

Legislative and Regulatory Overview of HIT

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Carla Smith, FHIMSS, CNM
Executive Vice President, HIMSS



The Source for Healthcare Information

What's the Big Deal?

- IOM - 44k – 98k people die yearly from medical errors
- Study in JAMA found that missing information from 1,614 charts could, 44% of the time, adversely impact patient's well-being
- RAND - patients receive appropriate care 55% of the time
- Preventable healthcare-acquired infections cost \$4.5B/yr and contribute to over 88k deaths
- CDC found that 16.7M elderly patient visits to physicians result in Rx errors yearly
- Everyone in this room has been impacted by sub-optimal care due to lack of information at the point-of-care

Source: H.R. 2234 "21st Century Health Information Act of 2005"

How can IT impact those stats?

- CITL – savings of \$77.8B yearly if health information exchange existed in the US and \$44B yearly with existence of widespread CPOE
- RAND – estimates savings 3-5% above the CITL study
- Thru eRX, pharmacists could cut their calls to physicians by 50% due to illegible handwriting
- Patients would have access to their records and informed input into their care
- Evidence-based medicine or care guidelines could improve the quality of care

So why isn't the problem solved?

- Financial Challenges
- Cultural Challenges
- Technological Challenges
- Legal Challenges
- Workforce Challenges

President Bush's Goal

“Medicine ought to be using modern technologies in order to better share information, in order to reduce medical errors, in order to reduce cost to our health care system by billions of dollars... Within ten years, every American must have a personal electronic medical record. The federal government has got to take the lead in order to make this happen by developing what's called technical standards.”

April 26, 2004

Goal Reaffirmed in 2005

“...most Americans to have electronic health records within ten years. The President’s vision would create a personal health record that patients, doctors and other health care providers could securely access through the Internet no matter where a patient is seeking medical care.”

June 6, 2005 HHS Press Release



The Administration's Role

- Created Office for Nat'l Coordinator of HIT
- Established four sequential goals: Inform Clinicians, Interconnect Clinicians, Personalize Care, & Improve Population Health
- Published RFI and four subsequent RFPs
- Requested Funding (\$125M for FY06)
- Announced Amer Health Info Community

Four HHS RFPs

- Certify HIT products & services
- Harmonize HIT standards
- Research & propose state-level solution for privacy & security laws and practices
- Demonstrate six NHIN architecture prototypes

Certify HIT Products & Services

- More than 200 EHR products on the market
- No tool for purchasers to use to evaluate those products to make an informed purchase decision
- ONCHIT will select a contractor to address EHR functionality for ambulatory & inpatient settings; decision support, performance reporting, interoperability, security, & reliability features

NHIN Prototype Architecture

- No consensus on using the Internet for secure, interoperable health information exchange
- Six awards will be made to prototype architectures
- Features - authorization, security, timely, and accurate exchanges among clinicians, consumers, and authorized entities
- Contractor must demonstrate interoperable health information exchange in real-world health settings

Privacy & Security Practices

- Variations in security protocols present challenges to widespread exchange
- 23 states have legislative or governor support for health information exchange
- 43 states have funding for HIT projects
- 28 states have private efforts underway
- RFP seeks solutions to various state security and privacy protocols and practices

Standards Harmonization

- Standards can be implemented in numerous ways – presenting significant challenges
- Many standards exist for information exchange, vocabularies and coding – but there is little harmony between them
- The RFP calls for a harmonizing entity to create a process resulting in widely accepted standards; resolve gaps and duplication; and propose resolution strategies and timelines

AHIC

- To help nationwide transition to EHRs -- including common standards and interoperability
- Provides input and recommendations to HHS on making health records digital and interoperable, and assuring private and secure records
- Secretary Leavitt to serve as Chairperson. He will appoint up to 17 members
- Two year charter, with 3-year option to renew
- Transitions to a private-sector initiative to provide long-term governance for transformation

AHIC's Goals

- Prioritize HIT achievements providing immediate benefits to consumers (drug safety, lab results, etc)
- Recommend privacy & security protection
- Recommend creation of a private-sector, standard-setting and harmonization process, and a separate product certification process
- Recommend a nationwide architecture using the Internet to share information
- Recommend a private-sector effort to succeed AHIC within five years.

Status of FY06 HIT Funding

- President requests \$125M for ONCHIT & AHRQ
- Senate Appropriations HHS Subcommittee approved \$95.2M (an increase of \$21M over FY05)
- Of this, \$45.2M goes to fund ONCHIT & \$50M for AHRQ
- The House funded the entire \$125M

Legislation

- S. 1355 Better Healthcare through IT Act
- S. 1262 Health Technology to Enhance Quality Act of 2005
- S. 1227 The HIT Act of 2005
- S. 1223 IT for Health Quality Act
- S. 544 Patient Safety and Quality Improvement Act
- S. 16 Affordable Health Care Act
- S. 1356 Medicare Value Purchasing Act of 2005
- H.R. 2234 21st Century Health Information Act
- H.R. 747 National Health Information Incentive Act of 2005

Key Legislative Points

- Codifies ONCHIT or creates a Director of HIT reporting to the President
- Creates loans/grants or tax credits for IT purchases
- Creates safe harbors or exemptions to Stark
- Focuses on patient safety, quality outcomes, and patient/clinician access at point of care
- Recognizes standards as lynchpin
- Establishes Nat'l Health Info Infrastructure

How Can You Learn More?

- Health Quality Improvement and IT Caucus in the Senate – contact Lisa Layman (Sen. Stabenow) or Bill Pewen in Sen. Snowe)
- 21st Century Healthcare Caucus in the House – contact Mike Baxter (Rep. Murphy) or Mike Zamore (Rep. Kennedy)

Visit the HIMSS Website

www.himss.org

- Legislative Action Center
- Legislation Cross-Walk
- State Legislative Tracker
- Connection to all relevant Executive Branch activities
- Semi-monthly e-newsletters

Questions?

Carla Smith, FHIMSS, CNM
csmith@himss.org

Dave Roberts, FHIMSS
droberts@himss.org
(703) 837-9810



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