



Testimony
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Statement of
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Good afternoon, Mr. Chairman, Members of the Subcommittee. Thank you for the opportunity to meet with you today on behalf of the Health Resources and Services Administration (HRSA) to discuss the health information technology programs we administer. I appreciate your support and awareness of the importance of health information technology in underserved communities.

Background

Consistent with the President's goal of adoption of electronic health records for most Americans by 2014, HRSA has a number of grant programs already in place to assist safety net providers in accomplishing this goal. HRSA promotes the adoption and effective use of health information technology (HIT) including telehealth to meet the needs of people who are uninsured, underserved, and/or have special needs. HRSA provides technical assistance to health centers and other HRSA grantees in adopting model practices and technologies, promotes grantee HIT advances and innovations as models, and ensures that HRSA HIT policy and programs are coordinated with those of other U.S. Department of Health and Human Services components and other Federal programs, for example, the Federal Communications Commission (FCC) Rural Health Care Pilot Program. The FCC's pilot program is an innovative, enhanced funding initiative intended to help public and non-profit health care providers construct state- and region-wide broadband networks to provide telehealth and telemedicine services throughout the Nation.

HRSA Programs

HRSA is the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. HRSA provides national leadership, program resources, and services to improve access to culturally competent, quality care. Some examples of HIT activities at HRSA include:

The Office of Health Information Technology (OHIT)

HRSA's Office of Health Information Technology (OHIT) was formed in December 2005 as the principal advisor to the HRSA Administrator in developing an Agency-wide HIT strategy. The OHIT promotes the adoption and effective use of HIT in the safety net community. The goal of the office is to bring HIT to America's safety net providers; in particular HRSA grantees, to improve quality of care, reduce health disparities, increase efficiency in care delivery systems, increase patient safety, decrease medical errors, prevent a digital divide, and allow providers to improve quality and efficiency of the care they provide. HRSA's goal is not simply for safety net providers to collect data; the data must also be used to improve individual and population health. The long-term vision of HRSA and OHIT is to transform systems of care for safety net populations through the effective use of HIT.

OHIT awards planning and implementation grants for telehealth, electronic health records (EHRs), and other HIT innovations, while encouraging market-based solutions, and encouraging providers to incorporate HIT as a normal cost of doing business. The Office provides technical assistance to HRSA grantees and staff related to effective HIT adoption and Federal and State policies and legislation. OHIT also provides leadership and representation for HRSA grantees with Federal and State policymakers, researchers, and other stakeholders.

For fiscal year (FY) 2007, OHIT funded four new grants targeted to HRSA health centers for a total of \$33 million. Health centers are community-based and consumer-run organizations that serve populations with limited access to health care. These include low income populations, the uninsured, those with limited English proficiency, migrant and seasonal farm workers, individuals and families experiencing homelessness, and those living in public housing. These grants were based on comments that we received from our safety net providers about how best to support HIT adoption.

Health Information Technology Planning Grants

We understand that not all health centers are ready to adopt EHRs. The HIT Planning grants are designed to support health centers in structured planning activities that will prepare them to adopt EHRs or other HIT innovations. Planning activities for EHR adoption may include readiness assessment, workflow analysis, due diligence in selecting a vendor, business planning, and determining specific network HIT functions. Planning activities for other HIT initiatives may include marketplace assessment, initial stages of collaboration with partners, and business planning. Eight health centers were awarded HIT Planning grants in FY 2007.

Electronic Health Record Implementation Initiative

This funding opportunity supports implementation of EHRs by health center controlled networks. Health-center controlled networks are networks of safety net providers that ensure access to health care for the medically underserved populations through the enhancement of health center operations, including health information technology. OHIT sees EHRs and other forms of HIT as tools to improve quality of health care and health outcomes. In addition, it is important to note that HRSA supports

health center controlled networks for HIT adoption, rather than individual health centers in order to reduce the risk of investing in HIT and improve the efficiency and effectiveness of our investment. Networks of health centers reduce the risk of investing in HIT by leveraging scarce resources including funding, staffing, and HIT expertise.

The EHR implementation initiative supports new health center networks as well as existing networks interested in spreading their capacity to additional health centers. Eight health center networks were awarded EHR Implementation grants in FY 2007.

High Impact Electronic Health Records Implementation

This grant program promotes the high impact implementation of an EHR through either a health center controlled network or a large individual health center with 30 or more sites. Funds must be used for implementation of new EHRs in at least 15 sites. This grant funding opportunity supports the use of EHRs as a tool to improve the safety, quality, efficiency, and effectiveness of health care delivery. Eighteen health centers were awarded High Impact EHR grants in FY 2007.

Health Information Technology Innovation Initiative

The purpose of the Health Information Technology Innovation Initiative is to implement health information technologies other than EHRs. This funding may be used for other HIT advances including electronic prescribing, physician order entry, personal health records, community health records, health information exchanges, smart cards, using telehealth to advance previous investments (e.g., using e-prescribing to build a telepharmacy), and creating interoperability with outside partners such as health departments and other HRSA grantees. Thirteen health centers were awarded HIT Innovation Initiative grants in FY 2007.

Telehealth

HRSA also works to increase and improve the use of telehealth to meet the needs of underserved people, including those living in rural and remote areas, those who are low-income and uninsured, or those who are enrolled in Medicaid. HRSA promotes the use of telehealth technologies by fostering partnerships within HRSA, with other Federal agencies, States, and private sector groups to create telehealth projects; providing technical assistance; evaluating the use of telehealth technologies and programs; developing telehealth policy initiatives to improve access to quality health services; and promoting knowledge exchange about "best telehealth practices."

HRSA, through OHIT, supports a portfolio of telehealth grants including the Telehealth Resource Center Grant Program, the Telehealth Network Grant Program (including home health) and the Licensure Portability Grant Program.

The Office of Rural Health Policy

The Office of Rural Health Policy (ORHP) promotes better health care service in rural America. ORHP has aligned some of its programs to adopt and implement the President's Health Information Technology Initiative.

The Flex Critical Access Hospital Health Information Technology Network Implementation (Flex CAH HIT Network Implementation) grant program promotes the implementation of HIT and EHRs in Critical Access Hospitals (CAHs). CAHs are rural community hospitals that receive cost-based reimbursement from Medicare. This program provides funds for up to 16 grantees to support the development of 1 Flex CAH HIT Network pilot program in each State that is awarded a grant. Examples of HIT may include practice management systems, disease registry systems, care management

systems, clinical messaging systems, personal health record systems, electronic health record systems, and health information exchanges. Sixteen awards were made under the Flex CAH HIT Network Implementation grant program in FY 2007.

Network Development Grants provide funding to help rural communities strengthen their health care systems. Grants support rural providers for up to 3 years who work together in formal networks, alliances, coalitions, or partnerships to integrate administrative, clinical, financial, and technological functions across their organizations. This integration of functions and services helps to overcome the fragmentation of health care services in rural areas, improves coordination of those services, and achieves economies of scale. The ultimate goal of the program is to build continually self-perpetuating sustainable networks with business (network partner return) and social (community return) competencies that increase access and quality of rural health care and ultimately, the health status of rural residents.

The HIV/AIDS Bureau

The Ryan White HIV/AIDS Program funds primary care and support services for individuals living with HIV disease who lack health insurance and financial resources for their care. One component of the Ryan White HIV/AIDS Program is the Special Projects of National Significance (SPNS). The purpose of the SPNS program is to identify and disseminate innovative models that advance knowledge and skills in the delivery of health and social services to people with HIV infection who are disadvantaged financially and medically underserved. HIT includes tools that allow health care providers to enhance service provision through a variety of ways, including (1) communicating electronically with existing HIT systems as a means to provide comprehensive HIV care

and (2) linking two or more disparate networks to enhance the quality of care provided. The electronic exchange of health information among HIV medical and ancillary care providers could integrate a fragmented health and social service care system and make a range of individual client health information available across numerous providers in the network. In FY 2007, the SPNS Information Technology Networks of Care Initiative awarded 7 grants for up to 4 years to fund organizations that promote the enhancement and evaluation of existing health information technology for people living with HIV/AIDS in underserved communities. The organizations included local governments, universities, and hospitals.

Barriers to HIT Adoption and HRSA's Efforts to Eliminate Barriers

Implementing HIT innovations and transforming health care through HIT is a huge undertaking that should not be underestimated. Some of the barriers that safety net providers face are scarcity of funding, staff, and resources; sorting through the flood of information on HIT; selecting software, hardware, appropriate HIT tools, partners, and vendors; and perhaps most significantly, using HIT to achieve real change in clinical practice, operations, staff responsibilities, and duties.

HRSA is continually looking for ways to overcome these barriers for its grantees. We have compiled and shared lessons learned from grantees with others and provided technical assistance. In partnership with the Agency for Health Care Research and Quality (AHRQ), HRSA has established a HIT Community for HRSA grantees. It serves as a virtual community for health centers, networks, and State Primary Care Associations and other grantees to collaborate around the adoption of technologies promoting patient safety and higher quality of care. The HRSA Portal creates a central hub for

communications across geographically disparate sites, and allows team members to view important announcements, documents, tasks, events, and discussions related to their initiative. HRSA has also developed a HIT Toolbox, which is a compilation of HIT planning, implementation, and evaluation resources to support HRSA's Section 330 Federally funded health center grantees (will be expanded to include rural health, maternal and child health, HIV/AIDS, and telehealth portals). It is designed to serve the needs of a broad audience within health centers and the health center controlled networks. The HIT Toolbox is scheduled for release later this month.

Conclusion

The Department of Health and Human Services has identified furthering the use of HIT as a key priority. This focus supports the President's goal of adoption of electronic health records for most Americans by 2014. HRSA is diligently working with our grantees and with our partners in the Office of the National Coordinator for Health Information Technology, Centers for Medicare and Medicaid Services, AHRQ and other Federal and state public and private organizations to meet this goal. We are proud of our progress and efforts to-date.

Thank you for giving me the opportunity to come here today to update you on the progress the Health Resources and Services Administration is making in the area of HIT and for your dedication and interest in underserved communities. I would be happy to answer your questions.