

American Recovery and Reinvestment Act

Health Information Technology for Clinical and Economic Health (HITECH)

Stimulus Oversight Commission
September 10, 2009



pennsylvania
HEALTH INFORMATION EXCHANGE

HITECH Overview

- HITECH) section of ARRA marks \$19.2 billion for health information technology across the US.
 - \$ Health Information Technology for Economic and Clinical Health (17.2 billion for EHR adoption through Medicare and Medicaid)
 - \$2 billion for Office of National Coordinator
 - Standards definition
 - Health Information Exchange
 - Grants and Loans
- HITECH is targeted at capturing and sharing health care information. Interoperability and health information exchange are key components.

Electronic Health Record Funding

- Available to providers that demonstrate “meaningful use” of a certified “qualified” electronic health record by 2011.
- Maximum payment through Medicare of \$44,000 over five years
- Maximum payment through Medicaid – based on 85% of net allowable costs – TBD by ONC
- “Meaningful use” has yet to be exactly defined but legislation indicates it must include patient demographic and clinical health information, and has the capacity to: provide clinical decision support to assist physician order entry; capture and query information relevant to health care quality; and exchange electronic health information with, and integrate information from, other sources.
- Payments are made directly to providers by Medicare and Medicaid.

Recent Guidance

- Health Information Technology Extension Program: Regional Centers Cooperative Agreement Program
- State Health Information Exchange Cooperative Agreement Program

Regional Extension Centers

- Must be non-profit - states cannot apply
- Created to offer technical assistance, guidance and information on best practices to support and accelerate health care providers' efforts to become meaningful users of Electronic Health Records (EHRs)
- Quality Insights of Pennsylvania will lead collaborative effort

Health Information Exchange

- Performance-based funding
- Formula based – each state receives \$4M base
 - PCP Population (40%)
 - Short-Term Acute Care Hospital (30%)
 - Medically Underserved and Rural Providers (25%)
 - State Population (5%)
 - Needs-based Adjustment – allocate 10% of total funds and distributed based on historical investment

Application Process

- Letter of Intent - September 11, 2009
- Application - October 16, 2009
- Award Announcement – December 15, 2009
- Anticipated Start Date – January 15, 2010

Next Steps

- Submit Letter of Intent
- Coordinate with Commonwealth agencies to finalize and submit application
- Create strategic and operational plans consistent with ONC guidance
 - Conduct regional meetings
 - Work with regional HIE entities

Questions?

Philip Magistro

Deputy Director, Program Implementation

State HIT Coordinator

Governor's Office of Health Care Reform

pmagistro@state.pa.us

717-214-8174