



Department of Health & Human Services
Office of the National Coordinator for
Health Information Technology

Overview of the National Agenda for Health Information Technology

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<http://www.hhs.gov/healthit/>

Overview

- Office of the National Coordinator – where we are today
- Major Initiatives Underway
- Next steps for RHIOs

Office of the National Coordinator for Health IT: Where We Are Now

- This has been a year of listening and doing...
 - Working with federal agencies
 - Met with organizations, vendors, and individuals
 - Reached out to states and regions through site visits and town hall meetings
 - Met with HIT delegations from countries like Great Britain, Canada, Netherlands, Australia, and France
 - Structuring the Office of the National Coordinator to best serve the needs of the public
 - And, awarded important contracts to establish the foundation for widespread adoption of interoperable HIT



ONC Major Initiatives

In 2004, President Bush called for the widespread use of electronic health records (EHRs) within 10 years. The Office of the National Coordinator for Health Information Technology (ONC) has set the foundation for adoption of interoperable EHRs through the following major initiatives:

- American Health Information Community
- Standards Harmonization Process
- Certification of HIT
- Privacy and Security Solutions
- Nationwide Health Information Network Prototypes
- Health Information Technology and Health Care Anti-Fraud
- Health IT Adoption Initiative
- Gulf Coast Task Force
- State RHIO best practices

The American Health Information Community (the Community)

- Federal Advisory Committee appointed and chaired by Secretary Mike Leavitt
- Nine public sector and eight private sector appointees
 - Prioritized health IT initiatives that will bring significant value to the consumer in 1-3 years
 - Identify breakthrough opportunities including:
 - Biosurveillance
 - Consumer empowerment
 - Electronic health records
 - Chronic care monitoring
- 4 work groups are now established for each breakthrough involving 70 experts and stakeholders
 - Work Groups are focusing on the major policy, technical and social barriers to the breakthroughs

Community Breakthroughs - Biosurveillance

- ***Broad Charge for the Workgroup:*** Make recommendations to the Community to implement real-time nationwide public health event monitoring and support rapid response management across public health and care delivery communities and other authorized government agencies.
- ***Specific Charge for the Workgroup:*** Make recommendations to the Community so that within one year, essential ambulatory care and emergency department visit, utilization, and lab result data from electronically enabled health care delivery and public health systems can be transmitted in standardized and anonymized format to authorized public health agencies within 24 hours.

Community Breakthroughs - Consumer Empowerment

- ***Broad Charge for the Workgroup:*** Make recommendations to the Community to gain wide spread adoption of a personal health record that is easy-to-use, portable, longitudinal, affordable, and consumer-centered.
- ***Specific Charge for the Workgroup:*** Make recommendations to the Community so that within one year, a pre-populated, consumer-directed and secure electronic registration summary is available to targeted populations. Make additional recommendations to the Community so that within one year, a widely available pre-populated medication history linked to the registration summary is deployed.

Community Breakthroughs - Electronic Health Records

- ***Broad Charge for the Workgroup:*** Make recommendations to the Community on ways to achieve widespread adoption of certified EHRs, minimizing gaps in adoption among providers.
- ***Specific Charge for the Workgroup:*** Make recommendations to the Community so that within one year, standardized, widely available and secure solutions for accessing current and historical laboratory results and interpretations is deployed for clinical care by authorized parties.

Community Breakthroughs - Chronic Care

- ***Broad Charge for the Workgroup:*** Make recommendations to the Community to deploy widely available, secure technologies solutions for remote monitoring and assessment of patients and for communication between clinicians about patients.
- ***Specific Charge for the Workgroup:*** Make recommendations to the Community so that within one year, widespread use of secure messaging, as appropriate, is fostered as a means of communication between clinicians and patients about care deliver

Community and Breakthrough Project Timeline

- Recommendations on breakthroughs presented to the Community on May 16th
 - Including the major issues that the Federal government has to address
 - Specify who should do what to in order to make significant progress
 - Keep stakeholders accountable for doing their part
- Over the summer, work groups will move their focus to the broader charges

Standards Harmonization Process

- **Health Information Technology Standards Panel (HITSP).**
 - Business driven standards harmonization process
 - Coordinated with AHIC and focusing on three use cases
 - Use cases completed in March, 2006
 - In May 2006, HITSP will propose "named standards" for use cases
 - By year-end, detailed, implementation level guidance for use cases
 - Then, HITSP will expand capacities to meet broader needs

Certification of EHRs

- CCHIT has completed ambulatory EHR certification criteria and an evaluation process for ambulatory health records
 - First round of certified ambulatory EHRs will be in June/July
 - Criteria include the capabilities of EHRs to protect health information, standards by which EHRs can share health information and clinical features that improve patient outcomes.
 - What's next? Inpatient... NHIN architectures... PHRs

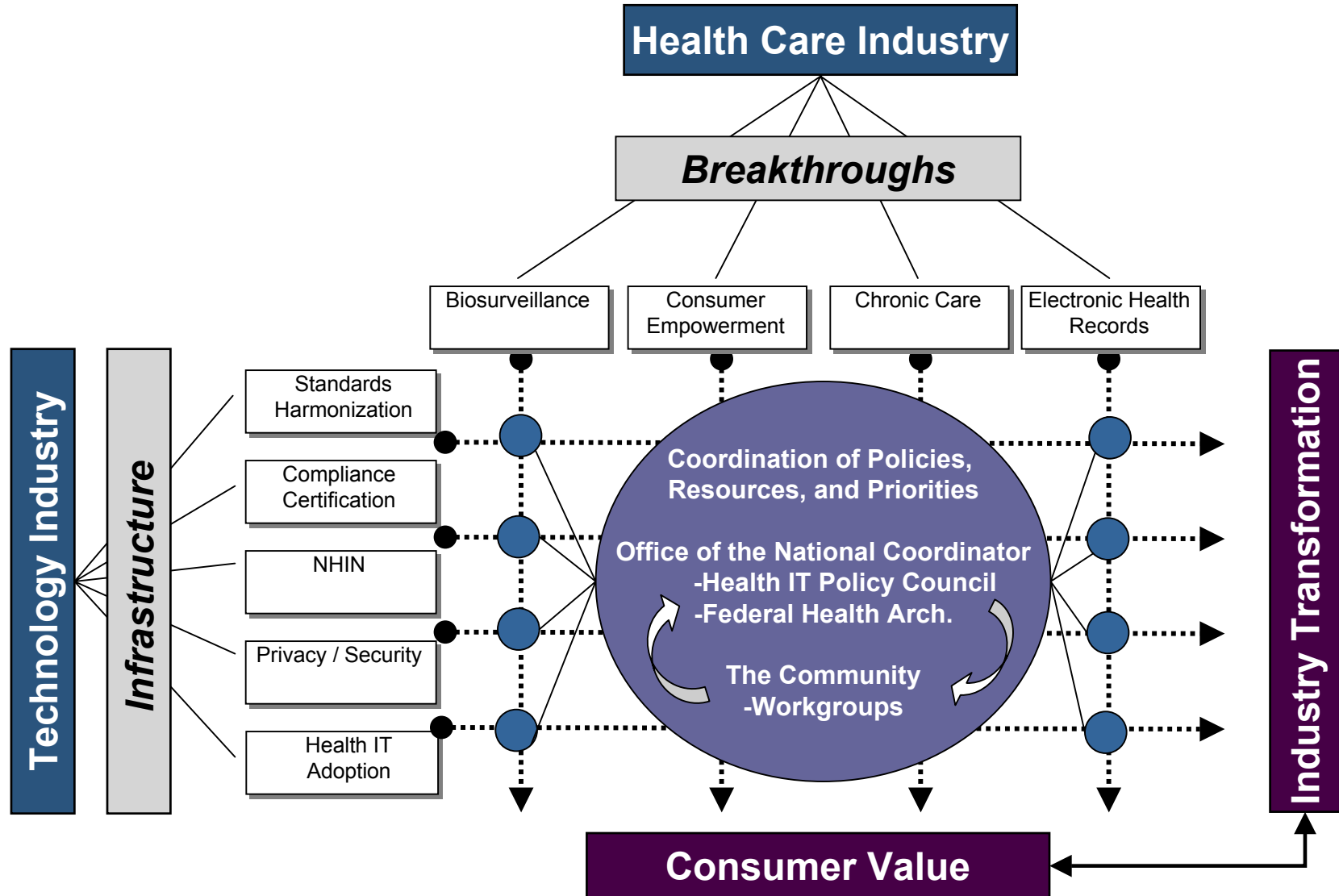
Privacy and Security Solutions

- Health Information Security and Privacy Collaboration (HISPC) will assess and develop plans to address variations in organization-level business policies and state laws that affect privacy and security practices that may pose challenges to interoperable electronic health information exchange while maintaining privacy protections.
- 43 states submitted proposals: 26 State agencies; 17 private designees. Awards anticipated at end of April.
- Our end point: 2007... detailed set of consensus recommendations including solutions to variation

Nationwide Health Information Network - Prototypes and Timing

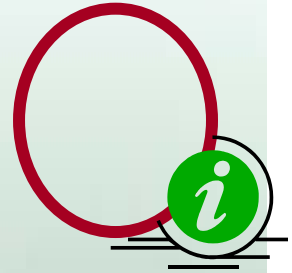
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- A nation-wide utility that allows secure and seamless health information exchange
 - Developing the supply side capacity for HIE
 - 4 NHIN Prototypes under development
 - Proposed architecture requirements and public meeting in **June**
 - Operational Plan due in **August**
 - Revenue and cost models due **October**
 - Complete technical design and Architecture due in **November**
 - Demonstrated health information exchange within and across 12 markets by **December 31st**
 - Expanded development and scalable, production quality demonstrations in 2007
 - Certification of NHIN by CCHIT in 2008

Health Information Technology Deployment Coordination

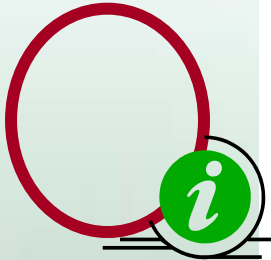


Regional Health Information Organizations (RHIOs) - vehicle to demonstrate value

- Many of the Community work groups are exploring the role of the RHIO
- A RHIO could:
 - Act as an intermediary for public health
 - Provide labs in a patient centric approach
 - Provide a registration summary and medication history to consumers

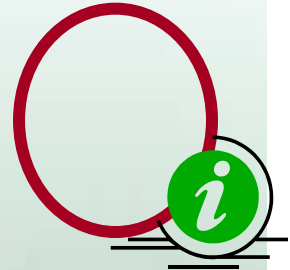


State level Regional Health Information Organizations (RHIOs)

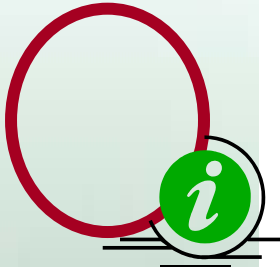
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- There's been significant progress and more guidance is now available to RHIOs but there are many unanswered questions:
 - what they can do to ensure viability and effectiveness in the various health care markets across the nation, and
 - how they should best relate to government's health information technology efforts is not well-defined
 - States have a unique opportunity to either coordinate ongoing regional activities or create the public-private governance and policy and technical framework needed for successful health information exchange
 - States can address the policy/legal barriers, consider funding mechanisms, ensure coordination with State level programs i.e., public health/biosurveillance and Medicaid
 - Governors and organizations representing states (NGA, NCSL, etc) have the interest and capacity to lead change at a state level

Principles for Regional Health Information Organizations (RHIOs)

- At least one RHIO in each state
- For the states that do have more than one RHIO, an overarching state level RHIO should coordinate RHIOs across the state and set a state level framework for health information exchange
- Each state level RHIO should meet a minimum set of best practices for governance, financing, operations, policies and transparency
- RHIOs should follow goals and recommendations from the American Health Information Community as recognized by the Secretary



Next Steps in Supporting RHIOs

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- Research existing state-level RHIOs to understand their goals, current policies and practices including governance, financing, technology, financing, and policies
 - Develop consensus around best practices for state-level RHIOs
 - Disseminate best practices, encourage conformance and coordination among state-level RHIOs, and to encourage participation in ONC/HHS initiatives informed by AHIC

There is still much to be done...

- The contracts and our ongoing public-private collaborations are an attempt to make policy through market institutions rather than regulations
- Breakthrough projects represent a real opportunity for public and private sector action
- This opportunity should not be squandered, particularly when the focus is on bringing value to the consumer in the short term

**Every American Deserves A
Patient-Focused Health Care System
Capable of Meeting the Clinical
Needs of Every Patient, Wherever
and Whenever Those Needs Arise**

For More Information Visit...

www.hhs.gov/healthit

“Health IT can enable transformation of healthcare by allowing a better way to care – consumer by consumer, physician by physician, disease by disease, and region by region.”

David Brailer, M.D., Ph.D.,
National Coordinator for Health Information Technology