

Supporting the Next Generation of Native Health Care

California Area Meaningful Use Conference

NIHB REC May 2011

National Indian Health Board

• Founded by Tribes in 1972

 Advocates to Advance Health Care for All American Indian and Alaska Native People



Two Unique Programs – Common Goal Improving Patient Care

Regional Extension Center



- Program administered by the Office of the National Coordinator for Health Information Technology (ONC).
- Provide support services to assist Primary Care
 Providers in adopting EHRs and become meaningful users of EHRs.

EHR Incentive Program



- Program administered by the Centers for Medicare and Medicaid Services (CMS).
- Provide incentive payments to eligible professionals and hospitals as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology.

Health Information Technology Extension Centers

 In 2010, the Office of the National Coordinator for Health IT (ONC) funded 62 HITECH Regional Extension Centers (RECs) in every geographic region of the U.S. Most RECs serve a single state.

 NIHB is establishing the only National REC serving Tribes located in 35 states throughout the U.S. – the American Indian/Alaska Native (AI/AN) National REC.

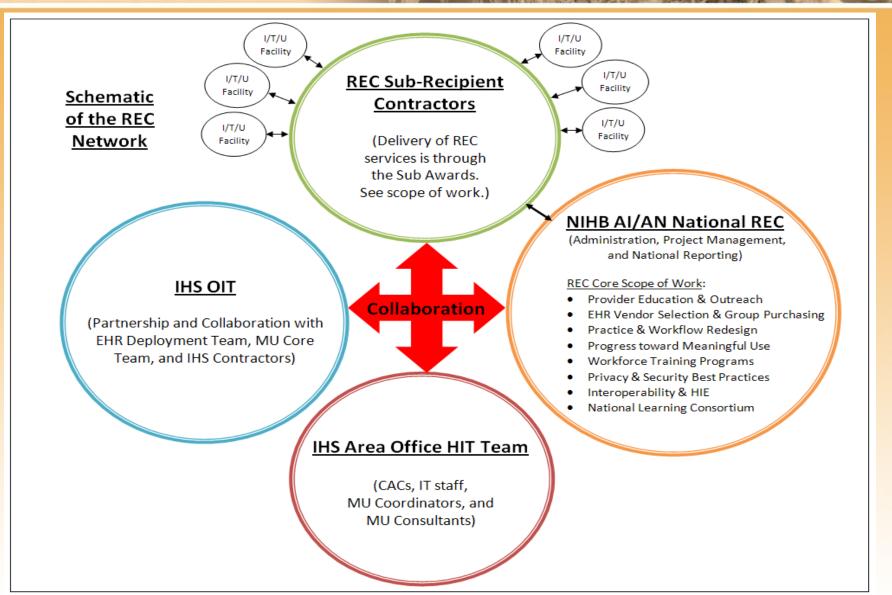
NIHB REC Service Goals

- Obtain signed Provider Agreement Forms from California Tribal and Urban facilities.
- Support implementation and use of certified electronic health records (EHRs) by Providers in California Tribal and Urban facilities.
- Provide support to Providers in California Tribal and Urban facilities to achieve Meaningful Use of EHRs.

Partnerships, Collaborations, and Working Relationships

- NIHB REC
- California Rural Indian Health Board
- IHS Area Office Staff
- IHS EHR and MU Teams
- State REC Staff
- State Medicaid Agency Staff
- Health Information Exchange Organizations
- MOST OF ALL Health Facility Staff

NIHB REC Operations Network



NIHB REC – National Program Management

- Develop and maintain NIHB REC Operations Plan.
- Develop and manage a Provider Sign-Up Process.
- Develop and implement an Area Sub Award Process.
- Develop and implement a REC Service Delivery Plan.
- Maintain a comprehensive ONC-REC Reporting System.

CALIFORNIA Milestones - ONC Incremental Fund Allocations

Milestone I

 Secure signed agreements from up to 3,000 providers in the Indian Health System to work with the AI/AN National REC = \$1,500/Provider.

• Milestone 2

 Verify implementation of certified EHR software among those 3,000 providers = \$1,500/Provider.

Milestone 3

 Verify the Meaningful Use of EHRs among those 3,000 providers = \$1,500/Provider.

Example – Milestone I Payments

- NIHB REC and CRIHB signs up 100 Providers to work with our REC.
- 100 Providers x \$1,500/Provider = \$150,000 available to provide REC services.

Milestone I – Provider Sign Up

- Indian Health Service/Urban Indian Health Provider Agreement Form – This form will be used to sign up providers working in IHS and urban Indian health facilities to work with the AI/AN National REC.
- Tribal Provider Agreement Form This form will be used to sign up providers working in Triballyadministered health facilities to work with the AI/AN National REC.

www.nihb.org/rec/rec.php

Sign Up with National Indian REC

http://nihb.org/rec/rec.php



Providers Eligible for REC Sign Up

- Eligible Primary Care Providers
 - Medical Doctors (MDs)
 - Doctors of Osteopathic Medicine (DOs)
 - Nurse Practitioners (NPs)
 - Physician Assistants (PAs)
 - Certified Nurse Midwives (CNMWs)

Provider Agreement Forms Submitted By Area

Total Facilities = 112 Facilities (As of 5/12/11)

- Aberdeen Area = 10 (3 in ONC QA Process)
- Alaska Area = I
- Albuquerque Area = 5
- Bemidji Area = 12 (3 in ONC QA Process)
- Billings Area = 5 (6 in ONC QA Process)
- California Area = 11
- Nashville Area = 11
- Navajo Area = 9 (I in ONC QA Process)
- Oklahoma Area = 20
- Phoenix Area = 2 (2 in ONC QA Process)
- Portland Area = 7
- Tucson Area = 4

How Will NIHB Deliver REC Services?

- Area Sub Awards will be provided to eligible Tribal Health Organizations to implement local REC services.
- Using award funds, Area Sub Awardees may choose to deploy their own staff; hire contractors; or provide funds to support established EHR and MU team efforts to deliver REC services.

Area Sub Awards Current Status



- United South and Eastern Tribes (USET)
 - USET Sub Award in place February 2011
 - Nashville Area REC Services
 - National RPMS EHR and MU Team
- Alaska Native Tribal Health Corporation (ANTHC)
 - ANTHC Sub Award Goal to establish in May 2011
- California Rural Indian Health Board (CRIHB)
 - CRIHB Sub Award project/budget in final stages of review by ONC
- Northwest Portland Area Indian Health Board (NPAIHB)
 - NPAIHB Sub Award project/budget in development

Sub Recipient Award – Service Areas

 Alaska NativeTribal Health Consortium (ANTHC-REC)

≻Alaska Area

• California Rural Indian Health Board (CRIHB-REC)

➢California Area

• Northwest Portland Area Indian Health Board (NPAIHB-REC)

Portland Area

United Southern Eastern Tribes (USET-REC): >Albuquerque Aberdeen > Billings >Bemidji Navajo Nashville Oklahoma **Phoenix Fucson**

Accessing REC Support Services

- Step #1: Sites sign-up with the National Indian REC-CA by completing and returning the Provider Agreement Form (Milestone #1)
- Step #2: Communicate with Rosario Arreola Pro at CRIHB and Tim Campbell at CA Area IHS
- Step #3: Work closely with identified National Indian REC-CA and CA Area IHS staff.

REC Area Sub Award Request for Proposal

 AI/AN National REC will issue a "REC Area Sub Award Request for Proposal (RFP)" announcement. This RFP will permit an opportunity for all Area Indian Health Boards or related regional Tribal Health Organizations to submit a REC Area Sub-Award Proposal.

Sub Awardee Requirements

- Tribal Health Organizations must submit a Sub Award proposal that meets ONCmandated requirements.
- Tribal Health Organizations must identify their specific organizational capabilities related to delivery of REC services.
- ONC must approve all REC Sub Award budgets and contracts prior to fund allocations.

Scope of Work Requirements

- Provider Education and Outreach Services
- National Learning Consortium Participation
- Vendor Selection and Group Purchasing
- EHR Implementation and Project Management
- Practice and Workflow Redesign
- Meaningful Use Support Services
- Health Information Exchange Services
- Privacy and Security Best Practices

Factors Affecting How REC Services Are Provided

- EHR Status and Plans for the Facility
 - RPMS EHR Deployed
 - RPMS EHR Planned for Deployment
 - COTS EHR Deployed
 - COTS EHR Planned for Deployment
 - Undecided About Type of EHR Deployment
- Type of REC Services that are Needed by the Facility
- Organizational Capabilities to Provide Needed REC Services

Native Health IT Workforce Development

- American Indian Higher Education Consortium and Tribal College Network
- Develop local health IT workforce to serve future Tribal needs.
 - Build local capacity to implement and manage health IT systems.
 - Develop local plans to meet health IT needs.
 Implement local health IT service delivery structures.

AI/AN National REC Contacts

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