

**Health IT 2020**  
**Supporting the ARRA Stimulus**  
**Goals through Collaboration**  
**and IT Solutions**

**HIMSS View 2009**

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# Three Keys

- The ARRA a *game-changer* for the industry.
- Making available tools to providers -- like data gathering, reporting, analytics, and importantly information exchange, is a strategic way forward.
- Bring interoperability and security into practice. Training the workforce is critical to facilitate the implementation of HIT.

# High Level Overview

- Loan and grant programs driving the projects, States, HIEs, currently non-participating physicians, rural and underserved area providers and public health services.
- Meaningful use: Collect and report the data and reward the more efficient.
- Requirements and criteria to spend on health IT operations, research and education.

# HITS Alert

## Four Prescriptions for Action

1. Do not wait for RFPs; become proactive and go in front of government officials.
2. The playing field is level, it's not just for the large vendors vs. smaller companies.
3. Be at the planning table now.
4. Organize government outreach projects through collaboration, networking strategic relationships and connecting for targeted projects, tools and support.

# Health Care Landscape in Transition

- Agency managers are in action during the appointment of political officials.
- Valid attempts are ongoing by government officials to keep the momentum moving forward.
- Remarkable opportunities exist now.
- Big crisis and sense of hope in the agencies.
- As guidance, process and procedures firm up, people will engage, not a core of resistance.
- You can get meetings with government officials, they are willing to listen, in an active mode, to help shape programs and projects.

# Health Care Landscape in Transition

- Policy is malleable and is implementation.
- Work with career government officials who will be working with the political appointees.
- Federal, State and local governments and health care governmental organizations will assign Senior Health Advisors to coordinate strategic plans, policies and projects.
- Some top people: Bob Berenson, M.D. of CMS; Don Berwick, M.D. of Quality Initiative; Glen Heckbart – Federal; Dennis Cortiz of Mayo; Chuck Friedman of ONC; Jodi Daniels of ONC; Janet Marchibroda of IBM; Thersea Cullen of IHS; Laura Miller of AHIC-Successor; John Halamka of HITSP; John Tics of Harvard Partners; Mark Overhage of Indian HIE.
- Some Key States: West Virginia, Virginia, North Carolina, Tennessee, Kentucky, New York, Massachusetts, Indiana, Oklahoma, Texas, Arizona, Florida, South Carolina, Louisiana, Hawaii, Washington, Wisconsin, Michigan, Connecticut, Maine, Rhode Island, California.

# Medicaid is Pivotal

- Current top official, Jackie Gardner
- David Hunt, was with ONC.
- HHS Secretary has less expertise than her staff and deputies are going to be critical
- Medicaid Information Technology Architecture (MITA) is driving the design, development and implementation of projects across the States in the public health sector.

# Strategic Action for Collaboration and Project Awards

- Participate in high-potential procurements leveraging existing capabilities and strengths.
- Marketing research through RFIs from Federal agencies, DOD, TACTC, VA, HRSA, HIS, CDC Public Health Informatics, CMS, NIST, NSF, SSA.
- Within one month of RFIs, RFP released with one month to respond and go into award process.



# Summary

## Health IT 2020 Moving Forward to the Build Out of NHIN

- Must be capable of exchanging data.
- ePrescribing standards are out and good examples of how data gathering, reporting and analytics will be done.
- Stimulus money will catalyze State incentives/disincentives.

# The Public-Private Sector Role in Promoting Health IT

What can we do – to break through the barriers (financial, technical and logistic) to win project collaboration, partnerships and support health IT adoption *better, faster and cheaper?*

1. **Stimulate adoption of EHRs** with support in the form of Medicare and Medicaid incentives (extra payment for adopters) or grants and loans made directly by the Federal government or channeled through State or community level organizations.
2. **Stimulate interoperability** by making sure all certified records, data reporting tools and analytics have the capacity to exchange information.
3. **Strategically leverage incentives to use EHRs** to improve quality and efficiency by:
  - (a) producing user-friendly systems that have the ability to improve provider performance;
  - (b) facilitate technical assistance, education and hand-holding for providers who won't know how, or be motivated, to use EHRs; and
  - (c) Stimulate technical progress by spreading best practices (i.e., health information exchange) and measure the benefits and risks.

# The Curtin Rises

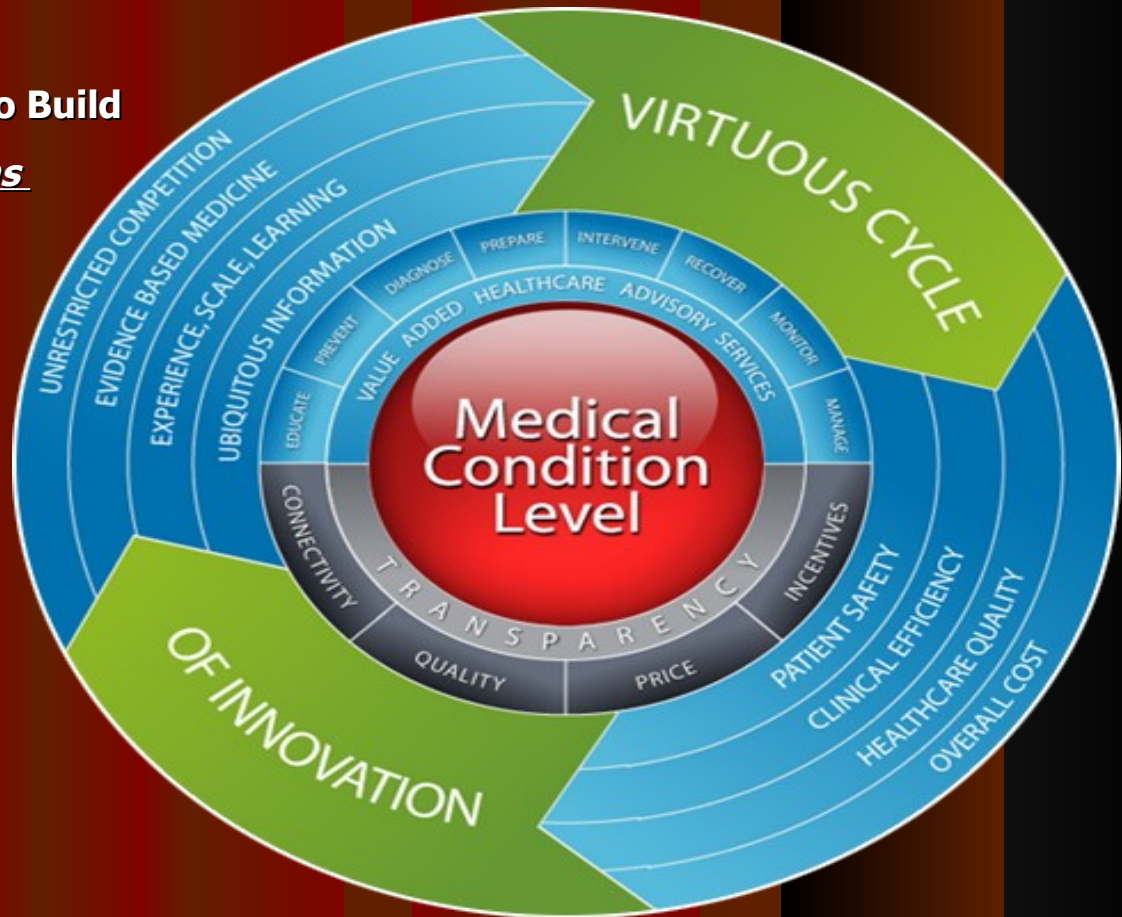
David Blumenthal, M.D., M.P.H:

*"Unless the systems providers buy or have all the necessary capabilities, and unless clinicians are motivated and able to use them, a nationwide effort to promote HIT could be doomed."*

*"It is one thing to get a computerized workstation onto a doctor's desk, but it is quite another to ensure that the computing capability and software make the providers smarter, more efficient, higher-quality clinicians."*

# Three-I's Pin-Point Transformation Well-Care and Growth by Value-Added Business

- ✿ Infrastructure: **Collaboration** to Build
- ✿ Information: **Open Solutions**  
to Share Apps and Tools
- ✿ Incentives: **Innovation** to Win  
in Unrestricted Competition  
2020 & beyond



Click to Watch: The Order of Health Care Reform

[http://www.youtube.com/watch?v=9KpCfZn\\_7MU&feature=related&pos=0](http://www.youtube.com/watch?v=9KpCfZn_7MU&feature=related&pos=0)

*Thank you !*

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