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Mission: to transform the health care system through information and technology to improve patient safety and health care quality, lower costs, and coordinate care.

In This Issue:

1. [Senate Passes S. 1418](#)
2. [Rep. Kennedy Praises Senate for Passing S. 1418 and Calls for House to Follow Suit](#)
3. [House Rejects FY06 HHS Appropriations Bill](#)
4. [IOM Report: Include Behavioral Health Community in NHIN Development](#)
5. [Reps. Smith and McMorris Introduce Medicaid Demo Bill](#)
6. [Caucus Sponsors Briefing on Privacy and Health IT](#)
7. [AMA To Establish Guidelines on Control of EHR Data](#)
8. [Site Visits Available to See Health IT in Action](#)
9. [HHS Moves to Hasten Gulf Coast Use of E-health Records](#)
10. [Nebraska Aims To Have First Statewide Health Information Exchange](#)
11. [IHI Promising Practice of the Month: Reducing Heart Attack Mortality](#)

Senate Passes S. 1418

At 1 a.m. on November 18, the U.S. Senate passed S. 1418, the Wired for Health Care Quality Act of 2005, aimed at boosting the use of healthcare information technology. The legislation includes provisions of a bill ([S 1355](#)) co-sponsored by Health, Education, Labor and Pensions Chairman Michael Enzi (R-WY) and ranking member Edward Kennedy (D-MA) and a second bill ([S 1262](#)) co-sponsored by Majority Leader Bill Frist (R-TN), and Senator Hillary Rodham Clinton (D-NY). The bill directs the Department of Health and Human Services (HHS) to recommend uniform technology standards for the federal government to adopt.

The legislation also establishes grants to hospitals and other providers for technology use, to regional entities for the development of health information networks, to states for the creation of revolving loan funds to support IT adoption by providers, and to educational centers to train healthcare professionals to use technology.

Specific funding authorized by the legislation includes:

	<u>FY06</u>	<u>FY07</u>
Office of the National Coordinator	\$5M	\$5M
American Health Information Collaboration	\$4M	\$4M

Grants	\$116M	\$141M
Demos to Integrate IT into clinical education	---	\$5M
TOTAL	\$125M	\$155M

The Senate sponsors added some privacy provisions, a GAO report about privacy and security, and promised a spring hearing on funding mechanisms for health IT adoption. These changes and a [colloquy on the floor of the Senate](#) convinced Senators Debbie Stabenow (D-MI) and Olympia Snowe (R-ME) to support the bill, clearing its way for passage.

Rep. Kennedy Praises Senate for Passing S. 1418 and Calls for House to Follow Suit

Congressman Patrick J. Kennedy (D-RI) congratulated the U.S. Senate on unanimously passing the "Wired for Health Care Quality Act" (S.1418) which is aimed at bringing information technology to health care and [called for swift passage of similar legislation in the House](#) early next year. "Senators Enzi, Kennedy, Frist, and Clinton deserve a lot of credit for their vision and perseverance," said Congressman Kennedy. "This bill demonstrates the bipartisan appeal of making our health care system safer, higher quality, and more efficient. I hope the House will take advantage of this momentum to pass a comprehensive health IT bill soon. . . I think today's victory in the Senate can represent a major step towards putting systemic solutions in place and I look forward to building on this success in the House." Kennedy has [sent a letter](#) to the Chairman and Ranking Member of the House Energy and Commerce Committee concerning health information technology calling for action. The Congressman believes that it is important for the committee to hear what needs to be in legislation from those who believe HIT is a high priority. Kennedy and Caucus Co-Chair Tim Murphy (R-PA) are authors of the ["21st Century Health Information Act"](#) (H.R. 2234).

House Rejects FY06 HHS Appropriations Bill

On November 17, the U.S. House voted 224-209 to reject a House-Senate compromise bill ([H.R. 3010](#)) to fund the Departments of Labor, Education, and HHS for fiscal year 2006. The conference report would have given HHS \$61.7 million for health IT in fiscal year 2006 for the Office of the National Coordinator for Health Information Technology. The House panel, on which Caucus Co-Chair Kennedy sits, had funded ONCHIT at \$75 million, but the Senate bill only provided \$42.5 million. A week before the vote, 21st Century Health Care Caucus Co-Chair Tim Murphy (R-PA) and Vice-Chair Anna Eshoo (D-CA) joined 13 other Members of the Caucus in urging the Chairman and Ranking Member of the Labor, Health and Human Services Appropriations Subcommittee to include the full \$75 million in funding requested by President Bush. The Caucus members' letter also urged support for \$10 million in funding for the Telehealth Initiatives of the Health Resources and Services Administration (HRSA).

Because of the vote, Congress was unable to finish its budget work before the Thanksgiving recess and another Continuing Resolution was approved to continue the federal government's operation through December 17, 2005. The future of the HHS

spending measure is uncertain; the bill may be re-written in an attempt to gain enough votes to pass, be attached to the Defense appropriations bill, or be scrapped entirely.

IOM Report: Include Behavioral Health Community in NHIN Development

The recent IOM report, [*Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series*](#), found that behavioral health care providers largely have been excluded from national health information network initiatives, and they lag behind the rest of the health care industry in IT utilization. Behavioral health care providers tend to work in small practices or community-based not-for-profit groups, which makes it difficult to organize on a national level.

The IOM report also stated that including the behavioral health community in the development of a national health information infrastructure would benefit patients, and urges the National Coordinator for Health IT and the Substance Abuse and Mental Health Services Administration to implement a plan to ensure the community's participation.

One of the problems for behavioral health care providers has been low reimbursement rates, which makes it difficult to invest in IT. For example, Medicare patients currently face a 50 percent copayment rate for outpatient services compared to the 20 percent copayment rate for all other services. To address this problem, Caucus Co-Chair Murphy has introduced H.R. 1125, the Medicare Mental Health Copayment Equity Act of 2005, to gradually phase out this discriminating copayment over 6 years. There also is disagreement regarding what kind of patient information should be shared between health care providers.

Reps. Smith and McMorris Introduce Medicaid Demo Bill

On November 15, Congressman Adam Smith (D-WA) and Congresswoman Cathy McMorris (R-WA) introduced the [“Medicaid Access Project through Information Technology \(MAP IT\)” \(H.R. 4331\)](#). The bill would authorize the Centers for Medicare and Medicaid Services (CMS) to conduct 2-year pilot projects in selected states to demonstrate the impact of health IT on chronic disease management for the Medicaid population. CMS will competitively select at least four proposals from those submitted by states, with at least one of the proposals being a regional approach featuring access to an integrated hospital information system involving at least two adjoining states. The project will allow chronic disease patients to have access to their own medical records and to a single source of information on chronic disease through personal health records (PHRs). In addition, physicians and caregivers will have access to complete, current treatment health status information for chronic disease patients, using web-based virtual case management tools.

Caucus Sponsors Briefing on Privacy and Health IT

On November 17, the House 21st Century Health Care Caucus sponsored a briefing entitled “Protecting Patient Privacy in a Digital Health Care Age.” Highly publicized

data breaches by companies like Choice Point and Lexis-Nexis, as well as discussions of pre-empting state health care privacy laws, have begun focusing attention on how to ensure that individuals' personal information is safeguarded as health care information networks are created. The briefing examined the legal and ethical values surrounding privacy and the technologies available for securing health data and included a lively discussion about how to write appropriate policies that give individuals control over who sees their data and for what purposes.

AMA To Establish Guidelines on Control of EHR Data

From iHealthBeat:

On November 21, 2005 the American Medical Association will develop guidelines on how electronic health records information and claims data by third parties are collected, stored and used. The AMA's House of Delegates voted earlier this month in favor of new policies.

The AMA plans to advocate physician-ownership of the data. Dr. William Hazel, a member of the AMA's Board of Trustees, said "there is a tremendous economic value to the cumulative data in terms of analyzing patterns," and without physician ownership of the data, third-party vendors could obtain the profits. The AMA also will investigate the idea of a physician-run EHR repository.

The AMA already has guidelines on core data content standards, confidentiality, integrity and security of electronic patient information, on-site storage of medical record information and electronic claims transaction requirements.

Site Visits Available to See Health IT in Action

HIMSS, a membership organization that promotes health IT, is offering to arrange site visits to see health IT at work in the home states of Caucus members and other Members of Congress. As an example, HIMSS has arranged for health aides to U.S. Senator Barack Obama (D-IL) to visit Northwestern Memorial Hospital, an award-winning facility. They will see a demonstration of HIT, tour an inpatient room, and see laboratory automation including Robotic Bar Coded Specimen Processing. If you would like for HIMSS to arrange for a staff delegation trip in your home state, please contact Tom Keefe, HIMSS Director of State Government Relations, at tkeefe@himss.org.

HHS Moves to Hasten Gulf Coast Use of E-health Records

The Department of Health and Human Services Department has entered into two [agreements](#) that aim to accelerate the use of electronic health records for the Gulf Coast areas that were affected by recent hurricanes. Under the first agreement, the Southern Governors' Association will host a health information task force that will coordinate the planning for efforts to recover digital health records. The second agreement is with the Louisiana Health and Hospitals Department, which will develop a prototype of a network to support e-health records that can be replicated throughout the region. These efforts

were among the recommendations made by Caucus co-chair Patrick Kennedy in an [op-ed](#) last month.

Nebraska Aims To Have First Statewide Health Information Exchange

from IhealthBeat:

The [Nebraska Health Information Initiative](#) - a coalition of health care providers, payers and consumers - later this month will release a plan for a health information exchange that could be the first in the country to operate throughout a whole state. Coalition leaders in October said they expect major state employers - including the state government and hospitals - to finance development of the not-for-profit exchange if the benefits clearly are defined for them. The NeHII likely will begin with e-prescribing and transmission of laboratory test results and radiology images, according to Steve Martin, president and CEO of BlueCross BlueShield of Nebraska.

IHI Promising Practice of the Month: Reducing Heart Attack Mortality

The good news for heart attack patients today is that a series of steps, enacted quickly, can save lives. IHI's 100,000 Lives Campaign has made reliable care for Acute Myocardial Infarction (AMI) one of its six critical interventions. The key for frontline providers is following evidence-based guidelines and never missing a beat. Read about how the best hospitals are performing:

<http://www.ihl.org/IHI/Topics/Reliability/ReliabilityGeneral/ImprovementStories/WhenEveryMinuteCountsImprovingHeartAttackCare.htm>

The House 21st Century Health Care Caucus thanks the following organizations for their contributions to this newsletter:

HIMSS (Healthcare Information and Management Systems Society) is the healthcare industry's membership organization exclusively focused on providing leadership for the optimal use of healthcare information technology and management systems for the betterment of human health. HIMSS frames and leads healthcare public policy and industry practices through its advocacy, educational and professional development initiatives designed to promote information and management systems' contributions to ensuring quality patient care. On the web at www.himss.org. (Items 1-3, 5, 8-10)

The Institute for Healthcare Improvement (IHI) is a not-for-profit organization leading the improvement of health care throughout the world. Founded in 1991 and based in Boston, MA, IHI is a catalyst for change, cultivating innovative concepts for improving patient care and implementing programs for putting those ideas into action. Thousands of health care providers participate in IHI's groundbreaking work. To find out more, go to www.ihl.org. (Item 11)