



Adoption of Electronic Health Records in North Dakota

The Health Information Technology for Economic and Clinical Health Act (HITECH Act) is a component of the American Recovery and Reinvestment Act of 2009. The HITECH Act authorizes incentive payments through the Medicare and Medicaid programs to increase physician adoption of electronic health records (EHRs), representing the Nation's first substantial commitment of Federal resources to support the widespread adoption of EHRs.

About Electronic Health Records (EHRs) and Electronic Medical Records (EMRs)

An electronic medical record (EMR) is a digital version of a paper chart that contains all of a patient's medical history from one practice. An EMR contains the standard medical and clinical data gathered in one provider's office and is primarily used for diagnosis and treatment. Electronic health records (EHRs) go beyond the data collected in the provider's office and include a more comprehensive patient history. EHRs are designed to contain and share information from all providers involved in a patient's care. EHR data can be created, managed, and consulted by authorized providers and staff from across more than one health care organization. Unlike EMRs, EHRs also allow a patient's health record to move with them—to other health care providers, specialists, hospitals, nursing homes, and even across states.ⁱ

Meaningful Use

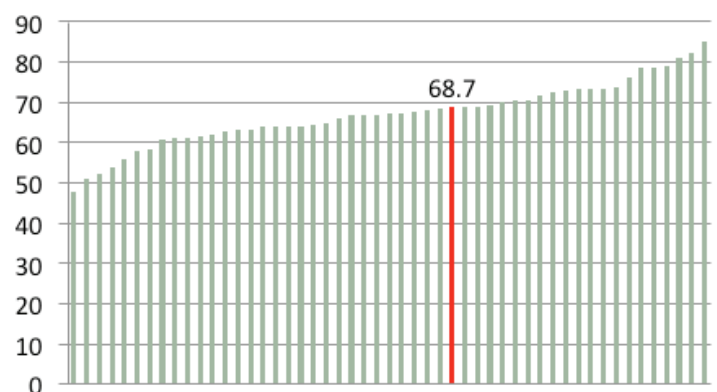
The Medicare and Medicaid EHR Incentive Programs provide financial incentives for the "Meaningful Use" of certified EHR technology to improve patient care. CMS has established the objectives for Meaningful Use that eligible professionals, eligible hospitals, and critical access hospitals (CAHs) must meet in order to receive an incentive payment.ⁱⁱ

North Dakota Adoption of EHRs

- North Dakota was recently reported as the state with the lowest national EHR adoption rate (47%) among family physicians between 2010-2011.ⁱⁱⁱ

- However, preliminary results from a 2013 environmental scan of the health information exchange (HIE) in North Dakota reports a 25% increase in the number of hospitals that have attested to Meaningful Use.
 - 73% of respondents in 2013 have a "certified" EHR.
 - 71% of respondents have attested to Meaningful Use.
- A 2013 report identified North Dakota now has a higher percentage (87%) of office-based physicians using an EMR/EHR than the national average (72%).^{iv}
 - North Dakota had the third-highest percentage (63.2%) of physicians using a basic EMR/EHR system.
 - North Dakota ranked 21st among the 50 states and District Columbia for percentage of office-based physicians (68.7%) intending to participate in Meaningful Use incentive programs.

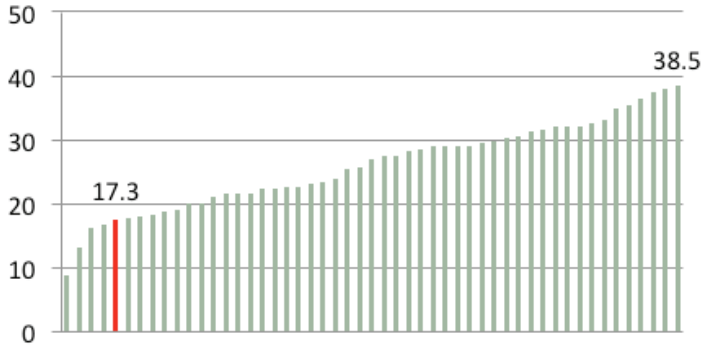
Percent of Office-based Physicians Intending to Participate in Meaningful Use Incentive Programs



- North Dakota ranked 47th for percentage of physicians (17.3%) intending to participate in EHR Incentive Programs who also had EHRs capable of supporting 13 Stage 1 Core Set objectives.



Percent of Office-based Physicians Intending to Participate that Have EHR Capable of Stage 1



Challenges to EHR Adoption in North Dakota

The Regional Extension Assistance Center for HIT (REACH) and the Center for Rural Health (CRH) at the University of North Dakota School of Medicine and Health Sciences in partnership with the North Dakota Health Information Network (NDHIN) have identified barriers to EHR adoption among North Dakota providers and hospital systems. Some of the barriers identified in North Dakota include:

- Top three barriers identified by North Dakota Hospitals in current 2013 assessment
 - Difficulty achieving physician acceptance;
 - Lack of financial resources; and
 - Difficulty changing workflow patterns.
- Long-term care, independent rural clinics, and community health centers all identified lack of financial resources as the greatest barrier in a 2012 assessment.
- Some vendors of EHR software that is used in many Critical Access Hospitals and Rural Health Centers are falling behind in their ability to support requests for software certified for Meaningful Use. This slows the achievement of MU by many ND CAHs and RHCs.

Programs in North Dakota Supporting the Adoption and Use of EHRs

- REACH
www.khareach.org
 REACH works with Minnesota and North Dakota providers to improve the quality and value of care delivered, through adopting and meaningfully using an EHR.
- NDHIN
www.ndhin.org
 The NDHIN connects North Dakota for a healthier future, encourages and sustains health information sharing, and ensures that all eligible providers have options to meet federal meaningful use requirements.

- North Dakota Planning Loan Program
www.healthit.nd.gov/loan-program
 In 2009, Senate Bill 2332 established a health information technology planning revolving loan fund with Bank of North Dakota for the purpose of providing low-interest loans to health care entities to build their health information technology infrastructure.
- Centers for Medicare & Medicaid Services (CMS)
www.cms.gov
 CMS is the federal agency within the United States Department of Health and Human Services (DHHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid. It is also the official website for the Medicare and Medicaid EHR Incentive Programs.

References

- ⁱBenefits of Electronic Health Records (EHRs). Retrieved from www.HealthIT.gov.
- ⁱⁱCenters for Medicare and Medicaid Services. Retrieved from <http://www.cms.gov>.
- ⁱⁱⁱImam, Z., Hsiao, C., Puffer, J., Green, L., Rinaldo, J., Bazemore, A., Burke, M., & Phillips, R. (2013). The rise of the electronic health record adoption among family physicians. *Annals of Family Medicine*, 11(1), 14-19.
- ^{iv}Hsiao, C., & Hing, E. (2012). Use and characteristics of electronic health record systems among office-based physician practices: United States, 2001-2012. NCHS Data Brief, No. 11, U.S. Department of Health and Human Services.

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