



**Understanding the Health Resources and Services Administration
(HRSA) Health IT Program**

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INTRODUCTION

The healthcare system is expected to migrate to a new stage offering higher quality and accessibility to patients. The Federal government has made it a priority, through the passage of the Affordable Care Act¹ and the HITECH Act² to improve the quality, cost, and accessibility of healthcare through the implementation and meaningful use of health information technology solutions. HRSA has taken a leading role in providing support and funding to providers who provide care to underserved communities. HITECH and the Affordable Care Act have supplemented HRSA's ability to fund these providers. Many health IT grant programs administered by HRSA offer comprehensive technical support to guarantee the meaningful use of electronic health records (EHRs). This paper offers a comprehensive overview of HRSA, including HRSA's mission, health IT grants and other funding resources, and related technical assistance.

OVERVIEW OF HRSA

HRSA was created by the U.S. Department of Health and Human Services (HHS) in 1982,³ with a mission of upgrading healthcare services and improving accessibility for people who are uninsured, isolated or medically vulnerable. To accomplish this mission, HRSA strives to provide national leadership, comprehensive program resources and services for underserved areas, including rural neighborhoods; disadvantaged populations; people living with HIV/AIDS; and pregnant women, mothers and children.

HRSA programs and services target:

- Racial and ethnic minorities lacking health insurance
- People who live in rural and poor urban neighborhoods where healthcare services are scarce.
- People living with HIV/AIDS, both in and out of care
- Americans who are waiting for an organ transplant⁴

HRSA's staff dedicate themselves to enhancing the quality outcomes for their target communities by strengthening the quality of healthcare providers, improving communication between physicians and patients, and providing equal health services among all the health communities in the United States. HRSA's four stated goals are

- Improve access to quality care and services

¹ P.L.111-148 The Patient Protection and Affordable Care Act of 2009, <http://democrats.senate.gov/reform/patient-protection-affordable-care-act-as-passed.pdf>

² P.L. 111-5, the American Recovery and Reinvestment Act of 2009, <http://thomas.loc.gov/cgi-bin/query/z?c111:H.R.1.enr>

³ HRSA, Law & Legal Definition, <http://definitions.uslegal.com/h/health-resources-and-services-administration-hrsa/>

⁴ HRSA, About HRSA, www.hrsa.gov/about/index.html

- Strengthen the health workforce
- Build healthy communities
- Improve health equity⁴

OVERVIEW OF HEALTH IT INITIATIVES

In order to qualifying for incentive payments, eligible providers have to adopt and meaningfully use certificated EHR systems.² For the purpose of offering federal leadership and investment to the providers, HRSA has distributed the responsibility to different departments within the agency, such as the Bureau of Primary Health Care (BPHC), Office of Health Information Technology and Quality (OHITQ) and Technical Assistant Center. The following gives a brief introduction to those organizations and a summary of the grants, tools, and technical assistance available for providers that bridge the knowledge disparity of health IT implementation.

Bureau of Primary Health Care (BPHC)

BPHC helps fund federally qualified community health centers that serve people who are low income, uninsured, or living where there is limited access to healthcare services. Health centers treated nearly 19 million people in 2009 without consideration of pay.⁵

The HRSA FY2011 budget book⁶ shows the FY 2011 President's Budget of HRSA is \$7,501,658,000 (an increase of \$28,136,000 from FY2010.) Health centers funding occupies most of the budget increase. The FY 2011 President's Budget for BPHC is \$2,498,247,000, an increase from \$2,208,276,000 in FY2010. The funding for EHR implementation and the Capital Improvement Program (CIP) in FY2010 surged from \$1.16M (\$64.2M for 55 awardees) per awardee to \$1.82 per awardee, totaling \$84M in funding for 46 awardees.⁷

The HRSA FY2012 budget book⁸ shows the FY 2012 President's Budget Request of HRSA is \$9,034,701,000 (an increase of \$977,544,000 from the FY2010 actual level.) Health centers funding occupies most of the budget increase. The FY 2012 President's Budget Request for BPHC is \$3,386,034,000, an increase from \$2,498,247,000 in FY2011.

EHR Implementation Grants Program

The EHR Implementation Grants are designed to improve healthcare delivering tools to gain better outcome of healthcare. There are two kinds of grants: health IT innovation qualification grants and high impact grants. The main difference between the two kinds of grants is the duration of each implementation schedule. The high impact grants have a one-year pay cycle, which means the grantees have to complete the mission within a year. HIT innovation qualification grants are funded on a two-year payment time schedule. Federally qualified community health centers (FQHCs) are expected to utilize the grants to purchase certificated

⁵HRSA, Primary Health Care Fact Sheet,

www.hrsa.gov/about/organization/bureaus/bphc/bphc.pdf

⁶HRSA, Budget, www.hrsa.gov/about/budget/index.html

⁷HRSA, Budget Book, www.hrsa.gov/about/pdf/executivesummary2011.pdf

⁸HRSA, Budget, www.hrsa.gov/about/budget/summarybudgetjust2012.pdf

EHRs, develop EHR adoption plans, and execute EHR implementations in order to become meaningful users by 2014.⁹

Capital Improvement Program (CIP) Under ARRA

The American Recovery and Reinvestment Act (ARRA) of 2009 provided \$800M in funding for one-time capital improvements at federally qualified community health centers to be administered by BPHC within HRSA. The CIP grants can be utilized by health centers to construct, repair and renovate health center sites nationwide. EHR implementation was listed as an activity that would qualify for funding. In order to receive funding, grantees had to demonstrate how the implementation of health IT would improve access to health services for the underserved populations and create related jobs. CIP funding is \$850M in total and a one-time, 2-year budget, from July 1, 2009 to June 30, 2011.¹⁰

CIP grants were available in four categories: construction, renovation, equipment purchase, and EHR implementation. EHR implementation grants support equipment purchases, implementation and training. However, CIP funding does not cover the operational costs of any EHR implementation.¹⁰

Eligible grantees were previously funded federally qualified community health centers. Applicants were only eligible for grants if they had been funded by HRSA previously.¹¹

Office of Health Information Technology and Quality (OHITQ)

OHITQ's role within HRSA is promoting the advancement of health IT, including telehealth and the adoption of EHR systems. OHITQ works collaboratively with States, foundations, national organizations, providers, and the private sector to achieve meaningful use rules by hosting monthly webinars and translating technological advances in health IT.^{12,13}

OHITQ also provides EHR selection guidelines to assist health centers in evaluating EHR products and developing requests for proposals (RFPs) or requests for information (RFIs). The grantee can leverage the guidelines to justify the purchase of EHR products to meet meaningful use standards. In order to qualify for funding, the health center must purchase EHR technology certified by an ONC-Authorized Testing and Certification Body (ATCB), such as the Certification Commission for Health Information Technology (CCHIT).¹⁴

The OHITQ also works to connect HRSA grantees with [Office of the National Coordinator for Health Information Technology \(ONC\)](#) supported regional extension centers (RECs) for the purpose of enhancing education and assistance for health IT implementations in the form of regional technical support centers¹⁵

⁹Lim, Christopher Bureau of BPHC at HRSA 2010

¹⁰HRSA, Recovery Act Grants, <http://bphc.hrsa.gov/recovery/>

¹¹Meyerson, Neal, Lead Grants Management Specialist 2010

¹²Michael Banyas, Public Health Analyst at HRSA 2010

¹³HRSA, About Health IT and Quality, www.hrsa.gov/healthit/about.html

¹⁴HRSA, EHR Selection Guidelines, www.hrsa.gov/healthit/ehrguidelines.html

¹⁵HIT Regional Extension Centers, www.regionalextensioncenters.com/

REGIONAL EXTENSION CENTERS (RECs)

RECs were created by the HITECH Act to fulfill the goal of the adoption and meaningful use of EHRs by providing outreach, education, and on-site technical assistance for providers. Each REC assists providers in finding the best system for their needs, while managing the effects of health IT implementation on the practice. ONC has funded 60 RECs across the country in order to support 100,000 primary care physicians implementing EHRs into their practices and working to attain meaningful use of their systems.^{16,17}

In order to offer direct technical training, expert advice and a community-based sharing hub, HRSA organizes the following technical support resources for grantees.

HEALTH IT TECHNICAL ASSISTANT RESOURCES

[HRSA Health IT Community Portal](#)¹⁸

A health IT community, co-founded by the Agency for Health Care Research and Quality (AHRQ) and HRSA, serves as a platform for health centers, networks and PCAs to share their experience in adopting EHR technologies. On this virtual community, health centers facing similar challenges can share thoughts and lessons from their experiences with a variety of IT systems and scenarios through discussion forums (Cannon, 2009). The HRSA Health IT Community Portal has recently transitioned from the AHRQ website to a [new HRSA webpage](#).

[HIT Adoption Toolboxes](#)

Health IT Toolboxes feature online resources and technical assistance, ranging from planning and implementation to evaluation, to help health centers, safety net providers, and ambulatory care providers in improving patient care. Secondly, Health IT Toolboxes for Children are information centers concentrated on children's healthcare needs, ranging from pediatric EHRs to children's health insurance coverage. Lastly, Rural Health IT Adoption Toolboxes provide resources in a Q&A format for providers on how to run a healthcare system effectively by properly implementing health IT in rural areas.¹⁹

[Health IT Webinars](#)

HRSA periodically offers webinars to assist community health center in implementing health IT adoption and further become meaningful users.

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[Health IT and Meaningful Use Workshops](#)

¹⁶Rhee, Kyu Chief Public Health Officer 2010

¹⁷ONC Health Information Technology Extension Program,
<http://healthit.hhs.gov/portal/server.pt?open=512&objID=1495&mode=2>

¹⁸Cannon, Johanna Barraza Overview of HRSA's Office of Health Information Technology and its Activities and Tools Jan.2009

¹⁹HRSA, Health IT Toolbox, www.hrsa.gov/publichealth/business/healthit/toolbox/index.html

In partnership with OHITQ, Health Center Controlled Networks and other HRSA grantees provide regional workshops on health IT implementation around the country to strengthen learning and network development among HRSA grantees who have not implemented health IT.

Office for the Advancement of Telehealth (OAT)

Telehealth is an electronic information and telecommunication tool for enhancing access to underserved areas. The tools can be videoconferencing, the Internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications. HRSA administers grants and builds partnership with federal agency to improve the construction of telehealth technology. The telehealth grants includes²⁰

- Licensure Portability Grant Program
- Congressionally-Mandated Telehealth Grants
- Telehealth Resource Center Grants
- Telehealth Network Grant Program

HIV/AIDS Bureau (HAB)

HAB focuses on those who do not have sufficient healthcare coverage or financial resources for coping with HIV/AIDS.. HAB directs The Ryan White HIV/AIDS Program exclusively to achieve its goal of providing HIV-related services within cities, states and local community-based organizations.

OTHERS

To better deliver high quality, culturally and linguistically competent primary and preventive healthcare for underserved, uninsured, and underinsured Americans, HRSA is comprised of six bureaus and nine offices that provide leadership and financial support to healthcare providers in every state and U.S. territory.⁴

HRSA's organizational chart, available at www.hrsa.gov/about/organization/hrsaorgchart2010.pdf, lists the specific bureaus and offices that are housed within HRSA. Those include the following.

Bureau of Clinician Recruitment and Service (BCRS)

BCRS assist underserved communities and facilities in meeting their need for primary care, medical, dental, and mental and behavioral health clinicians by providing scholarship and educational loan repayment opportunities.

Bureau of Health Professions (BHRr)

BHRr is responsible for building a culturally competent health workforce in order to increase patients' access to healthcare.

Healthcare Systems Bureau (HSB)

HSB provide leadership and direction to protect the public health and promotes practices that

²⁰HRSA, Telehealth, www.hrsa.gov/telehealth/

improve individual health through programs such as organ, bone marrow and cord blood donation.

Maternal and Child Health Bureau (MCHB)

MCHB administers the Maternal and Child Health Block Grants to States and discretionary grants that ensure the nation's women, infants, children, adolescents, and their families, including fathers and children with special healthcare needs, have access to quality healthcare.

Office of Regional Operations (ORO)

ORO provides leadership and technical assistance through HRSA's ten regional offices.

Office of Rural Health Policy (ORHP)

ORHP aims to strengthen healthcare services for Americans living in rural areas. ORHP staff attempt to find solutions to rural healthcare problems by collaborating with both government at the private sector. HRSA further aids underserved people who are low-income and uninsured or enrolled in Medicaid through the use of telehealth, the use of electronic information and telecommunications technologies to support long-distance clinical healthcare, patient and professional health-related education, public health and health administration.²⁰

SUMMARY

Through healthcare modernization funding and programs in ARRA and the Affordable Care Act, the Obama administration has made a commitment to not only provide material funding but also technical support. The services provided by HRSA including grants, on-site technical support and EHR implementation assistance, helping to bring the benefits of health IT implementation and improved quality outcomes to the people in the greatest need of assistance: rural and underserved communities.