Rural hospitals get creative in staffing for IT needs

By Catherine Hollander

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It took St. Claire Regional Medical Center, in the small town of Morehead in northeastern Kentucky, 2½ months to fill an open position on its computer help desk.

“We just don't see that many people who are even close to being qualified willing to work for the amount of money we're able to pay,” said Randy McCleese, vice president of information services and chief information officer of the 159-bed hospital. “That's part of what we have to deal with in the rural environment.”

The need for qualified information technology professionals to work in hospital and clinic settings has increased enormously in recent years, given the expanded use of technology such as electronic health records. But more than two-thirds of the CIOs surveyed in 2012 by the College of Healthcare Information Management Executives reported shortages on their IT staff. That's an especially big problem for providers in small towns and rural areas, who can't necessarily afford to pay nationally competitive salaries and who can't offer big-city attractions to lure candidates.

These IT staffing shortages create daily inefficiencies for small hospitals such as St. Claire Regional. New computers sit idle because there's no one there to set them up. Software fixes don't always get taken care of in a timely manner. “We really get into a backlog of the things that need to be done,” McCleese said.

MH Takeaways

Some hospitals are training current employees such as nurses in IT skills, some are partnering with other hospitals to share IT staff and some are outsourcing the work to consultants.
Addressing challenges

To address these challenges in filling their IT staffing needs, small-town and rural providers are adopting a variety of strategies. Some are training current employees, such as nurses, in IT skills, some are partnering with other hospitals to share IT staff, and some are outsourcing IT work to consultants. Many worry that the end of federal funding for IT regional extension centers will cut off a valuable source of technology assistance.

While small-town and rural providers also have trouble filling clinical positions, McCleese, CHIME's board chairman, estimates that a typical nurse opening at St. Claire Regional might generate 10 to 15 applicants, compared with the three he received for the recent help-desk position. “Comparatively speaking, we get a much smaller number for the IT positions,” he said.

McCleese faces competition for IT workers from providers based an hour away in the bigger cities of Lexington, Ky., and Huntington, W.Va. He estimates that his hospital pays salaries that are 25% to 30% lower than in those bigger towns.

National data confirm that disparity. The median annual salary for a medical records and health IT technician averaged across non-metro areas is $31,390, compared with $33,566 for metro areas, according to U.S. Bureau of Labor Statistics data.

Across the country, the need for HIT professionals has boomed. The BLS estimated that an additional 41,100 health information technicians will be needed between 2012 and 2022. The bureau also projected that employment for medical-records and health-information technicians will increase 22% by 2022, much higher than the expected 11% increase in overall employment.

The starting gun for the HIT employment boom—and the associated squeeze in smaller towns and rural areas—was the American Recovery and Reinvestment Act of 2009, which pushed many providers to adopt EHR systems by 2014 through $25 billion in payment incentives and grants for training programs.

“The demand (for HIT professionals) just exploded when the electronic record stuff took hold,” said Mark Sonneborn, vice president of information services at the Minnesota Hospital Association. From February 2009 to February 2012, the number of online job postings in the field almost tripled from 4,850 to 14,512, according to a data brief from HHS’ Office of the National Coordinator for Health Information Technology. The ONC does not break out urban and rural job listings.

Brock Slabach, senior vice president for member services at the National Rural Health Association, said the looming end of the EHR incentive payments could hurt HIT efforts at rural hospitals and clinics. “The question will be, can these facilities, with these declining reimbursements, and the incentives ending with the American Recovery and Reinvestment Act, continue to operate these information systems efficiently and effectively?” he asked.

In addition to the stimulus program, the Patient Protection and Affordable Care Act drove the need for IT development and staffing through its focus on population-health initiatives, quality-of-care measures, and preventable readmissions. Another factor is the looming implementation of the ICD-10 coding system.

Implementing EHRs is the heavier lift for Milly Prachar’s hospital, however. “It’s so far-reaching and really
MH Strategies

Overcoming health IT staff shortages in small-town and rural hospitals
**Hire and train.** Hire someone local with some of the expertise you require and pay for their training. The downside is a long ramp-up time.

**Train current employees on-site or off-site in HIT.** Some community colleges now offer online programs. It can be advantageous to have staff members trained in IT who already are familiar with the clinical side of your hospital. The downside is that training can take time away from their regular duties.

**Link with a larger health system and let it take charge of your EHR implementation.** Possible downsides are being paired with a system that doesn't share your mission and giving up some independence.

**Share IT staff with other small or rural hospitals.** This can save money and training time.

**Outsource or hire a consultant.** This can be cost-effective if you have a few small projects that you're able to closely oversee.

Source: Modern Healthcare reporting

**Hire and train**

Another approach is to hire and train, bringing on new employees knowing they'll need skills development to do the job effectively. A related strategy is to develop existing employees' IT skill sets through onsite or off-site training, as Roseau LifeCare Medical Center did with the nurse on its staff.

Other small providers are exploring partnerships with larger hospitals, although Slabach worries this could hurt rural providers in the long run. "If the urban partner doesn't have a real keen sensitivity to rural healthcare, preserving access and maintaining traditional patterns of care, you could see patients being transferred to larger facilities," he said.

A way around this is the IT cooperative approach, which a few small providers have pursued. The not-for-profit Illinois Critical Access Hospital Network offers IT services to its 53 member hospitals on a fee-for-service basis. "(It's at) far less cost to us than if we A, had hired that individual ourselves or B, if we were working through a third-party consulting firm," said Harry Wolin, CEO of the 20-bed Mason District Hospital in Havana, Ill.

Even so, consulting firms are finding plenty of work with the boom in IT needs. "Small organizations have limited resources (and) limited availability to reach out to talent because everybody wants to work for a larger organization and make more money," said Carol LeMaster, senior director of career services and professional development at the Healthcare Information and Management Systems Society. "Typically, it's just easier for them to just hire a consulting organization."

Educators also are working to connect graduates of their HIT training programs to open positions. Normandale Community College was one of about 81 community colleges that received stimulus funding through the ONC for a program aimed at training HIT professionals to help implement EHRs as demand for these positions soared.

But a key source of support for the smallest rural providers as they strive for meaningful use is about to dry up. The HITECH provision of the 2009 stimulus law funded a nationwide network of 62 regional extension centers, run by the ONC to help rural providers implement EHRs. As of January, 3,427 of the 6,700 providers at critical-access and rural hospitals that worked with the RECs had achieved some level of meaningful use.

The RECs will run out of stimulus funding this year. “That is
going to be, in certain parts of the country, really, really hard,” said Mat Kendall, who left his position running the REC program at HHS in March. Seventy-one percent of healthcare leaders surveyed by Modern Healthcare between November and January said they think federal funding for these centers should continue.

Kendall worries that the digital divide between urban and rural providers will widen during implementation of Stage 2 meaningful use of EHRs. The ONC is working with providers and vendors to help them with this process, he said. But “there’s nothing we can do about the inability to find (IT professionals).”

_Catherine Hollander is a freelance writer based in San Francisco._
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