



## New York State Wide Strategy for Health Information Technology

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## Agenda

- Description of OHITT
- Overview of New York's Health IT Strategy
- Funding for New York's Health IT Strategy
- New York's Public-Private Partnership
- Federal Stimulus Funding for Health IT
- Questions

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## Office of Health Information Technology Transformation (OHITT)

OHITT: Formed as an office within DOH by the governor  
early in 2007

### OHITT Charge:

- Coordinate health IT **programs** and **policies** across public and private health care sectors.
  - Establish interoperable health IT infrastructure and capacity
    - Health information electronically available at the time and place of care
- Interoperability across health care settings

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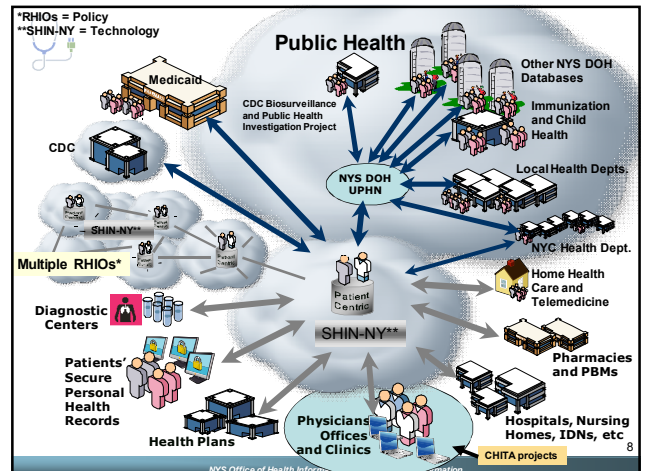
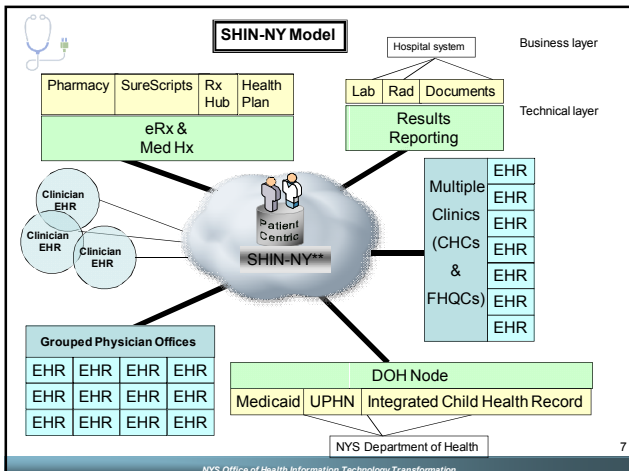
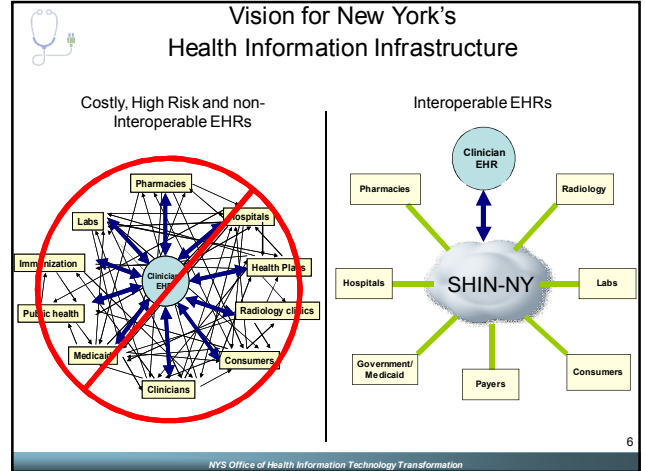
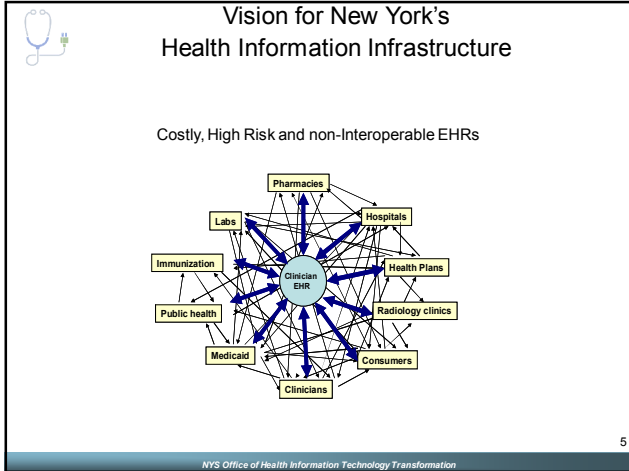


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## What will get us “there” in NYS?

- Policy alignment
- Support of increased adoption of certified and interoperable EHRs in all care settings
- Increased adoption of patient/consumer programs including secure PHRs
- Coordination of care, including medication management, across care settings
- Disease prevention, early detection and other public health initiatives
- Monitoring and ongoing support of implementation to ensure safety and success
- Sustainable reimbursement models to promote Health IT

The diagram consists of four overlapping circles: a purple circle at the top labeled 'Clinical Practice/Delivery Model', a green circle at the bottom labeled 'Patient Engagement', a grey circle on the left labeled 'Health Information Model', and a blue circle on the right labeled 'Reimbursement Model'. The intersections of these circles represent the areas where these models overlap.

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## Regulatory Framework for HIE Policies

The flowchart starts with a green box 'Mechanism for New Policy Framework' at the top. Below it are four light blue ovals: 'Legislation', 'Regulation', 'Contracts', and 'Accreditation'. These lead to two yellow boxes: 'Obligations' (Adhere to standardized privacy & consent policies regarding uses of information, exchange of sensitive information, consumer engagement, etc.) on the left and 'Benefits/Penalties' (State funds (e.g. HEAL), Medicaid data, Safe harbor protections, Operational consistency and efficiencies, Regulatory enforcement) on the right. A purple oval labeled 'ADOPTION / COMPLIANCE' is positioned between these two boxes, with arrows pointing towards it from both sides.

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## Public and Private Health Care Alignment to Advance Health IT

The diagram shows three main components in ovals: 'Department of Health' at the top, 'Coordinating Health IT within NYS DOH' on the left, and 'Public-Private Partnership: New York eHealth Collaborative (NYeC)' on the right. Arrows indicate a flow from the Department of Health to the other two, and from the other two back to the Department of Health.

- Department of Health:**
  - Set Policy
  - Coordinate and align actions btw public and private health care sectors
  - Determine clinical priorities/use cases to guide health IT adoption
  - Provide strategy for technical architecture and services to advance 21<sup>st</sup> Century health care
- Coordinating Health IT within NYS DOH:**
  - Integrated Child Health Record
  - HIE for Public Health
  - Vision and requirements for Enterprise-plus architecture
- Public-Private Partnership: New York eHealth Collaborative (NYeC):**
  - Statewide governance & collaboration process
  - Implementation
  - Technical Assistance

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## Funding for HIT

- **HEAL I** – Formation of regional health information organizations (~ 20 projects = ~\$50 million)
- **HEAL 5** – Development of statewide network infrastructure, support of: quality and reporting projects, connecting NYers to clinicians, connectivity to NYS DOH and implementation of EHRs in physician practices (\$106 million = 19 projects)
- **HEAL 6** – support of expansion of primary care services including HIT

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## Funding for HIT (cont'd)

- **MSSNY** – six EHR project across NYS (\$4.5M)
  - Educational Sessions
- **HEAL 10** – further support of EHR implementation for improved quality and efficiency, expansion of support of the SHIN-NY infrastructure and support of development of a EHR implementation services bureau (\$100 M)
  - \$60M RGA for Patient Centered Medical Home
  - \$40M Continued development of SHIN-NY and Service Bureau

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## Framework for New York's Health Information Infrastructure

"Cross-Sectional" Interoperability – People, Data, Systems

### APPLY

HEAL 5 Cat 3  
CHITAs = 8

Clinician/EHR Consumer/PHR Community

### AGGREGATE & ANALYZE

HEAL 5 Cat 2  
CIS = 3

Clinical Informatics Services  
Aggregation Measurement Reporting

### ACCESS

HEAL 5 Cat 1  
RHICs/SHIN-NY = 8

Statewide Health Information Network – NY (SHIN-NY)

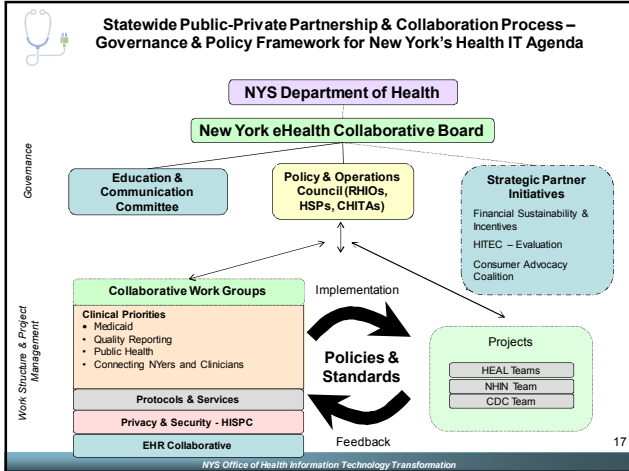
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### Statewide Policy Guidance

Working Group	Clinical Priorities	Privacy & Security	Protocols & Services	EHR Collaborative
Key V1.0 Deliverable	Clinical Requirements Reference	Policies and Procedures	SHIN-NY Core Services	EHR Requirements
Description	<ul style="list-style-type: none"> <li>Clinical Requirements Reference document for each V1.0 requirement</li> </ul>	<ul style="list-style-type: none"> <li>Policies &amp; Procedures to provide actionable guidance</li> </ul>	<ul style="list-style-type: none"> <li>SHIN-NY Core Service definitions and policy and implementation guides</li> </ul>	<ul style="list-style-type: none"> <li>EHR functional requirements and practice guide for meeting Clinical and P&amp;S Requirements</li> </ul>
	<ul style="list-style-type: none"> <li>Requirement summary</li> <li>Relevant Use Case</li> <li>Rationale</li> <li>Clinical workflow need</li> <li>Data exchange need</li> <li>Triggers</li> <li>Key constraints</li> </ul>	<ul style="list-style-type: none"> <li>Consent</li> <li>Authorization</li> <li>Authentication</li> <li>Access control</li> <li>Audit and Breach</li> </ul>	<ul style="list-style-type: none"> <li>SCS Background and description</li> <li>SCS technical definition</li> <li>Policy &amp; Implementation Guide for each SCS</li> </ul>	<ul style="list-style-type: none"> <li>EHR feature/fxn requirements</li> <li>Approaches for meeting requirements</li> <li>Contract language</li> <li>Implementation and configuration guides</li> </ul>

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- ## Introduction
- The Health Information Technology for Economic and Clinical Health (HITECH) Act, a component of the American Recovery and Reinvestment Act (ARRA) of 2009, authorizes roughly \$36 billion in outlays over the next 10 years for interoperable health information technology (health IT).
  - As the Obama Administration has said, the funds allocated toward the nation’s health IT infrastructure and adoption incentives authorized in the HITECH Act are a deposit on the much larger amount needed to advance meaningful health reform.
  - New York is at the forefront of clinical excellence and health IT and is well positioned to make effective use of the HITECH’s Acts funds as well as play a leadership role and inform the overall policy and regulatory framework developed by the Federal Department of Health and Human Services (HHS).
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## ARRA Federal Stimulus Health IT funding

*The stimulus package included \$36B in expected health IT funding from the federal government through Appropriations and Incentives*

### Appropriations for Health IT & HIE

**\$2 billion for loans, grants & technical assistance:**

- HIE Planning & Implementation Grants
- EHR State Loan Fund
- National Health IT Research Center & Regional Extension Centers
- Workforce Training
- New Technology R&D

### Comparative Effectiveness

**\$1.1 billion to HHS for CER**

- Establishes Federal Coordinating Council to assist offices and agencies of the federal government to coordinate the conduct or support of CER and related health services

### New Incentives for Adoption

**New Medicare and Medicaid payment incentives to providers for EHR adoption**

- \$20 billion in expected payments through Medicare
- \$14 billion in expected payments through Medicaid
- ~\$34 billion in gross expected outlays, 2011-2016

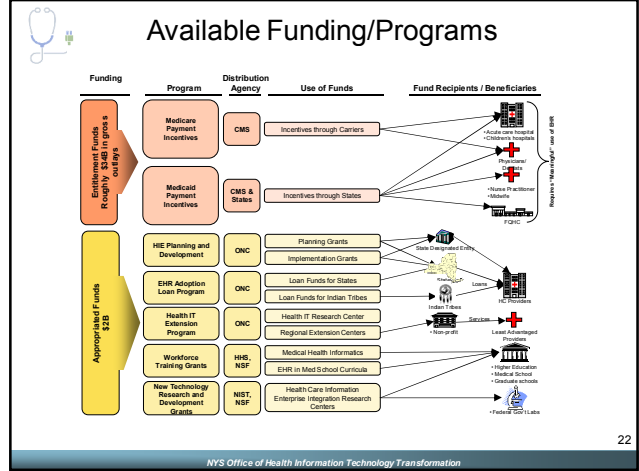
### Broadband and Telehealth

**\$4.3 billion for broadband & \$2.5 billion for distance learning/telehealth grants**

- Directs ONC to invest in telehealth infrastructure and tools
- Directs the new FACIA Policy Committee to consider telehealth recommendations

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## Medicare and Medicaid EHR Adoption Incentives

	Medicare	Medicaid
<b>Funding mechanism(s)</b>	Federal Incentive Payments	Federal Incentive Payments State matching payments (for admin costs)
<b>Payment Agent</b>	Medicare carriers and contractors	State Medicaid agencies
<b>Payment Recipients</b>	Hospitals and physicians	Hospitals, physicians, NPs, dentists, midwives, PAs in certain circumstances State Medicaid agencies for program admin
<b>Amounts for Hospitals</b>	<b>\$2 million base amount</b> Plus increases for annual discharges, number of inpatient days attributable to Medicare, and charges attributable to Medicare Eligible for Medicare <b>AND</b> Medicaid funds	<b>\$2 million base amount</b> Plus increases calculated using similar methodology as Medicare incentive ( <i>eligible entities include Acute Care and Children's Hospitals</i> ) Eligible for Medicare <b>AND</b> Medicaid funds
<b>Amounts for physicians &amp; other health professionals</b>	<b>Up to \$44,000 in Medicare reimbursements</b> Over 5 year period Eligible for Medicare <b>OR</b> Medicaid	<b>Up to \$64,000</b> Over a 5 year period covering up to 85% of eligible implementation costs Eligible for Medicare <b>OR</b> Medicaid

Providers must demonstrate "Meaningful Use of Certified EHR Technology" to receive payments

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## Medicare Health IT Incentives

### Medicare Physician Payment Incentives

	2011 is first year	2012 is first year	2013 is first year	2014 is first year	2015 is first year
2011	\$18,000				
2012	\$12,000	\$18,000			
2013	\$8,000	\$12,000	\$15,000		
2014	\$4,000	\$8,000	\$12,000	\$15,000	
2015	\$2,000	\$4,000	\$8,000	\$12,000	0
2016	\$0	\$2,000	\$4,000	\$8,000	\$8,000
<b>TOTAL</b>	<b>\$44,000</b>	<b>\$44,000</b>	<b>\$42,000</b>	<b>\$35,000</b>	<b>0</b>

### Medicare Hospital Payment Incentives

- Base amount: \$2 million
- \$200 per discharge for discharges between 1,150<sup>th</sup> and 23,000<sup>th</sup>
- Adjusted by "Medicare share" factor that divides total number of Medicare inpatient days by a percentage of total inpatient days
- Payments positively correlated with discharges, Medicare inpatient days, and charity care/bad debt

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## ARRA and Privacy & Security...and Interoperable HIE

### Privacy and Security Provisions

- Extends HIPAA directly to Business Associates
- Establishes first national data security breach notification law
- Creates new restrictions on use & disclosure of PHI
- Expands individuals' rights over flow of information
- Grants State AGs authority to bring civil actions
- Toughens HIPAA's civil penalties
  - No knowledge of violation: max penalty \$100 per violation up to \$25,000 per year
  - "Reasonable cause": \$1,000/\$100,000
  - "Willful neglect": \$500,000/\$1.5 million

**Analysis is underway regarding the impact of these provisions on NY's V1 Privacy and Security Policies Adopted by NYeC and DOH in Dec 2008**

### HIE / Nationwide Health Info Network

- Majority of appropriated funds expected to go toward HIE infrastructure at state and regional level
- HIE is a precondition to payment incentives.
- Directs National Coordinator to establish a governance mechanism for the nationwide health information network.

**NY is well positioned to provide HIE capacity via the SHIN-NY for NY providers to be eligible for payment incentives.**

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## The Envisioned Timeline to Interoperability

**2009**: HHS to establish interoperability standards by the end of 2009 to guide HIE development

**2009-2010**: State grant monies begin flowing from HHS to develop technical, privacy, governance and financing frameworks necessary for HIE to take shape...likely 09/10

**2011**: Medicare and Medicaid incentive payments begin, presuming HIEs have come online

**2011-2012**: Setting of standards enables the building of HIE infrastructure to practically and usefully implement standards to achieve interoperability to comply with Medicare and Medicaid incentive payment requirements for HIE interoperability

**2014-2015**: Medicare and Medicaid incentive payments give way to penalties on providers for failing to adopt HIT

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## ONC Funding of Two New Programs

- \$564M to award cooperative agreements to states or State Designated Entities to meet local health care provider, community, state, public health and nationwide information needs
- \$600M for Regional Centers is to furnish assistance, defined as education, outreach, and technical assistance, to help providers in their geographic service areas select, successfully implement, and meaningfully use certified EHR technology to improve the quality and value of health care

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## Funding Amounts and Application Schedules

Initial Cycle	Appoint Period	Regional Center Program			
		Preliminary Application	Preliminary Approval	Full Applications	Notifications Begin
1	5/22/09-6/30/09	8-Sep-09	28-Sep-09	3-Nov-09	19-Nov-09
2	5/27/09/06/09	22-Oct-09	10-Jan-10	2-Mar-10	18-Oct-10
3	6/1/09/06/09	1-Jan-10	22-Apr-10	4-Jun-10	17-Aug-10
Total Amount of Funding Available:		\$534,000,000			
Award Period/Length:		\$1,000,000 to \$30,000,000			
Applicable Number of Awards:		70			
Program Period Length:		1 year (may request period with two budget periods)			
Total Amount of Funding Available:		(\$14,000,000)			
Award Period/Length:		12/01/09 to 12/31/10			
Applicable Number of Awards:		55			
Program Period Length:		180 days			
Letter of Intent:		11:00 a.m. to 4:00 p.m. EST			
Application:		10:00 a.m. to 4:00 p.m. EST			
Award Period/Length:		12/01/09 to 12/31/10			
Award Start Date:		12/01/09			

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### Core Functions – State HIE Program

- Develop a state-level directory of (patients, providers, services, etc.) and enable technical services for HIE within and across states.
- Remove barriers and create enablers for HIE, particularly those related to interoperability across laboratories, hospitals, clinician offices, health plans and other health information trading partners.
- Convene health care stakeholders to ensure trust in and support for a statewide approach to HIE.
- Ensure that an effective model for HIE governance and accountability is in place.
- Coordinate an integrated approach with Medicaid and state public health programs to enable information exchange and support monitoring of provider participation in HIE as required for Medicaid meaningful use incentives.
- Develop or update privacy and security requirements for HIE within and across state borders.

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### Five Essential Domains for HIE

To realize HIE, states need to plan, implement and evaluate activities across five essential domains: **governance, finance, technical infrastructure, business and technical operations, and legal/policy.**

- Governance:** Convening health care stakeholders and creating trust and consensus on an approach for statewide HIE and to provide oversight and accountability of HIE to protect the public interest.
- Finance:** Identification and management of financial resources necessary to fund health information exchange including pricing, strategies, market research, public and private financing strategies, financial reporting, business planning, audits, and controls.
- Technical Infrastructure:** The architecture, hardware, software, applications, network configurations and other technological assets that physically enable the technical services for HIE in a secure and appropriate manner.
- Business and Technical Operations:** Operational and management activities including procurement, identifying requirements, process design, functionality development, project management, help desk, systems maintenance, change control, program evaluation, and reporting.
- Legal/Policy:** Legal and policy frameworks with which HIE is authorized including privacy and security requirements for system development and use, data sharing agreements, federal and state laws and regulations, and multi-state policy harmonization activities.

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### The Health Information Technology Extension Program Regional Centers

The HITECH Act authorizes the establishment of new grant programs that will provide resources to facilitate the adoption and use of EHRs by providing technical assistance and the capacity to exchange health information.

The Health Information Technology Extension Program (Extension Program) consists of a national Health Information Technology Research Center (HITRC) and Regional Extension Centers (Regional Centers). HITRC will support the Regional Centers as they offer providers within their geographic service areas technical assistance in the selection, acquisition, implementation, and meaningful use of EHRs—including health information exchange (HIE)—to improve health care quality and outcomes.

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### Regional Centers Services

- Vendor Selection & Group Purchasing:** Help providers select the highest-value option—the option that offers the greatest opportunity to achieve and maintain meaningful use of EHRs and improved quality of care at the most favorable cost of ownership and operation, including both the initial acquisition of the technology, cost of implementation, and ongoing maintenance and predictable needed upgrades over time.
- Privacy and Security Best Practices:** Support providers in implementing best practices in the privacy and security of personal health information.
- Implementation and Project Management:** Support end-to-end project management over the entire EHR implementation process, including individualized and on-site coaching, consultation, and troubleshooting.
- Progress Towards Meaningful Use:** Participate in program training and be able to provide their clients effective assistance in attaining meaningful use.

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99-0746-C1/08-CAR PROJECT/10/01

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### Regional Centers Services

- Education and Outreach:** Disseminate knowledge about the effective strategies and practices to select, implement, and meaningfully use certified EHR technology to improve quality and value of healthcare.
- National Learning Consortium:** Participate in the National Learning Consortium facilitated by the IHI, IHC and share tools and materials developed through the cooperative agreement with other Regional Centers, interested stakeholders, and the public.
- Local Workforce Support:** Partner with local resources, such as community colleges, to promote integration of health IT into the initial and ongoing training of health professionals and supporting staff.
- Practice and Workflow Redesign:** Support for practice and workflow redesign necessary to achieve meaningful use of EHRs.
- Functional Interoperability and Health Information Exchange:** Assist priority primary-care providers in connecting to available health information exchange infrastructures.

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### Target Audience

**Primary-care providers** in individual and small group practices (fewer than 10 physicians and/or other health care professionals with prescriptive privileges) primarily focused on primary care; and physicians, physician assistants, or nurse practitioners who provide primary care services in public and critical access hospitals, community health centers, rural health clinics, and in other settings that predominantly serve uninsured, underinsured, and medically underserved populations.

Each **Regional Center** is expected to provide federally supported individualized technical assistance to a **minimum of 1,000 priority primary-care providers in the first two years** of the four-year cooperative agreement project period. **All Regional Centers** will, in the national aggregate, support **over 100,000 priority primary-care providers** to achieve successful adoption and meaningful use of certified EHRs in the first two years of the program.

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### Meaningful Use

The State HIE Program and the Regional Center Program are fundamental to realizing the promise of meaningful use of HIT and the promise of improved quality, efficiency and safety of health care.

**Statutory Definition (HITECH Act of 2009):** An eligible professional or hospital is considered a "meaningful EHR user" if they use certified EHR technology in a manner consistent with criteria established by the Secretary, including but not limited to:

- e prescribing through an EHR;
- the electronic exchange of information for the purposes of quality improvement, such as case coordination; and
- recognition of critical quality events either internally or EHR.

The HITECH Act also requires these meaningful use criteria to become more stringent over time.

**Medicare and Medicaid Incentives for Meaningful Use:**

- Available beginning in FY 2011, eligible health care professionals and Acute Care Hospitals, Children's Hospitals and Critical Access Hospitals.
- In 2015, providers are expected to have adopted and be actively utilizing an EHR in compliance with "meaningful use" or they will be subject to financial penalties under Medicare.
- Detailed criteria to qualify for meaningful use incentive payments will be established by the Secretary of HHS through the formal notice-and-comment rulemaking process. This information outlines requirements for the meaningful use EHR incentives, as specified in this regulation, will inform a strategic framework for the program.

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### Existing Statutory Definition of "Meaningful Use" of EHRs Consistent with NY's Health Information Infrastructure

**Three Components**

- Uses EHR in a meaningful manner, which includes **electronic prescribing** as determined to be appropriate by the HHS Secretary
- **Submits information on clinical quality measures and other measures** as selected and in a form and manner specified by the Secretary
- Uses EHR that is "connected in a manner" that provides for the **electronic exchange of health information** to improve the quality of health care, such as promoting care coordination (in accordance with law and standards applicable to the exchange of information)

**Framework for NY's Health Information Infrastructure**

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## Key Statutory Concepts and Alignment with NY's Strategy

- Funding streams for ARRA
  - Match well with current HEAL health IT strategy and will be lead by DOH or state designated entity (NYeC)
- Meaningful Use of EHRs
  - Requires interoperability and other functional requirements (eRX, quality measures)
- HIE Infrastructure
  - SHIN-NY
    - Governance, Policy and Technical Components
- Planning and Implementation Grants for State HIE Plan
  - NYeC = state designated entity
- Regional Extension Centers
  - CHITAS/Service Bureau
- Loan Fund
  - DASNY

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## Questions?

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<http://nyhealth.gov/technology/>

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