



Program Information Notice

DATE: September 28, 2010 DOCUMENT NUMBER: ONC-REC-PIN-004

SUBJECT: Policy for Clarifying the Underserved Population Priority Setting

TO: Health Information Technology Extension Program: Regional Centers Cooperative Agreement Program Grantees

The purpose of this Program Information Notice (PIN) is to clarify the definition of the “other underserved setting” priority setting for Regional Extension Centers (RECs) participating in the Health Information Technology Extension Program: Regional Centers Cooperative Agreement Program. The Office of the National Coordinator for Health Information Technology (ONC) believes that the “other underserved setting” priority setting category as currently described remains unnecessarily ambiguous and, consequently, needs further clarification.

Each Regional Extension Center which enters into a cooperative agreement with ONC to support priority primary-care providers who seek to implement electronic health record (EHR) technology and achieve meaningful use needs to establish a policy defining “other underserved settings” priority setting. In order to ensure consistency and that the policy is aligned with the HITECH Act and the Funding Opportunity Announcement, a REC Project Officer will approve and sign the policy.

If you have any questions or require further guidance, please contact the Regional Extension Center Division of the Office of Provider Adoption Support at regional-center-applications@hhs.gov.

Sincerely,

/ David Blumenthal /

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National Coordinator for Health Information Technology
U.S. Department of Health & Human Services

PURPOSE

The purpose of this PIN is to clarify the definition of the “other underserved setting” priority setting for Regional Extension Centers (RECs) participating in the Health Information Technology Extension Program: Regional Centers Cooperative Agreement Program. The Office of the National Coordinator for Health Information Technology (ONC) believes that the “other underserved setting” priority setting category as currently described remains unnecessarily ambiguous and, consequently, needs further clarification.

APPLICABILITY

This policy is applicable to all RECs who enter into cooperative agreements with ONC to support priority primary-care providers who seek to implement EHR technology and achieve meaningful use.

BACKGROUND

The Health Information Technology Extension Program: Regional Centers Cooperative Agreement Program Funding Opportunity Announcement and Grant Application Instructions (FOA) for the Regional Extension Center Cooperative Agreement Program defines six priority settings:

- Individual and small group practices of ten or fewer professionals
- Public Hospitals
- Critical Access Hospitals
- Community Health Centers
- Rural Health Clinics; and
- Other settings that predominantly serve uninsured, underinsured, and medically underserved populations

These were derived from language in the HITECH Act that prioritizes the intended recipients of the RECs' direct assistance. The HITECH Act in Section 3012(c)(4) of the Public Health Services Act provides that the RECs shall aim to provide assistance and education to all providers in a region, but shall prioritize any direct assistance first to the following:

- “(A) Public or not-for-profit hospitals or critical access hospitals.
- “(B) Federally qualified health centers (as defined in section 1861(aa)(4) of the Social Security Act).
- “(C) Entities that are located in rural and other areas that serve uninsured, underinsured and medically underserved individuals (Regardless of whether such an area is urban or rural)
- “(D) Individuals or small group practices (or a consortium thereof) that are primarily focused on primary care.”

DISCUSSION

In articulating the priority settings for RECs consistent with the HITECH Act and the FOA, it has become clear that RECs need additional guidance on how to interpret the “other underserved settings” definition. Therefore, ONC has developed the following guidance which will establish a process by which RECs can adapt the “other underserved settings” to reflect local variances in the practice environment, to identify an “upper boundary” to limit the use of this flexibility such that services remain focused on small and needy practices, and to describe scenarios that reflect the intended meaning of the category “other underserved settings” but do not fall into one of the five more clearly defined priority settings.

PROCESS

Given the variance in defining a practice that predominantly serves uninsured, underinsured, and medically underserved individuals, ONC is asking each Regional Extension Center program to develop an internal policy that will incorporate providers or practices serving patients in the “other underserved settings” priority setting. The REC will then be responsible for applying this policy consistently across the practices with whom the REC is working.

The REC policy should address the following issues depending on local conditions:

1. Practices with a high percent of Medicaid and/or uninsured patients;

2. Local variances in rural health clinic structure/definition;
3. Free clinics;
4. Practices in remote areas with more than 10 primary care providers with prescriptive privileges.

In order to ensure that the policy is aligned with the HITECH Act and the FOA, this policy will require approval and signature by an REC Cooperative Agreement Program Project Officer. Practices that are served through the use of this "other underserved setting" policy should be classified using the "other underserved setting" in the Customer Relationship Management (CRM) tool.

Please note that RECs should make every effort to target and enroll providers in the other priority settings. Based on the article, "Office-based Medical Practices: Methods and Estimates from the National Ambulatory Medical Care Survey"¹ more than 89% of physicians in the United States practice in settings smaller than 10. Therefore, we believe that the use of the "other underserved settings" priority setting should be limited. However, recognizing that a local environment may be skewed relative to a national average, we will provide some measure of variability.

Therefore RECs should seek to limit the number of providers who fall into the "other underserved settings" priority setting to no more than 20% of an REC's provider target.

The REC program requires that the "other underserved settings" definition be fairly and equally applied to all appropriate practices, and that it be not applied so broadly as to circumvent the express goal of assisting settings that predominantly serve uninsured, underinsured, and medically underserved populations. RECs will be expected to identify the "other underserved setting" practices in the CRM tool, (and the providers associated therewith), as well as to maintain documentation that demonstrates why a practice was labeled as an "other underserved setting." At annual site visits, ONC program staff (as opposed to grants management staff for whom this is not a part of the financial monitoring evaluation criteria) will conduct a review to ensure policy compliance by 1) reviewing the signed policy, and 2) reviewing the documentation for a sample of practices to whom the REC policy was applied.

¹ Hing, Esther, and Catherine W. Burt. "Office-based Medical Practices: Methods and Estimates from the National Ambulatory Medical Care Survey." *Advance Data from Vital and Health Statistics* 383rd ser. (2007): 1-16. Centers for Disease Control and Prevention. Web. 1 July 2010. <<http://www.cdc.gov/nchs/data/ad/ad383.pdf>>.