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**e-Health Policy**  
*Transforming Policy into Practice*



# **“American Recovery and Reinvestment Act of 2009 Overview”**

**Thursday, April 29<sup>th</sup>  
Internet2 Healthcare Conference  
Crystal City, Virginia**

**Neal Neuberger, Executive Director**



## **The Mood in Washington, D.C. - 2009**

- **It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair, we had everything before us, we had nothing before us, we were all going direct to heaven, we were all going direct the other way - in short, the period was so far like the present period, that some of its noisiest authorities insisted on its being received, for good or for evil, in the superlative degree of comparison only.**

**Charles Dickens, *A Tale of Two Cities***



# Telemedicine

**Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve patients' health status. Closely associated with telemedicine is the term "telehealth," which is often used to encompass a broader definition of remote healthcare that does not always involve clinical services.**

**Videoconferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education and nursing call centers are all considered part of telemedicine and telehealth.**

**American Telemedicine Association**



# Electronic Health Record

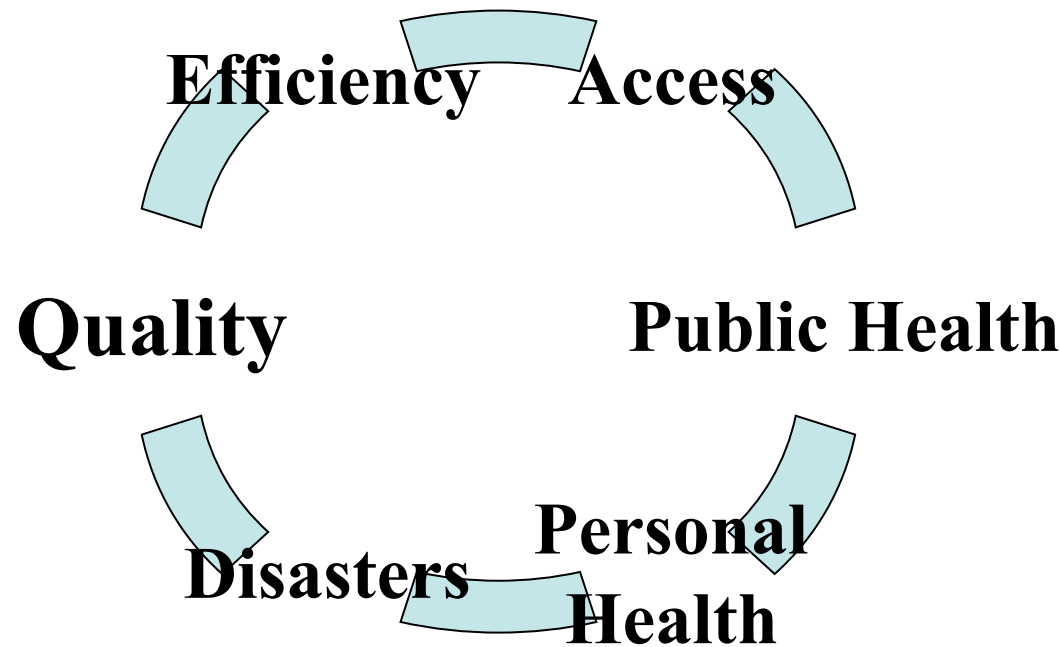
**The Electronic Health Record (EHR) is a secure, real-time, point-of-care, patient centric information resource for clinicians. The EHR aids clinicians' decision making by providing access to patient health record information where and when they need it and by incorporating evidence-based decision support.**

**The EHR automates and streamlines the clinician's workflow, closing loops in communication and response that result in delays or gaps in care. The EHR also supports the collection of data for uses other than direct clinical care, such as billing, quality management, outcomes reporting, resource planning, and public health disease surveillance and reporting.**

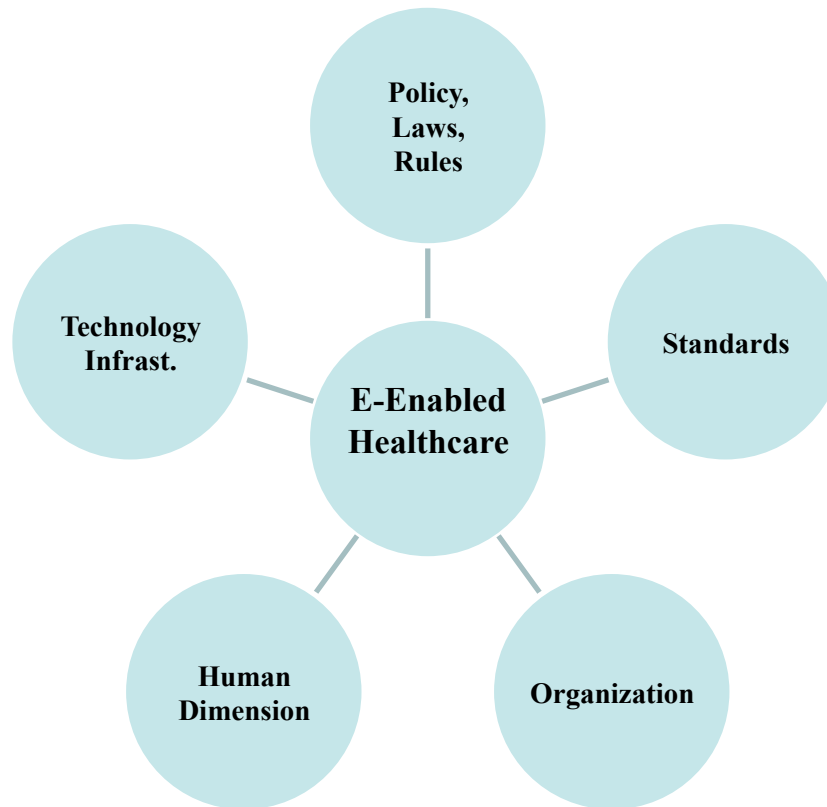
**Healthcare Information Management and Systems Society**



# What Is Driving All The Activity Healthcare Reform Meets HIT



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## Numerous Players

- **Federal Government**
  - Congress
  - Agencies (DHHS, DoC, Ag, DoD, VA, IHS, NASA)
  - Federal Jt. Working Group on Telehealth
- **States**
  - Statewide Initiatives (Governors, Legislatures, Regional Networks)
  - 100 plus bills specific to HIT
  - NGA State Alliance
- **Private Sector**
  - Coalitions / Consortia / Organizations (ATA, HIMSS, eHI, AHIMA, AMIA, NAHIT, Health IT Now !Coalition)
  - Capitol Hill Steering Committee on Telehealth and Healthcare Informatics )
  - Standards Groups, CCHIT, HITSP, Promina, Continua
  - Foundations (Markle, RWJ, Commonwealth, eHI Fndt)



## **Major Policy Issues**

### **Reimbursement & Capital Costs**

**Aligning Financial Incentives – ARRA**

**Driving Cost-Effectiveness (i.e. Chronic Care & Disease Mgmt)**

**Start-up Costs; Capital Investment & Sustainability**

**Federal Investments (DoD; VHA; IHS; DHHS)**

### **Standards (Clinical & Communications)**

**Quality & Safety**

### **Infrastructure Issues**

**Network Infrastructure / Broadband Access / Interoperability (FCC;  
DoC; RUS)**

### **Human Dimension Issues**

**-Arrangements to Practice in an e-enabled Environment**

**- Practitioner and Patient Acceptance**

**- Licensure, Accreditation, Certification**

**- Legal (Stark Law, Liability, FDA, HIPAA & Ongoing Security  
Concerns)**

**- Training an HIT Workforce (NSF; BHP)**





## **Put Positively**

***“There are no problems.....just  
insurmountable opportunities”***

***– Pogo !***



# **Economic Stimulus and “Cyber Ready” HIT Efforts \$787 Billion**

- **Jobs Creation**
- **Infrastructure Build out**
- **Community Economic Development**
- **Public-Private Partnerships**
- **Quick Spending Toward Long Term Investment**
- **Supporting Broader Healthcare Reforms - Access, Efficiency, Quality**



## **American Recovery and Reinvestment Act Health Information Technology Related Provisions**

### **HIT Incentives Over 10 Years (Medicare & Medicaid)**

<b>Budget Authority</b>	<b>\$ 36.3 B</b>
<b>Projected Savings</b>	<b>\$ 15.5 B</b>
<b>Net Budget Authority</b>	<b>\$ 20.8 B</b>

<b>National Coordinator for HIT</b>	<b>\$ 2.0 B</b>
<b>Includes Grants to states</b>	<b>\$ 300 M</b>
<b>Includes Transfer to NIST</b>	<b>\$ 20 M</b>



## **American Recovery and Reinvestment Act Health Information Technology Related Provisions**

<b>HRSA Programs and Services</b>	<b>\$ 2.5 B</b>
(Grants to CHCs)	<b>\$ .5 B)</b>
(CHC Infrastructure & HIT)	<b>\$ 1.5 B)</b>
(Hlth Professions Shortages)	<b>\$ .5 B)</b>
<b>AHRQ Comparative Effect Research</b>	<b>\$ 1.1 B</b>
(Transfer to NIH)	<b>\$ 400 M)</b>
(Use by DHHS Secretary)	<b>\$ 400 M)</b>
(Use by AHRQ)	<b>\$ 300</b>

**M)**



## **American Recovery and Reinvestment Act Health Information Technology Related Provisions**

<b>Indian Health Service (Telemedicine)</b>	<b>\$ 85 M</b>
<b>Veterans Health Admin. (IT)</b>	<b>\$ 50 M</b>
<b>NTIA / DoC (Broadband TOP)</b>	<b>\$ 4.7 B</b>
<b>RUS / DoA (Medical Links et al)</b>	<b>\$ 2.5 B</b>
<b>ETA / DoL (Worker Training)</b>	<b>\$ 4.4 B</b>
<b>NIST / DoC (Standards)</b>	<b>\$ 220 M</b>
<b>(Plus \$20 M from DHHS)</b>	
<b>Social Security Admin. (IT)</b>	<b>\$ 500 M</b>



## **American Recovery and Reinvestment Act Health Information Technology Related Provisions Broadband**

- **FCC released Notice of Inquiry- April 8<sup>th</sup>**  
**Plan for development of national high-speed broadband system.**  
**Comments due by July 7th.**
- **NTIA held public meetings in March. Topics included:**  
**Leveraging other ARRA funds for broadband,**  
**Role of States,**  
**Selection criteria.**
- **Main funding will be grants from NTIA and USDA**



## **American Recovery and Reinvestment Act Health Information Technology Related Provisions**

### **Incentives through Medicare**

- Eligible professionals (physicians) and hospitals for the “meaningful use” of certified EHR technology
- Incentives offered 2011- 2015 for physicians and physicians will see a reduction in their Medicare reimbursements in 2015 if they are not meaningful users of certified EHR technology
- Incentives offered FY11-FY15 for hospitals and hospitals will see a reduction in their Medicare reimbursements in FY15 if they are not meaningful users of certified EHR technology

### **Incentives through Medicaid**

- Eligible providers must demonstrate a “meaningful use” of certified EHR technology
- Incentive payments offered 2011 - 2015



## **American Recovery and Reinvestment Act Health Information Technology Related Provisions Grants and Loans**

### **Program to Facilitate and Expand the Electronic Movement and Use of Health IT**

- Grants to states and qualified state-designated entities
- Beginning in FY11
  
- Loans to Providers**
- Competitive grants to States and Indian Tribes for establishment of programs for loans to healthcare providers
- Beginning no earlier than January 1, 2010





## **American Recovery and Reinvestment Act Health Information Technology Related Provisions**

- **Office of the National Coordinator (\$2 billion)**
- **HIT Policy Committee**
- **HIT Standards Committee**
- **National eHealth Collaborative**

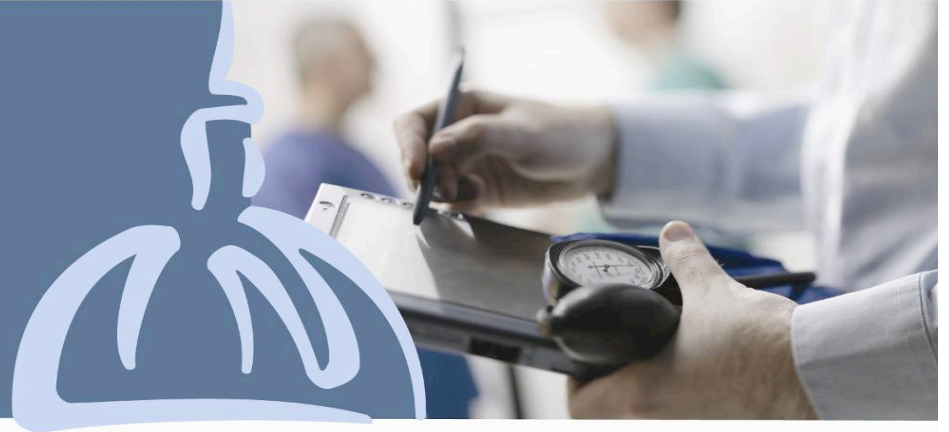


## **American Recovery and Reinvestment Act Health Information Technology Related Provisions**

### **Research and Development**

**- Establishment of Multidisciplinary Centers for  
Health Care Information Enterprise Integration**

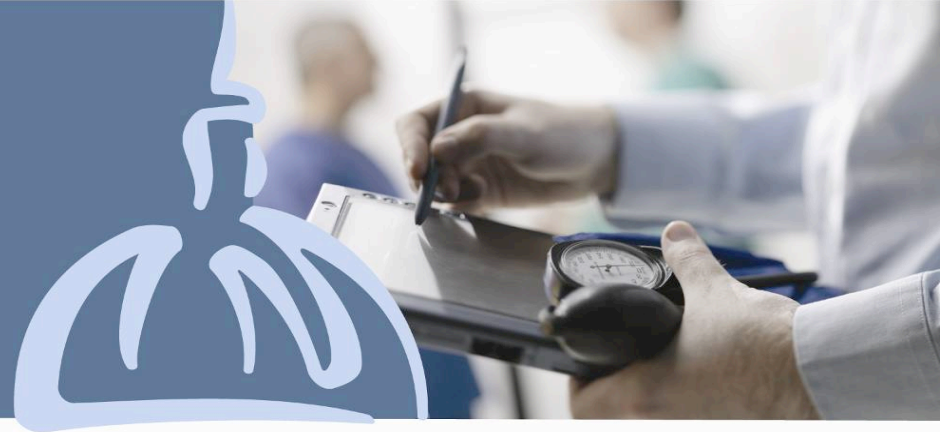
**-The Centers shall generate innovative  
approaches to healthcare information enterprise  
integration and the development of health IT and  
other complementary fields**



## **American Recovery and Reinvestment Act Health Information Technology Related Provisions**

### **Education and Outreach**

- Health Information Technology Extension Program**
- Integration of Certified EHR Technology**
- Medical Health Informatics Education Programs**



## **American Recovery and Reinvestment Act Health Information Technology Related Provisions**

### **Additional Items**

- Development and Routine Updating of a Qualified EHR Technology**
- Study Concerning Open Source Technology**



## **American Recovery and Reinvestment Act Health Information Technology Related Provisions**

### **Privacy and Security**

- Security Breach Notification**
- New HIPAA Business Associates**
- Accounting of Disclosures**
- Sale/Marketing of Protected Health Information**
- Access**
- Enforcement**



## **American Recovery and Reinvestment Act Health Information Technology Related Provisions *Rural and Underserved Provisions***

- **ONCHIT – required to assess use of HIT in reducing disparities as part of duties.**
- **Required Studies on impact of HIT on communities with health disparities and uninsured, underinsured, and medically underserved communities.**
- **Secretary’s report on matters related to aging services technology assistance.**
- **Grant funding to be consistent with HHS policies on inclusion of women and minorities in research.**
- **HIT Research Centers to prioritize assistance to non-profits, CAHs, rural, small practices, and orgs that serve un and underserved.**



## **Next Steps**

- 1) Implementing ARRA - All Hands on Deck**
- 2) Focusing Efforts on Rural and Underserved Communities**
- 3) The Role of HIT in Healthcare Reform – Access, Efficiency, Quality**

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