



The Office of the National Coordinator for  
Health Information Technology



# Improving the Quality of Health and Care through Information and Technology

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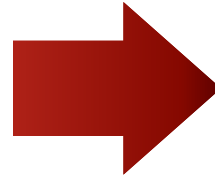
7/9/15



## HITECH Act

2009

EHR Incentive Program and 62  
Regional Extension Centers



## Current State

2015

Widespread adoption &  
meaningful use of EHRs



# 62 Regional Extension Centers (RECs) Cover 100% of the USA

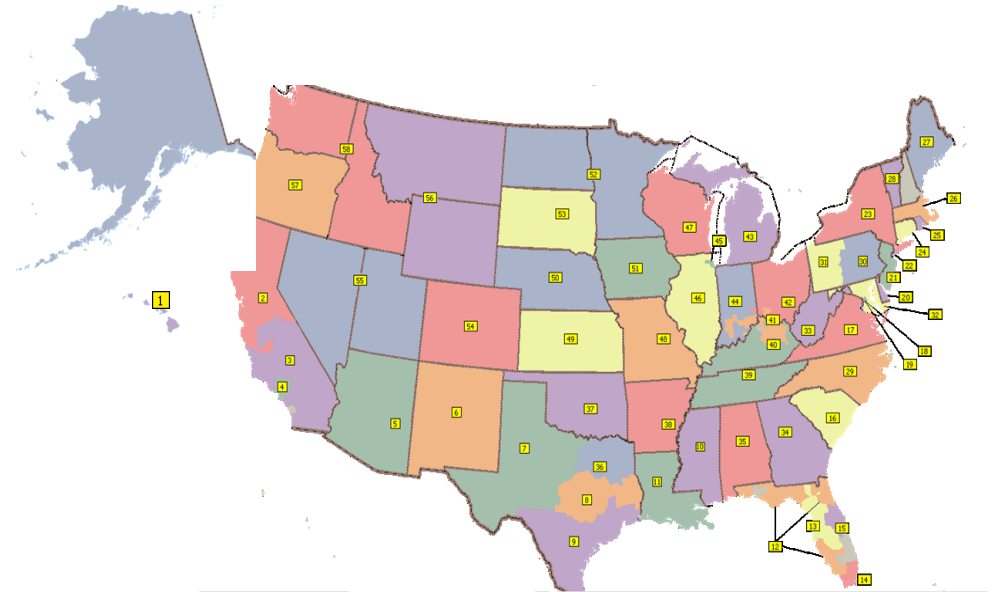


## Program Goal:

Support the adopting and use of Health IT by assisting 100,000 of the nations  
302,000 primary care providers

## Every REC:

- Has a defined service area and specific number of providers
- Provides unbiased, practical support throughout process
- Serves as two-way pipeline to federal and local resources



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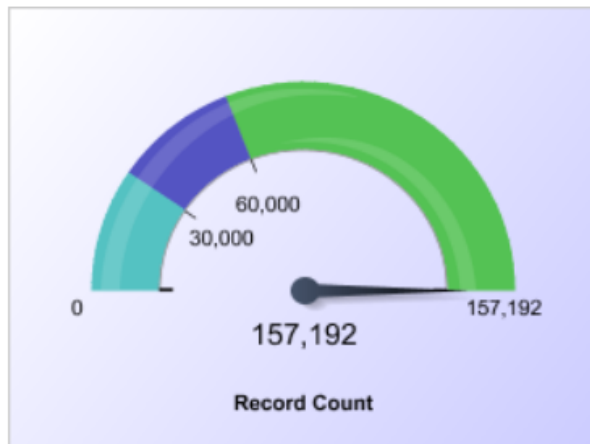
# REC Competencies Supporting Practice Transformation



- Practice Health IT Education
- EHR Vendor Selection
- EHR Implementation
- Practice Workflow Redesign
- Meaningful Use Optimization
- Health IT Change Management
- Data Analytics for Population Health Management
- Clinical Quality Measurement and Reporting
- Privacy and Security Assessments
- Health IT Interoperability
- Health Information Exchange
- EHR and Health IT Readiness Assessments

## All Providers

All Providers Enrolled (M1)



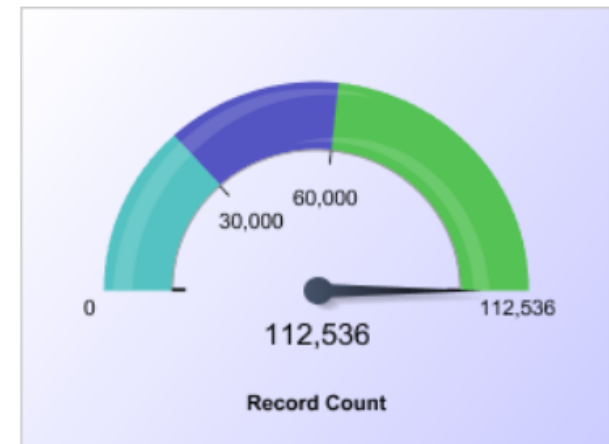
*This includes providers currently marked "participating" only.*

All Providers Live on an EHR (M2)



*This includes providers currently marked "participating" only.*

All Providers at Meaningful Use (M3)



*This includes providers currently marked "participating" only.*

RECs work with over **150,000** providers in the US

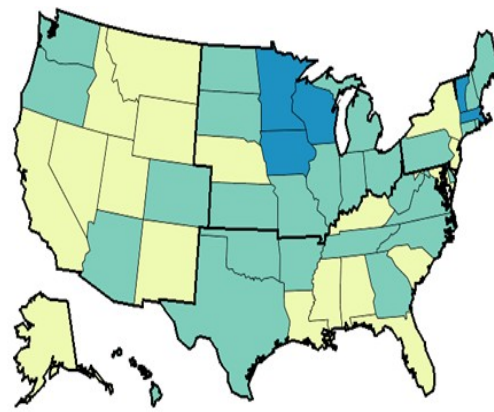
CRM report: External Stakeholder Dashboard as of 2/2/15

# Physicians e-prescribing Using an EHR

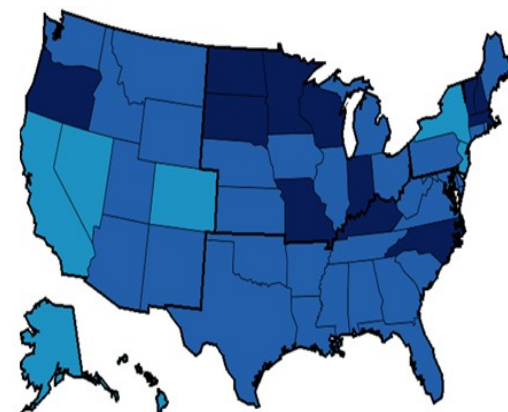
The percent of physicians e-prescribing using an EHR has increased in all 50 states and in the District of Columbia.



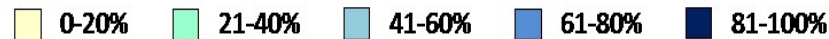
**Dec 2008**



**Jan 2011**



**Apr 2014**



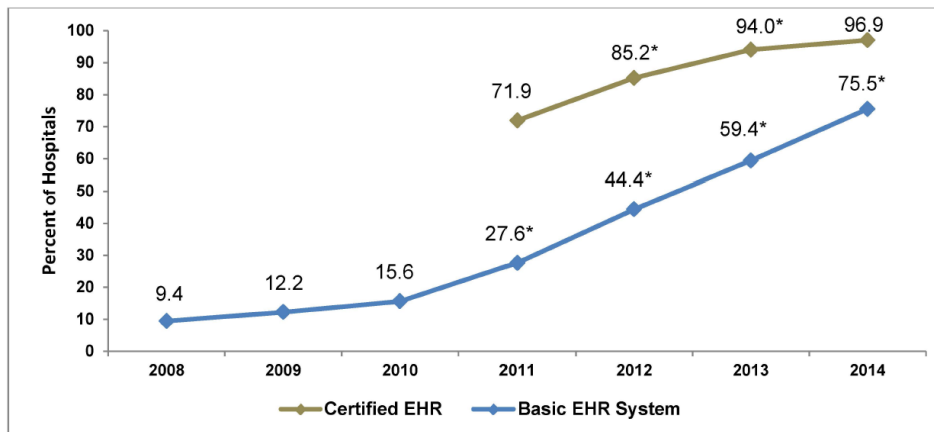


# Hospital EHR Adoption

## Increase in Adoption Nationwide

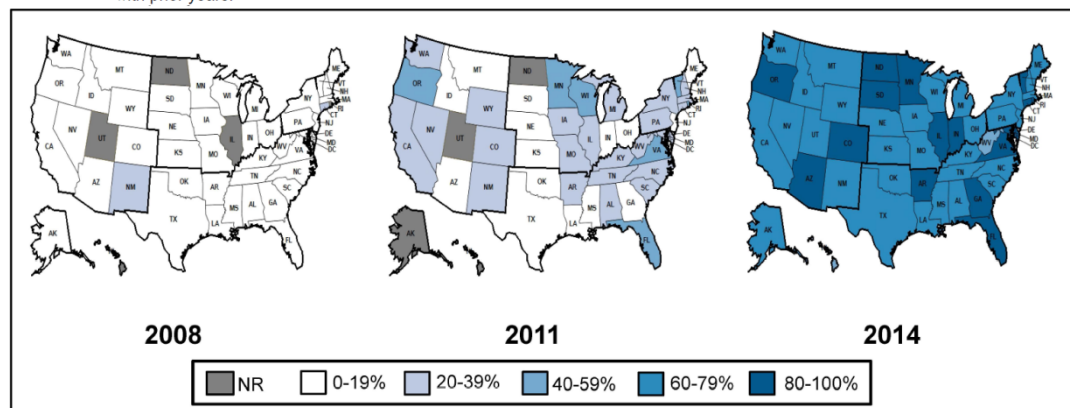
### 3/4 Hospitals have a Basic EHR System

Figure 1: Percent of non-Federal acute care hospitals with adoption of at least a Basic EHR with notes system and possession of a certified EHR: 2008-2014



State Adoption rates have increased from 2008-14

Figure 2: State percent of non-federal acute care hospitals with adoption of at least a Basic EHR system compared with prior years.



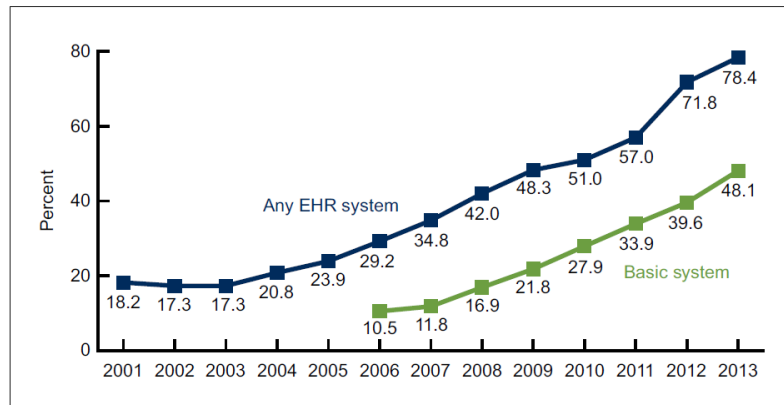
Source: ONC Data Brief No 23 April 2015: <http://healthit.gov/sites/default/files/data-brief/2014HospitalAdoptionDataBrief.pdf>

# Provider EHR Adoption

## Increase in Adoption Nationwide

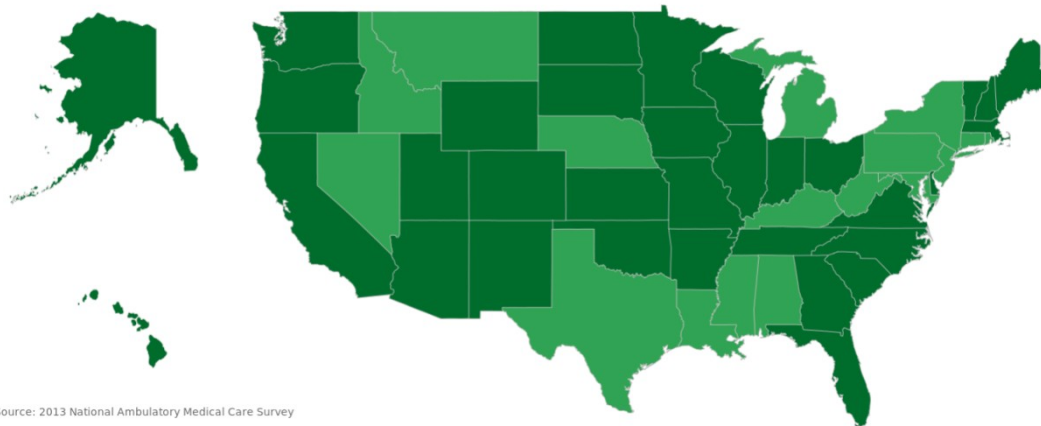
21% Increase between 2012-13 of adoption of Basic EHR systems by Office-based Physicians

Figure 1. Percentage of office-based physicians with EHR systems: United States, 2001–2013



% of all Physician Practices that Have Adopted Any EHR  
**National Average = 78%**

■ 0 - 25 %   
 ■ 26 - 50 %   
 ■ 51 - 75 %   
 ■ 76 - 100 %

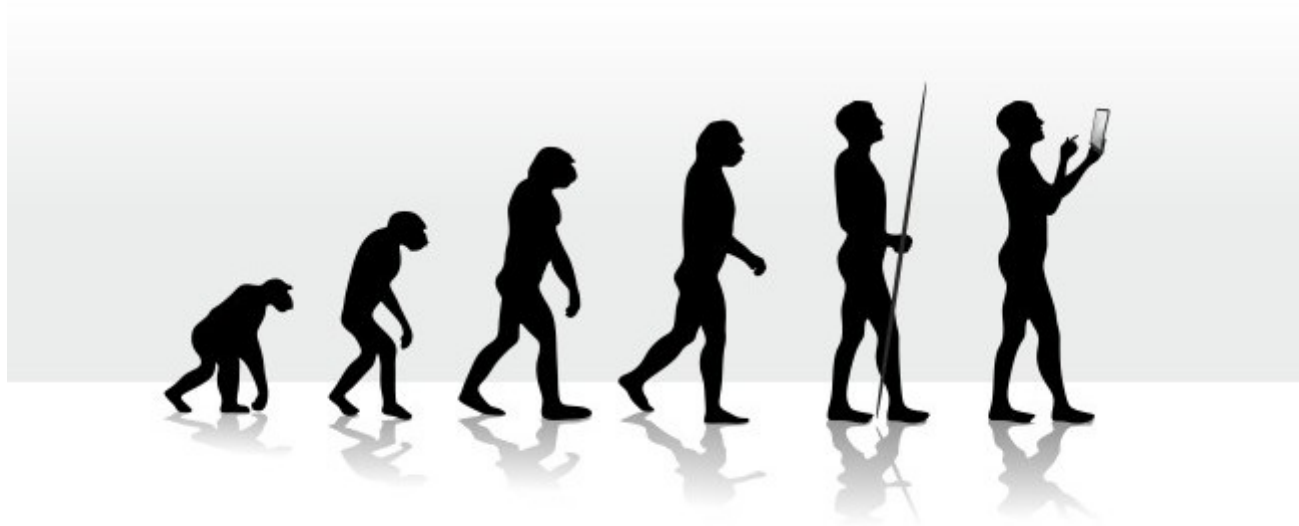


Source: 2013 National Ambulatory Medical Care Survey

Sources: CDC NCHS Data Brief Number 143 <http://www.cdc.gov/nchs/data/databriefs/db143.htm>  
<http://dashboard.healthit.gov/dashboards/physician-health-it-adoption.php>



# Next Phase of Evolution



- **Interoperability**
- **Innovation in Payment and Care Delivery**
- **Optimization**

- Interoperable learning health system
  - Better Care
  - Smarter Spending
  - Healthier Communities
  
- Key areas of focus:
  - 1 - Improve the way providers are paid
  - 2 - Improving and innovative care delivery models
  - 3 - Broadly share information with providers and consumers to support informed decisions

- Health IT Ecosystem where Health IT is readily available to:
  - Empower Consumers
  - Support Clinical Decision Support
  - Inform Population and Public Health
  - Inform Value-Based Payment
  - Advance Science
- Collaborative effort with Federal, State, Community and Private Partners

### **2015 - 2017**

Nationwide ability to send, receive, find, use a common clinical data set

### **2018 - 2020**

Expand interoperable data, users, sophistication, scale

### **2021 - 2024**

Broad-scale learning health system

Core technical standards and functions

Certification to support adoption and optimization of health IT products & services

Privacy and security protections for health information

Supportive business, clinical, cultural, and regulatory environments

Rules of engagement and governance

## Core technical standards and functions

- Direct the field on best available standards and implementation guidance
- Refine standards for common clinical data set

## Certification to support adoption and optimization of health IT products and services

- Improve rigor of ONC's certification program
- Work with industry on suite of ongoing testing tools

## Privacy and security protections for health information

- Educate stakeholders on current federal laws
- Work with states and organizations to align laws that provide additional protections, without undermining privacy

## Supportive business, clinical, cultural, and regulatory environments

- Evolve and align policy and funding levers to focus on outcomes and incentivize adoption of certified health IT and electronic information sharing according to national standards

## Rules of engagement and governance

- Establish governance framework with principles, rules of the road, and process for recognizing orgs that align
- Call to action for industry to create single coordinated process

- It includes key health data that should be accessible and available for exchange
- Data according to specified vocabulary standards and code sets, as applicable

<b>Patient name</b>	<b>Lab tests</b>
<b>Sex</b>	<b>Lab values/results</b>
<b>Date of birth</b>	<b>Vital signs</b>
<b>Race</b>	<b>Procedures</b>
<b>Ethnicity</b>	<b>Care team members</b>
<b>Preferred language</b>	<b>Immunizations</b>
<b>Problems</b>	<b>Unique device identifiers for implantable devices</b>
<b>Smoking Status</b>	<b>Assessment and plan of treatment</b>
<b>Medications</b>	<b>Goals</b>
<b>Medication allergies</b>	<b>Health concerns</b>

## ONC Interoperability Roadmap Goal

**2015-2017**

**Send, receive, find and use a common clinical data set to improve health and health care quality.**





BUILD UPON EXISTING  
HEALTH IT INFRASTRUCTURE



MAINTAIN  
MODULARITY



ONE SIZE DOES  
NOT FIT ALL



CONSIDER THE CURRENT  
ENVIRONMENT AND SUPPORT  
MULTIPLE LEVELS OF ADVANCEMENT



EMPOWER  
INDIVIDUALS



SIMPLIFY



PROTECT PRIVACY AND SECURITY IN  
ALL ASPECTS OF INTEROPERABILITY



LEVERAGE  
THE MARKET



FOCUS  
ON VALUE



SCALABILITY AND  
UNIVERSAL ACCESS

# What Does the Roadmap Say About Technical Standards?

- We should strive to have a complete set of technical standards to support interoperability
- Focus on the best available standards for each function/purpose
- Start with **send, receive, find, use** and build as additional needs and requirements are defined
- Example:
  - Send/receive – Direct Messaging
  - Find (query) – (Simple Object Access Protocol/API)
  - Use → vocab and content – common clinical data set

- Standardize Technological Standards
- Meet people and communities where they are
  - Patient engagement and empowerment
- Person-centered care coordinated across the care continuum.
  - Exchange of information
    - Ex. Dynamic shared electronic care plans
- Educate stakeholders on current federal privacy and security rules
  - Permitted Uses (HIPAA)
  - Create trusted environment for collecting, sharing and using health information

## Interoperability Success [2]

- Motivate the use of Standards and Information Exchange through appropriate incentives
- Leveraging the health information technology infrastructure
  - Practical and Useful at the Point of Care
- Need for interoperable health system to unlocking health data to promote population health management
  - Moving beyond care to improving health
  - Advancing Health IT beyond EHRs
  - Using policy and incentive levers beyond Meaningful Use