



HITECH PRIORITY GRANTS PROGRAM

Health Information Technology Extension Program

Facts-At-A-Glance

- The HITECH Act amends Title XXX of the Public Health Service Act by adding Section 3012, Health Information Technology Implementation Assistance. This section provides supportive services for the rest of the HITECH Act. Section 3012 (a) establishes the **Health Information Technology Extension Program (Extension Program)**.
- The Extension Program provides grants for the establishment of Health Information Technology Regional Extension Centers (Regional Centers) that will offer technical assistance, guidance and information on best practices to support and accelerate health care providers' efforts to become meaningful users of Electronic Health Records (EHRs). The consistent, nationwide adoption and use of secure EHRs will ultimately enhance the quality and value of health care.
- The Extension Program will establish cooperative agreements through a competitive process to support an estimated 70 (or more) Regional Centers each serving a defined geographic area. The Regional Centers will support at least 100,000 primary care providers, through participating non-profit organizations, in achieving meaningful use of EHRs and enabling nationwide health information exchange.
- The Extension Program will also establish a national Health Information Technology Research Center (HITRC), funded separately, which will gather relevant information on effective practices from a wide variety of sources across the country and help the Regional Centers collaborate with one another and with relevant stakeholders to identify and share best practices in EHR adoption, effective use, and provider support.
- The HITECH Act clearly prioritizes access to health information technology for historically underserved and other special-needs populations, and use of that technology to achieve reduction in health disparities. The HITRC will assemble and disseminate materials to support and address the needs of all prioritized providers, including but not limited to materials addressing the unique needs of providers serving Native Americans, persons with limited proficiency in the English language, persons with disabilities, and other historically underserved populations, as well as those that serve patients with maternal, child, and behavioral health needs.
- Grants under the Extension Program will be awarded on a rolling basis with an expected 20 grants awarded in the first quarter of FY2010, another 25 in the third quarter and the remaining awards in the fourth quarter of FY2010. The initial funding includes approximately \$598 million to ensure that comprehensive support is available to providers under the Extension Program beginning early in FY2010, with an additional \$45 million available for years 3 and 4 of the program. Federal support continues for four years, after which the program is expected to be self-sustaining. Of the total federal investment in this program, about \$50 million is dedicated to establishing the national HITRC, and \$643 million is devoted to the Regional Centers.

- The law requires that Regional Centers be affiliated with a U.S.-based, nonprofit institution or organization, or an entity thereof, that applies for and is awarded funding under the Extension Program. The program anticipates that potential applicants will represent various types of nonprofit organizations and institutions with established support and recognition within the local communities they propose to serve.
- The performance of each Regional Center will be evaluated every two years by a HHS-appointed panel of private experts, none of whom are associated with the center being evaluated. Continued support for the Regional Center after the conclusion of the second year of performance will be contingent on the panel's evaluation being, on the whole, positive and on HHS' determination that such continued federal support for the center is in the best interest of the program.
- The Regional Centers will focus their most intensive technical assistance on clinicians (physicians, physician assistants, and nurse practitioners) furnishing primary-care services, with a particular emphasis on individual and small group practices (fewer than 10 clinicians with prescriptive privileges). Clinicians in such practices deliver the majority of primary care services, but have the lowest rates of adoption of EHR systems, and the least access to resources to help them implement, use and maintain such systems. Regional Centers will also focus intensive technical assistance on clinicians providing primary care in public and critical access hospitals, community health centers, and in other settings that predominantly serve uninsured, underinsured, and medically underserved populations.
- The Regional Centers will support health care providers with direct, individualized and on-site technical assistance in:
 - Selecting a certified EHR product that offers best value for the providers' needs;
 - Achieving effective implementation of a certified EHR product;
 - Enhancing clinical and administrative workflows to optimally leverage an EHR system's potential to improve quality and value of care, including patient experience as well as outcome of care; and,
 - Observing and complying with applicable legal, regulatory, professional and ethical requirements to protect the integrity, privacy and security of patients' health information.
- The Extension Program expects all Regional Centers to be operating at full capacity by the end of December 2010. In addition, it is expected that by the end of December 2012, the Regional Centers will be largely self-sustaining and their need for continued federal support in the remaining two years of the program will be minimal.

Additional information is available at <http://healthit.hhs.gov/extensionprogram>.