

# FACT SHEET

## Health Information Technology Requests for Proposals

June 6, 2005

### Overview

- On April 27, 2004, President Bush called for widespread adoption of interoperable electronic health records (EHRs) within 10 years, and also established the position of National Coordinator for Health Information Technology.
- On July 21, 2004, HHS issued a *Framework for Strategic Action: The Decade of Health Information Technology: Delivering Consumer-centric and Information-rich Health Care*. The *Framework* outlined four goals and twelve corresponding strategies for achieving the President's goal for widespread adoption of health information technology (IT).
- On November 15, 2004, the Office of the National Coordinator of Health Information Technology (ONCHIT), within the U.S. Department of Health and Human Services (HHS), published a Request for Information (RFI) which sought public comment on how to best develop an Internet-based nationwide health information network (NHIN) to achieve widespread interoperability of health IT. The RFI was titled "*Development and Adoption of a National Health Information Network*." HHS received more than 500 responses.
- In May 2005, the National Coordinator released the Health Information Technology Leadership Panel Report, prepared by the Lewin Group, which highlighted findings from a small group of Fortune 100 CEOs who convened to discuss issues related to health IT. This report called for the government to be a coordinator of the nation's health IT efforts.

### Key HHS Goals and Actions for Health IT

- Key HHS goals for health IT are:
  - Developing prototypes for and evaluating a process to unify and harmonize industry-wide health IT standards;
  - Developing prototypes for and evaluating a certification process for EHRs and the infrastructure through which EHRs interoperate to assure consistency with standards;
  - Assessing and developing solutions to address variations in state laws and business privacy and security policies; and
  - Developing prototypes for and evaluating an Internet-based architecture for nationwide health information exchange.
- In implementing these goals, HHS will issue a series of government contracts that will help advance health IT adoption. These contracts have strategic interdependencies, and each requires the contractor to collaborate with the other contractors.

## **Summary of Health IT Contracts:**

### **Standards**

- Harmonization of standards is fundamental to the success of widespread interoperability.
- Today, we have many standards for information exchange, clinical vocabulary and coding, but we have not harmonized them. These variations may hinder interoperability and the widespread adoption of health IT. There are also gaps in standards.
- HHS is issuing a Request for Proposal (RFP) for a contractor to develop, prototype, and evaluate a harmonization process for achieving a widely accepted and useful set of standards. These standards would be designed to enable and support widespread interoperability among health care software applications, particularly EHRs.
- The contractor will be required to identify, analyze, and resolve gaps and duplications within the standards industry, and propose resolution strategies and timelines.

### **Certification**

- There are more than 200 EHR products on the market today, but there are no criteria to evaluate product functionality and interoperability. The variability and lack of criteria limit physicians' and hospitals' ability to make informed buying decisions.
- Agreement on product capabilities and compatibilities would reduce the risk of IT investment by healthcare providers.
- HHS is issuing a RFP for a contractor to develop criteria that addresses EHR functionality and will include ambulatory and inpatient features, decision support features, and performance reporting. The criteria will also include interoperability, security, and reliability features. Interoperability features will be based on the NHIN prototypes in one of the other HHS contracts.

### **Prototypes for a NHIN Architecture**

- Today there is no consensus regarding how to utilize the currently available Internet infrastructure to support interoperable health information exchange. As a result, information is often fragmented and incomplete at the point of care.
- The responses to the November RFI on the development and adoption of a NHIN provided important ideas for how to achieve widespread interoperability of health information. According to the responses, a fully functional, Internet-based NHIN could provide the framework for authorized, secure, timely, and accurate exchanges of health information among patients, clinicians, and other providers and authorized entities.

- HHS is issuing an RFP to develop and evaluate prototypes for an Internet-based NHIN architecture that would maximize the use of existing resources such as the Internet to achieve widespread interoperability among health care software applications, particularly EHRs.
- A key objective of the contract is to spur technical innovation for nationwide sharing of health information in patient-care and public-health settings.
- The contract calls for the development of designs and architectures that specify the construction, models of operation, enhancement and maintenance, and live demonstrations of the Internet-based NHIN prototype.
- The contractor must demonstrate interoperable health information exchange in real-world health care environments maximizing the use of existing infrastructure.

### **Privacy and Security Solutions for Health Information Exchange**

- Workable privacy and security approaches and business practices are critical for comprehensive health information exchange. Today, providers implement required security and privacy business policies in a variety of ways tailored to individual organizations (e.g., Hospital A uses a password and Hospital B down the street uses a biometric fingerprint for security). These variations in policies present challenges to widespread electronic health information exchange.
- Currently, many states are experimenting with solutions to these privacy variations through health information exchanges. These projects and demonstrations are implementing collaborative rules for health information exchange. Currently, 23 states have legislative or gubernatorial support for health information exchange efforts; 43 states have health IT projects that have received Federal funding through Agency for Healthcare Research and Quality (AHRQ) or Health Resources and Services Administration (HRSA) grants; and 28 states have private-sector-led collaborations underway.
- Variations in how participating organizations implement policies for privacy and security of health information present challenges to these state efforts to create successful health information exchanges.
- HHS is issuing an RFP to assess and develop solutions to address state and business privacy and security practices that may pose challenges to interoperable health information exchange.
- The contractor will work in direct collaboration with states or territories (or their designated entities) to engage public and private sector health care stakeholders involved in interoperable health information exchange.

- The contactor will develop and execute a plan to assess and analyze the impact of business policies and state laws on security and privacy practices, and develop solutions. Subcontracting directly with up to 40 state or territorial governments (or designated entities) is encouraged in order to complete the tasks within the prescribed timeframe.
- This analysis will identify and document best practices, lessons learned, and solutions to address variations in privacy and security policies.
- The contractor will ensure statewide or regional workshops are convened to finalize and reach consensus on the assessment of potential solutions. The contractor will hold one or more national meetings to synthesize findings to help develop the NHIN prototype and inform Federal, state, and local policy.