

e-Health Grants 2006-2007

Background

In 2006, \$1.3 million in matching grants was appropriated for the adoption of interoperable electronic health record (EHR) systems, health information technology (HIT) or health information exchange. Eleven collaboratives received grant funds. A collaborative comprises three or more organizations serving rural and underserved populations.

Planning and Assessment Grants Awarded

- EHR (Lac qui Parle, Ortonville)
- e-Prescribing (Roseau, Sauk Centre)
- Health Information Exchange (Bloomington, St. Paul)

Implementation Grants Awarded

- EHR (Crosby, Sandstone, Wadena)
- Personal Health Record (Willmar)
- Health Information Exchange (Duluth)

Lessons Learned

The critical lessons learned from this initial appropriation of e-Health grants can help inform future grant recipients and the e-Health Initiative overall.

Planning and Resources

- Thorough and systematic planning is critical; set modest, doable objectives.
- Using a trusted consultant, existing tools, tips and templates can save time and avoid costly mistakes.
- It takes time to do it right; it almost always takes longer than anticipated, especially when working in a collaborative.
- Use a dedicated project management staff.
- Train staff from all sites at a single training.

Needs Assessment

- Comprehensive needs assessments are crucial for successful product selections; consultants can play a valuable role.
- Information systems expectations are a function of both business and care delivery needs.
- Determine site readiness with an external IT infrastructure evaluation.
- Scheduling and billing system upgrades often need to occur before EHR implementation.

Rural Providers

- Funding HIT in addition to other capital expenditures is a major financial strain.
- Budgeting time and staff for EHR implementation is challenging; staff usually have both management and direct patient care responsibilities.
- Some EHR products do not fit rural health care where the hospital, physicians and long term care are often a single entity.
- Some EHR products may not be interchangeable among provider types, especially when independent entities; and required features can be substantially different by provider type.

Engaging Stakeholders

- Involve key stakeholders in entire process and ensure that all have a thorough understanding of the project goals.
- Agree on the model to help manage competing priorities and differing motivations.
- Engage physicians early as their commitment to the EHR process is essential.
- Engage internal staff. Adequate preparation of those impacted directly is a critical success factor.



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Interoperability

- Numerous legal requirements and possible interfaces may need to be considered when creating a truly interoperable health record.
- Early Health Information Exchange strategies need to involve legal and HIPAA compliance staff to address the complex patient privacy and consent issues.

Collaboratives

- Determine organizational readiness of participating providers and develop action plans to overcome barriers.
- Organizations can learn from being part of a collaborative.
- Collaboration is essential among providers who share health information within a community.
- Managing from afar is not always effective; community liaisons are a useful bridge.

Looking Forward

The Legislature appropriated an additional \$7 million in funding for the 2008-2009 biennium. In addition, the requirements for participation in a collaborative were eased requiring only two organizations to collaborate instead of three. Community Clinics were added as separate eligible entities.

In 2007, \$3.5 million was awarded for 16 e-Health grant projects.

Planning and Assessment Grants Awarded

- EHR (Bemidji, Cloquet, Duluth, Little Falls, Minneapolis [2], Sleepy Eye)

Implementation Grants Awarded

- EHR (Fergus Falls, Isanti, Minneapolis, St. Paul [2], Wabasha)
- Health Information Exchange (Duluth)
- e-Prescribing (Roseau, Sauk Centre)

If have questions about the e-Health grant program, please contact:

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