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Key Health Alliance Selected as Regional Extension Center for Health Information Technology for Minnesota and North Dakota

REACH aims to improve care through the adoption and meaningful use of health information technology

BLOOMINGTON (Feb. 16, 2010) – Health and Human Services Secretary Kathleen Sebelius announced that Key Health Alliance (KHA), a Minnesota based partnership of Stratis Health, the Rural Health Resource Center, and The College of St. Scholastica, has been awarded a \$19 million grant to serve as the new federally designated Regional Extension Assistance Centers for Health Information Technology (REACH) for Minnesota and North Dakota. North Dakota Health Care Review, Inc., and the University of North Dakota Center for Rural Health are working with KHA to meet the unique needs of the North Dakota provider community and build a cohesive and effective program across both states.

HIT Regional Extension Centers are being established across the country as part of the American Recovery and Reinvestment Act (ARRA) of 2009, through the federal Office of the National Coordinator (ONC) for HIT. The REACH program will work with health care providers in Minnesota and North Dakota to improve care through the adoption and meaningful use of health information technology (HIT) and electronic health records (EHR).

“Key Health Alliance is pleased to be taking this leadership role to bring additional resources to Minnesota and North Dakota to improve health care quality and efficiency using technology,” said Jennifer Lundblad, PhD, MBA, KHA principal and Stratis Health president and CEO. “Through these federal stimulus funds, we will bring resources to communities and providers who have lagged behind in adoption because of their size, finances, and other limitations, as well to providers who have already implemented an electronic health record but need assistance to fully maximize its use.”

More than 30% of Minnesotans and 50% of North Dakotans live in rural areas. A significant percentage of their populations also are uninsured, underinsured, and medically underserved. ONC has targeted providers serving these populations to receive technical assistance for HIT.

In Minnesota, data show that rural clinics lag behind their urban counterparts in adopting HIT. According to a Stratis Health survey, EHR adoption at rural Minnesota clinics increased from 36% to 48% and at urban clinics from 54% to 71% between 2005 and 2007. North Dakota has a 40% EHR implementation rate at its primary care practice sites.

“ONC has recognized the gap in HIT adoption between rural and urban providers and is providing assistance to those clinics and hospitals that need it the most,” said Terry Hill, KHA principal and Rural Health Resource Center executive director. “As Minnesota and North Dakota providers achieve meaningful use of their EHRs, health care will become safer and more efficient.”

Meaningful use is the term used to describe how providers can use their EHR systems to improve patient care. EHRs can provide clinical decision support, such as reminding providers and patients about scheduling preventive care screenings for mammograms or colorectal cancer. Physicians can use registry features to aid in chronic disease management and to track quality of care. They can identify all of their patients with diabetes to provide health education and other means to enhance care.

“At this time we are not aware of any North Dakota clinics with an EHR that would qualify for potential Medicare and Medicaid incentive payments based on achieving meaningful use of their EHRs,” said Barb Groutt, CEO of North Dakota Health Care Review. “We look forward to working with North Dakota providers to help them achieve meaningful use. North Dakota Health Care Review and our partners at the UND Center for Rural Health will do all that we can to help them succeed.”

Through REACH services, health care providers can expect to receive HIT education and technical assistance to improve the quality and value of care they deliver. Eligible providers may receive incentive payments for their Medicare and Medicaid patients upon demonstrating meaningful use. Key Health Alliance is working to build the infrastructure for the REACH program and plans to start offering services later in the spring.

“Technical assistance and education are critical for accelerating the rate of EHR implementation and optimal use,” said Marty Witrak, KHA principal and The College of St. Scholastica, dean of the School of Nursing. “Providers, whose fundamental knowledge has been medical care, are now being asked to understand complex computer systems and adapt to a new workflow. That’s a big change.”

To help meet national HIT Regional Extension Center Program goals, REACH is aiming to provide technical assistance services and support to 5,100 priority primary care physicians and other clinicians in Minnesota and North Dakota over the next four years. Over 4,600 providers at more than 400 practices have already expressed their interest in participating in the program and receiving technical assistance services. In addition to primary care practices, REACH services will be available to providers of all types across the continuum of care.

Two state councils will guide REACH’s strategy and implementation, and will coordinate with other ARRA funded efforts. The Minnesota Council includes Minnesota Department of Health, Minnesota Department of Human Services (State Medicaid Agency), and University of Minnesota Academic Health Center. The North Dakota Council includes North Dakota HIT Advisory Committee, North

Dakota Health Care Review, Inc., North Dakota State Medicaid Agency, North Dakota Medical Association, and the University of North Dakota School of Medicine.

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About Key Health Alliance

Key Health Alliance is a partnership of Stratis Health, Rural Health Resource Center, and The College of St. Scholastica, and was developed with an emphasis on improving health for the rural and underserved. The three organizations have a long history of working together to improve health care. Each organization has unique and complementary expertise and experience in health care quality, education, patient safety initiatives, and health information technology.

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