Update of ONC Activities

Presentation to NCVHS

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Today's Agenda

- ## Federal Health IT Strategic Plan: 2008 – 2012

- ## Nationwide Health Information Network (NHIN)

- ## AHIC Successor

- ## Privacy and Security Activities

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The ONC-Coordinated Federal Health IT Strategic Plan: 2008 - 2012

- **Lays out the health IT agenda: the Collaboration**

- **5-year plan: 2008 - 2012**

- **Two goals, eight objectives, 43 strategies**
  - **Measure for each objective**
  - **Milestone for each strategy**

- **Details current activities of Federal agencies**

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Motivators of the Strategic Plan

- Provides clarity, guidance, and a way to measure progress

- Many have asked for the Plan

  – Presidential Executive Order

  – United States Congress

  – Observations from the Institute of Medicine

- Other Motivators

  – Natural obsolescence of the 2004 Strategic Framework

  – Need for collaboration across the Federal Government

  – Need for clarity and guidance

Characteristics of the Plan

- ## Collaborative
  - Across the government; 7 Departments/Agencies outside HHS
  - OpDivs and StaffDivs of HHS

- ## Integrative
  - One infrastructure serves the needs of two goals

- ## Complete
  - Eight objectives that improve quality and effciency of health care and population health

- ## Disciplined
  - Communicate and coordinate
  - How projects of multiple agencies work in pursuit of shared goals

"The Plan" – Goal One

Enable Patient-focused Health Care

Enable the transformation to higher-quality, more cost-efficient, patient-focused health care through electronic health information access and use by care providers, and by patients and their designees.

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"The Plan" – Goal Two

Improve Population Health

Enable the appropriate, authorized, and timely access and use of electronic health information to benefit public health, biomedical research, quality improvement, and emergency preparedness.

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Summary of Health IT Strategic Goals and Objectives: 2008-2012

	Privacy and Security	Interoperability	Adoption	Collaborative Governance
Goal 1. Patient-focused Health Care	**Objective 1.1:** Facilitate electronic exchange, access, and use of electronic health information, while protecting the privacy and security of patients' health information.	**Objective 1.2:** Enable the movement of electronic health information to support patients' health and care needs.	**Objective 1.3:** Promote nationwide deployment of electronic health records (EHRs) and personal health records (PHRs) and other consumer health IT tools.	**Objective 1.4:** Establish mechanisms for multi-stakeholder priority-setting and decision-making.
Goal 2. Population Health	**Objective 2.1:** Advance privacy and security policies, principles, procedures, and protections for information access in population health.	**Objective 2.2:** Enable exchange of health information to support population-oriented uses.	**Objective 2.3:** Promote nationwide adoption of technologies to improve population and individual health.	**Objective 2.4:** Establish coordinated organizational processes supporting information use for population health.

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Strategies Are Listed For Each Objective *[samples below]*

Objective 1.3 – *Adoption:* **Promote the nationwide adoption of interoperable health records (EHRs) by providers, and the adoption of Personal Health Records (PHRs) and other consumer health IT tools by consumers and their designees**

- **Strategy 1.3.3:** Increase the value of EHRs through interoperability, clinical decision support, and other technical advances

- **Strategy 1.3.5:** Develop the workforce for health IT product development and use.

- **Strategy 1.3.6:** Identify key PHR functions and features that will allow individuals to link their health information to a wide variety of market-driven personal health tools that they and their designees find valuable in managing their health and care.

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Each Strategy is Associated with a Milestone

Objective 1.3 – *Adoption:* Promote the nationwide adoption of interoperable health records (EHRs) by providers, and the adoption of Personal Health Records (PHRs) and other consumer health IT tools by consumers and their designees

- **Strategy 1.3.3:** Increase the value of EHRs through interoperability, clinical decision support, and other technical advances

- *Milestone 1.3.3: By 2010, certified EHRs include clinical decision support.*

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Index to Current Federal Activities is Provided for Each Objective *[partial table shown below]*

Table 2.3 – Current Health IT Initiatives and Federal Advisory Committees Addressing Objective 2.3
Federal Agency and Department Initiatives
AHRQ: Health IT Portfolio (Page A30)
ASPR: Homeland Security Presidential Directive 21 (Page A32), Pandemic All-Hazards Preparedness Act (PAHPA: Page A33)
CDC: BioSense (Page A33), Public Health Information Network (Page A34)
CMS: ICD-10 (Page A36), Medicaid Information Technology Architecture (MITA: Page A36)
FDA: Sentinel Network (Page A38), Structured Product Labeling for Products (Page A38)
IHS: National Data Repository (Page A40)
NIH: Health Informatics R & D (Page A43), Clinical Translational Science Awards (Page A42), Support, Maintenance, & Dissemination of Standard Clinical Vocabularies (Page A43)
ONC: Use Case Development (Page A49)
HHS/OS: Personalized Healthcare (Page A52), Value-driven Health Care (Page A53)
SAMHSA: Health IT Initiatives (Page A54)
DoD: AHLTA (Page A56)

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Relationship of Goals and Objectives to the Federal Activities is Summarized in a Table in Appendix B *[partial table shown below]*

ONC-Coordinated Federal Health IT Strategic Plan	Goal 1				Goal 2			
	Obj 1.1	Obj 1.2	Obj 1.3	Obj 1.4	Obj 2.1	Obj 2.2	Obj 2.3	Obj 2.4
	Privacy and Security	Interoperability	Adoption	Collaborative Governance	Privacy and Security	Interoperability	Adoption	Collaborative Governance
Department of Health and Human Services								
Agency for Healthcare Research & Quality (AHRQ)								
AHRQ: Health IT Portfolio	☑	☑	☑	☑				
AHRQ: United States Health Information Knowledgebase (USHIK)	☑					☑		
Assistant Secretary for Planning and Evaluation (ASPE)								
ASPE: Health Information Activities	☑	☑				☑	☑	
Assistant Secretary for Preparedness and Response (ASPR)								
ASPR: Homeland Security Presidential Directive 21						☑	☑	☑
ASPR: Pandemic All-Hazards Preparedness Act (PAHPA)						☑	☑	☑
Centers for Disease Control and Prevention (CDC)								
CDC: BioSense						☑	☑	
CDC: EPI-X						☑		
CDC: National Healthcare Safety Network						☑		
CDC: Public Health Information Network						☑	☑	
CDC: Public Health Preparedness Systems						☑		
Centers for Medicare & Medicaid Services (CMS)								
CMS: Beneficiary Information Services		☑	☑					
CMS: EHR Adoption Demonstration			☑					
CMS: E Prescribing Efforts			☑					

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Descriptions of Initiatives, Programs, and Projects Are Provided in Appendix C *[sample shown below]*

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

CDC: BioSense

BioSense is a national program intended to improve the nation's capabilities for conducting near real-time biosurveillance, enabling health situational awareness through access to existing data from health care organizations across the country. The primary objective is to expedite event recognition and response coordination among federal, state, and local public health and health care organizations by providing each level of public health access to the same data at the same time.

CDC: Epi-X

Epi-X is a web-based communications network created by the CDC for public health professionals. Through Epi-X, CDC officials, state and local health departments, poison control centers, and public health professionals can access and share health surveillance information in a secure platform. The 4,200 users receive notifications on breaking public health news as they occur. These real time public health alerts, reports, discussions, and comments are continuously moderated by medical epidemiologists and clinical laboratory professionals at CDC. Epi-X is accessible only to public health officials designated by each regional agency. These experts engage in rapid outbreak reporting, peer-to-peer consultation, postings and discussions about disease outbreaks and other public health events that may involve multiple jurisdictions.

CDC: National Healthcare Safety Network

Launched by the CDC in 2005, the National Healthcare Safety Network (NHSN) was created to integrate and supersede three existing surveillance systems, the National Nosocomial Infections Surveillance System, the Dialysis Surveillance Network, and the National Surveillance of Healthcare Workers. NHSN facilitates voluntary reporting of health care-associated infection information and aggregates the data for use by health care facilities and public health agencies through its two surveillance areas: patient safety and health care personnel safety. The goal is to create a knowledge system for accumulating, exchanging, and integrating relevant information on adverse events associated with health care delivery. NHSN will soon allow for the collection of health care worker influenza vaccination data, multi-drug resistant organism data, central line insertion practices, and high-risk patient influenza vaccination data.

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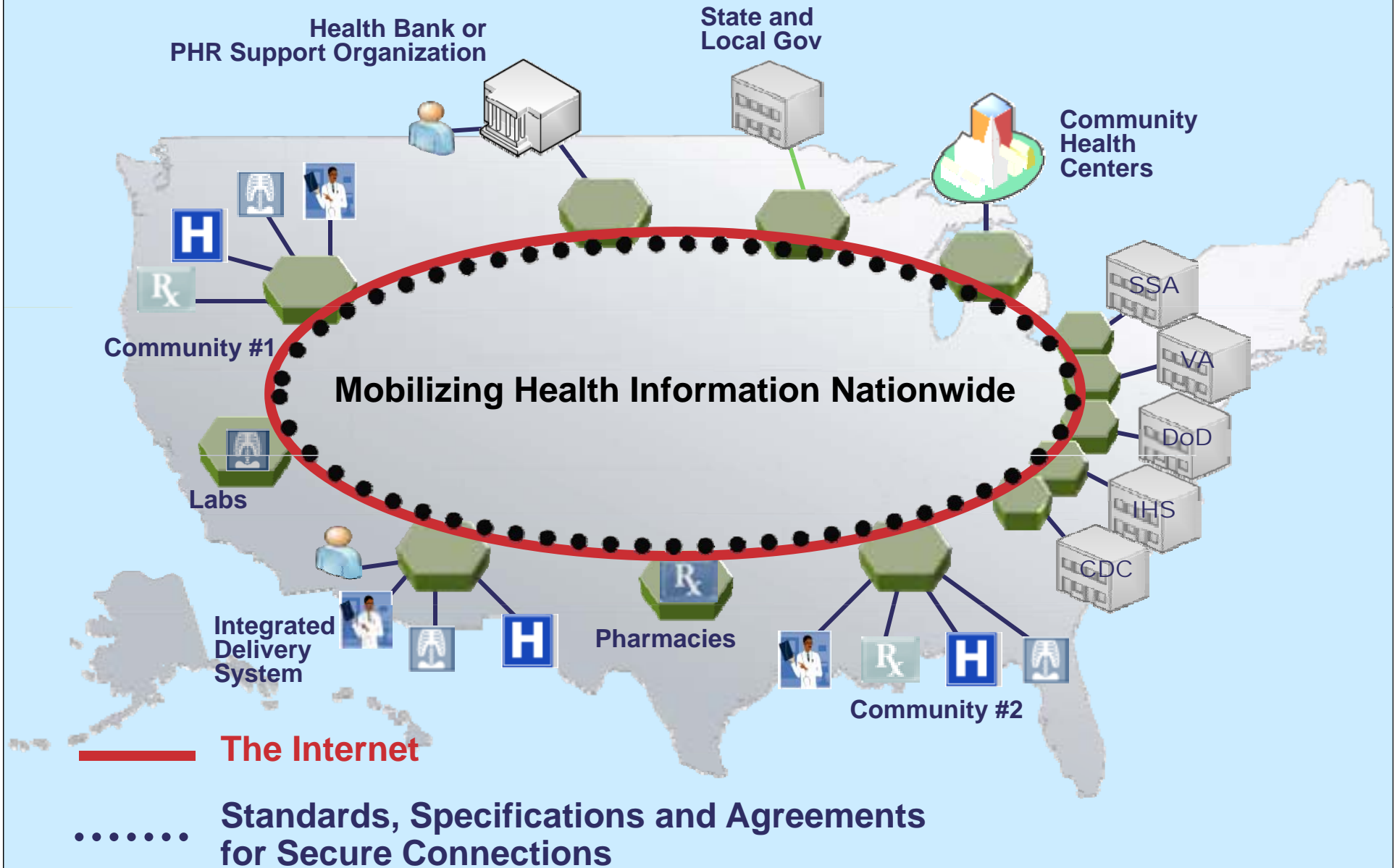# The Nationwide Health Information Network (NHIN)

The Exchange of Electronic Health Information To:

- Improve the quality/ efficiency of health care
- Empower the individual patient
- Support public health, emergency preparedness, and research

Requires Common Elements:

- Value of exchanging data exceeds the costs
- Minimum set of detailed standards – a shared network "dial tone"
- Support for consumer/inter-organizational trust

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The Nationwide Health Information Network

Health Bank or PHR Support Organization

State and Local Gov

Community Health Centers

H

Rx

Community #1

Mobilizing Health Information Nationwide

SSA

VA

DoD

IHS

CDC

Labs

Integrated Delivery System

H

Pharmacies

Rx

H

Community #2

The Internet

Standards, Specifications and Agreements for Secure Connections

Different Network Models

Network Type	Examples	Benefit	Challenge
Organizational	Integrated delivery systems, hospital chains	Effort of exchanging data internally is aligned with business outcomes	Extra-organizational exchange
Geographic	RHIOs, geographic HIEs	Support non-proprietary exchange	Achieving sustainable business models
Personally Controlled	Personally Controlled Health Record Support Organizations	Consumer access to, and control of, health information	Consumer and provider acceptance

Steps to the NHIN

Step 1

Prototype

Prototype
Architectures

Step 2

**Specify
and Test**

**Trial
Implementations**

Step 3

Production

Implement
Production Services

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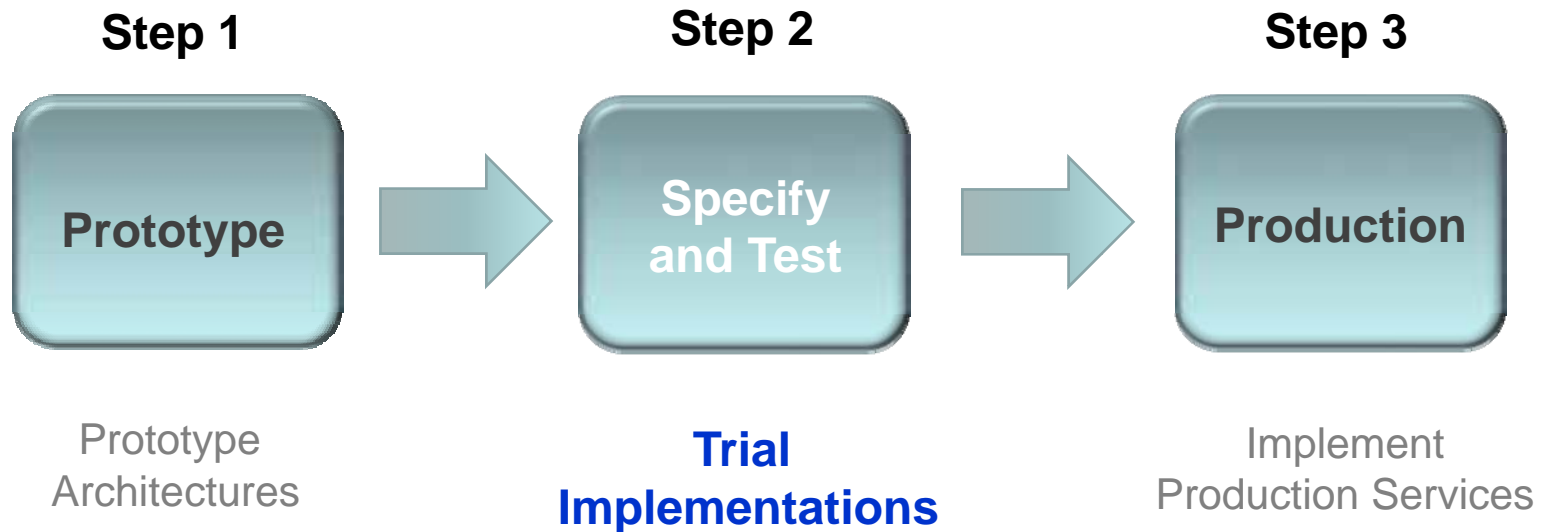
NHIN Trial Implementations (Phase II)

"NHIN Cooperative" formed to implement, test, and demonstrate core services in September 2008

Support of consumer access controls

Lookup and retrieval of clinical information

Exchange of patient summary records

Contracts and grants

13 state & regional Health Information Exchanges (HIEs)

2 Integrated Delivery Systems

Federal agencies & departments are collaborating to participate in the Trial Implementations

NHIN Cooperative – 20 Members

- **Initial NHIN HIEs (n = 9)**
  - Carespark *[TN/VA]*
  - **Delaware Health Info Network**
  - Indiana University
  - Long Beach Network for Health *[CA]*
  - **Lovelace Clinic Foundation *[NM]***
  - MedVirginia
  - **NCHICA *[NC]***
  - **New York eHealth Collaborative**
  - **West Virginia Health Info Network**

  - **Federal Participants (n = 4)**
    - VA
    - DoD
    - IHS
    - SSA

- **New NHIN HIEs (n = 6)**
  - *Cleveland Clinic
  - Community Health Information Collaborative *[MN]*
  - HealthBridge *[OH]*
  - HealthLINC (Bloomington Hospital) *[IN]*
  - HealthLink RHIO (Wright State University) *[OH]*
  - *Kaiser Permanente

*Organizational "Networks"
Bold – Statewide HIE

Timeline for NHIN Trial Implementations

- ## AHIC Meeting: Sept 23
  - Presentation of core services: Patient lookup, summary record exchange, consumer preferences
  - Scenario based
  - Most (maybe all) cooperative members engaged

- ## NHIN Forum: December 15 – 16
  - Presentation of information exchange to execute seven AHIC use cases

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