



Senate Finance Committee

Subcommittee on Health and Human Resources

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ONC is using ARRA funding to:

- Jump start state Health Information Exchanges
- Jump start Regional Extension Centers to provide technical assistance to primary care practices

CMS is using ARRA funding to:

- Establish rules for “meaningful use”
- Establish Medicare and Medicaid provider incentive programs to incent providers to use certified electronic health records



Regional Extension Centers:

\$12.4 million over 2 years

Health Information Exchange:

\$11.6 million over 4 years

Total **\$24.0 million**

Regional Extension Centers will offer technical assistance, guidance and information on best practices to support and accelerate health care providers' efforts to become meaningful users of Electronic Health Records (EHRs). The consistent, nationwide adoption and use of secure EHRs will ultimately enhance the quality and value of health care.

The law requires that Regional Extension Centers be affiliated with a U.S.-based, not-for-profit institution or organization, or an entity thereof. Centers represent various types of not-for-profit organizations and institutions with established support and recognition within the local communities they propose to serve.

Responsibilities:

- Education and Outreach to Providers
- National Learning Consortium
- Vendor Selection & Group Purchasing
- Implementation and Project Management
- Local Workforce Support
- Practice and Workflow Redesign
- Functional Interoperability and Health Information Exchange
- Privacy and Security Best Practices
- Progress Towards Meaningful Use

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. HIE is also useful to public health authorities to assist in the analyses of the health of the population.

- Governance
- Business Operations
- Technical Infrastructure
- Finance
- Legal/policy
- Communications
- Transformational Outcomes

A case study was completed of the collaborative effort among the Social Security Administration (SSA), the MedVirginia Health Information Exchange (HIE), and the Nationwide Health Information Network (NHIN) to use Health IT for the authorized request, receipt, and transmission of patient health information for disability determination.

- In six months, Bon Secours Richmond saved \$2.1M
- SSA experienced a 42% reduction in case processing time



Created by Executive Order 95:

- Provide healthcare stakeholder input to build trust in and support for a statewide approach to HIE.
- Ensure that an effective model for HIE governance and accountability is in place.
- Encourage and integrate the proliferation of telemedicine activities to support the Virginia healthcare improvement goals.
- Monitor and support the activities of any regional extension centers awarded in the Commonwealth.

- Serve as the Commonwealth's Health IT lead;
- Support the work of the Governor's Health Information Technology Advisory Commission;
- Facilitate collaboration between the Commission and stakeholders;
- Ensure broadband and telemedicine initiatives are integrated in the Commission's planning and implementation process;
- Ensure VDH Health IT projects are advanced.

Virginia Immunization Information System

- Statewide immunization registry providing demographic and historical immunization information, inventory control and reporting functionalities.
- Pre-populated with a minimum of six prior years history of immunizations received from hospital systems and insurance companies.

Advance Healthcare Directive Registry

- Unfunded mandate to the Virginia Department of Health.
- VDH received Governor's approval to proceed through the PPEA process.
- VDH received a proposal where Unival/Microsoft partnership assumed **100% of the business risk** and provide the utility to citizens at no cost.
- Currently in beta testing that will “go live” this fall.

No Wrong Door Initiative

- Project led by the Virginia Department of Aging.
- Designed to facilitate entry into the care service arena with only one stop.
- For example, the Uniform Assessment Instrument for functional and financial eligibility is now electronic and can be accessed by various service providers through patient consent.

Virtual Lifetime Electronic Health Records

- VA/DOD interoperable health records
- Tidewater second VLER community announced
- MedVirginia awarded IT contract
- Live on July 31, 2010

What is “meaningful use”?

The final rule was issued by CMS on July 13, 2010. The rule outlines two dozen objectives for provider electronic health records use that would make them eligible for incentive payments. These objectives are broken into two groups, a set of required “core objectives” and a list of additional “important activities” that providers may choose from in meeting the new standards.

Example: Interoperability

As much as \$27 billion may be expended in EHR incentive payments over 10 years.

Individual providers may receive as much as \$44,000 under Medicare and \$63,750 under Medicaid.

Hospital may receive millions of dollars for implementation of certified EHRs under both Medicare and Medicaid.



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Health Information Technology Spotlight (HITS)

The Virginia Office of Health IT is a joint initiative between the offices of the Secretary of Health and Human Resources and the Secretary of Technology in the Governor's Office. The Office works closely with a variety of Health IT stakeholders in the public, non-profit, and private sectors through Interoperability and Security Advisory Committees, innovation grants, and informal consultations and meetings.

What's New

Virginia Health IT Update for 6/16/2009:

Meaningful Use Definition:

The Health IT Policy Committee's Meaningful Use Workgroup has given its recommendation to the full committee for defining "meaningful use" of EHR technology. This definition will be used to determine whether a physician or hospital provider is a "meaningful user" of an EHR and qualifies for increased reimbursement from CMS. The incentive payments begin in 2011 and by 2015 providers will be expected to be "meaningful users" or face financial penalties. More details on the definition and instructions for providing comments on the definition are available [here](#).

Regional Extension Centers:

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Health Information Security & Privacy
COLLABORATION



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