

**TESTIMONY BEFORE THE HEALTH SERVICES COMMITTEE**  
**January 10, 2012**

Madam Chairperson, members of the committee, I am Sheldon Wolf, the Health Information Technology (HIT) Director. I appear before you today to provide you with information regarding the role of health information technology and other technological innovations in providing health care services in the state, including telemedicine.

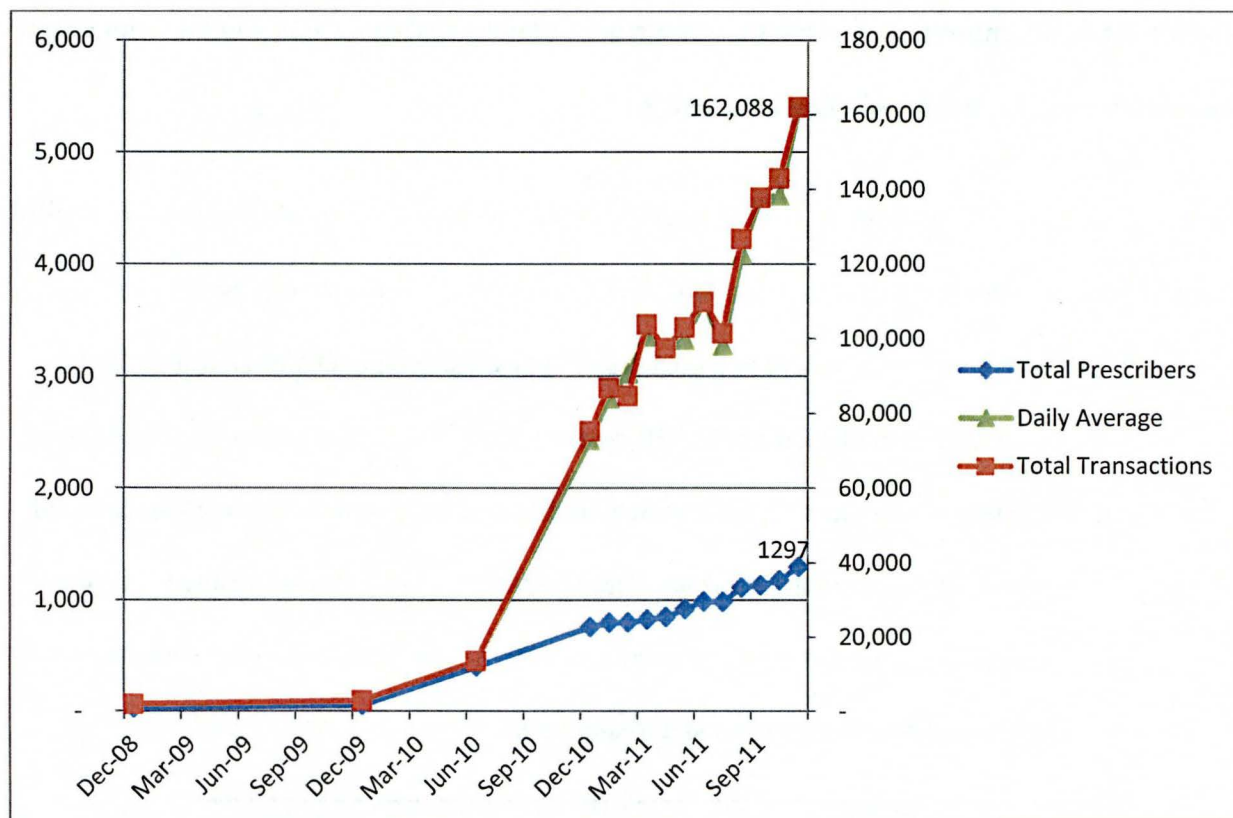
Currently, there are a number of information technology projects going on that the Health Information Technology Advisory Committee (HITAC) is involved with. They are:

- to assist providers implement and meaningfully use electronic health records (EHR) by
  - assisting providers acquire EHR systems with a low interest revolving loan fund,
  - assisting providers with the match on the regional extension center program and
  - providing information on the implementation of electronic health records by providing information through seminars such as e-health summits and presentations to providers and associations.
- to enhance the exchange of health information between disparate providers.

Electronic Health Records Adoption

During 2011, two critical access hospitals and one eligible professional certified that they met Medicare meaningful use. Additionally, as of January 10, 2012, thirty six eligible professionals, six critical access hospitals, five large urban hospitals and two IHS hospitals have indicated that they meet the adopt, implement or upgrade requirements to obtain an incentive payment through Medicaid.

Another way that we track provider's usage of EHR's is by tracking electronic prescribing statistics. In 2009, North Dakota was ranked 51 out of 51 by Surescripts. For 2010, we moved up to 47. Below is chart showing the increase in electronic prescribing.



Finally, based upon a survey completed late last year, the majority of the hospital providers are working on the implementation of their EHR's and plan to attest for meeting Medicare meaningful use in 2012. Providers are also working on implementing EHR systems in their practices.

### Health Information Exchange Activities

The HITAC is working with stakeholders to develop and implement simplified and robust exchange of health information. A health information exchange is the electronic movement of health related information among organizations according to nationally recognized standards.

The simplified exchange that we are implementing is known as DIRECT. DIRECT is a simple secure method to send information from one provider to another through a secure electronic system. Simply, it is a secure email service that can exchange unstructured documents (PDF files) and structured files between providers. One provider pushes information to another provider. For example, the referral of a patient from a family practitioner to a specialist.

The robust exchange of health information, also known as push/pull technology includes the ability to send information between providers, but also includes the capability to find information on a patient needed to provide good quality care. Information that may be obtained include, but are not limited to drugs, allergies, lab results, and advance directives. An example of where this type of technology may be used is in the emergency room. For example, I have a heart attack today and am unconscious. The emergency department personnel may not have any knowledge of me or my medical history. If they know some information about me, such as my name and address, they will be able to use the health information exchange to obtain information about my medical history which could save my life, decrease the number of tests needed etc.



## Telemedicine

So how does all the work benefit telemedicine?

- Implementation of EHR systems will make medical information more accessible (quicker, easier to share etc.)
- Establishing a health information exchange will allow providers to share information they have accumulated in their electronic health records with other providers quicker and provide more complete data to be used in a comprehensive evaluation. For example, rather than having to find and fax the medical information, information may be readily available on line for the provider evaluating the patient. In addition, the information gathered through the HIE may contain information from multiple providers; consequently, more information and a more complete picture will be available to the provider to use during the evaluation.

Simply, the work that HITAC is doing is making medical information available in a format that is accessible quickly, easily and securely. This will to assist providers in providing quality healthcare anywhere, anytime.

I would be happy to answer any questions. Thank you.



# North Dakota Health Information Technology

Quality Healthcare for all North Dakotans - Anywhere, Anytime

## MISSION

Advance the adoption and use of technology to exchange health information and improve healthcare quality, patient safety and overall efficiency of healthcare and public health services in North Dakota.

## VISION

Quality Healthcare for all North Dakotans - Anywhere, Anytime.

Website: [www.healthit.nd.gov](http://www.healthit.nd.gov)

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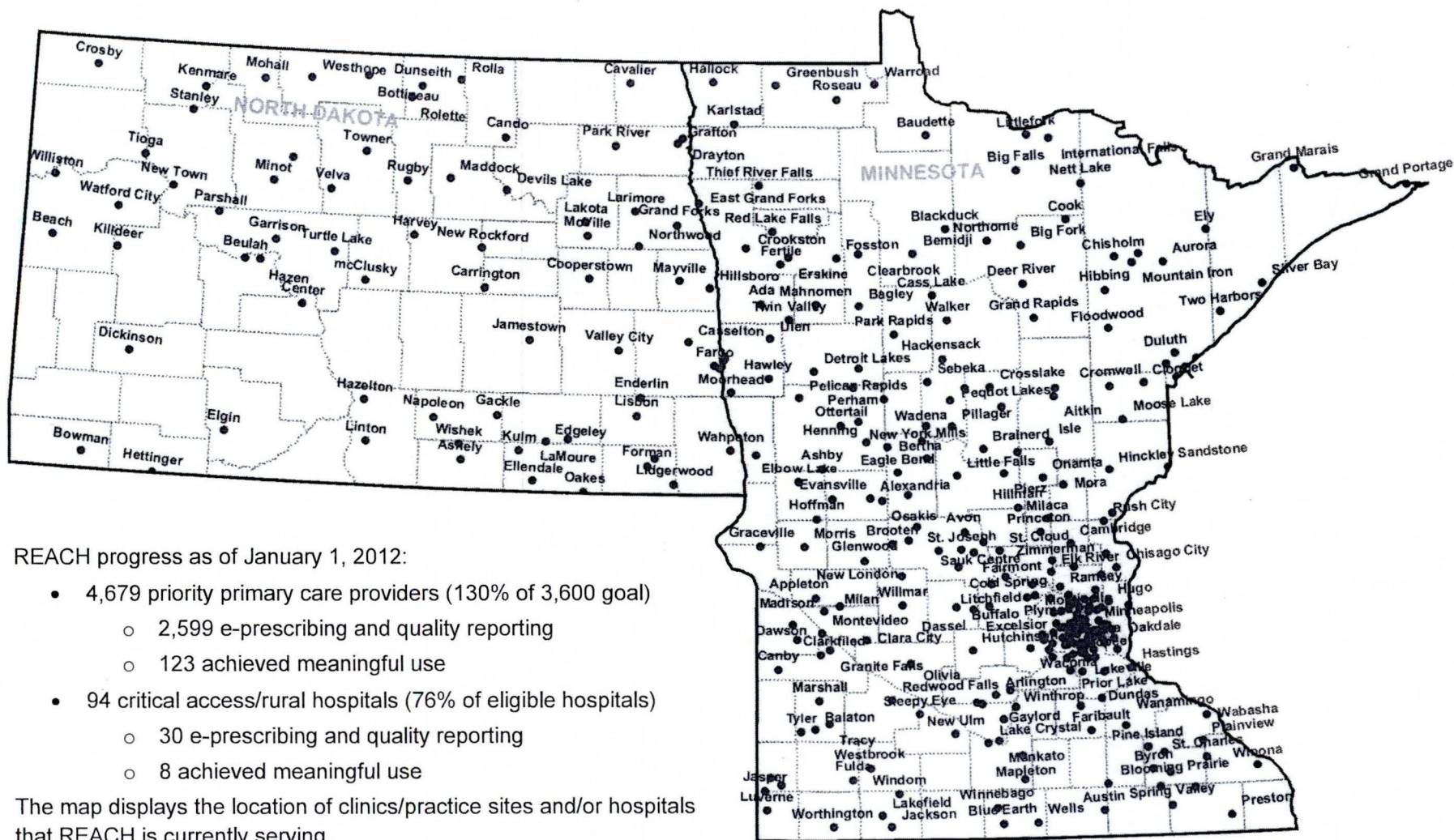
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# HIT Regional Extension Center for Minnesota and North Dakota REACH Program Impact - January 2012



REACH progress as of January 1, 2012:

- 4,679 priority primary care providers (130% of 3,600 goal)
  - 2,599 e-prescribing and quality reporting
  - 123 achieved meaningful use
- 94 critical access/rural hospitals (76% of eligible hospitals)
  - 30 e-prescribing and quality reporting
  - 8 achieved meaningful use

The map displays the location of clinics/practice sites and/or hospitals that REACH is currently serving.

## REACH – Advancing health information technology for Minnesota and North Dakota

A program of Key Health Alliance, a partnership of Stratis Health, National Rural Health Resource Center, and The College of St. Scholastica, which collaborates with North Dakota Health Care Review and the Center for Rural Health at the University of North Dakota. Federally funded through the Office of the National Coordinator, Department of Health and Human Services.