Regional Extension Center Program

Background on Priority Primary Care Settings:

Sixty-two Regional Extension Centers were awarded, covering 100% of the United States, to assist 100,000 primary care providers with the adoption of an electronic health record and the achievement of Meaningful Use (as defined by CMS Regulations). The program is funded via the HITECH Act and instituted to address the historically low EHR adoption and implementation rates across the country. The program prioritizes providers in various practice settings including:
- Small practices (1-10 providers)
- Rural Health Clinics
- Federally Qualified Health Centers
- Public Hospitals
- Critical Access Hospitals
- Consortiums (groups of providers that still operate independently but have come together under one tax identifier for sharing services)
- Medically Underserved areas

List of Core REC Services:

The Regional Extension Centers are responsible for providing comprehensive support and technical assistance to support providers with their adoption. The FOA requests RECs provide a set of core services including:

- **Education and Outreach to Providers** – The Regional Centers will provide for dissemination of knowledge about the effective strategies and practices to select, implement, and meaningfully use certified EHR technology to improve quality and value of healthcare.   At a minimum, this support should consist of materials designed to be widely and rapidly disseminated, both for provider self-study and for use by other Regional Centers. Education and outreach activities will be supported by the HITRC and the other Regional Centers.

  Other education and outreach activities can include, but are not limited to: support of regional communities of practice for providers and those who support their health IT implementation; health IT training events for clinical professionals and their support staff; and instruction and assistance on using health IT to enhance the patient-provider relationship and encourage patient self-management. Training events, programs, and communities of practice may be co-sponsored with other local resources, such as (but not necessarily limited to) state and local health services oversight agencies, professional organizations, provider organizations, and consumer organizations.

- **National Learning Consortium** - The Regional Centers will become, upon award, members of a consortium that will be facilitated by the HITRC. All Regional Centers will be required to participate in the consortium and its activities. Regional Centers will: participate in national and host regional network meetings; use the client management, tracking, reporting application furnished

through HITRC to provide ongoing data to support ONC's monitoring, oversight, and continuous improvement of the Extension Program; and make tools and materials developed using funding provided through the cooperative agreement available for sharing with other Regional Centers, interested stakeholders, and the public, directly and/or via the HITRC. Regional Centers may also host national and/or regional meetings as appropriate. Materials that shall be shared include templates, guides, curricula, model contracts, and other informational, educational, outreach, and implementation support products.

ONC and the HITRC will assist the Regional Centers in the fulfillment of these activities through operational support, including provision of information and materials (e.g., sample contracts, workflow templates, marketing materials, privacy/security guidelines, quality improvement curriculum), networking support (e.g., online and in-person forums to support sharing between and among Regional Centers), and policy support (e.g., advice on approaches to regulatory enablers or barriers).

- **Vendor Selection & Group Purchasing** - This includes assistance in assessing the health IT needs of priority primary-care providers, and selecting and negotiating contracts with vendors or resellers (of EHR systems, hardware and network infrastructure, and IT services). Regional Centers should assist providers in holding vendors accountable for adhering to service level agreements.

Regional Centers are expected to design group purchasing plans to leverage volume discounts and assure a high level of service for their providers. Support should specifically focus on helping providers select the highest-value option, *defined as that which offers the greatest opportunity to achieve and maintain meaningful use of EHRs and improved quality of care at the most favorable cost of ownership and operation, including both the initial acquisition of the technology, cost of implementation, and ongoing maintenance and predictable needed upgrades over time.*

Each Regional Center will offer unbiased advice on the systems and services best suited to enable the priority primary-care providers to become meaningful users of EHRs. Regional Centers will avoid entering into business arrangements creating an actual or apparent conflict of interest with the Regional Center's obligation to act solely in the best interests of advancing meaningful use of certified health IT by the providers it serves. Regional Centers that choose to offer group purchasing of EHR software, IT support services, and/or hardware must provide a choice of offerings. The selection process for these vendors must be open and competitive; the selection committee must include representatives of the priority primary-care providers actively practicing within the Regional Center's geographic service area.

- **Implementation and Project Management** - Regional Centers must provide end-to-end project management support over the entire EHR implementation process, including individualized and on-site coaching, consultation, troubleshooting, and other activities required to assure that the supported provider is able to assess and enhance organizational readiness for

health IT, assess and remediate gaps in IT infrastructure, configure the software to meet practice needs and enable meaningful use, ensure adequate software training for all staff, and track and adhere to implementation timelines.

- **Practice and Workflow Redesign** - Regional Centers must provide support for practice and workflow redesign necessary to achieve meaningful use of EHRs. This support will require working with the priority primary-care providers, and their EHR vendor(s), to implement and troubleshoot the use of the EHR system for the consistent documentation of essential clinical information in structured format, instituting electronic administrative transactions, electronic prescribing, electronic laboratory ordering and resulting, sharing key clinical data across practice settings, providing patient access to their health information, public health reporting, and policies and practices that protect the privacy and security of personal health information. Regional Centers must be capable of mapping and redesigning work processes, updating roles and responsibilities for clinicians and support staff, and leading continuous quality improvement activities involving rapid cycle feedback.

- **Functional Interoperability and Health Information Exchange** – Regional Centers will assist priority primary-care providers in connecting to available health information exchange infrastructure(s), including local health information exchange organizations and state-based shared utilities or directory services in compliance with applicable statutory and regulatory requirements, patient preferences, and the State Plans for health information exchange (HIE) developed and HHS-approved under cooperative agreements issued by ONC pursuant to Section 3013 of the PHSA as added by ARRA. Regional Centers will focus on meeting the functional interoperability needs of practices, including, but not limited to the electronic exchange of administrative transactions, laboratory orders and results, medication prescriptions, quality and public health reports, patient summaries, and the information required to ensure continuity across the spectrum of care.

- **Privacy and Security Best Practices –** Regional Centers will support providers in implementing best practices with respect to the privacy and security of personal health information, including: implementation and maintenance of physical and network security, user-based access controls, disaster recovery, encryption and storage of backup media, human resources training and policies; and identification of state laws and regulatory requirements that impact privacy and security policies for electronic interoperable health information exchange.

- **Progress Towards Meaningful Use** – The Regional Centers' personnel shall participate in program training and be able to provide their clients effective assistance in attaining meaningful use. Participation in this training will also assure that the educational and informational offerings to providers in the centers' geographic areas are accurate and aligned with, but not duplicative of, the education and outreach on the provider incentives that will be furnished to providers nationwide by CMS. Regional Centers shall review the utilization of the EHRs within their participating practices, and provide appropriate feedback and support to improve low utilization of features essential for meaningful use

(e.g., electronic prescribing). Where structural, technical, or policy barriers hinder progress, the Regional Centers will work with the HITRC and local stakeholders to report to ONC the existence and nature of these barriers. Regional Centers shall also help priority primary-care providers to understand, and implement technology and process changes needed to attain meaningful use requirements and demonstrate this attainment, as defined by the Secretary through Medicare and Medicaid regulations and guidance.

- **Local Workforce Support** - The Regional Centers will be expected to partner with local resources, such as community colleges, to promote integration of health IT into the initial and ongoing training of health professionals and supporting staff. Regional Centers may provide internship opportunities for local training programs, provide instructors for didactic programs, and use local training programs' graduates to fulfill the workforce needs of their extension activities and the implementation, maintenance, and use needs of the centers' participating providers.

REC Milestones:

The FOA requires the RECs to provide information on key milestones to ensure that the provider are receiving sufficient support. While the total number of providers served varies from REC to REC and is tied to the total number of providers in their service area, all REC's are required to provide the same information on milestones. RECs program successes are measured against the three program milestones:
1. Provider Enrollment
   a. A provider signs an agreement with the Regional Extension Center. Agreement includes information such as REC fee structure, provider NPI and practice site information, contact information, and other demographic indicators
2. Provider adopts or upgrades an ONC-certified
   a. Provider must be on a EHR system
   b. Milestone 2 is satisfied when a provider demonstrates and attests that s/he is e-prescribing and generating clinical summary reports (by patient request)
3. Meaningful Use Achievement
   a. Either data from CMS that the provider has attested that they meet all the meaningful use criteria **OR** information about each of the meaningful use criterial.

Community College Consortia Program

The Community College Consortia program, also referred to as the "Workforce," program, is intended to help address the Health IT workforce by training individuals on the subject matters integral to the success of health IT adoption across the country. The program awarded 5 consortia, across 84 community colleges. Together, these colleges will work to train 10,000 students by 2012, to help address the growing demand for skilled health IT experts. The training programs are 6-month, non-degree programs, for people who are already involved in the health care or information technology fields. Courses are available to students on site at the college and

through distance learning. Upon completion of the program, each student will receive an institutional certificate or equivalent for successfully completing the program. The six workforce roles that students will be trained on are:

- o **Practice workflow and information management redesign specialists:** The goal of health IT is to improve processes, not just computerize them. An essential part of the transition will be to assess workflows in a practice, suggest changes to increase the quality and efficiency of care and facilitate reporting, and work with providers to implement these changes. These jobs are well-suited for people with experience in practice management or IT in a clinical setting.
- o **Clinician/practitioner consultants:** The colleges will offer programs for licensed health professionals so that they can apply their specialized clinical knowledge to selecting hardware/software, working with vendors, and ensuring that clinical goals are met.
- o **Implementation support specialists:** Specialists will be needed to install and test health IT systems in clinical settings to ensure that the systems are easy and effective to use. The Community College Consortia will provide training for those who have IT or information management experience but not necessarily in the health care arena.
- o **Implementation managers:** Those who have administrative or managerial experience in health or IT environments may seek additional training to oversee and manage the transition to health IT for providers.
- o **Technical/software support:** Providers will need ongoing support to diagnose IT problems, develop solutions, and keep systems running smoothly and securely. Those with IT or information management experience may want to train for these positions.
- o **Trainers:** The need for skilled trainers will be ongoing. Practice staff will have to be trained on new systems and upgrades. And new staff will have to be trained as they come onboard. IT specialists with training experience can receive instruction in the design and delivery of training programs.

Program evaluation will be completing by monitoring the number of students matriculating from the program, job placement of trained individuals upon program completion, employment retention rate, number of students enrolling in the programs and number of students graduating from these programs.

In addition to the OPAS program monitoring plan, data collection will also assist with the following:

- OMB High Priority Goal: OMB has identified the Office of Provider Adoption Support as a high priority program and has required that OPAS regularly report key performance metrics on behalf of ONC. These measures are tied to the OPAS activities within the ONC strategic plan. The high priority performance goal is to establish infrastructure for supporting the adoption and meaningful use of Health Information Technology by the end of FY 2011. The metrics associated with this goals include:
    - o Establishing a network of Regional Extension Centers covering 100% of the United States Population by the end of FY 2010.

- o Registering 30,000 providers to receive services from Regional Extension Centers by the end of FY2010.
- o Registering 100,000 providers to receive services from Regional Extension Centers by the end of FY2011.
- o Achieving 40% adoption of EHRs among providers who have seen a Regional Extension Centers for at least 10 months, by the end of FY2011.
- Data Transparency: As an ARRA supported program, ONC is interested in publishing the data from the RECs publically to provide insight into the ability of programs to meet their goals. All of the milestone data will be scrubbed for any identifiable information and posted on the web.
- Program Monitoring: The Office of Provider Adoption Support is required to monitor programs on an ongoing basis (quarterly). Metrics for evaluating regional extension centers would include:
  - o Number of providers projected to sign agreements to participate in the program vs. the number of providers that actually sign agreements to participate in the program
  - o Number of providers projected to adopt or upgrade their EHR systems to satisfy ONC-certification requirements vs. the actual
  - o Number of providers projected to meet MU requirements vs. actual
  - o Participation in the HITRC and National Learning Consortium
  - o Collaboration with other ONC-funded Health IT initiatives, such as health information exchange, University-Based Training, and Beacon communities
- General Research and Evaluation: The data collected from the CRM/operations plans will be used by external evaluators to measure the programs impact on facilitating EHR adoption. These identified metrics are connected to broader HHS Objectives, specifically the improvement of health care quality, safety, cost, and value. ONC reports progress on these measures to HHS leadership on a quarterly basis. The reports provide a status report of the progress made to date, the best practices, and the challenges related to the key measures.
- Addressing Health Disparities: ONC plans to use the data collected by the CRM to assess if RECs are working with providers serving in Medically Underserved Areas or Health Professional Shortage Areas. ONC also plans to develop additional technical assistance that will be designed to support RECs that are working with providers in these areas and will use the CRM data to measure the success of these interventions.
- Evaluating MU Criteria: ONC plans to use CRM data to get an early indication of how different programs are doing on the MU criteria. The milestone data will supplement what CMS will be getting through their attestation tool, by allowing ONC to understand what measures providers will be using and how they will be scoring on criteria before they officially submit. This will help provide information that can be used to shape the development of stage 2 and 3 Meaningful Use criteria.
- Evaluating EHR Systems that receive certification: The milestone data will also allow ONC to monitor how fast providers on certified systems are achieving MU. This information will be useful in helping to understand if there are other factors/criteria that should be including in future certification criteria.
- Congressional Biennial Evaluation mandate: As required by section 3012 of the Public Health Service Act and amended by ARRA, ONC must conduct a biennial evaluation of

each Regional Extension Center program that receives financial assistance by an evaluation panel appointed by the secretary.
- <u>ARRA Reporting:</u> Reporting and Registration requirements under section 1512 of ARRA—awards funded under ARRA require recipients to complete activities or projects and report these activities.