



Department of Health & Human Services
Office of the National Coordinator for
Health Information Technology

The National Health IT Agenda: At this moment in time

September 2009

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Office of the National Coordinator
for Health Information Technology (ONC)



Agenda

- HI-Lites of the HITECH Act
 - National coordination
 - Payment incentives
 - Grant programs
- Preview of Coming Attractions

American Recovery and Reinvestment Act (ARRA)

TITLE XIII—HEALTH INFORMATION TECHNOLOGY

SEC. 13001. SHORT TITLE; TABLE OF CONTENTS OF TITLE

(a) SHORT TITLE.—This title (and title IV of division B) may be cited as the “Health Information Technology for Economic and Clinical Health Act” or the “HITECH Act”.

TITLE IV—MEDICARE AND MEDICAID HEALTH INFORMATION TECHNOLOGY; MISCELLANEOUS MEDICARE PROVISIONS



OFFICE OF THE SECRETARY

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

(INCLUDING TRANSFER OF FUNDS)

For an additional amount for “Office of the National Coordinator for Health Information Technology”, \$2,000,000,000, to carry out title XIII of this Act, to remain available until expended: Pro-

1. National Coordination

- ONC becomes a permanent organization
- Two Federal Advisory Committees
 - Policy
 - Standards
- Strategic Plan to be Revised
- Standards and Certification Criteria to be Formally Adopted
- Chief Privacy Officer
- Governance of Nationwide Health Information Network

2. Payment Incentives and Meaningful Use

- *\$44.7B estimated incentive payments from Medicare and Medicaid*
- *A hospital or eligible provider must be a **meaningful user** to receive payment incentives*
- Changes the focus from technology potential to clinician behavior
- By law, a “meaningful user” must:
 1. Use a certified EHR
 2. Exchange health information
 3. Report quality measures

CMS is expected to publish a formal definition of meaningful use, for the purposes of receiving the incentive payments, by 12/31/2009

3. The HITECH Act: Short-Term Prerequisites

- **To achieve the vision of a transformed health system that health information technology (HIT) can facilitate, there are three critical short-term prerequisites:**

EHR Certification

- Clinicians and hospitals must acquire and implement certified EHRs in a way that fully integrates these tools into the care delivery process

Technical, legal, and financial support

- Enable information to flow securely to wherever it is needed to support health care and population health

Skilled workforce

- Support the adoption of EHRs, information exchange across health care providers and public health authorities, and the redesign of workflows within health care settings to gain the quality and efficiency benefits of EHRs while maintaining individual privacy and security

The HITECH Act: Priority Grants Programs

- **The HITECH Act also authorizes the establishment of several new grant programs intended to facilitate the adoption and use of EHRs by providing technical assistance, the capacity to exchange health information, and the availability of trained professionals to support these activities.**

Health Information Technology Extension Program (Extension Program)

- Establish a collaborative consortium of Health Information Technology Regional Extension Centers (Regional Centers) facilitated by the national Health Information Technology Research Center (HITRC).

State Grants to Promote Health Information Technology (State HIE Cooperative Agreements Program)

- Promote HIE that will advance mechanisms for information sharing across the health care system.

Information Technology Professionals in Health Care (Workforce Program)

- Fund the training and development of a workforce that will meet short-term HITECH Act programmatic needs.

Funding Amounts and Application Schedules

Regional Center Program						
Initial Cycle	Approx Funding	Preliminary Application	Preliminary Approval	Full Applications	Negotiations Begin	Decisions to Award
1	\$189,000,000	8-Sep-09	29-Sep-09	3-Nov-09	19-Nov-09	11-Dec-09
2	\$225,000,000	22-Dec-09	19-Jan-10	2-Mar-10	16-Mar-10	27-Apr-10
3	\$184,000,000	1-Jun-10	22-Jun-10	3-Aug-10	17-Aug-10	28-Sep-10
Total Amount of Funding Available:				\$598,000,000		
Award Floor/Ceiling:				\$1,000,000 to \$30,000,000		
Approximate Number of Awards:				70		
Program Period Length:				Four-year project period with two budget periods		

State HIE Program	
Total Amount of Funding Available:	\$564,000,000
Award Floor/Ceiling:	\$4,000,000 to \$40,000,000
Approximate Number of Awards:	56
Program Period Length	Four years
Letter of Intent	11-Sep-09, by 5:00pm EST
Application	16-Oct-09 by 5:00pm EST
Award Announcements	15-Dec-09
Estimated Start Date	15-Jan-10

State HIE Program: Purpose

Secure, Electronic Movement and Use of Health Information

- Facilitate and expand the secure, electronic movement and use of health information among organizations according to nationally recognized standards
 - The governance, policy and technical infrastructure supported through this program will enable standards-based HIE and a high performance health care system.

Nationwide HIE Interoperability

- Federal-state collaboration aimed at the long-term goal of nationwide HIE and interoperability
 - ONC intends to award cooperative agreements to states or SDEs to meet local health care provider, community, state, public health and nationwide information needs.

Statewide Policy, Governance, Technical Infrastructure and Business Practices

- Cooperative agreements will focus on developing the statewide policy, governance, technical infrastructure and business practices needed to support the delivery of HIE services
 - The resulting capabilities for healthcare-providing entities to exchange health information must meet the to-be-developed Medicaid and Medicare meaningful use requirements for health care providers to achieve financial incentives.

State Role in State HIE Program

States will play a critical leadership role by determining a unified path and a model for exchange of health information that leverages existing regional and state efforts and is based on HHS-adopted standards and certification criteria.

States will be expected to use their authority, programs, and resources to:

- Determine roles and responsibilities of State Designated Entity (SDE), if desired
- Develop and implement Strategic and Operational Plans
- Develop state level directories and enable technical services for HIE within and across states.
- Remove barriers and create enablers for HIE, particularly those related to interoperability across laboratories, hospitals, clinician offices, health plans and other health information trading partners.
- Convene health care stakeholders to ensure trust in and support for a statewide approach to HIE.
- Ensure that an effective model for HIE governance and accountability is in place.
- Coordinate an integrated approach with Medicaid and state public health programs to enable information exchange and support monitoring of provider participation in HIE as required for Medicaid meaningful use incentives.
- Develop or update privacy and security requirements for HIE within and across state borders.

Coordination with Federally Funded Programs

Medicare and Federally Funded, State Based Programs

- Plans describe the coordination activities with Medicare and relevant federally-funded state programs, including:
 - Epidemiology and Laboratory Capacity Cooperative Agreement Program (**CDC**)
 - Assistance for Integrating the Long-Term Care Population into State Grants to Promote Health IT
 - Implementation (**CMS/ASPE**)
 - HIV Care Grant Program Part B States/Territories Formula and Supplemental Awards/AIDS Drug Assistance Program Formula and Supplemental Awards (**HRSA**)
 - Maternal and Child Health State Systems Development Initiative programs (**HRSA**)
 - State Offices of Rural Health Policy (**HRSA**)
 - State Offices of Primary Care (**HRSA**)
 - State Mental Health Data Infrastructure Grants for Quality Improvement (**SAMHSA**)
 - State Medicaid/CHIP Programs
 - Emergency Medical Services for Children Program (**HRSA**)
 - **IHS** and tribal activity

Federal Care Delivery Organizations

- When applicable, the Strategic Plan will include a description of the extent to which the various federal care delivery organizations will be participating in state activities related to HIE
- These organizations include but are not limited to:
 - **VA**
 - **DoD**
 - **IHS**
- This type of coordination is encouraged but not required

Other ARRA Programs

- Because other ARRA funding will be available to the state that can help advance HIE, the Strategic Plan will describe, when applicable, coordination mechanisms with other relevant ARRA Programs including:
 - Regional Centers
 - Workforce Development Initiatives
 - Broadband Mapping and Access
- For planning purposes, applicants will specify:
 - How entities or collaboratives planning to be Regional Centers will provide technical assistance to health care providers in their states
 - How trained professionals from workforce development programs will be utilized to support statewide HIE
 - How plans to expand access to broadband will inform State Strategic and Operational Plans overtime
- Future guidance will be provided on coordinating with these programs

Special Populations in State HIE Program

- Special populations will be targeted when states are planning and implementing the project, including:
 - Medically underserved populations
 - Newborns, children and youth (including those in foster care)
 - The elderly
 - Persons with disabilities
 - Limited English Proficiency (LEP) persons
 - Persons with mental and substance use disorders
 - Those in long term care

Be on the lookout for

- Definition of meaningful use (CMS Proposed Regulation)
- Adoption of standards and certification criteria (by Dec 31, 2009)
- Revision of strategic plan
- Grant program awards and new program announcements

For more information

healthit.hhs.gov is the “the place”

- “Quick Clicks” has latest news
- Navigate to:
 - “healthIT/recovery” for information related to HITECH
 - “public private initiatives” for FACA information
 - “HIT basics” for the current strategic plan

**Thanks and Write to
me:**

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