

FOR DISCUSSION
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MeHI Update: Grant Status and HIT Plan Updates

December 22, 2009

Agenda

Update on Grant Applications

- Regional Extension Center – Cycle 1
 - Health Information Exchange - Planning Grant
 - Workforce Development Grant - submitted
 - Community College Consortium - new
 - Beacon Communities - new
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MeHI Strategic HIT Plan Update

- HIT Council Review process
 - Ad Hoc Workgroups
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— **REC Application Status** —

MeHI Received Positive Input on Cycle 1 Application

Regional Extension Center Program Funding

Initial Cycle	Approx Funding	Preliminary Application	Preliminary Approval	Full Applications		Decisions to Award
1	\$350,000,000	8-Sep-09	29-Sep-09	3-Nov-09		21-Jan-10
2	\$290,000,000	22-Dec-09	5-Jan-10	29-Jan010		31-Mar-10
3	Cancelled					
Total Amount of Funding Available:				\$640,000,000		
Award Floor/Ceiling:				\$1,000,000 to \$30,000,000		
Approximate Number of Awards:				70		
Program Period Length:				Four-year project period with two budget periods		

Funding will be used to support:

Core Support Funds outreach and educational activities, grants and program management, local workforce support, and participation peer-learning and knowledge transfer activities facilitated by the HITRC. (\$500,000 to \$750,000 per Regional Center per year for the first two years)

Direct Assistance Support Funds direct onsite technical assistance to providers. This will be tied to the number of providers supported through the Regional Center. Approximately \$640 million will be allocated among the successful applicants in proportion to the numbers of priority primary-care providers to receive direct technical assistance.

Regional HIT Extension Centers

- Summary of Funding – Total \$640 Million (Average Award is estimated to be \$8.5 Million)
- Awards are anticipated to range from \$1 Million to \$30 Million
- There will be approximately 70 awards
- Award length = 4 year project – two separate two-year budgets.
- Estimated start date is January 15, 2010
- Award of 4 year cooperative agreements. Initial preliminary application due on September 8th with matching requirements as follows:
 - FY2010 = 90/10
 - FY2011 = 90/10
 - FY2012 = 10/90
 - FY2013 = 10/90
- It is expected that each Regional Center will 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 – which must represent at least 20% of primary care providers in “region”

Overview of HITECH Application Opportunities: State-wide Health Information Exchange Application

Awards to states and qualified State Designated Entities (SDEs) to develop and advance mechanisms for information sharing across the health care system

Total funding is \$564M with grants in the \$4M - \$40M range over 4 years – est. start date: 1/15/2010

Grants to establish and implement appropriate governance, policies and network services within the broader national framework to rapidly build capacity for connectivity between and among health care providers

Areas of focus include the following:

- Governance
- Finance
- Technical Infrastructure
- Business and Technical Operations
- Legal/Policy

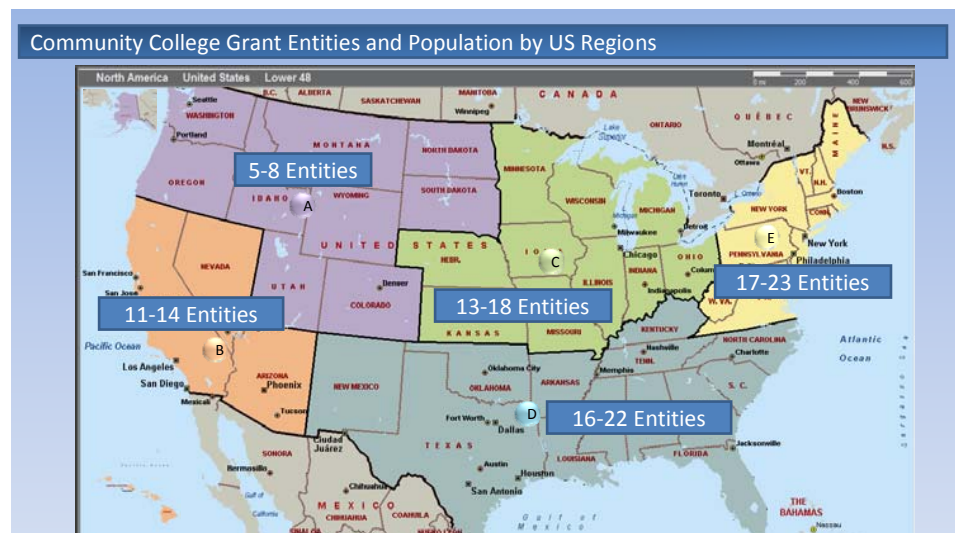
ARRA/HITECH Opportunities for MeHI

Key opportunities pursued by the Massachusetts eHealth Institute:

- HITECH Regional Extension Center to support implementation of electronic health record systems in 2500 physician offices: applied for approximately **\$15 M** for Massachusetts (MeHI)
- HITECH Statewide HIE with collaborative governance and sustainable funding model: applied for \$ 945K in planning funds out of total of **\$10.6 M** for Massachusetts (MeHI)
- ARRA Workforce development grant through Department of Labor for health information technology training: EOHHS applied for **\$4.9** on 10/5/09 and MeHI may need to provide some support.

Community College Consortia for HIT Training

- 5 regions created by pairing contiguous HHS regions
- NE and Mid-Atlantic with potential for \$ 17.25M in funding for 2 years
- Community College educational programs to begin by 9/30/2010 and be completed within 6 months



- Focus on 6 skills supporting EHR implementations
- MeHI coordinating 13 states:
 - NE status plus VA, MD, PA, NJ, NY, W.VA and DEL
- LOI due 1/6/10 and full application 1/22/10



HIT Plan Review

MeHI Strategic Plan Goals and Objectives Review

Goal 1: Improve access to person-focused healthcare: Each individual has a unique combination of health-related risks and/or conditions. Therefore, the Commonwealth will continually strive to support access to the best care for every person seeking care. In addition, consumers and patients will have increased opportunity for well-informed and personal choices through use of technology.

Objectives:

- Improve adoption of HIT by all caregivers in the Commonwealth, supporting efforts to improve clinical outcomes.
- Improve provider use of technology that will support patient centered medical homes and the use of technology to transform practice as appropriate
- Improve provider use of technology to manage chronic disease and improve health outcomes.
- Provide access to personal health information for all individuals who desire access.

MeHI Strategic Plan Goals and Objectives Review

Goal 2: Improve the quality of health care across all providers: The quality of care should be predictable. Data from EHRs, claims, and other sources will be available as more providers adopt HIT. These data should be used to identify areas that need improvement at the individual provider level and across systems of care.

Objectives

- The Commonwealth will adopt a common set of quality measures across all payers and providers
- The Commonwealth will adopt meaningful use measures as defined by the federal government for reporting purposes
- Support patient-centered care coordination that results in fewer preventable hospitalizations, readmissions and other indicators of poorly coordinated care.
- The state will collect and report quality measures for all providers and track progress on reaching quality improvement goals.

MeHI Strategic Plan Goals and Objectives Review

Goal 3: Improve efficiencies in the health care system and slow the growth of health care spending:

The Commonwealth has several opportunities for improving efficiencies in the delivery of health care. As the state explores payment reform as a mechanism for slowing costs HIT must support the transformation of the payment system to a more transparent and efficient one.

Objectives

- Improve efficiencies in the system by streamlining administrative tasks through the adoption of HIT
- Decrease duplicative administrative functions for providers
- Use HIT to support evidence based medicine

MeHI Strategic Plan Goals and Objectives Review

Goal 4: Improve population health:

The healthcare system must deliver care to a broad array of patients with unique conditions. However the health needs of different communities are determined by factors other than the health care system. In order to improve the health of communities and entire populations, the Commonwealth must have the ability to monitor the incidence and prevalence of certain health conditions and health status, identify interventions that improve health outcomes and complement medical care with public health approaches to addressing health status. HIT should provide the Commonwealth with the necessary tools to monitor conditions related to the public's health for ongoing public health programs, to support emergency preparedness, and inform the impact of health care reform.

Objectives

- Support patient-centric care coordination within and among communities across the state and surrounding state
- Support the Commonwealth's public health surveillance and improvement initiatives
- Improve healthcare system efficiency, resulting in better value for Commonwealth residents

Achieving HIT- Related Goals and Objectives

Strategies to Achieve the Commonwealth's HIT-Related Goals and Objectives

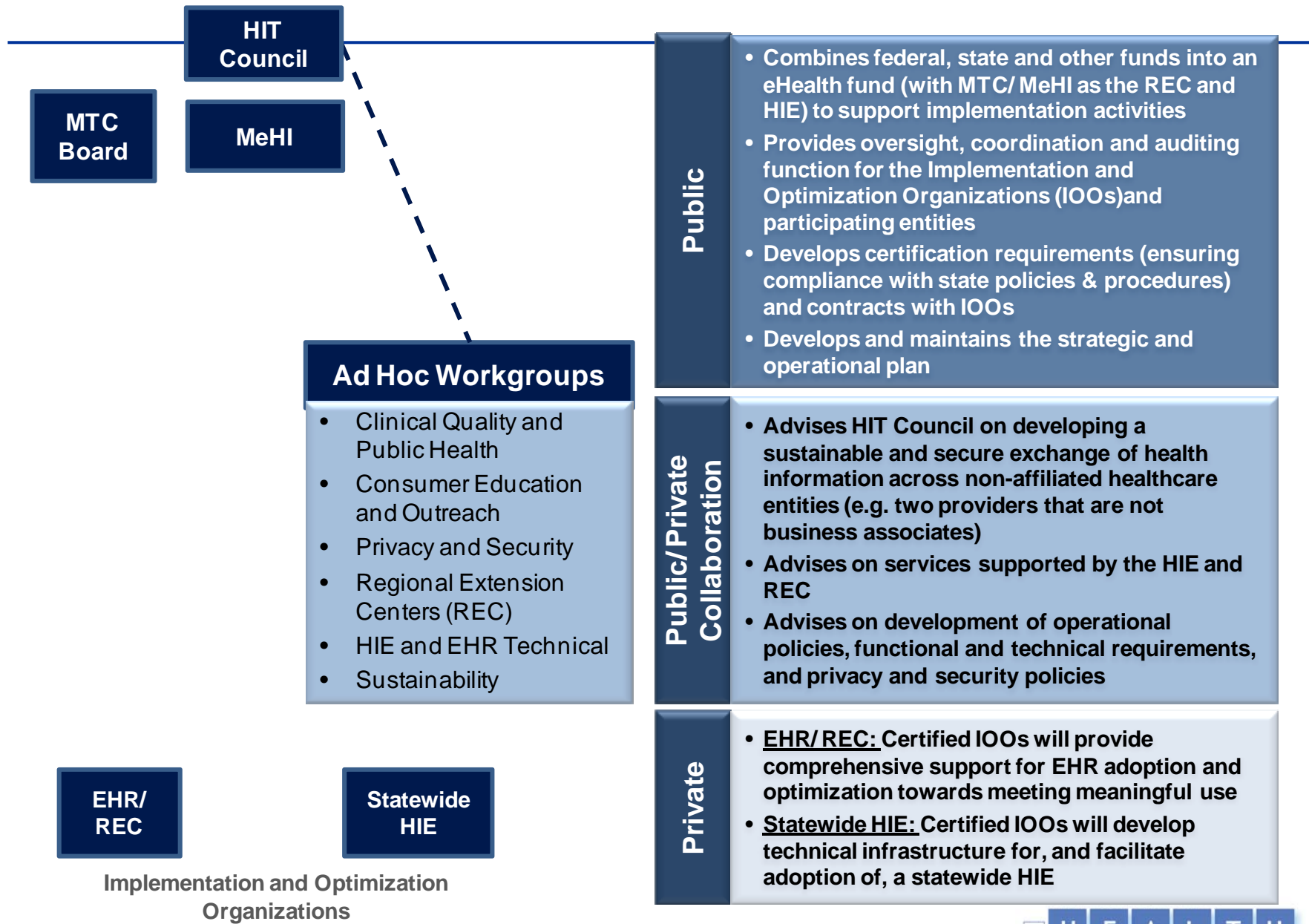
The Commonwealth of Massachusetts understands that achieving these goals and objectives will require a core set of strategies to ensure that all healthcare stakeholders move forward together in support of our Vision. These core strategies include the following:

- 1. Establish Governance:** Individual organizations have found that clearly defining the decision-making process around HIT-related projects is key to the success of the project. Past community-wide HIT pilot projects in the Commonwealth have demonstrated a greater need for governance in projects involving more than one organization.
- 2. Ensure Privacy and Security:** A patient's confidence in the way those involved in handling or accessing their health-related information is at the core of their trust in the healthcare system.
- 3. Implement HIT in the Clinical Setting:** As mentioned previously, only 40% of providers in the Commonwealth use an EMR in their office, and few patients have timely electronic access to their health-related information.
- 4. Implement HIT in support of Population Health:** The Commonwealth has found that electronic reporting of information required for public health or quality reporting can dramatically improve accuracy while decreasing resources required to support older manual processes. However, very little information is reported electronically today.
- 5. Ensure Workforce Development:** HIMSS has found that there is a 40% gap in the number of experienced professionals required to implement all HIT-related projects in the country when compared to those available to perform the work today.
- 6. Monitor Success:** In order to keep the Commonwealth 'on track' to achieving its HIT goals and objectives, it will implement a program to monitor progress.



————— **AdHoc Workgroups** —————

MeHI Stakeholder Engagement



Ad Hoc Advisory Groups

Advisory group	Tasks
Clinical Quality and Public Health Workgroup	<ul style="list-style-type: none"> • Make recommendations for prioritizing the services supported by the HIE • Advise on quality and public health reporting priorities • Advise on activities of the IOO related to the secondary use of data flowing through the HIE • Make recommendations on the types and sequence of services (e.g., single sign on) to support adoption of the HIE by all stakeholders, including providers
Consumer Education and Outreach Workgroup	<ul style="list-style-type: none"> • Make recommendations on consumer and other public education • Make recommendations on stakeholder education and outreach services • Advise on public and media relations with targeted messages to consumers, providers, policymakers, and other stakeholders as appropriate • Advise on marketing and business development • Advise on workforce development efforts
Privacy and Security Workgroup	<ul style="list-style-type: none"> • Advise on privacy and security policies for the HIE (and participating systems) • Make recommendations on common consent and authorization policies for the State-wide HIE • Make recommendations on minimum requirements that participating entities must meet in order to participate in the HIE
Regional Extension Center (REC) Workgroup	<ul style="list-style-type: none"> • Advise on the activities and performance of the Regional Extension Center • Provide guidance to MeHI on the content of the RFQ for certification of IOOs, to the extent appropriate • Receive and review periodic reports from MeHI (acting as the REC) • Provide guidance on common tools or approaches to meet the goals of the REC
HIE and EHR Technical Workgroup	<ul style="list-style-type: none"> • Advise on how to develop and maintain functional and technical requirements for the HIE • Receive and respond to periodic Project Management Office reports • Provide recommendations on a common security framework or certification program • Advise on maintaining the IOOs approach to implementing nationally recognized interoperability and terminology requirements and standards • Advise on the technical architecture • Evaluate vendor capabilities as needed and provide recommendations
Sustainability Workgroup	<ul style="list-style-type: none"> • Advise on options for long-term sustainability • Provide recommendations on how to address long-term financial sustainability of HIE and REC services. • Interpret national and Commonwealth legislation as it relates to operation of the HIE and provide recommendations