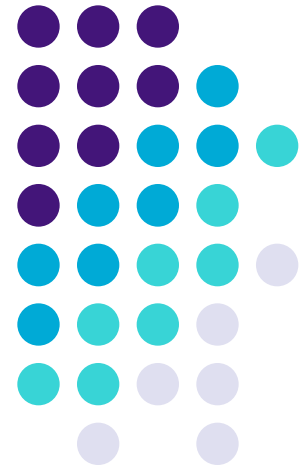


ARRA HITECH Act and Nevada

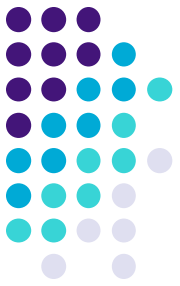
Wired For Success
Nevada Broadband Summit
November 14, 2011

Lynn O'Mara, MBA
State Health IT Coordinator
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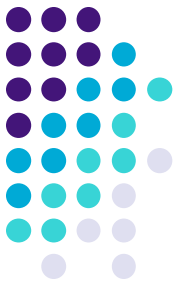


ARRA HITECH Act



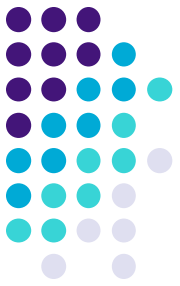
- **Health Information Technology for Economic and Clinical Health (HITECH)**
 - Enacted as part of the **2009 American Recovery and Reinvestment Act (ARRA)** and authorizes approximately \$36 billion in outlays over 6 years for Health Information Technology (HIT) and Health Information Exchange (HIE)
 - **Expands the role of states in fostering a technical architecture to facilitate HIE and adoption of federally-certified electronic health record systems (EHRs) by 2014**
 - **CMS financial incentives:** EHR adoption and Meaningful Use (MU) by Eligible Providers (EPs)
 - **New HIPAA provisions:** broader scope of privacy and security protections, increased potential legal liability for non-compliance, and **enhanced state-level enforcement**
- **Purpose of HIT & HIE** - Total electronic management of health information and its secure exchange among and between health care consumers, providers and payers
 - Quality, safe coordinated care
 - Increased efficiency of care provision and administrative efficiencies
 - Reduced health care costs

ARRA HITECH State HIE Cooperative Agreement Program



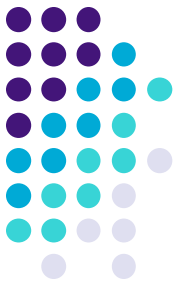
- Administered by the Office of the National Coordinator for HIT (ONC)
- \$564 million allocated for 4-year awards to states and territories for the development and advancement of infrastructure for HIE across health care systems, providers and payers
- **Nevada DHHS-DO received 4-yr. \$6,133,426 Cooperative Agreement** (escalating match requirements)
- 20-member HIT Blue Ribbon Task Force established by Governor Gibbon's Executive Order provided important feedback from diverse group of HIT/E stakeholders
 - Members appointed by the Governor: health care systems, hospitals, physicians and other providers, consumers, FQHCs, Medicaid, public health, insurance, payers, employers, and UNSOM
 - Met 13 times from October 2010 – January 2011 and followed Open Meeting Law
 - UNR College of Business faculty and MBA students provided subject matter expertise, including research and analysis
 - Recommendations incorporated into required State Health IT Plan and SB 43
 - Sunset June 30, 2011

ARRA HITECH State HIE Cooperative Agreement Program



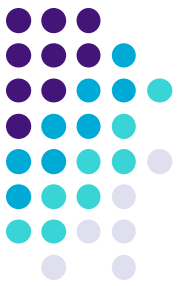
- Targeted funding that must support efforts to establish sustainable HIE capacity that enables intra-state, interstate and nationwide HIE through the meaningful use of federally-certified EHRs, with the goal of improving quality and efficiency of care
- **Mandates coordination with state Medicaid HIT efforts, including meeting meaningful use requirements and supporting the EHR financial incentive program for eligible providers**
- **Requires coordination with other relevant ARRA and HITECH programs**
- **Encouraged to coordinate with health care reform programs, such as Health Insurance/Benefits Exchange**
- Required submission and approval of a State HIT Strategic and Operational Plan that meets HITECH and Cooperative Agreement requirements

State HIT Coordination with Other Key ARRA Programs



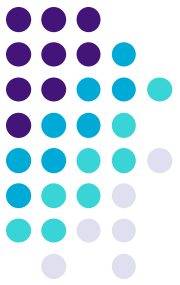
- **Broadband necessary for HIE connectivity and operations**
 - 12-member Nevada Broadband Task Force
 - ARRA broadband grantees – not HIT specific
- **College of Southern Nevada (CSN)**
 - Fully accredited HIT Associate in Applied Science (AAS) already in place
 - 2-year sub-grants under regional HITECH Community College Consortia grant for training EHR users (part of the Health IT Workforce Development Program)
 - Los Rios HITECH Consortium - 14 Community Colleges in AZ, CA (lead college), HI and NV
 - Provide ONC-defined training that supports HITECH implementation
 - Must recruit and enroll 150 students each year
 - Training began September 30, 2010, with first cohort graduating Spring 2011
- **Nevada's Regional Extension Center (REC) - *HealthInsight***
 - Coordination and collaboration that includes Nevada Medicaid and CSN
 - HIE implementation and utilization depends on successful EHR adoption

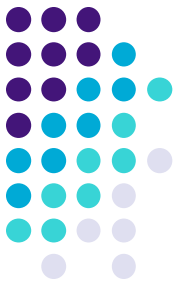
Nevada State HIT Plan



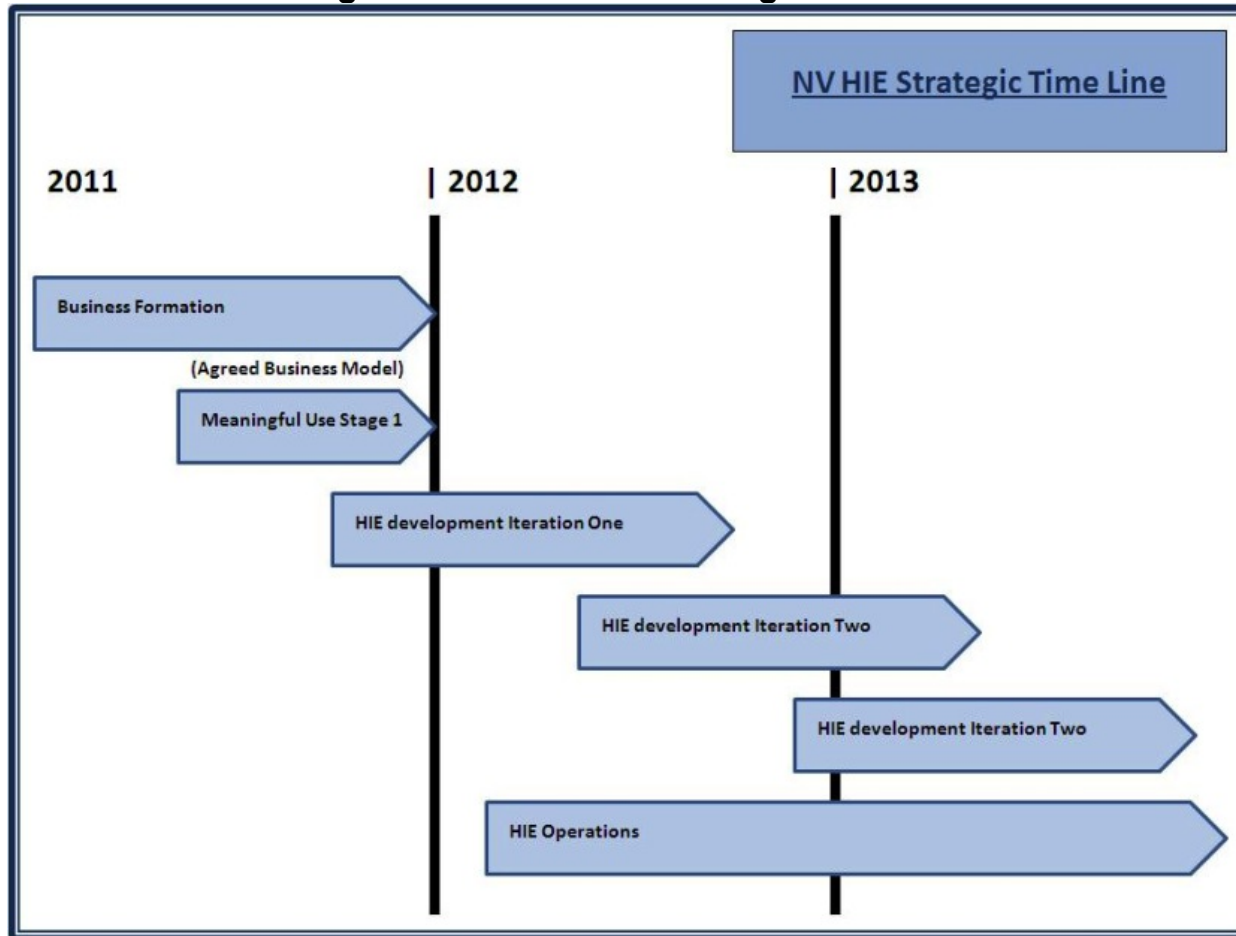
- Approved by ONC on May 19, 2011
- Posted in its entirety at: <http://dhhs.nv.gov/HIT.htm>
- Key elements
 - A business plan, with short-term goals (HITECH Act requirements) and a long-term strategy (sustainability)
 - HITECH-required HIE governing entity will be established as not-for-profit business, offering core/common services
 - Will implement and oversee the statewide HIE system
 - Participating community/regional HIEs must be certified (can be for-profit or not-for-profit)
 - DHHS Director is State HIT Authority
 - DHHS will contract with HIE governing entity to meet specific plan components
 - NV Broadband Task Force and vendors are stakeholders
- Supported by Senate Bill 43 and Assembly Bill 449
- DHHS Press Release issued June 20, 2011

Nevada HIE Governance Model





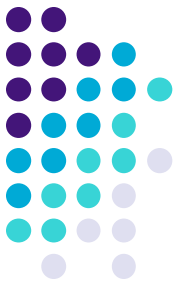
Nevada State HIT Plan Timeline



2011 State Legislation

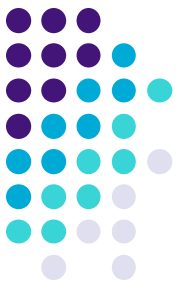


- **Senate Bill 43: HIT/E Enabling Legislation**
 - Signed into law June 13, 2011, effective immediately
 - Harmonizes applicable state and federal laws
 - Supports the requirements of the ARRA HITECH Act and HIPAA
 - Establishes the framework for DHHS to meet the terms and conditions of Nevada's State HIE Cooperative Agreement
 - Aligns with the State HIT Plan, authorizing the establishment of the HIE governing entity and statewide HIE system
 - Stipulates opt-in informed patient consent for electronic exchange of information, via HIE
 - Designates DHHS Director as State HIT Authority, authorized to promulgate regulations and certify participating community/ regional HIEs
- **Assembly Bill 449: Economic Development**
- **Senate Bill 440: Silver State Health Insurance Exchange**



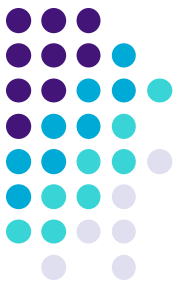
HIE Broadband Analysis (June 2011)

- Purpose: broadly assess broadband capacity within Nevada's health care provider community, as broadband is a foundational requirement for enabling electronic HIE
 - Broadband options for providers
 - Associated broadband speeds
 - Broadband gaps for providers
- Broadband coverage measured as % of population that has access to one or more broadband providers
- 6,011 Health care entities included: hospitals, clinics, individual and group practices, labs and pharmacies
 - 91% located in urban areas, with multiple options for broadband access
 - 90% in urban areas typically have two or more options for wireline or wireless broadband
 - Nearly 3% of Nevada health care entities do not have access to wireline broadband service, making electronic HIE difficult
 - Rural providers may find electronic HIE difficult due to slow/limited broadband options



HIE Broadband Analysis

- **Interactive Broadband Map for Health Care Provider Community** (online Google tool)
<http://www.google.com/fusiontables/DataSource?snapid=S207096qqqT>
- NV Broadband speeds, particularly in urban areas, appear sufficient to support current levels of electronic HIE
- Most NV health care entities have more than one option for broadband access
- Some rural areas and urban pockets are underserved for broadband, making it difficult to achieve the HIE components of meaningful use due to insufficient broadband available
- Wireless may potentially fill the gaps for the 3% of health entities without access to any wireline broadband service, especially as satellite technologies (e.g., ViaSat 1) go online



Broadband for HIE

- Recommended Speed for Provider Offices – 20 Mbps:
 - Download: 10 – 20 Mbps
 - Upload: 5-10 Mbps
- Recommended Speeds for Hospitals and Medical Facilities:
 - Minimum: 1,000 Mbps
 - Better: 1.5 Mbps T1 line
- Efficient transmissions will depend on firmware capability and communications linkages
- HIE of increasingly complex lab and imaging data will impact both speed and bandwidth
- Importance of Bandwidth expected to eclipse Speed
- Need to think ahead at least 2-3 years

Estimated Health IT Workforce Needs for Nevada



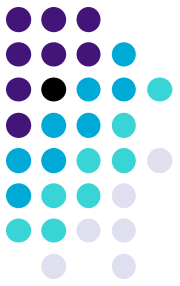
- **General Rules of Thumb (Health Care Sector)**
 - 0.15 IT FTE / bed
 - 1.0 IT FTE / 50 non-IT FTEs
- **By 2016, Nevada will require a combined IT and Health IT workforce of approximately 5,000 workers**
- **Size of current IT workforce unknown, and rough estimates are 1/3 of 2016 projections**
- **State HIT Coordinator Efforts: Workforce and Economic Development**
 - Member, State Workforce Investment Board Health Care Sector Council – Health IT Workforce is one of the five top priority groups
 - Northern Nevada Development Authority – supports Health IT & Broadband business opportunities & supporting infrastructure
 - ❑ Member and Vice Chair, Health Care Advisory Action Committee
 - ❑ Member, Technology Advisory Action Committee (includes NBTF Chair)



NV HITECH Challenges

- **Nevada's economic situation**
- **Lack of sufficient Broadband connectivity, particularly in frontier and rural counties**
- **Need to rapidly grow Health IT service businesses and workforce**
- **Multiple variables and unknowns**
- **Lack of successful HIE business and financial models**
- **Unknown impact of forthcoming federal regulations for meaningful use and ACA programs**
- **Federal deadlines**
- **Unknown impact of related decisions by other federal agencies (e.g., FCC, FTC, NIST, CDC, etc.)**
- **Ever-evolving Technology changes, innovations and enhancements**

Health IT Glossary



- **Electronic Health Record / Electronic Medical Record (EHR / EMR)** – A real-time patient health record with access to evidence-based decision support tools that can 1) be used to aid clinicians in decision making; 2) automate and streamline a clinician's workflow, ensuring that all clinical information is communicated; 3) prevent delays in response that result in gaps in care; and 4) support the collection of data for billing, quality management, outcome reporting, and public health disease surveillance. Must be HIPAA-compliant.
- **Health Information Exchange (HIE)** – Electronic movement of health-related information between and among organizations according to nationally-recognized standards. Must be HIPAA-compliant.
- **Health Information Technology (HIT)** – Information systems specific to the health care domain, i.e., the computer hardware, software and procedures and personnel designed, operated and maintained to collect, record, process, analyze, store, retrieve and display information.
- **Meaningful Use (MU)** – Providers need to show they are using federally-certified EHR technology in ways that can be measured significantly in quality and in quantity.
- **Personal Health Record (PHR)** – An electronic application through which individuals can maintain and manage their health information (and that of others for whom they are authorized) in a private, secure, and confidential environment. Not required to be HIPAA-compliant, and under the jurisdiction of the Federal Trade Commission (FTC).