



Health IT Principles & Positions April 2009

CHIME commends the U.S. Congress for passing and President Obama for signing the American Recovery and Reinvestment Act of 2009 (HR 1) on February 17, 2009. This law addresses selected principles below by taking important steps toward harnessing the tools of health IT to improve the quality and delivery of patient care.

1. **Federal Leadership.** Establish in law a senior level position within the Administration to oversee a national health IT strategy to coordinate and oversee implementation of health IT initiatives across all agencies and departments of the federal government in coordination with similar efforts in the private sector. HR 1 codifies the Office of the National Coordinator for Health IT to carry out the responsibilities articulated above.
2. **Standards Policy.** Authorize and appropriate funds for a public-private sector body or set of bodies to advise, coordinate, and facilitate health IT-related initiatives within and between the Federal government, State governments and the private sector related to priority-setting, standards policy and standards harmonization. Build upon significant progress achieved through standards-related bodies including, but not limited to the AHIC Successor (*National e-Health Collaborative*), the Health Information Technology Standards Panel (HITSP) and relevant structures as authorized by HR 1. Consider future areas for relevant standards, for example, interoperability for biomedical devices.
3. **Incentives.** Authorize and appropriate the necessary funds to incentivize adoption of electronic health records (EHRs) by hospitals and physician practices that receive federal funding, including Medicare, Medicaid, VA and DOD. In addition to such funding incentives authorized by the American Recovery and Reinvestment Act beginning in 2011 for those who have already adopted EHR technology and are demonstrating "meaningful use," assure that grants and loans are available for those with acute needs for capital to acquire EHR technology. Ensure that EHRs comply with accepted standards and certification criteria established by recognized standards-related and certification bodies, such as the Health Information Technology Standards Panel (HITSP) and the Certification Commission for Healthcare Information Technology (CCHIT)
4. **Nationwide Infrastructure for Health IT:** Support the development of a nation-wide health IT infrastructure to include the identification and adoption of standards and policies, uniform and consistent use of the selected standards, and policies and practices across national, state and local initiatives. While various bodies over time have addressed some of the transaction standards associated with health IT, joint Federal government and industry and State government collaboration are essential to ensure both

interoperability and uniformity. HR 1 creates an HIT Policy Committee and HIT Standards Committee to advise the National Coordinator on the above mentioned activities.

5. **Health IT Workforce.** Provide grant awards to institutions of higher learning to educate and train the next generation of healthcare workers in healthcare information technology practices, including clinical decision support, health informatics and EHR implementation to improve the delivery and quality of care. For the incumbent health workforce, create grant awards for career training and development in the use of clinical decision support, EMR implementation and other HIT tools. Build on health IT workforce initiatives as authorized under HR 1.
6. **Underserved Populations.** Address the health and healthcare needs of underserved populations through health IT, including improved access to telehealth networks by expanding the Federal Communications Commission's (FCC) Rural Health Pilot Program to underserved urban as well as rural communities; and utilizing health IT to document health disparities and identifying practices to increase the adoption of such technology by health care providers to better manage chronic diseases, for example. HR 1 provides grants, loans and loan guarantees to healthcare providers in unserved and underserved areas.
7. **Privacy and Security.** Support national action to achieve national privacy standards as a means to address significant variation in legislation governing privacy between and among State and Federal jurisdictions. Toward this objective, create standards by which data can be shared and adopt one set of clearly defined privacy standards. Assure that measures to safeguard protected health information (PHI) do not interfere with the timely and effective delivery of care. Support the application of HIPAA and provisions of HR 1 that include business associates of covered entities as well as all others who handle PHI.
8. **Updated Coding Systems.** Support coding upgrades necessary for evolution to a 21st Century healthcare system to facilitate pay for performance, biosurveillance, mortality reporting, specificity for payment purposes and other important functions demanding greater data granularity. Timely transition to ICD-10/5010 is an important step toward this goal; however, coordination with other key initiatives will be essential.
9. **Quality Improvement.** Support a national strategy for quality improvement that includes coordinating and streamlining data collection for these purposes to support expanded pay for performance initiatives and promote better coordination among Federal performance measurement and reporting requirements.
10. **Legal Medical Record.** Support national action to achieve clear national standards as a means to address significant variation in legislation governing the definition of "the legal medical record", in electronic form. Toward this objective, create standards defining what specific minimum medical data constitutes a legal record and how long this data must be retained; normalize

data retention policies nationally. Also normalize laws regarding the legality of electronic signatures and the use of electronic media on which to store records.

11. **Telehealth.** To improve both chronic care/disease management services and preventive/wellness services and address the overall cost of health care, provide funding for telehealth. In addition to telehealth services development for the Indian Health Service as authorized by HR 1, expand funding to other populations and communities for wellness and disease management purposes.
12. **Unique Patient Identifier.** Create a national health identifier so that patients can be positively identified in order to achieve local, regional, and nationally interoperable health records.