

Testimony of Peggy Evans, PhD, CPHIT
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before the House Energy and Commerce Subcommittee on Health

Washington, DC

July 27, 2010

Good afternoon Mr. Chairman and Members of the Subcommittee. Thank you for inviting me here today. I am Peggy Evans, director of WIREC, the Washington & Idaho Regional Extension Center for Health Information Technology. I represent Qualis Health, a private, not-for-profit healthcare consulting and quality improvement organization based in Washington State. Qualis Health's mission is to generate, apply and disseminate knowledge to improve the quality of healthcare delivery and health outcomes. Our programs improve health and healthcare through promoting efficiency and reliability in healthcare; supporting care coordination and improving care transitions; and leveraging health information technology to improve care. Our programs benefit millions of covered lives through our work on federal, state and private contracts and grants, including our role as the Medicare Quality Improvement Organization for the states of Washington and Idaho.

Meaningful use of electronic health records (EHRs) is ultimately about transformation of healthcare. It goes beyond just implementing a computer system and using a digital medical chart, and actually changes the way that providers deliver care to ensure a more reliable healthcare system. I am honored to be here today to speak before you regarding how the WIREC will provide vendor-neutral EHR adoption services to help healthcare providers attain meaningful use and realize the potential for that transformation.

WIREC, The Washington & Idaho Regional Extension Center

In February 2010, Qualis Health was awarded a Regional Extension Center (or "REC") contract from the Office of the National Coordinator. The objective of WIREC is to assist 2,400 priority primary care providers in Washington and Idaho reach meaningful use of their EHR systems by February 2012. We expect that of the 2,400 primary care providers, about 80 percent

will be from the state of Washington, and the other 20 percent will practice in Idaho because of the distribution of population in these two states. The timeframe for this goal is consistent with the duration of the Regional Extension Center contract currently in place between Qualis Health and the Office of the National Coordinator.

Across the country, the organizational model of Regional Extension Centers varies from center to center. Some RECs have structured their centers such that the prime contract holder serves as a hub of education and information, but partner organizations do the actual delivery of EHR technical services to providers in the field. On the other side of the spectrum, some RECs have adopted the model of providing most of the hands-on direct assistance to providers themselves, but engage partners for broad education and provider outreach support. WIREC is a hybrid of the two models just described. Qualis Health has the depth of knowledge and staffing to provide technical assistance to healthcare providers ourselves, and we have also partnered with five premier health IT adoption entities in Washington State and Idaho. In Washington State, these partners are: Community Choice Healthcare Network, Inland Northwest Health Services, and PTSO of Washington. In Idaho, these partners are: Idaho Health Data Exchange, and the North Idaho Health Network.

WIREC's program strategy is three-fold. First, we provide on-the-ground health IT coaches that deliver one-on-one, customized technical assistance to providers. The customization recognizes that providers are in different stages of EHR adoption and often have specific needs that we must address to best assist them to successfully adopt their EHR systems. Second, WIREC is establishing and maintaining networked IT communities of practice to share learning, and has implemented an EHR Regional Group Purchase Committee, with an independent consultant who is facilitating the process and the committee members supporting the work.

Third, we plan to support peer-to-peer networking activities that will allow participating providers to learn from one another, a powerful method of communicating information.

Providers often start their EHR adoption believing that once the technology has been installed, they are at the end of their EHR implementation journey. In fact, once implementation has occurred, the journey has just begun. Technology is a great tool when it works well, but no matter how well it works, it is just a tool. Training people to utilize their technology is an essential component of successful EHR adoption. WIREC helps participating practices bring together their optimized technology with staff trained on how to use that technology through practice redesign and role clarity so that the two pieces – people and technology - can work together in concert to deliver more reliable and efficient patient care.

Currently, WIREC's Health IT Consultant staff includes 11 seasoned professionals with expertise in a variety of health IT topics. While all 11 staff members demonstrate skills in EHR selection, implementation, and optimization, some have clinical backgrounds, others have strong IT skill sets, and yet others possess health IT analytic backgrounds. The WIREC consultants have had experience with multiple EHR vendor systems and in-depth knowledge of various healthcare sectors, including Community Health Centers, HMOs, private practice, and hospitals. All of our consultants have an intimate understanding of the challenges that providers are facing with health IT adoption, as well as providing healthcare to patients.

Our WIREC staff delivers a suite of services to providers. We consider ourselves as coaches that can guide providers through the EHR adoption continuum. For providers at the selection phase, we offer readiness planning for EHR selection, as well as support through vendor selection and negotiation. Providers that are preparing for a “go-live” can utilize our services for EHR go-live planning, data migration planning, and system stabilization. We assist those in the EHR optimization stage with quality improvement reporting, and of course,

meaningfully using their EHR systems. For providers in all stages, WIREC disseminates information about the CMS incentive payments, helps providers understand the meaningful use criteria and determining a framework for reaching that level of EHR use, and provides assistance in workflow evaluation and redesign. The importance of workflow redesign cannot be stressed enough. Many providers are under the assumption that they will transition from paper to EHRs, but continue to use the same workflow processes that supported their paper-based records. Health IT professionals and researchers have shown time and time again that successful EHR implementation and utilization is strongly dependent on consideration of workflow changes. WIREC helps providers understand this approach and offers different models for workflow training. For example, in addition to providing one-on-one workflow redesign assistance, we are also in the midst of planning a process redesign workshop for multiple geographic communities.

Recognizing that providers in our region may have already adopted a multitude of EHR systems as a starting point toward meaningful use, WIREC offers vendor-neutral services and will work with providers regardless of their choice in EHR systems. Among the first several hundred providers who have enrolled with WIREC, there are currently 14 different EHR products already in-use, including:

- Allscripts Professional
- Allscripts MyWay
- GE Centricity
- DocLinks
- E-Clinical Works
- EHS Care Revolution
- E-MDS
- Encite
- Greenway
- Office Ally
- McKesson
- NetPractice
- NextGen

- SOAPware

(See Figure 1.) We anticipate supporting additional products as enrollment into the WIREC program progresses, as WIREC offers vendor-neutral consultation and support.

The target population for the REC program focuses on four populations: 1) Smaller provider offices that have 10 and fewer providers, 2) Community Health Centers, 3) Rural Health Clinics, and those affiliated with the Critical Access Hospitals, and 4) Providers that primarily treat the underserved and uninsured. Our initial experience working with these types of providers indicates strongly that there is a need for EHR technical assistance services through the REC program. For example, we are working with a Community Health Center in Idaho that is in the readiness planning stage of EHR adoption. To their credit, this CHC had already started to think about workflow redesign and the impact of a new EHR system to their current processes. In discussing their needs with a commercial (non-REC) consultant that offered to help them, they were quoted an hourly rate of \$225 per hour, and a proposal for 200 hours with a total bill of \$45,000 dollars. The cost of commercial consultant services was prohibitively expensive for a community health center, and the CHC in this story enrolled as a participant in WIREC.

Another independent, small private practice was working with a commercial EHR vendor and getting ready for go-live in 6 weeks when they enrolled into the WIREC program. At our first site visit, we learned that the practice did not know about workflow redesign nor had they considered designating a clinical champion or project manager for their EHR implementation. While EHR vendors help providers with a bulk of their implementation and technology needs, providers often need to understand that there are tasks on their end that should be completed in order to help them help themselves, which is where WIREC steps in.

Upon a provider's enrollment into the WIREC program, we ask providers to complete a needs assessment. We then designate a WIREC Health IT Consultant to guide the provider to the best and safest approach for EHR adoption and reaching meaningful use, dependant on their responses to the needs assessment and their status on the EHR adoption continuum. The WIREC consultant will also help determine if the provider has the appropriate hardware and make recommendations for change if needed. For providers in all stages of EHR adoption, WIREC consultants will give them the information required to allow providers to evaluate which CMS incentives may be the best for them, and help providers understand the evolving nature of meaningful use. Our position as the REC also allows us to consistently scan the national, regional, and local environment for information and provide real-time course corrections for providers when obstacles are present or information has changed.

Because one of WIREC's major objectives is to assist providers in meaningfully using their EHR systems, our consultants are also prepared to do on-site meaningful use readiness assessments. This includes identifying the gaps between where the provider is now and where s/he needs to be in order to reach meaningful use, and then laying out a customized path for how to achieve meaningful use. We have received feedback from many providers that the meaningful use criteria just seem like a mass of expectations and they do not know how to take even the first steps toward meaningful use. WIREC staff provides a framework for understanding the meaningful use criteria that is more readily digestible by providers and their staff and then suggest "do-able" chunks that providers can tackle without being overwhelmed.

WIREC Program Enrollment and Current Project Status

The WIREC contract was awarded in early February of this year. To date, in our first few months we have successfully enrolled practices that represent about 500 primary care providers.

(See Figure 2.) Among our initial enrollees, practice site locations are spread across the two-state region, including both urban and rural sites. The type of the WIREC enrolled practices are aligned with the mission of the REC program to service smaller provider offices, Community Health Centers, Rural Health Clinics, and those that primarily treat the underserved and uninsured. (See Figure 3.) Of the 500 providers enrolled into WIREC, a vast majority are from smaller provider offices. Of the larger practices that we are serving, mostly all are Community Health Centers or Rural Health Clinics.

Our recruitment effort continues as we move toward our goal of assisting over 2,000 providers reach meaningful use. WIREC recruitment has benefited substantially from outreach assistance through partners and stakeholders across the region, particularly state government programs and professional associations that supported WIREC's original proposal for ONC funding. Tactically, our WIREC team also pursues recruitment through direct contact with providers, visibility at pertinent events in the region, and recruitment information deployed via the WIREC website.

Following the first few months of initial enrollment efforts, the WIREC IT consulting team has now begun providing direct assistance in the field to our participating practices. Following the initial site visit to the medical practice, we send out a customer satisfaction survey and collect anonymous feedback for use in our on-going internal quality control efforts. (See Figure 4.) Among our practice sites thus far, 100% of providers have reported satisfaction with WIREC services, with 70% indicating that they are "extremely satisfied." The number of practices surveyed thus far is small, but the results are encouraging.

We have also provided group learning opportunities in addition to on-site technical assistance. Our educational webinar series for providers has been very well received, with evaluation responses showing consistent ratings around 90% of respondents agreeing that each

of the sessions has been of value to them. (See Figure 5.) This educational webinar series is now offered monthly, with every other month focusing broadly on strategies for attaining meaningful use and the other months focusing in-depth on a technical topic related to EHR adoption and meaningful use.

Collaboration and Coordination with other HITECH/ARRA Funded Entities

As a REC awardee operating with ONC funding, WIREC coordinates with other entities that have also received HITECH/ARRA funds through bi-weekly meetings and ad-hoc committees. In particular, we collaborate on ensuring that messages to providers about the CMS incentive funding, meaningful use, and the different HITECH projects are standard and consistent. Recently, WIREC worked with each state's Medicaid program to develop a fact sheet for providers about the incentive funding, and in Washington State, coordinated with the Statewide Health Information Exchange awardee, the Beacon grant awardee, the Community College Workforce Development awardee, as well as the state's Medicaid program to develop common communication messages related to meaningful use. Inland Northwest Health Services, the Beacon grant awardee, is also a WIREC technical assistance partner.

In addition, WIREC has an active collaboration on health IT workforce development with Bellevue College, the lead on the Region A 10-state community college consortium. Through Bellevue College, we currently have four interns working with WIREC, learning about meaningful use and workflow redesign, and benefiting from direct observation during site visits. We expect to continue our collaboration with Bellevue College through the development of an employment networking program, and work with additional interns in support of the College's health IT course offerings.

We share a vision of successfully achieving meaningful use of health IT across our region with a host of other partners and stakeholders. Many of our partners have significantly supported our initial recruitment efforts and promotion of educational programs through their newsletters, email blasts, in-person presentations and websites. Our partners include Washington and Idaho's state medical and hospital associations, area health education centers, independent practice associations, health center-controlled networks (or HCCNs), state universities, state departments of health, and others.

Summary

In conclusion, Qualis Health is honored to be among the 60 entities implementing the REC program. Our start-up experience shows that providers across our region, both urban and rural, are enrolling into the WIREC program, and initial feedback from providers shows that they are finding value in working with the REC as a supplement to the support they may receive from their EHR technology vendor. Each provides different but complementary services.

Implementing an EHR system and moving toward meaningful use is a transformation, far beyond the technical aspects of implementing a computer system. With our vendor-neutral support, WIREC is helping ONC's priority providers embark on that transformation.

Thank you again for the opportunity to share our experience.

Figure 1: WIREC providers' diverse EHR products

- Allscripts Professional
- Allscripts MyWay
- GE Centricity
- DocLinks
- E-Clinical Works
- EHS Care Revolution
- E-MDS
- Encite
- Greenway
- Office Ally
- McKesson
- NetPractice
- NextGen
- SOAPware

Figure 2: WIREC participating clinic sites, July 2010

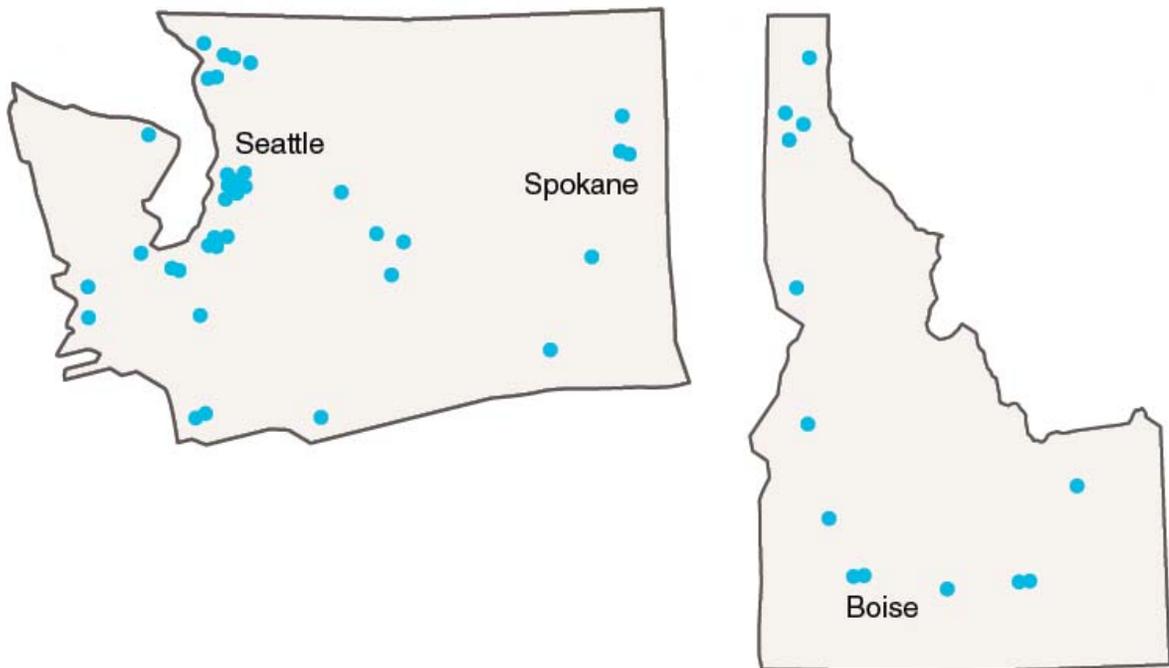


Figure 3: Number of providers per enrolled WIREC practice

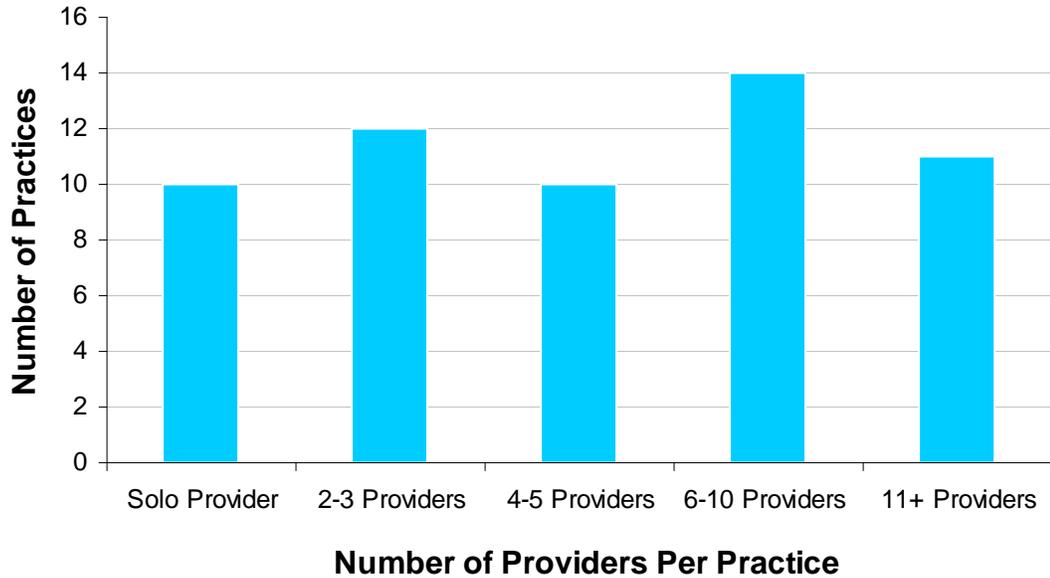


Figure 4: Initial provider satisfaction with WIREC services, July 2010

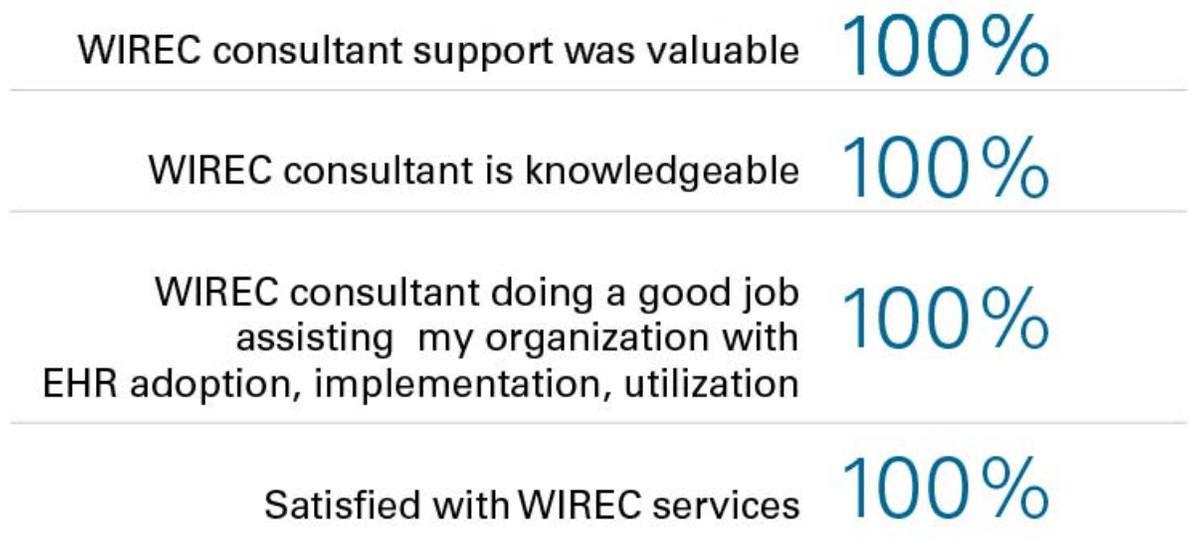


Figure 5: Providers who agreed that WIREC educational series provided value

