

HRSA's Office of Health Information Technology

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Health Resources and Services Administration

Office of Health Information Technology



Health Resources and Services Administration (HRSA)

- ▶ Helps provide a safety net of health care services to 20 million people each year - about 1 in every 15 Americans. Budget of approximately \$7 billion in FY09.
- ▶ Six bureaus: Maternal and Child Health, HIV/AIDS, Primary Health Care, Health Professions, Health Systems, and Clinician Recruitment and Service.
- ▶ 14 offices including Offices of Rural Health Policy, Minority Health and Health Disparities, International Health, Health Information Technology, and the Center for Quality.

Office of Health Information Technology (OHIT)

▶ **Formed in December 2005**

▶ **Mission:**

The Office of Health Information Technology (OHIT) promotes the adoption and effective 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 pay for performance

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

DSCA FY 09 Grant Opportunities

- ▶ Division of HIT State and Community Assistance offers the following grant opportunities in FY 2009:
 1. Electronic Health Record Implementation for Health Center Controlled Networks Grant
 2. Health Information Technology Implementation for Health Center Controlled Networks Grant

Advancing HIT through Networks

► Why Networks?

- Collaboration of health centers and other safety net providers
- Economies of scale/cost efficiencies/volume
- Enhanced efficiencies in business and clinical core areas
- Higher performance and value
- Sharing of expertise and staff among collaborators

HRSA Health Center Controlled Networks (HCCN)

- ▶ Led by HRSA-funded health centers
- ▶ Supports the creation, development, and operation of networks of safety net providers to ensure access to health care for the medically underserved populations through the enhancement of health center operations, including health information technology

HRSA Telehealth Grant Awards

- ▶ First awards made by ORHP in 1989
- ▶ Awarded over \$250 million in grants since 1989
- ▶ HRSA created Office for the Advancement of Telehealth as a focal point for Telehealth activities in 1998
- ▶ Competitive and Congressionally-mandated projects

OAT FY 09 Grant Opportunities

- ▶ Office for the Advancement of Telehealth (OAT) offers the following grant opportunities in FY 09:
 - Telehealth Network Grant Program
 - Licensure Portability Grant Program
 - Telehealth Resource Center Grant Program

HRSA Health IT Toolbox

- ▶ A comprehensive online compilation of health IT planning, implementation and evaluation resources to support the implementation of health IT for safety net providers.
- ▶ The HRSA Health IT Toolbox is available to the public at:
<http://healthit.ahrq.gov/toolbox>

HIT Toolbox Learning Modules - Eleven topic-specific learning modules cover the life cycle of a typical health IT implementation from learning the basics to evaluation and optimization of a system:

1. Introduction to Health IT
2. Getting Started
3. Opportunities for Collaboration
4. Project Management and Oversight
5. Planning for Technology Implementation
6. Organizational Change Management and Training
7. System Implementation
8. Evaluating, Optimizing, and Sustaining
9. Advanced Topics
10. Open Source and Public Domain Software
11. Privacy and Security

HIT Toolbox Learning Modules (cont)

OHIT is currently working on developing the following learning modules to augment the HIT Adoption Toolbox in 2009.

- Network Development
- Personal Health Records
- E-prescribing
- Quality Improvement

OHIT is also working with the Office of Rural Health Policy to develop a toolbox specific to Rural providers.

Children's Health IT Toolbox

Proposed "Starting Point" Modules

- 1. Introduction to Children's Health IT**
- 2. Developing Pediatric Friendly EMRS**
- 3. Building a Medical Home for Children**
- 4. Cross Sector Coordination and Planning for Children's Health**
- 5. Facilitating Enrollment in Public Health Insurance Programs**
- 6. Involving Family Members in Their Child's Healthcare**
- 7. Improving Quality with Children's Health IT**
- 8. Advanced Topics on Leadership and Organizational Design**

TA - HIT TA Center

- ▶ Provide consistent HIT TA to HRSA grantees.
- ▶ TA "One to Many" Webinars
 - Slides, transcripts and recordings of calls are on the HRSA Health IT Community.
- ▶ Peer-to-peer technical assistance to obtain TA from an experienced peer in HIT.
- ▶ Consultant technical assistance to obtain TA from an experienced consultant in HIT.
- ▶ Small, regional, interactive workshops on HIT adoption with health center networks and other HRSA grantees that have implemented HIT as hosts.

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
- ▶ Later this year, HRSA will award about \$1.5 billion in health center grants under the Capital Improvement Program (CIP) to fund capital improvements and support HIT and EHR investments

HRSA Capitol Improvement Program (CIP) Funding

- ▶ \$850M one-time FY 2009 grants to support:
 - Construction
 - Renovation and equipment
 - Acquisition of health information technology and EHR
- ▶ Grantees must
 - Demonstrate improvements in access to health services for the underserved populations
 - Create health center and construction-related jobs
- ▶ 2-Year project/budget period (July 1, 2009 – June 30, 2011)
- ▶ Maximum funding based on CY 2008 UDS Data Formula
 - All section 330 grantees eligible for \$250K base amount
 - Plus \$35 per patient served based on 2008 UDS as of 04/24/2009
 - New Start grantees without 2008 UDS data will have \$250K maximum

ONC Spending Plans

	Total Appropriated*
▶ Privacy and Security	\$24.285
▶ National Institute of Standards and Technology (NIST)	\$20.000
▶ Regional HIT Exchange	\$300.000
▶ Unspecified	\$1,655.715
▶ Total, HIT	\$2,000.000

*(Dollars in millions)

Medicare and Medicaid Health IT Provisions in the Recovery Act

- ▶ Goal: to promote and provide incentives for the adoption of certified electronic health records (EHRs).
- ▶ To achieve this goal, the Recovery Act authorized bonus payments for eligible professionals (EPs) and hospitals participating in Medicare and Medicaid as an incentive to become meaningful users of certified EHRs.

Medicare and Medicaid Health IT Provisions in the Recovery Act

- ▶ The law established maximum annual incentive amounts and includes Medicare penalties for failing to meaningfully use EHRs beginning in 2015 for professionals and hospitals that fail to adopt certified EHRs.
- ▶ The statute includes three broad criteria for demonstrating one is a “meaningful EHR user” which will be defined as the implementation process moves forward: (1) Meaningful use of certified EHR technology; (2) information exchange; and (3) reporting on measures using EHR. The statute grants the Secretary discretion in defining these terms.
- ▶ Specific understanding of what constitutes meaningful use will be determined through a process that will include broad stakeholder input and discussion

Medicare HIT Funding Opportunities Incentives Programs

▶ **Section 4101 Medicare FFS Eligible Professionals**

- Payments can begin in 2011
- Last year to join the program-2014
- Last year of payments 2016
- Maximum of 5 years of payments and \$44K
- Penalties begin in 2015
- Caps increased by 10% in a Health Professional Shortage Area
- Also incentives for Medicare Advantage professionals
- Criteria to be defined for meaningful EHR User

Medicare HIT Funding Opportunities Incentives Programs

► **Section 4102 Hospitals**

- Payments can begin in fiscal year 2011
- Last year to join the program-2015
- Last year of payments 2016
- Maximum of 4 years of payments
- Penalties begin in 2015
- Also incentives for Medicare Advantage hospitals
- Criteria to be defined for meaningful EHR User

Medicaid HIT Funding Opportunities Incentives Programs

▶ **Section 4201-Medicaid Incentives**

- Incentive payments for certified EHR technology (and support services including maintenance and training that is for, or is necessary for the adoption and operation of, such technology) by Medicaid providers.
- No start date specified for Medicaid, probably 2011 similar to Medicare.
- The definition of “meaningful use” must be established through a means that is approved by the State and acceptable to the Secretary.
- The definition must be in alignment with the one used for Medicare.

Source: CMS May 2009.

Who Are Medicaid Eligible Professionals?

- ▶ Medicaid providers eligible for funding are defined as:
 - A non-hospital-based professional who has at least 30 percent of the professional's patient volume attributable to individuals who are receiving medical assistance under this title;
 - A non-hospital-based pediatrician who has at least 20 percent of his/her patient volume attributable to individuals who are receiving medical assistance under this title
 - An eligible professional who practices predominately in a Federally-qualified health center or rural health clinic and has at least 30 percent of the professional's patient volume attributable to needy individuals.

What Type of Hospitals Qualify for Medicaid HIT Incentives?

- ▶ Acute care hospitals with at least 10 percent Medicaid patient volume
- ▶ Children's hospitals (no Medicaid patient volume requirement).

How Much is the Medicaid Incentive Payment? Penalties?

- ▶ The State is authorized to make payments to Medicaid eligible professionals totaling no more than 85% percent of net average allowable costs for certified EHR technology (and support services including maintenance and training that is for, or is necessary for the adoption and operation of, such technology).
- ▶ The statute specifies maximum amounts but the Secretary will determine through studies the actual amounts of the provider incentive payments
- ▶ Unlike Medicare, no reductions in Medicaid payments are to be made if a provider does not adopt certified EHR technology; i.e., adoption is voluntary, not mandatory in the federal statute.

Relationship Between Medicaid and Medicare EHR Incentives?

- Eligible Professionals can only receive either the Medicare or Medicaid Incentive, not both
- Hospitals that qualify for the Medicare and Medicaid incentive can receive both.
- The legislation instructs the Secretary to ensure the coordination of incentive payments to providers through Medicare and Medicaid.
- Such coordination shall include, to the extent practicable, a data matching process between State Medicaid agencies and the Centers for Medicare & Medicaid Services using national provider identifiers.

CHIP Reauthorization

- ▶ \$20 million for <10 grants to conduct demonstration projects to evaluate promising ideas for improving the quality of children's health care
 - Eligible: States and child health providers
- ▶ \$5 million for development of model EHR for children enrolled in SCHIP or Medicaid
 - Secretary to establish program to encourage development and dissemination

P. L. 111-3, Title IV, Sec 401, (d)

P.L. 111-3, Title IV, Sec 401, (f)

Future of OHIT

- ▶ Promote effective HIT adoption in the safety net to improve quality of care, patient outcomes, and access to care in support of ARRA activities
- ▶ Provide oversight, monitoring, and technical assistance to grantees to promote successful adoption of HIT
- ▶ Continue to develop and promote effective technical assistance tools such as toolbox modules, webinars, and workshops
- ▶ Promote the adoption of certified, interoperable, and fully functional HIT for meaningful use
- ▶ Continue to build partnerships internal to HRSA, with external organizations, and within the grantee community
- ▶ Help safety net grantees to adopt, implement, and meaningfully use HIT and EHR

Contact Information

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