

June 10, 2009

[If by electronic means]

HealthIT-comments@hhs.gov

Office of the National Coordinator for Health Information Technology
200 Independence Avenue, SW
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Washington, DC 20201

Attention: Health IT Extension Program Comments

The National Association of Community Health Centers, Inc. (NACHC) is pleased to respond to the above-cited solicitation from the Department of Health and Human Services (HHS) on the notice and request for comments on the Health Information Technology Extension Program.

NACHC is the national membership organization for federally qualified health centers (hereinafter interchangeably referred to as “health centers” or “FQHCs”) throughout the country, and is a 501(c)(3) non-profit organization.

BACKGROUND

There are, at present, approximately 1200 FQHCs nationwide serving close to 18 million patients. Most of these FQHCs receive federal grants under Section 330 of the Public Health Service Act (42 U.S.C. 254b) from the Bureau of Primary Health Care (BPHC), within the Health Resources and Services Administration (HRSA) of the Department of Health and Human Services (HHS).

Under this authority, health centers fall into four general categories (1) those centers serving medically underserved areas, (2) those serving homeless populations within a particular community or geographic area, (3) those serving migrant or seasonal farm worker populations within similar community or geographic areas, and (4) those serving residents of public housing.

To qualify as a Section 330 grantee, a health center must be located in a designated medically underserved area or serve a medically underserved population. In addition, a health center’s board of directors must be made up of at least fifty-one percent (51%) users of the health center and the health center must offer services to all persons in its area, regardless of one’s ability to pay.

BPHC’s grants are intended to provide funds to assist health centers in covering the otherwise uncompensated costs of providing comprehensive preventive and primary care and enabling services to uninsured and underinsured indigent patients, as well as to maintain the health center’s infrastructure. Patients from eligible communities, who are not indigent and able to pay of who have insurance, whether public or private, are expected to pay for the services rendered. Approximately 35 percent are Medicaid recipients, approximately 7.5 percent are Medicare beneficiaries, and approximately 40 percent are uninsured.

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COMMENTS ON THE NOTICE

NACHC supports and wishes to congratulate HHS' National Coordinator for Health Information Technology (NCHIT) for emphasizing and prioritizing access to health information technology for uninsured, underinsured, historically underserved and other special-needs populations, and use of that technology to achieve reduction in health disparities. We also applaud the proposal to include provisions to assure that the program addresses the unique needs of providers serving American Indian and Alaska Native, non-English-speaking and other historically underserved populations, as well as those that serve patients with maternal, child, long-term care, and behavioral health needs.

We encourage the Office of the National Coordinator to give high priority and consideration to organizations that are already performing services and are thereby experienced and well-qualified to meet the goals of the HITECH Act. Two such organizations that already receive funding from HRSA and have experience in these areas are Health Center Controlled Networks (HCCNs) and Primary Care Associations (PCAs). These organizations provide a broad array of activities to health centers **and other safety net providers** and already furnish direct, individualized and on-site assistance to providers including enhancing and promoting the adoption of health information technology.

Indeed, as is shown below, HCCNs and PCAs currently operate and offer the services that the HITECH Act and this Notice and Request for Comments list as the objectives of the regional centers.

- A. **Assistance with the implementation, effective use, upgrading, and ongoing maintenance of health information technology, including electronic health records, to healthcare providers nationwide.** HCCNs and PCAs already provide hands on assistance to health centers and other safety net providers in implementing EHRs. There are currently over 50 HCCNs across the nation.
- B. **Broad participation of individuals from industry, universities, and State governments.** PCAs and HCCNs have developed strong ties to State governments and work closely with them on HIT and other quality and healthcare issues. They also have worked with industry and have strong ties to educational institutions and utilize these ties to improve services to their members.
- C. **Active dissemination of best practices and research on the implementation, effective use, upgrading, and ongoing maintenance of health information technology, including electronic health records, to health care providers in order to improve the quality of healthcare and protect the privacy and security of health information.** HCCNs and PCAs currently have processes in place and are actively disseminating best practices, and have assisted health centers and other safety net providers in implementation, upgrading, ongoing maintenance and movement toward meaningful use of EHRs.
- D. **Participation in health information exchanges.** HCCNs and PCAs in many states across the country are already involved in health information exchange
- E. **Utilization, when appropriate, of the expertise and capability that exists in Federal agencies other than the Department.** HCCNs and PCAs already receive funds from HRSA for some of these activities and actively engage with HRSA's Office of Health Information Technology (OHIT) to plan and provide these services to providers serving the historically underserved, the

uninsured, American Indian, Alaska Native, non-English speaking populations and patients with maternal, child, long-term care and behavioral health needs. Prioritizing HCCNs and PCAs as recipients of Regional Extension Center grants would allow leveraging of federal dollars for the highest impact to these populations.

- F. **Integration of health information technology, including electronic health records, into the initial and ongoing training of health professionals and others in the healthcare industry that would be instrumental to improving the quality of healthcare through the smooth and accurate electronic use and exchange of health information.** HCCNs and PCAs are well positioned to provide training to healthcare professionals instrumental in improving the quality of care provided. They have a long history of collaboration with each other, HRSA/Bureau of Primary Care and other entities to improve quality care and working with the National Center would be a seamless activity. HCCNs and PCAs also have already developed experience and have an infrastructure to provide deep specialized expertise in such areas as organizational development, legal issues, privacy and security, economic and financing issues.

Finally, although not specifically identified in the Notice and Request for Comments, NACHC requests that Regional Extension Centers be allowed to utilize matching funds that may be available through HRSA.

We appreciate the opportunity to comment on this notice and would welcome the opportunity to further discuss these concerns. If you have questions, please contact Roger Schwartz, Associate Vice President, Executive Branch Liaison and Legislative Counsel at 202.296.3800.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Roger Schwartz". The signature is fluid and cursive, with the first name "Roger" and last name "Schwartz" clearly distinguishable.

Roger Schwartz, Esq.
Associate Vice President, Executive Branch Liaison
Legislative Counsel