



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

Office of the National Coordinator for Health Information Technology

Panel Discussion:

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Overview

- ONC overview
- ONC Major Initiatives
- Coordination of Initiatives



Office of the National Coordinator (ONC)

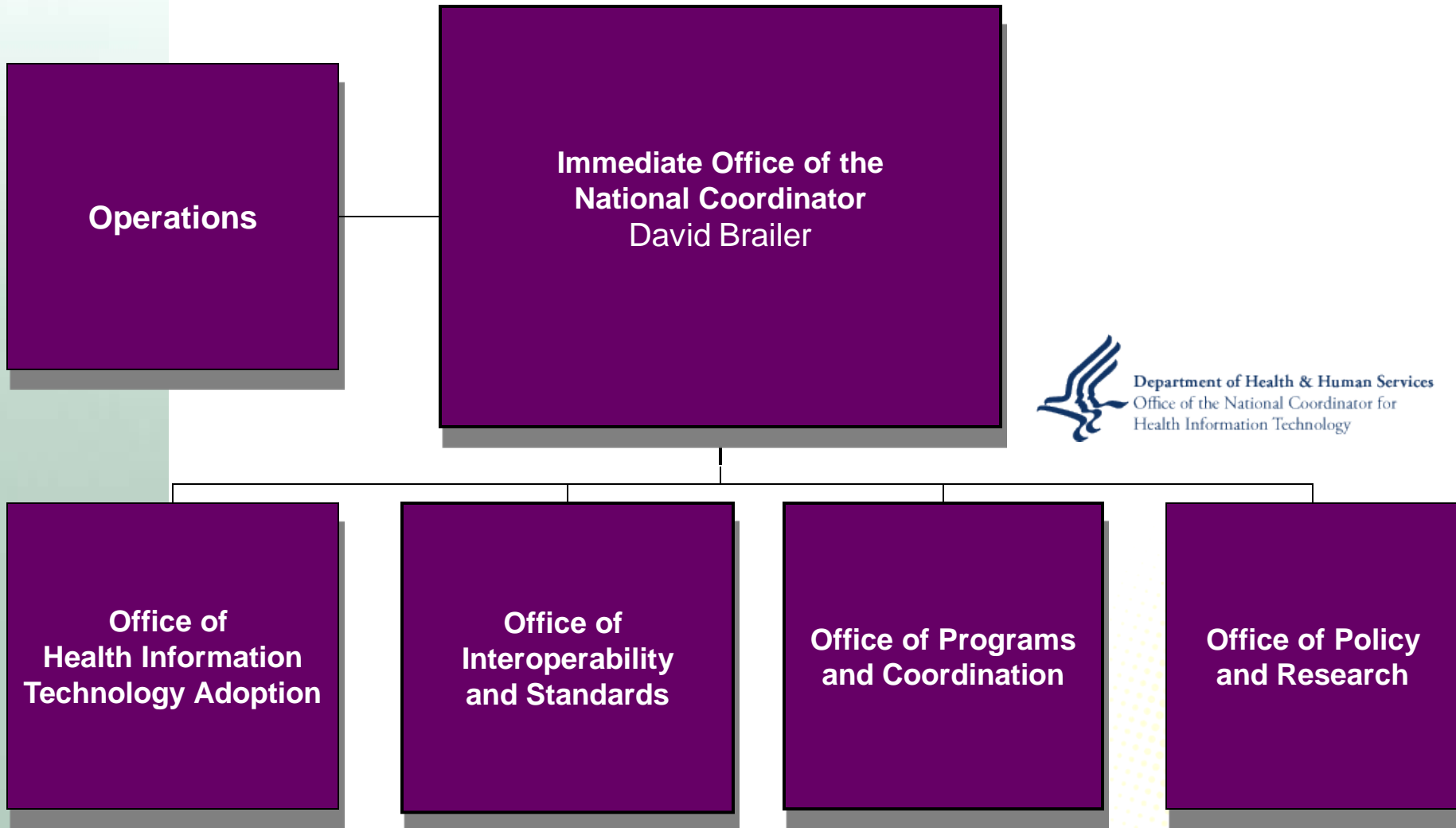
- Established in response to Executive Order 13335, April 27, 2004
- Responsible for realizing the President's vision of consumer centered, information rich healthcare:
 - Widespread adoption of interoperable EHR within 10 years
 - Medical information follows the consumer
 - Clinicians have complete, computerized patient information
 - Quality initiatives measure performance and drive quality-based competition
 - Public health and bioterrorism surveillance are seamlessly integrated into care

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

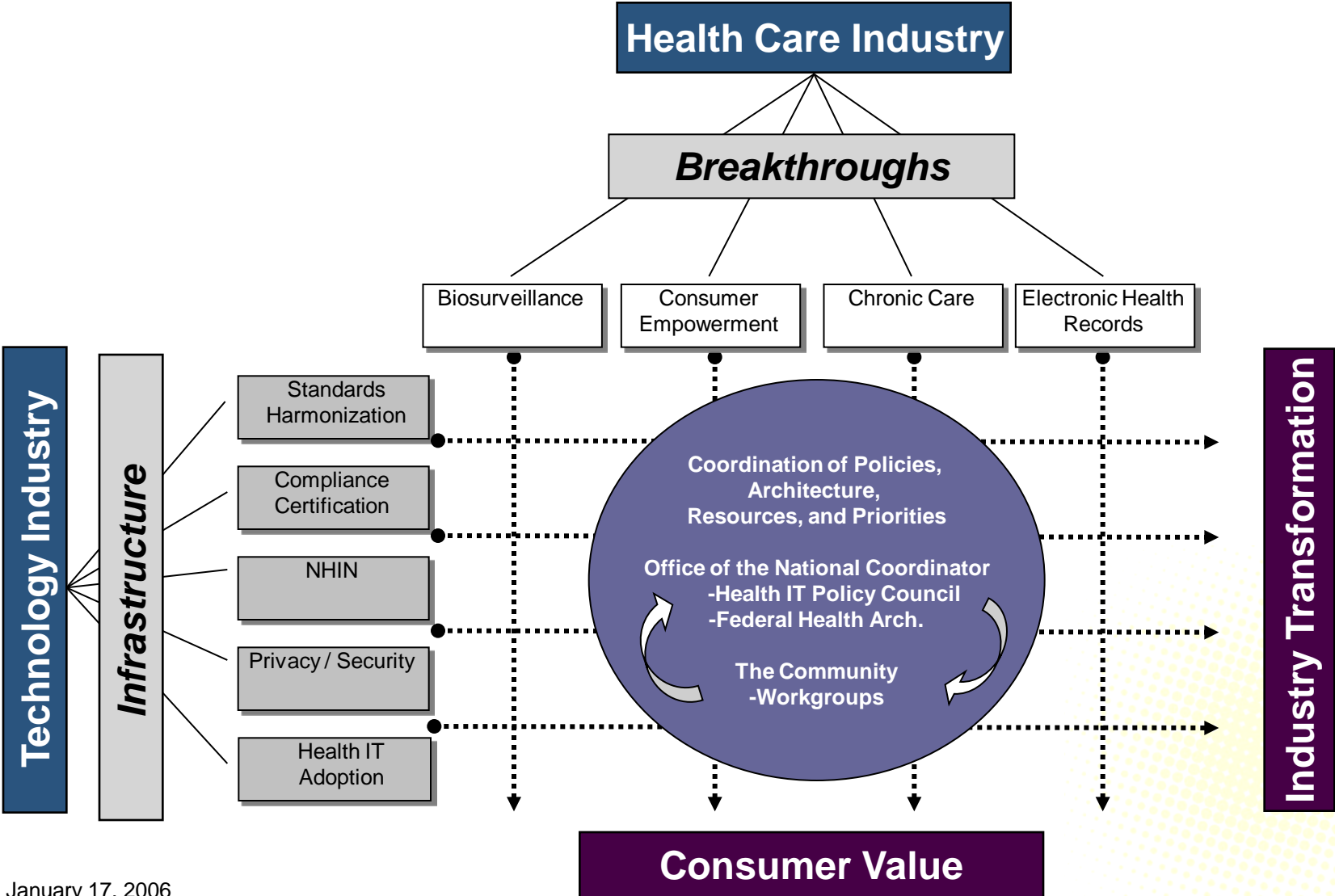
- This has been a year of listening and doing...
 - Consulted with federal agencies
 - Met with organizations, vendors, and individuals
 - Reached out to states and regions through site visits and town hall meetings
 - Met with HIT delegations from countries like Great Britain, Canada, Netherlands, Australia, 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



Office of the National Coordinator Structure



Health Information Technology Deployment



ONC Major Initiatives

In 2004, President Bush called for the widespread use of electronic health records (EHRs) within 10 years. Despite the demonstrated benefits to care delivery, studies have found use of EHRs remains low among physicians, hospitals and other health care providers. 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
- Compliance Certification Process
- Privacy and Security Solutions
- Nationwide Health Information Network Prototypes
- Health Information Technology and Health Care Anti-Fraud
- Health IT Adoption Initiative
- Proposed Changes to Self-Referral and Anti-Kickback Rules



Privacy and Security:

HIPAA provides a baseline of protection, but protections are also found in:

- Other federal laws
- State laws
- Common law
- Practices and policies
- Contracts



Variation in P&S Practices:

Variation within and across states is a result of:

- State laws on privacy and security protections that exceed HIPAA
- Unnecessarily conservative interpretations of HIPAA rules
- Misinterpretations of HIPAA requirements
- Practices and policies that are derived from non-legal drivers



Health Information Security and Privacy Collaboration (HISPC):

- Co-sponsored by AHRQ and ONC (AHRQ 290-05-0015)
- Managed by RTI International in partnership w/ NGA
- 19 month contract period; 17.23 million

Contract Goals:

- Encourage collaboration within and among states on:
 - HIE issues
 - Development of knowledge base within states
- Identify variations in organization-level business privacy and security practices/policies that are barriers to interoperable electronic health information exchange (HIE)
- Document best practices
- Identify policy or legal drivers behind barriers
- Frame Recommendations:
 - Preserve privacy and security protections as much as possible
 - Incorporate best practices into proposed solutions
 - Work toward consensus-based solutions to barriers
 - Develop plans to implement the solutions



Sub-Contract Goals:

- Identify state business practices that affect electronic health information exchange
- Identify state laws and other drivers behind barriers
- Incorporate state and community interests to promote stakeholder identification of practical solutions and implementation strategies
- Collaborate through regional and national meetings to develop solutions with broader application
- Leave behind a knowledge base on P&S issues in HIE to inform future HIE activities



The Sub-Contracts:

- Subcontracting entity designated by the Governor
- Offers based on funding and technical merit of proposals
- Offers made to 33 states and 1 territory
 - As of yesterday, 30 states and 1 territory have executed sub-contracts
- Resources and tools provided to subcontractors:
 - \$150,000-300,000 each
 - Training
 - Website work space
 - Scenarios to generate discussion



The Sub-Contractor Structure:

- **Steering Committee:** A public-private partnership of state and organizational leaders
- **Working Groups:** comprised of broad range of stakeholders from across each state/territory



State Variations Working Group

- Capture various identified practices and their impact on interoperability

State Legal Working Group

- Identify legal drivers (regulations, case law, etc)
- Develop set of recommended policies consistent w/ laws of state

State Solutions Working Group

- Analyze proposed solutions, and develop report

State Implementation Planning Working Group

- Propose implementation plan

Ad hoc Working Groups

- Support other workgroups



- Oct 06 Interim Assessments of Variation
- Nov 06 Interim Reports of Solutions
- Oct/Nov State and Regional Workshops
- Dec 06 Interim Implementation Plans
- Mar 07 National Meeting
- Apr 07 Final Assessment of Variation
- Apr 07 Final Analysis of Solutions
- Apr 07 Final Implementation Plans
- Apr 07 Final Nationwide Summary

The American Health Information Community (the Community)

- Initial recommendations:
 - 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 for each breakthrough involving 70 experts and stakeholders
 - Work Groups have made recommendations 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.

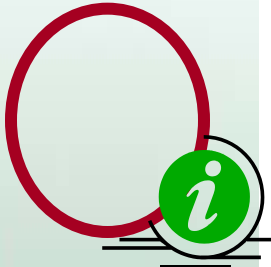
Community Breakthroughs - Electronic Health Records

- ***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

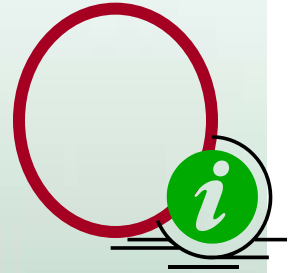
- ***Broad Charge for the Workgroup:*** Make recommendations to the Community to deploy widely available, secure technologies solutions for remote monitoring and assessment of patients and for communication between clinicians about patients.
- ***Specific Charge for the Workgroup:*** Make recommendations 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

State level Regional Health Information Organizations (RHIOs)

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- What can they do to ensure effectiveness in the various health care markets across the nation?
 - How should they best relate to government's health information technology efforts?
 - States can 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, and ensure coordination with State level programs including Medicaid
 - Governors and organizations representing states (NGA, NCSL, etc) have the interest and capacity to lead change at a state level

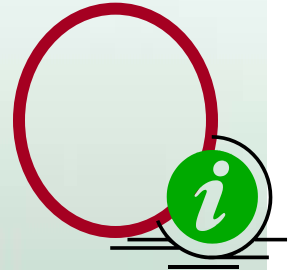
Principles for Regional Health Information Organizations (RHIOs)

- 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

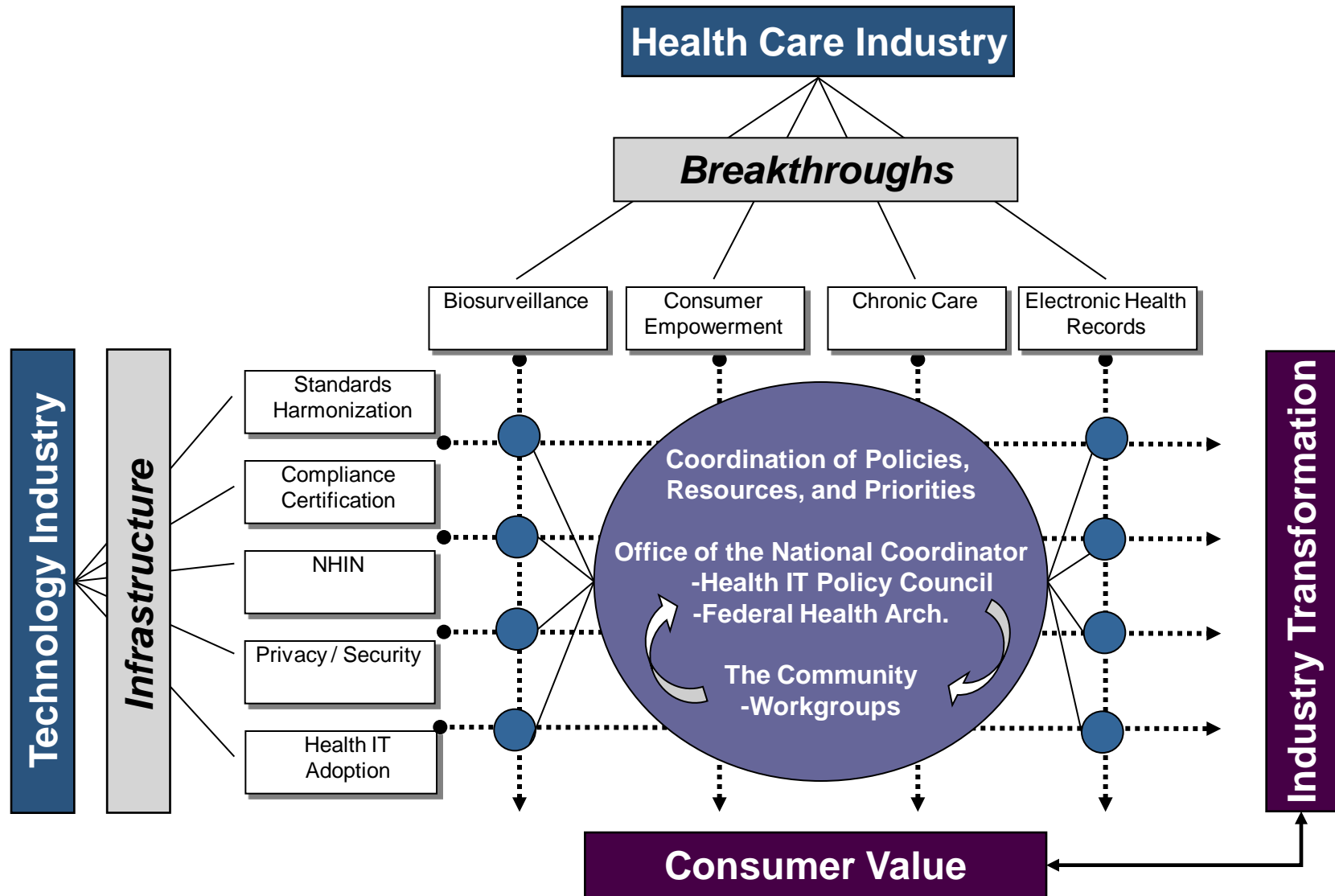


Next Steps in Supporting RHIOs

- Research existing state-level RHIOs to understand their goals, current policies and practices including governance, financing, technology, financing, and policies
- Develop consensus around a model for state-level RHIOs and RHIO best practices at the state level
- Disseminate best practices, encourage conformance and coordination among state-level RHIOs, and to encourage participation in ONC/HHS initiatives informed by AHIC
- Monitor progress and encourage collaborative approaches to developing business models including sound policies on secondary uses of data



Health Information Technology Deployment Coordination



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