



# Montana Health Information Technology Initiatives

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## Offices of Rural Health and Health Information Technology

The Montana Office of Rural Health is a source of information about what is happening with HIT in the state and nation. The Montana Office of Rural Health is funded by Federal Office of Rural Health Policy (ORHP), a division of the U.S. Department of Health and Human Services. ORHP has taken on the responsibility of developing a rural policy strategy and technical assistance program for rural HIT adoption. The Rural Health Resource Center (RHRC), which manages the Critical Access Hospital Technical Assistance Service Center, is working with ORHP to support rural HIT efforts.

State Offices of Rural Health, including the Montana Office of Rural Health, are working with ORHP and RHRC to provide information, technical assistance, and support to rural HIT efforts. Some things to know include:

*“Health Information Technology: A Rural Providers Roadmap to Quality Conference”* was held in September and attended by several healthcare providers and rural health organizations in Montana. It was sponsored by ORHP and organized by RHRC. <http://www.securemcking.com/hrsa/rural/>

*“A Roadmap for Adoption of Health Information Technology in Rural Communities”* was published in August, commissioned by the ORHP. It provides in-depth guides and information for rural communities. [http://www.norc.uchicago.edu/issues/HIT\\_Paper\\_Final.pdf](http://www.norc.uchicago.edu/issues/HIT_Paper_Final.pdf)

The Rural Assistance Center, funded by ORHP and DHHS, is an excellent and easy to use resource on health information technology. [http://www.raonline.org/info\\_guides/healthtech/](http://www.raonline.org/info_guides/healthtech/)

*“The Current Status of Health Information Technology Use in Critical Access Hospitals”* was published by the RHRC in May. [http://www.flexmonitoring.org/documents/BriefingPaper11\\_HIT.pdf](http://www.flexmonitoring.org/documents/BriefingPaper11_HIT.pdf)

For information on these and other resources, contact of the Montana Office of Rural Health.

# MONTANA HEALTH INFORMATION TECHNOLOGY INITIATIVES

## Background

In April 2004, President Bush announced a national intent for the widespread adoption of Electronic Health Records (EHRs) within 10 years. To facilitate the process, the President established the *Office of the National Information Technology Coordinator* - and - required the National Information Technology Coordinator (David J. Brailer, M.D., Ph.D.) to develop and publish a strategic plan to guide the nationwide implementation of *Health Information Technology (HIT)* in both public and private sectors. This plan/report was published in July of 2004. The fundamental belief is that *HIT* can lower costs, reduce medical errors, and improve quality of care. *HIT* has the capacity to link physicians, patients, and hospitals in a seamless system.

During the past two years, many states and/or organizations within states have established structures through which *HIT Plans* are being developed and implemented. These structures are frequently referred to as *e-Health Initiatives*, *e-Health Connections*, and *Regional Health Information Organizations (RHIOs)* - and - defined as “a group of key stakeholders with a business state in improving the quality, safety and efficiency of healthcare delivery.”

## Montana HIT Initiatives

Montana has not developed a *HIT Plan*. That is, the Governor has not issued an Executive Order to initiate the process of developing a statewide *HIT Plan* - and - no organization has been given the responsibility for initiating, coordinating, developing and implementing a plan for Montana. However, during the last eighteen (18) months, at least five (5) *HIT* conferences and numerous *HIT* meetings have been held in Montana to discuss the need, issues and process required to construct a local, regional and/or statewide plan. The five major conferences held were as follows:

- *Master Plan for Statewide Telehealth System/Burns Telehealth Conference*  
April 30, 2005  
Burns Technology Center

Montana State University  
Bozeman, Montana  
Sponsored by Senator Conrad Burns

- *Montana EHR Collaborative*  
August 12-13, 2005  
Butte, Montana  
Sponsored by the National Center for Health Care Informatics - Butte
- *Connecting Rural Health Communities Through Information Technology*  
October 3-4, 2005  
Fairmont Hot Springs, Montana  
Sponsored by the National Center for Health Care Informatics - Butte
- *Montana HIT Task Force*  
May 22, 2006  
Missoula, Montana  
Sponsored by Senator Max Baucus, St. Patrick Hospital & HIT Task Force
- *Imagining the Digital Healthcare Future in the Rural West*  
July 7-8, 2006  
Burns Technology Center  
Montana State University  
Bozeman, Montana  
Sponsored by Critical Illness & Trauma Foundation, Montana Hospital Association, Mountain-Pacific Quality Health Organization, North Central EMS Institute, Qwest Communication and Verizon Communication.

Many organizations and individuals in Montana have demonstrated interest in and/or developed telehealth, telemedicine, or telecommunications projects. A few of these are listed below:

### Telemedicine Networks

Montana is served by several telemedicine networks examples of these networks include the Eastern Montana Telemedicine Network, REACH Montana, and

## Partners in Health Telemedicine Network.

EMTN is a consortium of not-for-profit medical and health facilities linking health care providers and their patients through Montana and Wyoming. Started in 1993 as a cooperative effort between the Billings Clinic and five rural healthcare facilities in eastern Montana, the network now has 26 partners in 19 communities in eastern & central Montana and northern Wyoming. Most of the EMTN partners are located in rural and frontier communities.

The goal of the EMTN is *to utilize two way interactive video conferencing technology to deliver specialist medical and mental health services, continuing medical and high education, administrative and telebusiness services.* EMTN is recognized as a national leader through its promotion of telemedicine services at local, state, regional, national and international levels.

*REACH Montana* is a consortium of health care providers linked to each other through telemedicine technology that includes two-way, full-motion video. The REACH Network hub site is Benefis Healthcare, a tertiary care hospital in Great Falls. Before the outreach grant, the REACH Montana Telemedicine Network served seven small rural hospitals and a rural referral center in the north-central region of the State.

Partners in Health Telemedicine Network (PHTN) offers, supports, and facilitates interactive videoconferencing services for distance education delivery, telemedicine applications, business use, and administrative meetings. PHTN is a collaborative partnership of healthcare facilities and providers in south-central Montana and northern Wyoming. The network operations center is located at in the Mansfield Health Education Center on the St. Vincent Healthcare campus in Billings, Montana. Partner sites include seven other hospitals, six outpatient clinics, two mental health facilities, and six specialty physician practices, and the Montana Hospital Association. In addition PHTN has connections to seven Indian Health Service clinics and hospitals, as well as the Billings Area Office.

PHTN belongs to the Montana Healthcare Telecommunications Alliance and through regular meetings and conferences works with the other Montana telehealth networks and hospitals to promote interoperability between systems, share services

and programs, and pursue legislative activities that address telemedicine and telecommunications issues. See [MHTA site map](#).

### Montana Health Telecommunications Alliance (MHTA)

The *Montana Health Telecommunications Alliance (MHTA)* is a membership organization which was formed in 1997 to support and advance the use of healthcare telecommunications in Montana. The original goals of the MHTA were to: (a) pursue cost reduction for the operation of telemedicine networks through shared resources and reduction of transmission costs, (b) promote interoperability among and between systems by exploring the use of a statewide network, (c) promote services through the use of shared services and development of new services, (d) pursue legislative activities which address universal access, funding, telecommunications and licensure issues and (e) develop a reasonable approach for evaluating telemedicine systems in Montana. In 2006, the MHTA has 19 active organizational members.

The MHTA has a major leadership role in developing a *Montana e-Health Plan* and in accessing federal funding to build a statewide infrastructure for effective delivery of health care in Montana through *HIT*.

### National Center for Health Care Informatics (NCHCI)

The NCHCI is a not-for-profit organization located in Butte, Montana. It was developed to address information technology needs of the health care industry through *research & development, serving as a business incubator, providing & facilitating health care training in colleges and universities, providing referencing & networking services for health information, and promoting continuing education for health care professionals*. In 2005, the NCHCI held two major conferences to provide information about the significance of *HIT* for enhancing the delivery of quality health care in Montana.

A proposal to develop a *Montana Regional Health Information Organization (MontRHIO)* was prepared by the NCHCI, in consultation with the Mountain-Pacific Quality Improvement Organization, and submitted to the Governor of Montana. The proposal included the appointment of a MontRHIO Commission by

the Governor and a plan for implementing the RHIO through appropriate committees, a coordinating staff and funding.

### Mountain-Pacific Quality Improvement Organization (QIO)

Mountain-Pacific Quality Health is the QIO for Montana, Wyoming, Hawaii, Guam, Northern Marianas and American Samoa. The primary function of the QIO is to enact and administer programs that help ensure people with Medicare receive appropriate, high-quality care. The QIO works with physicians, hospitals and consumer groups on projects designed to improve health care and promote health quality. The QIO participated in a number of the *HIT* conferences held in Montana over the past two years.

The Mountain-Pacific QIO assisted the NCHCI with the proposal to develop a *Montana Regional Health Improvement Organization* - and - members of the QIO staff have facilitated organization and development of the Montana Health Information Technology Task Force.

### Burns Technology Center at Montana State University

The Burns Technology Center (BTC) at Montana State University was created in 1993 *to develop and demonstrate cost-effective telecommunications applications and distance learning strategies*. As part of its mission, the BTC explores new ideas and methods to enrich education and improve quality of life. Therefore, the BTC provides leadership for and facilitates the development of innovative uses of telecommunications; including the delivery of health information and health care through *Health Information Technology*.

BTC partnered with internal and external organizations to bring two public HIT Conferences to Montana State University; *Master Plan for Statewide Telehealth Systems* (April 2005) and *Imagining the Digital Healthcare Future in the Rural West* (July 2006).

### Montana Health Information Technology Task Force

The *Montana HIT Task Force* is a non-structured group of health care providers and others involved in the Montana Health Care Industry. Leadership for forming

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the Montana HIT Task Force included physicians, hospitals, insurance organizations and the Office of Senator Max Baucus. The HIT Task Force has a mailing list of over 100 individuals and organizations. The first formal meeting of the Task Force was held on May 22, 2006 at St. Patrick Hospital in Missoula. Total attendance at this meeting was approximately 60 (40 in Missoula and the 20 through video and audio conferencing). The initial goals of the Task Force included: (a) establishing a network for statewide collaboration on HIT issues, (b) defining common grounds for governance, (c) establishing a basic infrastructure and (d) determining a 12 month clinical goal. The process of accomplishing the goals was initiated through the appointment of four working groups: (a) *Governance Work Group*, (b) *Finance Work Group*, (c) *Technology Work Group* and (d) *Physician Champion Work Group*.

The Mountain-Pacific QIO has committed staff to assist with communications with Task Force members, arranging meetings of the appointed Work Groups and access to technical information on national and state e-health initiatives.

#### *Health Information Exchange of Montana (HIEM)*

*Health Information Exchange of Montana (HIEM)* is a not-for-profit organization located in Kalispell, Montana. It is a network of hospitals and health clinics located in Northwest and North Central Montana. The purpose of *HIEM* is to provide a means through which individuals and organizations may collaborate to improve access to and delivery of health information services to residents of the Northwest Montana region. The organization plans to develop projects to create a more coordinated and integrated system of services and to improve and increase access to health care, reduce duplication of services, and increase efficiency in providing health care to the populace of Northwest Montana and surrounding regions.

#### *AHRQ Planning & Demonstrations in Health Information Technology*

In October 2004, the Agency for Healthcare Research & Quality (AHRQ) awarded \$139 million in contracts and grants to promote the use of *HIT* through the development of networks for sharing clinical data, planning, implementing, and demonstrating the value of *HIT*. Montana received funding in the amount of \$1.82

million over three years. The awards were as follows:

1. *Planning the Implementation of HIT in a Rural Setting.* Principal Investigator: William Reiter, M.D., Community Hospital of Anaconda, \$186,200.

Plans the development and implementation of a HIT infrastructure throughout three rural counties including high-speed internet access, CPOE, CDSS, EHR, and continuity of care record templates.

2. *Decreasing ADEs in Montana Frontier Critical Access Hospitals through HIT.* Principal Investigator: Kipman Smith, Townsend Health Systems, Inc, \$174,886.

Develops a regional plan for implementation of health information technology by building and expanding a common infrastructure for service delivery, implementing of office systems to capture point-of-care clinical data, redesigning to enhance efficiency of care management, and developing staff training resources for education in technology adoption.

3. *Home HF Care Comparing Patient-Driven Technology Models.* Principal Investigator: Lee Goldberg, St. Vincent Healthcare Foundation, \$1,454,568.

Assesses the impact of HIT on clinical and financial outcomes for patients with symptomatic congestive heart failure living in a rural area, including telemonitoring of vital signs and symptoms, evaluation of Technology Supported Case Management, and Technology Support Self Management.

### **Federal Communications Commission Pilot Program for Rural Health Provider Access to Advanced Telecommunications and Information Services**

On September 26, 2006, the Federal Communications Commission (FCC) adopted an Order that establishes *“a pilot program to help public and non-profit health care providers build state and region-wide broadband networks dedicated to the provision of health care services, and connect those networks to Internet 2.”* The

pilot program was adopted under the FCC Rural Health Care Support Mechanism. Included among the reasons for adopting the Order were the following:

- *Construction of networks will bring the benefits of innovative telehealth and telemedicine services to areas of the country where the need for those benefits is most acute.*
- *Broadband communications will enable health care providers to improve access to quality medical services.*
- *Telehealth applications will allow patients to access needed medical specialists.*
- *Telehealth and telemedicine technologies will reduce hospital stays and the costs of medical care.*
- *Pilot program will encourage health care providers to join together and develop a strategy for creating statewide and/or regional networks to connect numerous health care providers through a dedicated, broadband network.*
- *FCC initiative will facilitate the President's goal of implementing electronic medical records.*
- *The health care objectives set forth by Congress will be enhanced by the Order.*

The amount of funding provided through the FCC pilot program is capped at \$100 million for the current year. It will fund up to 85% of the costs incurred to deploy state or regional broadband networks dedicated to health care. In addition, it will fund 85% of the costs of connecting the regional and/or statewide network to Internet2.

The Montana Health Telecommunications Alliance (MHTA), in partnership with other organizations in Montana, plans to submit an application to the FCC to develop a model statewide broadband network dedicated to health care which addresses the FCC Rural Health Provider Order.

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## Summary

In 2004, President Bush announced a national intent for the widespread adoption of *Electronic Health Records* within 10 years. Over the past two years, many states have initiated processes which have engaged health care industry stakeholders in recognizing the value and importance of *Health Information Technology* to address the need for improved health and health care. The majority of states have already introduced *HIT* related legislation - and - many have passed the legislation. In Montana, the processes of information sharing, partnering and collaboration have been started by multiple organizations including hospitals, physicians, health professions organizations, academic institutions, insurance organizations, and other stakeholders involved in the Montana health care industry. Continued collaboration and leadership will provide Montana with a plan for developing and implementing an appropriate statewide *HIT* infrastructure to support the delivery of high quality health care.