their target audience of rural and minority providers. Through partners such as the GA Partnership for TeleHealth, the GA Rural Health Association, and the GA Association for Primary Health Care, the GA-HITREC has been able to widen their reach to rural areas. For instance, the GA Association for Primary Health Care works with 27 different member organizations all over the state to assist with EHR adoption and implementation. The GA Partnership for TeleHealth is an extensive network of over 175 physicians at 240 locations throughout the state and helps increase access to care using telehealth technologies. The GA Rural Health Association is the oldest state rural health association in the country and works to advocate on behalf of the providers and communities throughout Georgia's rural counties.[xvi]

The GA-HITREC also relies on partnerships with organizations such as Latinos in Information Sciences and Technology Association (LISTA) and the Georgia State Medical Association (a primarily African American association) to better reach minority providers. They rely on the relationships these partners have within their specific communities to engage and assist more minority partners in adoption of health IT systems and in reaching Meaningful Use. One GA-HITREC respondent spoke about the positive impact of partnerships on engagement and outreach, noting, *"It was really about building the relationship, building the trust, and building the brand in the community where they saw the REC as a place that they could trust – that's where they can go and call and ask questions."*

There are many ways to address Meaningful Use, therefore, understanding consumers' specific needs for adoption, implementation, and sustainability is important. The GA-HITREC has relied on the relationships built by their community-based approach to understand the needs of the consumers they are working to help. While the GA-HITREC itself seeks to meet provider needs, those providers also seek to ensure that their infrastructure can support and accommodate patient needs. One respondent noted that once the infrastructure is in place, they have to ask themselves questions to ensure specific needs are met, including what do the patients value most, and what do they need for effective health information exchange. Another respondent spoke about how it is important to not assume the solutions you have in mind will work within the community you are approaching. To that end, this respondent described the GA-HITREC approach as "community-oriented technology," noting that it is important "*to work with the community to get a good understanding of the needs and how the technology…you are trying to implement fits in."*

"What we learned from the earlier experience is try to preselect a portfolio of products that we know will meet the needs of the members and we know will meet the needs of Meaningful Use."
Administrator from GA Association for Primary Health Care

Representatives from one of the GA-HITREC partners also discussed meeting both specific community needs and Meaningful Use requirements. One respondent described eClinicalWorks, a product they endorse, as particularly helpful for rural providers with limited internet capabilities, noting "*it is designed so that the information that passes…is a light weight process. It does not put a lot of load on your connectivity, which is great in those areas where you have less DSL or not the best broadband."* The GA-HITREC and their partners can help guarantee their services are sustained by ensuring that the various products they endorse are well suited to the audiences they serve.

Innovative solutions such as an integrated lab hub can enhance services and encourage adoption. The GA-HITREC developed the lab hub by engaging a partner who was already working with the three major lab systems in Georgia, and could quickly interface with the five different EHR vendors they selected. Through this partnership, the GA-HITREC is now able to provide an innovative solution for providers where lab information flows freely into any of their endorsed EHRs, regardless of the lab interface in use. The staff at the GA-HITREC spoke at length of their lab hub program, discussing how it helps give providers and patients electronic access to accurate lab information and encourage adoption by providing lab solutions at lowered cost.

Impact and Consequences

Now that we have discussed some of the factors associated with encouraging the use of health IT, in this section we review some of the impacts of its adoption and implementation as noted by the GA-HITREC and their partners.

Training programs can help move organizations past simply adopting technologies and into meaningfully using them. The GA-HITREC and many of its partners use training to ensure that once EHR technologies are in place, they are used to their fullest advantage. For instance, the GA-HITREC has a partner that engages in simulation trainings to assist health center staff in getting more up-to-speed on how an EHR works and its full capabilities. Through these trainings, the GA-HITREC is able to engage with providers past the adoption phase, and through screenshots, they track precisely how providers are using the various EHR systems. This tracking mechanism allows the GA-HITREC to identify when providers are not using the system effectively or to its fullest extent. Further, the GA-HITREC encourages training by ensuring providers are aware that they are eligible for state tax-credits for taking the time to receive education and training regarding EHR use.

> **"We will be able to capture and see the clicks and other challenges, whether or not they completed the training…we will be able to monitor that on a day to day basis so we are more engaged."** *GA-HITREC Administrator*

Two of GA-HITREC's partner organizations also spoke about training as a way of increasing Meaningful Use of technology. The providers we spoke to at Morehouse Medical Associates, who were early adopters of the EHR technology, talked about how they tend to do a lot of training for providers who have only recently begun using the systems. Further, a key administrator at the GA Partnership for TeleHealth spoke about the need for training and education on telemedicine, and their emphasis on ensuring the availability of a wide network of partnerships and initiatives through which physicians can earn continuing education credits. Emphasis on the use of telehealth technologies and training for those interested in its use is one way the GA-HITREC is able to work towards increasing Meaningful Use of technology among their more rural providers.

Through reporting, EHRs can help document processes, outcomes, and quality measures. The GA-HITREC staff and partners also discussed the impact of EHR adoption with respect to documenting processes, outcomes, and quality measures. The providers at Morehouse Medical Associates, a family medicine clinic we spoke with cited concrete examples of how the EHR allowed them to document improvements in outcomes metrics when measured against national benchmarks: "*We have seen progress. I think when they initially did the first data our A1c was at 28%, but with all the process changes we implemented we have gone up to 60 something. I know national is…60…and the benchmark-*

goal is [around] 95." The providers also discussed how research into the percentage of diabetic patients receiving full exams over a year led them to a process improvement of posting in-room reminders and, ultimately, appeared to increase the percentage of patients receiving the required full exams.

The value of an EHR with respect to cost and quality depends heavily on its specific functionality and uses. The ability to readily produce reports that look at outcomes for a panel of patients can help in quality improvement efforts. The providers at Morehouse Medical Associates noted that when this functionality is not readily available through an EHR, significant additional effort is necessary to access the data needed to measure, understand, and improve outcomes. This sort of capability can add to the value of an EHR as it assists with quality improvement initiatives and provides concrete evidence of cost savings. It can also substantially lower the costs of reporting required to meet Meaningful Use. The lab hub discussed above and made available through the GA-HITREC is another example of centralized innovation that can enhance the benefits of an EHR while limiting costs associated with the use of EHRs.

Health IT can encourage patient engagement and help position providers to meet Meaningful Use. Rural and minority providers discussed the various ways health IT helps them better engage with their patients, a key component to Meaningful Use. Providers at Morehouse Medical Associates discussed how the portal available to their patients encourages patient engagement. They noted the portal allows patients to see their lab results immediately and provides them with a variety of information included in their health record, such as social, medical and family history, and medication lists. Functionalities such as secure messaging and appointment reminders were also added to enhance patient engagement.

> **"…we also started using the patient portal... [Now patients] not only see their result and reports but also are able to communicate electronically with their providers. Now we have patients that can email us question… and we answer back. If they need a refill on their medication, they can send us a message. We do a lot of transactions now electronically."** *Morehouse Medical Associates provider*

Both rural and minority providers discussed the positive impact their computers have on the patient visit, noting the benefit of showing patients sections of the patient portal or even simply their electronic record. One provider working in an MUA talked about the benefit on patient engagement, saying *"…I use my laptop when I do patient visits and most of the time I turn my screen to the patient and go: this is your test results, this is your cholesterol, or you didn't have a flu shot yet. And I show him on my screen. So really it is interactive with the patient."* One of the rural providers we spoke with discussed how her EHR helps her produce clinical summaries and meeting Stage 2 Meaningful Use requirements. Given that most of her patients live in rural areas and a number have limited internet access, she noted that although it would be a challenge to figure out whether to send the summaries electronically or by mail, the EHR facilitated their production.

Barriers to Use of Technology

While this case study illustrates the potential for use of health IT among many rural and minority providers, a number of barriers to adoption and meeting Meaningful Use were discussed.

> **"I think sometimes it is overlooked, but the barriers of entry weren't necessarily just because someone is underserved. The barriers of entry are because of the way things are structured."** *GA-HITREC Administrator*

Funding and cost barriers are the biggest challenges both providers and the GA-HITREC are working to overcome.

EHR implementation can be costly. Providers and practices have to pay for the hardware, software, and any required technical assistance. Additionally, there are the costs for lab interfaces and templates. These costs are especially burdensome for small practices with 10 providers or less. One rural provider we spoke to noted that her biggest challenge to EHR adoption was the financial burden, noting she was a single provider with very little money. Although she ultimately adopted and implemented an EHR system on her own, the GA-HITREC played an integral role in helping her achieve Meaningful Use and obtain the incentive payment.

The GA-HITREC seeks to help providers, especially those who are part of small practices, find affordable solutions, whether through ensuring appropriate IT or telecommunications infrastructure is in place, or simply by providing EHR solutions at lowered cost through mechanisms such as their Group Purchasing Plan or lab hub interface. The Group Purchasing Plan gives providers working with the GA-HITREC several vetted options for an EHR vendor that will help them achieve Meaningful Use. The participating vendors offer reduced pricing and contract terms, as well as specific service agreements with the GA-HITREC.[xvii] Five specific EHR vendors are considered Preferred EHR Partners under the GA-HITREC Group Purchasing Plan, and were selected after comparing various capabilities (such as affordability, remote hosting options, ePrescribing capabilities, etc.), of 35 different vendors.[xviii]

The lab hub is another mechanism through which the GA-HITREC seeks to reduce cost to providers working to implement health IT and reach Meaningful Use. Halfpenny Technologies worked with the GA-HITREC to develop a vendor-neutral lab hub that allows providers to exchange lab information with LabCorp and Solstas, who were already interfaced into the hub system. One administrator explained how they are lowering costs for lab interfaces: *"We have a solution where the companies that we're pushing have agreed to integrate with this information exchange so that the labs will flow into the EHR, but also form the financial piece; the providers don't have to worry about the lab interface… We have a solution you can get any lab you want and the cost is put more so on the hospitals and lab companies."* Essentially, by providing the hub solution at a reduced cost to providers, the GA-HITREC is able to ensure their providers can afford the capability of electronic lab reporting.

Strong connectivity is essential for successfully adopting an EHR and meeting the requirements of Meaningful Use, and overcoming access barriers. The GA-HITREC works with a partner to help address areas throughout the state that have limited telecommunication services so that the necessary infrastructure is in place when providers in the community are ready to implement an EHR. Appropriate wireless connectivity allows providers to access patient records and share data, both within their own system and across multiple clinics and networks. One administrator discussed the positive impact of improving connectivity: *"Now all of a sudden you have a critical access hospital that has the proper network inside the building to run an EHR. Then you have the physician clinics that are tied to the critical access hospitals—that wide area network connects them to that EHR. Then they can go outside their world to share data in a secure way."*

Unfortunately, there are large portions of the state of Georgia that rely on dial-up or lack the necessary connectivity for efficient use of an externally-hosted EHR system or one that allows them to engage in HIE efficiently. Interestingly, many GA-HITREC stakeholders noted that these limitations are not exclusively defined by the rurality or urbanicity of an area. One respondent said, *"We have one [site] in Augusta that has had some considerable problems with their connectivity. We changed them over to*

another provider. We have one [site] in the extreme south west corner of Georgia who has quite good connectivity." Further, neither of the rural providers we spoke to had limited connectivity in their offices, though one noted that many of her patients who lived outside of town did not always have access to the internet.

In some cases, a provider's age is associated with reluctance to adopt health IT. GA-HITREC stakeholders noted that older providers in their state tend to be most resistant to EHR adoption and implementation. Most of these providers have been using paper charts their entire career. They do not want to switch to an EHR because it would require a substantial adjustment and might disrupt their current workflow. Unfamiliarity with technology in general is also a barrier to adoption. As one administrator described, *"If they are older and have not been in touch with a lot of technology [such as] laptops, iPhone, iPads—they are a lot slower to adopt. They are going to be the ones waiting until the end."* In addition to their resistance to change, many of these providers are close to retirement and therefore do not feel the pressure of the upcoming EHR deadlines. Many believe they will retire before benefitting from EHR implementation and Meaningful Use incentives.

Providers need a trusted source for information about Meaningful Use. Many providers are wary about EHR implementation because they have questions surrounding the topic. For instance, they are uncertain which EHR vendor to choose, what the specific requirements of Meaningful Use are, or how an EHR might impact their workflow. The respondents we spoke with noted the importance of having a trusted source to provide answers and guidance to these providers. The GA-HITREC seeks to be that trusted source by understanding each provider and community's different needs and providing reliable assistance through the entire implementation process. Further, the GA-HITREC relies on its partnerships with various organizations to reach providers who may not be familiar with the GA-HITREC itself and may be wary to rely on guidance from an unknown organization.

"I think the biggest thing is knowing there is a trusted resource that can help them with the EHR vendors, that can help them understand what Medicaid is saying, that can help them with TelCo and education." *GA-HITREC Respondent*

The GA-HITREC also serves as a trusted source for providers who face barriers to meeting Meaningful Use, even if they have already worked on their own to overcome barriers to EHR implementation. One rural provider we spoke with discussed how she chose to switch from paper records and implement an EHR in late 2010, well in advance of connecting with the GA-HITREC. She described overcoming financial barriers and technological barriers associated with implementation, including relying on family members to troubleshoot networking issues and the EHR vendor for software problems and general IT support. She connected with the GA-HITREC once she was able to apply for Meaningful Use, noted how helpful they were in guiding her through the process to receive her Stage 1 incentive payment, and discussed how she now has a trusted source to help her meet Meaningful Use Stage 2.

"One of the things in south Georgia, they don't want people from Atlanta coming and telling them what to do…So if all we had were folks in Atlanta going to Macon or going to Athens or Rome or Savannah – I don't care how good your package is or what you're selling you are not going to succeed…our relationships opened the door and through consistency and transparency we were able to get in there." *GA-HITREC Respondent*

Building relationships play a major role in breaking down barriers. The GA-HITREC also faces the challenge of reaching rural providers outside of Atlanta who are often resistant to outside help. One respondent described this challenge and how the GA-HITREC relied on their relationship building to get their foot in the door. The GA-HITREC is able to utilize their partners as trusted gatekeepers to reach the rural and minority providers they want to assist. Further, although the GA-HITREC is housed within a local, historically Black university, it is nevertheless a federally funded program, which adds to feelings of distrust for some. One respondent explained: "*They see it as a government program and what is the government going to want from me if I take help? It can't be free."* The GA-HITREC relies on their partnerships to gain entry into these communities and get the message to providers that the government can be an ally.

The GA-HITREC has made conscious efforts to include minority professional organizations in their partnerships. To this end, for instance, they have engaged in partnerships with the Latinos in Information Sciences and Technology Association (LISTA), the Georgia State Medical Association which is a primarily African American association, and the Asian/Pacific American Council of Georgia. Further, the GA-HITREC developed an active partnership with the GA Association for Primary Health Care, the trusted source for information and support among community health centers in the state, as well as the GA Partnership for TeleHealth, which serves as a valued resource for rural providers in particular. Partnering with population-focused organizations such as these is one way the GA-HITREC helps ensure their mission is met, and that safety net, rural, Black and other minority providers are not disproportionately left out of Meaningful Use.

Policy and Organizational Factors for Replicability

Finally, we present key findings related to organizational factors that played an important role in the implementation of health IT, particularly as they relate to replicability.

The GA-HITREC faces conflicting priorities between meeting program goals and their focus on rural providers and health disparities. All regional extension centers share the goal of helping priority primary care physicians implement and adopt health IT. For any regional extension center to receive federal funds, they are required to engage a certain number of providers to reach three milestones: enrollment, go live status, and Stage 1 Meaningful Use. The GA-HITREC has found it especially challenging to balance the objective of meeting the expectations set at the federal level regarding Meaningful Use milestones while also maintaining the focus some categories of underserved communities, which are a significant priority for Morehouse School of Medicine and the NCPC. Specifically, this balance sometimes means that the GA-HITREC must focus their recruitment efforts on larger practices to obtain higher numbers of providers signed up for Meaningful Use, rather than focusing on engaging small minority practices that often require more resources and attention than others. Notably, the program allows RECs to make the appropriate distinctions between different types of underserved providers in their catchment area and does not require they prioritize one type of underserved provider over others. We found that the GA-HITREC leadership, in part driven by the need to meet volume objectives, believed it was important to focus, initially, on underserved providers that required fewer time and resources to achieve meaningful use compared to others.

To meet the needs of underserved providers, RECs need to be creative in finding ways to generate revenue. Moving forward, a big challenge for the GA-HITREC will be balancing the current structure of providing services for free, while getting people to pay for services moving forward. As noted by the Director of Business Development, the GA-HITREC is building a sustainable business model that will be in place in 2012. To this end, they are working to develop a "menu" of additional services, such as tax credit consulting and e-consulting for health IT, as well as marketing materials to let stakeholders know what services they offer. Partnerships will also play a big role in sustainability moving forward as the GA-HITREC partners with organizations that can provide desired additional helpful services to their stakeholders, such as a partnership with a document management company that helps practices retrieve paper records and enhance their use of an EHR.

Summary of Findings

Project Background and Data Sources

The Office of the National Coordinator for Health Information Technology (ONC) and the Health Resources and Services Administration (HRSA) awarded NORC at the University of Chicago a project to conduct case studies examining lessons learned from community organizations using health IT to serve the needs of underserved groups or to address health disparities. The final report from this project will inform the Secretary of the Department of Health and Human Services' (HHS) work under these topics per Section 3001 of the Health Information Technology for Economic and Clinical Health (HITECH) Act passed as part of the American Recovery and Reinvestment Act of 2009 (ARRA). Findings are based on analysis of notes taken during a series of discussions with GA-HITREC administrators, key staff at GA-HITREC partner organizations, and rural providers.

This case study highlights the importance of understanding and overcoming barriers to Meaningful Use for minority and rural providers, as well as the role centralized solutions such as a lab hub and group purchasing may play in addressing barriers associated with health IT adoption costs. The GA-HITREC staff highlighted the importance of partnerships to meet the needs of their target population, and how engaging rural providers through telemedicine can be extremely beneficial to the goal of improving access to care through health IT. The case study also demonstrates that health IT can support patient engagement, a key requirement for providers to meet Stage 2 of Meaningful Use. Lastly, this case study illustrates that some HITECH programs may face conflicting priorities as they attempt to meet their mission to support minority and rural providers while also meeting overall metrics (e.g., number of total providers enrolled) associated with their programs.

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