

Federal grants awarded for health information exchanges, ERH training programs

On February 12, 2010, the U.S. Department of Health and Human Services (HHS) announced grants worth more than \$761 million to states and regional centers to help develop health information exchanges and support meaningful use of electronic health records. The same day, the U.S. Department of Labor announced \$227 million in grants for health information technology (HIT) job training. All of the funding is from the American Recovery and Reinvestment Act (ARRA), the economic stimulus bill enacted in 2009. According to HHS, states will play a critical leadership role in facilitating the meaningful use exchange capacity of doctors and hospitals in their jurisdictions.

Participation by optometrists

For the grant program, HHS defined “health care clinicians” as “physicians, nurses, behavioral health professionals, registered dietitians, chiropractors, and other licensed or certified care providers.” By comparison, for purposes of the recently announced Medicare EHR incentive program, an eligible professional is a physician as defined in Social Security Act 1861(r), which includes doctors of medicine, doctors of osteopathy, doctors of dental surgery or of dental medicine, doctors of podiatric medicine, *doctors of optometry*, and chiropractors. For purposes of the Medicaid incentive, an eligible professional is defined as a physician, dentist, certified nurse mid-wife, nurse practitioner, or a physician assistant practicing in a rural health clinic or FQHC that is led by a physician assistant, if he/she meets the criteria.

However, under the grant programs, HHS has some restrictive definitions of primary care. For purposes of these grants, *“Primary-Care Physician” is defined as a licensed doctor of medicine or osteopathy practicing family practice, obstetrics and gynecology, general internal or pediatric medicine* regardless of whether the physician is board certified in any of these specialties. Also, “small-group primary-care physician practice” is defined as a group practice site that includes 10 or fewer licensed doctors of medicine or osteopathy routinely furnish professional services, and where the majority of physicians practicing at least 2 days per week at the site practice family, general internal, or pediatric medicine. *Primary-care providers are individual and small group practices (fewer than 10 physicians and/or other health care professionals with prescriptive privileges) primarily focused on primary care; and physicians, physician assistants, or nurse practitioners who provide primary care services in public and critical access hospitals, community health centers, and in other settings that predominantly serve uninsured, underinsured, and medically underserved populations.*

State Health Information Exchanges:

HHS is giving nearly \$386 million to 40 states for state health information exchanges (HIEs). You may want to look at the list of grant recipients in the press release link above to confirm that your state was selected to “rapidly build capacity for exchanging health information across the health care system both within and between states through the State Health Information Exchange Cooperative Agreement Program.” According to HHS, “states will play a leadership role in achieving HIE to meet health reform goals. The funds awarded will be used to establish and implement plans for statewide HIE by creating the appropriate governance, policies, and technical services ... and help providers to qualify for Medicare and Medicaid incentives under the HITECH Act.”

ARRA requires states receiving this money to carry out the following activities “in the public interest” with guidance from HHS so even though the term “clinician” is not defined in the law it is in the public interest for optometrists to be included in these activities:

- (1) enhance broad and varied participation in the authorized and secure nationwide electronic use and exchange of health information;
- (2) identify State or local resources available towards a nationwide effort to promote health information technology;
- (3) complement other Federal grants, programs, and efforts towards the promotion of health information technology;
- (4) provide technical assistance for the development and dissemination of solutions to barriers to the exchange of electronic health information;
- (5) promote effective strategies to adopt and utilize HIT in medically underserved communities;
- (6) assist patients in utilizing health information technology;
- (7) *encourage clinicians to work with HIT Regional Extension Centers;*
- (8) support public health agencies’ authorized use of and access to electronic health information; and
- (9) *promote the use of electronic health records for quality improvement including through quality measures reporting.*

While not specifically mentioning optometrists or physicians, ARRA requires states performing those activities to “consult with and consider the recommendations” from the following:

- (1) *health care providers (including providers that provide services to low income and underserved populations);*
- (2) health plans;
- (3) patient or consumer organizations that represent the population to be served;
- (4) health information technology vendors;
- (5) health care purchasers and employers;
- (6) public health agencies;
- (7) *health professions schools, universities and colleges;*
- (8) *clinical researchers;* and
- (9) *other users of health information technology such as the support and clerical staff of providers and others involved in the care and care coordination of patients.*

For much more detailed information about the state HIEs, follow these links:

<http://healthit.hhs.gov/portal/server.pt?open=512&objID=1488&mode=2>
<http://statehierresources.org/>

Regional Extension Centers

HHS is giving more than \$375 million to 32 “regional extension centers” (RECs) and once again you’ll want to look at the list of recipients to confirm which organization is operating a regional center in your area. The RECs will offer technical assistance, guidance, and information to support and accelerate health care providers’ efforts to become meaningful users of EHRs. The Regional Extension Centers will focus their most intensive technical assistance on clinicians (physicians, physician assistants, and nurse practitioners) furnishing primary-care services, particularly in public and critical access hospitals, community health centers, and in other settings that predominantly serve uninsured, underinsured, and medically underserved populations.

According to ARRA, the regional centers should enhance and promote the adoption of HIT through—

- (A) *assistance with the implementation, effective use, upgrading, and ongoing maintenance of HIT, including EHRs, to health care providers nationwide;*
- (B) broad participation of individuals from industry, universities, and State governments;

- (C) *active dissemination of best practices and research on the implementation, effective use, upgrading, and ongoing maintenance of HIT, including EHRs, to health care providers in order to improve the quality of healthcare and protect the privacy and security of health information;*
- (D) *participation, to the extent practicable, in health information exchanges;*
- (E) *utilization, when appropriate, of the expertise and capability that exists in Federal agencies other than HHS; and*
- (F) *integration of HIT, including EHRs, into the initial and ongoing training of health professionals and others in the health care industry that would be instrumental to improving the quality of healthcare through the smooth and accurate electronic use and exchange of health information.*

Also, each regional center shall aim to provide assistance and education to all providers in a region, but shall prioritize any direct assistance first to the following:

- (A) *Public or not-for-profit hospitals or critical access hospitals.*
- (B) *Federally qualified health centers (as defined in section 1861(aa)(4) of the Social Security Act).*
- (C) *Entities that are located in rural and other areas that serve uninsured, underinsured, and medically underserved individuals (regardless of whether such area is urban or rural).*
- (D) *Individual or small group practices (or a consortium thereof) that are primarily focused on primary care.*

However, please note that *“all providers in the service area will be welcome and encouraged to participate in outreach and educational opportunities made available through the Regional Extension Centers.”*

For more information, including an interactive map of the RECs receiving initial funding, follow this link:

<http://healthit.hhs.gov/portal/server.pt?open=512&objID=1495&mode=2>

State HIE Awards:

State HIE Awardee	Award Amount
Alabama Medicaid Agency	\$10,564,789
Arizona Governor's Office of Economic Recovery	\$9,377,000
Arkansas Dept of Finance and Administration	\$7,909,401
California Health and Human Services Agency	\$38,752,536
Colorado Regional Health Information Organization	\$9,175,777
Delaware Health Information Network	\$4,680,284

Government of the District of Columbia	\$5,189,709
Georgia Department of Community Health	\$13,003,003
Office of the Governor (Guam)	\$1,600,000
The Hawaii Health Information Exchange	\$5,602,318
Illinois Department of Health care and Family Services	\$18,837,639
Kansas Health Information Exchange Project	\$9,010,066
Cabinet for Health and Family Services (Kentucky)	\$9,750,000
State of Maine/Governor's Office of Health Policy & Finance	\$6,599,401
Massachusetts Technology Park Corporation	\$10,599,719
Michigan Department of Health	\$14,993,085
Minnesota Department of Health	\$9,622,000
Missouri Depart of Social Services	\$13,765,040
Nevada Department of Health and Human Services	\$6,133,426
New Hampshire Department of Health and Human Services	\$5,457,856
Lovelace Clinic Foundation, New Mexico	\$7,070,441
New York eHealth Collaborative Inc.	\$22,364,782
Commonwealth of the NMI, Department of Public Health	\$800,000

North Carolina Department of State Treasurer	\$12,950,860
Ohio Health Information Partnership LLC	\$14,872,199
Oklahoma Health Care Authority	\$8,883,741
Pacific Ecommerce Development Corporation (American Samoa)	\$600,000
State of Oregon	\$8,579,992
Governor's Office of Health Care Reform Commonwealth of Pennsylvania	\$17,140,446
Oticina del Gobernador La Fortaeza (Puerto Rico)	\$7,770,980
Rhode Island Quality Institute	\$5,280,000
State of Tennessee	\$11,664,580
Utah Department of Health	\$6,296,705
Vermont Department of Human Services	\$5,034,328
Virgin Islands Department of Health	\$1,000,000
Virginia Department of Health	\$11,613,537
Health Care Authority (Washington)	\$11,300,000
West Virginia Department of Health and Human Resources	\$7,819,000
Wisconsin Department of Health and Family Services	\$9,441,000
Office of the Governor (Wyoming)	\$4,873,000

Total Award Amount	\$385,978,640
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Regional Extension Center Awards:

RECs Awardee	Award Amount
Altarum Institute, Michigan	\$19,619,990
Arkansas Foundation For Medical Care	\$7,400,000
CIMRO of Nebraska	\$6,647,371
Colorado RHIO	\$12,475,000
District of Columbia Primary Care Association	\$5,488,437
Fund for Public Health New York	\$21,754,010
Greater Cincinnati HealthBridge (Ohio-Kentucky)	\$9,738,000
Health Choice Network, Inc., Florida	\$8,500,000
HealthInsight, Utah-Nevada	\$6,917,783
Iowa IFMC	\$5,508,019
Kansas Foundation for Medical Care Inc.	\$7,000,000
Key Health Alliance (Stratis Health), Minnesota – North Dakota	\$19,000,000
Lovelace Clinic, New Mexico	\$6,175,000
Massachusetts Technology Park Cooperation	\$13,433,107

MetaStar, Inc, Wisconsin	\$9,125,000
Morehouse School of Medicine, Inc., Georgia	\$19,521,542
New York eHealth Collaborative (NYeC)	\$26,534,999
University of North Carolina, Chapel Hill	\$13,569,169
Northern California Regional Extension Center	\$17,286,081
Northern Illinois University	\$7,546,000
Northwestern University	\$7,649,533
OCHIN Inc. (Primary), Oregon	\$13,201,499
Ohio Health Information Partnership	\$28,500,000
Oklahoma Foundation for Medical Quality, Inc.	\$5,331,685
Purdue University	\$12,000,000
Qsource (Tennessee)	\$7,256,155
Qualis Health, Washington - Idaho	\$12,846,482
Rhode Island Quality Institute	\$6,000,000
Southern California Regional Extension Center	\$13,961,339
Vermont Information Technology Leaders, Inc.	\$6,762,080
VHQC and the Center for Innovative Technology, for The Virginia Consortium	\$12,425,000

West Virginia Health Improvement Institute Inc.	\$6,000,000
Total Award Amount	\$375,173,281

Job Training Awards:

Healthcare / High Growth Grant Recipient	Award Amount
Calhoun Community College	\$3,470,830
Mid-South Community College	\$3,391,053
South Arkansas Community College	\$3,520,612
Kern Community College District (KCCD)	\$2,768,572
Los Rios Community College District	\$4,988,561
Mt. San Antonio Community College District	\$2,239,714
San Diego State University Research Foundation	\$4,953,575
San Jose State University Research Foundation	\$5,000,000
San Bernardino Community College District	\$4,260,863
Youth Policy Institute	\$3,623,473
Spanish Speaking Unity Council	\$3,559,139
Otero Junior College	\$4,999,350
National Council of La Raza	\$3,457,516

Providence Health Foundation of Providence Hospital	\$4,953,999
DeKalb Technical College (DTC)	\$2,043,859
Governors State University	\$4,994,686
Indianapolis Private Industry Council, Inc.	\$4,885,812
Ivy Tech Community College of Indiana	\$5,000,000
Iowa Workforce Development	\$3,403,164
Maysville Community and Technical College	\$2,007,637
Louisiana Technical College, Greater Acadiana Region 4	\$4,859,040
Southern University at Shreveport	\$4,296,308
Maine Department of Labor	\$4,892,213
The Community College of Baltimore County (CCBC)	\$4,928,654
Macomb Community College	\$4,971,642
American Indian Opportunities Industrialization Center	\$5,000,000
Northland Community and Technical College	\$4,996,844
MN State Colleges & Universities DBA Pine Technical College	\$4,230,950
South Central College	\$4,506,101
The Montgomery Institute	\$4,519,625

Full Employment Council	\$4,998,344
Crowder College	\$3,576,760
Maryville University - St. Louis	\$4,699,354
University of New Hampshire	\$2,944,732
Passaic County Community College	\$4,475,041
Fulton Montgomery Community College (FMCC)	\$2,865,657
Hudson Valley Community College (HVCC)	\$3,382,200
University Behavioral Associates, Inc.	\$5,000,000
Workforce Investment Board of Herkimer, Madison, and Oneida Counties	\$2,700,096
Goodwill Industries, Inc., Serving E. Neb and SW Iowa	\$2,007,846
Nevada Cancer Institute	\$3,262,676
Berea Children's Home	\$4,927,843
BioOhio	\$5,000,000
Cincinnati State Technical and Community College	\$4,935,132
Columbus State Community College	\$4,605,303
Enterprise for Employment and Education	\$2,373,073
Trident Technical College	\$2,624,532

Florence-Darlington Technical College (FDTC)	\$4,346,351
The University of South Dakota	\$5,000,000
Centerstone of Tennessee, Inc.	\$5,000,000
North Central Texas College	\$4,150,005
San Jacinto Community College District	\$4,722,919
The University of Texas Medical Branch at Galveston (UTMB)	\$4,655,799
Shenandoah Valley Workforce Investment Board, Inc. (SVWIB)	\$4,951,991
Workforce Training and Education Coordinating Board	\$5,000,000
Total	\$226,929,446

Additional information about the state HIE and RECs may be found at <http://HealthIT.HHS.gov/statehie> and <http://healthit.hhs.gov/extensionprogram>

Information about other health IT programs funded through the American Recovery and Reinvestment Act of 2009 can be found here: <http://HealthIT.HHS.gov>

Information about Healthcare/High Growth Grants, and other DOL training programs is available at <http://www.doleta.gov/>.

For more information about the Recovery Act, please visit: www.hhs.gov/recovery , www.dol.gov/recovery and www.recovery.gov.