

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

## Health Information Technology: Moving Forward in the New Administration


Minnesota e-Health Summit  
**June 25, 2009**

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 Director, Programs and Coordination  
 Office of the National Coordinator  
 for Health Information Technology (ONC)




## President Obama's First Weekly Address

Saturday, January 24th, 2009



*“To lower health care cost, cut medical errors, and improve care, **we’ll computerize the nation’s health records in five years, saving billions of dollars in health care costs and countless lives.**”*


 June 25, 2009

## Dr. David Blumenthal – Incoming National Coordinator for Health IT




*“As a primary care physician who has used an electronic record to care for patients every day for 10 years, I understand the enormous potential of this technology. President Obama has laid out a vision of health reform that is both inspiring and long overdue. We cannot make that vision a reality without the help of our most advanced computer technology.”*


 June 25, 2009

## American Recovery and Reinvestment Act (ARRA)

Estimated **\$17,200,000,000**  
 over 10 years

**TITLE IV—MEDICARE AND MEDICAID  
 HEALTH INFORMATION TECH-  
 NOLOGY; MISCELLANEOUS MEDICARE  
 PROVISIONS**


 June 25, 2009

## Title IV - Medicare

- **Medicare - Incentives for eligible professionals**

- Provides financial incentives
  - Beginning with CY2011
  - For eligible professionals who are meaningful EHR users
- Followed by financial penalties
  - Beginning with 2015
  - For eligible professionals who are **NOT** meaningful EHR users.



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## Title IV - Medicare

- **Medicare - Incentives for hospitals**

- Provides financial incentives
  - Beginning with FY2011
  - For eligible subsection (d) hospitals and critical access hospitals (CAHs)
  - That are meaningful EHR users
- Followed by financial penalties
  - Beginning in 2015
  - For eligible hospitals who are **NOT** meaningful EHR users.



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## Title IV - Medicaid

- **Medicaid provider HIT adoption and operation payments**

- Establishes 100 percent Federal Financial Participation (FFP) to States
- For eligible Medicaid providers
  - To purchase, implement, and operate certified EHR technology
    - Including support services and training for staff



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## Title IV - Key Operational Issues

- Developing new payment policies, processes, and tracking methods promptly for 2011 implementation.
- Defining criteria to qualify for the incentives (meaningful EHR user)
  - “Meaningful use” of certified EHR technology
    - Includes ePrescribing
    - Requiring more stringent measures of meaningful use over time
  - Information exchange
    - “...for the electronic exchange of health information **to improve the quality of health care, such as promoting care coordination.**”
  - Reporting on measures using EHR
- Determining effective outreach



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## Health IT and Transformed Health Care

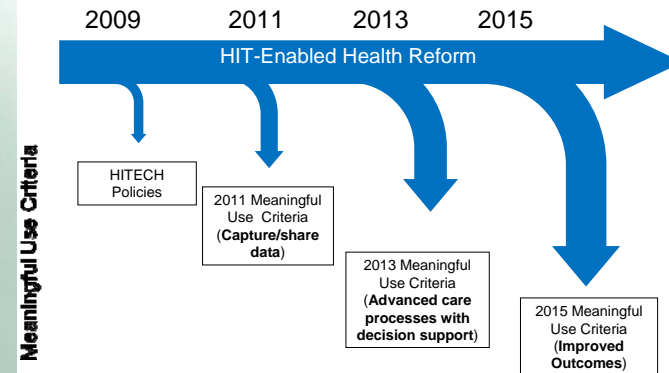
- Ultimate vision is to enable significant and measurable improvements in population health through a transformed health care delivery system.
- Key goals\*:
  - Improve quality, safety, & efficiency
  - Engage patients & their families
  - Improve care coordination
  - Improve population and public health; reduce disparities
  - Ensure privacy and security protections

\*From workgroup presentation to the HIT Policy Committee on June 16, 2009. Adapted from National Priorities Partnership. National Priorities and Goals: Aligning Our Efforts to Transform America's Healthcare. Washington, DC: National Quality Forum; 2008.

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## HIT-Enabled Health Reform Achieving Meaningful Use



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## Appropriations Provisions

**\$2 billion**

for the “Office of the National Coordinator for Health Information Technology” to carry out Title XIII of the Act [HITECH Act]



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## Priority Grant Programs: support meaningful EHR use

- Regional Extension Centers
- State Planning and Implementation Grants
- Workforce development - education of health professionals



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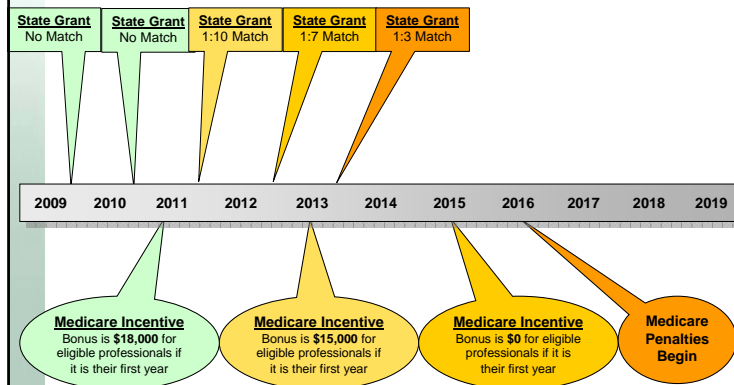
## Priority Grant Programs– Regional Extension Centers

- Provide clinicians and hospitals technical assistance in selection, acquisition, implementation, and meaningful use of an EHR.
- Hands-on assistance will include redesigning the work flow of care delivery and connectivity with other providers.
- Expected to form within and across defined geographies to support providers in achieving meaningful use of EHRs and health information exchange.
- Supported by a national Health Information Technology Research Center to identify and disseminate best practices.

## Section 3013: State Grant Program

<p><b>Purpose:</b> Facilitate and expand electronic movement and use of health information among organizations according to nationally recognized standards</p>	<p><b>Payment Agent</b> States or state-designated entities</p>
<p><b>Payment Recipients</b></p> <ul style="list-style-type: none"> <li>• State Department of Health or a <i>qualified</i> state-designated HIE governing entity.</li> <li>• Recipients must consult with wide range of stakeholders throughout health care.</li> </ul>	<p><b>Level of Funding</b></p> <ul style="list-style-type: none"> <li>• To be determined.</li> <li>• Matching funds <i>will</i> be required in FY 11.</li> </ul>
<p><b>Requirements for Implementation Funding</b></p> <ul style="list-style-type: none"> <li>• Submission of a statewide plan, approved by HHS</li> <li>• Other requirements will be specified in grant solicitation</li> </ul>	
<p><b>Use of Funds</b></p> <ul style="list-style-type: none"> <li>• Enhancing broad and varied participation in nationwide HIE</li> <li>• Identifying State or local resources available towards a nationwide effort to promote health IT</li> <li>• Complementing other federal programs and efforts towards the promotion of health IT</li> <li>• Providing technical assistance to develop &amp; disseminate solutions to advance HIE</li> <li>• Promoting effective strategies to adopt and utilize health IT in medically underserved communities</li> <li>• Encouraging clinicians to work with Health IT Regional Extension Centers</li> <li>• Supporting public health agencies' access to electronic health information</li> <li>• Promoting the use of EHRs for quality improvement</li> </ul>	

## Statutory Timeline for States



## Standards, Certification, and Information Exchange

## Two Federal Advisory Committees

- HIT Policy Committee
  - Meaningful Use Work Group
  - Certification/Adoption Work Group
  - Health Information Exchange Work Group
- HIT Standards Committee
  - Clinical Operations Work Group
  - Quality Work Group
  - Privacy/Security Work Group

## Standards and Adoption Process

- **Not later than December 31, 2009**, the Secretary shall...adopt an initial set of standards, implementation specifications, and certification criteria”
- **90 days after receipt of standards** – Secretary and Federal agencies shall jointly review and determine whether or not to adopt
  - Those already adopted through the existing process “may be applied towards meeting the requirement.”



## The Nationwide Health Information Network

### The NHIN provides:

- Common legal framework for information sharing
- Common infrastructure necessary for network security and connectivity
- Specifications for interoperable services



## NHIN Key Principles

- **Highly distributed:** Patient health information is retained at the local health information exchange level
- **Local autonomy:** Policies set at regional and/or state level with respect to the release of patient information and consistent with federal requirements
- **Use public internet:** The NHIN is not a separate physical network, but a set of protocols and standards that run on the existing internet infrastructure to enable all health information exchange
- **Platform neutral:** The NHIN has adopted a stack (web services) that can be implemented using many operating systems and programming languages

## NHIN 2008 Results

- **Demonstrated Technical Capability**
- **Created Initial Interoperable Specification Set**
- **20+ disparate organizations participating in the NHIN Cooperative**
- **Laid foundation for usage agreements**
- **Completing Trial Implementations**
- **Preparations for sharing live data in 2009**



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## NHIN Cooperative Participants

- CareSpark
- Centers for Disease Control and Prevention
- Cleveland Clinic
- Community Health Information Collaborative
- Delaware Health Information Network
- Department of Defense
- Department of Veterans Affairs
- HealthBridge
- HealthLINC (Bloomington Hospital)
- HealthLink RHIO (Wright State University)
- Indian Health Service
- Inland Northwest Health Services (through CDC HIE contract)
- Kaiser Permanente
- Long Beach Network for Health
- Lovelace Clinic Foundation
- MedVirginia
- New York eHealth Collaborative
- National Cancer Institute
- North Carolina Healthcare Information and Communications Alliance (NCHICA)
- Regenstrief Institute (Indiana University)
- Social Security Administration
- West Virginia Health Information Network



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## PRIVACY



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## General Privacy Provisions

- Secretary shall issue annual guidance on most effective and appropriate technical safeguards
- Apply security provisions as well as civil and criminal penalties to HIPAA Business Associates
- Apply privacy provisions as well as civil and criminal penalties to HIPAA Business Associates
- Restrictions on certain disclosures for payment or operations if paid out of pocket by the patient
- Disclosures required to be limited to a limited data set or minimum necessary
- Accounting for disclosures if a Covered Entity uses an EHR
- Prohibition on the sale of EHR data or protected health information without authorization
- Patient's right of access to certain information in electronic form
- Marketing limitations
- Business Associate contracts required for RHIOs/HIEOs/e-prescribing gateways



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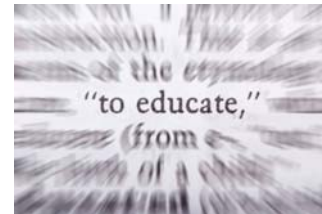
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## Temporary Breach Notification Requirement for Vendors of PHRs and Other Non-HIPAA Covered Entities

- **A PHR vendor shall notify each individual whose unsecured PHR information has been accessed**
- **PHR vendor must notify the Federal Trade Commission (FTC)**
  - FTC will notify Secretary of HHS
  - FTC shall promulgate interim final regulations within 180 of Act's enactment
- **Third party service providers shall notify vendor or entity**



## Education on Health Information Privacy



- **Regional Office Privacy Advisors**
  - Secretary designates individual in each regional office of HHS
  - No later than 6 months after enactment
  - Offers guidance and education on rights and responsibilities related to Federal privacy and security requirements
- **Education Initiative on uses of Health Information**
  - Office of Civil Rights within HHS shall develop and maintain a national education initiative
  - No later than 12 months after enactment
  - Enhance public transparency regarding the uses of protected health information

## Improved Enforcement

- **Noncompliance Due to Willful Neglect**
  - Secretary penalty
  - Required investigation
  - Enforcement under Social Security Act
- **Distribution of Civil Monetary Penalties (CMPs) Collected**
  - GAO Report recommending methodology
  - Tiered increase in amount of CMPs
- **Health Insurance Portability and Accountability Act (HIPAA) shall remain in effect**
  - May be amended by Secretary to make consistent with HITECH Act



## Health Reform

## Health Care Reform and HIT

- Journey to a transformed health system requires meaningful use of transformation-capable HIT
- Proposed MU criteria for 2011 and beyond provides escalating capabilities, balancing urgent need for reform and feasibility of what is achievable
- Need to build the information highway to realize an information rich and evidence based health care system – federal-state partnership is key
- Meaningful use of HIT is a precursor to effective health reform, and contingent on health care financing reform

## For More Information:

<http://healthit.hhs.gov/>