

OMB: Health IT services are accountable

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By Jana Cranmer

Agencies will have to provide info on price, quality of care

The Office of Management and Budget plans to evaluate the four main agencies involved with health IT on how well they provide information on quality and cost to consumers.

In addition to the increased accountability, government agencies will have to add to their contracts with service providers' standards developed by the American Health Information Community, a public-private advisory group led by the Health and Human Services Department.

"Tier One agencies, such as the Department of Defense, Veterans Administration, HHS and the Office of Personnel Management, must have a plan in place on how they will use health IT," said Karen Evans, OMB's administrator for e-government and IT. "We will use a scorecard-like approach, starting in our June 30 President's Management Agenda scorecard, to measure their progress against price and transparency in using health IT."

The evaluation is a response to President Bush's August executive order for transparent health prices and open health care quality information.

The federal government proposed to continue investing in data standards development and interoperability by allotting \$5.3 billion to health IT in the president's fiscal 2008 budget request, a \$700 million increase over the 2007 request.

DOD, HHS, OPM and VA would use most of this money to help exchange health data, and pay for pilots in states and an assortment of other plans.

In the HHS budget request, the Office of the National Coordinator for Health IT asked for \$118 million to improve the efficiency, cost-effectiveness and security of the nation's health care through health IT. The 2008 ONCHIT budget request is almost double the 2007 request, a \$57 million increase over the 2007 continuing resolution. The funds may go to establishing secure, interoperable health records and advancing the use of health IT through the implementation of AHIC's standards.

The 2008 budget also may provide for projects in up to 12 regions to test implementation of AHIC priority initiatives, which include electronic health records, consumer empowerment, chronic-care management and bio-surveillance.

In addition, the funds would resolve issues caused by variations in state laws that inhibit health data exchange and establish the Partnership for Health and Care Improvement to take over many of AHIC's functions.

While the budget will support data standards development, the \$118 million investment in ONCHIT only is a small part of the billions needed to drive the adoption of technology. Marsha Simon, senior vice president of Jefferson Consulting Group LLC of

Washington, said that many small businesses are not in the position to invest in technology, even if AHIC and HHS establish standards.

“There is enough money to address standards and system wide issues of that sort, but Congress has not considered health IT a high priority,” Simon said. “Health IT has to compete with other programs that appropriators see as being a higher priority, many programs that are direct providers of services. The budget asked for 1/10 of a billion [for ONCHIT], and we’re talking about tens of billions needed to drive health IT.”

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