



Analytics Alert

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HIMSS Roundup: The Rush To Cash In

This year's Healthcare Information and Management Systems Society conference was all about breakneck industry growth and the rush to comply with the federal government's "meaningful use" guidelines for electronic medical records. This *InformationWeek Analytics Alert* offers the best healthcare IT advice, insight, and analysis coming out of that conference.



March 9, 2010

Down To Business: Electronic Healthcare Won't Be Denied

By Rob Preston

What we're witnessing is "the single fastest transformation of an industry in the history of the United States." The commentator: Glen Tullman, CEO of Allscripts. The industry: healthcare, where system vendors like Tullman's are at the center of driving that digital transformation.

Is this just hyperbole from an industry player? Consider that the federal government is spending upward of \$20 billion to get healthcare providers to digitize their records and processes, and that 70% of that money must be spent over the next three years. For an industry still mired in 20th century practices, an electronic overhaul in just a few years would indeed be historic.

As with any industry, there's already a 10% group of IT early adopters in healthcare—the likes of Kaiser Permanente and Intermountain Healthcare and University of Pittsburgh Medical Center. It's that fat 70% of providers in the middle—the so-called fast followers—that will follow much faster than they normally would now that the government is brandishing the "meaningful use" carrot and stick.

In comparison, it took the auto industry more than a decade to automate its complex supply chain. Retailers took about as long to follow Wal-Mart's lead. Airlines moved from paper ticketing to electronic kiosks in a couple of years, but that migration was relatively limited in scope. In healthcare, we're talking about one-sixth of the U.S. economy—providers, payers, insurers, and myriad other third parties—scrambling to collect, store, distribute, share, and act on information in wholly new ways over the course of just a few years. The people, process, and financial challenges are beyond daunting.

In his opening remarks at last week's gigantic Healthcare Information and Management Systems Society conference in Atlanta, where the smell of meaningful use money was in the air, HIMSS chairman Dr. Barry Chaiken said there's precedent for information technology quickly changing how many millions of people work: e-mail and the now ubiquitous in-box. Workers didn't need to be forced to use e-mail (and the Internet), he noted; they demanded to use them "because they made their jobs easier and made them more productive." Likewise, he called on the healthcare IT industry to create solutions "that are so compelling,

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so irresistible, that people just want to use them. We cannot rely on incentive programs or executive orders.”

“We must create electronic systems so appealing that they make physicians want to leave their paper medical records behind,” Chaiken said. “We must create clinical decision support systems that make it routine for physicians to check their internal knowledge with data and evidence. We must offer workflow solutions that improve the efficiency of using health IT. We must make physicians want, yes, demand, the enormous power that IT brings to the practice of medicine.” He envisions a “higher level of medical practice, one where both physicians and nurses can concentrate on examining, interacting, and motivating patients while technology handles the burdens of collecting, storing, and accessing data.”

No doubt the healthcare IT industry must rise to Chaiken’s challenge. But so must healthcare providers themselves. Their resistance to technology is less about the intuitiveness of the hardware and software and more about their habits, the attitude that the way they’ve always done things serves patients just fine while paying the bills.

The IT challenge before the healthcare industry is less like the mainstream adoption of e-mail and the Internet and more like what companies went through in the 1990s to automate their financial, manufacturing, HR, supply chain management, and sales processes by way of ERP, CRM, and related enterprise applications. That migration was massively complex and expensive—not only the software and training, but also the business lost as people adapted to new systems and processes. ERP, CRM, and SCM disasters were legion, especially among organizations whose people were dragged into the changes kicking and screaming.

Not to be underestimated as the healthcare industry is dragged into the digital age is the fact that doctors and nurses, especially those in small practices, get compensated based on the number of patients they see in a given day. Just as salespeople resisted CRM a decade ago (and even today), doctors, nurses, and administrators will continue to shun any IT tool that gets in the way of their seeing as many patients as they now do, even if it’s only short term. Meantime, patients’ health, not just healthcare providers’ livelihoods, lies in the balance of this transition.

Government financial incentives and penalties will do only so much. Some compare the meaningful use guidelines to “cash for clunkers,” generating a frenzy of short-lived activity. But what hap-



pens when the money runs out? Will healthcare providers still be as committed to digitization?

My estimation is yes—the business and patient care case will demand that they commit fully to digitally based records and processes. Just as Wal-Mart forced its far-flung supply chain to adhere to its electronic standards, the big HMOs, government payer organizations, and insurance companies will pull the vast healthcare ecosystem into the digital era.

Ultimately, however, healthcare IT won't reach its full potential until patients decide they won't do business with providers that don't make use of the latest clinical care, customer service, and other IT systems and tools. Some of us may complain that our doctor practices like Marcus Welby, but are we ready to choose another provider for that reason? When doctors' offices and hospitals start advertising their IT capabilities, we'll know we're really making progress. We're very close to that day.

March 3, 2010

E-Medical Records: 10 Steps To Take Now

By Marianne Kolbasuk McGee

The federal government's \$20 billion-plus healthcare IT stimulus program has more hospitals and doctors than ever planning to implement e-medical records and other health IT systems. But many healthcare providers have put plans on hold as they wait for the government's final "meaningful use" rules that will determine which types of systems are eligible for reimbursements.

"I've been in this industry for 25 years, and I've never seen as much anxiety and confusion," said Dr. Mark Leavitt, chairman of the Certification Commission for Health IT. Leavitt spoke with *InformationWeek* at the Healthcare Information and Management Systems Society (HIMSS) conference in Atlanta.

Despite all the uncertainty, there are steps that providers can take now that will help them jump-start system deployments once the final rules are issued later this spring. Here are the top 10:

1. Get buy-in and sponsorship from your organization's top leadership, including influential clinicians and the CEO. "Solicit your leadership team and actively communicate with upper

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management,” said Curt Kwak, CIO of the western region of Providence Health & Services, a provider that serves Washington, Oregon, Montana, California, and Alaska.

Support from the top is critical, especially when convincing users to give up old work habits and processes. Make sure everyone understands your goals, such as how the new systems will improve quality of care.

2. Decide how you'll fund the project—remember, stimulus dollars don't start flowing until 2011. Some vendors of e-medical records are offering interest-free loans for the up-front costs related to the purchase of these systems. Also consider applying for federal, state, and private grants. And some hospitals are offering free EMR software to doctors under the relaxed federal Stark rules.

3. Start evaluating your workflow and processes. Figure out what steps you're doing now that waste time and money, and can be eliminated with the new system. “Health IT is truly a magnifying glass—you'll see all your flaws,” said Florence Chang, senior VP and CIO at MultiCare, a Tacoma, Wash., hospital network. “Decide what steps don't add value.”

4. Find out where key information resides in your organization. For instance, is information on patients' allergies in paper charts or computerized files? Start collecting information on how many prescription drug orders your doctors put through, and how they do those orders—paper, fax, or phone-in. You'll need this data later to measure your organization's meaningful use of electronic ordering, said Mike Wilson, senior IT director of clinical systems at Compuware.

5. Look at EMR and other health IT products for the ones that fit your organization's needs. Consider products that have a good shot at attaining meaningful use certification, like those already approved by the Certification Commission for Health IT, or software from vendors that are offering meaningful use compliance guarantees.

6. If you're not ready for a big-bang approach to EMRs, consider modular software and components that let you add functionality in increments. “Look at the entire puzzle for what pieces fit now, and what can fit later,” Providence Health's Kwak said.

7. Determine whether you have the resources and staff to handle an on-site system, both to implement it and keep it running. If not, then maybe a hosted model makes more sense. If you need to recruit talent, figure out the skills you'll need and get going.

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8. Get your infrastructure ready to deal with new systems. For instance, can it handle computerized physician order entry? If not, figure out what foundation you can start laying, said Avery Cloud, VP and CIO of New Hanover Health Network, a health care organization in Wilmington, N.C.

9. If you were already planning or implementing health IT systems before the HITECH legislation passing in February 2009, don't change things now. Don't divert your original plans because meaningful use deadlines are compressing the time frame, said Kwak.

10. Finally, don't jump into poorly thought out health IT plans just to try getting the stimulus rewards. "Don't do it just for the money," said Wilson. "It's like having a baby just for the tax break."

March 1, 2010

Tips For Getting Money To Fund Health IT Projects

By Marianne Kolbasuk McGee

The government's stimulus programs promise to reward healthcare providers with billions of dollars for the meaningful use of health IT. But those financial incentives don't begin kicking in till 2011. In the meantime, there are ways to get outside funding to help with your initial technology investment.

The American Recovery and Reinvestment Act allotted about \$2 billion for the Office of National Coordinator of Health IT to divvy out for grants and other programs. But about \$1 billion in this discretionary spending hasn't been awarded yet by ONC. So now's the time to be thinking hard about whether your organization can get some assistance to fund your health IT projects, said Brian Dixon, a health IT project manager at Regenstrief Institute, which itself over the years has received about \$25 million in various grants and contracts related to health IT research and projects.

Dixon, a speaker at a Healthcare Information and Management Systems Society educational session dubbed "Getting Your Project Funded," offered up lots of great, practical tips for



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healthcare organizations to apply for grants to help pay for health IT initiatives. Here are some of the best ones:

1. Scout out what money is available. While there's still money out there not yet spoken for related to the American Recovery and Reinvestment Act, healthcare organizations need to check out what other U.S. Department of Health and Human Services-related grants are possible from its various units, such as the Agency for Healthcare Research and Quality, not to mention funding opportunities offered by other federal government departments, as well as by states. For instance, the U.S. Department of Agriculture has in the past awarded broadband grants and loans to small hospitals in rural areas, Dixon said.

Meanwhile, private organizations such as the Robert Wood Johnson Foundation and other groups also offer grants and loans.

2. Searching on the Web is one way to find out what kinds of programs are out there, but if your organization has a hospital librarian, recruit that person for help searching out funding opportunities, said Dixon. "I love librarians," he said. "They come up with great query suggestions" and other advice to help narrow down funding opportunities. You can also hire a professional to scope out grants, he said, but that entails a fee.

3. During the application process, make sure you identify what will make your project unique or helpful to others in terms of the sort of insight you hope to glean from the work.

How your project will contribute to the greater good is something you'll need to describe, he said. For instance, will your project use technology in a new way? Will the project address a specific population of patients, such as the chronically ill or users in a rural setting? There has to be some significance to the project so that others can digest and possibly benefit from the findings later, too, he said.

4. That brings us to another important thing to remember about getting external funding. The grantor—especially if it's the federal government providing ARRA-related money—will expect details, including plans on how you'll measure the outcome of your project, and how you'll disseminate those outcomes to others, whether it's through a white paper, scholarly journal, or other means, said Dixon.

"There are no free lunches," he warned.



March 3, 2010

Health IT Jobs Hard To Fill

By Marianne Kolbasuk McGee

The U.S. unemployment rate is still in double digits, but the jobs sector for health IT is sizzling. The government's health IT stimulus programs have spawned demand for some hard-to-find skills, as IT vendors scramble to position themselves in line for stimulus funds.

At the Healthcare Information and Management Systems Society (HIMSS) conference in Atlanta this week, some CIOs reported they're finding it hard to recruit needed talent and that they're seeing early signs of talent wars. "Our competitors are trying to hire our staff," said Curt Kwak, CIO of the western region of Providence Health & Services. While fending off poaching, Kwak's organization of 160 IT staffers is trying to add another dozen or so people this year, including clinical analysts and business analysts for various health IT projects. In some cases, Kwak will use contractors to help fill skills gaps while staff comes up to speed with needed new skills.

Other CIOs say it's also a challenge for their existing IT teams to keep up with new skills demands. "Talent of yesterday is useless unless they keep up," said Avery Cloud, VP and CIO of New Hanover Health Network, a health care organization in Wilmington, N.C. This year, Cloud's organization is looking to hire another 10 or 11 people, including network engineers, for its 85-person IT team. "We push our staff to keep up and provide training opportunities," he said. If you rely too much on contract help to fill skills gaps, "the staff gets even further behind."

Talent recruiter Judy Kirby, president of national health IT recruiting firm Kirby Partners, said the biggest challenge faced by health IT organizations right now is "trying to figure out what talent they need for what they're trying to do." Some of the uncertainty is linked to the apprehension of moving forward with some health IT projects while healthcare providers wait for the government's final meaningful use rules, expected to be published later this spring.

In addition to an uptick in hiring by healthcare organizations, Kirby's firm sees "a lot of consulting firms also looking for expertise" in health IT systems such as electronic medical records and computerized physician order entry.

Meanwhile, the federal government is spending millions of dollars on workforce training pro-



grams to help the nation to quickly develop the needed skills for EMR and other health IT projects. These workforce training programs, focused around fast-paced community-college courses offering professional certificates, will help groom the more than 40,000 new health IT workers that the U.S. government projects will need, said Dr. David Blumenthal, national health IT coordinator, during his keynote speech at HIMSS.

“A shortage of workers is a barrier to success,” he said. The talent will be needed both by healthcare providers as well as by the vendors helping to implement these health IT systems, he added.

March 1, 2010

Guerra On Healthcare: Meaningful Use Proposal Has Some Seeing Red

By Anthony Guerra

We’ve all heard about the five stages of grief experienced when mentally processing the death of a loved one. First, there’s denial, then anger, bargaining, depression, and, finally, acceptance. To me, the healthcare IT industry is very clearly moving through distinct stages as it processes the evolving HITECH legislation.

The American Recovery and Reinvestment Act of 2009, which contained the HITECH provisions, was signed into law on Feb. 13 last year as the country, many believed, teetered on the brink of complete economic collapse. At that time, banks weren’t lending to each other, and a credit crunch had seized up the nation’s liquidity. People were scared—really scared—something had to be done. Thus the \$900 billion ARRA passed fairly easily, and one of the most palatable political chunks of that abomination was \$20 billion for healthcare IT.

Tucked into HITECH is that clever little mechanism called “meaningful use,” actually quite an ingenious device to get the program passed into the legislation quickly, while leaving the messy details for later. Of course, that plan would have worked just fine if those defining meaningful use had resisted trying to automate the U.S. healthcare system essentially overnight.

The Healthcare Information and Management Systems Society put on its show in early April last



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year, meaning that when it kicked off, the industry had spent a few months deciphering HITECH. It was clear CIOs had already moved from an initial state of euphoria (“Oh, my goodness, all that money for me!”) to anxiety (“Oh, no, my CEO/CFO said I better get every dime of all that money!”).

This year’s conference kicks off this week, and the industry has entered the anger phase. That’s because the government’s Notice of Proposed Rulemaking (NPRM) on Meaningful Use, the first real indication of what the requirements will be, was made public at the end of December. Two months later, it’s been fully consumed, and many have indigestion.

The latest, clearest, and most constructive expression of this dissatisfaction is the recently released comment letter that the College of Healthcare Information Management Executives sent to the Centers for Medicare and Medicaid Services (CMS), the group that drafted the meaningful use requirements. The College of Healthcare Information Management Executives, the largest hospital CIO organization in the country, isn’t alone with concerns—many comments made by the HealthsystemCIO.com Advisory Panel in its February SnapSurvey also showed extreme displeasure, particularly with the all-or-nothing approach to meaningful use compliance.

And if you thought the Health IT Policy Committee was reading the tea leaves on public sentiment, its attempt to lower the bar left many wondering if it hadn’t actually been raised.

HIMSS 2010 will be the place the industry coalesces around a “They have to be kidding” mantra. It will be the place industry organizations, such as HIMSS’s state chapters, shake the uncertainty out of their anti-meaningful use NPRM talking points, as they find kindred spirits all around them. It will be the place that anyone listening can get an earful about the ramifications of ramming through the current regulation as is.

Those involved with health IT have moved from euphoria to anxiety to anger. What’s next will almost certainly be acceptance—we’re not talking about anarchists here. That makes it all the more important that the Department of Health and Human Services, CMS, the Office of the National Coordinator for Health IT, and the Policy and Standards Committees and their workgroups lower that bar. There are two possible outcomes of not doing so: Either very few will qualify for the stimulus money or, far worse, rushed implementations will cost lives. Then we’ll all be grieving.

Anthony Guerra is the founder and editor of HealthsystemCIO.com, a site dedicated to serving the strategic information needs of healthcare CIOs.



March 1, 2010

Meaningful Use Programs Spiking HIT Spending

By Marianne Kolbasuk McGee

While the federal government hasn't yet hammered out all the criteria of its "meaningful use" health IT stimulus programs, the upcoming requirements already appear to be inciting an increase in IT spending among healthcare providers, according to a study released Monday.

Findings of the annual survey, conducted by the Healthcare Information and Management Systems Society (HIMSS) were revealed at the organization's conference in Atlanta recently.

In fact, 72% of respondents expect their IT operating budgets to increase over the next two years, according to the Web-based survey of nearly 400 healthcare CIOs and other senior IT executives.

While the survey revealed that the government's healthcare IT stimulus package (in the form of meaningful use programs) is the main driver behind the increased IT spending plans, the slowly improving economy is the No. 2 influence, according to the survey.

The nearly three-quarters of healthcare IT executives predicting a rise in IT spending over the next two years is back to the approximate percentage of respondents who said two years ago—before the economy hit bottom—that they planned to increase IT spending.

The percentage of HIMSS survey respondents who last year expected to increase IT spending was only 55%, however.

In addition to boosting IT spending, two-thirds of respondents expect to grow their IT staffs. That figure is also back to 2008 levels after dipping last year, said HIMSS.

Meanwhile, another study released at HIMSS found that about 60% of U.S. doctors who don't currently use e-medical records plan to purchase the technology within the next two years.

For that research report, approximately 1,000 physicians in practices with fewer than 10 doctors were recently polled by Harris Interactive on behalf of Accenture.

Among the survey's most surprising findings was that approximately 75% of doctors over the age of 55 who haven't yet implemented EMRs said they plan to do so, said Greg Parston, director of

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Accenture institute for health and public service value, in an interview with *InformationWeek*.

The majority of those doctors said they planned to implement an EMR system within two years, despite their decades-long reliance on paper-based work processes and possible nearing retirements.

“This is a big outlay late in their careers,” Parston said, considering the return on investment being lesser since those doctors likely will be practicing fewer years.

Those older doctor not planning to implement EMRs in two years are likely holding out because of plans to retire sooner rather than later or only practice part-time, or perhaps are considering a move to another practice that has these systems installed or on the drawing board.

Nonetheless, as other doctors in these over-age-50 physician’s circles deploy EMR, competitive pressure will also push these older doctors to implement the systems. In addition, another soon-to-be-released survey by Accenture found that 75% of Americans want their doctors to have e-medical records.

Of course, there are also the financial penalties by the federal government that will kick in starting in 2015 for doctors who don’t meet meaningful use criteria.

“That’s pressure as well,” Partson said.

March 2, 2010**HIMSS: Meaningful Use Goes Over The Top****By Rob Preston**

Remember the regulatory rash that broke out several years ago, when every software vendor had just the balm for your HIPAA, Sarbanes-Oxley, PCI, and other compliance problems? At this week’s Healthcare Information and Management Systems Society (HIMSS) conference in Atlanta, the new compliance is “meaningful use” of electronic medical records, with vendors appealing to healthcare providers and other customers anxious to get their hands on the \$793 gazillion (or thereabouts) in promised government subsidies.

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It's not quite a frenzy, but at the booth of one clinical information software provider, a government type was overheard bragging to the vendor's chief medical officer about his new job, where he would "start handing out the funds" once the terms of meaningful use are finalized in the spring. It's almost as if he were ready to start printing the greenbacks in his basement.

Meantime, the software and consulting vendors exhibiting at HIMSS aren't shy about showing the way to the money. The booth signage of Healthcare Management Systems tells attendees that the vendor is "your partner in achieving meaningful use." 4Medica, a provider of clinical lab data over the Web, promises "integrated health records for meaningful use." Medicity, a health information exchange, assures attendees that it's "the standard for meaningful HIE." NexGen Healthcare Information Systems ups the urgency: "You have one shot to get the right tool for meaningful use reimbursements." Shared Health, a vendor of clinical decision-support systems, is handing out T-shirts emblazoned with "My meaningful use is more meaningful than yours" and "Are we in a meaningful relationship?"

Not that this marketing messaging is, well, demeaning; much of it is just opportunistic, and it's sometimes clever. There's clearly an audience for it: A conference session titled "Adoption and Meaningful Use of EHR Technology in a Hospital" drew a standing-room-only crowd. A study released Monday by HIMSS finds that the main driver of increased IT spending plans among healthcare providers is nothing other than meaningful use, even though the government financial incentives won't kick in till 2011.

But let's remember that meaningful use is just a bureaucratic means to the vast end of improving the quality of patient care, making it safer, extending access to it, and reducing its escalating cost. In his opening keynote address at the conference, Dr. Barry Chaiken, chairman of HIMSS and chief medical officer of Imprivata, put the onus on the industry to create "healthcare IT solutions that are so compelling, so irresistible, that people just want to use them. We cannot rely on incentive programs or executive orders. We must create demand."

There's a raw energy at HIMSS reminiscent of the broader IT industry's go-go days, when there were myriad vendors and incomplete standards and fractious debates and lots of customer uncertainty, but when there was an unshakable belief that IT could still change the world.

In his opening address, Chaiken captured that vibe, calling on the HIMSS membership to



rise to the challenge. “Through the implementation of compelling healthcare IT solutions, you must transform the way healthcare is provided in this country, not the president, not Congress, not clinicians—you. If you don’t do it, it will not happen. You must step forward and you must lead.”

March 2, 2010

E-Health Record Certification Program Adds Specialties

By Marianne Kolbasuk McGee

The Certification Commission for Healthcare Information Technology (CCHIT) is expanding its certification programs for e-health record systems.

CCHIT officials unveiled new programs for EHR products catering to the needs of cancer and women’s health specialists at the HIMSS health IT conference in Atlanta recently.

The Oncology and Women’s Health EHR certification programs are the CCHIT’s latest for products used in medical-specialty practices. Others include cardiovascular medicine, pediatrics, emergency departments, behavioral health, clinical research, dermatology, long-term care, and post acute care.

CCHIT, a six-year-old nonprofit organization, is the only certification group for health IT products. However, the American Recovery and Reinvestment Act’s HITECH legislation leaves room for the creation of other such bodies that can assess and attest that health IT products meet ARRA specifications. The Department of Health and Human Services has yet to say what other certification bodies might be created under ARRA.

From 2006 to mid-2009, CCHIT has certified more than 200 EHR products. Applications for 46 more are pending, Dr. Mark Leavitt, CCHIT’s chairman, said in an interview with *InformationWeek*. Of those, 23 are comprehensive EHR packages and the rest are modular software products offering specific functionality, such as quality-of-care reporting and e-prescribing.

All of CCHIT’s certification programs conform to the federal government’s interim meaningful use criteria.

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CCHIT certification programs for specialty health IT products include functionality important to those specialties. For instance, CCHIT-certified dermatology EHRs products must support digital images, so e-records can include photos of patients' skin lesions, Leavitt said.

CCHIT also offers "site certification" for healthcare organizations that have homegrown e-medical record systems. Those programs include Web-based inspections in which a hospital demonstrates to CCHIT observers how its systems meet the group's requirements.

CCHIT provides tools to certify that products are interoperable, as well. It also assists providers in doing analysis to identify what skills they'll need to get homegrown systems certified, said Alisa Ray, CCHIT's executive director.

March 4, 2010

Feds Set To Start Implementing Health IT Policies

By Anthony Guerra

It's about time for the Office of the National Coordinator for Health Information Technology to transition from creating policy to facilitating the implementation of electronic health records, Dr. David Blumenthal told a packed house at the annual Healthcare Information Management Systems Society (HIMSS) convention in Atlanta.

But before that transition begins, some unfinished policy business remains. "Our first task is to finalize three important regulations, which are in one stage or another of proposal. We hope that by the spring, we can launch into our new era," said Blumenthal, national coordinator for HIT. The three pending regulations are the Certification and Implementation interim final rule, the Meaningful Use notice of proposed rulemaking, and the Certification Process notice of proposed rulemaking.

That new era includes programs such as Regional Extension Centers (RECs) that will help primary care physicians and other healthcare providers benefit from government programs that promote the adoption of health IT; Beacon Communities, at least 15 communities that demonstrate exemplary use of health IT; Strategic Health IT Advanced Research Project (SHARP)

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Grants, which address areas where breakthrough advances are needed to overcome barriers to the adoption and meaningful use of health IT; and workforce development programs.

All the programs are funded under HITECH stimulus funding legislation. Blumenthal noted that \$700 million has been awarded to 32 RECs; \$564 million will be spent to support state health information exchanges; and \$235 million to support Beacon Communities.

Regarding the HIE awards, Blumenthal specified 40 had gone out last month, with more on the way.

For the Beacon Communities grants, Blumenthal's office received 130 applications for 15 slots, he said. "We've been delighted with the way that even the process of communities coming together to apply for these grants has made a lasting change in how they view healthcare IT, and how these stakeholders regard each other. We want to find more ways to support that process," Blumenthal added.

The HITECH act constitutes the first time in history a country has laid out in exactly what it should expect from a modern electronic health information system, he contended.

Speed was critical, Blumenthal said, but balance even more so. "As I look back and ahead, I see us doing the downhill slalom—we're moving fast but can't afford to miss a turn. We must provide needed direction but allow for flexibility, promote innovation and expect the unexpected, assure the liquidity of health information but protect privacy and security."

The Office of the National Coordinator has enjoyed strong bipartisan support and is moving in lock step with the unstoppable tide of history, specifically the advance of science, Blumenthal said. In the near future, those who practice medicine without aid of electronic records will be viewed as unprofessional at best, negligent at worst, he predicted.

"The idea that you can be a competent professional without being able to manage information in a modern, effective way defies belief," he said. "I don't think our larger society will continue to embrace the social contract it has with professionals unless they demonstrate they can use and move information in the most modern way. Without that, they are crippled in serving patients."

Anthony Guerra is the founder and editor of HealthsystemCIO.com, a site dedicated to serving the strategic information needs of healthcare CIOs.