



**National eHealth Collaborative  
February 18, 2009 Meeting Synopsis**

**Opening Comments**

**Dr. John Tooker**

**Chair**

**National eHealth Collaborative**

- Welcome to New NeHC Members: Lilly, Partners Healthcare, Kaiser Permanente, Wal-Mart, Cogosante, NQF, Prematics, Cleveland Clinic, MedVirginia, Occupatiand Health Research.
- NeHC released a [press statement](#) on the American Recovery and Reinvestment Act on February 13, 2009.
- NeHC, HITSP, and CCHIT have released a white paper titled [“A Shared Roadmap and Vision for Health IT”](#)
- The next NeHC Board Meeting will take place on March 27, 2009

**Summary of Health Information Technology Provisions of The American Recovery and Reinvestment Act**

**Dr. Robert Kolodner**

**National Coordinator for Health Information Technology, U.S. Department of Health and Human Services**

- The American Recovery and Reinvestment Act contains \$20 billion for health information technology stimulus activity. \$2 billion dollars will be budgeted to the Office of the National Coordinator for Health Information Technology, with the remainder available through Medicare and Medicaid reimbursement incentives for Health IT implementation and quality reporting.
- The \$2 billion appropriation to ONC will be used to advance ONC strategic plan for health information technology implementation, with the goal being access to electronic health records for every American by 2014. The \$2 billion will be made available through a series of competitive grant and loan programs, described in greater detail below.
- The \$2 billion outlay to the Office of the National Coordinator can be allocated by the discretion of the Secretary to other arms of HHS to achieve the ONC Strategic plan. NIST will receive \$20 million dollars for continued work on advancing healthcare information enterprise integrations through activities such as technical standards analysis and establishment of conformance testing infrastructure. Any activities conducted utilizing this appropriation will be coordinated by ONC.
- The \$2 billion appropriation includes:
  - grants and loans available through an Health IT Extension Program, with a national center and regional centers that provides outreach to help providers adopt through advice on "good technologies and good implementation strategies"
  - competitive planning and implementation grants to states
  - competitive grants to providers that require providers to participate in quality reporting and present strategies for upgrading and maintaining system in the future

- demonstration programs to apply health IT training to clinical curriculums in medical school and graduate level programs
- grants for IT professionals to expand health informatics training. He stated that this can expand a program that can train IT professionals in 6 months.
- The American Recovery and Reinvestment Act codifies the Office of the National Coordinator for Health IT.
- The American Recovery and Reinvestment Act codifies two Federal Advisory Committees on health information technology
  - Health Information Technology Policy Committee
  - Health Information Technology Standards Committee
- HHS is studying transitioning NeHC into the Health IT FACA's, but a determination has not been made to take that course of action. Dr. Kolodner expressed the need to "move ahead quickly" and noted that the Secretary can choose to take current NeHC structure and adopt NeHC as the two FACA's "if NeHC can meet certain criteria."
- Interim standards for health information technology will be adopted through interim final rule with public comment by December 2009. Dr. Kolodner stated that current standards recommended by AHIC and approved by former HHS Secretary Mike Leavitt may be carried over to serve as the interim standards.
- Dr. Kolodner noted that standards are voluntary for private enterprise, but must be in place for all federal contracting and stimulus initiatives in order to qualify.
- NIST has responsibility to test standards. CCHIT's role is still being evaluated
- Medicare and Medicaid incentives for health information technology implementation will start in 2011.
- Year 1 of the incentive program will be the largest incentive payments for adoption. The incentive will decrease each following year for several years, then providers will be hit with a disincentive/penalty (decrease in reimbursement for services rendered under Medicare and Medicaid) for non adoption.
- To earn incentives, providers will not only need to adopt health information technology, but will need to participate in quality reporting.

### **Prioritization Process Update**

**Dr. Paul Tang**

**Chief Information Officer, Palo Alto Medical Foundation**

- NeHC's value case [prioritization paper and public comment summary](#) is available for review on [www.nationalehealth.org](http://www.nationalehealth.org)

### **Health Information Security and Privacy Collaboration (HISPC) Update**

**Dr. Linda Dimitropoulos**

**Director, Health Services Program**

**RTI International**

- HISPC National Conference will be March 4-6 in Bethesda MD.

- HISPC Action and Implementation Guide will be released by mid 2009. It will be posted on HHS website.
- HISPC recommendations will report their findings on best case recommendations for state privacy and security laws at National Governors Association [State Alliance for e-Health: February 24, 2009 Meeting](#) at the Hilton Crystal City Hotel, Arlington VA.

## **NGA State eHealth Alliance Update**

**Kathleen Nolan**

**Director, Health Division**

### **National Governors Association**

- State eHealth Collaborative feels that any state led efforts to promote the adoption of health information technology must be made in context of a public discourse on healthcare system improvement, reform, and cost containment.
- NCSL and NGA have [agreed to language emphasizing on e-prescribing efforts](#). The resulting “e-Prescribing Issue Brief” will be released soon. Rarely do both organizations agree on such language.
- State eHealth Alliance calls for all states to appoint State Health IT "Czars."
- Co-Chair of the State eHealth Alliance Governor Phil Bredesen (D-TN) wants the federal government to be the standard setting level, and the states will follow their lead and will offer input.
- The business case for health information technology implementation must be made to ensure public sector buy-in.

## **NHIN Activities Update**

**Ginger Price**

### **ONC Lead for Nationwide Health Information Network**

- NHIN completed Phase 2 Trial Implementations in 2008. The trials proved that a Nationwide “Network of Networks” can function, and that a large number of organizations have the technical capability to participate in such a system right now. The trials also laid the foundation for the development of data use agreements.
- NHIN Phase 3 will focus on:
  - Governance and Policy
    - NeHC/ONC Governance workgroup chaired by Laura J. Miller has been created to define governance principles
      - who can participate
      - what are the rules for participation
      - who enforces compliance, and how is the system monitored for compliance
  - Specifications, Innovation, and Testing
    - Create a “specification factory” that produces new specifications and evergreens existing ones
    - Focus on emergent technology that has a high impact
    - Create a testing mechanism to ensure as much automation as possible to eliminate human error
    - Establish NHIN participation in workgroup on network certification

- Engage NIST for input and collaboration for testing functions
  - Productions and Operations
    - Create a Service Registry for NHIN members
- The first Phase 3 meeting will kick off next week.
- Feedback from participants indicates that federal participation is a key to building trust.
- Group will develop a Nationwide Health Information Exchange “Trust Agreement”
- NHIN Limited Production partners SSA and MedVirginia is scheduled to go live at the end of Feb.
- NeHC Board Member Lori Evans suggested a step backwards, suggesting that the trials have focused on exchange of information between NHIE’s, not how information moves between providers within the NHIE. She stated that an architecture pattern and tools need to be developed to ensure the quality of the information within each NHIE.