



Federal HIT Strategic Plan: Health TechNet Presentation

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Shannah Koss Madeleine Konig Sharon Siler Avalere Health LLC

Content of Today's Discussion

Agenda

- Overview of federal government plans to advance HIT over next 5 years
- Implications of new administration on strategic plan
- Outstanding questions that will shape plan's impact

Federal HIT Strategic Plan Lays Out Priorities, Action Steps

- Responding to 2004 Presidential Executive Order to promote use of HIT, and to Congressional criticism, ONC coordinates government-wide effort to develop Strategic Plan
 - » ONC also faced funding cut by Congress in absence of a plan
- 5-year Strategic Plan aims to:
 - » Improve health and healthcare through advancing use of HIT and driving electronic exchange of information at point of care
 - » Promote greater transparency on areas where federal government has been active and believes it should continue to be involved
 - » Set Privacy and Security Framework as top priority assigns 2008 deadline

Organizational Structure of Strategic Plan



Plan Objectives Indicate Areas for Ongoing Federal Role

Federal policy priorities fall into four major categories

Promote widespread provider and consumer adoption of HIT tools

Foster the **infrastructure** to support the flow (giving and receiving) of clinical information

Establish necessary protections to ensure **privacy and security** of consumer health information

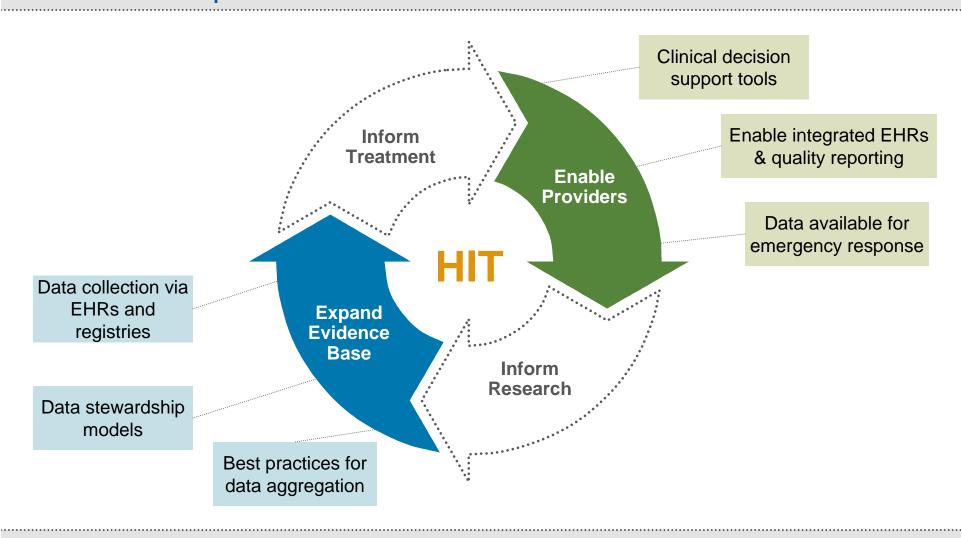
Ensure broad stakeholder participation and representation in HIT decision-making and oversight



Common Themes of Strategic Plan

- Objectives under each goal underscore the need for:
 - » Trust
 - » Robust and enabled infrastructure
 - » Critical mass of users
 - » Stakeholder buy-in and accountability
- Plan does not create new policy, but it does outline the process for bringing stakeholders together to define priorities and shape the future
 - » Federal government will not dictate the direction of the HIE market
 - » Objectives and strategies promote flexible solutions that support multiple models of information exchange
 - Organization-based (e.g., integrated delivery network)
 - Geographically based (e.g., RHIO)
 - Individually controlled (e.g., health data bank)

Strategic Plan Contemplates How HIT Can Support Patient Care and Population Health Activities



Case Study: Population Health Strategy 2.2.5

Strategy 2.2.5: Provide population health information needed for emergency response

ONC Illustrative Action Steps

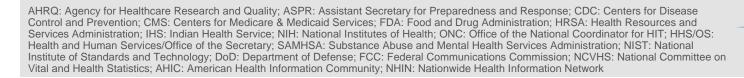
- Work with standards organizations to identify needed functionality
- Advance critical network functionalities in the NHIN to support: situational awareness, emergency care, outbreak management, response management, and emergency communication
- Identify barriers that could inhibit data access during disasters

Current Federal Activity

AHRQ, ASPR, CDC, CMS, FDA, HRSA, IHS, NIH, ONC, HHS/OS SAMHSA, NIST, DoD, FCC, NCVHS, AHIC

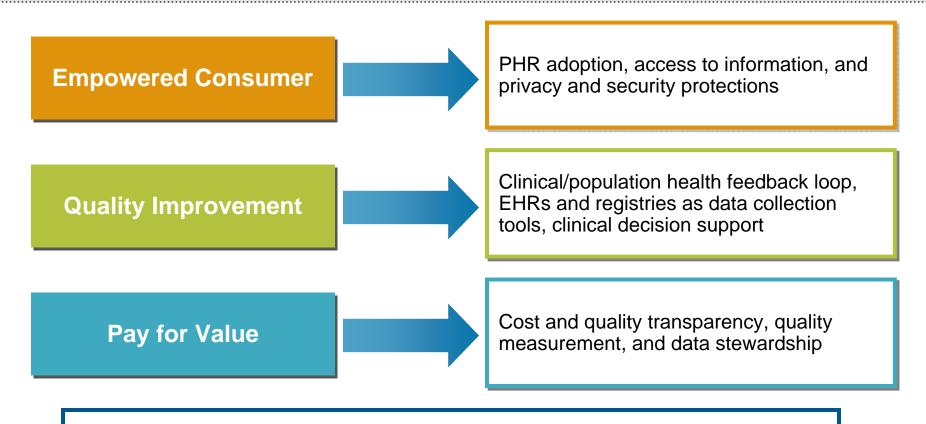
Milestone

By 2010, the NHIN will support exchange of information for emergency response needs.





Federal HIT Strategic Plan Supports Trends Impacting HIE



Interoperability and adoption are primary foci of the plan and support the evolution of the HIE infrastructure



Reactions to Plan Generally Positive

- "Great roadmap for the task at hand," Brett Furst, vice president of healthcare, Covisint
- Pragmatic approach of cataloguing achievements and ongoing programs with delineation of goals and objectives, Neal Neuberger, Health Tech Strategies
- Innovative thinking regarding plan metrics, describes plan as "comprehensive", notes that "milestones often don't push the boundaries," Harris Stutman, executive director of clinical informatics at Memorial Health Services
- Plan is "poorly conceived", due to focus on government instead of private sector,
 Greg Scandlen, The Heartland Institute
- Generally supportive, American Medical Informatics Association, American Hospital Association

Administration Transition Creates Several Competing Priorities for the Plan

Organizational Timeline Cabinet Nomination & Confirmation Process

111th Congress Begins: Committee/Leadership Selection Process

Presidential Inauguration

Committee Hearings on Major Healthcare Priorities

Major Health Care Administrative Posts Filled

January

June

Policy Timeline Policy Initiatives
& Top Priorities
Announced

SCHIP Authorization Expires

"Look Back" on Regulations
Issued Over the Past 180 Days

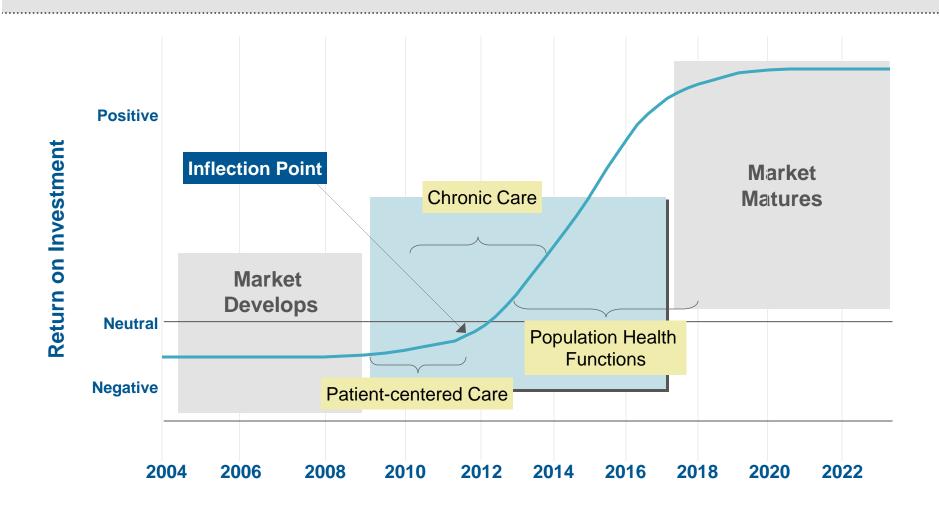
Moratorium Placed on New Regulations; Must Receive White House/OMB Approval President
Submits Budget



Plan Faces Several Possible Scenarios in New Administration

- New administration rarely establishes new policy in advance of the relevant Cabinet post being filled such as the Secretary of HHS
 - » Cabinet heads rarely establish policies without their political leadership in place, i.e., agency heads
 - » The combined timing of the Cabinet and agency confirmations can take 6-9 months
- Once the new administration has filled major positions it could address the plan and HIT in a few ways:
 - » Unless ONC is an early target of the new administration, significant changes on agencies activities already underway are not likely for at least one year
 - » Once focused, a new Administration would likely replace or retool key elements of the plan (e.g., reliance on A2) to make it its "own"
 - » Plan could get caught in the look-back net

Trends Driving Market Growth



Outstanding Questions To Shape Plan Impact

- Will the renewed Congressional focus (e.g., Stark legislation) create a new playing field?
 - » Would AHIC 2.0 be eclipsed by legislative provisions?
- What does the Plan's reliance on AHIC 2.0 mean if it does not succeed?
- Are the standards and certification processes working or much ado about nothing?
 - » Carol Diamond and Clay Shirky Health Affairs article claiming reduced focus on standards will help adoption
- Were the NHIN investments a mistake?
 - » HIMSS white paper "The NHIN Highway is Already Paved"
- What does the lack of a privacy and security framework from ONC (expected March 2008) mean for the rest of the milestones laid out in the Plan?
- Are the Plan's funding expectations unrealistic? Do the recently passed eRx incentives indicate funding availability?

Thank You

For more information: Shannah Koss skoss@avalerehealth.net Madeleine Konig mkonig@avalerehealth.net Sharon Siler ssiler@avalerehealth.net