

# HRSA's Office of Health Information Technology

Johanna Barraza-Cannon and Jeff Weinfeld  
U.S. Department of Health and Human Services  
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

# 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

# President Obama's Pledge

- On January 8, 2009, President-elect Barack Obama pledged to have electronic medical records for all Americans within 5 years:  
"To improve the quality of our health care while lowering its costs, we will make the immediate investments necessary to ensure that within five years, all of America's medical records are computerized," Obama said. "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."

# Summary of American Recovery and Reinvestment Act (ARRA) HIT Funding

- Total \$19.2 billion for HIT, including:
  - \$2 billion for ONC
  - \$17.2 billion for incentives through Medicare and Medicaid reimbursement systems
    - Providers must demonstrate meaningful use of certified EHR technology
- Codifies: ONC; HIT Standards Committee; HIT Policy Standards
- Provides grant and loan programs to assist providers and consumers in adopting/utilizing HIT
- Privacy and security provisions in HIPAA for electronic health info

# Summary of ARRA HIT Funding (cont)

- Additional HIT funding
  - \$4.7 billion for Broadband Technology Opportunities Program (NTIA)
  - \$2.5 billion for US Department of Agriculture Distance Learning, Telemedicine, Broadband Program
  - \$500 million for Social Security Administration
  - \$85 million for Indian Health Service
  - \$50 million for Veterans Administration



# 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)



# 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 health center grants under the Capital Improvement Program (CIP) to fund capital improvements and support HIT and EHR investments

# ARRA: Federal HIT to be Available to Providers

- Sec. 3007. Federal health information technology
  - ONC will support development and updating of Federal HIT and make available to providers
  - Must be certified and comply with standards
  - ONC authorized to charge a nominal fee

# ARRA Report on Open Source

- Section 4104 (b) - Study and report on availability of open source health information technology systems
  - Secretary shall report by 10/1/10 findings and suggestions for legislation
  - Work with VA/DOD/IHS/AHRQ/HRSA/FCC
  - Content
    - availability of open source systems to Federal safety net providers (including small, rural providers);
    - total cost of ownership in comparison to proprietary commercial products
    - ability of such systems to respond to the needs of populations including children and disabled individuals
    - capacity of such systems to facilitate interoperability.

# ARRA HIT

## Regional Extension Centers

- Sec. 3012. Health information technology implementation assistance
- Technical, best practices, implementation and meaningful use HIT assistance to providers
- Non-profits to collaborate to apply
- Region specific
- FRN <http://edocket.access.gpo.gov/2009/pdf/E9-12419.pdf>
- Comment until COB 6/11/09

# HRSA Open Source Highlights

- Grantees
  - West Virginia
  - Clinica Adelante
- MOU/IAAs with IHS
- Toolbox on Open Source

# CIP Funding

- \$850M one-time, 2-year project/budget period 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



# Allowable Use of funds

## Certified Electronic Health Record (EHR)

- Certified EHR software costs: EHR application costs, maintenance, computer-based training
- Infrastructure clinical facility costs: wireless LAN infrastructure, LAN switches, tablets, desktop PCs, cameras, printers
- Data infrastructure costs: servers, routers, switches, back-up software, fire suppression, cooling/HVAC, physical security, power upgrades
- Implementation staff: core team training, vendor project management, data migration, paper chart conversion, CIO, network administration

## Health Information Technology (HIT)

- Telehealth-related equipment
- Registries
- Electronic prescribing
- Enhancements necessary to interface between HIT/EHR and other electronic systems
- Dental and oral health

! HIT-only (non-EHR equipment) and certified EHR-related purchases can be proposed either as site-specific, multi-site, or organization-wide (inclusive of all sites).

# EHR Planning and Readiness Process

- Identify goals for the EHR project
- Create a strategic plan that guides the certified EHR procurement and identifies key milestones to achieving “meaningful use”
- Include a completed feasibility analysis
- Include a completed comprehensive organizational readiness assessment
- Include a completed comprehensive staff skills assessment
- Assess and inventory current resources (staff, hardware, software, etc.)
- Outline an implementation strategy for the EHR project that will achieve “meaningful use”
- Inventory all additional hardware, software, and staff expertise needed to implement the EHR project
- Identify a multidisciplinary committee to oversee the readiness, due diligence, selection, and implementation of the certified EHR project
- Identify a plan to address the decrease in productivity during training and implementation
- Develop a plan to protect patient’s health information

! EHR Planning and Readiness information can be found at <http://www.hrsa.gov/healthit/>

# 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.

# Meaningful EHR User

- Eligible health professional – includes rural providers
- Criteria for payment of Medicaid or Medicare bonuses
- Criteria become more stringent over time

# Preliminary Definition of “Meaningful Use”

- Presented to the HIT Policy Committee on June 16, 2009
- Comments on the draft description of Meaningful Use are
  - Due by 5 pm EST June 26, 2009
  - No more than 2,000 words in length.
- **Electronic responses** to the draft description of Meaningful Use are preferred and should be addressed to:  
[MeaningfulUse@hhs.gov](mailto:MeaningfulUse@hhs.gov)  
With the subject line “Meaningful Use”
- Additional Information may be found at:  
<http://healthit.hhs.gov/portal/server.pt?open=512&objID=1269&>

# Future of OHIT

- Promote effective HIT adoption and meaningful EHR use 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

# Contact Information

Johanna Barraza-Cannon

Director, Division of HIT Policy

DHHS/HRSA/OHIT

5600 Fishers Lane, 7C-26

Rockville, MD 20857

Phone: 301-443-4651

Fax: 301-443-1330

[jbarraza-cannon@hrsa.gov](mailto:jbarraza-cannon@hrsa.gov)

<http://www.hrsa.gov/healthit/>