

### Summary of Contents:

The ensuing table defines measures that are associated with the ONC Health IT Dashboard project, Regional Extension Center Dashboard, which is located at: <http://dashboard.healthit.gov/rec/>. The results of REC data analyses are included in two separate data files, located at <http://dashboard.healthit.gov/data/>:

- **“REC\_KPI\_Masterfile”** - This file includes the data that are analyzed and summarized at the REC program or grantee-level. This dataset enables collaborative monitoring of the progress that RECs are making with respect to agreed upon goals.
- **“REC\_State\_and\_County”** – This file includes a subset of the data that are analyzed and summarized at the state or county level. This dataset enables users to crosswalk

### Contact information:

[ONC.Request@HHS.GOV](mailto:ONC.Request@HHS.GOV)

Regional Extension Center Program  
Office of Provider Adoption and Support  
Office of the National Coordinator for Health IT

Contact information for each individual REC can be found in the Grantee List provided through the ONC HITECH Programs Grantee List, which is found here: <http://dashboard.healthit.gov/data/>.

### Document History:

Last Updated: September, 2012  
Created: January, 2012

**Description:**

The Regional Extension Center (REC) Program was created as part of the Health Information Technology for Economic and Clinical Health Act (HITECH). The purpose of the program is to promote the adoption and meaningful use of health information technology by providing information, guidance and technical assistance for health care providers implementing electronic health records (EHR) in their practice settings. The REC program has a performance-based reimbursement structure that compensates REC grantees for assisting primary care providers through three milestones along the path to meaningfully using EHR.

The performance milestones that qualify an REC for grant payment are: (1) a health care provider enrolls to receive assistance from a REC; (2) the provider “goes live” with an electronic health record (EHR) that has e-prescribing and quality reporting functionalities enabled; and (3) the provider or REC attests that the provider has met the Medicare and Medicaid EHR Incentive Program criteria for meaningful use of an EHR.

Each of the measures included in the tables below are analyzed according to each of the three grant payment milestones listed above. Accordingly, in the downloadable files, the pertinent REC milestone will be part of the measure name.

| Measure Area   | Variable Name                         | Description   | Summary Level      |
|----------------|---------------------------------------|---|--------------------|
| Key Indicators | Primary Care Provider Goal            | The goal for the REC program or individual REC grantee.   | REC Only           |
|                | Primary Care Prov                     | The number of REC registered primary care providers who have successfully met program goals, divided by the total program or grantee goal.                              | REC, State, County |
|                | Percent to Primary Care Provider Goal | The number of REC primary care providers who have successfully met program goals, divided by the total program or grantee goal.   | REC Only           |
|                | Total Prov                            | The total number of eligible health care providers that have enrolled with the REC for training and technical assistance launching an EHR and achieving meaningful use. | REC, State, County |

| Measure Area         | Variable Name(s)   | Description  | Summary Level |
|----------------------|--|--|---------------|
| Provider Specialties | Total Prov w/ Adolescent Med and/or Pediatrics Specialties | Providers working with RECs self report their specialty. For summary purposes the following categories were created: Adolescent Medicine and Pediatrics; Family Practice; General Practice; Geriatrics; Obstetrics and/or Gynecology; Internal Medicine. For the portion of provider specialties that fall outside the above list, "Other Specialty" category is provided. | REC Only      |
|                      | Total Prov w/ Family Practice Specialty                    |  |               |
|                      | Total Prov w/ General Practice Specialty                   |  |               |
|                      | Total Prov w/ Geriatrics Specialty                         |  |               |
|                      | Total Prov w/ Gynecology And OBGYN Specialties             |  |               |
|                      | Total Prov w/ Internal Medicine Specialty                  |  |               |
|                      | Total Prov w/ Other Specialty                              |  |               |

| Measure Area       | Variable Name(s)                                  | Description   | Summary Level |
|--------------------|---|---|---------------|
| Practice Area Type | Total Prov from Micropolitan Areas / Small Cities | Micropolitan area is a core urban area or small city with more than 10,000 people but less than 50,000 people.  | REC Only      |
|                    | Total Prov from Rural Areas                       | Rural areas are located outside of a Core Based Statistical Area (CBSA).  | REC Only      |
|                    | Total Prov from Metropolitan Areas / Large Cities | Metropolitan area is a core urban area with 50,000 people or more.  | REC Only      |
|                    | Total Prov from Other Areas                       | A small proportion of REC-assisted providers are located in zip code areas that could not be matched to a Core Based Statistics Area (CBSA). These providers are excluded from the other area t | REC Only      |

| <b>Measure Area</b> | <b>Variable Name(s)</b>                                 | <b>Description</b>  | <b>Summary Level</b> |
|---------------------|---|---|----------------------|
| Practice Setting    | Total Prov Affil w/ Practice Consortia                  | Defined as a group of formerly independent small practices joined together under a single tax ID to streamline administrative management.   | REC Only             |
|                     | Total Prov Affil w/ Critical Access and Rural Hospitals | Rural primary care hospitals that provide limited outpatient and inpatient hospital services in rural areas. CAHs offer services to Medicare patients and receive reimbursement from Medicare.  | REC Only             |
|                     | Total Prov Affil w/ Rural Health Clinics                | Clinics receiving reimbursement from Medicare and Medicaid with the purpose of increasing access in rural areas that are medically underserved or suffer from a shortage of health professionals. Clinics must be staffed at least 50% of the time with midlevel practitioners. | REC Only             |
|                     | Total Prov Affil w/ Community Health Centers            | A clinic staffed by general practitioners and nurses that serves medically underserved areas and a patient population of persons who are insured, underinsured, low-income or those living in areas where access to primary care is limited.                                    | REC Only             |
|                     | Total Prov Affil w/ Public Hospitals                    | A hospital owned by a federal, state or local government and receives government funding.   | REC Only             |
|                     | Total Prov Affil w/ Small Practices                     | Small practices have 10 or less providers.  | REC Only             |
|                     | Total Prov Affil w/ Underserved settings                | Other Underserved Settings are generally defined by RECs to include providers serving high levels of Medicaid and medically-underserved patients.   | REC Only             |