

HEALTH INFORMATION TECHNOLOGY: FEDERAL POLICY LANDSCAPE

Prepared for the Community Clinics Initiative
By DDB Issues & Advocacy

In 1999, the Institute of Medicine released its report, *To Err is Human: Building a Safer Health Care System*. The report estimated that medical errors in hospitals kill 45,000 to 98,000 Americans each year.¹ This report, and others that followed, set in motion a public policy discussion about how to improve health care safety, the consensus being that better Health Information Technology (HIT) was a key strategy to improving health quality. Yet by 2002, little had changed; a report estimated that only 13 percent of hospitals and 14 percent of physicians' practices used electronic health records (EHRs). In response, policy makers began to develop programs to encourage more rapid adoption of HIT. The following is a brief summary of HIT initiatives supported by the Bush Administration and Congress over the past two years.

ADMINISTRATION:

On April 27, 2004, President Bush issued an Executive Order to, "establish within the Office of the Secretary [of Health and Human Services (HHS)] the position of National Health Information Technology Coordinator." The National Coordinator was charged with developing a nationwide interoperable health information technology infrastructure to improve health care quality, reduce medical errors, reduce health care costs and promote a more effective marketplace.

President Bush also called for widespread adoption of EHRs which would allow health information to follow patients throughout their care in a seamless and secure manner.²

In May 2004, the Office of the National Coordinator for Health IT (ONCHIT) was established with Dr. David Brailer appointed as national coordinator. In July 2004, HHS released a framework for a 10-year strategic plan. The report identified four major goals: inform clinical practice, interconnect clinicians, personalize care, and improve population health.³ The report also states that, "the federal government will provide a vision and a strategic direction for a national interoperable health care system, but will rely on a competitive technology industry, privately operated support services, and shared investments." The private sector is then tasked with developing the market institutions to deliver products and services.⁴

HHS's strategy follows two tracks: utilizing federal resources (e.g. agencies and centers), and overseeing the creation of new panels, partnerships and collaboratives to meet the demands of interoperability and the strategic plan.

Current Agency Activities:

Many federal departments and agencies were tasked with developing HIT programming for each of their jurisdictions. There has been substantial activity in the past few years, including:

* The Agency for Healthcare Research and Quality (AHRQ) is working to identify and establish clinical standards and research to help accelerate the adoption of interoperable HIT systems,

¹ *To Err is Human: Building a Safer Health System* (Nov. 1999). Institute of Medicine. Available online: <http://www.iom.edu/Object.File/Master/4/117/0.pdf>.

² Ibid.

³ American Health Information Community Potential Breakthroughs (Oct. 7, 2005). U.S Department of Health and Human Services. Available online: <http://www.hhs.gov/healthit/breakthrough.html>.

⁴ HIT Report at a Glance (July 21, 2004). U.S. Department of Health and Human Services. Available online: <http://www.hhs.gov/news/press/2004pres/20040721.html>.

including industry clinical messaging and terminology standards, national standard nomenclature for drugs and biological products, and standards related to clinical terminology. On October 6, 2005, AHRQ announced that it had awarded more than \$22 million to 16 grantees to initiate HIT systems and contribute to AHRQ's capacity to learn from HIT implementation in clinical settings.⁵

* The Centers for Medicare & Medicaid Services (CMS) announced an initiative in July 2004 to promote the adoption of EHRs, nationwide electronic drug prescribing, and other health information technologies to improve the quality and reduce the costs of health care, and to provide more personalized services for beneficiaries.⁶ On October 5, 2005, Secretary Leavitt announced new regulations to support e-prescribing and EHR adoption. CMS will soon issue a final rule that sets forth e-prescribing standards for drug plans that participate in the Medicare prescription drug benefit. According to HHS, "These proposals will speed adoption of health information technologies by hospitals, physicians, and other health care providers to improve quality and safety for Medicare beneficiaries and all Americans."⁷

* The National Institutes of Health's National Library of Medicine is working on the implementation of standard clinical vocabularies to enable ongoing maintenance and free use within United States health communities, both private and public. In 2003, the National Library of Medicine obtained a perpetual license for the Systematized Nomenclature of Medicine (SNOMED) standard and ongoing updates, making SNOMED available to U.S. users. Other efforts at the National Library of Medicine include the uniform distribution and mapping of HIPAA code sets, standard vocabularies, and Health Level seven code sets.

* The Centers for Disease Control and Prevention, through its Public Health Information Network initiative, is working on the development of shared data models, data standards, and controlled vocabularies for electronic laboratory reporting and public health information exchange that are compatible with federal standards activities such as the Consolidated Health Informatics initiative (CHI). Just recently the CDC awarded \$8.3 million in grants for projects aimed at improving the use of information technology in public health settings, including software to search electronic medical records and increased public health surveillance.⁸

* The Food and Drug Administration and the National Institutes of Health, together with the Clinical Data Interchange Standards Consortium (a group of more than 40 pharmaceutical companies and clinical research organizations), have developed a standard for representing observations made in clinical trials – the Study Data Tabulation Model.⁹

⁵ AHRQ Awards Over \$22.3 Million in Health Information Technology Implementation Grants (October 6, 2005). HHS Agency for Healthcare Research and Quality. Available online: <http://www.ahrq.gov/news/press/pr2005/hitimppr.htm>.

⁶ CMS Press Release: Medicare Announces Initiatives to Improve Care and Provide New Services Through Health Information Technology (July 21, 2004). Available online: <http://www.cms.hhs.gov/media/press/release.asp?Counter=1117>.

⁷ HHS Announces New Regulations that support e-prescribing and EHR adoption: Press Release and Regs (2005). U.S. Department of Health and Human Services. Available online: <http://www.hhs.gov/healthit/adoption.html>.

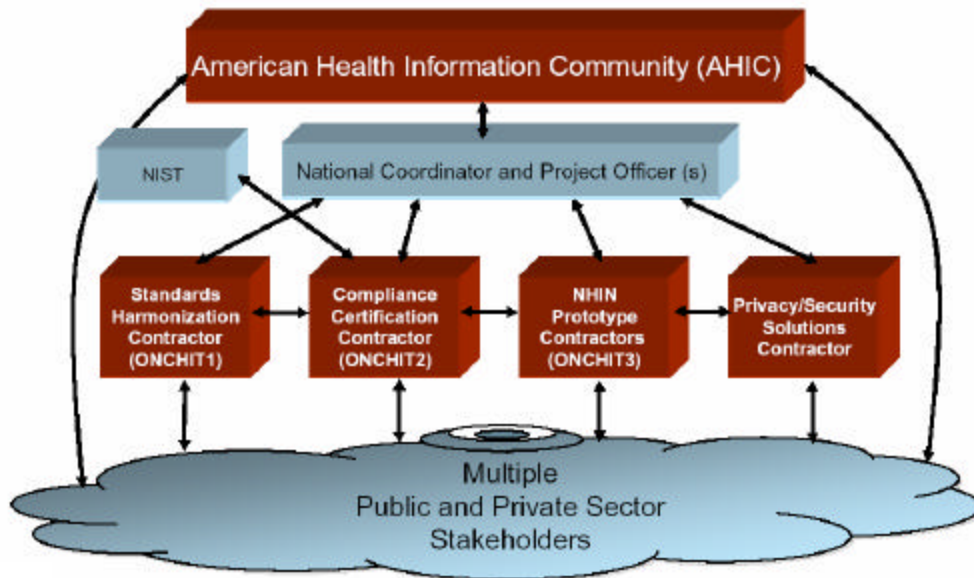
⁸ Ferris, Nancy (October 14, 2005). CDC Funds Informatics for Public Health. *Government Health IT*. Available online: <http://www.govhealthit.com/article91100-10-14-05-Web>.

⁹ Continued Leadership Needed to Define and Implement Information Technology Standards (Sept. 29, 2005). Statement of David Powner before the House Committee on Government Reform. Available online: <http://www.gao.gov/new.items/d051054t.pdf>.

* In the face of Hurricane Katrina, HHS worked with private-public partners to provide assistance with e-prescriptions and nationwide coordination. Secretary Leavitt stated that, “If there was ever a case for [electronic health records], this disaster underscores the need.”¹⁰ The goal was to compile and make accessible information from a broad group of private companies, public agencies, and national organizations: including, medical software companies; pharmacy benefit managers; chain pharmacies; local, state, and Federal agencies; and a national foundation. As a result of this coordination, authorized health professionals and pharmacies have access to many of the evacuees’ medication and dosage information in order to renew prescriptions, prescribe new medications, and coordinate care. This information is accessible from anywhere in the country.¹¹

New Initiatives:

During the past year, ONCHIT has been working to establish new infrastructure to harmonize standards and bring greater collaboration between public-private entities. On September 13, 2005, Secretary Leavitt announced the members of the American Health Information Community (AHIC). AHIC’s role is to advise the Secretary, recommend specific actions to achieve a common interoperability framework for HIT, and to serve as a forum for participation from a broad range of stakeholders. The 17 members of AHIC represent a range of stakeholders including representatives from the federal government (CMS, CDC, OPM, and the Departments of Veterans Affairs, Defense, Transportation and Commerce) and the private sector (physicians, patients, payers, vendors and purchasers).



At AHIC’s first meeting on October 7, 2005, they framed the three core building blocks from which AHIC can select pathways to achieve rapid breakthroughs: consumer empowerment, health improvement, and public health protection. Within those elements, AHIC announced its

¹⁰ Brewin, Bob (September 8, 2005). Leavitt: Katrina demonstrates need for e-health records. *Government Health IT*. Available online: <http://govhealthit.com/article90691-09-08-05-Web&newsletter=yes>.

¹¹ Available online: <http://www.katrinahealth.org/>.

priorities: personal health records, telemonitoring patients suffering from chronic diseases, and biosurveillance.¹² AHIC plans to inform this process in a visible and transparent manner, inviting consumers to participate through public meetings, workshops, and forums.

In addition, HHS has contracted with three partners to carry out the tasks of standards harmonization, technology certification, and security and privacy enhancements. These partners are the Health Information Technology Standards Panel (HITSP), the Certification Commission for Health Information Technology (CCHIT) and the Health Information Security and Privacy Collaboration (HISPC). The format for this relationship can be seen in the illustration (Figure A) above.

On October 12, 2005, Dr. Brailer announced that a contract had been awarded to assess the nation's progress with HIT adoption. The annual project will produce a report, create a methodology for the evaluation, and "give us more insight and color about some of the particular policy consequences or undiscovered policy implications of the health IT agenda," stated Dr. Brailer. Dr. David Blumenthal of Harvard Medical School is one of the lead researchers. Within a month, it is expected that the researchers at George Washington University and Harvard will convene a panel of experts and health care leaders to guide them in reviewing and synthesizing already completed HIT surveys into a single set of definitive numbers.¹³

CONGRESS:

In the 109th Congress, the level of HIT activity on Capitol Hill has increased significantly. Hearings and legislation on HIT have been proposed in multiple committees and from several members of both chambers, making it a popular bipartisan issue. Many of the proposals would put into statute the initiatives already underway at HHS (see Appendix A). A bill integrating proposals from Senators Enzi, Kennedy, Clinton and Frist (S. 1418) was passed by the Senate Health, Education, Labor and Pensions Committee (HELP) on July 20, 2005. The bill, "Wired for Health care Quality Act," has strong bipartisan support. The chief components of the bill include:

- Creation of the "American Health Information Collaborative."
- Development of the criteria and standards for HIT systems under ONCHIT.
- Authorizing competitive grants to carry out demonstration projects and a system of loans.
- Development of a quality measurement system authorized by the Secretary.
- Establishment of a Health Information Technology Resource Center within the Agency for Health Care Research and Quality to provide technical assistance and develop best practices to support and accelerate efforts to adopt, implement, and effectively use interoperable health information technology.

From the perspective of community health clinics and safety net providers, the legislative proposals could be improved by the following additions:

¹² Ferris, Nancy (October 7, 2005). HHS 'Community' Gets to Work. *Government Health IT*. Available online: <http://www.govhealthit.com/article91043-10-07-05-Web>.

¹³ Ferris, Nancy (October 12, 2005). HHS Plans Annual Health IT Report Card. *Government Health IT*. Available online: <http://www.govhealthit.com/article91085-10-12-05-Web>.

- Specific mention of community health clinics in all sections that list providers (hospitals, physicians, laboratories, etc.)
- Requiring a safety net representative on AHIC.
- Establishing preferences for the awarding of grants based on designated health care shortage areas.
- Including language that ensures that the loan review standards and the repayment requirement recognize the unique financial structure of CHCs.

There are similar proposals from other members on Capitol Hill. Some have components not included in the Enzi-Kennedy bill, including additional mechanisms for funding HIT. For example, Senators Stabenow and Snowe have introduced HIT legislation with specific funding for HIT improvement from Medicare. H.R. 747, "The National Information Incentive Act" has been offered by Congressmen McHugh and Gonzalez. It establishes a refundable credit for expenditures of health care providers implementing the infrastructure.¹⁴ Congressmen Murphy and Kennedy have introduced H.R. 2234, "The 21st Century Health Information Act." Their bill would also establish a national technical assistance center to help physicians in small practices implement electronic health systems.¹⁵ Additional HIT proposals are expected to be introduced before long from Congressman Porter and Congressman Clay.

In the Senate, passage of HIT legislation is expected shortly. On the House side, while there is no immediate action at this time, there is a significant level of interest to move this issue forward.

What Next?

A recent comment by Dr. Brailer highlights the challenges facing policy makers in the months ahead: "We will look back at this month as the point when we moved out of the formative stage. (But) we as a nation can still get it wrong. We still must devise ways to ensure that clinicians everywhere, be it at a large hospital or community clinic or a shelter, can get access to a national network. We must devise a way to ensure that we can certify that electronic records provide a certain level of functionality - a doctor using a computer, for example, is not e-health. "

David Brailer, MD
 Speech at American Health Information Management Association
 October 18, 2005

¹⁴ H.R. 747: National Health Information Incentive Act of 2005. Available online: <http://thomas.loc.gov/cgi-bin/query/z?c109:H.R.747:>.

¹⁵ Morantz, Carrie (June 15, 2005). Congressional bill encourages use of health information technology. *American Family Physician* Vol. 71(12).

Appendix A

House HIT Legislation:

21st Century Health Information Act of 2005 (HR 2234)

Sponsors: Rep. Tim Murphy (R-PA), Rep. Patrick Kennedy (D-RI)

National Health Information Incentive Act of 2005 (HR 747)

Sponsors: Rep. Charlie Gonzales (D-TX), Rep. John McHugh (R-NY)

The Future of Healthcare - Granting Access to Innovation in America Act (HR 3607)

Sponsor: Rep. John Sweeney (D-NY)

Senate HIT Legislation:

Wired for Health Care Quality Act (S 1418)

Sponsors: Sen. Mike Enzi (R-WY), Sen. Ted Kennedy (D-MA)

Health TEQ Act of 2005 (S 1262)

Sponsors: Sen. Bill Frist (R-TN), Sen. Hillary Clinton (D-NY)

Patient Safety and Quality Improvement Act of 2005 (S 544)

Sponsors: Sen. Jim Jeffords (I-VT)

Health Information Technology Act of 2005 (S 1227)

Sponsors: Sen. Debbie Stabenow (D-MI), Sen. Olympia Snowe (R-ME)

Medicare Value Purchasing Act of 2005 (S 1356)

Sponsors: Sen. Chuck Grassley (R-IA), Sen. Max Baucus (D-MT)

Information Technology for Health Care Quality Act (S 1223)

Sponsor: Sen. Chris Dodd (D-CT)