*Engelberg Center for Health Care Reform*
*The Brookings Institution*
**Charting a Course for Health Care Quality Improvement: Data-Driven Strategies for Eliminating Health Disparities**

Making Meaningful Users of HIT to Advance Equity
Breakout Session B

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# Introducing SHIRE

Working to eliminate racial/ethnic health disparities and help vulnerable communities attain optimal health since 1997

Focus on collecting/reporting disaggregated racial and ethnic health data since 2001

Advocacy to promote and support health information technology (HIT) adoption in communities of color since 2006

Partnership-building  since 2007 to ensure that regarding HIT "no community is left behind"

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# Introducing National Health IT Collaborative for the Underserved (NHIT)

Our Vision
Contribute to the elimination of health disparities and the attainment of optimal health through the effective use of health information technology

Who We Are
Public/private/community trans-disciplinary partnership involving 7 lead agencies and 100 members to date

Populations of Focus
The underserved, with emphasis on communities of color, and those who care for them

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# NHIT's Purpose

We support the full engagement of populations of focus in these areas:

- HIT planning, adoption and utilization
- Education and outreach
- Workforce development and training
- Policy development and implementation
- Finance and sustainability
- Research and evaluation

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# The Health Disparity/HIT/Meaningful User Connection

## Definitions

### Health Disparity

Significant and persistent negative differential in the overall rate of disease, incidence, prevalence, morbidity, mortality, or survival rate among a specific group of people compared to the general populations

### Health Information Technology

Information technology used to store, protect, retrieve and transfer health-related clinical, administrative and other information electronically within and among health care settings.

# The Health Disparity/HIT/Meaningful User Connection

## Definitions *(Continued)*

### *Meaningful User*

Defined in ARRA as an eligible professional and hospital that:

• Demonstrates use of certified electronic health record technology in a meaningful manner

• Demonstrates that this certified EHR technology is connected so as to provide for the electronic exchange of health information to improve health care quality

• "Meaningful use" to be determined with broad stakeholder input
  ➢ Role of HIT Policy Committee
  ➢ Final regulations to be promulgated by CMS in late spring 2010

# SHIRE/NHIT Basic Assumptions

Health disparities are unacceptable and must be eliminated.

HIT used in a meaningful way can be an effective tool to enhance health quality and close health gaps.

The lack of access to HIT in underserved communities can lead to the exacerbation of health disparities.

"Meaningful use" requires the collection and reporting of race, ethnicity and other demographic data to monitor health quality and the impact on vulnerable populations of HIT-supported health services.

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# Policies Fostering the Health Disparities/HIT/Data Connection

American Reinvestment and Recovery Act of 2009

- Purpose of nationwide HIT infrastructure – "improve efforts to reduce health disparities" (Sec. 13101, 300 (b)

- National Coordinator for Health IT shall assess and public impact of HIT in communities with health disparities (Sec, 13101. 300 1(c)(6)(C)

- HIT Policy Committee will be concerned with use of EHRs to reduce health disparities and to ensure comprehensive collection of patient data "including, at a minimum, race, ethnicity, primary language, and gender information." (Sec. 13101 3002(b)(2)(B)(v and vii)

# Policies Fostering the Health Disparities/HIT/Data Connection cont.

<u>HIT Policy Committee Recommendations</u>

• "Improve quality, safety, efficiency and reduce health disparities" – the health outcome and policy priority recommendation of the HIT Policy Committee (August 2009)

• Record demographics (preferred language, insurance type, gender, race, ethnicity) as meaningful use requirement in 2011

# Policies Fostering the Health Disparities/HIT/Data Connection cont.

CMS Notice of Proposed Rulemaking (NPRM; CMS-0033-P)

• Objective – to require the recordation of demographic information in Stage 1 of adoption for at least 80% of unique patients

 Health Reform

• Senate bill  - broad data provision for all HHS programs/activities/surveys - race, ethnicity, gender, geographic location, socioeconomic status, primary language, disability and by racial/ethnic subgroups

• Final outcome – to be announced

# Connecting Policy with Reality

- HHS and DOL grants to date – e.g., Regional Extension Centers, State HIEs, HIT job training grants, Beacon Communities

- FCC Broadband Initiatives

- Other HIT-related federal initiatives of note

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# Connecting Reality with Policy

Low levels of HIT adoption – especially in underserved areas, with emphasis on communities of color

The invisible safety net providers – small practices and free clinics

The importance of consumer engagement

Strategies for connecting reality and policy
- Education and outreach to providers and consumers
- Inclusion/eligibility of certain safety net providers
- Targeted funding for HIT acquisition and enhancement
- Workforce development and training, with pipeline focus
- Eliminating the digital divide

# Lessons from the Field: Building on Success

Hidden successes – connecting health disparities and HIT in the field:

- Roanoke Chowan Community Health Center
- Seattle Indian Health Board
- Waianae Coast Comprehensive Health Center
- Advanced Clinical Consultants

Lessons Learned:

- Identify "successes" in the field
- Document  HIT-related "gray literature"
- Invest in the providers who provide "front-line" care

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# Contact Us



**Join NHIT to help ensure that, regarding HIT, "no community is left behind!"**

Visit www.nhitunderserved.org

**For more information about SHIRE, contact**:

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# The Urgency of Now

There are risks and costs to a program of action. But they are far less than the long-range risks and costs of comfortable inaction.

President John F. Kennedy