HITECH in the States: Action List for State CIOs

January, 2009: *"To lower health care costs, cut medical errors, and improve care, we'll computerize the nation's health records in five years, saving billions of dollars in health care costs and countless lives[1]."* – President Barack Obama

January, 2004: *"By computerizing health records, we can avoid dangerous medical mistakes, reduce costs, and improve care[2]."* – President George W. Bush

Rarely do issues that affect every single American transcend politics. Five years, two presidential administrations and hundreds of health information exchange efforts nationwide between them, these two statements still declare a common goal: to utilize technology to improve healthcare. And during these years, issues surrounding health IT have evolved from industry chatter into mainstream media as headline news. Health IT and health information exchange (HIE) efforts have grown to encompass a variety of stakeholders—including state CIOs.

NASCIO's third installment of its compendium "*Profiles of Progress III: State Health IT Initiatives*" found that over half of state CIOs were involved at some level with state-driven health IT initiatives.[3] Over the past several years, states have made great strides in advancing health information exchange at the regional and state levels, and in laying groundwork to push their state along the health IT path even though financial resources were often uncertain at best.

But in February 2009, the landscape of health IT and health information exchange changed irrevocably. The passage of the massive economic stimulus package known as the American Recovery and Reinvestment Act (ARRA) allocated billions toward relieving the nation of its widespread economic downturn. Since incorporating IT into healthcare practices is commonly cited as a way to alleviate mounting healthcare costs which

consume significant portions of both federal and state budgets, a substantial section of the ARRA was dedicated to health IT. This section is referred to as the HITECH Act—the current federal vision for health IT going forward.

The HITECH Act includes (among others) appropriations allocated for Medicaid & Medicare, Electronic Health Record (EHR) adoption incentives for providers, and support for health IT infrastructure in regards to standards, policy, privacy and security and health information exchange (HIE) at the state level. There is approximately $38 billion allocated for health IT efforts in the Act, but that number can vary depending on interpretation (see sidebar on page 3).

Guidance on several of these areas (including the parameters for the state grants) has not yet been issued, but are forthcoming. States are anxious to move forward - and many already are - in preparing for the future of health IT and HIE for their state. State CIOs play a key role in these initiatives going forward, and there are several ways that state CIOs can begin to plug in, prepare and determine what the CIO role must be in the future for state HIE.

I. THE POST-ARRA ERA IN HEALTH IT: WHAT'S CHANGED?

A. State Leadership Roles and Requirements
Upon passage of the HITECH Act, the nation entered into a period in which it had never before been—a time when fiscal uncertainty for HIE gave way to a financial boon with strings attached; and state HIE efforts collectively paused to see how this windfall of resources may potentially affect them in both the short and long-term.

The HITECH Act held several implications for states and requires leadership in two primary areas:

- Oversight for the planning and deployment of HIE, including applying for and managing grant funds (this may be partially delegated to a state-designated entity); and
- Management of the Medicaid incentive payments to providers and other eligible recipients.[4]

Governors are charged with designating an entity within their state to receive HIE planning and implementation grants. Only state-designated entities with an established plan, approved by the federal HHS, will be eligible to receive implementation grants—and guidance on minimum requirements of a state plan, and how to apply for planning grants, are forthcoming.[5]

B. Significant Funding Allocation
The ARRA designates approximately $38 billion for health IT-related activity. Funding will be funneled through several federal agencies and is allocated for a wide variety of areas that touch the health IT spectrum, including broadband, Medicare and Medicaid, Regional Extension Centers and Workforce training.

C. Timelines Established for Action: While Medicaid provider incentive payment timelines have not yet been established, deadlines have been determined and are outlined below with key areas for states/state CIOs are *italicized*.

✳ According to ARRA

The HITECH Act mandates that only the State or State-designated entities will receive the health IT grants available to states, once these grants become defined and available. This entity would:

(1) be designated by the State as eligible to receive awards;

(2) be a not-for-profit entity with broad stakeholder representation on its governing board;

(3) demonstrate that one of its principal goals is to use information technology to improve health care quality and efficiency through the authorized and secure electronic exchange and use of health information;

(4) adopt nondiscrimination and conflict of interest policies that demonstrate a commitment to open, fair, and nondiscriminatory participation by stakeholders; and

(5) conform to such other requirements as the Secretary may establish.[6]

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- **February 17, 2009:** Health Information Technology for Economic and Clinical Health (HITECH) Act signed into law by President Obama (as part of the American Recovery and Reinvestment Act of 2009).
- **May 18, 2009:** HHS Secretary must review proposed HIT standards, implementation specifications, or certification criteria, and determine whether or not to propose adoption of such standards, specifications and criteria.
- **August 16, 2009:** Federal Trade Commission promulgates interim final regulations on privacy requirements for vendors of personal health records and other non-HIPAA covered entities.
- **November 1, 2009:** ONC submits FY 2010 annual operating plan.
- *December 31, 2009: Deadline for specifics of the HITECH Act, including "meaningful use" and "certification" criteria, to be released by the U.S. Department of Health and Human Services.*
- *January 1, 2010: HHS Secretary may begin making competitive grants to states and Indian Tribes for the development of loan programs to facilitate the widespread adoption of certified EHR technology.*
- **February 17, 2010:** HHS Secretary shall submit to Congress a report that describes the specific demonstration projects to integrate information technology into Clinical Education; and contains recommendations for Congress.
- *February 17, 2010: HHS Secretary to submit healthcare IT privacy report to Congress.*
- **June 30, 2010:** HHS must conduct study on payment incentives to healthcare providers for HIT adoption.
- **September 30, 2010:** $50 million for IT systems remains available for Veterans Benefits Administration until this date.
- *October 1, 2010: Earliest date of implementation for hospitals to receive payment incentives for HIT adoption.*
- **January 1, 2011:** Earliest date for [Medicare] payment incentives for physicians adopting HIT ($18,000 if the first payment year is 2011 or 2012).
- **2015-Subsequent Years:** Medicare Disincentive/Penalty for failure to adopt EHR. Medicare Market Basket Payment Reduced by 1% (2015), 2% (2016), 3% (2017-succeeding years)[10]

II. WHAT'S THE ROLE OF THE STATE CIO?

The passage of the HITECH Act essentially merged health policy with technology policy across state government and state CIOs must play a key role in HIE development and implementation. *States are assembling stakeholders, laying the groundwork for their implementation plan and conducting environmental scans of their resources—state CIOs must establish themselves as critical stakeholders now, so that they may help craft the policies that will affect their offices.*

There are four broad areas in which state CIOs can have an immediate, and long-term, impact in regards to HIE: **Planning, Governance, Financing/Sustainability and Policy**. These four areas have their own separate challenges, but intertwine together as each component depends upon the other when determining its own outcome. This significant undertaking means that state CIOs must tackle the critical questions that remain—questions that are challenging with complex answers that may not come immediately.

✳ Breakdown of ARRA Funding for Health IT

$2 Billion*
This will be spent between 2009 and 2013 by the Secretary of Health & Human Services HHS through the Office of the National Coordinator for Health IT (ONC). This money, focused on creating an HIT infrastructure, will be used to support ONC policy and standards efforts, "immediate funding" through federal agencies, grants to states, a state loan program for provider EHR purchase, training, and technical support.[7]

$36.3 Billion
The Congressional Budget Office (CBO) estimates projections for incentive bonus payments made to eligible providers that demonstrate a meaningful use of certified EHR technology at $36.3 billion, as well as greater savings for the government based on improved efficiencies, tax revenue and reduced fee schedule payments due to penalties for non-adoption. When the anticipated savings of $18.8 billion achieved through efficiencies are subtracted from this total, the CBO estimates a net cost of $19.5 billion total allocated for Health IT in the ARRA.[8]

*Of the $2 billion outlined above, $300 million is to support regional and sub-national HIE efforts and $20 million to be transferred to National Institute for Standards and Technology.[9] This $300 million will be filtered through the states or the state-designated entity for planning and implementation.
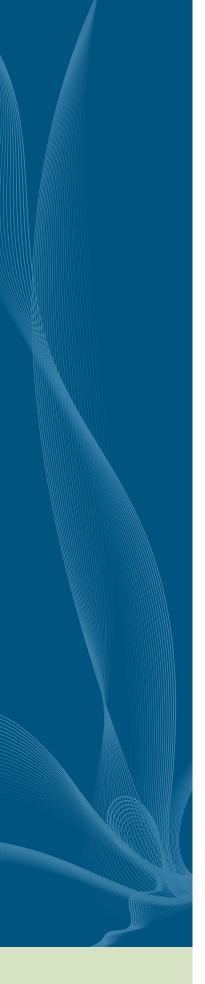
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FIGURE 1: ARRA FUNDING[11]

Appropriations for Health IT	Appropriations for HIE	New Incentives for Adoption
$2 billion for loans, grants & technical assistance for: • National Resource Center and Regional Extension Centers • EHR State Loan Fund • Workforce Training • Research and Demonstrations	At least $300 million of the total at HHS Secretary's discretion for HIE development • Funneled largely through States or qualified State-designated entities • For planning and/or implementation	New Medicare and Medicaid payment incentives for HIT adoption • $20 billion in expected payments through Medicare to hospitals & physicians • $14 billion in expected payments through Medicaid • ~$34 billion expected outlays, 2011-2016
Community Health Centers	**Broadband and Telehealth**	
$1.5 billion in grants through HRSA for construction, renovation and equipment, including acquisition of HIT systems	$4.3 billion for broadband & $2.5 billion for distance learning/ telehealth grants	

A. Establishing a Statewide Plan for Health IT

The planning period for health IT in the states following the HITECH Act has largely begun, though states vary widely in their progress toward HIT/HIE planning. Those states that have advanced quickly owe their fortune to those who have gone before and laid the groundwork early to push their state to the top of the healthcare IT domain. *Many states are re-examining their initial HIE efforts and assessing their potential as recipients of the HITECH grants.*

The HITECH Act placed a significant amount of new responsibilities on states in regards to state oversight for HIE and the planning and implementation grants for preparing for HIE. During this initial planning period, state CIOs must secure a seat at the table to establish themselves as key stakeholders and also to recognize strengths and identify weaker points that require resolution within their own offices relating to statewide HIT/HIE planning. They must ask themselves what they, with their unique enterprise view, can do to support and contribute to each of these areas.

1) Where Should I Begin?

There are a variety of ways that state CIOs are already plugged into existing health IT efforts in their state. With the passage of the HITECH Act, some of these existing efforts may have been rendered no longer effective or may be in the process of changing and rearranging themselves to fit newly mandated structures and awaited standards. To contribute to this, state CIOs can do several things to **P.L.A.N.** for statewide HIE and help make their states competitive as grant recipients.

- **P**repare and/or engage in an environmental scan of existing health-related legacy systems across the enterprise—these may need to be updated or replaced. Examine health IT assets within the state and its different delivery systems; this will help determine what assets to leverage once states reach the competitive grant process.

- **L**ink up to stakeholders across the enterprise and connect with leaders in Medicaid departments, public health and health policy advisors to the Governor. Find out who in these areas is designated as a point person on health IT initiatives and identify who, if anyone, has been designated to take the overall lead for the state. *State CIOs must recognize the magnitude of stakeholders involved in this effort and ascertain the key individuals with whom they need to establish relationships.*

- **A**cknowledge and identify the multiple federal agencies, largely through HHS (ONC, CMS, AHRQ, IHS, CDC, HRSA), that will be distributing funds to states in regards to health IT. Additionally, funding streams regarding health IT will impact the federal Department of Defense, Veterans Affairs, Department of Agriculture, Department of Commerce, National Institute of Standards and Technology (NIST) and the Social Security Administration and will filter down to states.

- **N**otice and plug into existing opportunities if they are available. Multiple Committees and/or Work Groups may be forming at the state level initiated by the Governor's designated leader for HIT/HIE. It is critical that state CIOs become involved in the appropriate venues.

2) What is my role during the planning period?

State CIOs wear multiple hats in these efforts to contribute toward their state's health IT goals and to enhance their state's readiness to receive HIT implementation grants. Among these are:

- Recognizing that state CIOs can operate as a convener of state agencies and can serve a voice of leadership. To this end, state CIOs can help provide agencies with tools in order to help their state manage the risks that are inherent to state health IT efforts.

- Conducting a readiness assessment of the enterprise architecture and determine its ability to support a wide-scale health information exchange capability. *This will demand collaboration on a large scale and the communication this requires will serve as a precursor to the collaboration that will be necessary for statewide HIE.*

- A significant number of legacy systems reside in federally funded, state administered health programs. State CIOs can review their portfolio to determine which critical systems may require remediation.

B. Determining HIE Governance: Levels of State Government Leadership
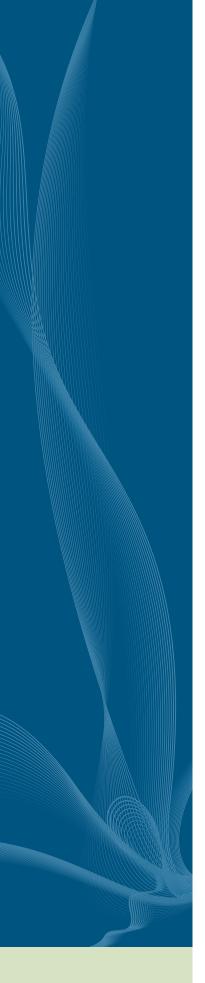
Governance and business models for a state-level HIE effort can vary widely. State CIOs, in order to establish themselves as a key part of the broad stakeholder community that the HITECH Act requires, must be familiar with potential governance models that these state-level HIEs typically encompass.

✳ WHAT STATES ARE DOING

The **Michigan** Health Information Network (MiHIN) is the State of Michigan's initiative to improve health care quality, cost, efficiency, and patient safety through electronic exchange of health information. The MiHIN is a joint effort between the Michigan Department of Community Health (MDCH) and the Michigan Department of Information Technology (MDIT). The MiHIN approach consists of centralizing certain elements of Health Information Exchange (HIE) technology and administration at the statewide level while still having certain support and services regionalized in order to attain the optimal economy of scale and achieve the most efficient use of available resources.

- MDCH and MDIT have developed a three-pronged approach to develop detailed technical and business plans that will be successful in implementing the HITECH Act and garnering federal support for the MiHIN:

- Formalize a MiHIN Program office to focus on organizing, coordinating and streamlining state resources to implement the HITECH Act and take advantage of the all American Recovery and Reinvestment Act (ARRA) opportunities that are related to HIT and HIE,

- Procure national HIE and HIT experts to develop a technical architecture, governance model and business plan for a statewide infrastructure and also remain a part of Michigan's team to implement ARRA grant funding solutions, and

- Develop formal mechanisms to ensure the Michigan's stakeholders are fully engaged in every step of the process so that the MiHIN will meet their needs and add value to already successful private efforts.

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1) What governance model would work best for my state?

This answer can only be ascertained by stakeholders designated within each state. What works best for one state might not necessarily work best for another, and each entity designated to address these issues must determine the governance model that will best fit their needs. States need to look at existing exchange efforts (if available), population, size and demographics and resources that could be put toward this effort to help determine which model would be most appropriate.

Post-ARRA, many states are looking to their already-established entities and determining if those governance models are sustainable. In states where there is no pre-determined entity (formally or informally), the initial focus must be on the formation of the State-designated entity that will spearhead and lead HIE efforts.

2) What governance models for HIE are utilized in these initiatives around the country?

As of July 2009, there were close to 200 active initiatives involved in health information exchanges—these span all 50 states, the District of Columbia, and the U.S. territories of the Virgin Islands, Puerto Rico, and American Samoa.[12] According to the eHealth Initiative, 57 HIE initiatives reported being operational, up from 42 in 2008, and 79 are in the implementation stages, with nine in early planning stages—there is nearly a 40 percent increase in the number of advanced or "operational" initiatives exchanging information.[13]

These entities are not created equal—their governance and funding models are as diverse as the needs of the regions and states in which they reside. There are currently three recognized and utilized governance models that these entities employ, and these models have been studied in depth by various organizations and were compiled in 2008 in a report released by the National Governors Association which listed each model with detail.

[The following is an excerpt from NGA's "Public Governance Models for a Sustainable Health Information Exchange Industry"]

Model 1: Government-Led Electronic HIE - In this model, state government may act as the "operator" of the HIE services and the convener/coordinator of the HIE stakeholders. Directly providing HIE services may require the state government to be responsible for the following tasks:

- Convening healthcare stakeholders and building trust and consensus
- Defining and designing an appropriate technical architecture
- Determining and implementing appropriate electronic HIE services and transactions
- Defining and designating specific standards for electronic HIE
- Creating data agreements
- Financing operations

Model 2: Electronic HIE Public Utility with Strong Government Oversight - In this model, the private sector provides the electronic HIE infrastructure to which both private and public stakeholders contribute data. The state government, either through a public authority or an existing state agency, retains oversight over all or some of the electronic HIE industry through convening processes, the state's general policing power, and the state's regulatory responsibilities. To establish sufficient oversight, policies, and appropriate economic and social regulation, the state government is responsible for the following tasks:

- Convening healthcare stakeholders and building trust and consensus
- Defining appropriate statewide technical and policy standards
- Defining and overseeing specific standards and policies for electronic HIE
- Supporting the development of appropriate data agreements

- Supporting the development of appropriate business models for electronic HIE and rates for electronic HIE transactions
- Monitoring and creating incentives

Model 3: Private-Sector-Led Electronic HIE with Government Collaboration - In this model, private-sector organizations and entities provide and have governing responsibility over the electronic HIE industry. State governments may support and collaborate with the industry and, where appropriate, provide regulation and/or the threat of regulation to ensure appropriate industry behavior. In this model, the state government acts as a stakeholder in overseeing collaborative electronic HIE industry activities and may be responsible for the following tasks:

- Participating in and supporting the collaborative oversight/governance of private-sector electronic HIE efforts
- Supporting and participating in the development and use of appropriate electronic HIE standards that align with intrastate, interstate, and federal standards
- Supporting the development of appropriate data agreements
- Creating incentives and/or providing direct financial assistance to support electronic HIE adoption
- Ensuring that public programs and public healthcare delivery systems are appropriately represented and included in electronic HIE implementation
- Monitoring the electronic HIE industry to ensure that consumers are being protected and the industry is developing in a fair and equitable manner
- Developing intervention strategies and regulatory options to address market failures should they occur[14]

State CIOs are currently involved in HIE efforts in their states that encompass all of these governance models. As states move toward making their HIT/HIE efforts align with the provisions of ARRA, they may engage in restructuring their current governance and business models to evolve more closely with one of those outlined above. State CIOs are encouraged to be familiar with the potential roles of state government going forward in their exchange efforts and from this, determine their own role within them.

C. After-ARRA Funding: Striving for Sustainability

While start-up HIEs and RHIOs across the nation have sprung up over the years at astonishing levels, they can cease to operate at an equally astonishing rate due to funding issues.[15] However, even with the $300 million allocated for grants to be dispersed into these initiatives, sustainability challenges will not disappear. **With these grants, states will not only have to work quickly to disperse, monitor and track this money but will also have to ensure how their efforts will not be halted when that funding stream runs dry.** In the same way one forgets the famine during the feast, states must be careful to recognize that the large sums will not likely be re-issued and take this into consideration when looking to procure a slice of these grants.

1) What can I do, as a State CIO, to help my state achieve initial grant funding?

The Planning & Implementation grants from ONC will only be issued to states already operating a state-level HIE initiative or those with specific and detailed plans in place—including plans for achieving statewide interoperability, as well

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HEALTH IT ENABLES HEALTH CARE REFORM IN OREGON

Despite the weak economy, the state of Oregon is moving ahead with a series of initiatives that are laying the foundation for meaningful health reform. Recently passed legislation will make health care more affordable for Oregonians and improve the quality and consistency of care by shifting the approach of health care toward an emphasis on prevention, primary care and treatments that are proven to be effective.

Health information technology is playing a critical in achieving that vision. More widespread use of health information technology (HIT) has the potential to improve health system efficiency, safety, and performance and reduce costs in the long-term by reducing duplicative or unnecessary care, strengthening disease management efforts, and improving care coordination

House Bill 2009 establishes the Health Information Technology Oversight Council (HITOC), an 11 member panel comprised of health care stakeholders. The HITOC takes over previous efforts of Oregon's Health Information Infrastructure Advisory Committee (HIIAC) and the Health Information Security & Privacy Collaborative (HISPC).

The HITOC will coordinate Oregon's public and private statewide efforts in electronic health records adoption and the eventual development of a statewide system for electronic health information exchange. The HITOC will also help Oregon meet federal requirements so that providers may be eligible for millions of federal health information technology stimulus dollars. An initial input to the statewide planning effort is a recently completed environmental scan the health IT environment in Oregon. Additionally, the HITOC will evaluate governance and sustainability models as it develops the business case for regional HIE.

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HEALTH INFORMATION TECHNOLOGY IN NORTH CAROLINA

In North Carolina, the State CIO and the Office of Information Technology Services (ITS) have been involved in health IT even before the passage of HIPAA. In 1994, the North Carolina Healthcare Information and Communication Alliance (NCHICA), a nonprofit organization focused on health-care and technology was established. The State CIO has been represented on the Health Information Exchange Council, a sub-unit of NCHICA, working on the development of the proposed technical architecture for the state's exchange of EHRs. The State CIO has also been heavily involved in broadband initiatives and will be working closely in partnership with agencies to ensure that state government is well represented in future network planning and service delivery.

With the passage of the ARRA, Governor Perdue established a task force to bring together hospitals, insurance providers, physicians and state government in taking a fresh look at health IT in North Carolina. The Executive Director of NCHICA served as a member of the task force, and NCHICA also provided staff support to the task force as did ITS and the Department of Health and Human Services. The task force was charged with creating a preliminary state plan for health IT. After an intense burst of work, the task force submitted its plan to the Governor on June 24th. Shortly after the completion of the task force report, Governor Perdue chose the North Carolina Health and Wellness Trust Fund as the lead designee for health IT with respect to ARRA.

In addition to the designation of the Health and Wellness Trust Fund as the lead agency for health IT with respect to the state, there is also a need to bring together the various state agencies which have health programs. In the 2009-11 Appropriations Act, the General Assembly assigned that responsibility to the Department of Health and Human Services with the cooperation of the State Chief Information Officer and the Office of Economic Recovery and Investment. Work on the newly mandated responsibilities has not yet gotten underway but will be starting soon.

as privacy and security policies among others. State CIOs hold a crucial role in this area in determining the state's capacity for HIE in terms of infrastructure to support widespread interoperability across the enterprise of health information. Also, state CIOs are encouraged to become involved in discussions around developing a policy (or drawing upon current policies) to ensure adequate privacy and security measures are in place in the statewide plan.

2) How can I help make sure our efforts are sustainable?

The path to identifying a long-term sustainable state HIE largely begins with governance. Depending on how the HIE is structured and housed, different mechanisms for procuring start-up capital and for achieving sustainability will be utilized. State CIOs, in the planning period that is going on now, can encourage stakeholders to position their business models to be conducive to operating sustainably (and able to meets future matching requirements) within a few years' time.

Also, during the competitive grant process for the HIE Planning and Implementation Grants, state CIOs can take a hard look at their enterprise architecture and outline a technical plan that would position their state to be as competitive as possible for the initial funding and also to achieve long-term sustainability.

D. Identifying Policy Implications

Privacy and Security: Issues surrounding privacy and security have consistently been a top priority for state CIOs. Provisions surrounding health IT privacy and ensuring secure electronic health record exchange has, thus far, been an area in which state CIOs have been largely uninvolved in lieu of specific federal standards beyond Health Insurance Portability and Accountability Act of 1996 (HIPAA). However, as statewide health information exchange moves closer toward reality, and as this exchange connects with Medicaid systems, state CIOs will likely play a larger role going forward in ensuring EHR privacy and security in regards to the transmission of data throughout their enterprise.

In the HITECH Act, health care providers who handle protected health information must comply with HIPAA privacy regulations. In addition, the stimulus law calls for health care providers to:

- Notify all affected patients within 60 days of a security breach;
- Report security breaches to the HHS secretary and prominent media outlets if the incident affects more than 500 individuals;
- Track all personal health information disclosures; and
- Upon patient request, provide an account of every disclosure for the previous three years.[16]

Since the Act also establishes the first federal data security breach notification law, which requires entities to notify affected individuals of a breach involving personal health information, states that already have procedures or laws on this topic should review them for alignment with the new standard.[17] State CIOs can assess existing privacy frameworks for long-term applicability for HIE.

In early August 2009, it was announced that authority for the administration

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and enforcement of the HIPAA Security Rule has been delegated to the Office for Civil Rights (OCR), which had previously been delegated to the Centers for Medicare & Medicaid Services (CMS). According to the press release, the Security rule specifies a series of administrative, technical, and physical security procedures for covered entities to use to assure the confidentiality of electronic protected health information—the HITECH Act mandated improved enforcement of the Privacy Rule and the Security Rule.[18]

Standards: The HITECH Act designated two entities, the HIT Standards Committee and the HIT Policy Committee to do the following:

- The HIT Policy Committee is charged with making recommendations to the National Coordinator for Health IT on a policy framework for the development and adoption of a nationwide health information infrastructure, including standards for the exchange of patient medical information
- The HIT Standards Committee is charged with making recommendations to the National Coordinator for Health IT on standards, implementation specifications, and certification criteria for the electronic exchange and use of health information. Initially, the HIT Standards Committee will focus on the policies developed by the Health IT Policy Committee.[19]

Initially, the Committees' primary focus is on defining parameters around the definition of "meaningful use" in regards to physician electronic health record utilization. The HIT Standards Committee is building upon work done previously by the Health Information Technology Standards Panel (HITSP) and in July 2009, they approved an initial set of standards for security and privacy applicable to ARRA requirements.[20]

HHS will adopt and publish an initial set of standards, implementation specifications, and certification criteria by December 31, 2009.[21] For state CIOs, these standards and their implications will likely be those by which their offices need to adhere.

III. POST-ARRA HEALTH INFORMATION EXCHANGE AND MITA

"MITA focuses on connecting the silos that exist between state agencies, and between state and federal agencies, in order to create information-sharing on a scale that has never been done before…By allowing these agencies that may service the same beneficiaries to communicate with one another could provide a multitude of benefits for both citizen and government."
- NASCIO's The MITA Touch: State CIOs and Medicaid IT Transformation; August, 2008.

The Medicaid IT Architecture (MITA) is a national framework that provides a blueprint consisting of models, guidelines and principles to be used by states as they implement enterprise solutions.[22] It provides a framework for states to follow as they work to modernize their current MMIS systems and rebuild legacy systems in order to support more widespread collaboration across the enterprise. This kind of collaborative effort is, at its crux, what the HITECH seeks to do with HIE in the states. That is, to increase collaboration across boundaries, and across government and industry at all levels in order to harmonize health IT efforts and utilize it to lend to overall healthcare cost reduction and increase healthcare quality.

✳ STATES' APPROACHES TO TECHNICAL DESIGN OF INFORMATION INFRASTRUCTURE

[The following is an excerpt of a report from the State-Level HIE Consensus Project, May 2009]

While the promise of shared services is widely embraced, the options for bringing full interoperability to scale vary and are influenced by the configurations of healthcare providers, purchasers, payers and supporting organizations, which can differ significantly from state to state. Moreover, state-level HIEs must navigate the various technical implementations, business cases, and operational scale from a range of existing and emerging data networks including local exchanges, integrated delivery networks, aggregators of data for public health and quality purposes, clearinghouses, disease registries, and regional and national data processors.

In these complex environments, state-level HIEs struggle to array resources and prioritize technical implementation. Though approaches continue to evolve and adapt to changing conditions, three alternatives are emerging to achieve statewide interoperability:
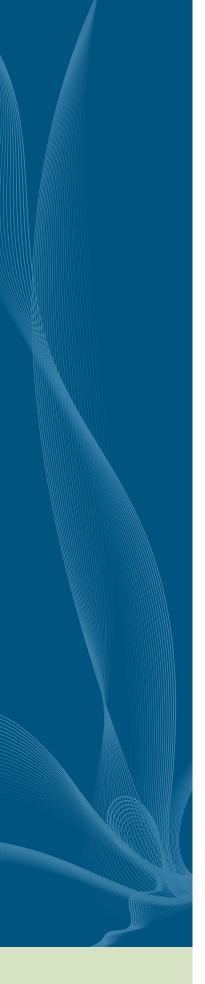
(1) a single, statewide technical utility that provides a few core services that works in coordination with sub-networks in the state,

(2) a decentralized statewide model in which HIEs provide services to local stakeholders and connect with other HIEs through agreed upon policies, standards, and protocols,

(3) and a network of "health record banks" through which patients' directly control access to their health information.

It is important to note that while some state-level HIEs can be categorized into one of the three approaches, others are blending elements of all three and adapting the models to suite their specific circumstances.

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In order for states to begin down the path of MITA maturity, they first must conduct a state self-assessment (SS-A). The SS-A asks states to conduct state self-assessments to determine their "as-is" status and work to identify their "to be" goals in regards to MITA maturity levels. **The HITECH Act opens the opportunity for the MITA roadmap and business reference model to be applied to areas beyond just Medicaid systems**.

Much like the MITA SS-A, the HITECH Act is requiring that states firmly convey a "to be" assessment in order to receive a statewide HIE implementation grant. In this way, there is new opportunity for the MITA platform to be a key piece in statewide HIE. State CIOs would benefit greatly from reaching out to the appropriate people to gauge where their state is in the MITA adoption and implementation process and strategic plan.

IV. STATE CIOS AND HEALTH IT: LOOKING AHEAD

"The emerging national effort to modernize the healthcare system—both in terms of administrative efficiency and improved quality of service—promises to be high-profile and to eventually draw many, if not all, state chief information officers (CIOs) into the mix."
–NASCIO's The (IT) Doctor Is In: The Role of the State CIO in Health IT; February, 2006.

This opening sentence of NASCIO's first health IT brief serves as a reminder of a time when state CIOs were just beginning to test the health IT waters. These words have proven prophetic—in the past three years, health IT has grown from a burgeoning trend to a top policy priority for NASCIO. In light of the implementation of ARRA, and its many implications that will affect state CIOs, health IT will continue to be an area in which state CIOs must be remain involved.
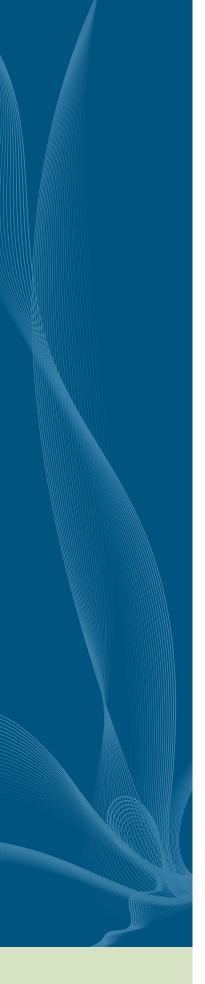
While ideological battles over large-scale healthcare reform play out in the media every day, the necessity for incorporating information technology into healthcare practices is a fight that has already been won. Working to improve healthcare quality, lower costs and streamline healthcare practices into secure and efficient operations is a common goal and a common good that all Americans can strive for—and state CIOs hold the knowledge and tools to help make this a reality.

1 President Barack Obama, Weekly Radio Address, January 24, 2009
www.whitehouse.gov/president-obama-delivers-your-weekly-address

2 President George W. Bush, State of the Union Address, January 2004.
http://abcnews.go.com/Politics/StateOfTheUnion/Story?id=451143&page=3

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May 2009: www.slhie.org/documents/SLHIE_Brief_AdvancingEffectiveSLHIE

B. National Issues

3) HHS Office of the National Coordinator for Health IT:
ARRA Implementation Plan; May 2009: www.hhs.gov/recovery/reports/plans/onc_hit.pdf
Federal Advisory Committees: http://healthit.hhs.gov/portal/server

4) Centers for Medicare and Medicaid Services
MITA Information: www.cms.hhs.gov/MedicaidInfoTechArch

Medicare and Medicaid Health IT - Title IV ARRA Fact Sheet:
www.cms.hhs.gov/apps/media/press/factsheet.asp

5) Healthcare Information Technology Standards Panel: www.hitsp.org

C.   Broadband /Telehealth Resources

6) The central broadband funding portal under ARRA is Broadband USA:
http://broadbandusa.gov/

7) Lead agencies for funding:

- Department of Commerce - National Telecommunications Infrastructure Authority
  (NTIA) – Broadband Technologies Opportunities Program (BTOP):
  www.ntia.doc.gov/broadbandgrants

- Department of Agriculture - Rural Utilities Service (RUS) – Broadband Initiatives
  Program (BIP): www.usda.gov/rus/telecom

8) The Federal Communications Commission is responsible under ARRA for developing the
National Broadband Plan: www.broadband.gov

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D. Industry Deliverables

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