



Summary of HHS Recovery Operational Plan

May 2009

Background

With \$167 billion dollars in American Recovery and Reinvestment Act Funding available for the Department of Health and Human Services, the ARRA legislation requires all federal agencies take responsible for managing ARRA . The Department of Health and Human Services Operational Plan for the ARRA funds was released on May 16th, prior to the 90-day deadline specified for many of its agencies. The Operational Plan states:

- The amount of and expected availability date of health information technology funding
- The department of jurisdiction's timeline for delivering completed projects
- Measurables for tracking success

The Recovery Plan implementation effort will be headed up by the Office of Recovery Act Coordination, headed by Deputy Assistant Secretary for Recovery Act Coordination Dennis Williams. HHS has made transparency a priority, and the office is posting updates to these efforts on www.hhs.gov/recovery . HHS was required by ARRA to submit the implementation plan within 90 days of the passage of the ARRA legislation before funding would be released. HIMSS members can benefit from several HHS-ARRA programs, including:

- Office of the National Coordinator for Health Information Technology Implementation Plan
- Medicare and Medicaid Payment Incentives for Meaningful Use of an Electronic Health Record
- HRSA Community Health Center Capital Improvements
- Indian Health Service Health IT Implementation
- HHS Comparative Effectiveness Research through AHRQ and NIH
- CDC National Healthcare Safety Network
- HHS Information Technology Security

Of particular note to HIMSS members, the Office of the National Coordinator for Health IT was required to submit its Operating Plan for spending the \$2B appropriated funds prior to allocating any of its funds to projects. We understand the funding description in the operational plan is consistent with the goals of the strategic plan that the Office of the National Coordinator released in June 2008 , which will be the baseline for future ONC Strategic Plans and Operational Plans.

ONC is required to update the Operational Plan on November 1st of each year between 2009-2014.



Office of the National Coordinator for Health Information Technology (ONC)
Operational Plan

ONC Funding

- Privacy and Security – \$24.3 million
- NIST – \$20 million
- Regional HIT Exchange – \$300 million
- Unspecified – \$1.65 billion
- Total, HIT - \$2 billion

ONC Objectives

To improve the health of Americans and the performance of the nation's health system through an unprecedented investment in health information technology (HIT) by:

- Informing Health Care Professionals: Provide critical information to health care professionals to improve the quality of care delivery, reduce errors, and decrease costs.
- Improving Population Health: Simplify collection, aggregation, and analysis of anonymized health information for use to improve public health and safety.

ONC Achievement Metrics

- Increase physician adoption of EHRs
 - Increase the percentage of small practices with EHRs
 - Percent of physician offices adopting ambulatory EHRs in the past 12 months that meet certification criteria
- * Current performance measures for the Office for Civil Rights privacy measures:
- Percentage of privacy cases resolved per privacy case received
 - Percentage of privacy complaints that require formal investigation, resolved within 365 days
 - Percentage of privacy complaints that do not require formal investigation, resolved within 180 days

Centers for Medicare and Medicaid Services (CMS)

Medicare and Medicaid Health IT Adoption Incentive Payments

CMS Funding:

- Medicare Incentives – \$23.1 billion (available in FY11)
- Medicaid Incentives – \$21.6 billion (available in FY11)
- State Medicaid Administration – \$1.05 billion
- Medicare Administrative Costs – \$745.0 million
- Medicaid Administrative Costs – \$300 million
- **Total, Mandatory Recovery Act HIT Funds = \$46.8 billion**

CMS Objectives

- Promote and provide incentives for the adoption of certified electronic health records (EHRs)
- Have eligible providers (EPs) and hospitals become meaningful users of certified EHR
- Meaningful user:
 - Meaningful use of EHR technology
 - Information exchange
 - Reporting on measure using EHR

CMS Delivery Schedule

- 2009 Milestones:
 - Coordinate with ONC to develop policies such as the definition of meaningful use
 - Develop proposed rules to allow public input to the incentive program policies
 - Plan system and other requirements needed to support the incentives program
 - Plan national outreach program
- 2010 Milestones:
 - Conduct outreach to eligible professionals and providers and to State Medicaid Agencies
 - Develop systems to support the payment of incentives
 - Develop final rules to establish policies needed to pay incentives
 - Develop systems to monitor and evaluate incentive payments
- No Sooner than October 2010:
 - Start to pay hospital incentives for Medicare and monitor payments

- No sooner than January 2011
 - Start to pay eligible professionals for Medicare and monitor payments
 - Begin and monitor Medicaid incentive payments to eligible professionals and hospitals
- 2011 – 2016:
 - Continue paying hospital incentives for Medicare and monitor payments
 - Continue paying eligible professionals incentives for Medicare and monitor payments
- 2011 – 2021:
 - Continue paying Medicaid incentives to eligible professionals and hospitals and monitor payments
- 2015 and thereafter:
 - Initiate payment reduction to Medicare hospitals and eligible professionals that fail to adopt EHR

CMS Achievement Metrics

- Initial outcome measure will be developed by December 1, 2009
- The measures below will be reported quarterly on www.recovery.gov
 - Meaningful use of certified EHRs by Eligible Professionals (Medicare) - # of EPs qualifying as meaningful users under the Medicare incentives program
 - Meaningful use of certified EHRs by Eligible Professionals (Medicaid) - # of EPs qualifying as meaningful users under the Medicaid incentives program
 - Meaningful use of certified EHRs by hospitals (Medicare) - # of hospitals qualifying as meaningful users under the Medicare incentives program
 - Meaningful use of certified EHRs by hospitals (Medicaid) - # of hospitals qualifying as meaningful users under the Medicaid incentives program

Health Resources and Services Administration (HRSA)

Community Health Centers Construction, Renovation, Equipment, and Health IT

Types of Available Grant Money:

- Capital Improvement Grants- \$850 million (for use on capital improvements, including EHR adoption) * WILL BE SPENT IN FY09

- Health Information Technology Systems/Networks Grants- \$125 million *WILL BE SPENT IN FY09
- Facility Investment Grants- \$512.5 million * WILL BE SPENT IN FY10
- TOTAL: \$1.5 billion

HRSA Objectives:

- preserve and create jobs
- promote economic recovery
- all capital funding opportunities will support health center efforts to modernize facilities and systems, and in turn improve access to quality, comprehensive, culturally competent and affordable primary and preventive health care for medically underserved populations.

HRSA Delivery Schedule:

- Capital Improvement Program Awards
 - Guidance Released: May 1, 2009
 - Application Phase: May 1 – June 2, 2009
 - Award Date: July 1, 2009
 - Project Period: July 1, 2009 – June 30, 2011
 - First Quarterly Report: October 1, 2009
- HIT Systems/Networks Awards:
 - Guidance Released: FY 2009
 - Application Phase: FY 2009
 - Review Phase: FY 2009
 - Award Date: FY 2009
 - Project Period: FY 2009 – FY 2010
 - First Quarterly Report: October 1, 2009
- Facility Investment Awards
 - Guidance Released: FY 2009
 - Application Phase: FY 2009
 - Review Phase: FY 2010
 - Award Date: FY 2010
 - Project Period: FY 2010 – FY 2011
 - First Quarterly Report: January 1, 2010

HRSA Achievement Metrics

HRSA will issue Quarterly reports on www.recovery.gov indicating the number of community health centers that have either adopted a certified Electronic Health Record, or have upgraded/expanded a current certified Electronic Health Record

Indian Health Service (IHS) Implementation Plan for Health IT Adoption

IHS Funding:

- Certified Electronic Health Record Adoption
 - \$61.7 million (34.8 in FY09 and 26.9 in FY10)
 - CPOE
 - Clinical Decision Support
 - Quality Reporting
 - Health Information Exchange
 - Certification
 - Deployment
- Personal Health Record Adoption
 - \$2.5 million (\$1.7 million in FY09 and \$0.8 million in FY10)
- Telehealth and Network Infrastructure
 - \$16.7 million (\$12.7 million in FY09 and \$4.0 million in FY10)
- Administration Costs- \$4.1 million

IHS Objectives:

- Deploy enhanced electronic health information technology to expand services, improve patient care quality, decrease service disparities, and expand access by Indians to out-of-network services and reimbursements.
- •Modernize and enhance network hardware and software capacity so that all Indian health care sites enhance the delivery of care and benefit from new health care information tools and security

IHS Delivery Schedule:

- Certified EHR-Comprehensive Health Information
 - Contract Supplements-April-June 2009
 - New Awards- October-December 2010
 - Work Milestones
 - Acquire Practice Management Solution
 - EHR Web Interface (2011)
 - Delivery- July-September 2011
- Certified EHR-CPOE
 - Contract Supplements-April-June 2009
 - New Awards- October-December 2010
 - Work Milestones
 - Pharmacy Drug File Enhancement
 - Consolidated Mail Outpatient Pharmacy
 - Delivery- January-March 2011
- Certified EHR- Clinical Decision Support
 - Contract Supplements-April-June 2009
 - New Awards-None
 - Work Milestones
 - Care Management Functionality (June 2010)
 - ER Dashboard Application (March 2010)
 - Delivery- September 2010

- Certified EHR- Quality and Performance Reporting
 - Contract Supplements-April-June 2009
 - New Awards-None
 - Work Milestones
 - Add 2 performance measures to Clinical Reporting System's Select Measures Report
 - Delivery- July 2010
- Certified EHR- Health Information Exchange
 - Contract Supplements (April-June 2009)
 - New Awards (October 2010)
 - Work Milestones
 - Deploy Master Patient Index (January-March 2010)
 - Complete NHIN Connection (March 2010)
 - Delivery- September 2010
- Certified EHR- Certification
 - Contract Supplements-April-June 2009
 - New Awards (October 2010)
 - Work Milestones
 - Complete DHR Inpatient Certification
 - Delivery-(July 2010)
- Certified EHR- Deployment
 - Contract Supplements-April-June 2009
 - New Awards: None
 - Work Milestones
 - Implement use of 80 RPMS in Alaskan Villages (July 2011)
 - Delivery- September 2011
- Personal Health Record Adoption
 - Contract Supplements-April-June 2009
 - New Awards: (October 2010)
 - Work Milestones
 - Complete Requirements for Initial PHR (December 2010)
 - Delivery- (April-June 2010)
- Telehealth and Network Infrastructure
 - Contract Supplements-April-June 2009
 - New Awards: (July-September 2009)
 - Delivery- (April-June 2010)
- Progress reports will be posted Quarterly on www.Recovery.gov

HHS, AHRQ, and NIH Comparative Effectiveness Research

Comparative Effectiveness Research Types of Funding Available

- HHS Discretionary Funding- \$400 million
- AHRQ- \$300 million
- NIH- \$400 million

Comparative Effectiveness Research Objectives

- Comparative effectiveness research is the conduct and synthesis of systematic research comparing different interventions and strategies to prevent, diagnose, treat and monitor health conditions.
- The purpose of this research is to inform patients, providers, and decision-makers, responding to their expressed needs, about which interventions are most effective for which patients under specific circumstances.
- Research will include medications, procedures, medical and assistive devices and technologies, behavioral change strategies, and delivery system interventions.

Comparative Effectiveness Research Delivery Schedule

- HHS will release delivery schedule before June 30, 2009

Comparative Effectiveness Research Achievement Metrics

- The Comparative Effectiveness Research Council will meet 14 times in FY09 and 6 times in FY10 to direct the research effort.

HHS Information Technology Security

HHS IT Security Types of Funding

- HHS Information Technology Security-\$50 million (\$31.9 million in FY09, \$18.1 million in FY10)

HHS IT Security Objectives

- provide the ability to rapidly determine the enterprise security risk posture of operational IT systems and computer networks throughout HHS by funding the following areas:
 - Security Incident Response & Coordination
 - OPDIV Security Engineering and Technical Staff Support
 - Enterprise-wide Security Situational Awareness
 - Endpoint (Desktop Computer) Protection, Internet Content Web Security Filtering, and Data Loss Prevention
 - Enhanced OPDIV Security Architecture, Engineering and Implementation

HHS IT Security Achievement Metrics

- Percentage of HHS laptops and desktops secured with encryption
- Percentage of HHS enterprise network infrastructure monitored by the CSIRC with automated intrusion detection systems
- Percentage of HHS IT systems protected with advanced Internet content filtering and anti-malware solutions
- Percentage of HHS critical IT systems audit logs reviewed by CSIRC and OPDIV

