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Executive Summary

The Current Status of Health Information Technology Use in CAHs

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The full report may be viewed or downloaded from the Flex Monitoring Team web site at:
http://flexmonitoring.org/documents/BriefingPaper11_HIT.pdf

Both the public and private sectors have focused considerable attention on health information technology (HIT) as a potential means of improving the quality, safety, and efficiency of health care. The purpose of this project is to assess the current status of HIT use in Critical Access Hospitals (CAHs) nationally. This project is part of the federal Office of Rural Health Policy's initiative to implement national performance measures for the Medicare Rural Hospital Flexibility Program.

Methods

This study was conducted by the Flex Monitoring Team in collaboration with the Technical Assistance and Services Center (TASC) at the Rural Health Resource Center in Duluth, Minnesota. Data for the study came from a national survey of CAHs conducted in March and April 2006. A random sample of 400 CAHs was selected from the 1,189 CAHs certified as of December 2005, and surveyed using a web-based survey with a follow-up phone survey for web non-responders. A total of 333 CAHs (83.3%) responded to the survey. Of these, 210 (63%) responded to the web version of the survey and 123 (37%) responded to the phone survey.

Findings

- The survey found that CAHs have relatively high use rates for many administrative and financial HIT applications, such as claims submission, billing, accounting, and patient registration, but much lower use rates for a number of clinical applications, such as bar-coded patient identification bracelets and electronic medical records.
- Half of CAHs have a formal Information Technology (IT) plan, and three-quarters of CAH budgets include funding for purchasing IT.
- The vast majority of CAHs have high speed Internet access, and many CAHs are computerizing radiology, lab, and pharmacy functions.

These results indicate that adoption of HIT is a priority for CAHs and suggest that Medicare cost-based reimbursement has permitted many CAHs to make some initial investments in HIT infrastructure. However, CAH use rates for several technologies are lower than the overall rates for hospitals reported by the American Hospital Association and others.

To realize HIT's potential for improving access to care and the quality of care in rural areas as envisioned by the Institute of Medicine, the National Advisory Committee on Rural Health and Human Services, and others, continued public and private efforts are essential. These efforts need to focus on increasing the use of HIT clinical applications in CAHs and increasing interconnectivity of CAHs and other health care providers, allowing exchange of individual and population health information.

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