

# Accessing Federal Health Information Technology Stimulus Funds

Health care is poised for unprecedented reform over the next several years and health information technology (HIT) undoubtedly will be a critical tool in achieving reform goals. Earlier this year, the Obama Administration put forward and Congress adopted sweeping proposals for funding and implementing HIT as part of the American Recovery and Reinvestment Act (ARRA), which will have a significant impact on the way health information is handled and used by providers. This issue of *Health Care News In-Depth* details activity both at the Federal and State levels that will determine the criteria for receiving ARRA funding.

## Federal HIT Activity

In February of this year, Congress passed the ARRA, which included a significant focus on funding HIT and planning for a nationwide HIT infrastructure. The legislation established \$17 billion in Medicare and Medicaid incentive payments for health care providers determined to be “meaningful users” of HIT. In addition, ARRA determined that providers not considered meaningful users of HIT would incur Medicare payment penalties beginning in 2015. In order to establish the criteria for eligibil-

ity for these incentive funds, the ARRA also created a leadership structure that would assist regional HIT efforts and, ultimately, build the framework for an interoperable nationwide health information network—one in which providers could access and exchange health information in a timely and secure manner. The legislation codified the Office of the National Coordinator for HIT (ONC), now led by David Blumenthal, M.D., and established an HIT Policy Committee and an HIT Standards Committee to advise the ONC on implementing the ARRA

provisions. Over the past few months, both committees have been formed, convened, and have begun to put forward recommendations on key requirements for providers to become eligible for the ARRA’s incentive funds and to avoid future penalties.

Most notably, the HIT Policy Committee last month released and subsequently approved a set of criteria defining meaningful use (see Box 1). The adopted definition has been sent to Dr. Blumenthal for consider-

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Box 1

### KEY COMPONENTS OF THE PROPOSED MEANINGFUL USE CRITERIA

Requirements for 2011: Capture and Share Data	Requirements for 2013: Advanced Clinical Processes Using Decision Support Tools	Requirements for 2015: Using HIT for Improved Health Outcomes
<ul style="list-style-type: none"> <li>■ Use of computerized provider order entry (CPOE) for 10% of all inpatient orders</li> <li>■ Capture of patient-specific clinical and administrative information</li> <li>■ Reporting of quality measures and other data to the CMS/other agencies</li> <li>■ Patient access to health information</li> <li>■ Medication reconciliation</li> <li>■ Ability to exchange electronic health information with other providers</li> </ul>	<ul style="list-style-type: none"> <li>■ Use of CPOE for all orders</li> <li>■ Use of evidence-based order sets</li> <li>■ Provide access to personal health records (PHRs) including remote monitoring; secure messaging</li> </ul>	<ul style="list-style-type: none"> <li>■ Achieve minimal performance thresholds</li> <li>■ Provide real-time population of PHRs</li> <li>■ Use of clinical dashboards</li> <li>■ Real-time bio-surveillance</li> <li>■ Participation in a federally recognized HIE</li> </ul>

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ation. Once approved by Dr. Blumenthal, the definition will move to the Centers for Medicare & Medicaid Services (CMS) for implementation. CMS is expected to release a proposed rule on the definition in December 2009. In response to the Federal policy proposals, including the criteria and timing for meaningful use, GNYHA provided written comments and also met with Dr. Blumenthal and CMS officials to ensure

an HIT Strategy for New York State, which includes the development of the Statewide Health Information Network for New York (SHIN-NY) for providers to share information services and data. The New York eHealth Collaborative (NyeC) is charged with implementing this strategy by engaging key stakeholders and developing HIT and health information exchange (HIE) policies and standards. Once fully devel-

of greater than \$10M will remain subject to full review. Applicants will be required to address technical, organizational, clinical and quality requirements, as detailed in Box 2. GNYHA continues to work with DOH on streamlining the CON process and ensuring that any new process does not create delays in HIT implementation.

## *Medicaid and Meaningful Use*

Since hospitals will be eligible for both Medicare and Medicaid incentive dollars through the ARRA, state Medicaid programs will have some flexibility in interpreting Federal meaningful use criteria. In its discussions with NYS to date, GNYHA has encouraged an interpretation that does not differ from the Federal requirements or create additional burdens for hospitals. The Office of Health Insurance Programs has indicated its intent to align its eligibility criteria so that NYS providers receive the maximum possible funds.

## **GNYHA's HIT Activities**

In response to the recent policy proposals and potential funding for hospitals implementing HIT, GNYHA has developed a strategic partnership with other key stakeholders in the State including NYeC, DOH, the United Hospital Fund, and the Healthcare Association of New York State (HANYS). In addition, GNYHA is working with the Center for Health Workforce Studies and HANYS on a statewide HIT adoption survey to assess hospital adoption progress and needs. GNYHA has also convened an HIT Steering Committee of hospital members to address advocacy issues and develop a plan to provide members with practical implementation support. In the fall, GNYHA will begin to host programs and provide opportunities for collaboration on topics such as system selection, vendor and consultant contracting, workforce training, and compliance with reporting requirements, among others. ■

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*For additional information on Federal and State requirements and participating in GNYHA's HIT activities, contact Zeynep Sumer.*

<b>Box 2</b>
<b>NEW YORK STATE DEPARTMENT OF HEALTH PROPOSAL* FOR CERTIFICATE OF NEED APPLICATIONS WITH AN HIT COMPONENT</b>
<b>Technical</b>
<ul style="list-style-type: none"><li>■ Architectural design and implementation plan for connecting to the SHIN-NY, ensuring interoperability</li><li>■ Plan for granting providers electronic access to clinical data gathered via inpatient systems</li></ul>
<b>Organizational</b>
<ul style="list-style-type: none"><li>■ Governance plan, including participation in a Regional Health Information Organization (RHIO) (RHIO must also certify collaboration)</li><li>■ Compliance with the Statewide Policy Guidance</li></ul>
<b>Clinical/Quality</b>
<ul style="list-style-type: none"><li>■ HIT adoption and support plan</li><li>■ Quality measurement and reporting plan</li></ul>
<small>*Based on DOH presentation to the State Hospital Review and Planning Council (SHRPC) on August 6, 2009.</small>

that adopted policies remain flexible and practical while retaining the intent of the ARRA legislation.

## **State HIT Activity**

### *Health Information Exchange*

In 2007, New York State established, within the Department of Health (DOH), the Office of Health Information Technology Transformation (OHITT). OHITT's primary responsibility is to advance the State's HIT infrastructure as a key component of other State health reform initiatives. So far, a total of \$400 million, including \$160 million in funding through the Health Care Efficiency and Affordability Law for New Yorkers (HEAL NY) has been invested statewide. An additional \$60 million will be awarded later this year through the HEAL NY program for projects that demonstrate the effective use of HIT to coordinate care for chronically ill patients through a Patient Centered Medical Home model. Long before the ARRA, OHITT established

oped, SHIN-NY will connect regional HIE initiatives and providers to patient information and holds great potential for improved coordination of care and outcomes. Moreover, in order for hospitals to qualify for Federal incentive dollars, they must engage in health information exchange activities, which is also a requirement for the NYS Certificate of Need (CON) process for HIT projects. Therefore, GNYHA strongly urges hospitals to consider participating in SHIN-NY development activities whether through an existing HIE initiative or other means.

### *NYS CON Process for HIT Projects*

At the August 6, State Hospital Review and Planning Council (SHRPC) meeting, DOH outlined its approach for CON applications for HIT projects. Projects with a total cost of \$10M or less will be treated as "non-clinical" under new non-clinical project regulations, and will be subject to a limited review process. Projects with a total project cost