

ARRA

**State Health Information
Exchange Cooperative
Agreement Program**

Cabinet for Health and Family Services



ARRA State Health Information Exchange Cooperative Agreement Program

- The State HIE Cooperative Agreements are to advance appropriate and secure health information exchange across the health care system.
- Awards will be made to states or a qualified state designated entity in the form of cooperative agreements.
 - Funding is available for planning and operational tasks
- The purpose of the program as authorized by Section 3013 of the PHSA is to improve the quality and efficiency of health care and expand the secure, electronic movement and use of health information among organizations according to nationally recognized standards.
- The goal is to increase the number of health care providers who have, and effectively use, EHRs and HIE.

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- Important Dates:
 - September 11, 2009 Letter of Intent Sent to ONC
 - October 16, 2009 Application Due to ONC
 - December 15, 2009 Award Announcements
 - January 15, 2010 Anticipated Project Start Date
- States will be expected to:
 - Develop state level directories and enable technical services for HIE.
 - Remove barriers and create enablers for HIE.
 - Convene health care stakeholders to ensure trust in and support for a statewide approach to HIE.
 - Ensure an effective model for governance and accountability is in place for the HIE.
 - Coordinate an integrated approach with Medicaid and state public health programs to enable exchange of provider participation in HIE.

Five Domains

- Five Domains Supporting the Cooperative Agreement Program:
 - **Governance** – develop and maintain a multi-stakeholder process to ensure HIE is in compliance with applicable policies and laws
 - **Finance** – identification and management of financial resources necessary to fund the health information exchange in operational mode
 - **Technical Infrastructure** – includes the hardware, software, technical architecture, applications and other technical aspects to enable the services of the HIE to operate in a secure and appropriate manner.
 - **Business and Technical Operations** – include procurement, project management, help desk, systems maintenance, change control, program evaluation and reporting measures
 - **Legal/Policy** – addresses legal and policy barriers and enablers related to the electronic use and exchange of health information

Strategic and Operational Plan

- States must conduct a self assessment of the current status and determine where they fit in one of three categories.
 - **No existing Strategic Plan**
 - Include detailed description of the activities needed to complete the plan. States will have 6 – 8 months to develop their plans.
 - **Existing Strategic and/or Operational Plan that is not consistent with planning guidance**
 - Describe gaps between existing plans and parameters required for an approved plan. States will have 3 months to develop their plans.
 - **Existing Strategic and/or Operational Plan that is consistent with planning**
 - Applicants will submit their plans with their application for cooperative agreement

Strategic and Operational Plan

- The Strategic Plan will address the vision, goals, objectives and strategies for statewide HIE development.
- The Operational Plan will contain the details on how the Strategic Plan will be executed to enable statewide HIE.
- Both plans are approved by the National Coordinator for Health Information Technology. They may be combined into one state plan if desired.
- The plan must be approved before implementation funding is available.

Strategic and Operational Plan

- The plan must include:
 - An environmental scan
 - HIE Development and Adoption
 - Medicaid Coordination
 - Coordination of Medicare and Federally Funded and State Funded Programs
 - Coordination of Other ARRA Programs including Regional Extension Centers, Broadband Mapping and workforce development initiatives.
 - Each of the five domains must be addressed in the plan

What will the KHIE do?

- Enable health information to follow the consumer, be available for clinical decision making, and support meaningful use of healthcare information so as to improve population health
- Provide alignment with federal health information exchange
- Establish a framework for future investments in health information exchange
- Create the foundational support for research and development of Health Information Regional Extension Centers (RECs)

Benefits to the Commonwealth

- A common, secure, electronic information sharing infrastructure
- Interoperability among participating organizations driven by national standards
- Medicaid cost avoidance through reduction in treatment errors and unnecessary redundant tests, fraud detection and prevention, and improved quality of care (more person-centered approach)
- Connectivity to the National Health Information Network (NHIN) to exchange health information across states
- Kentucky's citizens, health providers and their communities benefit from reduced medical errors, improved quality of care, greater efficiency and payment for outcomes
- Platform support for the development of research/resource centers

Benefits to the Consumer

- Quality of care can be improved by coordinating handoffs between providers. No longer will a patient be asked to fill out the clipboard with the basics of identity, medications taken and existing medical conditions.
- Medications will be checked for interactions as they are prescribed. Caregivers will be electronically notified of critical values in lab results and important results on x-rays.
- Beyond these improvements in quality, safety and convenience, the coordination of care will result in better value for the healthcare dollar by minimizing redundancy and waste.

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- CHFS has a team which has been working on the elements which need to go into the Cooperative Agreement.
- The agreement will be submitted by the October 16th deadline.
- We will continue gathering information needed for the Strategic and Operational plans and will be seeking stakeholder input throughout the process.
- In the days to come, CHFS will be soliciting letters of support from various stakeholder organizations. You will be receiving a letter from the CHFS Secretary requesting your support.

Meaningful Use

- Meaningful Use Incentives are available to Medicare and Medicaid Providers beginning in 2011.
 - Medicare – Independent physicians who treat Medicare patients will be eligible for EHR incentive payments starting in 2011 through 2015 if they are “meaningful users” of certified EHRs.
 - Medicaid – Medicaid providers* including independent physicians that meet a threshold percentage of Medicaid patients are eligible for more generous EHR incentives.
 - Incentives can cover initial EHR purchases.
 - Incentive payments can only be made for 6 years and no later than 2021.
 - Providers may only receive incentives under one program. Hospitals are eligible for both Medicaid and Medicare incentives.
- * Medicaid eligible providers entail a broader set than Medicare and include pediatricians, dentists, certified nurse midwives, nurse practitioners, certain physician assistants, children’s hospitals, and acute care hospitals serving needy individuals.

Meaningful Use

- The statute distinguishes between Medicaid and Medicare meaningful use.
- Each state will establish its own meaningful use criteria for Medicaid Providers that are acceptable to the federal HHS Secretary.
- CMS plans to issue a proposed rule near year's end for meaningful use.

EHRs

- States must determine the current level of adoption of EHR/EMR to support meaningful use of the HIE
- Key to successful adoption of EHRs and ensure meaningful use is assurance that providers have the help and guidance they need to select, implement and maintain a certified EHR system
- Patients must have confidence that their electronic personal health information is private, secure and safe

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Next Steps:

- We will be seeking stakeholder's input in Breakout Sessions which will occur after lunch for the five domains (some have been combined)
 - Governance/Finance
 - Technical Infrastructure/Business and Technical Operations
 - Legal/Policy

Questions?

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