

## Recovery Act Boosts Bioinformatics

Top federal health information technology (IT) officials are predicting that the American Recovery and Reinvestment Act of 2009 (ARRA) will help push development and adoption of health IT and interconnectivity to dramatically new levels over the coming years. NCI's pioneering **cancer Biomedical Informatics Grid® (caBIG®)**<sup>25</sup> project—and its current and prospective partners in the cancer research community—are likely to benefit substantially from the infusion of federal funding and new policies fostering these national economic recovery goals.

"With ARRA we finally have significant resources to build on the foundation that's been created for health IT and take this to the next level," said Kelly Cronin, director of the Office of Programs and Coordination at the **HHS Office of the National Coordinator for Health Information Technology**<sup>26</sup> (HIT), during the April 16 **World Health Care Congress** in Washington, DC.

She noted that ARRA provides two "buckets" of federal funding for developing health bioinformatics. The first bucket contains \$2 billion in discretionary funds for HHS programs that foster health care workforce development and state grants for building health IT infrastructure. HHS will also fund regional extension centers and a national research center to provide technical assistance and implementation support for widespread adoption of health IT systems.

The second bucket provides about \$18 billion in incentive payments over 10 years, starting in 2011, through Medicare and Medicaid for physician practices and hospitals to become "meaningful users" of health IT and patient electronic health records. This includes incentives for providers to join the proposed Nationwide Health Information Network (NHIN) and share information across the network.

Dr. Kenneth Buetow, director of NCI's Center for Biomedical Informatics and Information Technology, said, "NCI and caBIG® have been very active participants with the federal efforts to create the NHIN. When the first prototype of NHIN was demonstrated last December, we showed that caBIG® could interconnect with the national network. We're excited and optimistic about NCI's role and the role of the cancer community overall in this opportunity to be on the leading edge of the deployment of electronic health systems across the country."

Among NCI's strategic focus for caBIG® in the next few years, Dr. Buetow explained, two activities stand out. First, NCI will guide the full-scale deployment of caBIG® among the **NCI-designated Cancer Centers**<sup>27</sup>. NCI has worked closely with the Centers over the past 5 years to create the technological infrastructure and interconnected suites of research tools that make up caBIG®.

"The second strategic activity that's new to caBIG® is bringing the newly minted **NCI Community Cancer Centers Program (NCCCP)**<sup>28</sup> into the network," Dr. Buetow continued. The 16 sites participating in the NCCCP pilot program have agreed to interconnect through caBIG®. "We believe that the investment by NCI is beginning to pay off with large-scale deployments of caBIG®," he added. "Now with the ability to connect much more directly through NCCCP to the sites of primary health care delivery, we'll be in a position to explore a much more efficient means of conducting clinical research and interconnecting with the community for primary oncology care delivery."