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RUPRI Center for Rural Health Policy Analysis

**Directory of Rural Health Networks:
Profiling Network Information Technology Use**

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The mission of the RUPRI Center is to provide timely analysis to federal and state health policy makers, based on the best available research. The research of the RUPRI Center focuses on rural health care financing and system reform, rural systems building, and meeting the health care needs of special rural populations. Specific objectives include conducting original research and independent policy analysis that provides policy makers and others with a more complete understanding of the implications of health policy initiatives, and disseminating policy analysis that assures policy makers will consider the needs of rural health care delivery systems in the design and implementation of health policy.

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Introduction

This directory consists of profiles from a sub-sample of 13 Rural Health Networks funded in 2002 by the federal Office of Rural Health Policy. Researchers at the RUPRI Center for Rural Health Policy Analysis interviewed personnel from these networks to determine, among other things, how the networks were using information technology (IT). This directory presents brief, yet detailed, profiles of those networks' use of IT.

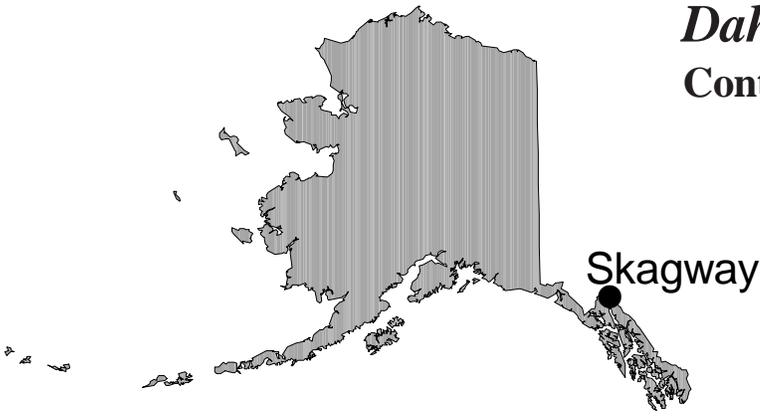
Grantees can use this directory to find networks that are similar to theirs, and/or networks that are using IT in unique and advanced ways. Further, grantees can use the directory to contact other networks to share their experience and knowledge of issues involved in developing, implementing, and maintaining IT systems.

For an overarching discussion about network readiness to use IT applications, network use of IT for management purposes, projections for network growth in IT, and policy implications, please visit the RUPRI Center's Web site at <http://www.rupri.org/healthpolicy/>, and view the policy paper, "Information Technology and Rural Health Networks: An Overview of Network Practices" (P2004-3).

Table 1. Specific Information Technology Usage by Networks

This grid is intended to be a "quick reference" guide for grantees looking for networks that utilize specific aspects of IT. Details about each networks' use of IT can be found in their respective profiles.

	<i>Governance & Management</i>	<i>Email</i>	<i>Website</i>	<i>Management & Clinical Information Services</i>	<i>Provider Credentialing</i>	<i>Clinical/Patient Information</i>	<i>Billing/Claims Management</i>	<i>Community/E-Health Services</i>	<i>Online Training for Members/Staff</i>	<i>Sharing Information With Patients</i>	<i>Central Purchasing of Technical Support</i>	<i>Utilize IT Consultant</i>
Dahl Memorial Clinic		•		•		•	•	•		•	•	•
Mat-Su Rural Health Planning Network	•	•						•	•	•		
Grand County Rural Health Network	•	•	•									
Big Bend Rural Health Network	•	•	•	•	•		•				•	
Agricultural Health Partners	•	•										
Balanced Health BDF Project	•	•	•	•							•	•
Integrated Service Pathways	•			•		•					•	•
Bayou Teche Community Health Network, Inc. (ByNet)								•		•		
Upper Peninsula CAH Quality Network	•	•		•							•	
Ozark Foothills Health Care Network	•	•										
Hidalgo County Health Consortium	•	•		•		•					•	•
Senior Connection	•	•									•	
Healthy Beginnings Network	•	•										



Dahl Memorial Clinic

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Located on a fjord in southeast Alaska, this network's members include a clinic, city government, and a regional hospital. Although the full-time resident population is only 800, this network serves many more people during the summer months when visitors and temporary residents are in the area. Network members work together to form a delivery system for health care in Skagway by coordinating emergency services, improving coding and billing, upgrading information systems, increasing the availability of primary and specialty health services by recruiting new providers, and researching ways to make health care affordable to both the underinsured and uninsured.

Use of Information Technology

Govern and Manage the Network. The network uses e-mail to communicate with the clinic's attorney and with the Health Resources and Services Administration regarding the status of the grant (fiscal reporting, completing forms).

The clinic (a network member) uses City of Skagway and Bartlett Regional Hospital systems for secure e-mail and uses e-mail to communicate with the billing and collections service. Through e-mail, the clinic has saved money by using MSN messaging to communicate faster with the billing service should there be questions about a bill and to send charges to the insurance company within one to two days of the service.

The clinic also uses e-mail in connection with medical record dictation. Through a contract with *I Dictate*, physicians call an 800 number and dictate patient information. The dictation is transcribed and e-mailed back to the physician for review, correction (if necessary), and printing (for the patient chart).

The clinic uses the Internet to research grant opportunities, clinic-related issues, medical information sites, and specific disease information. The clinic also has a system in place to allow each provider or member of the clinic access to a computer and the Internet for online supply ordering. The clinic has saved 5% per order by ordering supplies online.

Provide Management and Clinical Information Services for Member Organizations. The clinic uses MediSoft to schedule patient appointments and to generate bills with the past accounts receivable information for each patient, including type of payment. The billing process is "real-time," so the super bill is ready when the patient checks out, thus the receptionist can tell the patient his or her copay and/or current outstanding balance. A variety of reports can be generated through MediSoft. At end of each day, all data is sent as an e-mail attachment to the billing service.

(continued on next page)

Dahl Memorial Clinic (continued)

The clinic purchased a pharmacy system from All Script (a company that provides a medication database and medication information) and ProMed (the computer company that provided the program and information about setting it up). The system is not currently being used. Please see “Future” section below for more details.

Provide or Assist Members With Community or Patient E-Health Services. Occasionally, health care providers send educational health information to patients via e-mail. Due to patient privacy concerns, no protected health information is e-mailed.

Provide or Centrally Purchase Technical Support Services for Member Organizations

The network contracts with a computer networking service to provide technical support. The service visits the clinic twice a month and is also available via telephone or e-mail. A consultant assists with updating the computers, resolving equipment malfunctions, and addressing patient confidentiality and HIPAA issues.

A hospital in Juneau provides technical support to the clinic and provides a billing/accounting consultant to review the clinic’s office processes, billing, and accounting procedures.

Future Plans for the Use of Information Technology

The clinic has a computerized pharmacy system and plans to use the All Script data to identify a formulary specific to a patient’s insurance. The clinic will go online to get pre-authorization for all medications that are on formulary for a patient. Getting pre-authorization will improve the speed at which the clinic is paid from the insurance company and will help the clinic recoup money spent on pharmaceuticals for which they are not currently being reimbursed.

The clinic would like to work with a regional hospital to set up a telehealth communication system to give the clinic online, direct communication with physicians in the emergency room. They are also working to connect online with the hospital via teleconference for real-time readings of x-rays.

Physicians currently have palm pilots, thus the capacity exists (although it is not being used at this point) to use the palm pilots during a visit with a patient to communicate with the pharmacy to order medication or to go online to look up information for the patient.



Mat-Su Rural Health Planning Network

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The members of this network include hospitals, a rural health clinic, and a community health center. The network is located in a frontier area that covers more than 12,000 square miles and serves approximately 6,000 people. The network's mission is to create a vertically integrated network that provides everything from home health to advanced hospital services. The network works to develop community planning, is in the process of coordinating a community needs assessment, and is working with local government to keep the rural needs of the communities at the forefront of any discussion of health care access in the area.

Use of Information Technology

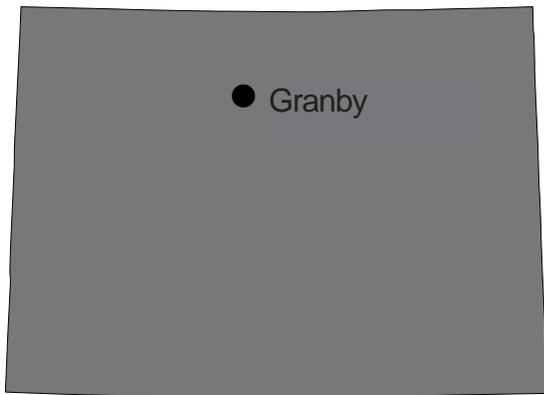
Govern and Manage the Network. The network uses e-mail for communication among network members. The network does not have a Web site, but it provides information about its programs through borough-wide communication networks, via a Web site owned and managed by a community-based organization. Internet access presents a challenge to the network because telephone lines are very slow, if they exist at all.

Provide or Assist Members With Community or Patient E-Health Services. The clinic has offered distance learning courses for staff on diabetes and immunizations. The lack of access to adequate phone lines has been a barrier to providing distance learning and computers for patient use.

Future Plans for the Use of Information Technology

The clinic is currently discussing how to use technology to access clinical guidelines, clinical measures, and quality assurance performance standards that are used by the clinician's network and how to expand access so that all members can use the technology.

The network is working to make information more readily available to patients via e-mail. The network is also exploring providing patient management and billing systems to its members. These options are being considered through a different network because confidentiality and patient's rights issues make it difficult to do within the network. Finally, the network is exploring video conferencing, but as previously mentioned, access to any or adequate phone lines has slowed their efforts.



Grand County Rural Health Network

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This seven-member network is located in north-central Colorado and serves 1,867 square miles in the Rocky Mountains. Network members include Granby Medical Center, 7-Mile Clinic (both Centura/St. Anthony facilities), Kremmling Memorial Hospital District (KMHD), Grand County Government, Citizen's Health Advisory Committee, Allied Health Professionals, and Grand County Medical Society. The network's mission is to improve healthcare services and to bring new services and new facilities to Grand County.

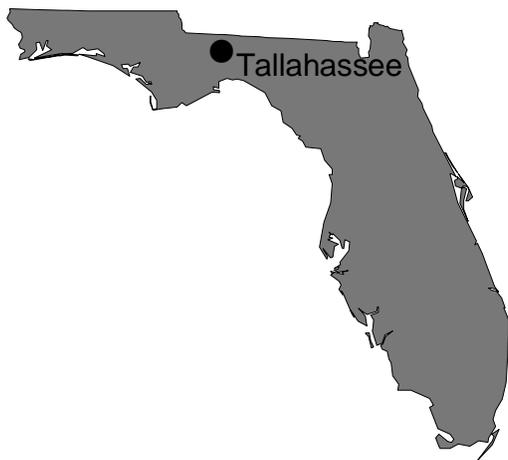
Use of Information Technology

Govern and Manage the Network. The network uses e-mail for information exchange, attachments, PowerPoint presentation exchanges, and document exchange. The network has a website that provides information about its goals and objectives, its member organizations, the timeline for its building projects, and the monthly clinic schedule for visiting specialty physicians.

The network has a Web site, but it is not used for information management within the board. The Web site is used to disperse information to the public. The Web site contains details about studies the network has conducted and a monthly calendar showing clinic schedules for medical specialists. Due to limited staff, maintaining the Web site is a challenge.

Future Plans for the Use of Information Technology

KMHD and St. Anthony's Central Hospital (SAC) are working together on an imaging project that will involve the installation of a T1 line to digitally connect real time radiology imaging from KMHD to SAC; this will allow immediate reading and response by a radiologist.



Big Bend Rural Health Network

Contact: Rob Lombardo
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Tallahassee, Florida 32309
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(850) 878-7677 (fax)

This network includes approximately 17 members and serves five rural counties surrounding Tallahassee. Network members include hospitals, county health departments, an area health education program, a community health center, nurse midwives, a regional hospice program, a regional EMS program, physicians, optometrists, and a pharmacist. The network's mission is to improve access to quality health programs in the counties it serves.

Use of Information Technology

Govern and Manage the Network. The network uses e-mail to send agendas and minutes, and for basic communication between members. Ninety-five percent of network members have e-mail, and fax and phone are used to communicate with those who do not. Using e-mail has made it easier for the network to organize staff meetings and to provide feedback to members.

The network used to have a Web site where they posted links to other health care Web sites and information about the network. The network discontinued the Web site in 2001 because of low network activity and member use.

Provide Management and Clinical Information Services for Member Organizations. The network has had a teleradiology program since 1999 that allows rural patients to have x-rays taken close to home and read, using teleradiology technology, by radiologists at distant hospitals, saving the patient from traveling a significant distance. In addition, if a doctor needs an x-ray read quickly, the image can be transmitted to more than one radiologist and/or to the radiologist's home. The teleradiology program uses GE Medical Technology, considered to be some of the best compression technology for digital transmission; however, it takes 5 to 15 minutes for a radiology image to transmit over regular telephone lines. Furthermore, the quality of the image is decreased (although not enough to make it unusable). The network has faced challenges in maintaining the teleradiology program because of the technology-readiness of participating hospitals and the absence of reasonably priced, quality telephone service.

The network offers credentialing for its members through a contract with another rural health network, a credential-verification organization that is certified by the National Committee for Quality Assurance. The network tried to provide claims management and a collections system for its members. However, because of privacy concerns among physicians and the physicians' belief that they could have better success handling their own claims and collections, the network discontinued these services. *(continued on next page)*

Big Bend Rural Health Network (continued)

The network has, in the past, linked its members with consultants who do contract review, and it provides contract review for employers who are interested in connecting with rural network providers. Chargemaster reviews were conducted in two of the network hospitals. The network also does coding and documentation training for physicians semiannually and assists physicians with electronic billing for Medicare and Medicaid.

The network has applied for health information technology (IT) grants to address quality through avoidance of medical errors. The grants were approved but not funded. Areas of interest were rural hospital internal management procedures and use of IT to collect and analyze registry data for shared diabetic patients. The network is also part of a consortium lead by the University of Florida School of Pharmacy to study IT applications in critical access and rural hospitals. Although this project focuses mostly on handling of pharmaceuticals, other IT applications will also be explored.

The network has been involved in the Small Hospital Improvement Program sponsored by the Federal Office of Rural Health Policy, and network members have used these funds to assess feasibility of updating IT systems ranging from administrative systems to new diagnostic equipment, such as mamographs and CTS.

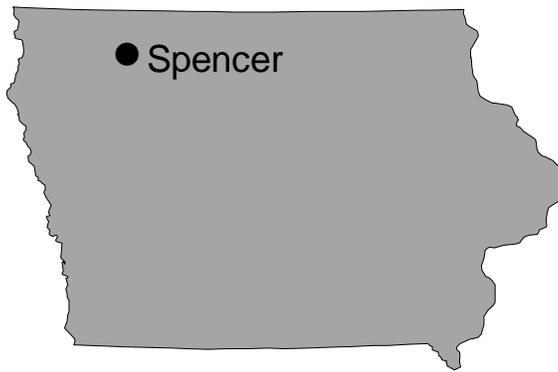
Three hospital members are meeting to evaluate pooling pharmaceutical purchases, and the network is serving as an intermediary with the state Department of Health to explore including rural hospitals in their pharmaceutical purchasing alliance.

Provide or Centrally Purchase Technical Support Services for Member Organizations

In 1997, the network tried to centrally purchase technical support for its members, but the effort was too time consuming and varying levels of technology among hospitals made it difficult to find common ground.

Future Plans for the Use of Information Technology

The network is currently working with the Florida Academy of Family Physicians on an expansion of a new practice modality for chronic disease called the Diabetes Master Clinician Program. This program utilizes a computerized database registry to collect and track key indicator data for diabetic patients (the model can and will be expanded to include other chronic diseases). The registry is hosted by the Academy on a secure Internet site. The project is in the process of evaluating the option of giving other practitioners, such as eye care professionals and podiatrists, access to the registry. This modification could allow referrals for eye and foot care, and electronic reports back to the PCP automatically updating the patient's record.



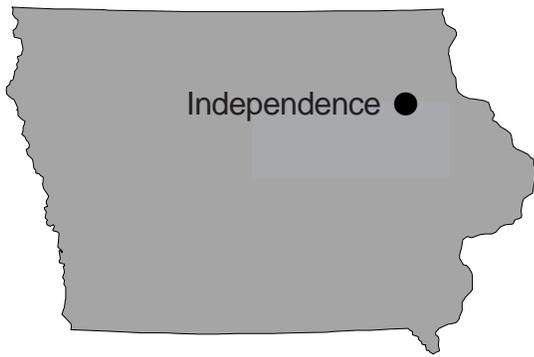
Agricultural Health Partners

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1200 First Avenue East
Spencer, Iowa 51301
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(712) 264-6482 (fax)

This network serves a nine-county area in northwest Iowa. Network members include a community hospital, a community health department, a mental health center, a physicians' group, a chiropractors' group, the Department of Health and Human Services, and some representatives from the farming community. The network's mission is to improve the availability and access to preventive care, mental health care, and social services for the area's agricultural population.

Use of Information Technology

Govern and Manage the Network. The network uses e-mail for sending out agendas and minutes, sharing presentations for editing as well as for general information/education, and for communicating back and forth (members prefer e-mail over telephone communication).



Balanced Health BDF Project

Contact: Art Finnigan
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Independence, Iowa 50644
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(319) 334-5106 (fax)

The 15 members of this network in northeast Iowa include 11 school districts, 3 public health offices, and a community empowerment area. The network focuses on expanding and formalizing efforts to increase health care access for children and youth in the area it serves.

Use of Information Technology

Govern and Manage the Network. Network members communicate via e-mail. Staff working on the network's database project use e-mail for general communication and transmission of data (the data is encrypted and has password protection). The network has saved postage costs by using e-mail. Furthermore, e-mail allows work on the database to be completed much faster, as data is entered by staff and then immediately e-mailed to the main database coordinator. The network has a Web site available through their sponsoring agency, Buchanan, Delaware, Fayette Community Empowerment Area. Their Web site (bdfempowerment.org) contains a general resource guide, and a goal of the network is to post a separate health resource guide.

Provide Management and Clinical Information Services for Member Organizations. Through a collaborative effort among schools, human service agencies, health agencies, and the network, a database is being developed to collect information about health care status and preventive service needs of school-age children. High-speed Internet access would be an asset to the data collection process, but is not required. The compatibility between IBM and Apple computers has caused some difficulties with communication between the schools and database coordinator. However, a consultant wrote a program that allows the database coordinator to receive data easily from both IBM and Apple computers.

Provide or Centrally Purchase Technical Support Services for Member Organizations

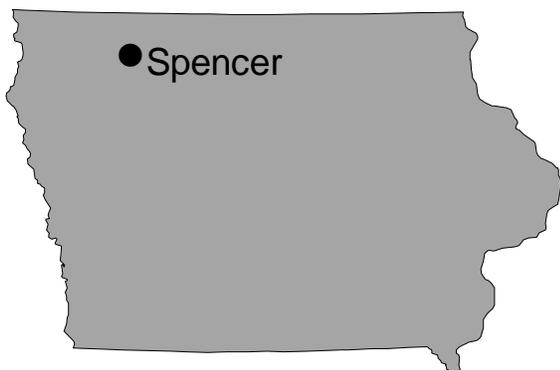
A consultant wrote the network's database program and provides technical support related to it. Challenges were encountered due to the fact that the consultant was not on-site and thus occasionally difficult to reach.

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(Balanced Health BDF Project continued)

Future Plans for the Use of Information Technology

Once the data have been collected, the network plans to use the Web site to post information from their database, provide information about the network, provide a health resource directory, and provide public outreach. The network plans to have a server or separate PC that would host the entire database.



Integrated Service Pathways Network

Contact: Diane Mangold
824 Flint Drive
Storm Lake, IA 50588
(712) 732-3736 (phone)
(712) 732-3275 (fax)

Members of this network in a nine-county area of northwest Iowa include case managers; public health officials; and alcohol, drug treatment, and mental health programs. The network seeks to establish an integrated service network that ensures access to mental health and dual-diagnosis services to the mentally ill who are housed in rural county jails.

Use of Information Technology

Govern and Manage the Network. The network has purchased computer equipment and software to support the network.

Provide Management and Clinical Information Services for Member Organizations. The network uses Advantix to share clinical information between members (for example, four agencies can share one medical record).

Provide or Centrally Purchase Technical Support Services for Member Organizations

A network employee provides some technical support; the network also uses a consultant for some of its technical support needs. The network needs a management information systems specialist, but they do not have funds to pay for a full-time position. The expertise of such a specialist could save the network money by correctly identifying the necessary equipment to purchase.



Bayou Teche Community Health Network, Inc. (ByNet)

Contact: Michelle Lemming
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Franklin, Louisiana 70538
(337) 828-5638 (phone)
(337) 828-2100 (fax)

ByNet is a 501C3 nonprofit, rural health network formed in 1997 and incorporated in 1998. The network is composed of community health centers, local and regional hospitals, a social service agency, a tribal health clinic, a regional State of Louisiana Office of Public Health site, and a coalition of over seventy St. Mary Parish organizations. The network has collaborated for the past six years to improve access to primary and preventive care for the residents of rural St. Mary and surrounding parishes.

Use of Information Technology

Provide or Assist Members With Community or Patient E-Health Services. The network uses information technology to serve as a single point of entry for residents in need to be connected to services and screened for program eligibility and chronic diseases, and to track barriers and accomplishments to foster local, state, and national support. The network was recently one of 38 organizations funded by the Agency for Healthcare Research and Quality (AHRQ) to prepare for implementation of an integrated information technology infrastructure across member sites.

Future Plans for the Use of Information Technology

Through the recently awarded AHRQ planning grant, the network will establish the following:

- Connection of existing information systems to allow for (1) sharing population demographic data between systems and (2) sharing of relevant data elements between medical and social service providers
- Expanded sharing of information, with demographic, financial, and clinical data
- Creation of a medication management system and electronic note writing capability
- Expansion of a clinical software program currently in operation in New Orleans through the New Orleans HCAP grantee
- Creation of a credentialing model to allow access to clinical data for physicians in other project partner organizations
- Creation of telecommunications, using videoconferencing for continuing education and distance learning



Upper Peninsula CAH Quality Network

Contact: Joy Strand
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(906) 341-3297 (fax)

This eight-member network serves 15 counties in Michigan's Upper Peninsula. Network members include six Critical Access Hospitals, a medical center, and a qualified health plan. The network's primary purpose is to continually improve the quality and appropriateness of health care for residents of the service area while restraining administrative cost and duplication of effort among network partners.

Use of Information Technology

Govern and Manage the Network. In addition to e-mail, network members can use "Team Room," available on the networks' intranet server, for discussion groups, attachments, responding to comments, and management activities.

Provide Management and Clinical Information Services for Member Organizations. The network developed a customized software package for standardized data collection.

Provide or Centrally Purchase Technical Support Services for Member Organizations

The network centrally purchases technical support for its members.



Ozark Foothills Health Care Network

Contact: Greg Batson
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Poplar Bluff, Missouri 63901
(573) 785-6402 (phone)
(573) 686-5467 (fax)
www.ofrpc.org

Serving five counties in southeast Missouri, this network's members are representatives from the medical, social service, education, and government communities. The network's mission is to combat major health care challenges in the area, such as teenage pregnancy, tuberculosis, low infant-immunization rates, and the lack of essential medical services.

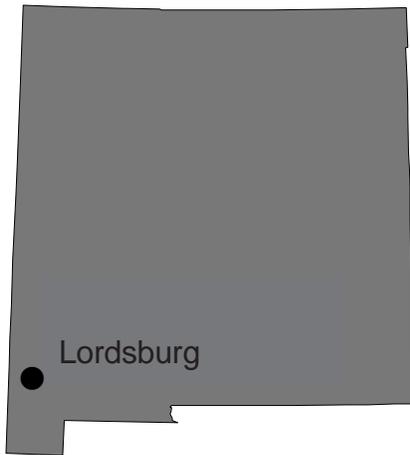
Use of Information Technology

Govern and Manage the Network. Approximately 70% of network members use e-mail to communicate with other network members. The network uses the postal service to communicate with the remaining 30% who do not have e-mail.

Information about the network's funding source and grant award amount is provided on the sponsoring agency's Web site.

Future Plans for the Use of Information Technology

The network has had preliminary discussions about using telemedicine for diagnosis, especially for diagnosis by medical specialists.



Hidalgo County Health Consortium

Contact: Charlie Alfero

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Lordsburg, New Mexico 88045

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This southwestern New Mexico network's members include a community health center, a regional mental health provider, a county ambulance service, county government, the state public health office, and the countywide health council. The network works toward improving access to existing services by vertically integrating patient enrollment and direct patient services and by developing and promoting a locally defined set of publicly supported community health benefits. The network also developed a regional non-profit corporation called The Wellness Coalition (TWC) of Southwest New Mexico. TWC has representatives from each of the four counties in the boot heel of New Mexico. The mission of TWC is to improve the quality of life of the people in its services through collaborative enterprises. TWC is a recipient of Healthier Community Access funds to support the expansion of the network model and improve support services through community health worker development. TWC has also obtained an Americorps grant and other state contract to enhance service provision in the area.

Use of Information Technology

Govern and Manage the Network. The network communicates via e-mail.

Provide Management and Clinical Information Services for Member Organizations. The network uses Mega West software to manage patient information and demographics and to determine patient eligibility for indigent funds and sliding fee scales.

Provide or Centrally Purchase Technical Support Services for Member Organizations

A consultant assisted the network with their patient record management system, HIPAA compliance, and staff training on computer software.

Future Plans for the Use of Information Technology

The network is in the process of developing a Web site. In the future, the network would like to provide clinical support services for mental health issues and prescription drug regimens and to provide better pharmacy systems and health education programs.



Marion County Council on Aging

Contact: Lisa Brewer

P.O. Box 728

Marion, South Carolina 29571

(843) 423-4391 (phone)

(843) 423-4371 (fax)

Members of this northeastern South Carolina network include the county Council on Aging, the local public health agency, the county Department of Social Services, and the Pee Dee Regional Transportation Authority. The network's goal is to develop a vertically integrated health delivery network to increase the capacity of elderly residents to maintain active and healthy lives in their communities.

Use of Information Technology

Govern and Manage the Network. The network uses e-mail to correspond with the out-of-state grant evaluator.

Provide or Centrally Purchase Technical Support Services for Member Organizations

The network centrally purchases technical support for their information management system.



Healthy Beginnings Network

Contact: Patricia Hein
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Warsaw, Virginia 22572
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(804) 333-4999 (fax)

Located on a peninsula in the northeastern region of Virginia, this network has five members and serves four counties. Network members include a hospital, a department of health, a free health clinic, and an early intervention program for young children that is a branch of the local mental health center. The network's focus is to improve health care for pregnant women and families with young children.

Use of Information Technology

Govern and Manage the Network. The network uses e-mail for board announcements, attachments for agendas and minutes, exchanging information about committee work, and circulating documents for comment. The use of e-mail has decreased postage costs and allowed the network to do more work in less time. E-mail has enabled the network to conduct business electronically rather than meeting face-to-face, a convenience given that network members live far away from one another. The network has encountered challenges with firewalls that make it difficult to open e-mail attachments, and with a member's difficulty in accessing and using e-mail from a home computer.

Future Plans for the Use of Information Technology

The network would like to use technology more effectively in their evaluation process and would like to seek additional funding to improve the technical knowledge of employees.

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