



Montana Rural Healthcare Performance Improvement Network

Rural & Quality News

ICD-10 Resources

October 1, 2013 was the new ICD-10 deadline! Here are a couple resources from CMS.

[ICD-10 Basics for Small & Rural Practices](#)

[CMS ICD-10 Resources Toolkit](#)

Speak Your Peace: Death of a Hospital

TheDailyYonder.com

When a hospital dies – do you send a sympathy card?

On October 1st, Lee Regional Medical Center in Pennington Gap, Virginia will close. It is dead. The jobs that were associated with that facility will die; the money it pumped into the local economy will die.

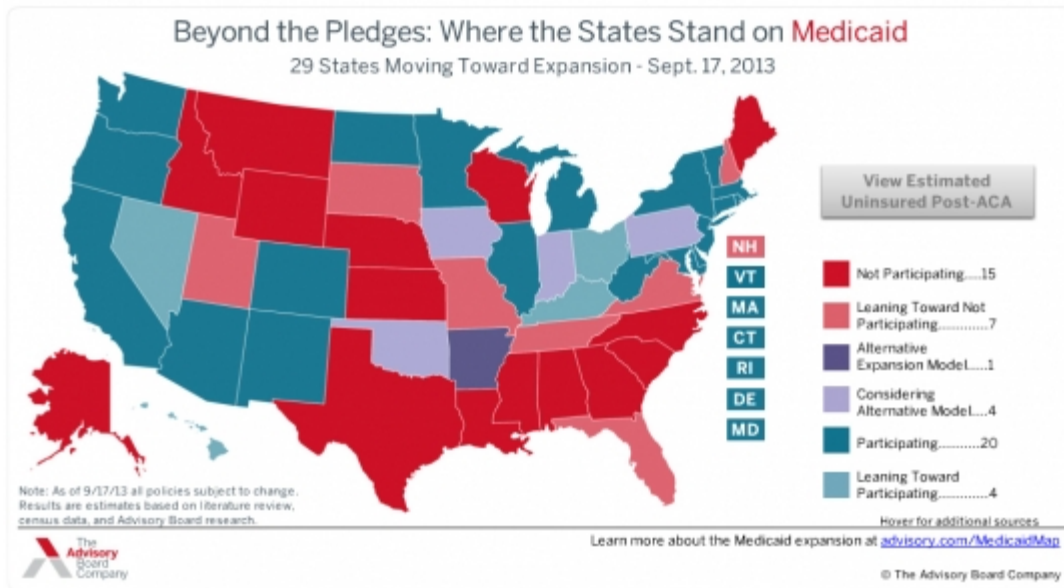
The major reason listed by the Wellmont Health System for the cause of death is the lack of Medicaid expansion which is intended to offset major cuts in Medicare payments from the Affordable Care Act (ACA).

ACA or “Obamacare” is a compromise. Some people wanted the United States government to create a universal healthcare system, such as those found in other first-world nations. Other people thought a single-payer system would go too far; it would overreach the responsibility of the government. So a deal was struck: hospitals would agree to lower Medicare payments and in return, more of their patients would have insurance.

Unlike a business, a hospital has to accept anyone and everyone who walks through the Emergency Room door, regardless of whether or not they are able to pay for the services they receive. If you are hungry and go to a grocery, but are unable to pay -- you will not get food. If you are homeless and go to an apartment complex, but are unable to pay – you will not get a unit. But if you show up in a hospital emergency department and are unable to pay, that facility is required by federal law to see you anyway.

And in small rural hospitals the percentage of people who are unable to pay is much higher than in urban areas. For Lee Regional Medical Center that number is 12%;

uninsured rates at other rural facilities range from 10% to 20%. Do you know of a business that could stay open if 20% of their customers did not pay the bill?



The Advisory Board Company Map shows which states plan to expand Medicaid, as allowed under the Affordable Care Act. (Larger version of the map available [here](#).)

Which brings me back to the compromise. Medicaid expansion was written into the Affordable Care Act to decrease the number of uninsured people hospitals have to treat. Yet Virginia hasn't kept up its end of the deal. As of September 17, 29 states are moving toward expanding Medicaid, but Virginia is dragging its feet. While our elected officials play political football with healthcare, a hospital has died.

In its grave will lay jobs. Lee Regional Medical Center supports 190 full-time equivalent positions. These are not low-paying, entry level jobs. These are doctors, nurses, anesthesiologists, therapists.

In its grave will lay the local economy. The hospital, which is the fourth largest employer in the county, pumped \$11.5 million in labor costs into the local economy every year. At almost 24%, Lee County already has the highest poverty rate of any county in the state. Where will that go from here?

"These political decisions clearly can have dire ramifications for small communities and the hospitals that serve them," said Denny DeNarvaez, Wellmont's president and CEO.

Patients in Lee County will have to travel to Lonesome Pine Hospital in Big Stone Gap, over 20 miles away, and Holston Valley Medical Center in Kingsport, Tennessee, over 40 miles away. The mileage will be doubled if one lives in the western end of Lee County. People who have to travel out of their community for service will undoubtedly take their money with them. Dollars spent on gas, food, entertainment and lodging will be stripped out of Pennington Gap, crippling their already fragile tax base.

If it can happen to one small community, it can happen to others. And while a failing town in Pennington Gap may not seem to matter in distant cities, once the dominos start to tumble, it will hurt everyone.

To find out the status of your state's decision on whether to expand Medicaid, [here's a list](#). For Virginia residents, the Virginia Medicaid Innovation and Reform Commission (MIRC) is responsible for determining the way forward regarding Medicaid expansion. I encourage you to visit their [website](#), see who the members of the Commission are, and contact them about Medicaid expansion.

Today, Virginia has 24 small, rural hospitals. On October 2nd, it will have 23. How many more will die before Virginia holds up its end of the Medicaid bargain? And where will I send that sympathy card?

HHS Launches Meaningful Consent Site

www.raconline.org

New Tools Available to Help Health Care Providers Engage and Educate Patients

An online resource to help health care providers effectively engage patients in choosing how they want their electronic patient health information shared was launched today by the U.S. Department of Health and Human Services. Known as Meaningful Consent, the site addresses the laws, policies and issues related to the electronic exchange of health information, also known as health information exchange, or HIE. The site includes strategies and tools that can be used to engage and educate patients. This information is designed for providers, certain health information organizations and other implementers of health information technology.

The new Meaningful Consent site includes background, lessons learned, videos and customizable tools from the eConsent pilot project that was completed by the HHS Office of the National Coordinator for Health Information Technology (ONC) in March of 2013. The pilot project tested the use of tablet computers to inform patients about options available to them when they consider whether to electronically share their health information through HIE.

More and more patients and providers are using technology to manage health care and share health information, including electronic health records (EHRs) and HIE services.

"As patients become more engaged in their health care, it's vitally important that they understand more about various aspects of their choices when it relates to sharing their health in the electronic health information exchange environment" said Joy Pritts, ONC's chief privacy officer.

The Meaningful Consent site builds upon the 2011 recommendations from ONC's Health Information Technology Policy Committee (HITPC), which called on ONC to inform, collect, and evaluate the information patients need to make an informed choice about electronic exchange of their health information.

In recognition that patients are increasingly engaged in their health care, HHS encourages communication and education of patients in many areas, including electronically receiving and sharing their health information. Adequately informing patients of these new models for exchange and giving patients the choice whether to participate is one means of ensuring that patients trust these technologies.

For more information, visit www.HealthIT.gov/meaningfulconsent

Wow! Over 1000 critical access and small, rural hospitals meet the Meaningful Use challenge!

HealthITBuzz.com

Last year, we issued [a nationwide challenge](#) to see 1000 critical access hospitals (CAHs) and small, rural hospitals get to Meaningful Use by 2014. The call to action was met with support; we could feel everyone roll up their sleeves in unison.

As of July 31, 2013, we passed the goal with 1,115 (65%) CAHs and small, rural hospitals achieving Meaningful Use. Specifically, 62% (approximately 822 of 1,332) of CAHs and 77% (approximately 293 of 383) of small, rural hospitals (those generally with less than 50 staffed beds) had attested to meaningful use of EHRs.

Small Rural and Critical Access Hospitals that Attested to Meaningful Use Cover the Nation
The small rural and CAHs that have achieved this milestone are well distributed across the country – success has not been limited to one region. The map below illustrates the nationwide distribution of the CAHs and small rural hospitals that attested to Meaningful Use.

Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs 
Location of Critical Access and Small Rural Hospitals that Attested to Meaningful Use
July 2013



Map of critical access and small rural hospitals that attested to Meaningful Use. Small rural hospitals are those covered by the Small Hospital Improvement Program, which serves rural hospitals with fewer than 50 staffed beds. Hospitals are identified as attested or not attested based on CMS EHR Incentive Program Meaningful Use attestation status as of July 31, 2013.

from the HHS Office of the National Coordinator for Health IT

Challenges faced by Small Rural and Critical Access Hospitals Achieving Meaningful Use

These hospitals face unique challenges because of their:

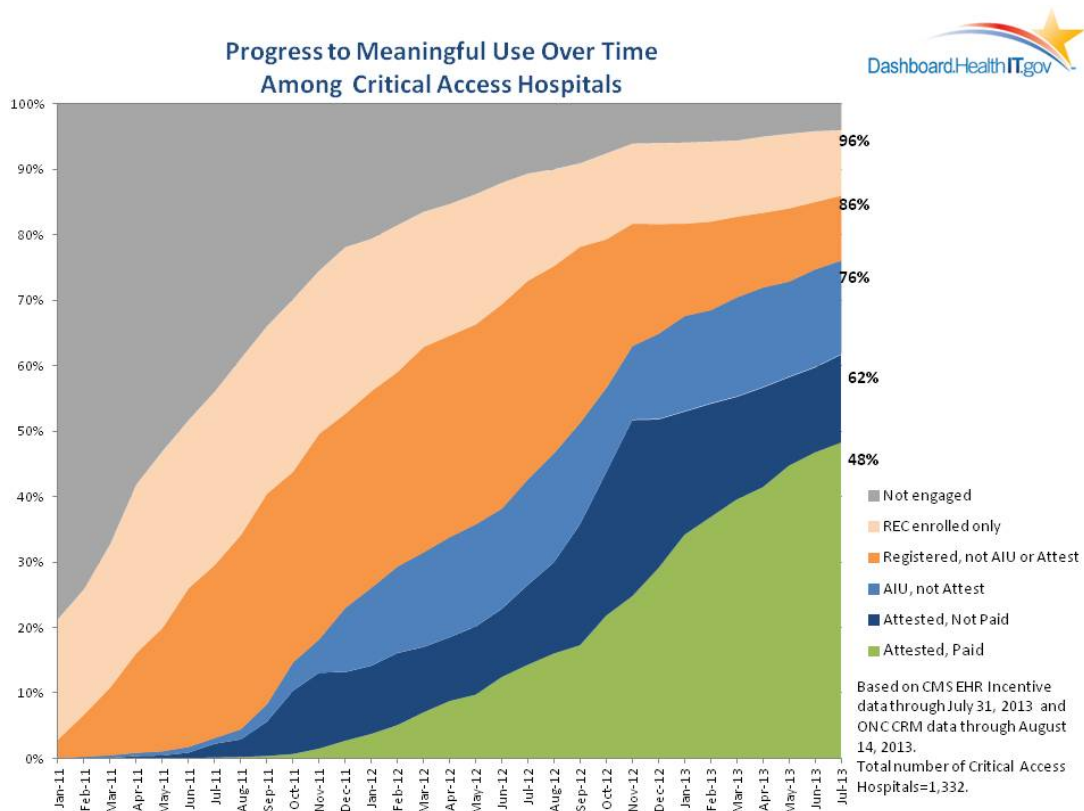
1. Remote geographic location,
2. Small size and low patient-volume,
3. Limited workforce,
4. Shortage of clinicians,

- 5. Constrained financial resources and
- 6. Lack of adequate, affordable connectivity

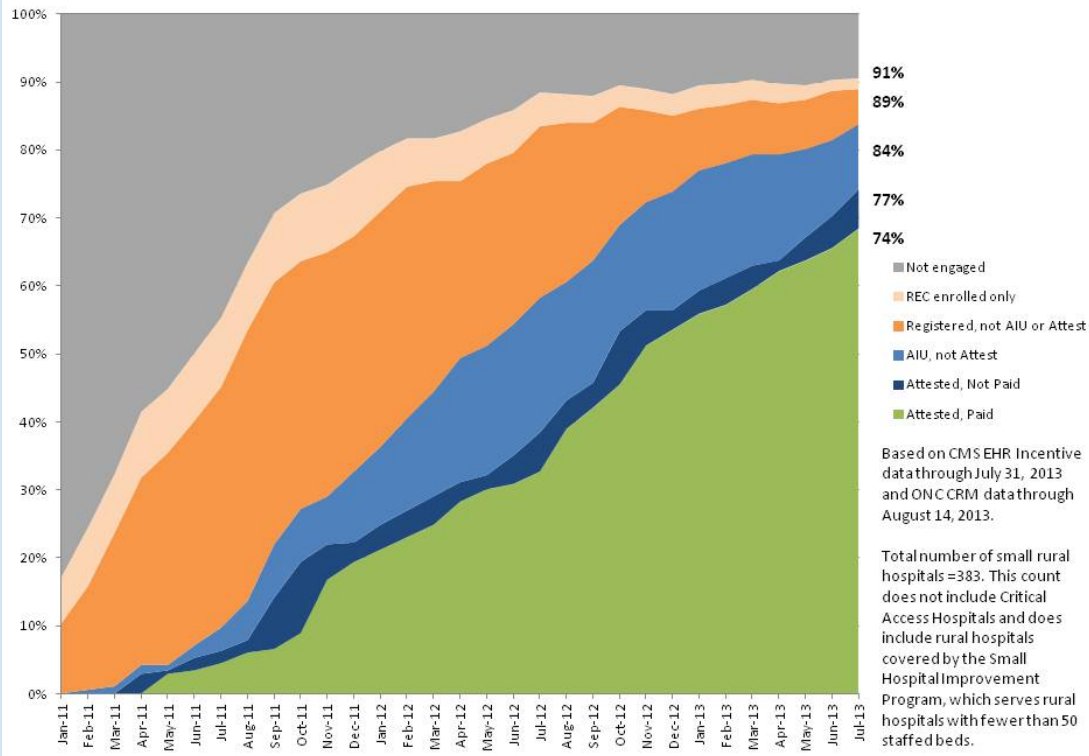
Follow this link for information on how CAHs may overcome challenges to Health IT:
<http://www.healthit.gov/providers-professionals/benefits-critical-access-hospitals-and-other-small-rural-hospitals>

Safety net hospitals made huge gains in Meaningful Use since 2011

With hard work and grit, these safety-net hospitals have made amazing progress since 2011, despite the real challenges they face. The two figures below show the pathway of CAHs and of small, rural hospitals to Meaningful Use, respectively, between January 2011 and July 2013.



Progress to Meaningful Use Over Time Among Small Rural Hospitals (non Critical Access Hospitals)



Note on legend: Hospitals were categorized into 1 of 6 hierarchical and mutually exclusive categories:

(1) Attested, Paid – hospitals have received payment for successfully attesting to Stage 1 Meaningful Use under the Medicare and Medicaid Electronic Health Record (EHR) Incentive Program.

(1) Attested, Not Paid– hospitals successfully attested to Stage 1 Meaningful Use under the Medicare EHR Incentive Program but have not yet received payment.

(2) AIU only – hospitals received Medicaid EHR Incentive Program payment for AIU but not yet attested or received payment for attesting to Meaningful Use.

(3) Registered EHR incentive program – hospitals registered for the Medicare or Medicaid EHR Incentive Program but had not yet attested or received payment for AIU or Meaningful Use.

(4) Enrolled REC – hospitals enrolled with a Health IT Regional Extension Center but not yet registered for the Medicare or Medicaid EHR Incentive Program.

(5) Not participating – hospitals not registered for the Medicare or Medicaid EHR Incentive Program and not enrolled with an REC.

Rising to the Meaningful Use Challenge

Many rural and CAHs are trailblazers; these hospitals are leading the way toward leveraging health IT to transform and improve the delivery of care to their rural communities. They help us show case leading practices that may help shape the path for other organizations.

Read more about how one CAH in Michigan, [Harbor Beach Community Hospital](#), used Meaningful Use as a jumping off point to accelerate its progress to becoming a certified Patient Centered Medical Home.

2012 and 2013 Critical Access and Rural Hospital Champion Award

While we can't thank everybody, those who received the Critical Access and Rural Hospital Champion Award from the National Coordinator for Health IT Farzad Mostashari in 2012 and 2013 are listed below. This award recognizes the groundbreaking collaborative efforts these individuals have taken with public and private sector partners to accelerate Meaningful Use among CAHs and small, rural hospitals nationwide. What we're most delighted to note about this award is that it is also in recognition of continued collaborations since 2012. These awards are not simply for a single instance of dedicated effort.

Critical Access and Rural Hospital Champion Award Recipients			
2012	2012	2012	2013
Barry Little	Louis Wenzlow	Roger Holloway	Bill Menner
Bill Sonterre	Lynette Dickson	Sally Buck	David Willis
Brock Slabach	Melissa Hungerford	Shanti Wilson	Ed Gamache
Chuck Christian	Patricia Alafaireet	Tammy Flick	Jessica Zufolo
Harry Wolin	Patricia Dombrowski	Terry Alexander	Kendra Siler-Marsiglio
Jac Davies	Paul Kleeberg	Terry Hill	Mark Renfro
Joe Wivoda	Phil Deering	Val Schott	Marty Fattig
Kay Gooding	Randy McCleese	Kathy Whitmire	Norma Morganti
Kevin Driesen			

ONC is continuing to support CAHs and small, rural hospitals in achieving Meaningful Use

Here are four examples of ONC's efforts to support these rural safety-net hospitals:

- **Rural Community of Practice:** We convened experts from across the country dedicated to identifying the most pressing challenges that rural safety-net hospitals face, developing tools and resources for overcoming these challenges and then hand-picking the best among these tools to make publicly available on the [healthit.gov Rural Health](#) landing page. To do so, the group convened the 10 subcommittees focused on:
 1. Tracking progress, needs and challenges
 2. Vendor issues: Pilot vendor-specific meaningful use acceleration efforts
 3. Hospital leadership tools
 4. Adoption and meaningful use roadmap and tools
 5. Demonstrating quality improvement through health IT
 6. Workforce: Grow your own rural health IT workforce!

7. Consumer engagement: The patient in the center and empowered!
 8. Access to capital
 9. Broadband
 10. Dissemination
- **Technical Assistance:** ONC established support to these safety-net providers as a priority for the Health IT Regional Extension Centers. So far, 1370 critical access and rural hospitals across the nation have enrolled with a Health IT Regional Extension Center for assistance on their path to [Meaningful Use](#).
 - **Situational Awareness:** We tracked and monitored data from a variety of sources on the [challenges and progress of CAHs and rural hospitals on their path to adopt and use health IT](#).
 - **Federal Coordination:** With support from the White House Rural Council and in partnership with the Department of Health and Human Services' Office of Rural Health Policy, we collaborated with Federal and private sector partners, including the [US Departments of Agriculture](#), Labor and Education as well as the Federal Communications Commission—to identify and address health IT infrastructure challenges in rural communities. We convened in-person workshops with CAHs and small, rural hospitals to expand access to information and federal funding to support their Health IT infrastructure and workforce needs. Two of them were in [Iowa](#) and [Mississippi](#).

A collaborative initiative between ONC and USDA Rural Development generated \$32 Million in funding to CAHs and rural hospitals across 4 states. For more information about the projects funded for these CAHs, follow this link:
<http://www.usda.gov/wps/portal/usda/usdahome?contentidonly=true&contentid=2013/09/0181.xml>

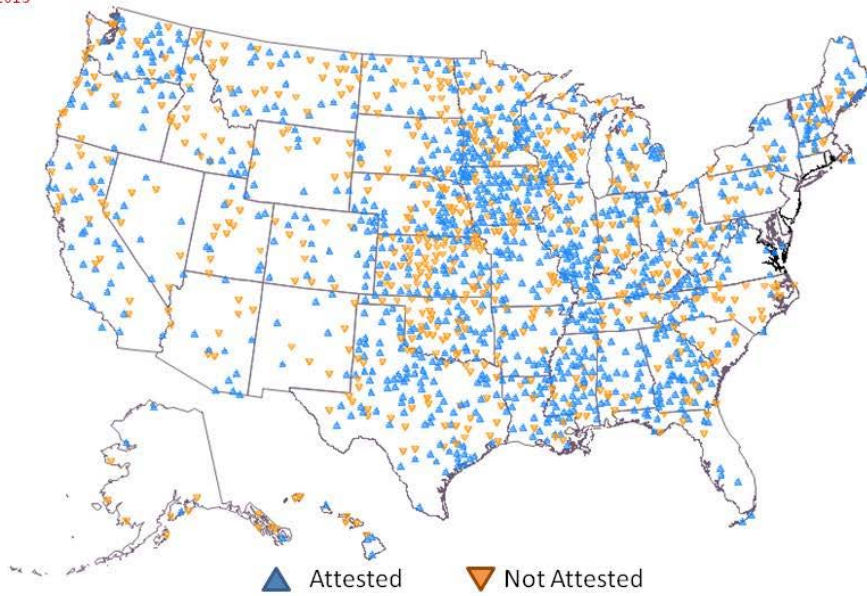
The Road Ahead for Meaningful Use

As we look to the road ahead, we see that we – and the rural hospitals and providers – are just at the end of the beginning. There is still much work to do in our continued support for rural health care. We are committed to helping those CAHs and rural hospitals and providers that have yet to achieve Meaningful Use; we are also committed to those that have already achieved Meaningful Use by helping them continue to make progress and use those tools meaningfully.

So, we'll leave you with this figure—a map that shows CAHs and small, rural hospitals that attested to Meaningful Use as well as those that have not yet attested so you can see the success, but also the challenges ahead.

Location of Critical Access and Small Rural Hospitals by Attestation Status

July 2013



Map of Critical Access Hospitals as well as small rural hospitals (those covered by the Small Hospital Improvement Program, which serves rural hospitals with fewer than 50 staffed beds). Hospitals are identified as attested or not attested based on CMS EHR Incentive Program Meaningful Use attestation status as of July 31, 2013.

from the HHS Office of the National Coordinator for Health IT