

Summary of HHS HIT Grant Programs in American Recovery and Reinvestment Act

The American Recovery and Reinvestment Act provides an estimated \$19 billion to promote the adoption of health information technology (HIT), including incentive payments for providers under the Medicare and Medicaid programs, Medicare hospital payments, and Medicare physician payments.

Additionally, the legislation provides \$2 billion (including \$300 million to support regional or sub-national efforts toward health information exchange) through the Office of the National Coordinator for Health Information Technology (ONCHIT) for the activities summarized below, some of which are expected to be awarded as grants. Much of the funding requires the recipient to cost share or provide matching funds.

Sec. 3011: Immediate Funding to Strengthen the Health Information Technology Infrastructure

- Requires the Secretary to invest through ONCHIT, HRSA, AHRQ, CMS, CDC, and IHS in HIT infrastructure to allow electronic information exchange and use consistent with goals outlined in the National Coordinator's strategic plan.
- Investments should support:
 - Secure, private, and accurate HIT architecture, including connecting health information exchanges (and possibly including updates of HHS agency infrastructure to support electronic information use & exchange).
 - Development and adoption of certified electronic health records (EHRs) for categories of health providers not eligible for support under Medicare and Medicaid for adoption of such records.
 - Training on and disseminating best practices on integrating HIT/EHRs into care delivery, including community health centers (CHCs), covered entities under section 340B, and providers participating in Medicare, Medicaid, and SCHIP.
 - Infrastructure/tools for telemedicine promotion (including Federal agency coordination).
 - Promoting clinical data repository/registry interoperability.
 - Promoting technology/best practices to enhance health information protection by holders of individually identifiable health info.
 - Improve/expand public health department HIT use.
- Funds also may be used to carry out HIT activities "that are provided for under laws in effect on the date of the enactment of this title."

Sec. 3012: HIT Implementation Assistance

- Secretary/National Coordinator should establish in consultation with NIST (and other Federal expert agencies) an HIT "extension program" to provide HIT assistance services to health care providers through HHS.
- HIT Technology Research Center should be created to provide tech support and develop/recognize best practices to support and accelerate HIT adoption/implementation/use.
 - Center should coordinate input from NIST and other federal agencies, HIT users (providers and clerical support staff), and others.
- Assistance shall be provided for creation/support of HIT regional extension centers to provide tech support/disseminate best practices for HIT adoption/implementation/use. Centers should be affiliated with a U.S.-based nonprofit that applies and is awarded funding based on merit.
 - Objective to promote HIT adoption through various methods (including broad participation of industry, universities, and state governments).
 - Centers shall aim to provide regional assistance and education to all providers, with priority to public/not-for-profit or critical access hospitals; FQHCs; rural or un/underinsured- or underserved-serving entities; individual or small group practices or consortia focused on primary care.
 - Funding is available for up to four years and requires cost-sharing.
 - Centers will be reviewed biennially and may receive continuing support upon a positive review.

Sec. 3013: State grants to promote HIT

- Secretary/National Coordinator shall establish program to facilitate/expand electronic movement/use of health information among organizations; may award planning and implementation grants to states or state-designated entities (not-for-profit entities with broad stakeholder representation on governing board).
- Awardees must consult with various stakeholders, including health care providers, health professions schools, and clinical researchers.
- States or state-designated entities must provide matching funds.

Sec. 3014: Competitive grants to states and Indian tribes to develop loan programs to facilitate EHR technology adoption

- National Coordinator may award grants to eligible entities (states or Indian tribes that meet certain criteria) for health care provider loan programs.
- Awardees must provide matching funds.

Sec. 3015: Demonstration program to integrate information technology into clinical education

- Secretary may award competitive, merit-based grants for demonstration projects to develop academic curricula integrating EHR technology into health professions education.
 - Eligible entities include schools of medicine, osteopathic medicine, dentistry, or pharmacy; graduate programs in behavioral/mental health or any other graduate health professions program; nursing or PA grad school; consortium of two or more of these types of schools; institution with GME program in medicine, osteopathic medicine, dentistry, pharmacy, nursing, or PA studies.
 - Entity must provide matching funds and cannot use grant to purchase hardware, software, or services. Grants should support collaboration with 2 or more disciplines and integrate certified EHR technology into community-based clinical education.

Sec. 3016: Information technology professionals in health care

- Secretary in consultation with NSF shall provide assistance to institutions of higher education/consortia to establish or expand medical health informatics education programs, including certification, undergraduate, and masters degree programs
- Preference to be given to existing education and training programs and programs designed to be completed in less than six months

It is unclear through which HHS agency (agencies) the HIT funding will be distributed, but HHS is working to determine the best methods for disbursement and more information is expected soon. AAMC will provide information to members as soon as it is available.