



## Health Information Technology Principles & Positions

**COLLEGE OF HEALTHCARE  
INFORMATION MANAGEMENT EXECUTIVES**

The Health Information Technology for Economic and Clinical Health Act (HITECH Act) signed by President Obama in February of this year authorizes incentive funding for providers who demonstrate meaningful use of certified electronic health record (EHR) technology. With nearly \$36 billion in direct funding to providers, \$2 billion for technical assistance and support of a nationwide health information network, \$200 million for IT workforce training, funds for broadband extension and other assistance, the HITECH Act is a unique and dramatic opportunity to significantly improve the safety, quality and effectiveness of care using the tools of IT. CHIME commends the U.S. Congress for passing and President Obama for signing the HITECH Act that addresses certain important principles as articulated below. On other topics also noted below, CHIME believes further work is necessary in some areas of health IT policy to ensure that as many patients as possible can reap the benefits of safer, more effective health IT-enabled care.

### **Issues Addressed Include:**

- Federal Leadership
- Standards Policy
- Incentives
- Nationwide Infrastructure for Health IT
- Health IT Workforce
- Underserved Populations
- Privacy & Security
- Updated Coding Systems
- Quality Improvement
- Legal Medical Record
- Telehealth
- Unique Patient Identifier

#### About CHIME:

*The College of Healthcare Information Management Executives (CHIME) is an executive organization dedicated to serving chief information officers and other senior healthcare IT leaders. CHIME enables its members and business partners to collaborate; exchange ideas; develop professionally; and advocate the effective use of information management to improve health and healthcare in the communities they serve.*

*With more than 1,350 CIO members, CHIME serves as a voice of the healthcare IT executive within the U.S., informing and influencing public policy leaders and other officials on the role of information technology in transforming the delivery of healthcare. In addition, CHIME supports CIOs now playing a central role in implementing IT systems that digitize patient records to achieve meaningful use of electronic medical records, enabling their organization to qualify for incentive funding under the American Recovery and Reinvestment Act. For more information, please contact Sharon Canner, Senior Director of Advocacy Programs, at [scanner@cio-chime.org](mailto:scanner@cio-chime.org) or 703-562-8834.*

*September, 2009*

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. The HITECH Act codifies the Office of the National Coordinator for Health IT (ONC) within the Office of the Secretary for the U.S. Department of Health and Human Services (HHS) to carry out these responsibilities.

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 the HITECH-authorized Policy and Standards Committees. In the future, consider new areas for relevant standards, for example, interoperability for biomedical devices.

3. **Incentives:** Authorize and appropriate the necessary funds to incent 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 HITECH Act beginning in 2011, provide grants and make loans available for those who have already adopted EHR technology and are demonstrating “meaningful use,” but are without sufficient capital to acquire additional 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). Ensure that certification bodies are sensitive to both self-developed and open source code applications. Broaden already developed certification criteria with a focus on features and functions to include and, perhaps focus on, the objectives of meaningful use criteria.

4. **Nationwide Infrastructure for Health IT:** Support the development of a nationwide 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. The HITECH Act established the necessary public-private sector collaboration to this end and created the HIT Policy and Standards Committees to advise the National Coordinator on an array of challenges inherent in building this infrastructure. Meaningful use, for example, calls for electronic exchange of health information among providers of care, yet most regions do not have sustainable exchanges. A requirement for the use of exchanges cannot precede the publication of the Nationwide infrastructure specifications, which must include the timely delivery of standards for privacy and security and other key issues.

**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 the HITECH Act targeted to training 8,000 students and health professionals by the end of fiscal year 2010.

**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. The HITECH Act authorizes a range of programs aimed at improving the health of underserved populations, including assessing how best to effectively address health disparities through the use of health IT, utilizing the resources of health IT extension centers, and addressing special needs of healthcare providers located in rural or other medically underserved areas, and safety net providers that deliver a significant level of health care to uninsured individuals. Appropriate funding for these endeavors will still need to be addressed.

**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, e.g., those that can be demonstrated by adoption of the HITRUST framework. Assure that measures to safeguard protected health information (PHI) do not interfere with the timely and effective delivery of care specifically in the areas of consent and disclosure tracking. Support the application of HIPAA and provisions of the HITECH Act that include business associates of covered entities as well as all others who handle PHI. Beyond the HITECH Act, work toward needed consistency of privacy standards between and among State and Federal Jurisdictions.

**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. Work with policymakers to ensure that performance measures required for compliance with meaningful use and eligibility for payment incentives under the HITECH Act are feasible and contribute to better delivery of patient care.

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. Expand telehealth authorizations under the HITECH Act which focuses on the Indian Health Service, to support additional funds for other populations and communities to promote wellness and disease management programs, and to support measures to remove certain barriers to the growth of telehealth as proposed in amendments to pending health reform legislation.

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. Among key health IT issues not addressed by the HITECH Act, this issue remains central to accurately and efficiently exchanging healthcare information.