HRSA’s Office of Health Information Technology

Project HITCh June Meeting:
Health Information Technology and the Safety Net

June 20, 2007

Cheryl Austein Casnoff
Associate Administrator
US Department of Health and Human Services
Health Resources and Services Administration
Office of Health Information Technology
Outline

• State Activities

• About the Office of Health Information Technology (OHIT)

• HIT: What is happening at the Federal level

• Advancing HIT through Networks

• Using Telehealth to Improve Access and Quality

• OHIT Activities

• Areas to Watch

• Additional Resources
State Activities

According to the NCSL, state roles in HIT planning include:

- Start-up Funding
  - At least 17 state governments are funding programs to examine how HIT may be used or implemented
- Building infrastructure
  - At least 10 states are facilitating RHIO development
- Studies
  - At least 6 states have initiated planning projects but have not taken legislative action
State Activities

- According to eHealth Initiative*, a majority of states have introduced HIT related legislation
  - 20% of nation’s governors have issued executive orders for state action to improve health care through HIT
- In 2005 and 2006, 36 bills were passed in 24 state legislatures and signed into law, and 121 bills that specifically focus on health IT were introduced in 30 states.

*eHealth Initiative, 3rd Annual Survey of Health Information Exchange Activities at the State, Regional, and Local levels
Health Resources and Services Administration (HRSA)

- Budget of approximately $6.6 billion (FY 2006)

- Programs reach into every corner of America, providing a safety net of direct health care services to 20 million people each year (about 1 in every 15 Americans)

- Health center grantees each year deliver preventive and primary health care to about 14.1 million mostly low-income and uninsured people
  - Calendar year 2005
    - 954 grantees
    - 3,745 service sites

- Ryan White CARE Act grantees give more than 530,000 people with HIV/AIDS the medication and care they need to get better or stay well
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
In May 2006, HRSA reconfirmed its goal to improve the quality of health service and outcomes for all patients served by HRSA grantees:
HRSA's goal is not simply to collect data; it is also important that the data be used to track individual and population health outcomes and improve patient care. The long-term vision of HRSA and OHIT is to transform systems of care for safety-net populations through the effective use of HIT.
Office of Health Information Technology

• Formed in December 2005, as the principal advisor to the HRSA Administrator in developing an agency wide HIT strategy

Mission:

The Office of Health Information Technology (OHIT) promotes the adoption and effective use of health information technology (HIT) in the safety net community
Office of Health

Information Technology - Goals

• Develop a strategy and supportive policy that leverages the power of health information technology and telehealth to meet the needs of people who are uninsured, underserved and/or have special needs.

• Identify, disseminate and provide technical assistance to health centers and other HRSA grantees in adopting model practices and technologies.

• Disseminate appropriate information technology advances, such as electronic medical records systems or provider networks.

• Promote grantee health information technology advances and innovations as models.

• Work collaboratively with foundations, national organizations, the private sector, and other Government agencies to help HRSA grantees adopt health information technology.

• Ensure that HRSA health information technology policy and programs are coordinated with those of other U.S. Department of Health and Human Services components.
Safety Net Challenges

• According to National Association of Community Health Centers (NACHC) 2006 survey:

  • Health Centers frequently lack the capital dollars to invest in health IT to help them provide more improved and efficient care.

  • Only 8% of health centers currently report using a full EHR.

  • 60% of health centers report plans for installing a new EHR system or replacing the current system within the next 3 years.
Safety Net Challenges

• According to a Commonwealth Fund 2006 survey:
  
  • 23.9% of physicians providing care to non-hospitalized patients use electronic health records in some form.

  • Reimbursement issues must be addressed in order to promote health IT adoption.

  • Doctors who treat large numbers of Medicaid patients are half as likely to have electronic health records.

  • Doctors in cities are more likely to have EHRs than those in rural areas, as are doctors in larger practices and in larger health care facilities.

• Is there a digital divide in EHR use?
Federal HIT Funding

- $169 million for HIT in the 2007 President’s Budget.

- The 2008 Federal budget proposes spending over $4.5 billion for health IT, including $4.3 billion for bioterrorism and emergency preparedness, $127 million for state and local health IT projects, and $118 million for the Office of the National Coordinator.

- Agencies funding HIT initiatives:
  - HRSA
  - CMS
  - NIH
  - AHRQ

- Agencies implementing HIT into operations:
  - FDA
  - IHS
  - CDC
  - DoD
  - VA
The ONC advises the Secretary of HHS on health IT policies and initiatives, and coordinates the Department’s efforts to meet the President’s goal of making an electronic medical record available for most Americans by 2014.

Initiatives include:
- American Health Information Community (AHIC)
- Product Certification
- Standards
- Nationwide Health Information Network
- Activities with the National Governors Association Center for Best Practices
HCCN is a HRSA grant program, led by HRSA-funded health centers, that 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.
Advancing HIT through HCCNs

- Why Health Center Controlled 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 FY 2007
Network Grant Opportunities

- **Planning Grants**
  - Small amounts (less than $100,000 per year) to plan and start implementing HIT initiatives such as EHRs and e-prescribing.

- **Electronic Health Record Implementation Grants**
  - 3-year grants to purchase and implement EHRs

- **HIT Innovation Grants**
  - 3-year grants to purchase and implement other HIT

- **High Impact EHRs Implementation Grants**
  - 1 year grant for high impact implementation of an EHR; implementation of new EHRs must be in at least 15 sites.
HRSA Telehealth Activities

- OAT leads, coordinates and promotes the use of telehealth technologies, for example:
  - Fosters partnerships within HRSA and with other Federal and private organizations to promote telehealth projects and demonstrations and create synergy among programs
  - Administers grant programs that “seed” the field and advance the use of cost-effective telehealth technologies
  - Provides technical assistance
  - Promotes knowledge exchange about successful and not so successful telehealth practices
  - Identifies options for addressing barriers to the effective use of telehealth technologies
Telehealth Grants

- **Telehealth Resource Center Grant Program**
  - **National Telehealth Resource Center Award:** Support the regional centers, individual grantees, and HRSA in tracking and understanding legislative and regulatory initiatives affecting telehealth programs.
  - 6 awards

- **Telehealth Network Grant Program (including home health)**
  - **Primary Program Objective:** Demonstrate how telehealth networks improve access to quality health care services in underserved communities.
  - 16 awards

- **Licensure Portability Grant Program**
  - 2 awards
The HIT Policy Council meets on a monthly basis to enhance HIT collaboration throughout HRSA’s bureaus and offices. Activities include:

- Formulation of HIT strategy for the agency
- Collaboration with the Office of the National Coordinator (ONC) and with other agencies
- Exchange information about OHIT and HRSA related HIT program activities
- Learn about new HIT funding opportunities and emerging technologies in the HIT field
HRSA Health IT Community

- In partnership with the Agency for Health Care Research and Quality (AHRQ), HRSA has established a Health IT Community for HRSA grantees.

- The ‘Community’:
  - Serves as a virtual community for health centers, networks and PCAs to collaborate around the adoption of technologies promoting patient safety and higher quality of care.
  - Facilitates collaboration via discussion forums where health centers facing similar challenges can share thoughts and lessons from experiences with a variety of IT systems and scenarios.
  - Creates a central hub for communication across geographically disparate sites, allows team members to view important announcements, documents, tasks, events, and discussions related to their initiative.
  - Provides access documents, tools and resources on issues related to planning for and implementing health IT in the community provider setting.
Welcome to HRSA's new health IT portal, developed in collaboration with the AHRQ National Resource Center for Health IT (NRC). This site is designed to provide news, tools, and access to research for health centers and rural health providers interested in health IT.

HRSA Health IT News

New HRSA Office of Health Information Technology (OHT)
HRSA established the OHT on December 27, 2005 to help grantees select and use HIT to improve quality of care.

Attend OHRP National Meeting on Health IT
Plan now to attend the HRSA Office of Rural Health Policy (OHRP) national meeting on health IT to be held September 21-23, 2006 in Kansas City, MO.

Join A Networking Community!

We invite you to join a smaller community of your choosing to collaborate with health center stakeholders that have similar interests or characteristics. By joining a smaller community, you can hold conversations, share documents, tasks, and events with other participants. It's an exciting way to make connections with your colleagues around health IT issues specific to you.

We’ve provided some ideas for communities below. To join one of these communities or another of your choosing, e-mail resourcecenter@hcpr.org with the name of the community and the names and email addresses of users who wish to join.

- Getting Started with Health IT
- Implementing Health IT
- Sustainability
- Health Centers with < 5 Providers
- Health Centers with > 5 Providers
- Health Information Exchange
- EMR Vendors

Contact Us

If you have any issues or suggestions, email ResourceCenter@hcpr.org
Health Center HIT Toolbox

• Development of an interactive Toolbox that will assist health centers, maternal and child health, rural health, and HIV/AIDS grantees in HIT planning, implementation, and sustainability.

• Focus:
  • Collaborative solutions
  • Module based
  • Interactive
  • Questions and answers
HRSA HIT Grantee Meetings

• **GOAL**: Promote collaboration, knowledge sharing, and the leveraging of resources among HRSA grantees to promote HIT adoption by safety net providers.

• Will invite approximately 500 HRSA grantees

• Will identify model practices, promote new partnerships and collaborations.

• **Meeting Date**: November 5 – 7, 2007
In FY 2007, OHIT will initiate a health IT technical assistance (TA) center that will identify and organize the HIT TA efforts across HRSA:

- EHR implementation, network development, procurement, workforce, training, disaster recovery, HIT readiness

- Our goal is to provide consistent HIT TA to HRSA grantees
Areas to Watch

- **Personal health records**
  - Continuous records of one's diagnoses, medications, treatments and outcomes--portable and interoperable with electronic health records, clinical decision support and clinical data repositories--will dramatically improve continuity of care by 2014.

- **Access to health IT for disadvantaged, underserved and vulnerable patient populations**
  - IT will help reduce disparities in healthcare distribution so that underserved populations are not left out.

- **Role of the states**
  - States will become much more involved in health information exchange initiatives and RHIOs, setting policies and monitoring service delivery to improve accessibility to evidence-based healthcare.
Areas to Watch

• Biosurveillance and Public Health
  • Public and private healthcare providers will make extensive use of biosurveillance when responding to natural disasters, epidemics and terrorist attacks, including identification and management of the psychological response to trauma.

• Continuity of care for military personnel
  • Portable electronic health records will improve access to physical and mental health diagnostic and treatment services for veterans with physical injuries, as well as post-traumatic stress disorder and traumatic brain injury.
  • To improve continuity of care, these records should include health information from all sources, from pre-deployment baselines to military hospitals to nursing homes and private health care.
“Remember, this isn’t about technology, it’s about transforming the health of the nation. My role is to get IT out there to improve the quality and efficiency of health care and the ability of consumers to manage their own health.”*  

- Robert Kolodner,  
  National Coordinator for Health IT

* From iHealth Beat article, “Government Tapping IT To Boost Care, National Health IT Leader Says.” Issue May 18, 2007.
Resources

- **HRSA**
  - OHIT Website: [http://www.hrsa.gov/healthit/](http://www.hrsa.gov/healthit/)
  - Health IT Community
    Contact: Christie.Brown@hrsa.hhs.gov

- **CMS**

- **AHRQ**
  [http://healthit.ahrq.gov](http://healthit.ahrq.gov)

- **Veterans Health Administration**
  [https://www.myhealth.va.gov](https://www.myhealth.va.gov)

- **Indian Health Service**
  [http://www.ihs.gov](http://www.ihs.gov)

- **Department of Health and Human Services**
  [http://www.hhs.gov/healthit](http://www.hhs.gov/healthit)
Resources

- Health Information Management and Systems Society
  http://www.himss.org
- California Healthcare Foundation
  http://www.chcf.org
- Markle Foundation
  http://www.markle.org
- Robert Wood Johnson
  http://www.rwjf.org
- National Conference of State Legislatures
  http://www.ncsl.org
- eHealth Initiative
  http://toolkits.ehealthinitiative.org/assets/Documents/eHI2006HIESurveyReportFinal09.25.06.pdf
Cheryl Austein Casnoff
Associate Administrator
DHHS/HRSA/OHIT
5600 Fishers Lane, 7C-22
Rockville, MD 20857
Phone: 301-443-0210
Fax: 301-443-1330
caustein-casnoff@hrsa.gov