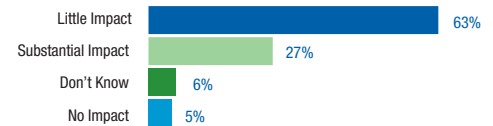


## Summary

Over the past several months, the federal government has taken several steps to provide support to the adoption of health information technology (HIT). In general, respondents raised concern that these efforts would have limited impact because they did not also have an associated level of funding that could truly drive adoption. However, there were areas in which respondents expressed that the initiatives would help foster adoption. Only 16 percent of respondents indicated that Chartered Value Exchanges (CVEs) would have no impact on the adoption of HIT. Additionally, one third of respondents noted that the provision of funding to the National Institute of Standards and Technology would have a substantial impact on HIT adoption.

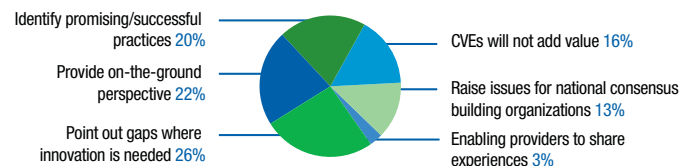
## Impact: Bonus Payments Associated with Quality Reporting Generated from EHR

At the end of October 2007, Department of Health and Human Services (HHS) Secretary Mike Leavitt unveiled a five-year plan by HHS and the Centers for Medicare and Medicaid Services (CMS) to provide 1,200 physicians with bonus payments for quality reporting associated with the use of electronic health record (EHR) systems. Two-thirds of respondents indicated that they believed that the impact of these bonus payments would have only a limited impact on accelerating the adoption of EHRs in the physician community.



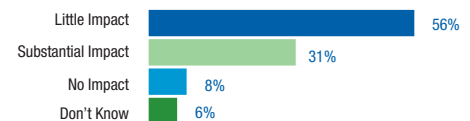
## Chartered Value Exchanges (CVEs): Impact on Providing Quality, Cost Effective Care

HHS has begun recruiting for Value-Driven Health Care Communities. These Chartered Value Exchanges (CVEs) are designed to be multi-stakeholder efforts to leverage healthcare IT to foster quality and price transparency and interoperable data exchange. The end goal is to provide a local collaborative that can play a vital role in improving the quality and cost-effectiveness of healthcare. While most respondents indicated that CVEs will add value, there is no clear area in which they will most substantially drive value. Pointing out gaps where innovation is needed was identified by one-quarter of respondents. This was followed closely by providing an on-the-ground perspective to participate in setting national priorities for improvement and identifying practices that have successfully implemented technology.



## Impact: HR 2406—Funding for NIST (National Institute of Standards and Technology)

In October 2007, the House Science and Technology Committee passed legislation (HR 2406) by voice vote that would provide \$16 million to the National Institute of Standards and Technology (NIST) to increase its efforts to create a national database for patient records. One component of this bill requires NIST, in consultation with NSF, to establish a task force of federal agency and industry group representatives to create a strategy for developing common terminologies and classifications for use in health IT systems. While over half of the respondents indicated that this legislation would have little impact on the adoption of HIT, nearly a third saw this legislation as having a substantial impact on promoting the adoption of HIT.



## Impact: Homeland Security Directive 21

Homeland Security Presidential Directive 21 orders the HHS to create a national biosurveillance system to detect public health threats, relying on electronic health systems where possible. These systems should be "predicated on state, regional and community-level capabilities and create a networked system to allow for two-way information flow between and among federal, state and local government public health authorities, and clinical health care providers". Very few respondents believed that this Directive will have a substantial impact on the adoption of HIT. Instead, one-third of respondents suggested that the effectiveness of this system would be based on the amount of funding attached to the Directive. Another third were concerned about the impact due to the current implementation rates of EHRs.

