

ARRA HIT Action Guide **For AAHSA State-Affiliates and Partners**

May 5, 2009

This Guide is to provide high-level direction for AAHSA state-affiliates and state/regional partners in understanding and acting upon the various Health Information Technology (HIT) opportunities for long-term care and aging service and support providers in the American Recovery and Reinvestment Act (ARRA) of 2009. (The HIT provisions are also referred to as the HIT for Economic and Clinical Health Act, or “HITECH Act”). The Office of National Coordinator for HIT at the federal Department of Health and Human Services, and States across the country are working swiftly on plans to implement the \$2 billion for HIT programs (in addition to the roughly \$18 billion in acute care Medicare/Medicaid HIT incentive payments).

CAST encourages AAHSA state-affiliates and partners to seize this unprecedented opportunity for aging service providers to participate in the advancement of interoperable electronic health records and other health information technology. We suggest that state-level action and initiatives begin with the following steps:

1) Get Informed

Become familiar with the provisions pertinent to long-term care and aging services providers, including HIT and broadband opportunities. Download the CAST summary at:

<http://www.agingtech.org/documents/TechnologyHR1.pdf>.

2) Contact State Government Leaders Now

Using the attached letter as a template, work with State Governors Office, State Health Department (and/or other depts.), and key State Legislators to request that:

- a. Long-term care and aging services and support providers are given opportunity to actively participate as partners as the State prepares its plans for participation in ARRA HIT projects (Grants to the State and loans to providers). Ask to see state plans (if one is in place) and extend the offer to assist in drafting a strategic plan that is inclusive of long-term care providers;
- b. State HIT Planning and Implementation grants include language advising applicants, including health information exchange facilitators (e.g. Regional Health Information Organizations (RHIOs) and Health Information Exchanges (HIEs), of the benefits of and need to seek partners from different care settings, including long-term care; and that one of the State’s evaluation criteria for selecting recipients will be a preference for those who partner with long-term care providers;
- c. The State’s loan program (if the state is pursuing) is offered to long-term care and aging service providers and that these providers are included in the State’s strategic plan.
- d. The “meaningful use” of certified health information technologies (including EHRs) by acute care providers must include effective electronic exchange of health information with long-term care providers. This can only be achieved if ARRA-funded HIT projects in acute care included long-term care provider partnerships.

- 3) **Initiate Collaborations with Acute Health Care Providers**
Encourage aging service and support providers to identify and approach acute care providers (hospital systems and physician groups) that they work with in serving clients/residents to start a dialogue on plans to exchange health information of populations that transition between their respective settings and potential partnerships on grant applications and “meaningful use” of HIT in Medicare and Medicaid.
- 4) **Initiate Collaborations with Health Information Exchange Facilitators**
Encourage providers to identify and approach local, regional and State health information exchange facilitators including Health Information Exchanges (HIEs) and Regional Health Information Organizations (RHIOs) to start a dialogue on plans to include long-term care providers as active partners in ARRA-funded grant activities for the planning and implementation of HIT. A partial list of active HIE/RHIO initiatives can be found at: <http://nhinwatch.com/page.cms?pageId=5#RHIOS>
- 5) **Develop a Specific Vision and Proposal**
After the first approach and upon the State’s initial reaction/ response, be prepared to assist in organizing providers’ efforts and bringing the state a bold vision, with a strategic plan, partners, cost estimates and spending plan for projects that are inclusive of long-term care and other providers that have a significant impact on your State with along with measures and plans to assess impacts post-implementation. Members may want to seek advice from CAST Commissioners and CAST Members organizations and partnership with them on developing the vision and proposals (a list of CAST Commissioners and Members are available on CAST web site at: <http://www.agingtech.org/castCommission.aspx>, and <http://www.agingtech.org/castmembers.aspx> respectively). Members/partners may need to secure consultants and grant writers to develop applications. Advise members/ partners on grant proposals that in any grant opportunity, the number of grant applications received far exceeds the available funds, which means that having a good proposal does not guarantee success in securing funds.
- 6) **Steer Providers to Interoperability**
Recommend that providers choose HIT vendors that are implementing or have clear plans to implement Health Information Technology Standards Panel (HITSP) Standards (www.hitsp.org) and get their products certified for interoperability by the Certification Commission of Health Information Technology (CCHIT) <http://www.cchit.org/>. For more information check the “Roadmap to Health IT in Long-Term Care 2008-2010” at: http://www.agingtech.org/documents/LTCSummitRoadmap_Final.pdf.
- 7) **Stay Tuned**
Monitor any requests for proposals (RFPs) that may apply to providers in your State on: <http://www.hhs.gov/recovery/grantscontracts/index.html> and www.grants.gov and notify providers. You, and your providers, can register on www.grants.gov to get e-mail notifications if an RFP with keywords that match your search criteria is posted. Your state may have similar sites with state grants, contracts opportunities that you might want to identify and inform members. CAST will continue to provide additional information as it becomes available.