

# Rural Health IT Workforce Program Sourcebook

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## Part 1: Narrative Description

September, 2016



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## BACKGROUND AND PURPOSE

The purpose of Rural Health Information Technology (IT) Workforce Program is to support formal rural health networks implementing activities related to the recruitment, education, training, and retention of health information technology (HIT) specialists. Funded rural health networks leverage and enhance existing HIT training materials to develop formal training programs for current health care staff, local displaced workers, rural residents, veterans, and other potential students.

These formal training programs will result in the development of a cadre of HIT workers who can help rural hospitals and clinics implement and maintain systems, such as electronic health records (EHR), telehealth, home monitoring and mobile health technology, and meet national EHR meaningful use standards.

The Rural Health IT Workforce Program goals are the following:

- Build a rural-focused HIT training program with an educational institution that has either an established HIT specialist curriculum or is in the process of developing a curriculum for a HIT specialist certificate(s) which builds on the HIT training materials and curriculum modules already developed by the Office of the National Coordinator (ONC);
- Provide HIT specialist students training opportunities and experiences within culturally competent, community focused rural hospitals/clinics in an effort to build and reinforce ties within rural communities;
- Improve the viability of the network partners by increasing recruitment and retention of HIT specialists within their rural communities and other non-network rural communities;
- Establish a replicable approach to educating and training HIT specialist students in rural areas by providing the curriculum and training materials developed during the grant to be shared publicly so that other rural or rural-serving community, vocational, and technical colleges might offer similar training in the future;

- Build connections to providers within the region to aid with student job placement;
- Increase the number of HIT specialists who will systematically work toward helping all rural network members reach EHR meaningful use standards by implementing, upgrading, testing and maintaining relevant, effective, and efficient HIT systems and programs; and,
- Establish partnerships between the network and community organizations that can serve as an ongoing vehicle for addressing workforce challenges.

The purpose of this Rural Health IT Workforce Program Sourcebook is to act as a reference document of the demographics, program descriptions, results, and challenges and successes of the fifteen network grantees. Rural Health Innovations (RHI) has taken the approach of providing a two-part Sourcebook. Part 1 is a Narrative Description that provides program details for each grantee. Part 2 is an Excel Spreadsheet designed for sorting and filtering. This Sourcebook contains the most current contact and demographic information for each grantee, as of August, 2016.

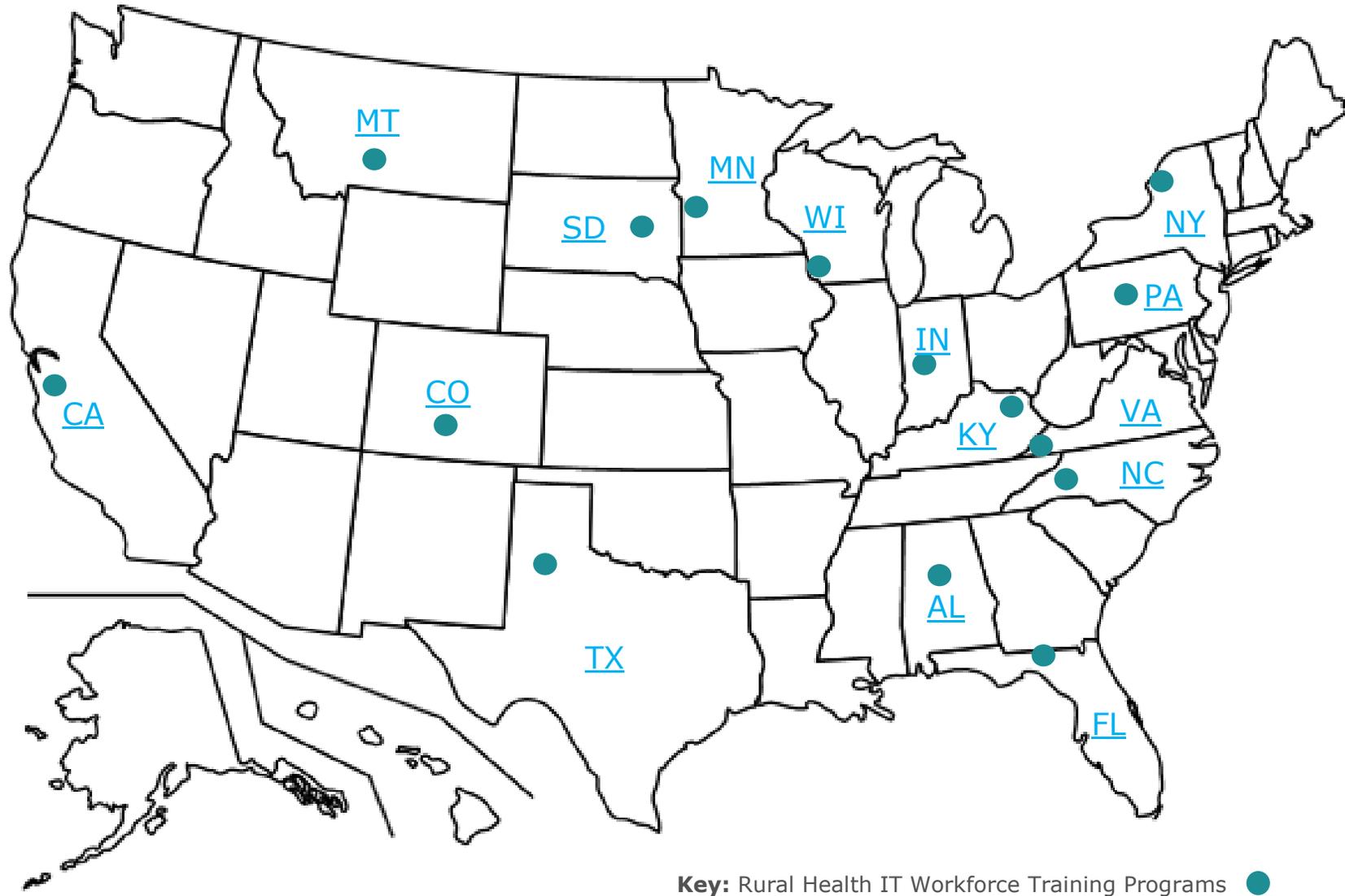
Health IT Workforce Program summaries including original grant descriptions and initial network partners are included within a 2013 Program Directory<sup>1</sup> located on the Rural Health Information Hub (RHIhub) website. Additionally, an inventory of Rural Health IT Workforce Program Curriculum<sup>2</sup> resources are available on the Rural Health Information Hub (RHIhub) website as shared resources with the intention for other health IT training programs to offer similar trainings in their rural-focused community colleges.

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<sup>1</sup> [Rural Health Information Technology \(HIT\) Workforce Program Directory 2013](http://www.RHIhub.org), Rural Health Information Hub website, www.RHIhub.org.

<sup>2</sup> [Rural Health Information Technology \(HIT\) Workforce Program Curriculum Resources, 2016](http://www.RHIhub.org), Rural Health Information Hub website, www.RHIhub.org

## RURAL HEALTH IT WORKFORCE PROGRAM MAP 2013-2016



## DATA SOURCES AND METHODS

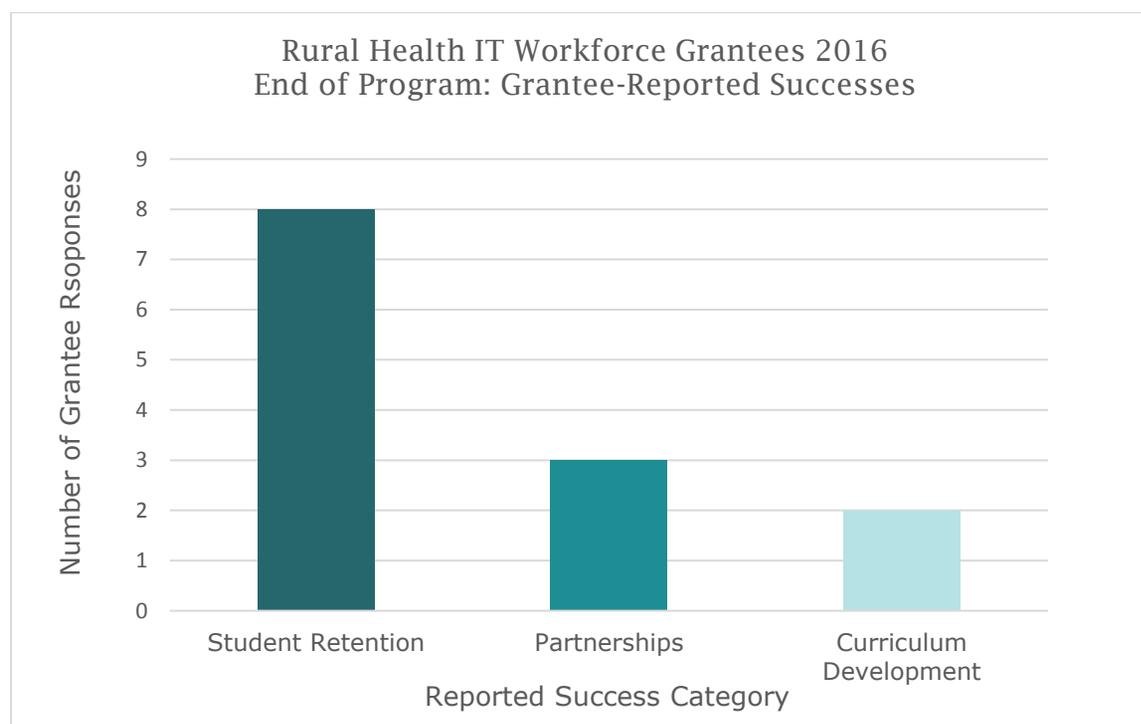
This Sourcebook contains the most current contact and demographic information for each grantee, as of August, 2016. **Part 1** is a Narrative Document that provides program details for each grantee and **Part 2** is an Excel Spreadsheet designed for sorting and filtering. Use the *Title Row* within each workbook to select criteria to sort or filter data. The Data Sources Table below, identifies the data collection method and location of the data within Part 1 and Part 2 of the Sourcebook.

Sourcebook Data Table			
Information Type	Data Collection Method	Sourcebook Location	
		Part 1: Narrative Document	Part 2: Excel Spreadsheet
Summary Analysis of Program Success and Challenges	Created by RHI Network TA Team	X	
Summary of Program Student Enrollment and Recruitment Results	Years 1 – 3 Summary of PIMS Data	X	
Program Profiles	Grantee Assessment and Sustainability Plans	X	X
Grantee Contact Information	Grantee Assessment	X	X
Network EHR Platforms	Program CEHRT Directory		X
Challenges and Successes	Grantee Assessment		X

## SUMMARY ANALYSIS OF PROGRAM SUCCESSES AND CHALLENGES

### Program Successes

The bar chart below summarizes grantee responses to the question “**Describe one significant success your grant project has achieved over the course of the grant period**”. Thirteen of the fifteen grantees provided responses to the open-ended question. RHI categorized the grantee responses to this question into three categories; Student Retention, Partnerships, and Curriculum Development, shown below. A narrative description of each success category is included below and each specific grantee response is included in entirety within in **Part 2** of this Sourcebook



## **Student Retention**

Network grantees were able to train students, and a leading success factor as reported by the grantees was student retention. This includes success in placing large percentages of students into internship programs, certified in HIT, and hired into open workforce positions.

A large portion of the grantees were focused on “incumbent workers”, who were already employed by a health care organization, and needed to increase their knowledge of HIT. Since these students were presently working in health care, tracking their HIT certification was an effective measure of success. Grantees who focused on incumbent workers reported that certification was high among those students.

## **Partnerships**

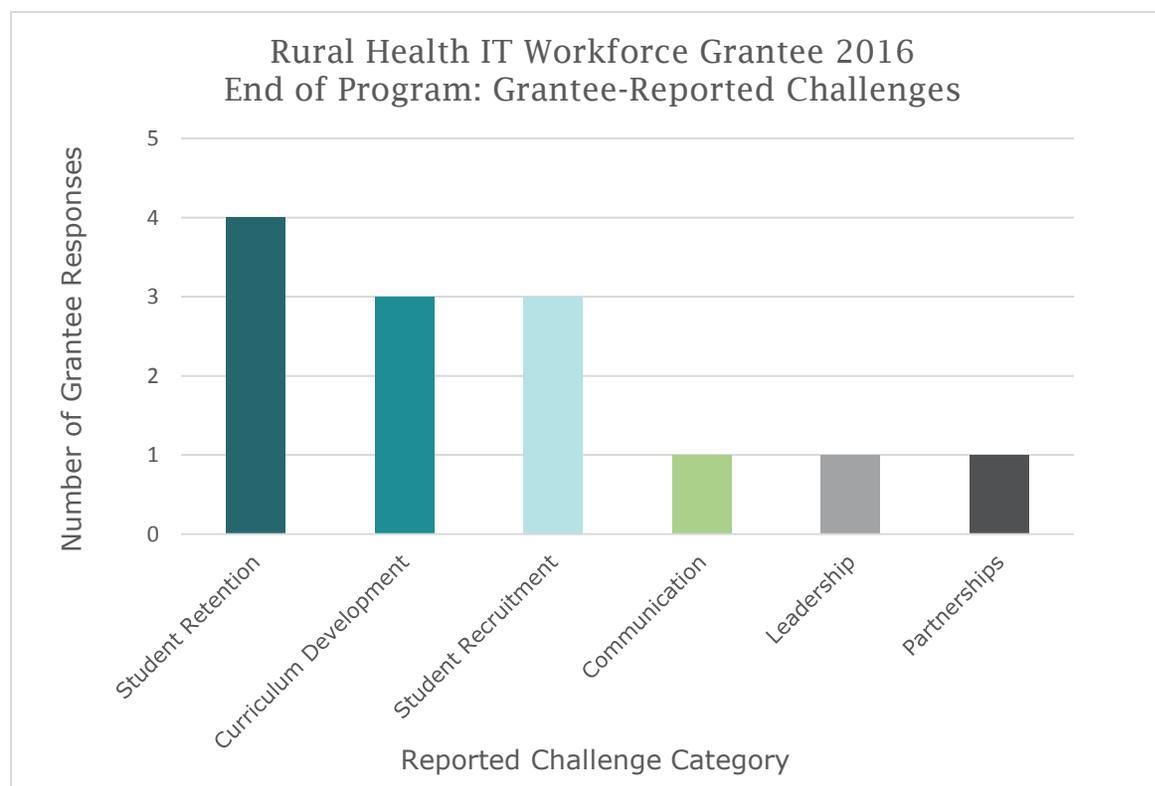
Partnerships was another success factor reported by grantees. The Rural Health IT Workforce Program required partnerships with health care organizations as a program component, therefore all grantees were networks comprised of both health care organizations and educational institutions. Many of the health care organizations were small, located in rural areas, and were struggling to hire or train HIT staff. HIT network grantees reported that these partnerships were extremely beneficial. Further, some networks focused on collaborating with employers outside of their network to build an even larger employment base for HIT workers.

## **Curriculum Development**

The Rural Health IT Workforce grantees were focused on providing health IT training relevant for their network members and employers in their community. Many curricula were developed in conjunction with EHR vendors, health care providers themselves, or both. This level of partnership and customization benefited the students, health care providers, and educational institutions. Some of the colleges are working to provide their HIT programs nationwide, specializing in vendor-specific training and certification as part of the networks’ sustainability plans.

## Program Challenges

The bar chart below summarizes grantee responses to the question “**Describe a significant challenge that your network overcame during the course of your grant period and how you overcame it**” Thirteen of the fifteen grantees provided responses to the open-ended question. RHI categorized the grantee responses to this question into six categories; Student Retention, Curriculum Development, Student Recruitment, Communication, Leadership, and Partnerships, shown below. Three of the “challenges” categories are the same categories as “successes”, as shown on page 6. A narrative description of each success category is included below and each specific grantee response is included in its entirety within in **Part 2** of this Sourcebook



## **Student Retention**

Although student retention was reported as a significant success by grantees, it was also a challenge that needed attention. Many grantees were focusing on training and certifying incumbent workers who often had significant challenges balancing work, family, and training. Many of these incumbent workers were in professions where there was a local shortage, such as nursing or medical lab technicians. The grantees reported that increased communication and program flexibility were important to ensure that students were able to complete the program and obtain certification.

## **Curriculum Development**

Creating customized courses, converting programs to online training, and developing partner relevant training were all listed as challenges in curriculum development. Grantees were able to overcome these issues by dedicated time and resources to design and modify the curriculum. The curricula were openly shared amongst grantees as well as the general public.

## **Student Recruitment**

Many grantees reported that student recruitment was a challenge. Grantees that were recruiting new workers were very active in speaking with local high schools and community colleges. The recruitment of incumbent workers was less of a challenge, particularly with health care providers where an EHR was implemented. The Rural Health IT Workforce Programs were not eligible for GI Bill Reimbursement. Grantees focused their effort in building relationships with regional Department of Veterans Affairs (VA) or Department of Defense (DoD) job placement staff to refer Veterans to the program.

## **Communication, Leadership, and Partnerships**

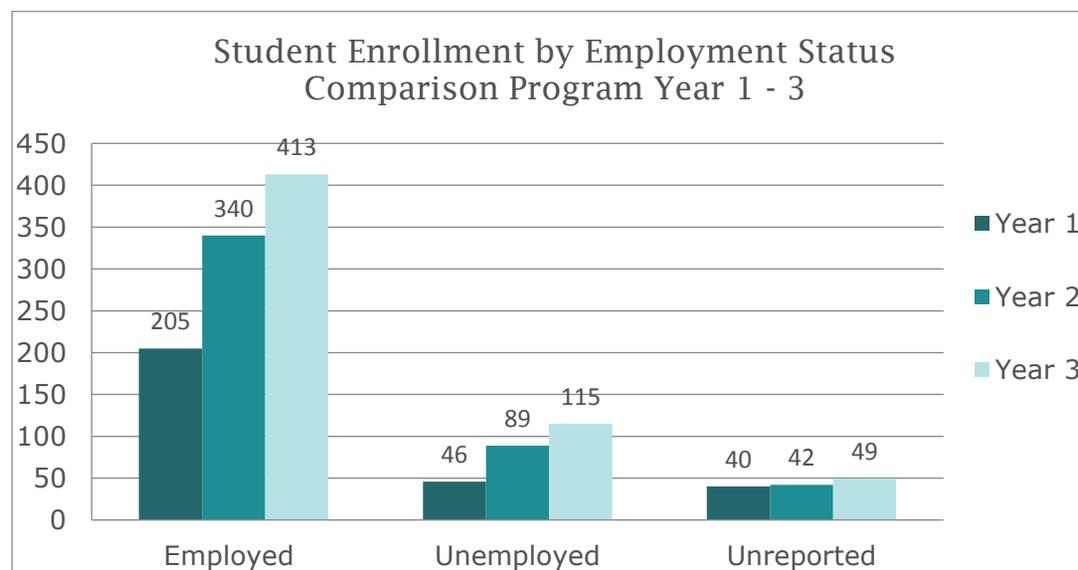
Challenges relating to communication, leadership, and partnerships were reported by a small number of grantees. Communication with students was sometimes difficult; one solution was to utilize technologies such as text messaging. Leadership challenges were often linked to turnover in hospital or college leadership. This challenge often required extra time and effort by the grantees to ensure good communication and relationship building. Working with partners was difficult, in particular, for developing student internship and employment opportunities. In addressing this challenge, grantees reported that they spent significant time working with partners building relationships.

## SUMMARY OF PROGRAM STUDENT ENROLLMENT AND RETENTION RESULTS

During the timeframe of the Rural Health IT Workforce program, September, 2013 – August, 2016, each of the 15 grantees submitted results into Performance Improvement Measurement System (PIMS). Results included within this Sourcebook focuses on student enrollment and retention within the Rural Health IT Workforce programs. Student enrollment data of incoming students is described by employment status, location comparison of rural to urban, and veteran status. Student retention data is described as completing the training program and passing an HIT certification exam.

### Student Enrollment

The bar chart below compares Year 1, Year 2 and Year 3 student enrollment data based on employment status. Between Year 1 and Year 3, there was an increase of 286 program enrollees from 291 to 577. Note that participants may be counted in more than one project year due to the misalignment between the academic year and the PIMS reporting period. During Year 1, 81.7% of enrollees with employment data recorded were employed compared to 78.2% in Year 3. There was also an increase in the percentage of enrollees who were unemployed from 18.3% (205 students) in Year 1 to 21.8% (413 students) in Year 3.



### Student Retention and Completion

During Year 3, 414 students were reported as having completed the workforce development curriculum. This represents 71.8% of all students enrolled in the programs during the year. The completion rate increased from Year 2 to Year 3 from 55.8% to 71.8% but was lower than the Year 1 completion rate of 72.9%. Ninety-three students (16.1%) passed a competency exam in Year 3. Note that due to misalignment between the school year and PIMS reporting period, it is possible that enrollees are reported in more than one year

	Year 1	Year 2	Year 3
Student Enrollees	291	471	577
Program Completers	212	263	414
Students Passing Exam	24	52	93

## PROGRAM PROFILES

During the timeframe of the Rural Health IT Workforce program years, September, 2013 – August, 2016, each of the 15 grantees completed a strategic plan and sustainability plan. The results of these two plans have been summarized and included within this Program Profiles section of this Sourcebook. In some cases, the grantee took the perspective of their entire Network organization to complete their strategic and sustainability plans. In other cases, the grantee took the perspective of the Rural Health IT Workforce Program, as a subset of their larger organization. This distinction is identified within each profile.

The purpose of the Program Profiles section is to provide a holistic account of the grantees' strategic planning, marketing and operational efforts, including a program or network description: mission, vision and strategies, the environment the program was working within, needs of their members, the program's key service, initiatives and partners. Insights from each grantee on the Key Results of their efforts is also included. Following is an outline for each grantee in this Program Profiles section:

- Vision
- Mission
- Strategies
- Environment
- Member Needs
- Key Services
- Key Initiatives
- Key Partners
- Key Results

## ALABAMA: REGIONAL HEALTH CARE NETWORK

### Network Contact

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### Network Perspective

#### Vision

To serve a constituent base that reaches far outside of the Childersburg area to become a state-wide force in increasing access to healthcare services for consumers while providing health information technology and other critical services necessary for providers to operate efficiently to improve the health status of patients. To accomplish this, we will align ourselves with members, stakeholders and other contributors including community organizations and state leaders.

#### Mission

To provide increased access to healthcare services to the population served by Regional Health Care Network while also providing necessary Health Information Technology and other support services to provider members of the network.

#### Strategies

- Recruit new board members
- Recruit Department of Public Health into grant project for telehealth
- Explore mental health opportunities with Cheaha Mental Health
- Seek new opportunities for consulting within the Meaningful Use MACRA environment

## Environment

- The current health care environment as it relates to the RHCN Mission/Vision is a rapidly changing picture of evolving federal regulations driving the adoption of health information technology at a rapid pace with some benefits for successful adopters and penalties for those who do not. The CMS decision to embrace MACRA and Advanced Payment Models (APMS) will end MU for CMS providers while MU is still the rule of the day for Medicaid Incentive Eligible providers. Across the state groups are forming Accountable Care Organizations (ACOs) to take advantage of bonus opportunities for quality opportunities on patient populations previously strictly fee for service models such as regular Medicare. Separately the need for eliminating shortages of services to rural population groups is driving more widespread adoption of telehealth as a vehicle for leveraging medical talent or distance.

## Member Needs

- Member needs within our Network include the need for Meaningful Use technical assistance support and in other cases the need for more opportunities to apply the talents the network has. It is a diverse group so needs vary widely. The Network itself needs to identify additional opportunities for members to supply their particular services and expand their markets.

## Key Services

The Network itself develops opportunities that are beneficial to its members in carrying out their individual business plans.

- Primary Care and Diabetes Management
- Mental Health Services via Telehealth
- Meaningful Use and MACRA Consulting
- Primary Care via Telehealth
- Project Management

## Key Initiatives

- Telehealth
- Rural Health IT Training
- Meaningful Use and MACRA Consulting

## Key Partners

- Alabama Department of Public Health-ADPH has sought our participation in projects on two occasions and a third project is planned for this fall. Most recently we are collaborating on telehealth projects. They have also assisted us in getting the word out about our Rural Health IT Workforce Project.
- University of Alabama Birmingham- UAB is our partner in the Rural Health IT Grant Project and we have worked with them or their professors on other rural serving projects beginning in 2007.
- Alabama Partnership for Telehealth-APT is a nonprofit that the AL Rural Development office helped to establish to promote telehealth. APT is also the bandwidth supplier to members Childersburg Primary Care and Cheaha Mental Health Centers.
- Member Management and Medical Consulting Services- MMCS is a highly-experienced HIT consulting group focused on Meaningful Use and MACRA consulting. MMCS was a Sub-recipient and offered MU consulting as a part of the AL Regional Extension Center and now contracts directly with AL Medicaid providing these services.

## Key Results

The Network believes that one must look at the activities that descended directly from past grant projects that are still ongoing activities today and the effect that it has had on Network members in the community and in some cases even the state of Alabama as a result. We have identified five characteristics (and there may be more) by which to evaluate the sustainability success of the organization.

- The programs created last
- Programs created have an expanding impact
- Ongoing collaboration
- Relationships satisfy normal business models

- Network members work together on grant projects to develop new services or expand benefits to the Network and Community

If you look at the lasting impact or the programs that have lasted from previous grant projects, there are several very good examples, listed below, that indicate the sustaining effect following the grant.

- The American Diabetes Association self-management program located at Childersburg Primary Care. This was a project started up with the Network Development grant in 2007.
- The adoption of Electronic Medical Records System and a PACS System used in the Childersburg area, as well as the achievement of Meaningful Use at Childersburg Primary Care, the primary provider of health care services in this part of the community.
- The awarding of the ALREC (Alabama Regional Extension Center) grant to Network Member Management and Medical Consulting Services in 2010. This followed directly from the experience of the implementation of the electronic medical records system in the Childersburg area. This experience was leveraged into a role providing help to providers across the state adopting EMR systems.
- A follow-up project to the Regional Extension Center project funded by ONC, which just ended June 5, 2016, with the awarding of a Medicaid Meaningful Use Technical Assistance project to Management and Medical Consulting Services. We now see the lessons that were learned in adopting electronic medical record system under the Network Development grant led to a Network member providing Meaningful Use Technical Assistance across the state of Alabama as a result of the adoption of an EMR system in one community in the state.
- The Telehealth Services implemented by CHEAHA Mental Health Centers. The Network recruited CHEAHA Mental Health Centers to participate in an application for a USDA Rural Utility Service grant for Telehealth equipment. While that effort was not successful, CHEAHA applied the next year and they were awarded a USDA or RUS grant. As a result of that, they have brought in now hundreds more psychiatric visits into two rural counties in central Alabama than they were previously able to bring in with Psychiatrists traveling to the area exclusively.
- The aforementioned Rural Health Information Technology curriculums being offered at two community colleges in the state. We feel confident that several years from now that will still be the case.

## CALIFORNIA: CENTRAL VALLEY COLLABORATIVE

### Network Contact

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### Program Perspective

#### Vision

- The Central Valley Collaborative envisions that the proposed activities will impact Participating Organizations in the following ways:
- Enhance safety net providers' capacity to measure and effectively report on the quality of care and the health outcomes in health centers.
- Reduce health care costs that result from inefficiency, medical errors, inappropriate care and incomplete information.
- Increase the availability and transparency of information related to the health care needs of the patient and support physician decision making.
- Prepare health centers and other safety net providers to participate in pay-for-performance plans/systems, and either the Medicare or the Medicaid meaningful use EHR incentive program.
- Support the ability to provide a rapid response to both natural and man-made disasters, including those due to bioterrorist acts.

#### Mission

The mission of the Central Valley Collaborative information technology network is to improve the efficiency, effectiveness, and safety of healthcare for low income and medically underserved populations, including the uninsured and underinsured residing in the targeted service areas.

## Strategies

- Maintain availability of HIT Academy curriculum for CVC Networked Member health centers.
- Participate in continuing HIT Workforce program activities at the regional, state, and national levels.
- Support development and performance of current HIT staff at networked health centers.

## Environment

- Organizations need to be able to generate meaningful reports and to communicate the information contained in those reports with a variety of internal and external stakeholders.
- Organizations are expanding their physical locations and services, with some network members opening multiple new sites each calendar year.

## Member Needs

- Increased HIT workforce development needs to support expanded services and locations.
- Expertise needed to guide organizations through changing regulatory and reimbursement parameters.

## Key Services

- Recruiting and training displaced workers/career changers – The opportunity to complete customized training and education that provides them expertise in a growing career field that does not currently have enough trained workers.
- Enrolling students in Fresno City College Program – Opportunity to participate in an innovative career training program, to learn principles that can be transferred to other similar programs, and to engage with a group of students that are highly motivated to accomplish specific goals.
- Placing students for internships at networked clinics – Opportunity to have extra staff working on projects that the organization might not otherwise have dedicated resources for and the opportunity to test drive potential hires without having to pay full salary and benefits (for a short period of time).

## Key Initiatives

- Recruit students from IT or healthcare background into “HIT Academy” health IT workforce program.
- Train enrolled students to meet HIT workforce needs at partner health centers.
- Place HIT students into apprenticeships at partner health centers.
- Develop project and tasks assignments with clinics to provide relevant hands-on training for HIT students.
- Equip students with skills to apply for, interview for, and obtain HIT jobs.

## Key Partners

- Fresno City College – Local industry leaders administrate classes for students via online learning system.
- CVC networked clinics – host and supervise students for hands on opportunities via apprenticeship.
- Subject Matter Experts – from trainers to HIT vendors and quality improvement leaders, guests who equip students on Saturdays with non-technical knowledge that will help them in their careers.

## Key Results

- Five out of six organizations that hosted HIT Apprentices hired them into an HIT position after the student completed their HIT Apprenticeship.
- All supervisors who completed program evaluation surveys indicated they would participate in the program again in the future and that they would recommend participation in the HIT Training program to other health centers.
- 90% of students said that they would participate in program again.

## COLORADO: DATA SERVICES FOR HEALTHCARE (DASH)

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*The State Office of Rural Health*

### Program Perspective

#### Vision

All Colorado healthcare facilities serving rural and underserved populations will have efficient, highly trained health information technology staff to meet their HIT needs and to achieve meaningful use which will result in increased patient satisfaction, decrease costs and improved health.

#### Mission

To assist rural hospitals and clinics through rural Colorado with affordable and sustainable use of health information technology. We are committed to reducing HIT resource disparities and improving access to HIT best practices in rural and frontier areas.

#### Strategies

- To continue a memorandum of partnership past the award period leading to ongoing collaboration in rural health information technology.
- To continue to be an educational resource for health information technology in rural Colorado through the opportunities offered through Pueblo Community College.
- To continue placing HIT professionals in rural areas of the state through the Colorado Provider Recruitment program at the Colorado Rural Health Center.

## Environment

- HIT is a continually changing environment which leads to difficulty preparing the current and future workforce. There are few, if any competitors, in the state that have partnered to not only educate, but also place rural HIT professionals. Therefore, the network leads this niche market. There are many HIT educators, HIT professional vendors, and placement agencies, yet no one other than the network have partnered to offer all three services exclusively focusing on rural Colorado.

## Member Needs

- As HIT has become a standard need in healthcare facilities, there will be a continual demand for the services of education and placement. The Colorado Rural Health Center and partners in the network are serving over 200 member facilities, specifically focusing on their individualized HIT workforce needs. The network also has the acumen and relationships to understand growing regulatory burdens and under-staffing, and how to creatively activate the current workforce to supplement HIT.

## Key Services

- HIT education through associate's level training – incumbent *and* new rural HIT professionals. Pueblo Community College will continue to provide accredited associate's level education managing the growing knowledge base needed in the HIT industry.
- Healthcare professional placement in rural and underserved areas of the state – healthcare facilities *and* healthcare professionals. The Colorado Rural Health Center will continue placing Pueblo Community College HIT graduates in rural and underserved areas of the state.
- HIT ancillary services and business intelligence – rural healthcare facilities *and* incumbent HIT professionals. The Colorado Rural Health Center will continue offering business intelligence tools and additional HIT services to supplement rural healthcare facility needs.

## Key Initiatives

- Train certified HIT professionals
- Place certified HIT professionals in rural areas of the state
- Train and certify incumbent employees in rural healthcare facilities across the state;
- Provide funds allowing prospective students to obtain their education, when they otherwise would not have the financial resources to do so
- Foster students throughout their education by attending to placement desires and navigation through the process.

## Key Partners

- The most influential key partners are the Colorado Rural Health Center, Pueblo Community College and the Southeast Area Health Education Center;
- Hospitals and clinics in rural areas of the state will continue to be partners in addressing the healthcare workforce;
- Prospective and current students at Pueblo Community College will continue to be strong partners by feeding the workforce as trained professionals;
- Health Resources and Services Administration will continue to be a partner through future funding opportunities;
- The other networks across the country will continue to be key partners to share best practices and for networking.

## Key Results

- Number of students recruited into the HIT program at Pueblo Community College.
- Number of placements made from the HIT program from the Colorado Rural Health Center.
- Number of scholarships awarded from the Southeast Area Health Education Center.

## FLORIDA: NORTH FLORIDA RURAL HIT WORKFORCE PROGRAM

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### Program Perspective

#### Vision

To satisfactorily meet the health information technology needs of our rural north Florida region.

#### Mission

To develop and establish a Medical Coding/Billing certificate program by utilizing the foundation of the Rural Health Information Technology Workforce (RHITW) program and Florida Department of Education curriculum frameworks.

#### Strategies

- Develop medical billing/coding curriculum, using HIT curriculum as a foundation, with the expertise of a hired curriculum developer by August 2016.
- Offer first cohort of medical billing/coding program at North Florida Community College starting January 2017.
- Develop and implement continuing education credits (CEUs) for incumbent workers.

#### Environment

- Scarce resources (staff, financial, etc.) across all organizations present difficulties in gathering input and commitments. Limited staff can impact participation in advisory meetings and hamper a facility's ability to allow staff to act as preceptors. Feedback can occasionally be collected through quarterly or semiannual advisory committee meetings, but is limited to those in attendance.

- The geography of our service area is both an advantage and a disadvantage. Our rural region is situated between major urban areas in all directions, which creates a vacuum naturally away from the six counties we serve under state-crafted boundaries. While it presents many career possibilities for resident students, the geography also creates challenges by way of transportation costs while in the program and likely commute time to a future job.

#### Member Needs

- Partner organizations are in dire need of qualified staff. It is not uncommon to have vacancies posted for months, even years, before being filled. The Medical Billing/Coding program would be a valuable program to our partners for this reason.
- On-demand training and continuing education for current employees is also a consistently expressed need. Many partners have an aging workforce that have not received proper or sufficient training to keep up with the rapidity of change in healthcare. Ranging from basic technology skills to ICD-10 assimilation, a variation or certain segments of medical billing/coding can be offered to incumbent workers.

#### Key Services

- Medical billing/coding training program

#### Key Initiatives

- Completion of Medical Coding/Billing curriculum by August 31, 2016.
- HIT Coordinator to achieve Certified Coding Associate designation through AHIMA by August 31, 2016.
- Continuing education offerings for incumbent workers.
- Adaptation of HIT curriculum to satisfy the first component of Medical Billing/Coding program.
- Adaptation of HIT curriculum to prepare students for comparable HIMSS certification.
- Incorporation of the Medical Biller/Coder career in CareerSource North Florida's Targeted Occupations List (TOL).
- Internship placement of qualified students.
- Successful job placement of program graduates.

## Key Partners

- Doctors' Memorial Hospital
- Florida State University College of Medicine
- Madison County Memorial Hospital
- North Florida Community College
- North Florida Medical Centers, Inc.

## Key Results

- At least 15 students in the January 2017 cohort of medical billing/coding.
- Revised contracts with at least eight facilities for student internships that reflect the diversity of healthcare.
- At least 70% job placement within six months of program completion.

## INDIANA: INDIANA RURAL HIT EDUCATION NETWORK

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**Indiana Rural Health  
Information Technology  
Education Network**

### Network Perspective

#### Vision

To provide support to rural entities in the development of formal health care networks in order to coordinate; improve and expand access to quality essential health care services; and enhance the delivery of health care in rural areas.

#### Mission

To create a network of rural providers dedicated to improving their ability to deliver high-quality health care to rural residents.

#### Strategies

- Increase connectivity among rural health organizations and providers in Indiana; and increase communication among rural health organizations and providers in Indiana.
- To develop and implement the projects and services identified by InSRHN members through the needs assessment and strategic planning process, at a cost-savings to network members.
- To conduct ongoing network strategic planning activities to insure long-term planning and sustainability of the network that build upon the work accomplished.
- To implement a comprehensive evaluation of the Indiana Statewide Rural Health Network.

## Environment

- Several different promotion and communication activities are used throughout the network. These include sharing of network news in our nine roundtables that each meet quarterly. This is a prime opportunity to share specific news with our current members. A monthly newsletter is sent to all current members of the InSRHN. The network director visits with each InSRHN member at least annually. Finally, urgent messages are sent to members as needed electronically. For promotion with non-members InSRHN has several different strategies as well. The Indiana Rural Health Association has five conferences annually, each with a different focus. At each of these conferences is an opportunity to share the InSRHN success story with non-network members. We also do site visits with prospective members as well as electronic outreach. Finally, we encourage our current members to reach out to their colleagues who are not members and encourage their participation with the network.

## Member Needs

- Re-evaluation of the InSRHN marketing plan
- Community Health Needs Assessments
- Development of a business and sustainability plan
- Development of a network evaluation plan and tool

## Key Services

- Direct Financial Savings: This is mostly achieved through our shared contracts with various companies that have been established amongst the InSRHN hospitals. These contracts include Cardinal Pharmacy for after hour pharmacy access, Alliant Purchasing for shared group purchasing contracts through Premier, and discounted rates with talent acquisition companies. Hospitals have the option to participate in these contracts; it is not required for membership. Hospitals that have participated have found that their return on invest in joining the network is quickly recouped in the first month or two. The Indiana Rural Health Association also offers our members discounted participation in various services offered including Community Health Needs Assessments.

- Indirect Financial Savings: The other area that InSRHN works on to support our members and ensure they receive value through membership in the network include shared learning opportunities, joint grant writing, and advocacy work. Through the network, we have nine (9) different roundtables for shared learning across our members. These roundtables range from position specific, like CEO or CFO, to topical specific, like care coordination and meaningful use. These roundtables are a mix of virtual and face-to-face opportunities for members to engage with fellow members to share best practices and have a sounding board for ideas. The network also supports our members through collaboration together to pursue various federal, state, and local grant opportunities. This allows hospitals to participate in various funding mechanisms but be able to network with their peers for a more robust application. Finally, the network has worked with both external and internal advocacy navigators to both bring the rural voice to local and state policy discussions and also to assist our members in getting their voice heard.

#### Key Initiatives

- All hospitals who are members of InSRHN and a system share with the network leadership that the network provides an area of service they do not receive from the system. The network is working on ensuring the best possible services can be provided to support these members. This has caused the network staff to study/learn more about how the network fits and provide those services.
- Transition from a volume-based/fee-for-service market to a value-based/capitation market and ACOs. This transition has caused our member hospitals to place a great emphasis on population health and population management strategies. This has led the hospitals to request additional training and support. Population health strategies and shared resources surrounding this concept will be a major focus of the network moving forward.
- Gain and/or maintain economics of scale through group purchasing agreements. We currently have several options for network members and looking to add additional services.

#### Key Partners

- Indiana Hospitals: There are currently 115 hospitals in Indiana, 41 of which are located in rural areas. The state has 35 hospitals currently identified as Critical Access Hospitals.

- Richard G. Lugar Center for Rural Health: This Center is a state and regional organization that works to prepare and train primary care physicians for successful rural practice and to expose individuals not yet decided on a career to the rewards of delivering health care services in a rural area. The Lugar Center provides consultant and grant writing support to the InSRHN.
- Rural Health Innovation Collaborative (RHIC): The Rural Health Innovation Collaborative (RHIC) is a not-for-profit entity, comprised of thirteen Indiana public and private entities that cross the spectrum of academic, healthcare, government, and community-based organizations. This rich diversity allows the collaborative to respond to the current and worsening issues involving health access, workforce development, and economic revitalization. The RHIC provides consultant and grant writing support to the InSRHN.

#### Key Results

- InSRHN Membership Development.
- InSRHN Return on Investment.
- InSRHN Networking Opportunities.

## KENTUCKY: NORTHEAST KENTUCKY REGIONAL HEALTH

### Network Contact

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### Program Perspective

#### Vision

NeKY RHIO's vision is for successful implementation of Health IT in our region for improved healthcare.

#### Mission

The mission of the NeKY RHIO is to assist healthcare providers and patients with the use of the technology and connectivity to improve the health of our communities.

#### Strategies

- Develop rural focused HIT training program that builds the HIT training materials and curriculum modules already developed by the ONC.
- Provide HIT specialist students training opportunities and experiences within culturally competent, community focused rural hospitals/clinics, which will build and reinforce ties with these rural communities.
- Improving the viability of the network partners by increasing HIT specialists within their rural communities and other non-network rural communities.
- Establish a replicable approach to educating & training HIT specialist students in rural areas by providing the HIT Workforce curriculum and training materials for Health IT certification testing needs and current Health IT environment.
- Increase the number of rural HIT workforce specialists in order to assist network/provider members reaching EHR Meaningful Use and Quality Measures standards by implementing, upgrading, testing, and maintaining relevant, effective, and efficient HIT systems and programs.

## Environment

- Our service area population has high rates of poverty and the population has complex health needs.
- Rural clinical settings including employees and providers in the Healthcare or IT industry. Within the rural health settings, the environment factors influencing the workforce network includes addressing the needs of federal mandates and the push to meet or exceed those such as Meaningful Use, Quality Measures, and MACRA in our near future.
- Members and customers of our workforce network includes various employees, students, providers, Kentucky Rural Health Information Technology Network (KRHIT), Area Health Education Center (AHEC) and collaborations from Somerset Community College, all from within a 27 county region in Northeastern KY. Most members of our program are of rural location or are promoting education for rural individuals.
- Health care providers have high demand, but are also isolated from other providers.

## Member Needs

- Our members need individuals trained in Health IT to support measures of meeting mandated regulations such as Meaningful Use, Quality Measures, and any upcoming changes in the Health IT sector. An education is also needed to ultimately provide improved patient quality experiences, and for IT skills to operate an EHR system on a more functional level.
- Our competitors do exist and include other educational institutions providing similar training. Although the programs may have similar content, the cost and value of the programs and education is very different in that we are able to customize the training to meet our member needs and we are able to provide a more superior one on one communication part to our program.

## Key Services

- Electronic Health Record (EHR) training through Meditab (EHR vendor)
- Health IT experience through Health IT internships or projects (Partnership with AHEC if interning, through Workforce Service line if completing projects)

- Health IT Certification(s): First and second grant year – American Health Information Management Association (AHIMA) Certified Health Technology Specialist (CHTS) – Practice Workflow & Information Management Redesign (PW) and for the third grant year, we opened up the option of taking any of the 6 CHTS exams and the Certified Associate of Health Information and Management Systems (CAHIMS) and Certified Professional in Health Information of Management Systems (CPHIMS) offered through the Health Information Management Systems Society (HIMSS). Vouchers are purchased through AHIMA or HIMSS.

### Key Initiatives

- Increase Qualified Workforce and Dissemination of Model (Logic Model).
- Market to new audience/target group of employers and continue marketing to Healthcare and/or IT employees
- Increase Health IT Certification offerings to increase interest in program
- Continuous updates to keep information current, yet relevant to certifying exams
- Sustainable Workforce Development Activities & Achievement of Meaningful Use, MACRA/MIPS, and other future Quality Improvement measures (Logic Model).
- Future addition of mini courses as new workforce offerings:
- HIPAA modules/videos
- PCMH modules/ videos and educational training
- Billing & coding training
- Basic IT skills
- Securing key partnerships with state wide Healthcare and Health IT agencies, organizations, and/or associations.

### Key Partners

- AHEC in Morehead, KY has enabled us to provide a functional and robust internship experience during our apprenticeship phase for students requiring an internship as opposed to a Health IT project.
- Primary Care Association of Kentucky recently partnered with us to promote our Health IT Certification Program to their members for a discounted rate.

## Key Results

- Exam passing rates of students completing the program. A total of 14 students passed the certification exam out of 19 that had taken it (Practice Workflow and Information Management Redesign Specialist through AHIMA).
- Number of Students completing the program: 20 individuals completed the entire 3-phase program.
- Job Placement: One student was able to secure an internship within a Health IT employment, then a part-time position at the same office a short time thereafter while still in the program, and later a full-time position 1 year following the completion of the program.

## MINNESOTA: MENTOR HIT TRAINING PROGRAM

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### Network Perspective

#### Vision

Create a pool of HIT-competent professionals, provide employment and career enhancement opportunities for rural workers, and develop a self-sustaining system to address region's health care workforce needs.

#### Mission

The Lac qui Parle Health Network will assist its members in maintaining and improving local access to primary and secondary healthcare services.

#### Strategies

- Mentor HIT Training program continued after grant ends.
- Strategic Planning is completed for the LQPHN.
- New revenue streams are created.
- Integrated Health Care including behavioral health
- Obtain funding to achieve goals.

#### Environment

- The new payment models encourage integrated health care and the opportunity for network members to collaborate on strengths and work with other service providers to improve efficiencies, patient care and patient outcomes. Health IT training is a key to being able to benefit from the use of EHR systems. Health IT

has the potential to transform how rural health care providers collect, manage, store, use and share health information.

#### Member Needs

- Upskilling current employees with Health IT training. Health IT enables better care coordination, instant access to patient information and can improve health care quality and patient outcomes.

#### Key Services

- Mentor HIT Training Program – upskills current employees with Health information technology training to be able to better assist the facility in meeting meaningful use and can improve health care quality and patient outcomes.
- PIPP Project for each network member – Grant increases revenue rate for residents in nursing homes. Each project improves the quality of care and quality of life of nursing home residents in a measurable way. The project works to deliver good quality care more efficiently.
- Group purchases of Software. Several software purchases are done through the Lac qui Parle Health Network to be able to purchase at a group discount. Each facility saves thousands of dollars annually by purchasing together.
- Physician Peer Review between LQPHN members- satisfies regulatory mandate.
- Collaborative/Roundtable meetings held with the groups including the CEO's, CFO's, Materials management, Credentialing, Clinic Managers and Human Resources to look at ways the organizations can collaborate. The meetings provide opportunities for the staff to discuss and develop operational efficiencies.
- The Win with Wellness activities provide community health competitive challenges with the communities of the network. The overarching goal is to create healthier communities by reducing common risk factors for the development of chronic disease.

#### Key Initiatives

- Collaborate with Mentor HIT Training Program Steering committee to continue to offer training program. Look at other workforce training needs and address the needs.

- Strategic planning process completed for Lac qui Parle Health Network.
- New revenue streams identified and created.
- Funding obtained for strategies identified in strategic planning process.

#### Key Partners

- Mentor steering committee members are all partners. The committee members include;
- Normandale Community College- A great partner and provides the online training for Mentor HIT program.
- Medi-Sota – A consortium of 34 hospitals. They have contact information for the 34 hospitals and have a great communication system in place. They assist in recruitment and identifying the workforce needs.
- MN West Community and Technical College – The local community college in our area who provide training for the Medi-Sota consortium as well.
- Southwest Minnesota Private Industry Council – The group that works with the unemployed and assists in employment opportunities.
- Three health care facilities members; Johnson Memorial Health Services in Dawson, Madison Healthcare Services in Madison and Appleton Area Health Services in Appleton.

#### Key Results

- Enrolled 102 students into the HIT Training program
- Lac qui Parle Health Network is still collaborating and has created relationships with 11 people.

## MONTANA: MT RURAL HEALTH IT NETWORK AREA HEALTH EDUCATION CENTER

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### Network Perspective

#### Vision

To improve the health of rural Montanan's through the effective and meaningful use of health information management tools and data.

#### Mission

To accelerate and sustain optimal use of health information to improve care in Montana, by developing certified HIT professionals and skill development around HIT/EHRs.

#### Strategies

- The RHITN intends to expand the search for scholarship funding: Healthcare Foundations, Payers, large systems and organizations that will need the data. Consider network membership dues/fees.
- The purpose of the network is to be a place where professional organizations, educators, employers, data users, State initiatives reps and potentially, vendors meet. By being the "crossroads" RHITN will be providing a level of collaboration, and "full picture awareness" not being done elsewhere.
- As a "convener" network, the RHITN takes advantage of the synergy between a myriad of healthcare related grant projects and programs, including the ORHP Allied Health Professions grant and the Montana HealthCARE project for apprenticeships, and through the network leadership and coordination with the AHEC/SORH.
- RHITN will ensure that HIT Workforce has what it needs to prepare for participation in value-based alternative payment models and population health initiatives, and the need for data that is required.

- RHITN will establish educational opportunities to expand awareness of the need to hire and pay for HIT expertise, and to improve recruitment and retention of critically needed Health IT professionals in rural facilities.

#### Environment

- Montana, the fourth largest state, is also one of the least populous and is decidedly rural and frontier with an average population of less than 6 people per square mile. Forty-eight Critical Access Hospitals, including some of the “smallest of the small,” have struggled mightily to comply with Federal mandates for MU and EHR implementation. These challenges are further complicated by the scarcity of highly trained/certified Health IT professionals. The Montana RHITN was developed to expand the workforce to address these issues.

#### Member Needs

- The member organizations of the RHITN have already felt the pain and little gain of the implementation and adoption of Electronic Health Information Technology, further complicated by the scarcity of qualified staff. The function of the RHITN will be to support expanding and improving the professional skills of Health IT professionals for specific employment in CAH organizations, Rural Health Clinics and Federally Qualified Health Centers to meet the increasing need for outcome focused data in the alternative payment models of the future.

#### Key Services

- Access to Curricula: Provide tuition/fees/books support for Network incumbent workers, displaced workers, veterans and others to attend any of the Certificate/Associate Degree programs available through the Network’s Educational Partners. Seek to develop loan forgiveness for rural Health IT professionals. (Members)
- Sustainability Strategies: Develop ongoing funding strategies to sustain Network services; including philanthropy from health related and private foundations and funders, involve larger PPS hospitals and systems that require IT workforce, further collaborate with other funded health related projects and programs who also need IT workforce. (Members/Customers)

- Recruitment and Retention Support: Develop and disseminate recruitment and retention strategies for CAH/FQHC's and other network members. (Customers: CAH, RHC, FQHC)
- Clinical Analytics Staff: Continue to expand services to include training and expanded skills for Clinical Informatics, Privacy, Security and Quality Improvement staff. RHITN has engaged network members Mountain-Pacific Quality Health (Health Technology Services), and the Montana Health Research and Education Foundation to support these activities. (Customers: CAH, RHC, FQHC)
- "Boot Camp Education": Continue to develop, with network partners, one day "boot camp" style educational events focused on specific Health IT/Informatics topics. (All Members/Customers).
- Veterans Access: Develop specific strategies to identify highly skilled veterans for rural health IT positions. (Customers: CAH, RHC, FQHC)
- Telehealth Boot Camp: Investigate development of "short course boot camp" curricula for telemedicine technology, implementation and the delivery of clinical services. (Customers: CAH, RHC, FQHC)
- Ongoing Collaboration: Continue, through leadership and association with SORH/AHEC, to evaluate and pursue appropriate Federal grant projects that could further the products, services and sustainability of the RHITN. (Montana HealthCARE, ORHP Allied Health) (All Members)
- Vendor Support: Identify innovative and compelling ways to bring expanded EHR vendor support to CAH, RHC, FQHC facilities for Technical Assistance. (All Members)
- Advocacy with Education: Work with academic institutions and encourage to connect programs in place and in response to employers' needs. (All Members)

#### Key Initiatives

- Complete RHITN Sustainability Plan as a deliverable for the grant, seek a No Cost Extension to complete expenditure of grant funds on appropriate products and services.
- As part of the sustainability plan, make contact and inquiries with potential partners and funders for the programs and services of the RHITN. Potential funders and partners include: Healthcare and other private foundations, large hospitals and systems, insurance companies and other payers, DPHHS and its health-related entities.
- Continue to seek and recruit eligible students to the RHITN educational program to provide tuition, books, and fee support to any of the certificate and associate programs available from the four colleges that are RHTIN educational partners, whether they are rural or urban.

- Complete and disseminate the educational module of strategies for the improved recruitment and retention of trained and certified Health IT Professionals for the rural network members of the RHITN.
- Complete and disseminate the process to identify and recruit eligible veterans, especially those in rural areas who have experience and knowledge of Electronic Health Records and their technology.
- Continue to provide information and support to RHITN members on new regulations and requirements in response to continuing mandates for clinical quality reporting and other aspects of Alternative Payment Models.
- Continue to develop relationships and seek partnerships with other, health related, funded projects and programs within Montana and elsewhere to advantage potential sustainability and program enhancements. (Examples are the ORHP Allied Health grant that the RHITN Council has recently integrated with, and the Montana HealthCARE project which through a partnership with the Montana Department of Labor & Industry will work to develop healthcare workforce “apprenticeships” that will include Health IT professionals and Allied Health workforce, including Dental Hygiene Techs, Pharmacy Techs, Physical Therapy Assistants, Medical Lab Technicians and Radiology Technicians).
- Develop shared network services, like Clinical Analytic and Quality reporting staffing and to develop potential innovative ways to provide IT and Quality Improvement staffing, like telecommuting from urban or other rural locations.

#### Key Partners

- Montana Health Network: Chris Hopkins, Senior Vice President and Chair of the Rural Health IT Network governing board.
- Montana Health Network, established in 1987 by innovative rural hospital CEO’s who recognized the benefit of collaboration and common needs in their healthcare organizations, and successfully developed a number of profitable products and services.
- Health Information Exchange of Montana: Kip Smith, Executive Director.
- Montana’s only HIE facilitating electronic messaging between five unaffiliated hospitals and two community health centers.
- Montana Health Network: Greg Drapes, Executive Director.

- Formed in 1996, Monida is a regional association of healthcare providers, governed by member physicians and hospitals, focusing on creating value for their customers, payers, employers and local residents; and their members; physicians, hospitals and ancillary healthcare providers.
- Montana Office of Rural Health/AHEC: Kristin Juliar, Executive Director, Cindra Stahl, RHITN Director.
- Designated as the eligible entity to apply for the State Office of Rural Health grant program, the Montana SORH/AHEC became an entity within Montana State University in 1992.
- Montana Health Research and Education Foundation: Victoria Cech, Executive Director.
- Established in 1973 by the Montana Hospital Association (MHA) to help meet the demands of a changing health care environment. MHREF provides an important structure for MHA and its members to pursue, and benefit from Federal, State and private grants and contracts requiring non-profit status.

#### Key Results

- The number of students who have completed any of the various certificate IT programs.
- The number of students who have completed certificate, now employed in rural health care organizations.
- The number of students who are in the pipeline to complete certificate associate programs.
- Number of veterans who are or have participated in the program.
- Number of Critical Access Hospitals or FQHCs that have supported student participants from their organization.

## NORTH CAROLINA: MCDOWELL TECHNICAL COMMUNITY COLLEGE

### Network Contact

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### Program Perspective

#### Vision

As leaders in education in Western North Carolina, the vision of the McDowell Technical Community College Workforce Program is to establish a Regional Rural Health Education Network that assists partner agencies in their quest to attain excellence in quality of care, health outcomes, and the application of health information technology.

#### Mission

The McDowell Technical Community College Rural Health IT Workforce Program will work in collaboration with community partners to provide education and training for healthcare workers, the unemployed, and veterans that will result in job placement in rural communities.

#### Strategies

- Network leadership includes non-traditional healthcare organizations as members, partners, or advisors, such as schools, allied health organizations, public health and community development organizations.
- The network utilizes a measurement tool to effectively monitor and evaluate strategies and program data. Network leadership utilizes a staff satisfaction process.
- The network reports and disseminates evaluation and impact results to members and partners.
- Network utilizes planned communication to capture and share network activities with members, partners, and the community.

## Environment

- Focus area of service is 3 rural, mountain counties in WNC in which all partners serve community.
- Rural community college with a CAHIIM accredited associate's degree in Health Information Technology Program.
- Partner agencies serve on strategic planning committee which meets quarterly.

## Member Needs

- Trained pool of applicants in health IT in rural areas of WNC.
- Certified individuals with training in health IT, medical coding & billing and regulatory standards.

## Key Services

- Community Care of Western North Carolina (CCWNC)
- Mountain Area Health Education Center (MAHEC)
- Mission Health System
- The McDowell Hospital & Physician Practices (A Mission Health provider)

## Key Initiatives

- Quarterly Strategic Planning Committee meeting with partner agencies.
- Quarterly budget and program updates provided to partner agencies.
- Enrollment in program on an ongoing basis.

## Key Partners

- CCWNC
- MAHEC

- Mission Health
- The McDowell Hospital and Physician Practices.

### Key Results

- Expand the current strategic planning committee structure to include the local public health department and health coalition programs.
- Expand Apprenticeship and Internship Opportunities by working with state-wide Public Health Alliance and Public Health Director's associations to include public health agencies, FQHCs, FQHC look-a-like's, and community center organizations.
- Develop a pilot mentorship program (6-12 month) for new graduates to engage with partner agencies beyond the apprenticeship or internship experience.
- Develop a formal evaluation process for Programmatic staff beyond the course/instructor evaluation piece measured in the evaluation plan.
- Provide annual report to partner agencies at conclusion of grant funding period for publication on lead organization website and partner agency sites.
- Provide annual report to partner agencies at conclusion of grant funding period for publication on lead organization website and partner agency sites that includes financial analysis and impact.
- Continue to provide updates to partner agency governing bodies on a quarterly or yearly basis.
- Develop a social media campaign for information sharing and document findings.
- Develop testimonial videos and posters for information sharing purposes.

## NEW YORK: NORTH COUNTRY HEALTH INFORMATION PARTNERSHIP (N-CHIP)

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### Program Perspective

#### Vision

The existence of a strong North Country Healthcare System. The Health IT training program contributes to the achievement of this vision by increasing and improving the HIT workforce.

#### Mission

To strengthen healthcare for Fort Drum soldiers, their families, and the surrounding civilian community by analyzing the healthcare system, identifying gaps and leveraging resources to fill those gaps through regional partnerships. The Health IT training program contributes to this mission by providing incumbent healthcare workers, displaced workers, and veterans with opportunities to increase their HIT skillset for the purpose of implementing, managing and optimizing HIT.

#### Strategies

- Modify present curriculum to align with CAHIMS certification and away from CHTS objectives.
- Continue HIT training, online and on campus, to qualified individuals.
- Provide hands-on training utilizing a free open-source EHR (VistA VA for Edu).
- Provide apprenticeship opportunities that could lead to employment or career advancement.
- Provide a credit bearing HIT course, at the community college, as an elective for existing degree programs.

#### Environment

- Network members operate in a rural environment occupied by a high percentage of Medicare, Medicaid and Tricare beneficiaries. The entire rural coordinated care zone has been designated a low-income primary care health provider shortage area (HPSA) and the majority of townships are designated medically underserved areas (MUA).

#### Member Needs

- An insufficient number of affordable, trained HIT workers exist to serve disparate clinics and practices in the region. Additionally, many employers are hesitant or incapable of hiring full-time HIT specialists. As a result, employers are attempting to leverage existing staff members to absorb most HIT duties. By training incumbent workers, displaced workers and veterans in HIT, we are fostering a knowledgeable HIT workforce to reduce the workforce gap.

#### Key Services

- Health IT Training Program helps to fill the HIT workforce gap in the community. Improves the marketability of incumbent health care workers, displaced workers and veterans. Updated HIT curriculum: provides students with necessary training materials. Health IT Training: provides students with necessary foundational knowledge in HIT. Hands-On Training: builds on HIT knowledge, increases skillset, provides a realistic EHR experience. Apprenticeship: provides opportunities to utilize learned skills in real HIT setting & network with potential employers.

#### Key Initiatives

- Develop a comprehensive, sustainable HIT curriculum leading to certification.
- Promote HIT training to employers and qualified candidates.
- Train and certify qualified candidates.
- Assist with apprenticeships and HIT job placements in the region.
- Provide ongoing HIT training and education to qualified students.

#### Key Partners

- Network members consisting of regional practices, hospitals and community-based organizations
  - Promoting hit training, mentoring apprentices, providing job opportunities in hit
- FDRHPO and it's of knowledge of HIT, understanding of community needs, strong networking capabilities, and ability to support practices and hospitals on multiple levels.
  - Promoting HIT as a way to achieve the triple aim, promoting hit training, assisting with hit training and providing training resources, facilitating apprenticeship placements, advising and informing trainees of potential job opportunities in the region,
- Fort Drum Army Base
  - Promoting HIT training to veterans who are searching for career opportunities
- SUNY Jefferson Community College (JCC)
  - Providing facilities, LMS, instructors, student support, and HIT curriculum, promoting hit training, providing equipment/software for hands-on CEHRT training, coordinating apprenticeships and potential job placements

#### Key Results

- Numbers of candidates recruited.
- Number of students trained.
- Number of students certified.
- Number of graduates given job opportunity.
- HIT support gap percentage decrease in the region.

## PENNSYLVANIA: PA MOUNTAINS HEALTH CARE RESOURCE DEVELOPMENT

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### Program Perspective

#### Vision

Healthcare employees' effectively utilizing health information technology tools to provide exceptional care in rural communities.

#### Mission

Ensure that healthcare entities are prepared for the dramatic changes in health information technology through academic enrichment of their current and future employees.

#### Strategies

- Graduate more than 40 incumbent workers and new students in the RHITWP certificate program.
- Employ or maintain employment for more than 30 graduates of the certificate program.
- Assist more than 15 rural hospitals in meeting Meaningful Use requirements.

#### Environment

- The current market includes more than 30 rural hospitals in central and northern Pennsylvania. All are struggling to maintain cost effective operations and have very low operating margins. Since the program is available through the Pennsylvania State University world campus, it can be utilized throughout the US and world-wide once proven through this project.

## Member Needs

- Participating hospitals have many incumbent workers that have been developed through clinical academic backgrounds. All of these workers need formal education in information technology skills. Additionally, formally educated IT workers need clinical education to make them more effective in working with clinicians in implementing Meaningful Use solutions. Finally, there is also a basic need to hire new HIT workers into rural settings.

## Key Services

- The three primary, individual participants in the network have their own respective network and network services and proven sustainability models. The three participants will continue to partner on future activities related to the program and its continuance however there are no immediate plans to begin additional programs or initiatives jointly. If new opportunities arise the group will certainly reorganize around those efforts.
- Veterans: Acquire clinical and IT skills to meet the challenges of new demand in healthcare.
- Incumbent Nurses/Clinicians: Acquire IT skills to allow meeting MU requirements & develop project management skills.
- Incumbent IT Staff: Acquire healthcare skills and certification to better prepare for promotion to project management and administrative responsibilities.

## Key Initiatives

- Worthy effort with benefits all stakeholders desire.
- Excellent cost/benefit performance metrics.
- Meet all performance metrics.

## Key Partners

- PMHRD- Provides overall grant administration, fiscal responsibility, reimbursements, and executive oversight.

- PMHA– Provides direct access to potential incumbent workforce students and acts as liaison between PMHRD and PSU. PMHA also serves as a source of apprenticeship sites for students.
- PSU– Provides outreach, student registration, student billing, curriculum, instructors, course online delivery systems, grading, student satisfaction surveys, and general administrative functions.

#### Key Results

- More than thirty students awarded certificates through two cohorts of students.
- More than 95% student satisfaction levels.
- 75% successful completion of the CA-HIMS test (anticipated).

## SOUTH DAKOTA: PRAIRIE HEALTH IT NETWORK

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### Network Perspective

#### Vision

To enhance patient safety, improve the quality of health care delivery; and reduce health care costs through efficient methods of health information exchange among all health care stakeholders in South Dakota.

#### Mission

To improve patient outcomes and the quality of care for the medically underserved, including the uninsured and underinsured patients of South Dakota through the meaningful use and adoption by both provider and patient of health information technology and the electronic health record.

#### Strategies

- Health IT Workforce Shortage – The growing integration of EHR and HIT within Network member clinics has created a demand for Health IT workforce in rural areas. The “It’s a HIT!” training program will continue to develop Health IT expertise in a number of rural and frontier Network member locations by strategically targeting members of the incumbent workforce. In year three, the program was offered outside of the Prairie Health IT Network and delivered to non-Network, FQHC locations in both North and South Dakota.
- Limited Budgets of FQHC’s –The “It’s a HIT!” Program will continue to center on retention of incumbent employees interested in becoming HIT Specialists. The “It’s a HIT!” Program also offered scholarships for students.

- Lack of access to adequate Health IT training – By leveraging online learning technology, the “It’s a HIT!” Program will continue to “shrink the miles” for its rural students. It’s a HIT!” Program partnered with Dakota State University (DSU).
- Lack of access to adequate EHR training- The “It’s a HIT!” Program developed internal expertise and looked outside of the Network and made the strategic decision to outsource portions of the CHERT training. The “It’s a HIT!” curriculum was augmented to include Meaningful Use Stage 2 training.

### Environment

- Prairie Health IT members have indicated that HIT Specialists are needed at local clinic sites. Currently, among all rural clinic sites only a few have access to local HIT expertise. The majority of clinic sites within the Network consist of one Physician or one Physician Assistant and appropriate support staff. Dispersed population and small clinic sizes do not demand full time Health IT Specialists, but rather are better addressed by expanding the skills of existing employees. Low unemployment rates in many of the rural communities means that new positions are unlikely to be filled even if they existed.
- The advantages of training existing staff are well documented. Existing staff already live in the rural community: they have knowledge of the healthcare organization and its practices, and are familiar with the EHR system. Retraining is also more cost effective. Existing employees hold budgeted positions, so skills can be added without overburdening already tight CHC budgets. Training and its impact on retention?

### Member Needs

- Health IT workforce shortage. The growing integration of EHR and HIT within Network member clinics has created a demand for Health IT workforce in rural areas. Only 10% of Network member clinics have access to local Health IT expertise.
- Limited budgets of FQHC’s. The availability of Health IT expertise is also limited to the size of Network member clinics and funds available for staffing. Most clinics cannot support full time Health IT employees.
- Lack of access to adequate Health IT training. Although training programs exist online and in a face to face environment, rural, incumbent workers are unlikely to access and participate in such training.

- Lack of access to adequate EHR training. Despite internal expertise, Network members feel they lack access to adequate EHR training both for new employees and for existing workforce.
- Ability to meeting Meaningful Use. Continued attainment of Meaningful Use is a priority for all the Network partners as they consider the impact of Heath IT on their clinic operations.

#### Key Services

- Improve workflow of providers and support staff.
- Increase confidence of staff using the EMR and other HIT tools.
- Answer questions and address concerns related to EMR and HIT.
- Help improve patient care.

#### Key Initiatives

- Workforce Training & Development
- Curriculum Development
- Privacy & Security
- Information Exchange
- Meaningful Use
- Value-Based Reimbursement
- Expand Partnership Base

#### Key Partners

- Network Board Members – Each organization has two appointed representatives on the board, including the CEO and a clinical leader within each respective organization.
- Network Members – Each Network member allows their incumbent workers to partake in the “It’s a Hit” Training Program. They allow them 3-5 hours a week to successfully complete the training program to help them gain the knowledge and skills to help with workflow redesign processes.

- Dakota State University – Staff at Dakota State University are responsible for the curriculum maintenance. Also, after the development is complete, the Network will be able to use the content multiple times creating cost savings that will be passed on to the Network and future participants in the program.
- CEHRT Electronic Health Records – Trained staff from Meditab and SuccessEHS have helped provide trainings to the students.

### Key Results

- We have successfully enrolled students to meet our goal. We are two-thirds away from reaching our goal of having 30 students complete the “It’s a Hit” Training Program.
- Nearly half of the students who have taken the CHTS exam have come close to passing or passed the exam.
- Network has developed and implemented a governance framework, hired IT personnel to deliver shared IT services for all Network members, delivered Meaningful Use training and facilitated several Network-wide workgroups, completed website redesign projects for all three organizations and assisted with patient portal implementations among other activities. The Network has also assisted partners with health information exchange activities, including implementation of DIRECT messaging and connections to the statewide Health Information Exchange.

## TEXAS: RURAL WEST TEXAS HEALTH INFORMATION TECHNOLOGY PROGRAM

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### Program Perspective

#### Vision

The Rural HIT Workforce Program Network will improve the health information technology (HIT) workforce with the coverage area of the program through collaboration and networking; providing support and educated health technology information workforce to rural providers in the West Texas area; increasing sustainability of the advancement of healthcare technology; meeting the needs of healthcare providers.

#### Mission

To reduce the disparity in the health information technology (HIT) workforce and bridge the gap between the needs of healthcare providers in rural West Texas and their HIT workforce through implementation of service-learning in order to support and increase sustainability in the advancement of healthcare technology. The Rural HIT Workforce Program will strengthen relationships within the HIT workforce, by forming working relationships with the healthcare providers, students, employees and educators, leading to a better-trained HIT workforce by the end of three years.

#### Strategies

- Develop a curriculum that will be more feasible for full-time healthcare workers needing additional skill development with online platform.

## Environment

- Based on the responses from students in the program over the last 12 months, the content of the courses meets the need for additional training and skills, but the short class periods for a vast amount of curriculum has been difficult for working professionals. Value for the certificates are acknowledged, but content to meet Certified Health Technology Specialist (CHTS) curriculum examinations for competency is difficult for students to complete in a year time period. Reference: <http://www.ahima.org/certification/chts>.

## Member Needs

- Partners do not plan on sustaining the grant in its current form, however, the sustainability of the curriculum will be moved from a current certificate into an interdisciplinary online bachelor program for interested students in the future (at Midland College) rather than offering certificates ([www.midland.edu/bas](http://www.midland.edu/bas)).
- AHEC will continue to support rural health programs and will collaborate with Midland College and WTxHITREC as opportunities arise.

## Key Services

- West Texas HITREC puts a team into place that is key to implementing population health strategies and value-based payment systems. These core relationships were instrumental in the apprenticeship portion of the program. These services will remain available to communities as long as funding for regional extension centers continues.
- AHEC of the Plains has a strong presence in communities across the service area. AHEC has an established network of contacts for disseminations of information, i.e., marketing. AHEC services will remain available after the Rural HIT Workforce Program ends.
- Midland College had a vested curriculum in place from the beginning of the Rural HIT Workforce program; this allowed the Rural HIT Workforce Program to hit the ground running. The course content will be transferred into either associate and/or bachelor degree programs after the Rural Health IT Workforce Program ends in August 2016.

## Key Initiatives

- Online courses availability for employees to increase skills and transition for Health IT initiatives in rural communities.
- Collaborate among partners to identify needs of rural health (based on feedback from clinical sites, REC on-site reviews, and student surveys).
- Competency testing. CHTS exam is available to students completing the online program.
- Building a sustainable bachelor level program that addresses Health IT for all health service entities, including rural health.

## Key Partners

- AHEC of the Plains (principle investigator): Coordinated program partner communication and activities. Reported findings to grant office.
- TTUHSC – West Texas REC: Collaborated on curriculum for clinical component for skill application and evaluation. Reviewed clinical site activities and provided feedback to instructor/student on progress.
- Midland College: Provided online certificate courses to meet grant goals and CHTS competency exam objectives.

## Key Results

- AHEC: Able to get a better understanding for how rural healthcare providers are meeting the requirement of implementing EHR. Healthcare providers also realize they can have an open dialogue with AHEC about their needs. This grant helped to bridge a gap that neither party was aware of.
- WTxHITREC: Deepened relationships and worked with new partners and students.
- Midland College: Develop Bachelor of Applied Science (BAS) for students with Associate of Applied Science degrees to be applied to bachelor program learning in one of 3 tracks: Healthcare Administration, Health Informatics, or Health Information Management. Currently, many bachelor degrees will not allow credits with an AAS. This BAS program allows students to be credited with hours toward the BAS degree

## VIRGINIA: MOUNTAIN EMPIRE COMMUNITY COLLEGE

### Network Contact

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### Network Perspective

#### Vision

Working together with our partners to develop a comprehensive health information technology workforce training programs for the healthcare industry in rural Southwest Virginia.

#### Mission

Creating synergy among education, health information technology and population health that delivers cutting edge healthcare founded on service excellence in the rural southern Appalachian Mountains.

#### Strategies

- Network Director will coordinate strategic site visits to determine stakeholder needs and discover areas of opportunity to expand health information technology workforce education programs.
- Network Director will continue to recruit new members to the network that more accurately reflect the health information technology landscape in Southwest Virginia.
- The MERHN will continue to develop working relationships with rural health clinics and monitor the merger development of the hospital system and its impact on rural Southwest Virginia healthcare delivery.
- The MERHN will engaged partners in a strategic value proposition to provide public awareness messaging and public service events that target chronic health issues indigenous to the Southwest Virginia.
- Network director will achieve accreditation for Registered Health Information Technician (RHIT) by the end of the 2016 year. Additional certifications such as Clinical Documentation Specialists will follow.

## Environment

- The regional Health Information Exchange has indicated there will be a need for clinical application analyst with specific Java, SQL and Oracle database knowledge in the next few years.
- Native Cloud Virginia, a large 3 tier data center managing the claims reimbursements for domestic based Veterans Affairs is expected to begin operations in the 4th quarter 2016. The company will hire up to 300 HIM professionals and 110 IT/networking/security professionals. The company plans to invest 42 million dollars over the next 5-year period on technology and infrastructure.
- The merger of the two hospital systems serving the area will likely reduce the duplication of acute care services in the region and expand urgent care and FQHC network. In addition, a new behavioral health clinic is locating in the Tri-Cities, an area served by the SW VA Health Workforce.
- ICD 10CM has been a considerable game changer for clinical documentation in the acute care setting. Providers were not prepared to perform a more stringent level of documentation and many are passing this function over to nursing.

## Member Needs

- Expand technical training to include clinical application analysis and electronic health record workflow redesign and advanced coding and clinical documentation for nursing and providers in acute and ambulatory care.
- Strategic planning for sustainability of the network. Currently, strategic planning process is underway and a strategic planning retreat is planned for late August.
- Address chronic population health issues such as obesity, chronic pain, dental care and diabetes management. The members believe the MERHN can be a central source for positive messaging to the community that address chronic issues that affect the region.
- Outreach with other networks in the region to share resources, ideas and information.
- Include larger institutions and healthcare organizations who are stakeholders in rural Southwest Virginia.

## Key Services

- Clinical documentation improvement training– Regional hospitals, urgent care, FQHCs, RHC, independents. The value proposition is similar to coding training.
- ICD-10 CM/PCS coding training – Regional hospitals, urgent care, FQHCs, RHC, independents. Value proposition is an immediate impact on billing medical services accurately. The return is realized in reducing the number of claims returned for non-payment due to coding errors.
- Industry certifications – CPC, CDIS, RHIT, CEHRS – Regional hospitals, urgent care, FQHCs, RHC, independents. The value proposition to the customer is in having credible healthcare workers who are trained specifically for medical coding, medical billing and clinical documentation.
- Clinical analytics – Regional hospitals, urgent care, FQHCs, RHC, independents. The executive leadership in healthcare realizes there is not enough skilled healthcare informatics in the regional to take the EHR systems to their maximum operational potential.

## Key Initiatives

- Leverage the MERHN awareness of the changing health care industry to regard the HIM program at MECC as the regional leader in education for health information management, clinical documentation improvement and clinical informatics.
- Develop industry defined HIT programs, blending clinical documentation with health informatics.
- The HIM program is on track to reach full, long-term independent sustainability within 2 years.
- Propose the HIM program as legitimate career option to target coal industry target workforce segment.
- Redefine the network identity with the purpose of increasing new member focus and developing member champions with in the healthcare industry service region.
- Partner with existing rural health network organizations with similar focus of the sharing resources and information to create a dynamic grid of services and programs in Southwest Virginia.
- Develop a strategic plan using balanced scorecard methodology to assist the network on communication and manage operational strategy.
- Develop tools for monitoring measures using Objectives (what you are trying to achieve), Measure (how to measure performance), Target (what we are aiming for).

## Key Partners

- Mountain States Health Alliance Nursing Directors – Health Information Management and Medical Coding Managers are working with the MERHN to ensure requirements and measures are appropriate for content included in the HIM program.
- Wellmont Nursing Directors – Health Information Management, Chief Nursing Officer and CEO are working with the MERHN to ensure requirements for advanced coding and clinical documentation specialist course content is appropriate for the industry.
- Graduate Medical Education Consortium – advisor to the Network director
- The Health Wagon – Regional high-profile network member lending strong support to the HIM internship program for health informatics, clinical documentation and medical practice management learning opportunities.
- Stone Mountain Clinics – Regional network member lending advisory support for program content with clinical documentation for allied health and health IT programs.
- PACE – (Program of All Inclusive Care for the Elderly) – Strong MERHN member providing opportunities for interactive internship and strong advisor for population health issues. This member has strong analytic capability and is a key member for monitoring measure attainment.
- Q-Source – A practice solutions advisor certified in health information exchange and HIM expert in quality and CMS measures. Serves as an advisor to independent practices in the MERHN service region.

## Key Results

- HIM Project Director/MERHN Director will be RHIA certified and the HIM program will be CAHIIM accredited
- Increased Student enrollment for HIM/RHIT program. The target is to sustain 36-38% enrollment year to year. From 2014 to 2015, the program grew steadily at 33%. Mid-year 2016, the program is on track at 27.4%, and is expected to exceed 2014/2015 projections.
- Expanded internship and network opportunities from MERHN members and partners; prepares the student for real world experience. Currently the measure is 100%
- Develop Provider/Healthcare Leader champions; to collaborate on developing additional programs to address clinical documentation and reimbursement issues in the regional healthcare industry.
- Refining the MERHN identity; measured by number of new memberships annually.

## WISCONSIN: SOUTHWEST HEALTH NETWORK



### Network Contact

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### Program Perspective

#### Vision

Southwest Health Network (SHN) will collaborate to develop and implement a degree program in Health Information Technology and a diploma in Medical Coding for the benefit of students, employers, patients and the regional economy.

#### Mission

Southwest Health Network (SHN) supports formal rural health collaborative strategies that focus on activities relating to the recruitment, education, training, and retention of Health Information Technology specialists within the region.

#### Strategies

- Recruitment of qualified students into program
- Preparing students thru quality education for certification
- Supporting students in retaining jobs in healthcare facilities
- Supporting partners in recruitment of skilled HIT professionals
- Expansion of facilities for professional practice experiences aligning with student enrollment
- Program accreditation attainment
- Promotion of program on national level

## Environment

- Transition to value based funding versus reimbursement (accountable care organizations)
- Increased quality reporting
- Need for data from EHR
- Community health needs
- Loss of revenue capture by facilities due to lack of knowledge and training for incumbent workers
- Decline in Meaningful Use Incentives creating a gap in funding
- Lack of interoperability with the information exchange for the EHR's

## Member Needs

- Hiring qualified employees in the HIT Field
- Continuing education for existing employees in other health related occupations (versus HIT), such as nursing, medical assistants, etc.
- Diversification of current employees
- Continued enrollment of students in program without paid internship
- Marketing costs for educational opportunities program
- Review partner needs relative to providing incumbent worker credit for prior learning
- CEU's for hosting a Professional Practice Experience (PPE)

## Key Services

- Provide HIT Curriculum that meets needs of industry (adding ladderred Coding to HIT program)
- Promote education and recruitment of students
- Provide coordination of professional practice experiences (making sure value to facility is clear, i.e. CEU's from AHIMA or hiring component)
- Maintenance of workforce in our region (keep trained employees here)
- Assisting facilities in capturing highest reimbursement rates with accurate coding
- Expand HIT Program offerings to include data analytics component/certificate

## Key Initiatives

- Develop additional professional practice (internship) sites, Summer 2016 – develop a minimum of 15 sites for medical coding and HIT
- Accreditation, Fall 2016 - application for accreditation in process, January 2017- accreditation site visit, June 2017 – actual receipt of accreditation
- Articulation Agreements, September 2017 - articulation agreements initiated.
- Recruitment for accredited program
  - Summer 2017- Development of E-brochure pipeline process to allow for recruitment
  - Summer and Fall 2017 - WHIMA Conference Exhibitor
  - Summer 2017 - Advertisements in AHIMA publications, Facebook, Twitter, newspapers
  - May 2016 and 2017 - Open House for recruitment of new students.
  - National recruitment strategies being developed
  - Annual College Open House and Preview Days
- Leverage of Grants and College Structure, student success/tutoring grant, alternative delivery department
- Communication with Partners
  - Continuance of quarterly meetings
  - Student Placement for PPE's as well as jobs
  - Advisory Committee
  - Needs Assessment

## Key Partners

- Southwest Health Network partners-provide professional practice sites, advice/input for curriculum development/revision
- Southwest Tech acts as fiscal agent, provides space for network director, provides student support services, Mental Health Counseling, Tutoring, SWTC Financial Aid/Grants/Emergency Funds, PPE Facilitation and Assistance
- Southwest Workforce Development- helps with recruitment of working adults
- AHEC- helps with recruitment and program awareness for high school students

- Southwest Health Network Director-provides leadership, coordination and communication liaison
- Southwest Tech Instructors- provide curriculum instruction to students
- Southwest Tech Support Staff – support students and program
- Scenic Rivers AHEC – partner
- Southwest Health – partner
- Upland Hills Health – partner
- Richland Center Hospital- partner
- Crossing Rivers Health –partner
- Grant Regional Hospital –partner
- Scenic Bluffs Clinics –partner
- UW Health –partner

#### Key Results

- Number of new students enrolled (22 in 2015, 28 in 2016)
- Number of graduated (5 in May 2016)
- Number of students in process currently (43 applications as of May 2016)
- Number of completed PPE's (11 as of May 2016)
- Placement of students in jobs (3 as of May 2016)