HEALTH INFORMATION TECHNOLOGY

FEDERAL FUNDING IN THE COMMONWEALTH

Required by Item 273F

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PREFACE

This report contains information concerning the awards of federal monies to the Commonwealth for the advancement of health information technology as required by the Appropriation Act, Item 273 F of the 2010 Session of the Virginia General Assembly. Executive Order 95 of the Kaine administration created the Governor's Health Information Technology Advisory Council to provide relevant stakeholder input to the Secretary of Health and Human Resources and the Commonwealth's Office of Health Information Technology concerning the use of these monies to continuously improve the quality and cost effectiveness of health care in the Commonwealth.

EXECUTIVE SUMMARY

Virginia is considered a leader in the advancement of health information technology. Over the previous eight years, the best and the brightest minds in the field of healthcare transformation and information technology (IT) have come together to further the mission of improving the cost and quality of care delivery in the Commonwealth.

Recognizing that Virginia has the resources, partnerships, infrastructure and vision to continue the drive toward enhanced quality, safety, and efficiency through the use of Health IT, the federal government has provided monetary support to these efforts through numerous sources including the Office of National Coordinator (ONC), the Centers for Medicare and Medicaid (CMS), the National Telecommunications and Information Administration (NTIA) and the Centers for Disease Control and Prevention (CDC). This report provides summary information on the objectives and progress of projects initiated through these initial funding sources.

On February 17, 2009, President Obama signed the American Recovery and Reinvestment Act of 2009 (ARRA), a critical measure to stimulate the economy. Among other provisions, the new law provides opportunities for the Department of Health and Human Services (DHHS), its partner agencies, and the States to improve the nation's health care through health information technology. The activities are managed through the Office of National Coordinator. These activities include the provision of technical expertise to healthcare providers for the adoption of meaningful electronic health record technology, the provision of a statewide health information exchange to facilitate health information sharing amongst disparate providers, and the provision of incentive payments to certain eligible providers that will be distributed through Medicare and Medicaid enhanced reimbursements.

Other monies available through ARRA appropriations include the National Telecommunications and Information Administration responsibility to develop and maintain a comprehensive nationwide inventory map of broadband service capability and availability. Broadband access is a necessary component for achieving interoperability among providers of patient's health information.

The CDC has also devoted resources to its State partners for the advancement of Health IT. Included in this area are funds allocated to the Division of Consolidated Laboratory Services for the development of standardized electronic lab reporting capabilities, and also to the Virginia Department of Health for the development and maintenance of the Virginia Immunization Information System.

The role of the Health Information Technology Advisory Council, as a convener of stakeholders from across the Commonwealth, is vital to continually foster innovative and collaborative Health IT proliferation. With strong executive leadership and strong staff support, Virginia will move forward with this difficult yet essential work for the citizens of the Commonwealth.

BACKGROUND

Continuously improving the quality and cost effectiveness of health care is one of the most significant public policy questions facing government. It has been widely acknowledged that information technology (IT) has shown great promise in improving patient outcomes, promoting cost effectiveness, and enhancing patient involvement. Executive Directive 6 was issued by Governor Warner in 2005 to establish a 15 member work group to develop a clear picture of where Virginia was on Health IT deployment and to offer recommendations on where Virginia should go in the future. During 2006, this group identified specific ways to "close the gap" between where Virginia is on Health IT and where it wants to be.

In 2006, Governor Kaine issued Executive Order 29 to continue the work of the Health Information Technology Council. The Council undertook grant initiatives designed to provide public monies to private entities advancing the cause of Health IT utilization. Executive Order 55 was issued in 2007 to extend the work of the Council in this endeavor.

During 2007, three "**Innovation Motivator**" organizations were chosen for grant awards based on their proposed Health IT projects as well as their tenure and respect in the marketplace. During the second cycle of awards, two "**Pioneer in the Community**" organizations were chosen based on their emerging contribution to the health of their communities and their leadership position within their marketplace. These state grantees then leveraged their awards and gained significant federal funding from other sources.

State Funds	Organization	Federal Funds
$250,000	MedVirginia	$4.47M
$250,000	CareSpark	$4.15M
$250,000	CCNV	$1.95M
$150,000	NOVARHIO	$0.30M
$150,000	Centra Health	$0.25M

The Commonwealth achieved 10-1 leverage on a $1.1 Million investment!

In preparation for upcoming federal funding, Governor Tim Kaine issued Executive Order 95 in the fall of 2009 that created the Office of Health IT and also established the Governor's Health Information Technology Advisory commission (HITAC). The Commission has the following responsibilities:

1. Encourage public-private partnerships to increase adoption of electronic medical records for physicians in the Commonwealth.
2. Provide healthcare stakeholder input to build trust in and support for a statewide approach to HIE.
3. Ensure that an effective model for HIE governance and accountability is in place.

4. Examine and define an integrated approach with the Department of Medical Assistance Services and the Virginia Department of Health to enable information exchange and support monitoring of provider participation in HIE as required to qualify for Medicaid meaningful use incentives.
5. Develop and/or update privacy and security requirements for HIE within and across state borders.
6. Encourage and integrate the proliferation of telemedicine activities to support the Virginia healthcare improvement goals.
7. Monitor and support the activities of any Regional Extension Centers awarded in the Commonwealth.
8. Examine other health related issues as appropriate.

The Secretary of Health and Human Resources chairs the HITAC and is responsible for convening the group. The HITAC consists of members appointed by the chair in consultation with the Secretary of Technology and represents broad stakeholder engagement in health information technology and exchange. The HITAC works in concert with the Office of Health IT in an ongoing effort to build and strengthen the Health IT portfolio of the Commonwealth.

FEDERAL FUNDING INITIATIVES

Health and Human Services/Office of National Coordinator (ONC)

I. Virginia Health IT Regional Extension Center (VHIT REC).

Virginia Health Quality Center, the Quality Improvement Organizations (QIO) contractor to CMS, is also contracted to serve as Virginia's Regional Extension Center for Health Information Technology. The mission of the VHIT Regional Extension Center is to provide comprehensive, low-cost technical assistance to make it easier for the Commonwealth's priority primary care providers (PPCPs) to adopt electronic health records (EHRs), integrate them into the patient care process, and attain meaningful use. VHIT will provide assistance in two areas: to assist in new EHR implementations with the goal of meaningful use; and to assist existing EHR implementations to attain meaningful use. VHIT's goal is to bring 2,285 PPCPs to "meaningful use" of EHR within two years. VHIT has hired its initial staff and begun the awareness and physician enrollment campaign. In these stages of outreach, VHIT is addressing both individual providers, provider groups and numerous statewide medical organizations. Regional EHR solution partner "kick-off" meetings are being held around the state in June/July 2010 as well as webinars, exhibits and other venues for campaign material distribution. VHIT is providing a choice of three EHR solution partners (Allscripts, MDLand, and Athena Health) with well negotiated group pricing discounts, and assistance with training and implementation. Currently VHIT is developing a continuum of services to assist physician practices in achieving meaningful use. In the early phase of a provider going "live", several aspects of meaningful use will be pursued, including electronic prescribing and clinical data reporting. Virginia providers will benefit from VHIT services even after the initial EHR go-live as VHIT staff will continue to work with them to ensure they achieve full meaningful use of their EHR systems.

This initiative received $12.4 million to be expended over a 2 year period of time. In order to receive funding from ONC this project had to provide a detailed financial sustainability plan.

II. Commonwealth of Virginia Health Information Exchange (COV-HIE)

Health Information Exchange (HIE) is defined as the mobilization of healthcare information electronically across organizations within a region, community or hospital system. HIE provides the capability to electronically move clinical information among disparate healthcare information systems while maintaining the meaning of the information being exchanged. The goal of HIE is to facilitate access to and retrieval of clinical data to provide safer, more timely, efficient, effective, equitable, patient-centered care. In addition, providers seeking enhanced Medicare/Medicaid reimbursements must demonstrate the ability to exchange information (i.e. interoperate) as a condition to meet the meaningful use requirements. Another ONC expectation is that each state and territory will have at a minimum of one exchange that is connected to the National Health Information Network (NHIN). HIE is also useful to public health authorities to assist in the analyses of the health of the population and to identify potential health risks.

Virginia has developed Strategic and Operational Plans addressing the areas of Governance, Business Operations, Technical Infrastructure, Finance, Legal/policy, Communications and Transformational Outcomes for the COV-HIE by garnering stakeholder input and building a collaborative model for a statewide HIE. The plans build on the existing exchange infrastructure in the Commonwealth. With three existing health information exchanges in operation, the COV-HIE seeks to accreditate those organizations, provide a portal to publically held health information, and provide interoperability capabilities to providers that are not currently served by an existing HIE.

The Commonwealth received $1.0 million to fund a planning period of six months. These plans were submitted to ONC in July 2010. Upon plan approval, the Commonwealth will receive an additional $10.6 million to be expended over a four year period of time.

Centers for Medicare and Medicaid (CMS)

I. Medicare/Medicaid Payment Incentives

Funds will be made available to certain eligible professionals and hospitals who are "meaningful" electronic health record users. These funds will be distributed through Medicare and Medicaid incentive payments to eligible professionals, physicians, and hospitals. In addition, with regard to the Medicaid program, federal matching funds will also be made available to States to support their administrative costs associated with these provision.

The "meaningful" use rule was promulgated by CMS in July 2010. In order to receive incentive payments under the program, an eligible professional must demonstrate that his/her electronic health record technology can exchange health information with other disparate professionals and report on clinical quality and other practice management indicators. Eligible professionals include physicians, dentists, certified nurse-midwives, nurse practitioners, and physician assistants who are practicing in Federally Qualified Health Centers or Rural Health Clinics.

For the Medicaid program, ARRA established 100% Federal Financial Participation (FFP) for States to provide incentive payments to eligible Medicaid providers to purchase, implement, and operate "meaningful" use electronic health record technology. It also establishes 90% FFP for State administrative expenses related to carrying out this program.

Eligible professionals must meet minimum Medicaid patient volume percentages and must waive rights to duplicative Medicare incentive payments. Eligible professionals may receive up to 85% of the net average allowable costs for certified electronic health record technology, including support and training. Incentive payments will be available for no more than a 6-year period. Acute care hospitals with at least 10% Medicaid patient volume are also eligible for payments as well as children's hospitals of any patient volume.

II. Medicaid Information Technology Architecture (MITA)

MITA is a CMS initiative to transform the Medicaid Management Information System into an enterprise-wide backbone architecture capable of addressing tomorrow's Medicaid needs. It is an enterprise architecture framework that specifies business,

information, and technical architecture. The goal of MITA is to put citizens at the center, not the Medicaid agency. It is to provide citizens with a "one-stop-shop" access by collecting information one time for use in multiple programs and services. This should lead to a reduction in duplication of services and an ability to provide citizen information on-line in a real-time basis.

The Department of Medical Assistance Services performed a MITA state self-assessment in 2007. A request for additional federal match for a subsequent self-assessment has been sent to CMS. With the leadership of Secretaries Hazel and Duffy, CMS has been informed on the progress of the Commonwealth with the implementation of the MITA vision and has expectation that a higher FFP will be made available for the activities of this project.

III. CareSpark (a non-profit HIE in southwest Virginia)

CareSpark is now engaged with CMS to develop and test specifications for physician reporting of quality measures (PQRI) directly from their EHR systems through an HIE / NHIN gateway in a standardized format, and to receive feedback reports on an interim and final basis verifying their qualifications for receipt of incentives payments for "meaningful" use. This project was initiated in June 2010 and is targeted for completion before the 1st quarter of 2011, allowing for demonstration and publication of standard specifications for use by others across the country.

National Telecommunications and Information Administration (NTIA)

I. Broadband Accessibility

The ARRA directed the NTIA to develop and maintain a comprehensive nationwide inventory map of broadband service capability and availability, and to make the map publicly available via the Internet. NTIA awarded monies to Virginia/Secretary of Technology to collect and verify statewide data about the availability, speed, and location of broadband Internet. This data collection is to be conducted on a semi-annual basis over a two-year period, with the data to be presented in a clear and accessible format to the public, government, and the research community.

The Office of Health IT is partnering with this initiative to conduct an environmental scan of healthcare providers. This scan will assess the availability of the technical infrastructure that is necessary for a deployment of "meaningful" use electronic health records. With the vast geography of the Commonwealth, Virginia has many rural areas where broadband capability is at a premium. This partnering will illustrate the areas of the state that require immediate attention to supply healthcare providers with the tools necessary for practice improvement.

NTIA will then use the data collected by grantees, in combination with other data sources, to create and publish online the National Broadband Map by February 17, 2011. The map will further educate consumers and businesses about broadband Internet availability, enable broadband Internet providers and investors to make better-informed decisions regarding the use of their private capital for future broadband investment, and inform the decisions of Federal, State, and local policymakers as they work to expand the benefits of broadband to all Americans.

Centers for Disease Control and Prevention (CDC)

I. Division of Consolidated Laboratory Services (DCLS)

DCLS has several messaging projects that are currently in progress including Electronic Test Orders and Results (HL7 2.6) State-to-State and State-to-CDC in support of surge, pandemic, and emergency response (ETOR pilot project). The pilot project includes: H1N1 influenza, *Salmonella* spp., and *Bacillus anthracis* inbound data exchanges. Electronic Lab Reporting (HL7) to VDH's National Electronic Disease Surveillance System (NEDDS) is also on-going. DCLS is partnering with Augusta Regional and INOVA hospitals to pilot HL7 Newborn Screening results (HL7). They also plan to transmit electronic test results to VDH for lab orders placed by local health departments using WebVision (Non-HL7).

II. Virginia Immunization Information System (VIIS)

The VIIS is a system to track immunizations and manage vaccine inventory. This application was developed in Wisconsin under a Center for Disease Control and Prevention grant and is used in 20 states. The on-line system utilizes SNOMED CT, NIP table values (National Immunization Program), CPT, CVX, LOINC, FIPS (Federal Information Processing Standard) and HL7 standards. VIIS is currently exchanging immunization records with the Tennessee Immunization Registry through an agreement and connectivity to CareSpark for nearly 800,000 children ages six and under. Providers will be able to achieve meaningful use prior to statewide implementation of the COV-HIE by connecting to VIIS in 2011.

Other Health IT Initiatives

I. Veterans Administration (VA) and the Department of Defense (DOD)

The veteran's lifetime electronic record (VLER) initiative will allow medical and other information for the U.S. military personnel to flow seamlessly from active to veteran status. This is a step in improving the delivery of care and service for servicemen and women as they transition from military to civilian life. Both administrative and medical data will be included in the electronic medical record and will begin the day the recruit enters military service and will continue after they leave or retire from the military. MedVirginia (a for-profit HIE in central Virginia) has been contracted by the VA and the Department of Defense DOD to provide connectivity to the civilian healthcare providers in Hampton Roads. The exchange is scheduled go live on July 30, 2010 and will be implemented on a limited production basis and utilizing only Continuity of Care Documents (CCDs) in the C-32 format for exchange.

II. NHIN Connect

In August 2008, Social Security Administration (SSA) engaged in a successful proof of concept with Beth Israel Deaconess Medical Center (BIDMC) to send an authorized request for and receipt of patient health information using the Medical Evidence Gathering and Analysis through Health IT (MEGAHIT) application. This authorized request and receipt, which used Health IT industry standards for healthcare information exchange, was across a secure point-to-point network, and therefore had limits in terms of scalability for multiple providers and nationwide deployment. Consequently, the next

important step was demonstration of a scalable solution. This was subsequently achieved when SSA and MedVirginia collaborated to use the NHIN.

Achieving interoperability between MedVirginia's clinical repository system and their proprietary gateway and identifying an authorization standard for the SSA Authorization to Disclose Information (Form 827) were two major technical challenges noted by participants. Prior to going "live," the MedVirginia organization put forth a great deal of effort to ensure the interoperability between their clinical repository system and their gateway. Several months after they were in production, MedVirginia changed from their initial proprietary gateway to the newly released Federal Health Architecture (FHA) developed open source CONNECT gateway. This change was due in part to evolving Health IT standards and MedVirginia's belief that the gateway change would prove to be a more sustainable model for the future. The second major challenge involved identifying an existing technical standard that would accommodate both the placement of the authorization and the image of the authorization.

This project, which was initiatied in February 2009, involved three Bon Secours Richmond based hospitals submitting information through MedVirginia to SSA. In a six month period of time, the hospital system saved $2.1 million by not copying and sending paper records. This independently conducted case study is one of many valid metrics on the value proposition of Health IT exchange.

CONCLUSION

The infusion of federal ARRA funds to the States and Territories is driving an accelerated process of Health IT adoption. The role of Virginia government and the Office of Health IT is to leverage various projects to optimize the ability to improve the cost of quality of care for the citizens of the Commonwealth. With strong and vigilant stakeholder input, the Commonwealth stands as a national leader in Health IT and is poised to provide leadership to realize a comprehensive National Health Information Network.