



About HIT

What is health information technology (HIT)?

HIT is a method of managing health information electronically, rather than traditional paper records and charts. HIT gathers health information in one place so providers can thoroughly understand and easily access it. HIT is often used interchangeably with:

- electronic medical records (EMR)
- electronic health records (EHR)
- health information exchange (HIE)

How can HIT be used?

HIT can improve the efficiency, safety and quality of care that patients receive by making patient information easily accessible across providers.

HIT in North Dakota

- Rural hospitals and clinics lag behind urban facilities in adopting HIT, creating an urban/rural divide across North Dakota health care system.
- Health professions students strongly prefer practicing in clinical environments supported by HIT.
- Telemedicine (the provision of clinical services via telephone, the Internet, or other networks) adoption across ND is limited.

What is the North Dakota HIT Steering Committee?

- Legislatively created in 2007, the committee works to facilitate the adoption and use of health information technology and exchange to improve health care quality, patient safety and overall efficiency of health care and public health services in North Dakota.



Recommendations for improving HIT in North Dakota:

- Create a state-funded grant or loan program to support rural and public health entities in the implementation of health information technology-driven quality improvement programs.
- Develop a North Dakota Strategic Plan for implementing and sustaining a statewide electronic health information exchange.
- Develop health information technology training programs to build human resource capacity.
- Implement a peer-to-peer HIT support program for rural health care provider organizations.
- Sponsor rotating rural HIT technical support team to assist organizations that do not have the necessary staff to implement HIT projects.
- Create a formal organization within the state charged with coordinating HIT efforts and potentially governing a health information exchange initiative.

Who is involved with the Steering Committee?

The HIT Steering Committee is a statewide collaborative involving 22 public and private members committed to strengthening statewide HIT initiatives. There are five work groups, with 48 members representing 44 organizations, which report to the Steering Committee. Members include providers, academic institutions, state representatives, and public and private organizations.

What does the Steering Committee do?

- Assess the overall HIT environment in North Dakota.
- Engage with leadership from other state HIT and HIE initiatives.
- Assess current state laws and standards for exchanging health information.
- Identify and disseminate new funding sources and track information planning and implementation projects in the state.

How are the activities of the Steering Committee funded?

The Steering Committee was authorized but not funded by state government. Statewide activities have been supported financially through Blue Cross Blue Shield of North Dakota and in-kind contributions from committee members. Additionally, the majority of support is provided by federally funded grants through HRSA's Office of Rural Health Policy, administered by the UND Center for Rural Health through the following:

- State Office of Rural Health Grant Program
- Small Hospital Improvement Program
- Medicare Rural Hospital Flexibility Grant Program

Connecting North Dakota for a Healthier Future, Dec. 2008, ruralhealth.und.edu/projects/sorh/hit.php

FACTS ABOUT HEALTH INFORMATION TECHNOLOGY IN NORTH DAKOTA

Who has Electronic Medical Records (EMR) in North Dakota?

- **Urban Hospitals** – 6 (100%)
- **Rural Hospitals** – 14 (38%)
- **Primary Care Clinics** – 44 (47%)
- **Local Public Health Units** – 4 (16%)
- **Long Term Care Facilities** – 10 (23%)

**Please note: The degree of adoption varies significantly from site to site.*

Students in medicine, clinical laboratory science, and radiology technology indicate that technology is extremely or very important when selecting a place of employment.

Top two uses of **telemedicine** in hospitals: videoconferencing (e.g. meetings) and teleradiology.

Most ND health care facilities indicate:

- The most significant barrier to implementing EMRs is lack of funding and current reimbursement.
- The most significant reasons to implement HIT are to improve quality of health care and patient safety.

