

ONC Data Brief ■ No. 5 ■ November 2012

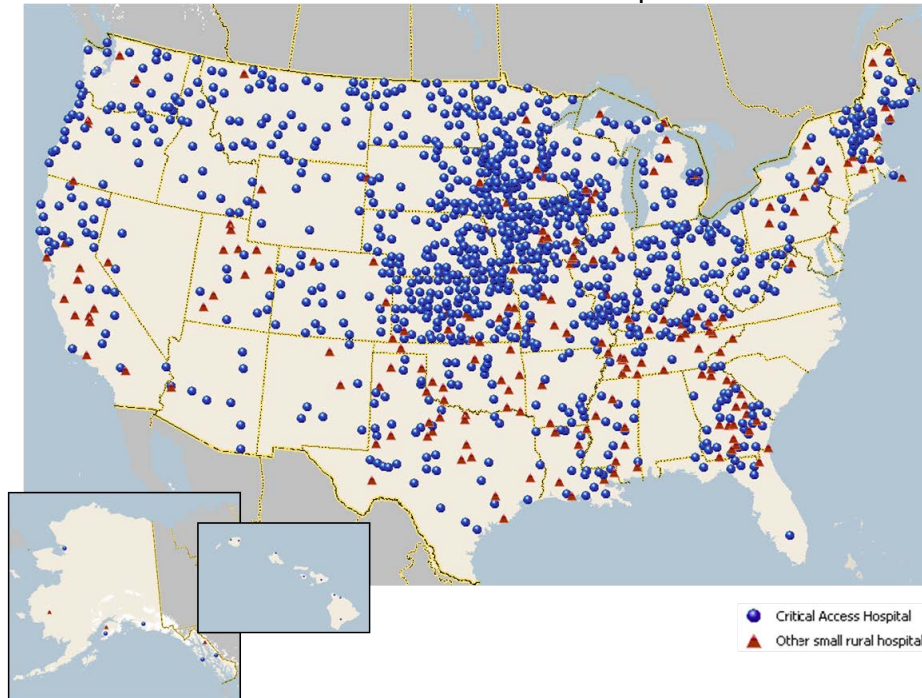
Progress Towards Meaningful Use Among Critical Access and Other Small Rural Hospitals Working with Regional Extension Centers

Dawn Heisey-Grove, MPH; Meghan Hufstader, PhD; Ilene Hollin, MPH; Leila Samy, MPH; and Kate Shanks, MA

The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 directed the Office of the National Coordinator for Health Information Technology (ONC) to coordinate the effort to stimulate the adoption and use of health information technology to transform health care delivery.¹ The Act also provided funding for Regional Extension Centers (RECs) to help providers in their geographic service areas select, implement, and meaningfully use certified electronic health record (EHR) technology in high-priority settings.² Additionally, ONC provided supplemental REC funding targeting 1,501 Critical Access Hospitals (CAHs) and other small rural hospitals. This brief illustrates the number and location of CAHs and other small rural hospitals enrolled with a REC and their progress toward meaningful use of EHRs as of September 7th, 2012.

Nationwide, 1,164 critical access and other small rural hospitals are working with a REC

Figure 1: Location of critical access and other small rural hospitals enrolled with a REC

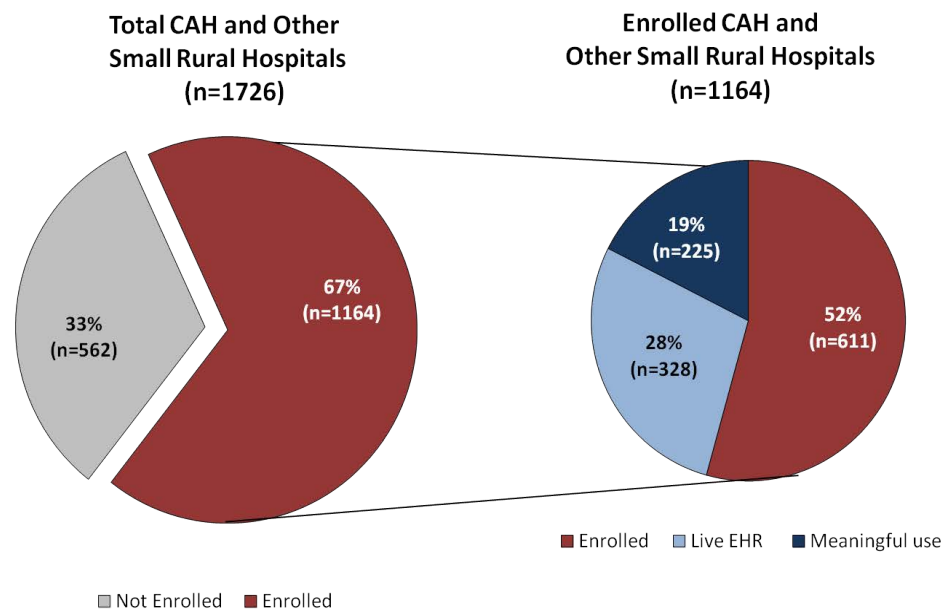


SOURCE: Customer Relationship Management (CRM) Tool, maintained by the Office of Provider Adoption and Support (OPAS) at ONC, a national CAH database maintained by The Flex Monitoring Team, and the Small Hospital Improvement Program (SHIP) maintained by Health Resources and Services Administration (HRSA). Data as of September 7th, 2012.

★ 971 Critical Access Hospitals and 193 other small rural hospitals are working with a REC

48 percent (553 of 1,164) of critical access and other small rural hospitals enrolled with a REC are using an EHR

Figure 2: Percent of the enrolled critical access and other small rural hospitals (n=1,164) by milestone achievement

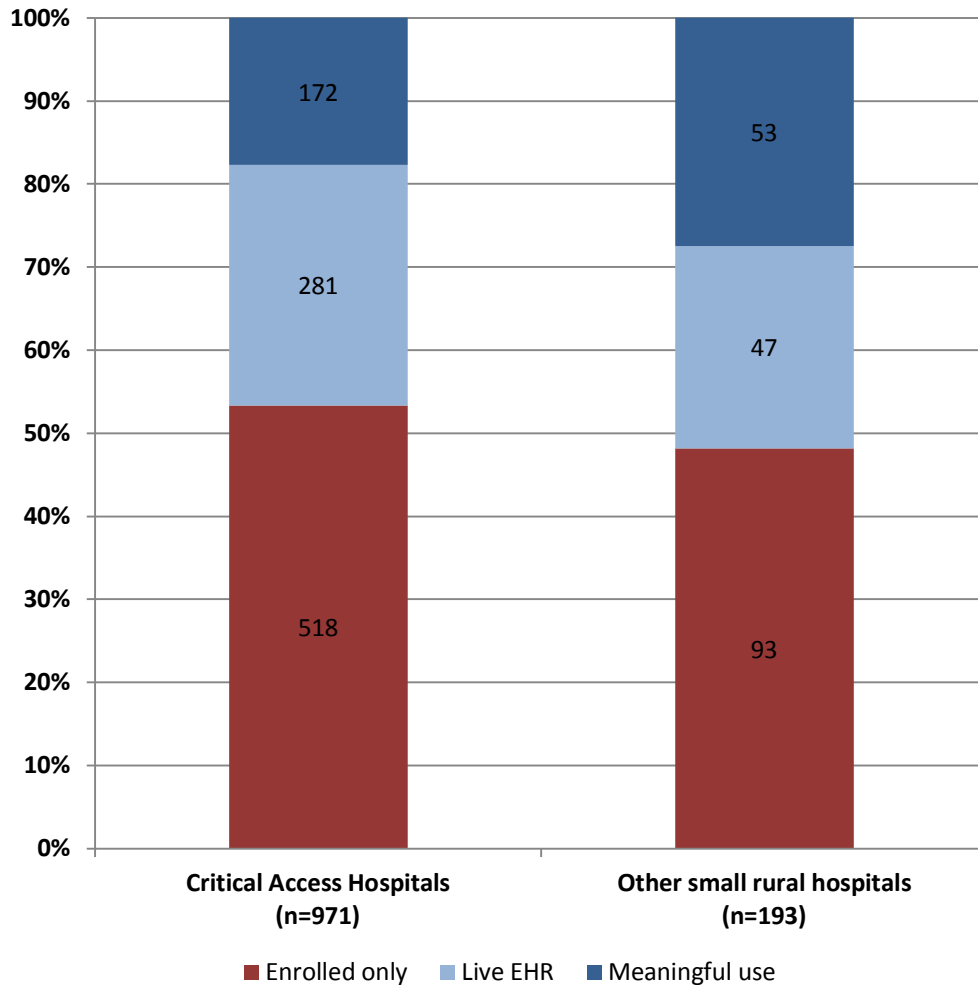


SOURCE: Customer Relationship Management (CRM) Tool, maintained by the Office of Provider Adoption and Support (OPAS) at ONC, a national CAH database maintained by The Flex Monitoring Team, and the Small Hospital Improvement Program (SHIP) maintained by Health Resources and Services Administration (HRSA). Data as of September 7th, 2012.

- ★ Over a quarter of the enrolled CAHs and other small hospitals have a live EHR (n=553 hospitals, 48%) (Figure 2)
- ★ Of those critical access and other small rural hospitals live on an EHR, 225 (41%) have demonstrated meaningful use of certified EHR technology.

Over a quarter of critical access and other small rural hospitals enrolled with a REC have demonstrated meaningful use of an EHR.

Figure 3: Percent of REC critical access hospitals and other small rural hospitals enrolled, live on an EHR, and achieved meaningful use

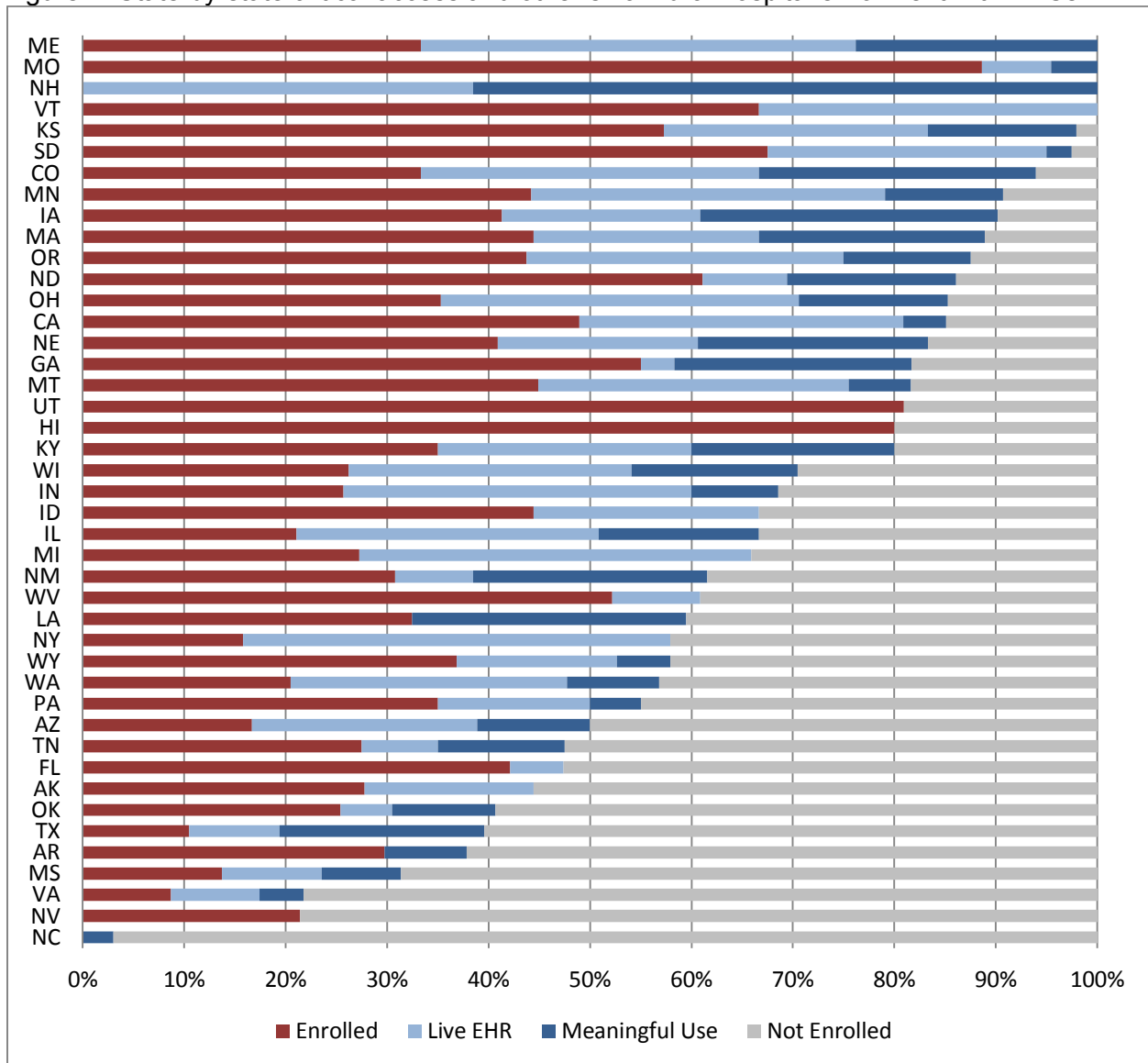


SOURCE: Customer Relationship Management (CRM) Tool, maintained by the Office of Provider Adoption and Support (OPAS) at ONC, a national CAH database maintained by The Flex Monitoring Team, and the Small Hospital Improvement Program (SHIP) maintained by Health Resources and Services Administration (HRSA). Data as of September 7th, 2012.

- ★ 281 (29%) critical access hospitals and 47 (24%) other small rural hospitals are live on an EHR and have demonstrated meaningful use.
- ★ 453 (47%) critical access hospitals and 100 (52%) other small rural hospitals are live on an EHR.

Critical access and other small rural hospitals are working with RECs in 43 states

Figure 4: State-by-state critical access and other small rural hospital enrollment with RECs



SOURCE: Customer Relationship Management (CRM) Tool, maintained by the Office of Provider Adoption and Support (OPAS) at ONC, a national CAH database maintained by The Flex Monitoring Team, and the Small Hospital Improvement Program (SHIP) maintained by Health Resources and Services Administration (HRSA). Data as of September 7th, 2012.

- ★ Maine, Missouri, New Hampshire, and Vermont are leading the nation in working with a 100% of critical access and other small rural hospitals in their states (Figure 4).
- ★ 43 of 46 states have RECs working with Critical Access Hospitals and other small rural hospitals.

971 of 1,327 (72 percent) of critical access hospitals and 193 of 399 (41 percent) of other small rural hospitals are working with a REC

Table 1: State-by-state comparison of enrolled critical access and other small rural hospitals

State	Enrolled (Not Live)	Live on EHR (not at MU)	At Meaningful Use	CAH enrolled	Other SR enrolled	Total Number of CAH	Total Number of Other SR	CAH Enrolled (Percent)	Other SR Enrolled (Percent)
AK	5	3	0	5	3	13	5	38%	60%
AL	0	0	0	0	0	2	28	0%	0%
AR	11	0	3	12	2	29	8	41%	25%
AZ	3	4	2	8	1	14	4	57%	25%
CA	23	15	2	29	11	31	16	94%	69%
CO	11	11	9	28	3	29	4	97%	75%
FL	8	1	0	8	1	13	6	62%	17%
GA	33	2	14	30	19	34	26	88%	73%
HI	8	0	0	8	0	9	1	89%	0%
IA	38	18	27	75	8	82	10	91%	80%
ID	12	6	0	18	0	27	0	67%	NA
IL	12	17	9	34	4	51	6	67%	67%
IN	9	12	3	24	0	35	0	69%	NA
KS	55	25	14	82	12	83	13	99%	92%
KY	14	10	8	23	9	29	11	79%	82%
LA	12	0	10	15	7	27	10	56%	70%
MA	4	2	2	3	5	3	6	100%	83%
ME	7	9	5	16	5	16	5	100%	100%
MD	0	0	0	0	0	0	2	0%	0%
MI	12	17	0	22	7	35	9	63%	78%
MN	38	30	10	75	3	79	7	95%	43%
MO	39	3	2	36	8	36	8	100%	100%
MS	7	5	4	10	6	32	19	31%	32%
MT	22	15	3	39	1	48	1	81%	100%
NC	0	0	1	0	1	23	10	0%	10%
ND	22	3	6	31	0	36	0	86%	NA
NE	27	13	15	54	1	65	1	83%	100%
NH	0	5	8	13	0	13	0	100%	NA
NM	4	1	3	6	2	8	5	75%	40%
NV	3	0	0	2	1	11	3	18%	33%
NY	3	8	0	7	4	13	6	54%	67%
OH	12	12	5	29	0	34	0	85%	NA
OK	15	3	6	12	12	34	25	35%	48%
OR	14	10	4	25	3	25	7	100%	43%
PA	7	3	1	6	5	13	7	46%	71%
SC	0	0	0	0	0	5	6	0%	0%
SD	27	11	1	37	2	38	2	97%	100%
TN	11	3	5	7	12	17	23	41%	52%
TX	14	12	27	35	18	79	55	44%	33%
UT	17	0	0	8	9	11	10	73%	90%
VA	2	2	1	4	1	7	16	57%	6%
VT	6	3	0	8	1	8	1	100%	100%
WA	9	12	4	23	2	38	6	61%	33%
WI	16	17	10	40	3	58	3	69%	100%
WV	12	2	0	14	0	18	5	78%	0%
WY	7	3	1	10	1	16	3	63%	33%
National	611	328	225	971	193	1327	399	73%	48%

SOURCE: Customer Relationship Management (CRM) Tool, maintained by the Office of Provider Adoption and Support (OPAS) at ONC, a national CAH database maintained by The Flex Monitoring Team, and the Small Hospital Improvement Program (SHIP) maintained by Health Resources and Services Administration (HRSA). Data as of September 7th, 2012. RECs covering North Carolina and South Carolina have opted out of the supplemental grant program.

NOTE: The District of Columbia, New Jersey, Rhode Island, Connecticut, and Delaware have no Critical Access Hospitals or other small rural hospitals. Small rural is abbreviated as SR for the purposes of this table.

Summary

ONC has made more than \$27 million available to RECs to provide support to CAHs and small rural hospitals. ONC recognizes CAHs and other small rural hospitals as vital components of the health care system in the United States and of the challenges faced and greater resources required of RECs to serve them. Therefore, ONC designated supplemental funding for RECs to prioritize small rural hospitals and CAHs. RECs are eligible for supplemental funds based on achieving performance milestones for 87 percent of these hospitals (1,501 of 1,726).⁴

Across the nation, RECs are making progress to provide these hospitals with targeted technical assistance. As of September 7, 2012, 1,164 (62%) of 1,726 CAHs and other small rural hospitals are enrolled with a REC. Of the 1,164 CAHs and other small rural hospitals, 611 (52%) are live with an EHR.

Generally, a CAH is at least 35 miles (or 15 miles in mountainous terrain or areas with only secondary roads) from the nearest hospital, has a maximum of 25 inpatient beds, and maintains an annual average length of stay of 96 hours or less for their acute care patients. Currently, there are 1,327 critical access hospitals.⁵ As of September 7, 2012, 971 (73%) of 1,327 CAHs and 193 (48%) of 399 other small rural hospitals are enrolled with a REC. Although there is still much work ahead, current enrollment figures demonstrate the RECs' efforts are effective towards achieving ONC's objective of EHRs for all and helping to reduce geographic disparities.

Definitions

Critical access hospital.³ A licensed acute care hospital that is Medicare-certified to receive cost-based reimbursement in order to reduce the likelihood of financial insolvency. Generally, to qualify as a CAH, it must be at least 35 miles (or 15 miles in mountainous terrain or areas with only secondary roads) from the nearest hospital, have a maximum of 25 inpatient beds, and maintain an annual average length of stay of 96 hours or less for their acute care patients.

Small rural hospital.⁵ For this brief, a small rural hospital is a hospital with less than 50 beds, is located in a rural area, is not a CAH, and is captured in HRSA's Small Hospital Improvement Program. ONC has provided funding for RECs to support additional rural hospitals.

High-priority settings. Include individual and small group primary care practices (≤ 10 professionals with prescriptive privileges), public hospitals, critical access hospitals, Community Health Centers, Rural Health Clinics, and other settings that predominantly serve uninsured, underinsured, and medically underserved populations

Performance milestones. The performance milestones for hospitals indicate a threshold at which point RECs qualify for grant reimbursement. RECs working with CAH/RH may work with providers in inpatient and/or outpatient settings. Demonstration of meaningful use (milestone 3) is realized when the first provider demonstrates MU, or when the hospital attests to either CMS incentive program.

Milestone 1. Signed technical assistance contract between the Regional Center and provider (or hospital) with receipt of any participation fees required (enrollment).

Milestone 2. Documentation of Go-Live status on an EHR, with active quality reporting and electronic prescribing.

Milestone 3. Demonstrates meaningful use.

Data Sources

The CAH census was obtained from a national CAH database maintained by The Flex Monitoring Team, a consortium of The Universities of Minnesota, North Carolina-Chapel Hill, and Southern Maine, in cooperation with the Federal Office of Rural Health Policy. This database tracks CAH conversions with information supplied by CMS. The census of other small rural hospitals was provided by the Small Hospital Improvement Program (SHIP), with the Health Resources and Services Administration (HRSA) as of FY2011. SHIP funds support activities related to quality improvement and investments towards meaningful use of health information technology. The program assists hospitals with less than 50 beds to participate in delivery system reforms

The information on enrollment with RECs and milestone achievement was obtained from the ONC Customer Relationship Management (CRM) Tool, maintained by the Office of Provider Adoption Support (OPAS) at ONC. Data represented in this brief are as of September 7, 2012. Each REC reports milestone achievement data to ONC at time of achievement using the CRM. The RECs identify the hospitals as CAHs in the CRM and OPAS validates this designation using a CMS Certified Hospital list.

References

1. Health Information Technology for Economic and Clinical Health (HITECH) Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (ARRA), Pub. L. No 111-5 (Feb. 17, 2009).
2. Section 3012 of the Public Health Service Act (PHSA), as added by section 13301 of ARRA.
3. Flex Monitoring Team. *National CAH Database*. June 30, 2012. Access at: <http://www.flexmonitoring.org/cahlistRA.cgi>.
4. U.S. Department of Health and Human Services. *ONC to provide additional funding to accelerate critical access and rural hospitals' switch to electronic health records*. February 8, 2011. Access at: <http://www.hhs.gov/news/press/2011pres/02/20110208b.html>.
5. Health Resources and Services Administration. *Small Rural Hospital Improvement Program*. 2012. Access at: <http://www.hrsa.gov/ruralhealth/about/hospitalstate/smallimprovement.html>



About the Authors

The authors are with the Office of the National Coordinator for Health Information Technology: Office of Economic Analysis, Evaluation, and Modeling and Office of Provider Adoption and Support.

Acknowledgements

Special thanks to Jennifer King and Kimberly Lynch of ONC.

Suggested Citation

Heisey-Grove D, Hufstader M, Hollin I, Samy L, Shanks, K. Progress towards the meaningful use of electronic health records among critical access and small rural hospitals working with Regional Extension Centers. ONC Data Brief, no. 5. Washington, DC: Office of the National Coordinator for Health Information Technology, November 2012.