

MEANINGFUL USE OVERVIEW

Meaningful Use is the use of a certified Electronic Health Record (EHR) to demonstrate improved quality and safety of health care delivery for a patient population within a clinical practice. The American Recovery and Reinvestment Act of 2009 (ARRA) was enacted February 17, 2009, and includes the HITECH Act, which outlines the criteria for achieving Meaningful Use. ARRA's landmark meaningful use initiative is meant to help providers collect and store different combinations of electronic patient data— allergies, medication history, lab results, clinic visits—in an electronic health record (EHR) and then securely share and exchange this data with other health entities and governmental agencies.

Meaningful Use criteria have specific timelines and completion dates that must be adhered to in order to receive financial incentives. The financial incentives are aligned with health care goal accomplishments. Meaningful use of EHRs supports five health care goals:

- Improve quality, efficiency, patient safety, and reduce health disparity
- Improve care coordination
- Promote public and population health
- Engage patients and families
- Ensure privacy and security

Medicare and Medicaid MU Incentive Program

Under HITECH, eligible professionals (EPs) meeting federally defined “meaningful use” requirements who treat Medicare patients are eligible for incentives of up to \$18,000 in 2011 or 2012 and gradually declining amounts over the following four years, up to a total of \$44,000. Beginning in 2015, EPs who have not attained meaningful use will receive reduced Medicare payments.

EPs with at least 30 percent of their patients in Medicaid are eligible for incentives up to \$21,250 in the first year of participation if they adopt, implement, or upgrade electronic health record systems. In the following five years, they can earn up to \$8,500 per year if they are meaningful users, for a total of \$63,750 over five years. Pediatric providers with 20–30 percent of their patients in Medicaid are also eligible, but they receive lower payments. The last year in which EPs can participate in the Medicaid incentive program is 2016.

To determine eligibility for Medicaid incentives, clinicians at community health centers or rural clinics may count both their Medicaid patients and the uninsured patients they treat without reimbursement. EPs may accept either the Medicare or Medicaid incentives, but not both. Of the two sets, the Medicaid incentives are larger and have less-stringent requirements for the first year.

Eligible professionals under the Medicare EHR Incentive Program include:

- Doctor of Medicine or Osteopathy
- Doctor of Dental Surgery or Dental Medicine
- Doctor of Podiatry
- Doctor of Optometry
- Chiropractor

Eligible professionals under the Medicaid EHR Incentive Program include:

- Physicians (Doctors of Medicine and Doctors of Osteopathy)
- Nurse Practitioner

- Certified Nurse-Midwife
- Dentist
- Physician Assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a Physician Assistant. This is defined as:
 - PA is the primary provider in a clinic (for example, when there is a part-time physician and full-time PA, CMS would consider the PA as the primary provider)
 - PA provides the majority of services and the physician provides the minority of services
 - PA is a Clinical or Medical Director at a clinical site of practice
 - PA is an owner of an RHC

Certification Criteria and Standards

Meaningful Use describes the way software features should be implemented in actual workflows and certification is a guarantee of software capabilities. Certification criteria address functionality such as Certified Provider Order Entry (CPOE), interoperability (e-prescribing) and clinical quality reporting. This initial set of standards defines a common language to ensure accurate and secure health information exchange across different EHR systems, describes standard formats for clinical summaries and prescriptions; standard terms to describe clinical problems, procedures, laboratory tests, medications and allergies; and standards for the secure transportation of this information using the Internet. These standards will support meaningful use and data exchange among providers who must use certified EHR technology to qualify for the Medicare and Medicaid incentives.

MEANINGFUL USE RESOURCES

HRSA's Office of Health Information Technology (HRSA-OHIT)

<http://www.hrsa.gov/healthit/>

HRSA HIT Toolbox

This should be the first stop for any health center that is implementing an EHR.

The Health IT Adoption Toolbox is a compilation of planning, implementation and evaluation resources to help community health centers, other safety net providers, and ambulatory care providers implement health IT applications in their facilities.

HRSA HIT Safety Net Webinars

These webinars and technical assistance webcasts are intended for safety net providers. Each webinar features leading experts with hands-on experience from within the safety net community, as well as speakers with various grantee experiences and federal expertise.

Office of the National Coordinator for HIT (ONC)

<http://www.hhs.gov/healthit>

ONC provides leadership for the development and nationwide implementation of an interoperable health IT infrastructure. ONC has funded 70 Regional Extension Centers (RECs) to support and serve health care providers to help them quickly become adept and meaningful users of electronic health records (EHRs) by providing support, training, and technical assistance in EHR adoption, implementation. A listing of RECs by region is available at:

http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__listing_of_regional_extension_centers/3519

CMS EHR Incentive Programs Overview Website

<http://www.cms.gov/ehrincentiveprograms>

On this web site you can find information pertaining to Medicare and Medicaid incentives for EHR adoption, resources for EHR adoption and security and privacy (HIPAA) as well as links to other government sites.

Meaningful Use Overview: http://www.cms.gov/EHRIncentivePrograms/01_Overview.asp

Path to Payment: http://www.cms.gov/EHRIncentivePrograms/10_PathtoPayment.asp

Timeline for Medicare and Medicaid EHR Incentive Programs:

<http://www.cms.gov/EHRIncentivePrograms/Downloads/EHRIncentProgtimeline508.pdf>

Being a Meaningful User of Electronic Health Records: <http://healthit.hhs.gov/meaningfuluse/provider>

Meaningful Use Specification Sheets: <http://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC-Core-and-MenuSet-Objectives.pdf>

Flow Chart to Determine Eligibility for Medicare and Medicaid EHR Incentive Programs:

http://www.cms.gov/EHRIncentivePrograms/downloads/eligibility_flow_chart.pdf

Webinar for Eligible Professionals on the Medicare and Medicaid EHR Incentive Programs:

http://www.cms.gov/EHRIncentivePrograms/55_EducationalMaterials.asp

CMS Eligible Provider Meaningful Use Registration and Attestation:

http://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp

AHRQ Resources for Health IT System Adoption (Released 11/1/2009)

<http://healthit.ahrq.gov>

AHRQ's National Resource Center (NRC) on Health Information Technology includes topics in disease registries, personal health records, usability testing, education and training, privacy and security, quality measurement and improvement, and transitions in care. The health IT bibliography represents both peer-reviewed articles from professional journals and web-based resources from highly respected health care and IT organizations. The *Health IT Tools* link includes a privacy and security tool kit, searchable Costs & Benefits database, and evaluation toolkits.

Certification Commission for Health Information Technology (CCHIT)

<http://www.cchit.org>

Health centers who are in process of selecting an EHR should visit this site to determine which EHR vendors have obtained CCHIT certification.

CCHIT is a recognized certification body (RCB) for electronic health records and their networks, and an independent, voluntary, private-sector initiative. Its mission is to accelerate the adoption of robust, interoperable health information technology by creating a credible, efficient certification process.

CCHIT Incentive Index

This index provides information on incentive programs that have been established for HIT adoption. The full report and a state-by-state analysis is also available on this site.

Health Information and Management Systems Society (HIMSS)

<http://www.himss.org>

HIMSS is the health care industry's membership organization exclusively focused on providing leadership for the optimal use of healthcare information technology (IT) and management systems for the betterment of healthcare. Many HIT assessment and implementation tools and resources available to members, including *Workflow redesign for Meaningful Use toolkit*.

American Academy of Family Physicians Center for Health Information Technology

<http://www.centerforhit.org>

This site includes tutorials on EMR basics, opportunities to talk with peers in similar practices, and practice and clinical improvement tools.

American EHR Partners

<http://www.americanehr.com>

American EHR Partners provides physicians, state and federal agencies, vendors, and funding organizations with the necessary tools to identify, implement, and effectively use Electronic Health Records (EHRs) and other health care technologies. This free membership site provides readiness assessment tools, resources and educational opportunities, newsletter, webinars, videos and podcasts supporting EHR adoption and implementation, and best practice case studies.

RCHN Foundation - Technology in Focus Reports (Posted 6/17/10)

<http://www.rchnfoundation.org>

The RCHN Foundation's Technology in Focus reports summarize current Health IT issues with specific impact on CHCs and safety net communities. RCHN Community Health Foundation (RCHN CHF) is a not-for-profit operating foundation whose mission is to support and benefit the work of community health centers (CHCs) nationally. RCHN's commitment to ensuring quality HIT for CHCs includes partnering with public and private organizations to advance the adoption of appropriate, relevant health information technologies.

National Health IT Collaborative for the Underserved

<http://www.nhitunderserved.org>

NHIT's purpose is to support the full engagement of underserved populations in HIT planning, adoption and utilization; education and outreach; workforce development and training; policy development and implementation; finance and sustainability; and research and evaluation.

ATTACHMENTS

- NACHC Primary Care Associations Health IT Contacts
- Health Center Controlled Networks State and Regional Contacts
- National Health IT Collaborative for the Underserved Glossary of HIT Terms

NACHC PCA HIT CONTACTS

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Bi-State Primary Care Association	Tess	Stack Kuenning	Executive Director	61 Elm Street	Montpelier	VT	05602	(603) 228-2830	tkuenning@bistatepca.org	www.bistatepca.org
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Community Health Care Association of New York State	Elizabeth	Swain	Executive Director	535 Eighth Avenue, 8th Floor	New York	NY	10018	212-710-3803	eswain@chcanys.org	www.chcanys.org
Community Health Center Association of Connecticut	Evelyn	Barnum	Chief Executive Officer	375 Willard Avenue	Newington	CT	06111-2370	860.667.7820	contact form on website	http://www.chcact.org/default.asp
COMMUNITY HEALTH CENTERS OF ARKANSAS, INC.	Sip	Mouden	Exec. Director	420 WEST 4TH STREET, Suite A	NORTH LITTLE ROCK	AR	72114	501-374-8225	smouden@chcar.org	www.chc-ar.org
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South Carolina Department of Health & Environmental Control	Mark	Jordan	PCO Director, HPSA & NHSC Contact	1751 Calhoun Street	Columbia	SC	29201	(803) 898-0766	jordanma@dhcec.sc.gov	www.dhec.sc.gov/healthyling.htm
South Carolina Primary Care Association	Lathran	Woodard	Executive director	2211 Alpine Road Extension	Columbia	SC	29223	803-788-2778	lathran@scphca.org	www.scphca.org
South Dakota Office of Rural Health	Sandra	Durick	Director	South Dakota Department of Health, 600 East Capitol Avenue	Pierre	SD	57501	605-773-3366	sandra.durick@state.sd.us	www.doh.sd.gov/RuralHealth

NACHC PCA HIT CONTACTS

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Texas Department of Health	Connie	Berry	Community Health Provider Resources	1100 West 49th Street, M328	Austin	TX	78756	512-458-7518	connie.berry@tdh.state.tx.us	www.tdh.state.tx.us/chpr/
Utah Department of Health	Vance	Eggers	PCO Director	PO Box 142005	Salt Lake City	UT	84114	(801) 273-6619	vbegggers@utah.gov	www.health.utah.gov/prietarycare
Vermont Department of Health	John	Olson	PCO Director, HPSA & NHSC Contact	108 Cherry Street	Burlington	VT	05402	(802) 951-1259	john.olson@ahs.state.vt.us	www.healthvermont.gov
Virginia Community Healthcare Association	R. Neil	Graham	Exec. Director	6802 Paragon Place, Suite 625	RICHMOND	VA	23230	(804) 378-8801	ngraham@vacommunityhealth.org	www.vacommunityhealth.org
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WASHINGTON ASSOCIATION OF CMHC	Mary	Looker	CEO	2120 State Avenue NE, Suite 220	Olympia	WA	98506	360-786-9722	mlooker@wacmhc.org	www.wacmhc.org
Washington State Office of Community and Rural Health	Kristina	Sparks	Director	PO Box 47834	Olympia	WA	98504-7834	360-236-2805	kris.sparks@doh.wa.gov	www.doh.wa.gov/hsqa/orch/Default.htm
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West Virginia Primary Care Association	Louise	Reese	CEO	1219 Virginia Street East	Charelston	WV		(304) 346-0032	louise@wvpc.org	

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Wisconsin Primary Health Care Association	Stephanie	Harrison	Executive Director	4600 American Parkway, Suite 204	Madison	WI	53718	(608) 277-7477	sharrison@wphca.org	www.wphca.org
WORKFORCE PLANNING, POLICY & RESOURCES DEVELOPMENT	Barry	Gray	Director	ESP CORNING TOWER, ROOM 1084	Albany	NY	12237-0053	518-473-4700	BMG01@health.state.ny.us	
Wyoming Primary Care Association	Pat	Monahan	Executive Director	2005 Warren Avenue	Cheyenne	WY	82001	307-632-5743	pat@wypca.org	www.wypca.org

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HEALTH CENTER CONTROLLED NETWORKS STATE AND REGIONAL CONTACTS

ORGANIZATION NAME	NETWORK NAME	ADDRESS	CITY	STATE	ZIP	REGION	CONTACT NAME	CONTACT EMAIL	CONTACT PHONE
Alaska Primary Care Association	Alaska Primary Care Association, Inc.	903 W Northern Lights Blvd., Ste. 200	Anchorage	AK	99503	10	Marilyn Kasmar	marilyn@alaska-pca.org	(907)929-2722
Dena' Nena' Henash dba Tanana Chiefs Conference	Dena' Nena' Henash dba Tanana Chiefs Conference	122 1st Ave	Fairbanks	AK	99701	10	Victor Joseph	victor.joseph@tanachiefs.org	(907) 452-8251 ext. 3449
Birmingham Health Care, Inc.	Integrated Health System of AL	1600 20th St South	Birmingham	AL	35205	4	Jonathon Duning	jwdunning@cs.com	(205) 349-5601
Whatley Health Services, Inc.	Whatley Health Services, Inc	2731 Martin L. King Jr., Blvd	Tuscaloosa	AL	35401	4	Deborah Tucker	dtucker@whatleyhealth.org	(205) 349-3250 ext. 3013
Community Health Centers of Arkansas	Community Health Centers of Arkansas	420 W 4th St, Suite A	North Little Rock	AR	72114	6	Sip Mouden	sbmouden@chc-ar.org	(501) 374-8225
Clinica Adelante Healthcare	Arizona Worlddivision EHR Network	16551 N Dysart Rd	Surprise	AZ	85374	9	Manuel Ferreiro	mferreiro@cahealth.com	(623) 583-3001
El Rio Santa Cruz Neighborhood Health Center	Southern Arizona Integrated Network (SAIN)	3480 E. Britannia Dr. Building B, Suite 120	Tucson	AZ	85706	9	Robert Thompson	bob@elrio.org	(502) 670-3706
Alliance for Rural Community Health	Alliance for Rural Community Health	367 N State St Ste 201	Ukiah	CA	95482	9	Cathy Frey	cfrey@ruralcommunityhealth.org	(707) 462-1477
Council of Community Clinics	CCC	POST OFFICE BOX 880969	San Diego	CA	92168	9	Christy Rosenberg, MPH	crosenberg@ccc-sd.org	(619)-542-4321
Clinicas Del Camino Real, Inc.	Central Coast Health Network	200 S. Wells Road	Ventura	CA	93004	9	Roberto Juarez	rjuarez@clinicas.org	(805) 659-1740
Golden Valley Health Centers	Central Valley Collaborative (CVC)	737 West Childs Avenue	Merced	CA	95340	9	Mike Sullivan	msullivan@gvhc.org	(209) 383-1848
Central Valley Health Network	Central Valley Health Network	1107 Ninth Street, Suite 810	Sacramento	CA	95814	9	David Quackenbush	dquackenbush@cvhclinics.org	(916) 552-2846
Community Access HCCN, LLC	Community Access HCCN, LLC	1520 Stockton Street	San Francisco	CA	94133-3354	9	John Williams	John.Williams@nems.org	(415)3919-686-5910
Community Clinic Association of LA	Community Clinic Association of Los Angeles County	1055 Wilshire Blvd. Suite 1400	Los Angeles	CA	90017	9	Gloria Rodriguez	grodriguez@ccalac.org	(213) 201-6501
South Central Family Health Center	Community Clinic Association of Los Angeles County	4425 South Central Avenue	Los Angeles	CA	90011	9	Brian Nolan	bnolan@ccalac.org	(213) 201-6505
Community Clinic Consortium	Community Clinic Consortium	3720 Barrett Ave	Richmond	CA	94805	9	Tanir Ami	tami@clinicconsortium.org	(510) 233-6230
Asian Health Services	Community Health Center Network	101 Callan Avenue, Suite 300	San Leandro	CA	94577	9	Ralph Silber	ralphs@alamedahealthconsortium.org	(510) 297-0266

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Community Health Partnerships, Inc.	Community Health Partnerships, Inc.	100 North Winchester	Santa Clara	CA	95050	9	Victoria Emmons	victoria@chpscc.org	(408) 556-6605 ext. 207
Family Health Centers of San Diego, Inc.	Family Health Centers of San Diego, Inc.	823 Gateway Center Way	San Diego	CA	92102-4541	9	Andres Gutierrez	andresg@fhcsd.org	(619) 515-2300
North Coast Clinics Network	North Coast Clinics Network	517 3rd Street	Eureka	CA	95501	9	Tina Tvedt	Tina@northcoastclinics.org	(707) 542-6226
Northern Sierra Rural Health Network	Northern Sierra Rural Health Network	700 Zion Street	Nevada City	CA	95959	9	Speranza Avram		(530) 265-7845
American Association of Asian/Pacific Island Community Health Centers	Pacific Innovation Collaborative	300 Frank H. Owaga Plaza, Suite 620	Oakland	CA	94612	9	Chang Weir	rcweir@aapcho.org	(510) 272-9636 ext. 107
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San Francisco Community Clinic Consortium	San Francisco Community Clinic Consortium	1550 Byrant Street, Suite #450	San Francisco	CA	94103	9	John Gressman	jgressman@sfccc.org	(415) 355-2233
Shasta Consortium of Community Health Centers	Shasta Consortium of Community Health Centers	2280 Benton Dr	Redding	CA	96003	9	Doreen Bradshaw	dbradshaw@shastaconsortium.org	(530) 247-1560
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Colorado Oral Health Network	Colorado Oral Health Network	600 Grant Street, Suite #800	Denver	CO		8	Molly Brown	mofallon@cchn.org	(303) 861-5156
Colorado Coalition for the Homeless		2111 Champa St	Denver	CO	80205-2529	8	Scott Strong	sstrong@coloradocoalition.org	(303) 291-5168
Community Health Center, Inc.		635 Main Street	Middletown	CT	06457-2718	1	Margaret Flinter	FlinteM@chc1.com	(860) 347-6971 x3622
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Southbridge Med. Advisory Council, Inc.	Southbridge Med. Advisory Council, Inc.	601 New Castle Ave	Wilmington	DE	19801	3	Rosa Rivera	rrivera@hjmc.org	(302) 427-9697
Collier Health Services, Inc.	Collier Health Services, Inc.	1454 Madion Ave NW	Immokalee	FL	34142	4	Steven Weinman	SDWeinman@yahoo.com	(239) 658-3030

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Hawaii Primary Care Association	Hawaii Primary Care Association	345 Queen Street, Suite 160	Honolulu	HI	96813	9	Elizabeth Giesting	bgiesting@hawaiiipca.net	(808) 536-8442
Primary Health Care Inc.	INConcert Care	2353 SE 14th St	Des Moines	IA	50320-1109	7	Theodore Boesen	tboesen@ianepc.com	(515)-244-9610
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Community Health Systems of Louisiana, Inc.	Community Health Systems of Louisiana, Inc.	1420 Northwest Boulevard #2	Franklin	LA	70538	6	Omar Pecantte	omarpecantte@chsofla.com	(337) 828-3090
Boston HealthNet	Boston HealthNet	660 Harrison Avenue, Third Floor	Boston	MA	02118-2304	1	Francis J. Doyle	francis.doyle@bmc.org	(617)-638-6903
Joseph M. Smith Community Health Center	Community Care Alliance	287 Western Ave	Allston	MA	02134-1010	1	Marcy Ravech	maravech@bidmc.harvard.edu	(617)-667-9662
Community Care Alliance	Community Care Alliance	330 Brookline Ave, BR 270	Boston	MA	02215	1	Ediss Gandelman	egandelm@caregroup.harvard.edu	617-667-2602
Community Health Integrated Partnerships	Maryland Community Health System, LLP/Community Health Integrated Partnership, Inc.	802 Landmark Drive, Ste 128	Glen Burnie	MD	21061-2563	3	Salliann Alborn	salborn@mdhealth.net	(410) 761-8100 ext. 215

HEALTH CENTER CONTROLLED NETWORKS STATE AND REGIONAL CONTACTS

ORGANIZATION NAME	NETWORK NAME	ADDRESS	CITY	STATE	ZIP	REGION	CONTACT NAME	CONTACT EMAIL	CONTACT PHONE
Maine Primary Care Association	Collaborative Network for New England ICT	73 Winthrop Street	Augusta	ME	04330	1	Kevin Lewis	kalewis@mepca.org	(207) 621-0677
Sacopec Valley Health Center	Maine Primary Care Association	P.O. Box 777	Parsonsfield	ME	04047-0777	1	Maryagnes Gillman	mgillman@svhc.org	(207)-625-8126
Michigan Primary Care Association	Michigan Primary Care Association	7215 Westshire Drive	Lansing	MI	48917	5	Kim Sibilsy	ksibilsy@mpca.net	(517) 381-8000
Voices of Detroit Initiative	VODI	4201 St. Antoine, University Health Services	Detroit	MI	48201-2153	5	Lucille Smith	slucille@med.wayne.edu	(313)-832-4246
Neighborhood Health Care Network	Neighborhood Health Care Network	2610 University, Ste 400	St. Paul	MN	55114-1190	5	Walter Cooney	walter.cooney@nhcn.org	(651) 603-6080
Northern Minnesota Network	Northern MN Network	908 Rum River Drive	Isanti	MN	55040-6246	5	Jackie Moen	moen13@msn.com	(763)-444-8283
Missouri Primary Care Association	Missouri Coalition for Primary Health Care	3325 Emerald Ln	Jefferson City	MO	65109-6879	7	Joe Pierle/Susan C. Wilson	jpierle@mo-pca.org;swilson@mo-pca.org	(573) 636-4222
St. Louis Integrated Health Network	St. Louis Integrated Health Network	5535 Delmar Blvd, Suite 2011	St. Louis	MO	63112	7	Bethany Johnson-Javois	bjohnson@stlouisihn.org	(314) 879-6336
Coastal Family Health Center, Inc.	MS Health SafeNet	1046 Division Street	Biloxi	MS	39530-2935	4	Joe Mack Dawsey	jdawsey@coastalfamilyhealth.com	(228)-374-2494
PharmNetSouth	PharmNetSouth	510 Highway 322	Clarksdale	MS	38614	4	Aurelia Jones-Taylor	ataylor@aehealthcommunityhealth.org	(662) 624-4292
Community Health Partners Inc.	Community Health Partners, Inc.	126 South Main Street	Livingston	MT	59047	8	Laurie Francis	francisl@chphealth.org	
Montana Community Health Access Network	Montana Community Health Access Network	900 N Montana Ave	Helena	MT	59601-3845	8	John Hein	jhein@mtpca.org	
Greene County Health Care Inc.	Community Partners HealthNet	7 Professional Dr	Snow Hill	NC	28580-1332	4	Doug Smith	dsmith@greenecountyhealthcare.com	(252) 747-8162
One World Community Health Centers	Heartland Community Health Network	4920 So. 30th St. Suite 103	Omaha	NE	68107	7	Joel Dougherty	jdougherty@oneworldomaha.org	(402) 502-8881
RiverStone Health/ Yellowstone City County Health Dept	Montana Community Health Center Health Information Technology Network	123 South 27th St.	Billings	NE	59101	7	Daniel Hillman	Daniel.Hil@riverstonehealth.org	(406)-651-6530
One World Community Health Centers	One World Community Health Centers	4920 South 30th Street	Omaha	NE	68107	7	Andrea Skolkin	askolkin@oneworldomaha.org	(402) 502-8845

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Community Health Access Network, Inc	Community Health Access Network, Inc	207 South Main ST	Newmarket	NH	03857-1843	1	Kirsten Platte	kplatte@chan-nh.org	603-292-7205
Newark Community Health Cneters, Inc.	Newark Community Health Cneters, Inc.	741 Broadway	Newark	NJ	07104-4309	2	Hung-Chi (Victor) Lee	vlee@njkeycare.com	(732) 287-6228
Southern Jersey Family Medical Centers, Inc.	Southern Jersey Family Medical Centers, Inc.	1 White Horse Centre	Hammonton	NJ	08037-1875	2	Linda Flake	sjfmc@sjfmc.org	(6095670)434-4116
New Mexico Primary Care Association	NM Integrated Services Network, Inc.	6100 Seagull St NE	Albuquerque	NM	87109-2500	6	David Roddy	droddy@nmpca.org	(505) 885-6971
Nevada Health Centers, Inc.	Nevada Health Centers, Inc.	1802 N. Carson Street	Carson City	NV	89701-1227	9	Marybeth Volk	mbvolk@nvrhc.org	702-307-5414
Community Health Center Association of New York State	CHCANY (NY Health Choice Network)	535 8th Avenue, 8th Floor	New York	NY	10018	2	Elizabeth Swain	eswain@chcanys.org	(212) 279-9686
Community Health Center Association of New York State	CHCANY (NY Health Choice Network)	536 8th Avenue, 8th Floor	New York	NY	10019	2	Lisa Perry	lperry@chcanys.org	(212) 279-9686
Community Health Center Association of New York State	CHCANY (NY Health Choice Network)	537 8th Avenue, 8th Floor	New York	NY	10020	2	Sandy Worden	sworden@chcanys.org	(212) 279-9686
Finger Lakes Migrant Health Care Project, Inc.	Finger Lakes Migrant Health Care Project, Inc.	165 Main St	Penn Yan	NY	14527	2	Mary Ann Zelazny	MaryZ@flmhcp.org	(315)-531-9102
Charles B. Wang Community Health Center Inc.	Metropolitan Collaborative on Health Information Technology	268 Canal Street	New York	NY	10013-4135	2	Lynn Sherman	lsherman@cbwhc.org	(212)-379-6988
Ohio Shared Information Services	Ohio Shared Information Services	8790 Governors Hill Dr Ste 202	Cincinnati	OH	45249-1374	5	Jeff Lowrance	jeffl@osisonline.net	513 677 5600 ext. 1075
Ohio Association of Community Health Centers	Ohio Association of Community Health Centers	4150 Indianola Ave.	Columbus	OH	43214	5	Shawn Frick	sfrick@ohiochc.org	(614) 884-3101
Central Oklahoma Integrated Network Systems Inc.	Central Oklahoma Integrated Network System, Inc.	3815 N. Santa FE Ave, Suite 122, Centennial Business Center	Oklahoma City	OK	73118	6	Birdie Johnson	birdiej@coinsaccess.org	(405) 524-8100 xt 109
Oklahoma Primary Care Association	Oklahoma Primary Care Association	4300 North Lincoln Blvd., Suite 203	Oklahoma City	OK	73105	6	Greta Stewart	gshepherd@okpca.org	(405-424-2282)
Oregon Community Health Information Network, Inc.	OCHIN	707 SW Washington St	Portland	OR	97205-3529	10	Abby Sears	sears@ochin.org	(503)-943-2500
B-K Network	B-K Network	400 Turnpike St	Susquehanna	PA	18847-1638	3	John Sepcoski	jsepcoski@bkhcs.org	(570)-853-3136

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ORGANIZATION NAME	NETWORK NAME	ADDRESS	CITY	STATE	ZIP	REGION	CONTACT NAME	CONTACT EMAIL	CONTACT PHONE
Community Health Net	Community Health Net	1202 State Street	Erie	PA	16501-1914	3	John R. Schultz	chnadmin@community-healthnet.com	(814)454-4530
Community Integrated Services Network of PA	Community Integrated Services Network of PA	1017 Munna Road	Wormleysburg	PA	17043	3	Stuart Pullen	stuart@pachc.com	
Health Federation of Philadelphia	Health Federation of Philadelphia	1211 Chestnut Street	Philadelphia	PA	19107-4120	3	Natalie Levkovich	natlev@healthfederation.org	(215) 567-8001
Barceloneta Primary Health Care Services, Inc.	Primary Care Association of Puerto Rico	PR 2, KM 58.7 Cruce Davila	Barceloneta	PR	00617-2045	2	Leida A Nazario MHSA	atlanmed@coqui.net	(787) 846-4412
East Bay Community Action Program	East Bay Community Action Program	19 Broadway	Newport	RI	2840	1	Dennis Roy	dennis.roy@ebp.org	(401) 847- 7821
Blackstone Valley Community Health Care	eCHC	50 Park Place	Pawtucket	RI	02860-0410	1	Raymond Joseph Lavoie	bvchcadmin@msn.com	(401) 729-0080
Community Health Care Association of the Dakotas		1400 West 22nd Street	Sioux Falls	SD	57105	8	Scot Graff	sgraff@usd.edu	(605) 357-1515
Community Health Network	Community Health Network	P.O. Box 40	Oakdale	TN	37829	4	Deb Gott	deb.gott@communityhealth.net	(866) 519-2464
Community Health Network		765 Florence Rd	Savannah	TN	37829	4	Deb Gott	deb.gott@communityhealth.net	(866) 519-2464
Community Health Partnership	Community Health Partnership	1313 Broadway St	Lubbock	TX	79401-3277	6	Michael Sullivan	msullivan@chcl.tachc.org	
Barrio Comprehensive Family Health Care Center, Inc.	Southwest Texas Network	3066 East Commerce	San Antonio	TX	78220-1013	6	Paul Nguyen	pnguyen@communicaresa.org	(210)-233-7070
Texas Association of Community Health Centers	Texas Association of Community Health Centers	5900 Southwest Parkway, Building 3	Austin	TX	78735	6	Jose Camacho	jcamacho@tachc.org	(512) 329-5959
Lone Star Circle of Care	Lone Star Circle of Care	1500 W University Ave Ste 103	Georgetown	TX	78628	6	Lindsey Tyra	ltyra@lscctx.org	(512) 868-1124
Valley Primary Care Network	Valley Primary Care Network	1106 E Tyler Ave	Harlingen	TX	78550-7138	6	Roy Becker	vpcn@sbcglobal.net	(956) 425 - 6200
Wasatch Homeless Health Care, Inc.	Health Choice Network	1453 Major Street, #101	Salt Lake City	UT	84115	8	Christopher Viavant	chris@fourthstreetclinic.org	(801) 364-5576
Southwest Virginia Community Health Systems, Inc.	Community Care Network of Virginia	6803 Paragon Place, Suite 630	Richmond	VA	23230	3	David Selig	dselig@cnva.com	804-237-7686

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ORGANIZATION NAME	NETWORK NAME	ADDRESS	CITY	STATE	ZIP	REGION	CONTACT NAME	CONTACT EMAIL	CONTACT PHONE
Bi-State Primary Care Association	Bi-State Primary Care Association	3 South Street	Concord	VT	3301	1	Tess Kuenning	tkuenning@bistatepca.org	(603)228-2830
Bi-State Primary Care Association		3 South Street	Concord	VT	3301	1	Tess Kuenning	tkuenning@bistatepca.org	(603)228-2830
PTSO of Washington	Community Health Network of Washington/PTSO of Washington	720 Olive Way, Ste 300	Seattle	WA	98101-1878	10	Roy La Croix	rlacroix@ptsowa.org	(206)-613-8876
HealthPoint	HealthPoint	955 Powell Ave SW, Ste A	Renton	WA	98057-2908	10	Thomas Trompeter	tjtrompeter@HealthPointCHC.org	425-277-1311
Wisconsin Primary Health Care Association	Wisconsin Primary Health Care Association	4600 American Parkway, Suite 204	Madison	WI	53718	5	Stephanie Harrison	sharrison@wphca.org	(608) 277-7477
Community Health Network of West Virginia	Community Health Network of West Virginia	500 Corporate Center Drive, Suite 510	Scott Depot	WV	25560	3	David Campbell	david@chnwv.org	(304) 201-5700

Glossary of Selected HIT Terms

Draft Version 1.0

July 2009



**NATIONAL
HEALTH IT
COLLABORATIVE**
For the Underserved

"A Public/Private Partnership for a Healthier America"

Introduction

The National Health IT Collaborative for the Underserved (NHIT) is a public/private partnership that leverages advances in health information technology (HIT) to help eliminate health disparities and improve consumer health, health care quality and cost-savings among communities of color and other underserved populations. NHIT is committed to equitable adoption of HIT to ensure no community is left behind.

This glossary of health information technology related terms was developed to provide NHIT stakeholders with common definitions of basic terms they might encounter in their work on behalf of the Collaborative. This glossary is not intended to be the definitive set of terms, but rather, a compendium of existing definitions developed by a broad cross-section of the HIT industry to include government agencies, academia, industry associations and community-based organizations. We believe these definitions can help NHIT stakeholders share a common dialogue when discussing HIT, particularly as it relates to communities of color and other underserved populations.

Because this glossary remains a work in progress, we welcome feedback and suggestions for improvement. To submit comments or questions, please contact NHIT's Program Management Office as indicated below. We are interested to hear how you intend to use or have used the glossary. We also ask you to share your suggestions regarding terms that should be included in the next version of this document.

For more information about NHIT, please contact:

Program Management Office

National Health IT Collaborative for the Underserved

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A

American Health Information Community (AHIC) – A federally chartered advisory committee that makes recommendations to the Secretary of the U.S. Department of Health and Human Services (HHS) on how to make health records digital and interoperable, encourage market-led adoption and ensure that the privacy and security of those records are protected at all times.¹

American Recovery and Reinvestment Act (ARRA) – Pub.L. 111-5 is an economic stimulus package enacted by the 111th United States Congress and signed into law by President Barack Obama on February 17, 2009. The Act of Congress was based largely on proposals made by President Obama and is intended to provide a stimulus to the U.S. economy in the wake of the economic downturn. The measures are nominally worth \$787 billion. The Act includes federal tax relief; expansion of unemployment benefits and other social welfare provisions; and domestic spending in education, health care, health information technology (HIT), and infrastructure, including the energy sector. The Act also includes numerous non-economic recovery related items that were either part of longer-term plans (e.g., a study of the effectiveness of medical treatments) or desired by Congress (e.g., a limitation on executive compensation in federally aided banks). The government action is much larger than the Economic Stimulus Act of 2008, which consisted primarily of tax rebate checks.²

Summary of Major HIT Provisions³

ARRA provides substantial financial incentives (\$19 billion over a specified 5-year period) that will help physicians purchase and implement HIT systems. Beyond adequate financing, a key element to the widespread adoption and use of HIT is the development of uniform electronic standards that allow various HIT systems to communicate with each other. ARRA requires HHS to develop such standards by December 31, 2009. Beginning in 2011, Medicare physicians who implement and report meaningful use of electronic health records (EHRs) will be eligible for an initial incentive payment up to \$18,000. While ARRA includes a provision that will reduce Medicare payments (starting at 1 percent) for physicians who do not use EHR systems, this does not take effect until 2015; and there are exceptions for significant hardship cases. As noted below, some of the details on the implementation of ARRA's HIT incentive provisions will be worked out through the regulatory rule-making process in the coming months. The AMA will be closely monitoring and providing input to ensure that the HIT provisions are implemented in a manner consistent with the intent of ARRA.

HIT Incentive and Penalty Program

- ARRA provides financial incentives through the Medicare Part B program to encourage physicians to adopt and use qualifying EHRs in a meaningful way. Meaningful use of EHRs will be defined by HHS during the rule-making

process and may include reporting requirements on quality measures. ARRA also authorizes HHS to provide competitive grants to states to make loans available to health care providers to assist them with HIT acquisition and implementation costs.

- Physicians (non-hospital-based) are eligible for Medicare incentive payments based on an amount equal to 75 percent of the allowed Medicare Part B charges, up to a maximum of \$18,000 for early adopters whose first payment year is 2011 or 2012. The Secretary of HHS will define the reporting period(s) with respect to a payment year.
- Incentive payments would be reduced in subsequent payment years, eventually phasing out in 2016. Physicians who do not adopt/use an EHR system before 2015 will face a reduction in their Medicare fee schedule –as follows: 1 percent in 2015, 2 percent in 2016, and 3 percent in 2017 and beyond. The Secretary of HHS has the authority to make exceptions to this reduction on a case-by-case basis for physicians who demonstrate significant hardship (e.g., a physician who practices in rural areas without sufficient Internet access).
- Incentives under the Medicaid program are also available for physicians, hospitals, federally-qualified health centers, rural health clinics, and other providers; however, physicians cannot take advantage of the incentive payment programs under both the Medicare and Medicaid programs. Eligible pediatricians (non-hospital-based), with at least 20 percent Medicaid patient volume, could receive up to \$42,500; and other physicians (non-hospital-based), with at least 30 percent Medicaid patient volume, could receive up to \$63,750, over a 6-year period.
- In the event that the Secretary of HHS finds that the proportion of health care providers who are meaningful users of EHRs is less than 75 percent, the Secretary is authorized to increase penalties beginning in 2018, but penalties cannot exceed 5 percent.

HIT Policy and Electronic Standards

- ARRA formally establishes the role and functions of the Office of the National Coordinator for Health Information Technology (ONCHIT) within HHS, which is to promote the development of a nationwide interoperable HIT infrastructure. (ONCHIT was already created by Executive Order in 2004).
- ARRA establishes the HIT Policy and Standards Committees, which are composed of public and private stakeholders (e.g., physicians) to provide recommendations on the HIT policy framework, standards, implementation specifications, and certification criteria for EHRs.

- HHS is required to adopt, through the regulatory rule-making process, an initial set of standards, implementation specifications, and certification criteria by December 31, 2009, for qualifying EHRs.
- ONCHIT is authorized to make available a qualifying EHR system to health care providers for a nominal fee.
- Physicians do not need to purchase the government's EHR system; they can purchase any qualifying system (i.e., meets certain standards, including interoperability) from a vendor of their choice.

B

C

Carrier – An entity that may underwrite or administer a range of health benefit programs. May refer to an insurer or a managed health plan.⁴

Communities of Color – A term frequently used interchangeably with the term racial/ethnic minorities, as defined below. “Communities of color” is preferred by several groups, particularly American Indians/Alaska Natives and Native Hawaiians/other Pacific Islanders, which consider the word “minority” to inaccurately describe their status.⁵

Community Engagement – Engaging community members in problem-solving solutions to issues that affect them is one of the fundamental principles of public health. The most effective way to achieve public health goals, especially the elimination of disparities in health status, is to actively engage those experiencing the problems in every aspect of addressing them. Community engagement means involving community members in ALL activities—from identifying the relevant issues and making decisions about how to address them, to evaluating and sharing the results with the community. ⁶

Comparative Effectiveness – A comparison of the impact of different options that are available for treating a given medical condition for a particular set of patients. Such studies may compare similar treatments, such as competing drugs, or they may analyze very different approaches, such as surgery and drug therapy. The analysis may focus only on the relative medical benefits and risks of each option, or it may go on to weigh both the costs and the benefits of those options. Such research will give clinicians and patients valid information to make decisions that will improve the performance of the U.S. health care system.^{7, 8}

Computerized Physician/Provider Order Entry (CPOE) – A computerized system that allows a physician's orders for services, such as medications, laboratory tests and other tests, to be entered electronically instead of being recorded on order sheets or prescription

pads. This allows for the order to be compared against standards for dosing, checks for allergies or interactions with other medications, and warns the physician about potential problems.⁹

Connectivity – The physical network and operating rules allowing computerized health information to be stored at one point and retrieved at another by an authorized user. For some people in the HIT field, connectivity implies having uniform privacy laws protecting individually identifiable medical information from being accessed by unauthorized persons.

Consolidated Health Informatics (CHI) Initiative – One of the 24 Presidential eGovernment initiatives with the goal of adopting vocabulary and messaging standards to facilitate communication of clinical information across the federal health enterprise. CHI now falls under the Federal Health Architecture (FHA).

Consumer Empowerment – The active involvement of consumers in managing their health care and gaining the benefits of having their health information in an easily accessible format to them. Key elements of empowerment were identified, including access to information, ability to make choices, assertiveness, and self-esteem. Empowerment has both an individual and a group dimension.^{10, 11}

D

Decision Support System – Computer tools or applications to assist physicians in clinical decisions by providing evidence-based knowledge in the context of patient-specific data. Examples include drug interaction alerts at the time medication is prescribed and reminders for specific guideline-based interventions during the care of patients with chronic disease. Information should be presented in a culturally appropriate, patient-centric view of individual care and also in a population or aggregate view to support population management and quality improvement.¹²

Digital Divide - Refers to the gap between people with effective access to digital and information technology and those with very limited or no access at all. It includes the imbalances in physical access to technology as well as the imbalances in resources and skills needed to effectively participate as a digital citizen. In other words, it is the unequal access by some members of society to information and communication technology, such as broadband access and the availability of home computers, and the unequal acquisition of related skills. The term is closely related to the knowledge divide as the lack of technology causes lack of useful information and knowledge. The digital divide may be classified based on race/ethnicity, age, gender, income, and by geographical location.

E

Electronic Health Record (EHR) – A subset of each care delivery organization’s EMR, presently assumed to be summaries like ASTM’s Continuity of Care Record (CCR) or HL7’s Continuity of Care Document (CCD), is owned by the patient and has patient input and access that spans episodes of care across multiple Care Delivery Organizations (CDO) within a community, region, or state (or in some countries, the entire country).¹³

Electronic Medical Record (EMR) – A computer-based patient medical record. An EMR facilitates access of patient data by clinical staff at any given location; accurate and complete claims processing by insurance companies; building automated checks for drug and allergy interactions; clinical notes; prescriptions; scheduling; sending to and viewing by labs; The term has become expanded to include systems that keep track of other relevant medical information. The practice management system includes the medical office functions that support and surround the EMR.

e-prescribing (eR1) – The electronic transmission of prescription or prescription-related information among a prescriber, dispenser, pharmacy benefit manager, or health plan, either directly or through an intermediary, including an e-prescribing network. E-prescribing includes, but is not limited to, two-way transmissions between the point of care and the dispenser. It also encompasses clinical decision support to aid in safer, more informed prescribing such as access to information on drug-drug interactions, drug-allergy interactions, patient medication history, pharmacy eligibility, formulary (which specifies a patient’s drug coverage), and benefits information.¹⁴

Enterprise Architecture – A strategic resource that aligns business and technology, leverages shared assets, builds internal and external partnerships, and optimizes the value of information technology services.¹⁵

F

Federal Health Architecture (FHA) – A collaborative body composed of several federal departments and agencies, including the Department of Health and Human Services (HHS), the Department of Homeland Security (DHS), the Department of Veterans Affairs (VA), the Environmental Protection Agency (EPA), the United States Department of Agriculture (USDA), the Department of Defense (DoD), and the Department of Energy (DOE). FHA provides a framework for linking health business processes to technology solutions and standards, and for demonstrating how these solutions achieve improved health performance outcomes.¹⁶

Federally Qualified Health Centers (FQHC) – A type of provider defined by the Medicare and Medicaid statutes. The FQHC program was authorized under the 1989 Omnibus Reconciliation Act (OBRA), and the program was expanded under OBRA 1990, Section 4161, (P.L.101-508). Oversight of the program is shared by the Bureau of Primary Health

Care (BPHC) and the Centers for Medicaid & Medicare Services (CMS). FQHCs receive cost-based reimbursement for Medicare and Medicaid patients as a mechanism to increase primary care services to high risk populations in underserved areas. FQHCs include all organizations receiving grants under Section 330 of the Public Health Service Act, certain tribal organizations, and FQHC Look-Alikes.^{17, 18}

G

H

Health Care Disparities – Health disparities are differences in the incidence, prevalence, mortality, burden of diseases, and other adverse health conditions or outcomes that exist among specific population groups in the United States. Health disparities can affect populations groups based on race/ethnicity, gender, age, socioeconomic status, geography, sexual orientation, disability, or special health care needs. Health gaps occur among groups who have persistently experienced historical trauma, social disadvantage, or discrimination and who systematically experience worse health or greater health risks than more advantaged social groups.¹⁹

The term “racial and ethnic health disparities” is an umbrella term that includes disparities experienced by communities of color in health and disparities in health care. Although these two terms are often incorrectly used interchangeably, they are two different concepts:

Disparities in health: Disparities in health refer to differences between two or more population groups in health status and outcomes and in the prevalence, incidence, or burden of disease, disability, injury, or death.

Disparities in health care: Disparities in health care refer to the differences between two or more population groups in health care access, coverage, and quality of care, including differences in preventive, diagnostic, and treatment services.²⁰

Health Information Exchange (HIE) – The movement of health information electronically across organizations within a region or community. HIE provides the capability to electronically move clinical information between disparate health care information systems while maintaining the meaning of the information being exchanged. The goal of HIE is to facilitate access to and retrieval of clinical data to provide safer, more timely, efficient, effective, equitable and patient-centered care, utilizing effective privacy safeguards.^{21, 22}

Health Information Management (HIM) – Focuses on improving the quality of health care by ensuring that the best information is available to make any health care decision. HIM professionals manage health care data and information resources. The profession encompasses services in planning, collecting, aggregating, analyzing, and disseminating

individual patient and aggregate clinical data. It serves the health care industry including: patient care organizations, payers, research and policy agencies, and other health care-related industries.²³

Health Information Technology (HIT) – The application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making.²⁴ HIT allows comprehensive management of medical information and its secure exchange between health care consumers and providers. Broad use of health IT will:

- Improve health care quality
- Prevent medical errors
- Reduce health care costs
- Increase administrative efficiencies
- Decrease paperwork
- Expand access to affordable care

Interoperable health IT will improve individual patient care. It will also bring many public health benefits including:

- Early detection of infectious disease outbreaks around the country
- Improved tracking of chronic disease management
- Evaluation of health care based on value enabled by the collection of de-identified price and quality information that can be compared.²⁵

Health Professional Shortage Area (HPSA) – Any of the following that the HHS Secretary determines has a shortage of health professional(s): (1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.²⁶

I

Informatics – The field of information science concerned with the analysis, use and dissemination of medical data and information through the application of computers to various aspects of health care and medicine.²⁷

Integrated Delivery Network (IDN) – A network of facilities and providers working together to offer a continuum of care to a specific market or geographic area. Developed in the early 1980s, IDNs emerged to address common concerns such as capitation, excess capacity, decreased margins, and complaints from patients regarding access. IDNs include many types of associations across the continuum of care and one network may include a short- and long-term hospital, HMO, PHO, PPO, Home Health agency, and hospice services,

for example. Multi-hospital systems and mergers may be considered limited IDNs in that different entities join forces to provide care. Some members of a network provide identical or complementary services to patients. Such associations in which a similar level of care is provided by members of a network is sometimes called horizontal integration or, as opposed to different levels of care, or vertical integration, generally seen in the more traditional IDN model.²⁸

Interoperability – The ability of different information technology systems and software applications to communicate, to exchange data accurately, effectively, and consistently, and to use the information that has been exchanged.²⁹

J

K

L

M

Medical Homes – A patient-centered medical home is a “one-stop” source of medical care, which ideally involves patients as active participants in their own health and well-being. Patients are cared for by a physician who leads the medical team that coordinates all aspects of preventive, acute, and chronic needs of patients using the best available evidence and appropriate technology. These relationships offer patients comfort, convenience, and optimal health throughout their lifetimes.³⁰ In 2007, the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, and American Osteopathic Association—the leading primary care physician organizations—released the Joint Principles of the Patient-Centered Medical Home. This document presents the characteristics of the patient-centered medical home:

Personal Relationship: Each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous, and comprehensive care.

Team Approach: The personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing patient care.

Comprehensive: The personal physician is responsible for providing for all the patient's health care needs at all stages of life, or for taking responsibility for appropriately arranging care with other qualified professionals.

Coordination: Care is coordinated and integrated across all domains of the health care system, facilitated by registries, information technology, HIE, and other means to assure that patient get the indicated care when and where they want it.

Quality and Safety: Quality and Safety are hallmarks of the medical home. This includes using EMRs and technology to provide decision support for evidence-based treatments and patient and physician involvement in continuous quality improvement.

Expanded Access: Enhanced access to care is available through systems such as open scheduling, expanded hours, and new options for communication between patients, physicians, and practice staff.

Added Value: Payment that appropriately recognizes the added value provided to patients who have a patient-centered medical home.

Medically Underserved – Those living in a medically underserved area (MUA), which may be a whole county or a group of contiguous counties, a group of county or civil divisions, or a group of urban census tracts in which residents have a shortage of personal health services. Medically underserved populations (MUPs) may include groups of persons who face economic, cultural, or linguistic barriers to health care.³¹

Minority – There are four racial minority groups: American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and African-American/Black. Individuals of Hispanic/Latino origin are members of an ethnic minority and may be of any race. Typically Whites or Caucasians, who are not of Hispanic origin, are considered the majority group for the purpose of policy. Each minority group contains subpopulations that may be defined by geographic origin, national origin, cultural differences, or mixed racial and/or ethnic parentage. The minority group or subpopulation to which an individual belongs is ideally determined by self-reporting. The term “minority” also refers to other groups within the total population that are seen as distinctive subsets warranting focused policy or programmatic attention, such as the disabled.

N

National Health Information Network (NHIN) – A network being developed to provide a secure, nationwide, interoperable health information infrastructure that will connect providers, consumers, and others involved in supporting health and health care. This critical part of the national HIT agenda will enable health information to follow the consumer, be available for clinical decision making, and support appropriate use of health care information beyond direct patient care so as to improve health. NHIN seeks to achieve these goals by:

- Developing capabilities for standards-based, secure data exchange nationwide
- Improving the coordination of care information among hospitals, laboratories, physicians offices, pharmacies, and other providers
- Ensuring appropriate information is available at the time and place of care
- Ensuring that consumers' health information is secure and confidential
- Giving consumers new capabilities for managing and controlling their personal health records as well as providing access to their health information from EHRs and other sources
- Reducing risks from medical errors and supporting the delivery of appropriate, evidence-based medical care
- Lowering health care costs resulting from inefficiencies, medical errors, and incomplete patient information³²

National Provider Identifier (NPI) – A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use NPIs in the administrative and financial transactions adopted under HIPAA. NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about health-care providers, such as the state in which they live or their medical specialty. NPIs must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.^{33, 34}

O

Office of the National Coordinator (ONC) – Organizationally located within the Office of the Secretary for HHS, ONC is the principal federal entity charged with coordination of nationwide efforts related to the implementation and use of electronic health information exchange. The position was established on April 27, 2004, through Executive Order 13335, Incentives for the Use of Health Information Technology and Establishing the Position of the National Health Information Technology Coordinator, which directed the National Coordinator “to provide leadership for the development and nationwide implementation of an interoperable health information technology infrastructure to improve the quality and efficiency of health care.” ONC provides counsel to the Secretary of HHS and Departmental leadership for the development and nationwide implementation of an interoperable HIT infrastructure. Use of this infrastructure will improve the quality, safety, and efficiency of health care and the ability of consumers to manage their health information and health care. In addition, ONC:

- Serves as the Secretary's principal advisor on the development, application, and use of health information technology
- Coordinates HHS health information technology policies and programs internally and with other relevant executive branch agencies

- Develops, maintains, and directs the implementation of a strategic plan to guide the nationwide implementation of interoperable health information technology in both the public and private health care sectors, to the extent permitted by law
- Provides comments and advice at the request of OMB regarding specific Federal health information technology programs

Acknowledging the role of multiple executive branch agencies in addressing the vision of a nationwide architecture, the National Coordinator seeks to ensure that public and private sector programs and initiatives related to the exchange of health information are complementary efforts executed in a coordinated manner.³⁵

P

Personal Health Record (PHR) – An electronic record of health-related information about an individual to whom that person has full access, which may take several forms and, ideally, conforms to nationally recognized interoperability standards. Information contained in the PHR can be drawn from multiple sources while being managed, shared, and controlled by the individual.³⁶

Public Health – The science of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention.³⁷ Public health professionals analyze the effect on health of genetics, personal choice, and the environment to develop programs that protect the health of your family and community. Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood, or as big as an entire country. Public health professionals try to prevent problems from happening or re-occurring through implementing educational programs, developing policies, administering services, and conducting research, in contrast to clinical professionals, such as doctors and nurses, who focus primarily on treating individuals after they become sick or injured. It is also a field concerned with limiting health disparities; and a large part of public health is the fight for health care equity, quality, and accessibility. The field of public health is highly varied and encompasses many academic disciplines. However, public health is mainly composed of the following core areas:³⁸

- Environmental Health
- Biostatistics
- Behavioral Science/Health Education
- Epidemiology
- Health Services Administration/Management
- Maternal and Child Health
- Nutrition
- International/Global Health

- Public Health Laboratory Practice
- Public Health Policy
- Public Health Practice

Q

R

Regional Health Information Organization (RHIO) – A multi-stakeholder organization, which operates in a specific geographical area and enables the exchange and use of health information, in a secure manner, for the purpose of promoting the improvement of health quality, safety, and efficiency. Officials from HHS see RHIOs as the building blocks for NHIN. When complete, NHIN will provide universal access to EHRs.³⁹

S

Safety Net Provider – Providers that deliver a significant level of health care to uninsured, Medicaid, and other vulnerable patients. In its report, the committee focuses on "core safety net providers." These providers have two distinguishing characteristics: (1.) Either by legal mandate or explicitly adopted mission, they offer care to patients regardless of their ability to pay for those services; and (2.) A substantial share of their patient mix are uninsured, Medicaid, and other vulnerable patients. Core safety net providers typically include public hospitals, federally qualified community health centers, and local health departments. They may also include special service providers such as free clinics, oral health, behavioral health, AIDS, and school-based clinics that are often not federally qualified, but provide essential services. In many communities, teaching and community hospitals, private physicians, and ambulatory care sites also fill the role of core safety net providers.^{40, 41}

Smart Card – An electronic device about the size of a credit card that contains electronic memory and, increasingly, an embedded microchip, which is used to store data. In a health-care context, these data often represent personal health information. The data can be accessed using a smart card reader: a device into which the card is inserted. Smart cards are not the same as magnetic stripe cards, such as most credit cards; smart cards typically can store more information.⁴²

Standards – Provide a framework (and related standards) for the exchange, integration, sharing and retrieval of electronic health information. They facilitate the electronic interchange of clinical, financial, and administrative information among health care

oriented computer systems. Messaging standards ensure that health care providers have instant, secure access to accurate patient records.⁴³

T

Telehealth – The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies used in telehealth typically are: videoconferencing, the Internet, store and forward imaging, streaming media, and terrestrial and wireless communications. While new applications are increasingly found for using these technologies, significant barriers remain to making these technologies an integral part of daily health care practice.⁴⁴

Telemedicine – The delivery of health care from a distance using electronic information and technology such as computers, cameras, videoconferencing, the Internet, satellite, and wireless communications.⁴⁵

Teleradiology – The electronic transmission of radiologic images from one location to another for the purposes of interpretation and/or consultation. Teleradiology may allow more timely interpretation of radiologic images and give greater access to secondary consultations and to improved continuing education. Users in different locations may simultaneously view images. Appropriately utilized, teleradiology may improve access to radiologic interpretations and thus significantly improve patient care.⁴⁶

U

Underserved – Includes populations such as individuals from racial and ethnic minority backgrounds, disadvantaged individuals, individuals with limited English proficiency, individuals from underserved geographic areas (rural or urban), and specific groups of individuals within the population of individuals with developmental disabilities, including individuals who require assistive technology in order to participate in and contribute to community life (Sec. 102(32) of the DD Act).⁴⁷

Underrepresented – Those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population. The definition accommodates including and removing underrepresented groups on the basis of changing demographics of society and the profession. Adopted by the Association of American Medical Colleges (AAMC) Executive Council on June 26, 2003, the definition helps medical schools accomplish three important objectives:

- Shifts the focus from a fixed aggregation of four racial and ethnic groups to a continually evolving underlying reality
- Shifts the focus from a national perspective to a regional or local perspective on under-representation

- Stimulates data collection and reporting on the broad range of racial and ethnic self-descriptions.⁴⁸

Before June 26, 2003, the AAMC used the term "underrepresented minority (URM)," which consisted of African Americans/Blacks, Mexican-Americans, Native Americans (that is, American Indians, Alaska Natives, and Native Hawaiians), and mainland Puerto Ricans.

V

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Y

Z

References

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- ¹ The Alliance for Health Reform (<http://www.allhealth.org>).
- ² The White House (<http://www.recovery.gov>).
- ³ H.R. 1, the “American Recovery and Reinvestment Act of 2009” Explanation of Health Information Technology (HIT) Provisions, American Medical Association
- ⁴ The Alliance for Health Reform (<http://www.allhealth.org>)
- ⁵ Natural Resources Defense Council (<http://www.nrdc.org/reference/glossary/c.asp>)
- ⁶ Minnesota Department of Health (<http://www.health.state.mn.us>)
- ⁷ Congressional Budget Office (CBO) 2007. Research on the Comparative Effectiveness of Medical Treatments: Options for an Expanded Federal Role.
- ⁸ U.S. Department of Health and Human Services (HHS), News Release, “HHS Names Federal Coordinating Council for Comparative Effectiveness Research,” Thursday, March 19, 2009,
- ⁹ U.S. Department of Health and Human Services, Office of the National Coordinator for Health Information Technology (<http://healthit.hhs.gov>).
- ¹⁰ U.S. Department of Health and Human Services, Office of the National Coordinator, Harmonized Use Case for Consumer Empowerment (Registration and Medication History), March 19, 2006.
- ¹¹ National Empowerment Center (http://www.power2u.org/articles/empower/working_def.html).
- ¹² U.S. Department of Health and Human Services, Office of the National Coordinator for Health Information Technology (<http://healthit.hhs.gov>).
- ¹³ HIMSS Analytics; Electronic Medical Records vs. Electronic Health Records: Yes, There Is a Difference - A HIMSS Analytics™ White Paper; Garets and Davis, January 26, 2006.
- ¹⁴ eHealth Initiative’s Electronic Prescribing Project eHealth Initiative’s 2004 Report, “Electronic Prescribing: Toward Maximum Value and Rapid Adoption.”
- ¹⁵ U.S. Department of Health and Human Services, Office of the National Coordinator for Health Information Technology (<http://healthit.hhs.gov>).
- ¹⁶ U.S. Department of Health and Human Services, Office of the National Coordinator for Health Information Technology (<http://healthit.hhs.gov>).
- ¹⁷ U.S. Department of Health and Human Services’ Rural Initiative, the Rural Assistance Center (RAC), 2009.
- ¹⁸ Minnesota Department of Health (<http://www.health.state.mn.us>).

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- ¹⁹ National Association of Chronic Disease Directors (NACDD) (<http://www.chronicdisease.org>).
- ²⁰ Families USA's Minority Health Initiatives (<http://www.familiesusa.org>).
- ²¹ eHealth Initiative, August 2005 (<http://www.ehealthinitiative.org>).
- ²² Department of Health and Human Services, Office of the National Coordinator for Health Information Technology, The National Alliance for Health Information Technology Report to the Office of the National Coordinator For Health Information Technology: Defining Key Health Information Terms, 2008.
- ²³ American Health Information Management Association (<http://www.ahima.org>).
- ²⁴ The Alliance for Health Reform (<http://www.allhealth.org>).
- ²⁵ U.S. Department of Health and Human Services, Office of the National Coordinator for Health Information Technology (<http://healthit.hhs.gov>).
- ²⁶ U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) (<http://www.hrsa.gov>).
- ²⁷ U.S. Department of Health and Human Services, The National Institute of Health, National Library of Medicine (<http://www.nlm.nih.gov>).
- ²⁸ Gerson Lehrman Group (GLG), Healthcare Services, Industry Dictionary 2009.
- ²⁹ IEEE Standard Computer Dictionary: A Compilation of IEEE Standard Computer Glossaries, IEEE, 1990.
- ³⁰ American Academy Family Physicians (<http://www.aafp.org>).
- ³¹ U.S. Department of Health and Human Services, Health Resources and Services Administration (<http://www.hrsa.gov>).
- ³² U.S. Department of Health and Human Services, Office of the National Coordinator for Health Information Technology (<http://healthit.hhs.gov>).
- ³³ U.S. Department of Health and Human Services, The Centers for Medicare & Medicaid Services (CMS) (<http://www.cms.hhs.gov>).
- ³⁴ Ibid.
- ³⁵ U.S. Department of Health and Human Services, Office of the National Coordinator for Health Information Technology (<http://healthit.hhs.gov>).
- ³⁶ U.S. Department of Health and Human Services, Office of the National Coordinator for Health Information Technology, The National Alliance for Health Information Technology Report to the Office of the National Coordinator For Health Information Technology: Defining Key Health Information Terms, 2008.
- ³⁷ World Health Organization (WHO) Definition of Health Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, 1946.
- ³⁸ Association of Schools of Public Health (<http://www.asph.org>).

³⁹ The Alliance for Health Reform (<http://www.allhealth.org>).

⁴⁰ Institute of Medicine (IOM) Report Summary America's Health Care Safety Net: Intact but Endangered, June 2000.

⁴¹ Ibid.

⁴² Smart Card Alliance, Industry Glossary, 2009.

⁴³ Health Level Seven (HL7) (<http://www.hl7.org>).

⁴⁴ U.S. Department of Health and Human Services, Health Services & Resource Administration (<http://www.hrsa.gov>).

⁴⁵ U.S. Department of Health and Human Services, The National Institute of Health, National Cancer Institute (<http://www.cancer.gov>).

⁴⁶ American College of Radiology, January 2003.

⁴⁷ U.S. Department of Health and Human Services, Administration of Children & Families, Definition of Key Terms and Glossary, 2009.

⁴⁸ Association of American Medical Colleges (AAMC), June 2003.