

ARRA

Overview and Update

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Academy Health



American Recovery and Reinvestment Act of 2009 (ARRA)

- The American Recovery and Reinvestment Act of 2009 (ARRA)
- Signed into law by President Obama on February 17th, 2009.

It is an unprecedented effort to jumpstart our economy, create or save millions of jobs, and put a down payment on addressing long-neglected challenges so our country can thrive in the 21st century. The Act is an extraordinary response to a crisis unlike any since the Great Depression, and includes measures to modernize our nation's infrastructure, enhance energy independence, expand educational opportunities, preserve and improve affordable health care, provide tax relief, and protect those in greatest need.

- HHS Overview of the Recovery Act: <http://www.hhs.gov/recovery>



ARRA HITECH

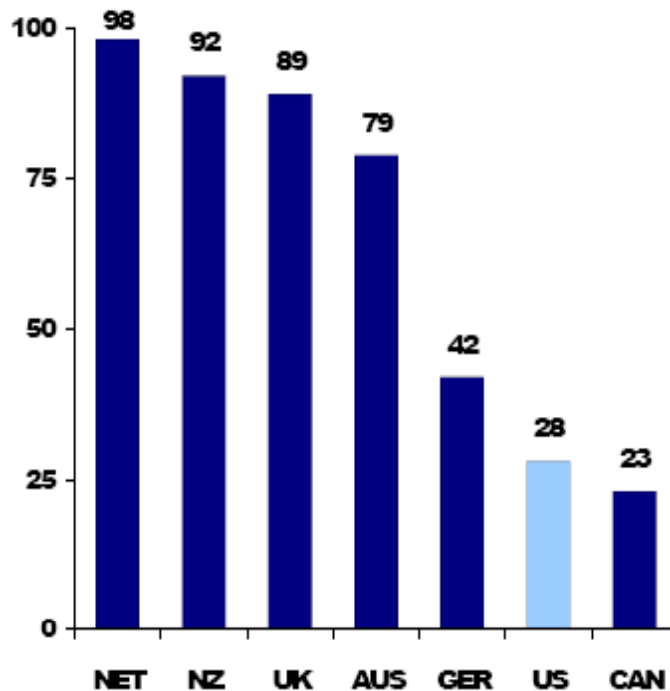
- **American Recovery and Reinvestment Act of 2009 (Recovery Act) is intended to improve the nation's health care through health information technology (HIT) by promoting the meaningful use of electronic health records (EHR).**

**Health Information Technology for
Economic and Clinical Health Act or the
HITECH Act.**

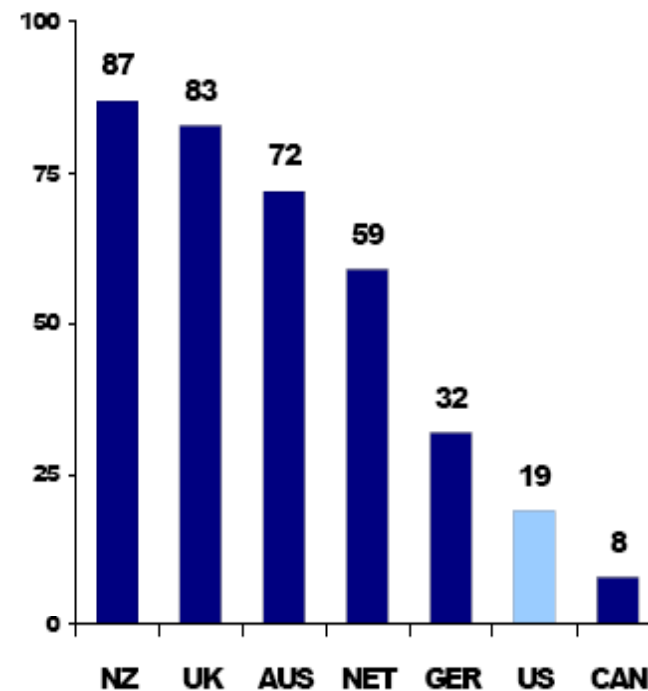


U.S. EHR Adoption

Percent reporting EMR



Percent reporting seven or more of 14 IT functions*



* The 14 functions are: EMR, EMR access other doctors, outside office, patient; routine use electronic ordering tests, prescriptions, access test results, access hospital records; computer for reminders, Rx alerts, prompt test results; easy to list diagnosis, medications, patients due for care.

Source: Commonwealth Fund 2006 International Health Policy Survey of Primary Care Physicians.



HITECH Goals

- Improve the efficiency and quality of health care through EHR
- Is a step in health care reform
- Utilization of an EHR for each person in United States by 2014*
- Outreach goal is adoption of EHRs by 100% of providers by 2014.



*American Recovery and Reinvestment Act of 2009:
Title XIII; Part I, Subtitle A, Sec. 3001 (c)(3)(A)(ii)*



ONC Role

Development of a nationwide HIT infrastructure that allows for electronic use and exchange of information that:

- Ensures secure and protected patient health information
- Improves health care quality and reduces health care costs
- Improves coordination of care and information among hospitals, labs, physicians, etc.
- Improves public health activities and facilitates early identification/rapid response to public health emergencies
- Facilitates health and clinical research
- Promotes early detection, prevention, and management of chronic diseases
- Improves efforts to reduce health disparities



HIT Committee Structure

- **HIT Policy Committee**

- Meaningful Use Work Group**
- Certification/Adoption Work Group**
- Health Information Exchange Work Group**

- **HIT Standards Committee**

- Clinical Operations Work Group**
- Quality Work Group**
- Privacy/Security Work Group**





Recommendations from the Meaningful Use Workgroup to the Health IT Policy Committee on June 16, 2009

The American Recovery and Reinvestment Act authorizes the Centers for Medicare & Medicaid Services (CMS) to provide a reimbursement incentive for physician and hospital providers who are successful in becoming “meaningful users” of an electronic health record (EHR). These incentive payments begin in 2011 and gradually phase down. Starting in 2015, providers are expected to have adopted and be actively utilizing an EHR in compliance with the “meaningful use” definition or they will be subject to financial penalties under Medicare.



Meaningful EHR Users

■ Demonstrate

- meaningful use of a certified EHR
- the electronic exchange of health information to improve the quality of health care
- reporting on clinical quality and other measures using certified EHR technology



Meaningful Use Context

- **Actions that providers perform:**
 - Write prescriptions electronically
 - Document allergies
 - Manage a population of diabetics
 - Report quality measures
- **Actions should lead to improvements in the safety, quality and efficiency of care**
- **Will evolve over time**
 - To achieve the full range of desired care outcomes, meaningful use should be accompanied by healthcare reform



Achieving Meaningful Use Requires Removal of Barriers

Poor EHR financial business case for the provider	\$34B in financial incentives \$40K to \$60K/physician \$2M-\$11M/hospital Full payment requires meaningful use in 2011-2012
Poor interoperability business case of the provider	Meaningful Use definition will involve interoperability ePrescribing Clinical data exchange Quality measures reporting
Small physician practices and hospitals don't have the staff to implement EHRs	Health Information Extension Programs to provide adoption assistance



Achieving Meaningful Use Requires Removal of Barriers

Adoption, meaningful use and interoperability require local governance and action	\$300M for states to develop and implement interoperability and adoption plans
There are not enough people to do all of the implementation work	Funds will be available for health informatics educational programs
Stronger privacy protections are needed	Privacy laws strengthened; Federal Chief Privacy Officer
Continued work on standards and EHR certification is needed	The standards and certification processes will be reviewed to identify process and outcome improvements



Goals

- Short term:

- Rapidly develop health information exchange (HIE) capacity across states over 2-3 years to enable providers to qualify for meaningful use incentives:

- Mid-term:

- Widespread adoption of a broader set HIE services across all health care and public health stakeholders over 3-5 years
- Expand infrastructure (network services and organizational models) to mobilize clinical data needed for consumer engagement and health reform across all states



Status

- **In the next several months**
 - **ONC/HHS will be leveraging its committee structure and outreach activities to engage the field in this undertaking**
 - **The specifics of these programs and definitions will be announced**
- **Over the next several years**
 - **We have a lot of work to do**



Sub-Goals of HITECH Outreach

Providers

- Adopt EHRs early
 - Loan & grant programs (academic programs, state & Indian Tribe grants for provider loans)
 - Technical support (extension centers), and
 - Medicare/Medicaid meaningful use incentive payments
- Protect patient health information

Consumers

- Build Health IT trust and understanding in benefits of EHRs to improve their healthcare
- Increase personal responsibility regarding health information
- Establish awareness of personal health information protections
- Advance adoption of EHRs by providers



Comment Period for Meaningful Use

- **ONC is seeking comments on the preliminary definition of “Meaningful Use,” as presented to the HIT Policy Committee on June 16, 2009**
- **Due by 5 pm EST June 26, 2009, and should be no more than 2,000 words in length**
- **Electronic responses** to the draft description of Meaningful Use are preferred and should be addressed to: MeaningfulUse@hhs.gov
With the subject line “Meaningful Use”
 - **Written comments:**
Office of the National Coordinator for Health Information Technology
200 Independence Ave, SW. Suite 729D
Washington, DC 20201



ARRA Prevention and Wellness Fund

- Total of \$1,000,000,000 administered through Department of Health and Human Services
- CDC received \$300,000,000 to carry out their immunization program
- \$650,000,000 is provided to be used to carry out evidence-based clinical and community-based prevention and wellness strategies to reduce chronic disease rates
- \$50,000,000 is provided to States to carry out activities to implement reduction strategies for healthcare-associated infections



Resources

- Medicare and Medicaid Health Information Technology: Title IV of the American Recovery and Reinvestment Act (fact sheet)
- <http://www.omhrc.gov/assets/pdf/checked/1/CMSHITECHFactSheetandFAQs.pdf>
- <http://healthit.hhs.gov/portal/server.pt>

