ARRA HIT and HIS:
What PHNs Need to Know

NC Public Health's Approach

- Steve Cline chaired the Governor's Committee to look at priorities for NC's use of ARRA funds

- Currently Health and Wellness Trust is the lead for this

- NC HIE/HIT State and Local Collaborative (DPH and LHD group with consultant support)

ARRA HIT Policy Need Sub-areas

- Engage patients and families
- Ensure adequate privacy and security protections for PHI
- Improve care coordination
- Improve population and public health
- Improve quality, safety, efficiency, and reduce health disparities

ARRA HIT "Meaningful Use" Objectives

- Structured in three timeframes – what must be in place by 2011, 2013, and 2015

- Objectives build on each other so that full implementation must be done by 2015

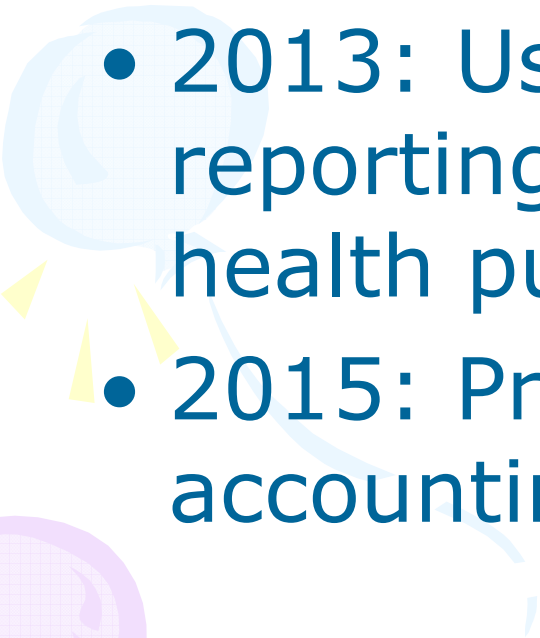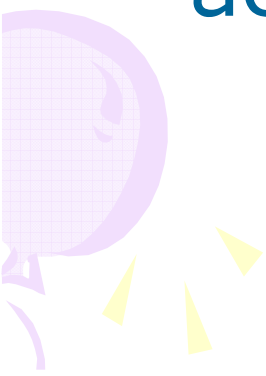- Final requirements for many objectives not yet available

Engage patients and families

- 2011: Provide patient electronic copy of their health information

- 2013: Access for all patients to their record populated in real time with health data

- 2015: Patients have access to self-management tools and electronic reporting on experience of care

Ensure adequate privacy and security

- 2011: Compliance with HIPAA and state laws
- 2013: Use de-identified data when reporting data for population/public health purposes
- 2015: Provide patients, on request, accounting of TPO disclosures

Improve care coordination

- 2011: Capability to exchange key clinical information among providers of care
- 2013: Retrieve and act on electronic prescription fill data; perform medication reconciliation at each transition in care
- 2015: Assure comprehensive patient data from all available sources

Improve population and public health

- 2011: Capability to submit electronic data to immunization registries and syndromic surveillance data to Public Health
- 2013: Receive immunization histories from registries and health alerts from Public Health
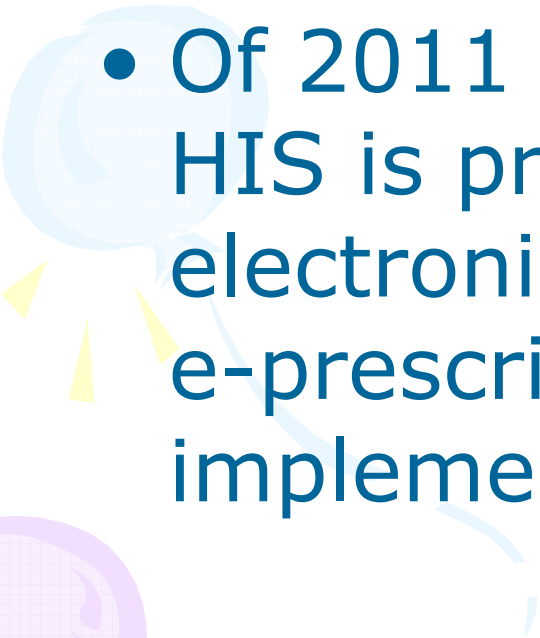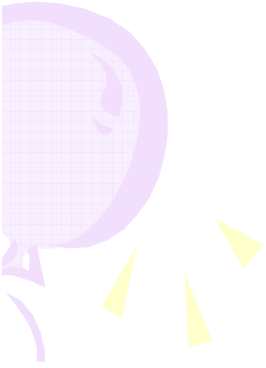- 2015: Automated real-time surveillance

Improve quality…disparities

- 2011: Implement drug-drug, drug-allergy, drug-formulary checks
- 2013: Use evidence-based order sets; manage chronic conditions using…decision support
- 2015: Achieve minimal levels of performance on quality, safety and efficiency measures
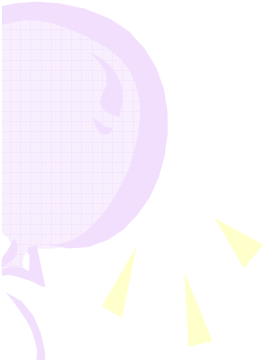
HIS Assessment

- Team of HIS staff and Collaborative members met on 9/14/09 to discuss

- Of 2011 objectives, the big gap for HIS is providing patients with electronic copies of their information, e-prescribing and ability to implement one clinical decision rule
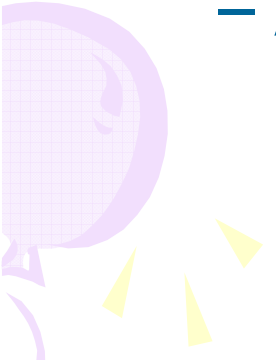
HIS Assessment – cont.

- HIS does have:
  - Implementation of all HIPAA rules
  - Ability to do data exchange with some other care providers
  - Planned interfaces with NCIR, NCEDSS, STARLIMS, etc.
  - Embedded ICD-9 codes for classifying diagnoses

HIS Assessment – cont.

- HIS does have:
  - Ability to record: preferred language, insurance providers, vital signs, BMI, smoking status
  - Ability to capture lab results (including from State Lab when interface complete)
  - Ability to generate a list of patients with one diagnosis

HIS Assessment – cont.

- HIS does have:
  - Ability to send reminders to patients for follow-up
  - Ability to check insurance availability
  - Ability to submit claims electronically to public and private payors
  - Ability to document progress notes

Questions?

- Stay tuned; these funds may be used to enable HIS to meet all of the "meaningful use" objectives