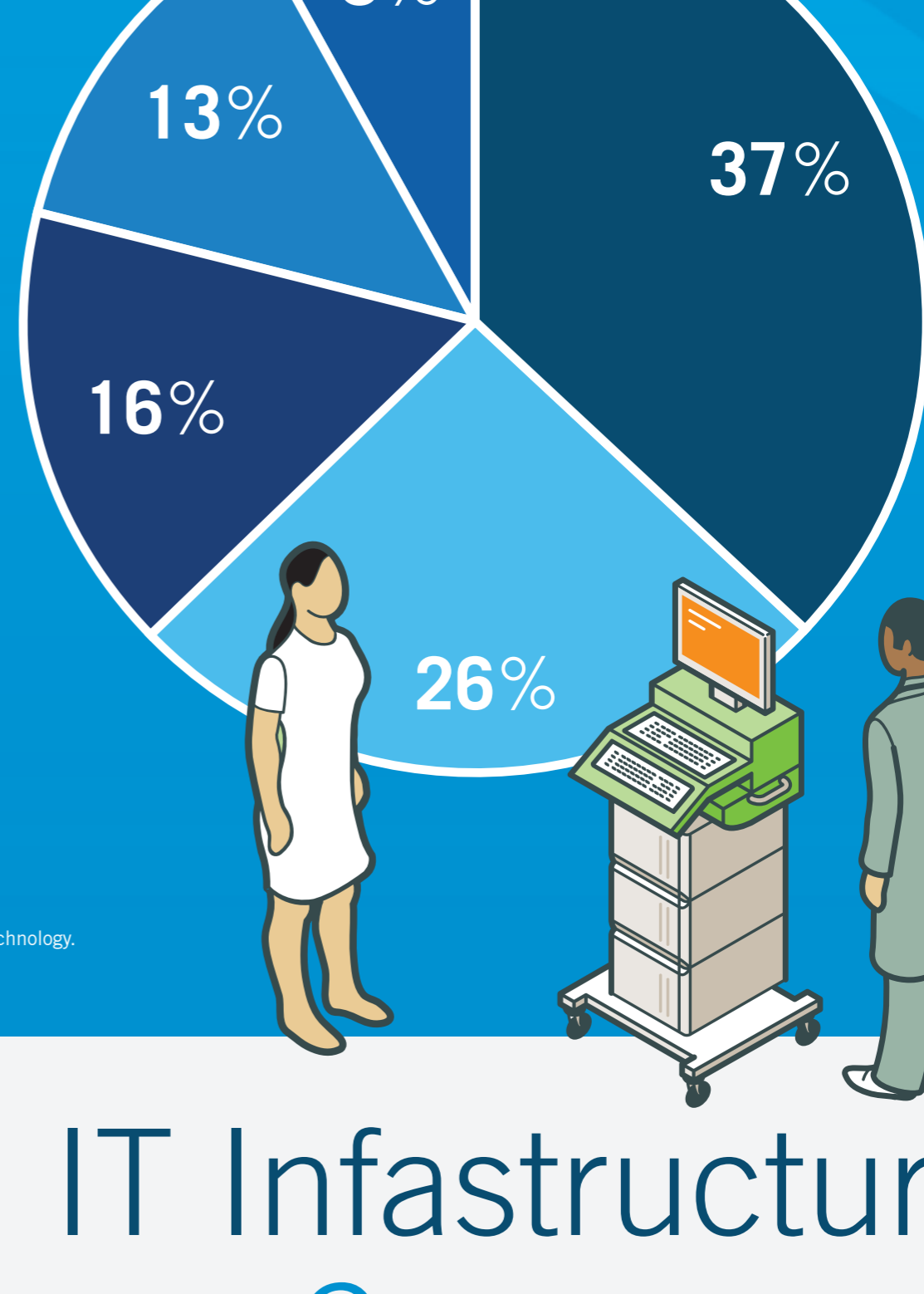


## Improving the Quality of Health Care Through Health IT

The primary care providers enrolled with RECs for health IT support fall into five general categories:<sup>2</sup>

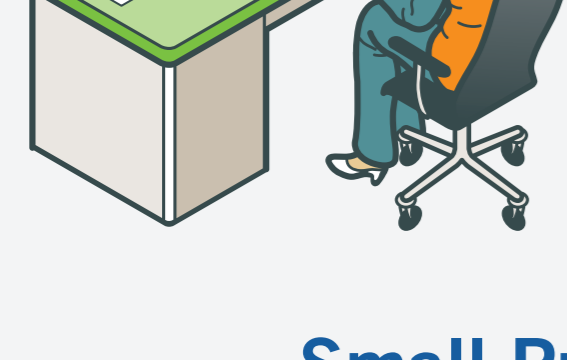
- 37% (51,562) are small primary care practice providers
- 26% (36,128) are public hospital outpatient department or other underserved providers
- 16% (22,027) are practice consortium providers
- 13% (18,650) are Federally Qualified Health Center providers
- 8% (10,848) are small rural hospital, rural health clinic or critical access hospital providers



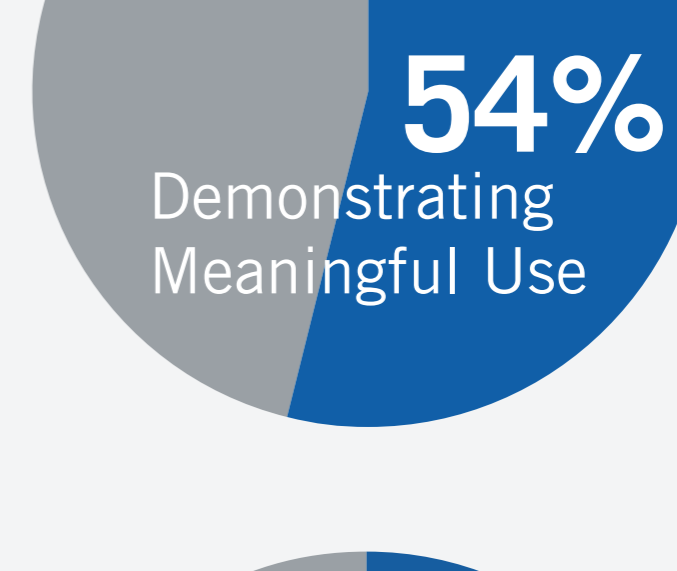
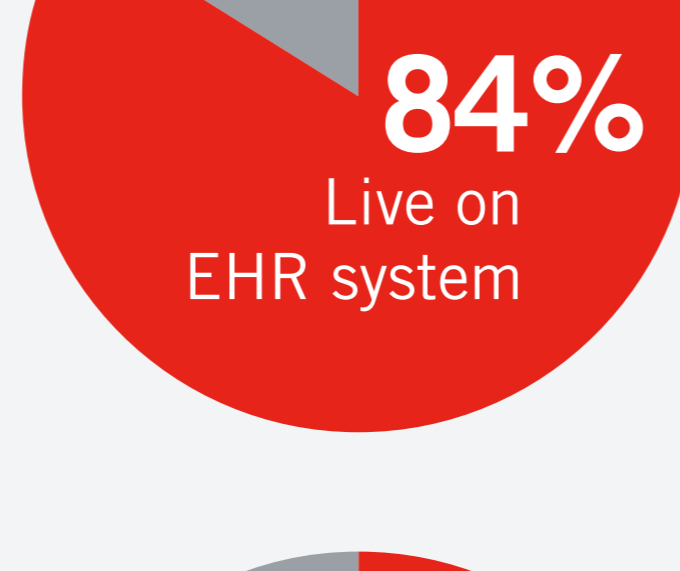
2. US Department of Health and Human Services, Office of the National Coordinator for Health Information Technology, Customer Relationship Management database, September 5, 2013.

## Creating a Health IT Infrastructure within Primary Care

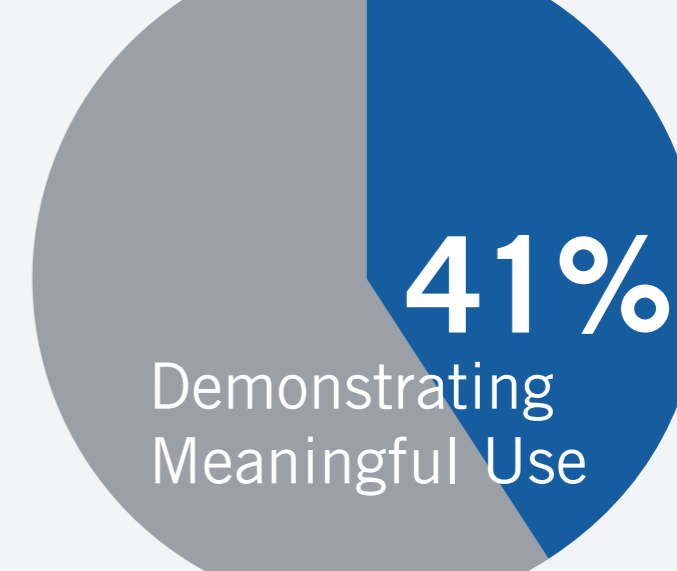
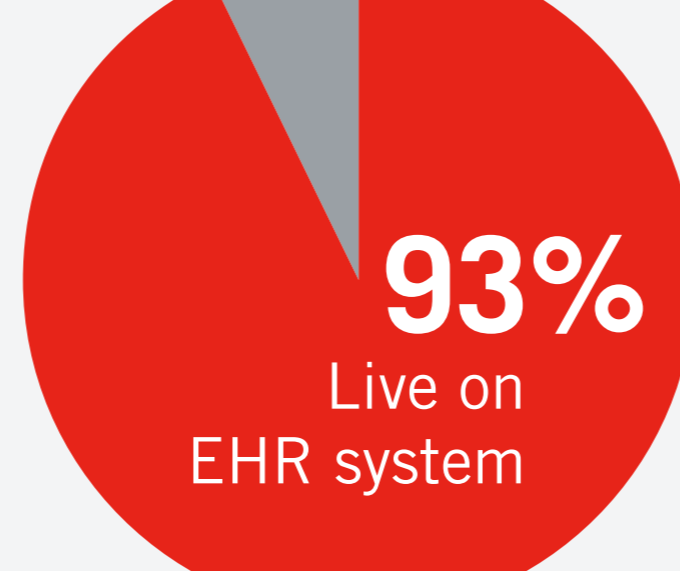
Here's a snapshot of REC-supported provider accomplishments by practice type:<sup>1</sup>



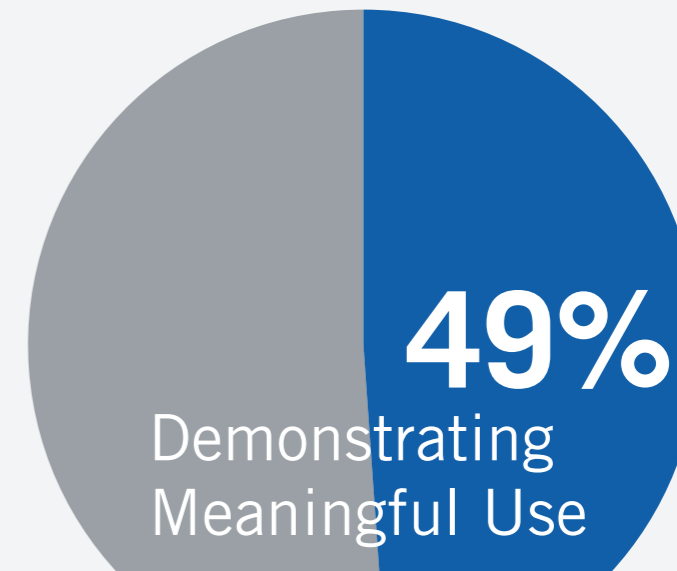
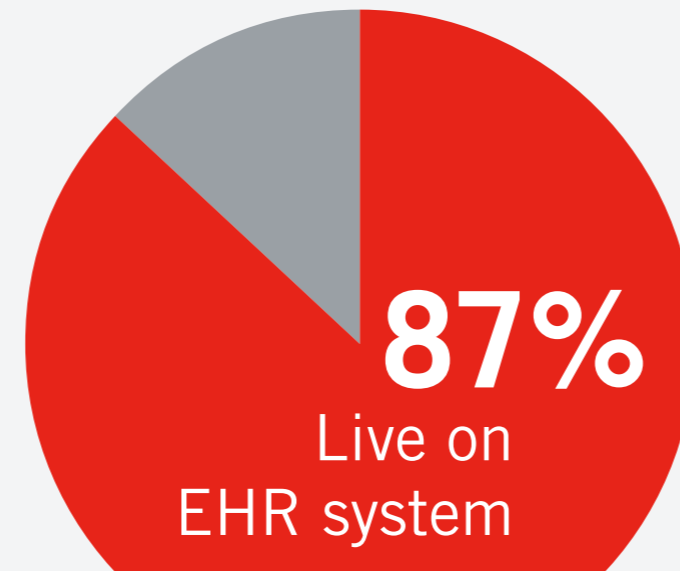
### Small Primary Care Practices:



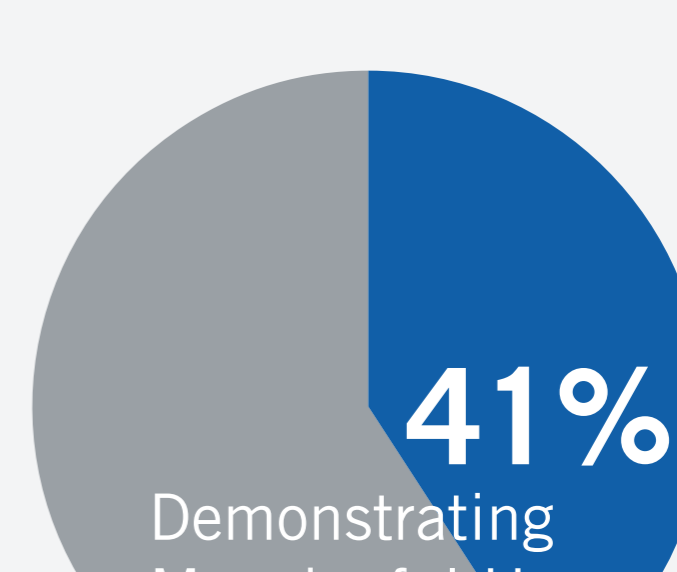
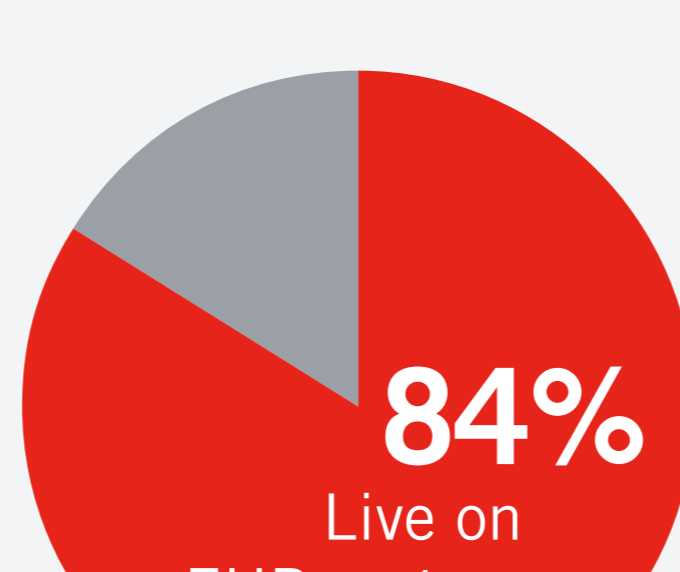
### Federally Qualified Health Center:



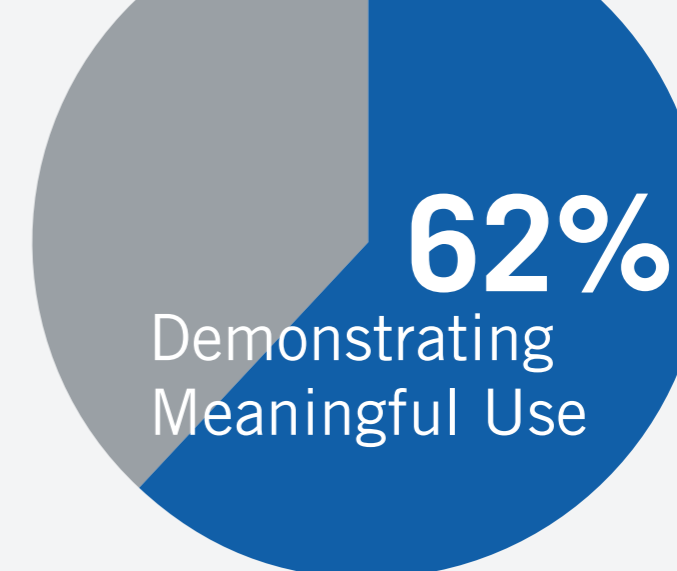
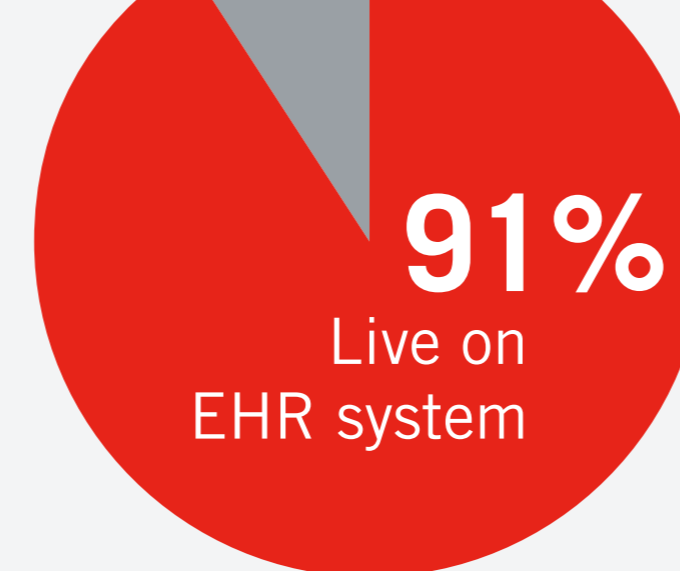
### Public Hospital Outpatient Department or Other Underserved:



### Small Rural Hospital, Rural Health Clinic or Critical Access Hospital:



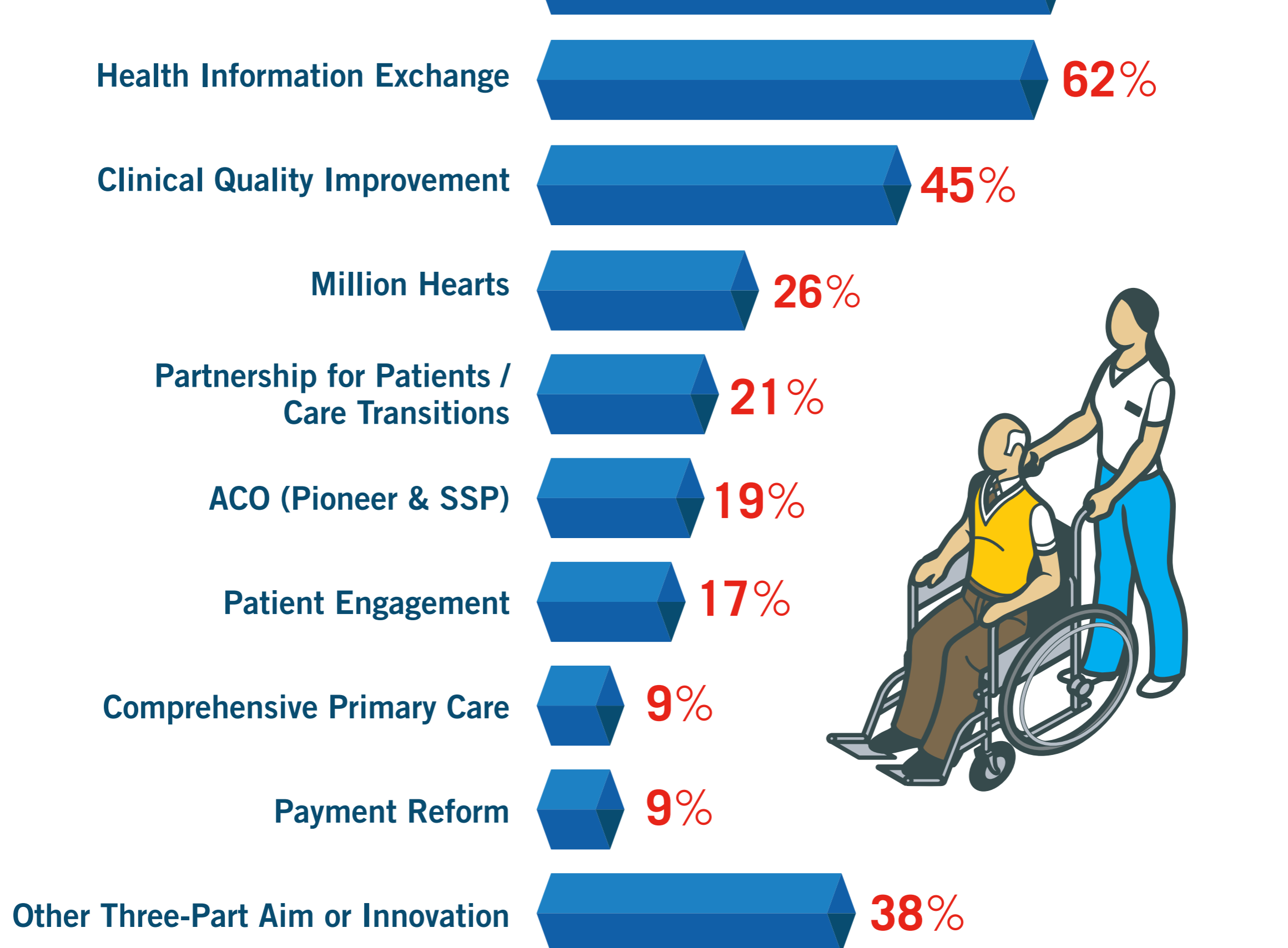
### Practice Consortium:



1. US Department of Health and Human Services, Office of the National Coordinator for Health Information Technology, Customer Relationship Management database, September 5, 2013.

## Health IT is the Common Denominator

RECs are currently providing health IT support to providers in more than 300 different programs to transform their practices and meet Three-Part Aim goals.<sup>3</sup>



3. As reported by 56 out of 62 RECs. Many RECs are working on several initiatives within each category.

## Promote Cost Savings

More than 1/3 of health care spending is potentially avoidable, wasted spending — and does not improve health.

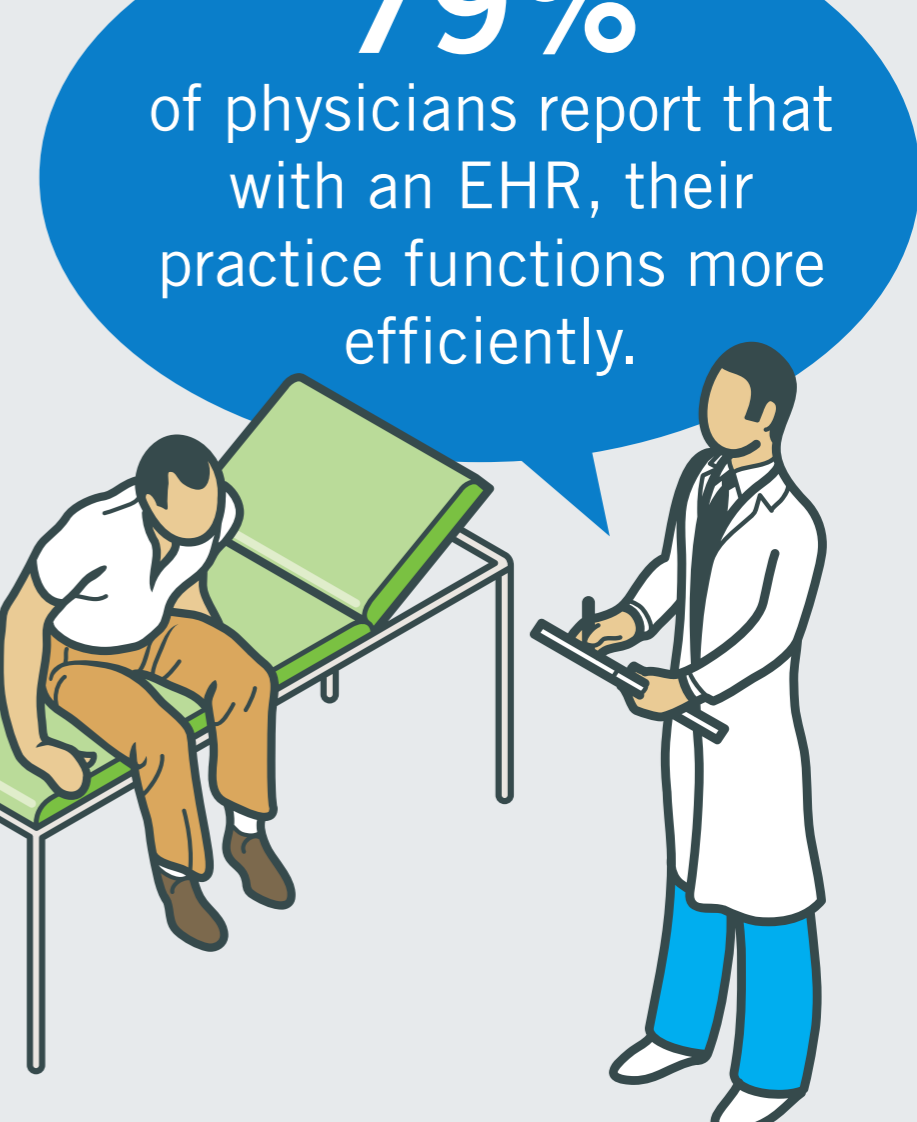
**190B** Excess administrative costs: **\$190B/year**

**81B** Ineffective use of IT: **\$81–88B/year**

**4B** Paper prescriptions: **\$4B/year**

RECs stand ready to provide targeted process redesign to optimize use of IT and workflow to reduce waste.

They have helped some of the most resource-challenged providers in America use an EHR to improve efficiency, coordinate care, and reduce variation and duplication in care.



## Accelerate Research into Practice

It takes up to 17 years to move research into practice.

The United States ranks last overall compared to six other industrialized countries on quality, efficiency, access to care, equity, and healthy lives.

Clinical decision support (CDS) puts research at the fingertips of health care practitioners.

CDS takes many forms, including alerts, reminders, and guidelines that integrate knowledge and patient-specific information at the point of care. CDS presents the right evidence for the right person at the right time. However, the CDS adoption rate is still low.

RECs stand ready to work directly with physicians to accelerate the use of clinical decision support.

Just as RECs have helped practices adopt EHRs and meet quality metrics, we can spur much broader adoption and use of decision support tools.



## Manage Population Health

\$3 of every \$4 of health care spending goes to chronic disease.

The 7 most common chronic diseases cost the U.S. \$1.3 trillion annually.

Exchanging health information electronically helps improve chronic and preventative care.



Less than 1/3 of physicians exchange clinical summaries.



RECs stand ready to help physicians incorporate health information exchange into their practices and workflows.

Enhanced information-sharing across care settings helps physicians better meet the preventative and chronic care needs of all patients.