



Federal Inter-Agency Collaboration

State Alliance for e-Health

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OVERVIEW OF FEDERAL HIT PROGRAMS

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President Obama

“To improve the quality of our health care while lowering its cost, we will make the immediate investments necessary to ensure that, within five years, all of America’s medical records are computerized.

This will cut waste, eliminate red tape, and reduce the need to repeat expensive medical tests. But it just won’t save billions of dollars and thousands of jobs; it will save lives by reducing the deadly but preventable medical errors that pervade our health care system.”





More than Technology

Aim: To harness the power of HIT to improve quality and efficiency of health care for individuals and the population as a whole

HITECH has created an unprecedented investment in HIT to advance this goal



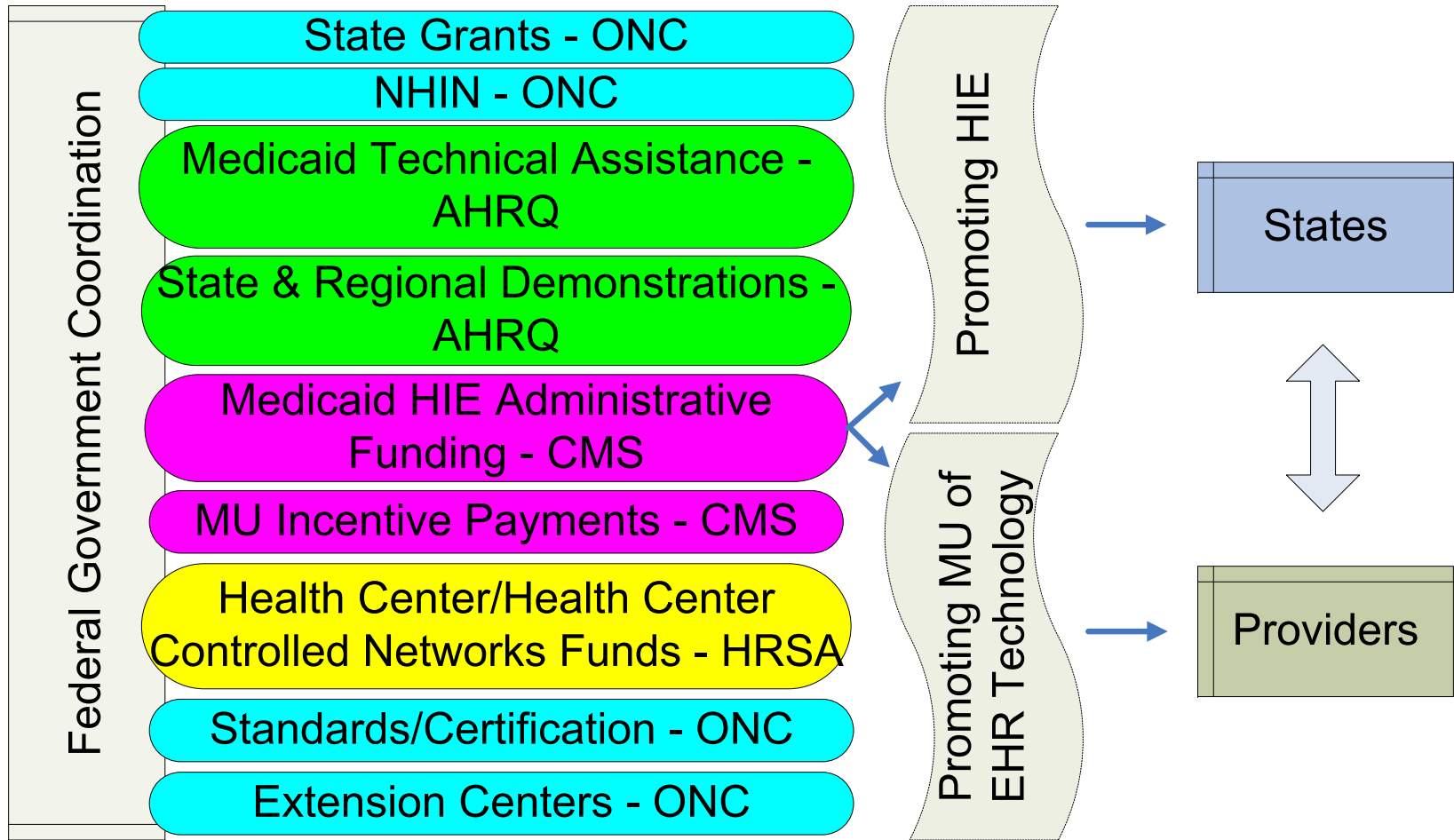
Enabling Widespread HIE

Federal efforts are:

- Supporting adoption and effective implementation of EHRs by providers
 - Establishing the necessary infrastructure for secure HIE
 - Driving quality improvements through Meaningful Use of Certified EHR Technology
 - Adopting certification criteria and standards to support Meaningful Use
 - Advancing the NHIN
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Overview of Federal HIT Programs





Privacy/Security and HIE

- We cannot get to Meaningful Use of EHRs and benefits of HIT without confidence that information will be appropriately protected
- ARRA privacy provisions that impact states:
 - HIO's and HIPAA
 - Breach notification
 - Enhanced HIPAA enforcement



Moving To Inter-State Exchange

- ARRA anticipates nationwide exchange
- Key issue will be privacy policies
 - Build on HISPC



Resources

- **ONC:** <http://healthit.hhs.gov/>
- **State Alliance for e-Health:**
<http://www.nga.org/center/ehealth>
- **HISPC:** www.rti.org/hispc
- **State-level Health Information Exchange Consensus Project:** <http://www.slhie.org/>



AHRQ State HIE Activities

Erin Grace

Senior Manager, Health IT



AHRQ Roles and Resources



Health IT Research Funding

- Support advances that improve patient safety/quality of care
- Emphasize use of health IT to improve ambulatory patient care, including care transitions



Develop Evidence Base for Best Practices

- Three key domains:
- Patient-centered care
 - Medication management
 - Improved Healthcare Decision Making



Promote Collaboration and Dissemination

- Support efforts of ONC, HRSA and Centers for Medicare and Medicaid Services
- Build on public and private partnerships
- Use web tools to share knowledge and expertise



State and Regional Demonstrations in Health IT

- Six States (CO, DE, IN, RI, TN, UT)
- \$30 million 2004 – 2010
- Additional information:
<http://healthit.ahrq.gov/Medicaid-SCHIP>
- Liability Coverage for RHIOS:
http://healthit.ahrq.gov/portal/server.pt/gateway/PTARGS_0_1248_874953_0_0_18/09-0071-EF.pdf



Technical Assistance

- TA for Health IT and HIE in Medicaid and CHIP
 - \$3 million 2007 – 2010
 - Webinars, web-based workshops, in-person workshops, communities of practice, knowledge repository
 - Additional information:
http://healthit.ahrq.gov/portal/server.pt?open=512&objID=654&&PageID=14760&mode=2&in_hi_userid=3882&cached=true
 - Sign up for list serv for ongoing information
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THE HEALTH INFORMATION TECHNOLOGY (HIT) CMS PROVISIONS OF THE RECOVERY ACT

Rick Friedman

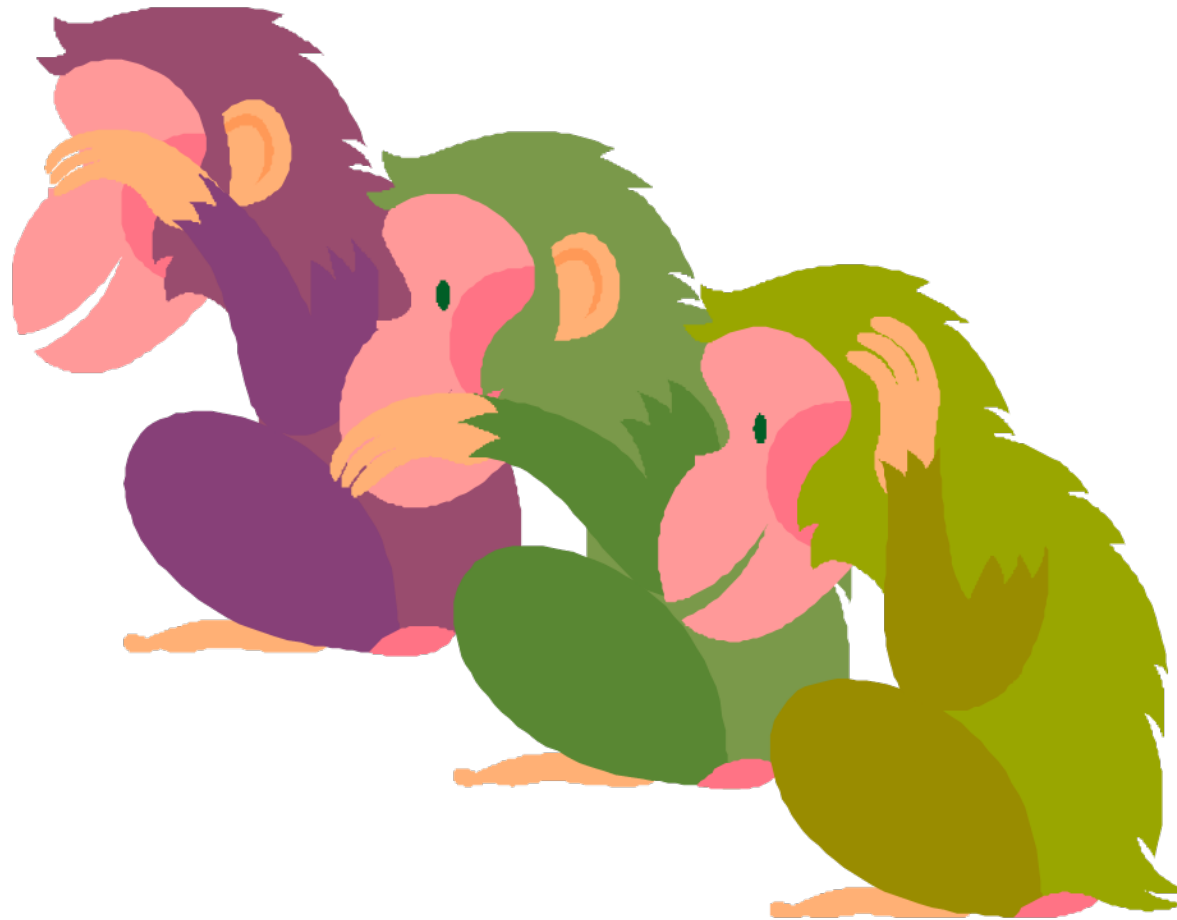
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Regulations Are Currently Under Development





What's the Purpose of CMS Incentive Funding Under ARRA?

- To encourage the ***adoption and use*** of certified electronic health record (EHR) technology by the States and providers to improve health care outcomes
- The EHR technology is ***not an end in itself*** but a means to achieve the goals of improving care, ensuring quality, permitting greater access to care, and reducing costs.



What CMS Medicaid Funding Is Available?

- Two funding sources:
 - 1. 100% FFP Incentive Funds to Providers**
 - Eligible Professionals: up to a maximum of \$63,750 over a 6 year period based on historical cost studies
 - Hospitals: amounts determined through a formula
 - 2. 90% FFP Administrative Funds to Medicaid State Agencies**
 - Administer the incentive payments
 - Conduct oversight inc. tracking meaningful use attestations and reporting mechanisms
 - Pursue initiatives to encourage adoption of EHR technology to promote HC quality and exchange data



WHO Is Eligible to Receive the Medicaid Incentive Payments?

Eligible Professionals:

- Must be non-hospital based with at least 30% medical assistance patient volume
- OR
- Practices “predominantly” in an FQHC or RHC and has 30 percent of patient volume due to “needy” individuals*

1. Physicians

2. Dentists

3. Certified Nurse Mid-wives

4. Nurse Practitioners

5. Physician Assistants (PA) practicing in a PA-led FQHC or Rural Health Clinic



* Qualifies for Medicaid, Title XXI, furnished uncompensated care or for whom charges are reduced by the provider on a sliding scale based on individual’s ability to pay



WHO Is Eligible to Receive the Medicaid Incentive Payments? (cont'd)

- **Hospitals:**
 1. *Acute care with at least 10% MA patient volume*
 2. *Children's hospitals -- no MA patient volume requirement*
- **Other “entities” designated by the State and approved by the Secretary**



WHAT CRITERIA Must be Met to Receive Incentive Payments?



1. Be an “**eligible**” provider
2. Use “**certified**” EHR technology
 - Definition to be published by ONC by 12/31/2009
3. Meet the “**meaningful use**” criteria in the employment of the certified EHR technology
 - Definition being developed by ONC + CMS



What Is “Meaningful Use”?

- Focus on Meaningful Use is:
 - ✓ An important recognition that better health care does not come solely from the adoption of technology itself
 - ✓ Rather it comes from the exchange and use of health information to best inform clinical decisions at the point of care
- Defined by CMS with help from ONC, HIT Policy and Standards Committees and others

See www.healthit.hhs.gov for more information on MU



HOW MUCH is the Eligible Professional (EP) Incentive Payment?

- For Medicaid: Potentially as high as \$63,750* over 6 yrs
 - Actual incentive amounts will be based on average cost studies to be conducted by the Secretary (CMS)
 - For Medicaid EPs, Year 1 can start as early as 2011 or as late as 2016
- For Medicare: Potentially as high as \$48,000
 - Fiscal penalties for not adopting EHR technologies by Medicare providers start in 2015 (% reduction in fee schedule)

****Note: Pediatricians with 20-30% Medicaid patient volume are capped at \$42,500***



Differences Between Medicaid and Medicare Incentive Payments

1. Medicaid participation is voluntary
2. Provider types significantly broader
3. No Medicaid financial penalties to Medicaid providers for not adopting
4. Incentive payments are potentially higher than for Medicare
5. Time period for which incentives are available extend to 2021 (compared to 2015 for Medicare EPs)
6. No “meaningful use” required in Year One – Adopt, Implement or Upgrade



90% FFP EHR State Admin Match Used For?

- The State Medicaid Agency must demonstrate:
 1. Using the funds to administer the incentive payments to eligible professionals and hospitals;
 2. Conducting adequate oversight of the program, inc. tracking meaningful use by providers; and
 3. Pursuing initiatives to encourage the adoption of certified EHR technology to promote health care quality and the exchange of health care information





HIT Planning/CMS Expectations

- ARRA Planning Activities
 - ✓ Prior Approval from CMS
 - ✓ HIT Planning Advance Planning Document
 - ✓ Deliverable: State Medicaid Health IT Plan
 - ✓ Roles and Responsibilities
- Oversight
- Expenditure Reporting





HRSA HIT Funding

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Office of Health Information Technology



HRSA's Office of Health Information Technology (OHIT)


Formed in December 2005

Mission:

To promote the adoption and meaningful use of health information technology (HIT) in the safety net community

OHIT Includes:

- Division of Health Information Technology Policy
- Division of Health Information Technology State and Community Assistance
- Office for the Advancement of Telehealth



HIT Goals for the Safety Net Providers

Bring HIT to America's safety net providers which will:

- Improve quality of care
- Reduce health disparities
- Increase efficiency in care delivery systems
- Increase patient safety
- Decrease medical errors
- Prevent a digital divide
- Allow providers to participate in payment reform



What OHIT Does

- Award planning and implementation grants for telehealth, electronic health records, and other health information technology innovations
 - Provide technical assistance to HRSA grantees and staff (e.g., project officers and Office of Performance Review) related to effective HIT adoption and Federal and state policies and legislation
 - Provide leadership and representation for HRSA grantees with Federal and state policymakers, researchers, and other stakeholders
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HRSA ARRA

- The Recovery Act has directed \$2 billion to HRSA to expand some of our primary health care programs
- Another \$300 million is intended to support the National Health Service Corps
- An additional \$200 million will support our health professions programs



HRSA ARRA

- On March 2, HRSA announced grants worth \$155 million to establish 126 new health centers
 - Those grants mean another 750,000 people in 39 states and two territories will have access to health care
- On March 27, HRSA released \$338 million to expand services offered at the nation's community health centers
 - The grants -- titled Increased Demand for Services (IDS) grants -- will be distributed to 1,128 federally qualified health center grantees
 - Health centers will use the funds over the next two years to create or retain approximately 6,400 health center jobs



HRSA ARRA CIP Funding

- On June 30, 2009 HRSA announced the release of \$850 million in funding for the CIP program
 - Approximately 400 health centers are receiving funds for the adoption or expansion of EHR
 - To see a list of Recovery Act CIP Grantees by state go to www.hhs.gov/recovery



HRSA ARRA Facility Improvement (FIP) Funding

- \$515M one-time, 2-year project/budget period FY 2009 grants to support modernization and construction
 - Ceiling = \$12,000,000
 - Floor = \$750,000
- Anticipate approximately 100 awards
- 2-Year project/budget period (November 1, 2009 – October 31, 2011)
- Application period ended August 6, 2009