

FOR IMMEDIATE RELEASE
Thursday, Oct. 6, 2005

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AHRQ AWARDS OVER \$22.3 MILLION IN HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION GRANTS

HHS' Agency for Healthcare Research and Quality (AHRQ) today announced the award of more than \$22.3 million to 16 grantees to implement health information technology (health IT) systems to improve the safety and quality of health care. These projects will contribute to AHRQ's capacity to learn from health IT implementation in clinical settings and to use the results from these real-world laboratories that are crucial to moving forward with broader implementation of health IT in American health care.

"Sharing successful best practices will be valuable to providers nationwide seeking to implement health IT systems that will improve patient safety and reduce hassle," HHS Secretary Mike Leavitt said. "These grants help move our health care system closer to making the medical clipboard a thing of the past."

The recipients were selected from a group of AHRQ grantees who received health IT planning funds in 2004. This additional funding will allow them to carry out the plans they developed in their earlier grants. Eleven of the 16 grants were awarded to small and rural communities -- areas of special emphasis for AHRQ's health IT initiative.

Among the uses of health IT the newly funded implementation projects will focus on are sharing health information between providers, laboratories, pharmacies and patients and helping to ensure safer patient transitions between health care settings, as well as reducing medication errors and duplicative and unnecessary testing. For example:

- At Franklin Foundation Hospital in coastal Louisiana, where health care providers are still recovering from the devastation of Hurricane Katrina, safety net health care providers will integrate health information and communications systems to support chronic disease management, improve patient safety and eliminate duplication of effort.
- The University of Tennessee and its partners will develop an integrated electronic health record for children with special health care needs to improve the coordination of services, continuity of care, timeliness of follow-up services and patient tracking.
- The Holomua project in Hawaii will implement a health IT system to improve the flow of information among patients, community health centers and hospitals serving ethnic minorities, immigrants and other vulnerable populations during transitions of care between primary and tertiary care facilities.

- A collaboration of the Rural Healthcare Cooperative Network, Panhandle Public Health, Region I Behavioral Health in Nebraska will implement a regional health information exchange within an established collaborative of rural hospitals, clinics and providers across a 14,000-square-mile remote area of Nebraska.

“These expanded projects are an important success story for health IT,” said AHRQ Director Carolyn M. Clancy, M.D. “These grantees started from scratch, many in rural and underserved areas, and in less than a year they’ve laid the groundwork to build valuable health IT systems in their communities. They will improve care for their own patients, and their experiences will help others learn how to build health IT systems and serve their patients better.”

These awards join 40 implementation grant recipients announced by HHS last year. With these 16 awards, AHRQ’s investment in health IT totals more than \$166 million. AHRQ is supporting President Bush’s initiative to use health IT to improve the nation’s health care system by promoting the adoption of health IT by local communities and health care providers, especially in rural and small communities, and working with states to develop regional health information networks.

Editor’s Note: AHRQ has also awarded a contract to CUBRC Incorporated in Buffalo, New York, for \$297,460 to identify and support the planning of regional data sharing and interoperability activities in the western New York area and operated by Erie County.

A complete list of the 2005 Health IT Implementation Grant recipients follows:

2005 Health IT Implementation Grants

CALIFORNIA

Accessing the Cutting Edge—Implementing Technology to Transform Quality in SE Kern

Creates a community-wide electronic medical records system to improve quality and chronic disease management in the region; upgrades the use of health IT in medical practices; fosters relationships among physicians; and provides education and support to the community.

Year 1 funding: \$492,043 (Est. total funding: \$1,484,361)

Principal Investigator: Kiki Nocella

Applicant Institution: Tehachapi Hospital, Tehachapi, CA

Grant No.: 1UC1HS016146-01

El Dorado County Safety Net Technology Project / Access El Dorado County (ACCEL)

Coordinates and integrates communication related to patient care, using a chronic care model, and permits sharing of patient demographic data through a Master Patient Index among authorized providers. First steps include using health IT to establish a medical “home” for underinsured and uninsured patients, maximizing patients’ insurability, and coordinating pediatric mental health services.

Year 1 funding: \$497,395 (Est. total funding: \$1,491,985)

Principal Investigator: Greg Bergner

Applicant Institution: Marshall Medical, Placerville, CA

Grant No.: 1UC1HS016129-01

HAWAII

Holomua Project Improving Transitional Care in Hawaii

Develops a patient Master Visit Registry (MVR), addressing the need for better information sharing among clinical organizations and enhancing their ability to give patients continuous high-quality care when they change providers. The MVR will expand upon an existing patient record-keeping system, while improving local handling and exchange of records.

Year 1 funding: \$476,200 (Est. total funding: \$1,476,200)

Principal Investigator: Christine Sakuda

Applicant Institution: Hawaii Primary Care Association, Honolulu, HI

Grant No.: 1UC1HS016160-01

ILLINOIS

Implementing an Ambulatory Electronic Medical Record and Improving Shared Access

Implements an emergency medical records system that will provide shared access to patient records across various community health care providers and incorporates electronic tools for prescription distribution and management.

Year 1 funding: \$500,000 (Est. total funding: \$1,500,000)

Principal Investigator: Michael DeLuca

Applicant Institution: Sarah Bush Lincoln Health Center, Mattoon, IL

Grant No.: 1UC1HS016128-01

IOWA

Collaborative EHR Implementation to Bridge the Continuum of Care in Rural Iowa

Shares an electronic medical records system that will improve patient safety and quality of care. Also serves as a critical learning tool for clinicians in a coalition of three large health organizations and 24 primary care clinics in northern Iowa.

Year 1 funding: \$475,351 (Est. total funding: \$1,474,178)

Principal Investigator: Toni Ebeling

Applicant Institution: Hancock County Health Services, Britt, IA

Grant No.: 1UC1HS016156-01

LOUISIANA

Service Integration

Builds an integrated communications system with area hospitals, clinics and service providers in St. Mary Parish, Iberia Parish, and Terrebonne Parish that will support chronic disease management and improve patient safety. Authorized health care providers will have swift, secure access to important patient information at the point of care.

Year 1 funding: \$500,000 (Est. total funding: \$1,500,000)

Principal Investigator: Michelle Lemming

Applicant Institution: Franklin Foundation Hospital, Franklin, LA

Grant No.: 1UC1HS016151-01

MAINE

The Chronic Care Technology Project

Facilitates transfer of information among providers and patients in the Presque Isle community; implements a model of chronic care management; and educates area health care providers on how best to use current information systems to communicate with each other.

Year 1 funding: \$436,553 (Est. total funding: \$1,312,329)

Principal Investigator: John Branscombe

Applicant Institution: Aroostook Medical Center, Presque Isle, ME

Grant No.: 1UC1HS016154-01

MARYLAND

Metro DC Health Information Exchange (MeDHIX)

Implements a regional, Web-based electronic health record system, linking Washington, D.C., area providers who care for the underinsured and their families, creates a Web-based resource center for clinicians to use in decision making, and ensures patient control over access to their medical records.

Year 1 funding: \$448,400 (Est. total funding: \$1,363,135)

Principal Investigator: Thomas Lewis

Applicant Institution: Primary Care Coalition of Montgomery County, Silver Spring, MD

Grant No.: 1 UC1 HS016130-01

MICHIGAN

Critical Access Hospital Partnership Health IT Implementation

Establishes a Web-based electronic medical record system for 10 small rural hospitals to connect them to the area's regional medical center. The project's ultimate goal is to quickly give all providers access to patient data, eliminate duplicate tests and exams, deliver high-quality care, reduce medical errors and track health outcomes.

Year 1 funding: \$498,506 (Est. total funding: \$1,484,167)

Principal Investigator: Donald Wheeler

Applicant Institution: Upper Peninsula Health Care Network, L'Anse, MI

Grant No.: 1UC1HS016152-01

MINNESOTA

A Community-shared Clinical Abstract to Improve Care

Establishes an electronic medical record system to enhance communication among area health care organizations and promote safe, high-quality care for patients with chronic illnesses. Initially, the project will focus on patients with congestive heart failure.

Year 1 funding: \$485,887 (Est. total funding: \$1,482,674)

Principal Investigator: Donald Connelly

Applicant Institution: Fairview Health Services, Minneapolis, MN

Grant No.: 1UC1HS016155-01

MISSISSIPPI

Creating Online NICU Networks to Educate, Consult & Team

Expands upon an electronic medical records-sharing initiative for high-risk infants and their families in Mississippi, linking new health centers and clinics and serving a rural area that spans 17 counties; uses telemedicine technologies to enhance evidence-based developmental care for newborns in acute care hospitals; and creates Web-based decision support resources for physicians who care for infants.

Year 1 funding: \$499,999 (Est. total funding: \$1,499,995)

Principal Investigator: Valerie Rachal

Applicant Institution: University of Southern Mississippi, Hattiesburg, MS

Grant No.: 1UC1HS016147-01

NEBRASKA

Health Information Exchange: A Frontier Model

Implements a regional health information exchange among an established collaborative of hospitals, clinics, and providers across Nebraska's remote 14,000-square-mile western panhandle; also helps participating providers acquire the equipment and other resources necessary to share laboratory and pharmaceutical data, as well as electronic medical records. The long-term goal is to create a model applicable to small hospitals nationwide and to deliver quality care.

Year 1 funding: \$499,779 (Est. total funding: \$1,498,623)

Principal Investigator: Nancy Shank

Applicant Institution: Chadron Community Hospital, Lincoln, NE

Grant No.: 1UC1HS016143-01

OKLAHOMA

Implementation of Health Improvement Collaboration in Cherokee County, OK

Implements a HIPAA-compliant electronic records system to improve public health, patient safety and facilitate information sharing among health care providers in the Tahlequah area, with the goals of establishing a Web-based information and referral service and creating a community-wide, science-based prevention strategy supported by the new information system.

Year 1 funding: \$500,000 (Est. total funding: \$1,499,200)

Principal Investigator: Mark Jones

Applicant Institution: Tahlequah City Hospital, Tahlequah, OK

Grant No.: 1UC1HS016131-01

PENNSYLVANIA

Regional Approach for THQIT in Rural Settings

Launches a health records-sharing project, led by Geisinger Health System, with Shamokin Area Community Hospital and Sunbury Community Hospital to permit secure electronic access to patient records.

Year 1 funding: \$500,000 (Est. total funding: \$1,499,999)

Principal Investigator: Francis Richards

Applicant Institution: Weis Center for Research-Geisinger Clinic, Danville, PA

Grant No.: 1UC1HS016162-01

TENNESSEE

Improving Quality Care for Children with Special Needs

Expands upon an existing Web-based electronic health record for children with special health care needs to improve coordination of services and continuity of care; incorporates new populations (children with genetic, behavioral, and mental health disorders); establishes links with educational services and the state Medicaid program.

Year 1 funding: \$365,497 (Est. total funding: \$1,096,491)

Principal Investigator: Carmen Lozzio

Applicant Institution: University of Tennessee, Memphis, TN

Grant No.: 1UC1HS16133-01

VERMONT

Improving Rural Health Care: Implementing Innovative Integration Solutions

Integrates existing health IT technology software and systems among a three-hospital consortium to create a shared electronic record that will ultimately give providers access to real-time data and the ability to electronically prescribe medications. The goals of the project are to reduce medical errors, improve the quality of patient care, increase patient satisfaction and lower costs.

Year 1 funding: \$238,425 (Est. total funding: \$685,191)

Principal Investigator: Thomas Sims

Applicant Institution: Mt. Ascutney Hospital and Health Center, Windsor, VT

Grant No.: 1UC1HS016142-01

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Note: All HHS press releases, fact sheets and other press materials are available at <http://www.hhs.gov/news>.