



“American Recovery and Reinvestment Act of 2009 Overview

“Breaking Down Barriers: Best Practices for HIE”

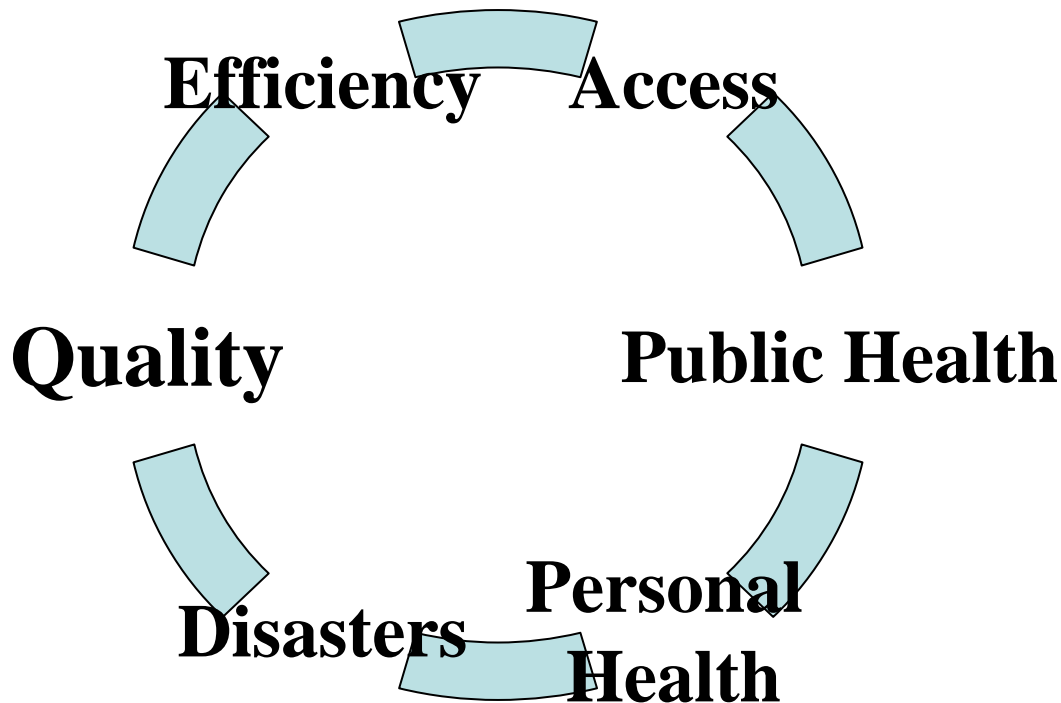
New Zealand Embassy

December 7th, 2009

Neal Neuberger, Executive Director



What Is Driving All The Activity Healthcare Reform Meets HIT





Numerous Players

- **Federal Government**
 - Congress
 - Agencies (DHHS, DoC, Ag, DoD, VA, IHS, NASA)
 - Federal Jt. Working Group on Telehealth
- **States**
 - Statewide Initiatives (Governors, Legislatures, Regional Networks)
 - Hundreds of bills specific to HIT
 - NGA State Alliance; HIMSS State Coordination
- **Private Sector**
 - Coalitions / Consortia / Organizations (ATA, HIMSS, eHI, AHIMA, AMIA, Health IT Now ! Coalition)
 - Capitol Hill Steering Committee on Telehealth and Healthcare Informatics)
 - Standards Groups, CCHIT, HITSP, Promina, Continua
 - Foundations (Markle, RWJ, Commonwealth, eHI Fndt; RCHN)



Major Policy Issues

Reimbursement & Capital Costs

Aligning Financial Incentives – ARRA

Driving Cost-Effectiveness (i.e. Chronic Care & Disease Mgmt)

Start-up Costs; Capital Investment & Sustainability

Federal Investments (DoD; VHA; IHS; DHHS)

Standards (Clinical & Communications)

Quality & Safety (ARRA)

Infrastructure Issues

Network Infrastructure / Broadband Access / Interoperability (FCC;

DoC; RUS)

Human Dimension Issues

- Arrangements to Practice in an e-enabled Environment

- Practitioner and Patient Acceptance

- Licensure, Accreditation, Certification

- Legal (Stark Law, Liability, FDA, HIPAA & Ongoing Security Concerns)

- Training an HIT Workforce (NSF; BHP)



Put Positively

***“There are no problems.....just
insurmountable opportunities”***

– Pogo !



ARRA \$787 Billion Total

Up to \$50 B for “Cyber Ready” HIT Efforts

- **Jobs Creation**
- **Infrastructure Build out**
- **Community Economic Development**
- **Public-Private Partnerships**
- **Quick Spending Toward Long Term Investment**
- **Supporting Broader Healthcare Reforms - Access, Efficiency, Quality**



American Recovery and Reinvestment Act Health Information Technology Related Provisions

HIT Incentives Over 10 Years (Medicare & Medicaid)

Budget Authority	\$ 36.3 B
Projected Savings	\$ 15.5 B
Net Budget Authority	\$ 20.8 B

National Coordinator for HIT	\$ 2.0 B
Includes Grants to States	\$ 300 M
Includes Transfer to NIST	\$ 20 M



American Recovery and Reinvestment Act Health Information Technology Related Provisions

HRSA Programs and Services	\$ 2.5 B
(Grants to CHCs	\$.5 B)
(CHC Infrastructure & HIT	\$ 1.5 B)
(Hlth Professions Shortages	\$.5 B)
AHRQ Comparative Effect Research	\$ 1.1 B
(Transfer to NIH	\$ 400 M)
(Use by DHHS Secretary	\$ 400 M)
(Use by AHRQ	\$ 300 M)



American Recovery and Reinvestment Act Health Information Technology Related Provisions

Indian Health Service (Telemedicine)	\$ 85 M
Veterans Health Admin. (IT)	\$ 50 M
NTIA / DoC (Broadband TOP)	\$ 4.7 B
RUS / DoA (Medical Links et al)	\$ 2.5 B
ETA / DoL (Worker Training)	\$ 4.4 B
NIST / DoC (Standards)	\$ 220 M
(Plus \$20 M from DHHS)	
Social Security Admin. (IT)	\$ 500 M



Key Implementing Organizations

- **HIT Policy Committee – 20 members, recommendations on standards, implementation criteria, certification criteria. Has met five times so far.**
- **HIT Standards Committee – 28 members, recommendations to ONC on standards, implementation specifications, certification criteria for electronic exchange and use of HIT. Has met five times thus far.**
- **Federal Health Architecture – ensuring federal agencies can seamlessly share data, leveraging federal expertise, unified federal approach. *Connect. NHIN.***
- **State-level Organizations - State Alliance for eHealth**



American Recovery and Reinvestment Act Health Information Technology Related Provisions

Incentives through Medicare

- Eligible professionals (physicians) and hospitals for the “meaningful use” of certified EHR technology
- Incentives offered 2011- 2015 for physicians and physicians will see a reduction in their Medicare reimbursements in 2015 if they are not meaningful users of certified EHR technology
- Incentives offered FY11-FY15 for hospitals and hospitals will see a reduction in their Medicare reimbursements in FY15 if they are not meaningful users of certified EHR technology

Incentives through Medicaid

- Eligible providers must demonstrate a “meaningful use” of certified EHR technology
- Incentive payments offered 2011 - 2015



CAHs and the EMR Adoption ModelSM CA PPS

Stage 7	Medical record fully electronic; HCO able to contribute CCD as byproduct of EMR; Data warehousing in use	0.0%	0.4%
Stage 6	Physician documentation (structured templates), full CDSS (variance & compliance), full R-PACS	0.0%	1.2%
Stage 5	Closed loop medication administration	1.6%	4.9%
Stage 4	CPOE, CDSS (clinical protocols)	1.1%	3.8%
Stage 3	Clinical documentation (flow sheets), CDSS (error checking), PACS available outside Radiology	19.8%	43.5%
Stage 2	Clinical Data Repository, Controlled Medical Vocabulary, Clinical Decision Support, may have Document Imaging	29.7%	31.5%
Stage 1	Ancillaries – Lab, Rad, Pharmacy – All Installed	12.8%	7.5%
Stage 0	All Three Ancillaries Not Installed	35.0%	7.1%



Grants and Loans

-State Health Information Exchange Cooperative Agreement Program for States and Designees to develop policies, and network systems to assist electronic information exchange within and across states, and ultimately throughout the health care system. \$564 Million

-Grants to establish Regional Health Information Technology Extension Centers that will offer technical assistance, guidance and information on Electronic Health Records best practices. 70 Centers, \$8 – 30 M each in two phases. Also, a National “*Uber*” Center.

- Beacon Community Cooperative Program, \$235 M for 15 non profit community groups to support community based models



American Recovery and Reinvestment Act Health Information Technology Related Provisions

Education and Outreach

- Community College Program, \$70 M in grants to five regional consortia to support expanded HIT education programs. \$10 M for curricula.**
- Information Professionals in Healthcare, Grants to Medical Health Informatics Education Programs**



Pending Health Reform Provisions

Just When You Thought it Safe to go Back in the Water

- 1) Telehealth Expansions
- 2) Coordinated Care IT Provisions
- 3) Telehealth licensing
- 4) Medicare Advantage Provisions
- 5) Health IT Workforce Advisory Committee
- 6) New FCC Rulemaking on Universal Service
- 7) CMS Innovation Center
- 8) SBA Loan Authority to M.Ds. to cover front-end HITECH gap
- 9) Other Amendments ?

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