

Key Facts in Rural Health

Spring 2010

Health Information Technology for Rural Hospitals

The Institute of Medicine (IOM) report *To Err is Human* (1999) focused on patient safety and healthcare quality. The report estimated that between 44,000 and 98,000 deaths result from medical errors annually and an estimated \$17-\$29 billion is spent on such errors (IOM, 1999). The adoption of healthcare information technology (HIT) has been identified as the key driver for improving rural healthcare quality and safety. (MedPAC, 2006; IOM, 2005; Hillestad et al., 2005). HIT refers to “a wide range of clinical, operational, and strategic systems used in hospitals, such as electronic health records (EHR), computerized physician order entry (CPOE), and patient billing systems” (MedPAC, 2006).

Key Findings:

Current Use

- Larger hospitals, those located in urban areas, and teaching hospitals are more likely to have the basic components of an EHR than are small, rural, non-teaching hospitals (Adler-Milstein & Bates, 2010).
- Among rural hospitals, studies indicate those smaller hospitals, those that are not a part of a multi-hospital system, and critical access hospitals (CAH) face greater implementation challenges and have made less progress adopting HIT (Schoenman, 2007).
- Approximately 50% of all rural hospitals have started implementing some type of EHR. Of those hospitals, it is more common for EHR to be used to order lab tests and radiology exams and view results than to use systems to support clinical decision-making through access to clinical guidelines or direct clinical decision support software (Schoenman, 2007).

Challenges to Adoption

- In one study, 74% of hospitals without EHRs cited inadequate capital for purchase as the top barrier to implementation (Jha et al., 2009; Schoenman, 2007).
- Of the hospitals without EHRs, 32% cited uncertainty of return on investment as a barrier to adoption (Jha et al., 2009).
- Physician support and buy-in for EHR adoption is critical (Adler-Milstein & Bates, 2010).
- Inadequate infrastructure, limited HIT workforce support, and concerns about legal/privacy issues are also challenges to adoption for rural hospitals (IOM, 2005; Schoenman, 2007).

Encouraging Adoption

- Most hospitals identified financial incentives as having a major positive effect on the likelihood of adoption of EHR. Over 80% of hospitals cited additional reimbursement for EHR use as a facilitator of adoption (Adler-Milstein & Bates, 2010).
- Technical assistance for implementation, objective EHR evaluation, and recommendations of “certified” EHRs were also noted as facilitators of adoption (Adler-Milstein & Bates, 2010).
- The American Recovery and Reinvestment Act of 2009 provides substantial funding (\$19 billion) through incentives to increase HIT adoption with requirements for “meaningful use of certified EHR systems” by 2015 or face reduction in reimbursements (McCullough et al., 2009; Blumenthal, 2009). Although not finalized, “meaningful use” will likely include requirements for EHR connection with a health information exchange (HIE) (SCORH, 2010).



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