



1730 M Street, NW, Suite 502
Washington, DC 20036

phone » (202) 659-9440
fax » (202) 659-9422
web » www.ahima.org

June 11, 2009

Department of Health and Human Services
Office of the National Coordinator for Health Information Technology
200 Independence Ave, SW.
Suite 729D
Washington, DC 20201
Attention: Health IT Extension Program Comments

The American Health Information Management Association (AHIMA) welcomes the opportunity to comment on the U.S. Department of Health and Human Services (HHS) Office of the National Coordinator for Health Information Technology's (ONC) request for comments regarding the draft description of the program for establishing regional centers to assist providers seeking to adopt and become meaningful users of health information technology as published in the *Federal Register*, Thursday, May 28, 2009 [74FR25550]. AHIMA has been an active supporter for the adoption of standard electronic health records (EHRs) for many years and engaged in the establishment of health information exchange (HIE), HIE organizations and a nationwide health information network (NHIN).

AHIMA is a not-for-profit professional association representing more than 54,000 health information management (HIM) professionals who work throughout the healthcare industry. AHIMA's HIM professionals are educated, trained, and certified to serve the healthcare industry and the public by collecting, managing, analyzing, reporting, and utilizing data which is vital for patient care, while making it accessible to healthcare providers, appropriate researchers, and other third parties when it is needed most. Given their education and the functions they perform, HIM professionals are a critical resource to the implementation of EHRs and HIE.

General Comments

AHIMA strongly supports the regional extension program and understands the challenges associated with adopting EHRs. We are concerned that if this program is not implemented effectively, there will be confusion and contention within the industry and among the stakeholders that will cause distraction from achieving the goal of an EHR for every person in the United States by 2014. To accomplish a successful regional center program, we make the following comments and recommendations:

1. Establish a clear and consistent set of goals.

AHIMA recommends ONC define a clear and consistent set of goals for the regional center program that are more focused than what is provided in the draft description. The goals outlined in the document do not provide a clear sense of what the regional centers are expected to accomplish and how they relate to the overall program. We agree the ultimate goal is to promote the adoption of EHRs and for clinicians and hospitals to become meaningful users, however the information supporting these goals is not consistently presented.

Definition of regional center – The definition of a “regional center” is not concise or clear. Information describing the program and its requirements are not presented in a logical and cohesive manner; therefore it is difficult to gain an understanding of its components. While we recognize that ONC welcomes innovation and creativity in developing the program, it is critical there be consistency in the structure from center to center to assure comparability for selection and measurement and to assure the providers in a designated “region” they will not be disadvantaged by your selection.

HITECH has given providers an expectation of services from the regional centers, as well as incentive benefits to be received for meaningful use as provided by the American Recovery and Reinvestment Act’s (ARRA) Title IV – Medicare and Medicaid Meaningful Use Incentives. AHIMA recommends that ONC consider some mechanism to ensure that all providers are covered by a qualified regional center(s) and are not penalized by any delay in access to services provided by the regional centers.

Relationship of regional centers and HITRC – The May 28 draft program description also comments on the work to be accomplished by the regional centers and the Health Information Technology Research Center (HITRC). The narrative describing the program is disjointed and does not provide a clear and consistent perspective on the relationship between the regional centers and the HITRC as well as the relationship among the regional centers. It is our understanding from the program description that information flows from the HITRC to the regional centers rather than a bidirectional relationship of information sharing and learning among the organizations. We see advantages to both; however we also recognize the need for consistency and uniformity as well as enabling the HITRC to glean out best practices common to several regional centers. We recommend revisiting the relationship between the HITRC and the regional centers as well as the relationship among the regional centers to develop a clear understanding of these organizations in one specific area of the document.

Award schedule – ONC proposes to issue multiple, closely spaced proposal submission dates that will be established to allow geographic areas to begin receiving the benefits of regional centers. AHIMA has several concerns regarding this approach to issuing rewards and urges ONC to reconsider the process for issuing awards.

HITECH has given providers an expectation of services from the regional centers, as well as incentive benefits to be received for meaningful use as outlined in the American Recovery and Reinvestment Act's (ARRA) Title IV – Medicare and Medicaid Meaningful Use Incentives. AHIMA recommend that ONC consider some mechanism to ensure that all providers are covered by a qualified regional center(s) and are not penalized by any delay in access to services provided by the regional centers.

2. Define a consistent set of core services delivered by an interdisciplinary team.

The program description outlines different types and levels of support that regional centers are expected to provide. It is difficult to gain a clear understanding of the level of support that is expected from these centers as the descriptions of the “minimal level of support” continue to change throughout the document. For example, in one paragraph the expectation is stated: “Regional centers will therefore, as a core purpose of their establishment, furnish direct, individualized, and (as needed) on-site assistance to individual providers.” However, in another paragraph in the same section it states: “At a minimum, the support should consist of materials designed to be widely and rapidly disseminated, both for provider self study and for use by entities other than regional centers that have an interest and the ability to provide some assistance and information to providers adopting health IT.”

We strongly encourage re-evaluating the types of support that is required and redefining the support that will be provided. Providing a consistent and uniform approach toward core services may consist of addressing different functional components of an EHR implementation. During each phase of the EHR implementation, a standard set of core services can be provided to enable maximum impact and increased optimization once the system has been installed.

The draft program description is very focused on the technical aspects and requirements of the regional centers however, other critical skill sets are necessary for the successful deployment of health information communications and technology and information management that address issues such as workflow analysis, transition planning, data analysis, training, and customization to meet the needs of the practice in order to become a meaningful user. As you continue to further develop the program plan for regional centers, AHIMA recommends that you consider these critical areas of HIT implementation that are not just technical in nature and require specialized skill-sets that will enable providers to become

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meaningful EHR users. The table below outlines *sample* phases with associated support needs during the phases.

Table 1: Sample EHR Lifecycle

Phases	Description	Core Services
Initiation & Planning	Assessments of current functions, vendor review and selection, resource planning.	Vendor analysis, system review analysis, identifies business needs, risk assessment, impact analysis.
Requirements Analysis	Assessment and understanding of the business needs of the organization.	Data flow analysis, workflow analysis.
Design & Development	Develop functional specifications of the vendor product(s) to meet the needs of an organization.	Database support/development, business case analysis, reports analysis, IT design.
Develop and Test	Developers modify systems according to the requirements and design. Testing of software and functions.	Software testing, functional user testing, data flow analysis.
Implement	Move from testing to production of the system. Audience begins using products for daily clinical and business activities.	Training and awareness, system process support, IT support.
Operations & Maintenance	Full scale release of the system and continued use in the live environment.	Follow up support, participation in learning community.

3. Provide clarity of the governance and management structure.

Defining a clear and uniform structure for governance and management of the overall program, the regional centers and the corresponding HITRC will enable stakeholders and the healthcare industry to understand the relationships and expectations of the regional center and the HITRC.

There is a need for discussion regarding a coordinated, consistent and standard approach towards program planning and service delivery of the regional centers and their relationship to the HITRC. As the proposals are being developed for the regional centers, we recommend that you encourage the regional centers, if not require them to develop uniform approaches toward the support of HIT implementation. The need for uniformity and consistency will be invaluable as you develop and establish criteria for measuring the success of a regional center.

While the HITRC is not addressed comprehensively in the May 28 program description, we are concerned that it suggests the HITRC will not only be a research center and coordinator

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of the regional centers' body of knowledge, but also have the management function for all of the regional centers. We suggest that ONC reconsider this arrangement as we do not believe the management role should be joined with the research role.

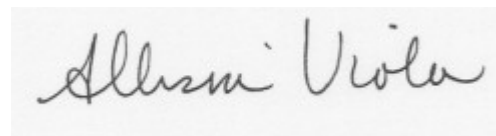
4. Develop a sound program evaluation process that creates a learning community for sharing of best practices with the HITRC and among the regional centers.

Creating a uniform and consistent approach toward evaluating the program will allow for more accurate measurement processes and analysis. Developing a uniform measurement process will enable ONC to assess, evaluate and make decision regarding future award programs, determining successful regions and those regions that may not be successful, and defining areas that may need additional resources.

The draft program description discusses the requirement that all regional centers will be evaluated to ensure they are meeting the needs of the health providers in their geographic area in a manner consistent with statutory objectives. There is no additional detail provided on what the evaluation criteria are, what will be measured, and what the schedule might be for the evaluation process. AHIMA recommends providing additional detail regarding this evaluation process.

If AHIMA can provide any further information or if there are any questions regarding this letter and its recommendations, please contact me at (202) 659-9440 or allison.viola@ahima.org, or AHIMA's vice president, policy and government relations, Dan Rode, at (202) 659-9440 or dan.rode@ahima.org. If we can be of further assistance to you in your data collection efforts, we would welcome the opportunity to provide support.

Sincerely,

A handwritten signature in cursive script that reads "Allison Viola". The signature is written in black ink on a light-colored background.

Allison Viola, MBA, RHIA
Director, Federal Relations

cc: Dan Rode, MBA, CHPS, FHFMA, Vice President, Policy and Government Relations