



The Office of the National Coordinator for  
Health Information Technology



# ONC Program Update

NCVHS Meeting  
June 19, 2013

**Judy Murphy, RN, FACMI, FHIMSS, FAAN**  
**Deputy National Coordinator for Programs and Policies, ONC**

Putting the **I** in **HealthIT**  
[www.HealthIT.gov](http://www.HealthIT.gov)



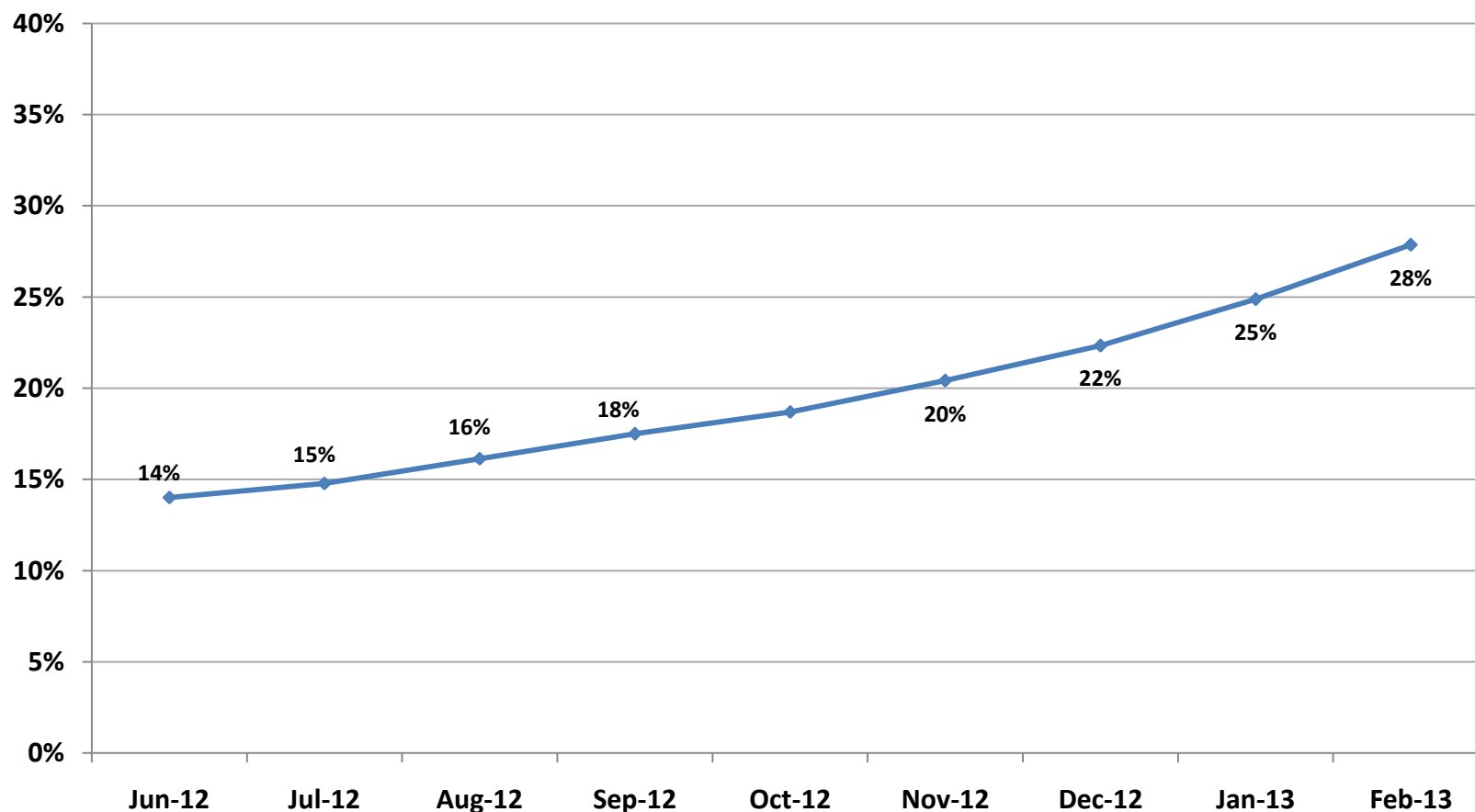
# Meaningful Use – Eligible Professionals Registered and Paid



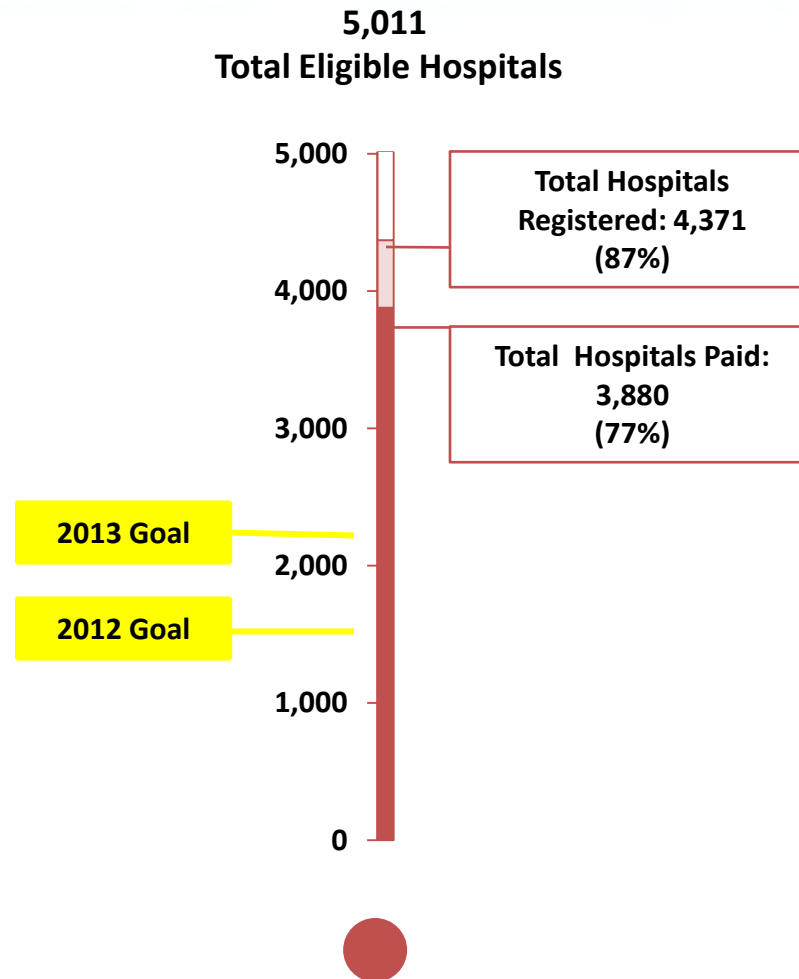
# Share of Physicians, PA's and NP's that received CMS EHR Incentive Program Payment (Feb 2013)



## National Trend



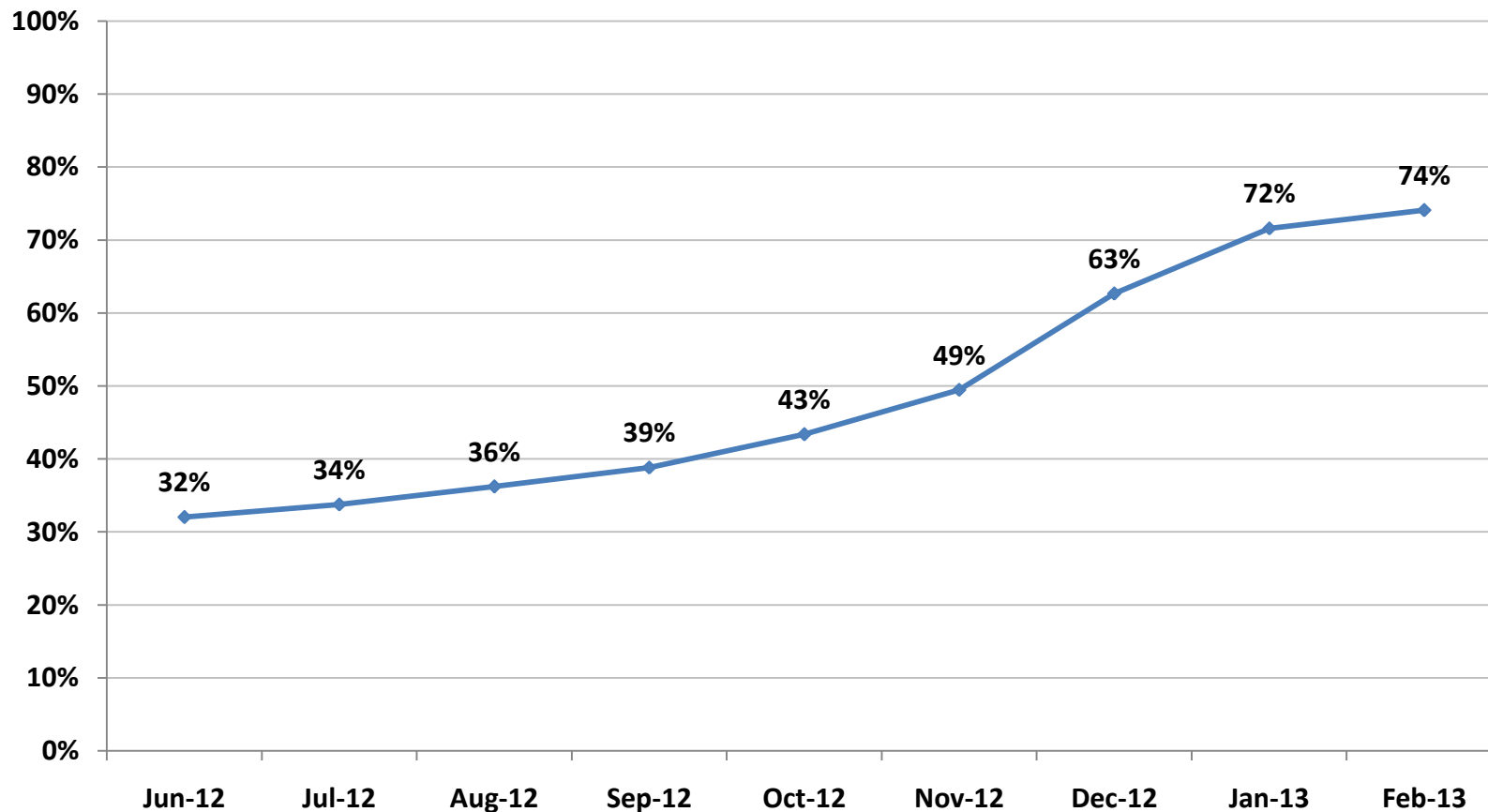
# Meaningful Use – Eligible Hospitals Registered and Paid



# Share of Hospitals that received CMS EHR Incentive Program Payment (Feb 2013)



## National Trend



# Total EHR Incentive Payments to All Eligible Providers and Hospitals



Source: CMS EHR Incentive Program Data as of 4/30/2013



# Scorecard Reports for MU Acceleration State Challenge Results

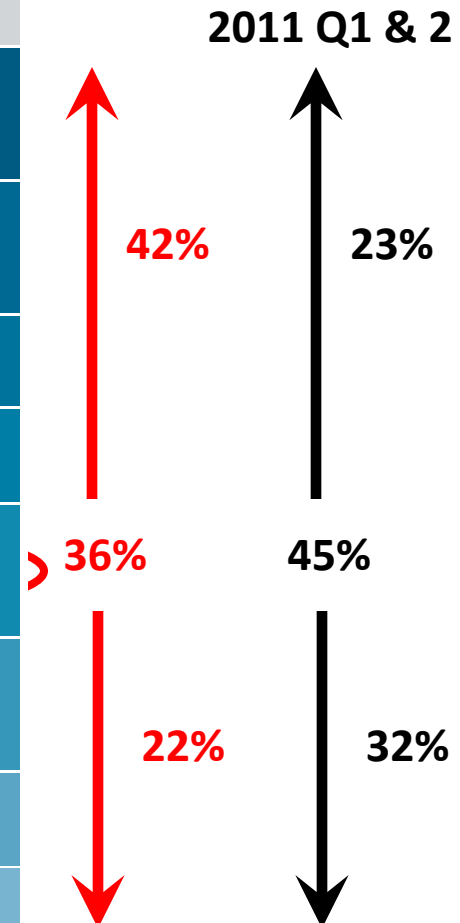


Hospitals	Actual values computed retrospectively using the Jan-13 CMS datafile								
	Est. Num of Hospitals [1]	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13
Alabama	100	37%	38%	43%	46%	54%	67%	82%	87%
Alaska	22	55%	55%	55%	55%	59%	59%	73%	77%
Arizona	78	37%	37%	38%	40%	42%	53%	59%	76%
Arkansas	75	41%	43%	44%	45%	48%	57%	71%	83%
California	348	35%	36%	37%	38%	42%	47%	56%	75%
Colorado	70	28%	29%	32%	33%	37%	37%	57%	68%
Connecticut	32	22%	25%	25%	38%	59%	66%	78%	84%
Delaware	7	71%	71%	71%	71%	71%	71%	80%	100%
District Of Columbia	7	0%	0%	0%	0%	0%	0%	0%	18%
Florida	182	23%	23%	25%	31%	41%	54%	85%	91%
Georgia	142	32%	33%	35%	37%	45%	49%	73%	84%
Hawaii	23	22%	22%	22%	30%	30%	35%	48%	52%
Idaho	42	12%	12%	12%	14%	21%	21%	36%	36%
Illinois	180	41%	41%	41%	43%	47%	52%	60%	79%
Indiana	124	30%	32%	40%	41%	44%	49%	70%	82%
Iowa	118	46%	47%	51%	58%	57%	61%	78%	84%
Kansas	139	17%	17%	18%	19%	25%	33%	42%	47%
Kentucky	96	38%	42%	51%	53%	54%	64%	84%	93%
Louisiana	126	42%	44%	47%	48%	48%	64%	78%	83%
Maine	36	50%	64%	69%	72%	75%	81%	94%	100%
Maryland	46	28%	28%	30%	30%	39%	46%	61%	63%
Massachusetts	67	27%	42%	42%	45%	48%	61%	70%	87%
Michigan	138	29%	29%	34%	35%	38%	41%	50%	72%
Minnesota	131	18%	19%	24%	24%	27%	37%	47%	58%
Mississippi	90	25%	25%	27%	27%	43%	54%	67%	76%
Missouri	116	41%	41%	42%	46%	53%	62%	68%	82%
Montana	81	41%	41%	41%	41%	41%	41%	41%	41%
Nebraska	88	41%	43%	43%	44%	49%	57%	60%	75%
Nevada	35	17%	17%	21%	23%	23%	29%	49%	51%
New Hampshire	28	8%	8%	12%	12%	23%	31%	46%	58%
New Jersey	68	38%	44%	48%	50%	62%	67%	79%	86%
New Mexico	42	38%	38%	43%	45%	48%	48%	50%	79%
New York	189	39%	40%	49%	52%	56%	66%	76%	80%
North Carolina	112	26%	27%	28%	29%	33%	42%	46%	53%
North Dakota	44	11%	18%	20%	20%	23%	23%	29%	44%
Ohio	177	43%	44%	47%	51%	54%	61%	69%	79%
Oklahoma	127	42%	43%	45%	47%	50%	56%	60%	72%
Oregon	58	55%	55%	55%	62%	62%	67%	74%	83%
Pennsylvania	168	13%	15%	16%	19%	42%	48%	61%	78%
Rhode Island	11	18%	18%	18%	18%	27%	27%	31%	31%
South Carolina	60	28%	28%	32%	40%	47%	53%	62%	78%
South Dakota	60	10%	12%	12%	12%	17%	22%	28%	37%
Tennessee	120	33%	35%	38%	40%	43%	53%	64%	71%
Texas	418	30%	32%	32%	34%	39%	48%	60%	72%
Utah	43	12%	12%	12%	14%	16%	23%	37%	37%
Vermont	14	43%	50%	64%	64%	64%	64%	64%	64%
Virginia	89	24%	24%	26%	35%	37%	38%	67%	70%
Washington	87	45%	45%	45%	46%	49%	55%	85%	91%
West Virginia	51	45%	49%	53%	57%	61%	61%	69%	75%
Wisconsin	124	40%	42%	47%	48%	52%	67%	84%	91%
Wyoming	27	37%	37%	37%	48%	56%	56%	56%	63%

Providers	Est. Num of Physicians, PAs, NPs in State	Actual values computed retrospectively using the Jan-13 CMS datafile									
		Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13		
Alabama	9,676	16%	17%	19%	21%	21%	23%	26%	29%		
Alaska	1,933	11%	11%	12%	13%	14%	14%	16%	18%		
Arizona	14,530	14%	15%	15%	16%	17%	18%	19%	22%		
Arkansas	5,456	16%	18%	20%	21%	22%	25%	27%	31%		
California	76,529	12%	12%	13%	14%	15%	15%	16%	18%		
Colorado	12,331	8%	8%	10%	12%	12%	15%	18%	22%		
Connecticut	10,542	11%	13%	14%	16%	16%	18%	19%	21%		
Delaware	2,298	25%	27%	29%	30%	33%	34%	36%	38%		
District Of Columbia	2,589	2%	2%	2%	2%	10%	11%	12%	17%		
Florida	44,861	14%	15%	16%	17%	18%	19%	21%	24%		
Georgia	19,413	10%	12%	13%	15%	16%	18%	20%	22%		
Hawaii	2,855	8%	9%	10%	12%	13%	14%	14%	16%		
Idaho	3,626	3%	3%	3%	5%	7%	8%	11%	14%		
Illinois	27,824	19%	19%	20%	21%	22%	23%	25%	28%		
Indiana	14,534	10%	11%	12%	15%	16%	18%	20%	23%		
Iowa	6,313	18%	18%	19%	22%	24%	27%	33%	39%		
Kansas	6,628	13%	13%	16%	17%	18%	20%	21%	23%		
Kentucky	10,127	16%	16%	18%	19%	20%	22%	23%	25%		
Louisiana	9,975	12%	13%	15%	16%	16%	18%	22%	26%		
Maine	3,962	6%	11%	13%	14%	16%	16%	17%	20%		
Maryland	14,306	8%	8%	9%	10%	11%	12%	13%	15%		
Massachusetts	20,107	23%	25%	28%	30%	32%	34%	36%	40%		
Michigan	23,387	12%	12%	13%	14%	15%	17%	19%	22%		
Minnesota	12,990	13%	14%	15%	17%	19%	22%	25%	30%		
Mississippi	5,976	21%	22%	26%	28%	32%	32%	34%	36%		
Montana	2,405	3%	3%	3%	10%	12%	14%	15%	16%		
Nebraska	4,841	7%	8%	9%	10%	11%	12%	13%	15%		
Nevada	5,087	7%	7%	8%	10%	10%	12%	14%	15%		
New Hampshire	3,671	25%	26%	28%	29%	30%	31%	35%	37%		
New Jersey	21,599	11%	12%	13%	15%	16%	17%	19%	21%		
New Mexico	4,325	14%	16%	18%	20%	20%	24%	24%	25%		
New York	54,784	11%	12%	12%	13%	14%	15%	16%	18%		
North Carolina	22,057	11%	13%	14%	16%	17%	19%	21%	24%		
North Dakota	1,785	8%	8%	12%	12%	13%	14%	15%	15%		
Ohio	26,510	18%	19%	21%	23%	25%	25%	31%	34%		
Oklahoma	7,359	21%	22%	23%	25%	26%	27%	28%	30%		
Oregon	9,475	21%	22%	23%	24%	24%	26%	27%	30%		
Pennsylvania	34,777	17%	18%	19%	21%	22%	24%	26%	29%		
Rhode Island	3,027	14%	14%	17%	17%	18%	20%	21%	23%		
South Carolina	10,030	13%	14%	15%	16%	17%	18%	20%	22%		
South Dakota	2,113	13%	13%	14%	15%	18%	22%	24%	25%		
Tennessee	16,152	17%	17%	18%	20%	21%	23%	24%	27%		
Texas	47,688	13%	14%	15%	17%	18%	19%	21%	24%		
Utah	6,265	9%	9%	9%	10%	10%	10%	13%	14%		
Vermont	1,894	13%	14%	15%	16%	16%	17%	20%	22%		
Virginia	17,659	11%	12%	13%	14%	16%	18%	20%	23%		
Washington	16,739	18%	19%	20%	21%	22%	25%	27%	31%		
West Virginia	4,621	17%	18%	19%	20%	22%	23%	24%	26%		
Wisconsin	14,130	19%	21%	25%	28%	29%	31%	33%	36%		
Wyoming	1,263	2%	2%	2%	8%	9%	10%	13%	13%		

# Changes to HIMSS EMRAM

United States EMR Adoption Model <sup>SM</sup>			
Stage	Cumulative Capabilities	2012 Q4	2013 Q1
Stage 7	Complete EMR; CCD transactions to share data; Data warehousing; Data continuity with ED, ambulatory, OP	1.9%	1.9%
Stage 6	Physician documentation (structured templates), full CDSS (variance & compliance), full R-PACS	8.2%	9.1%
Stage 5	Closed loop medication administration	14.0%	16.3%
Stage 4	CPOE, Clinical Decision Support (clinical protocols)	14.2%	14.4%
Stage 3	Nursing/clinical documentation (flow sheets), CDSS (error checking), PACS available outside Radiology	38.3%	36.3%
Stage 2	CDR, Controlled Medical Vocabulary, CDS, may have Document Imaging; HIE capable	10.7%	10.1%
Stage 1	Ancillaries - Lab, Rad, Pharmacy - All Installed	4.3%	4.2%
Stage 0	All Three Ancillaries Not Installed	8.4%	7.8%



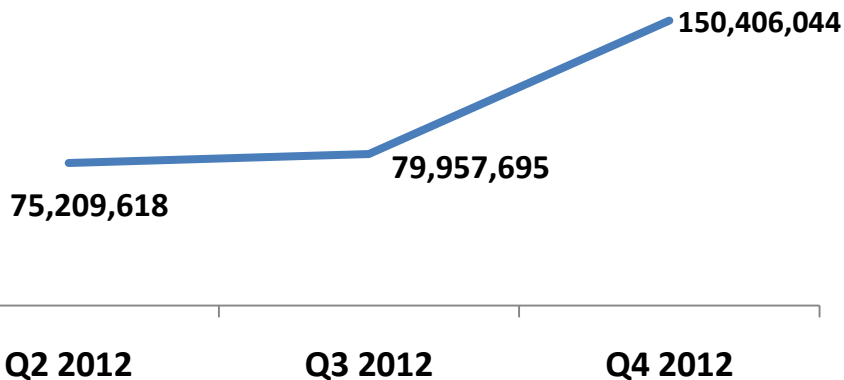


# Exchange is growing

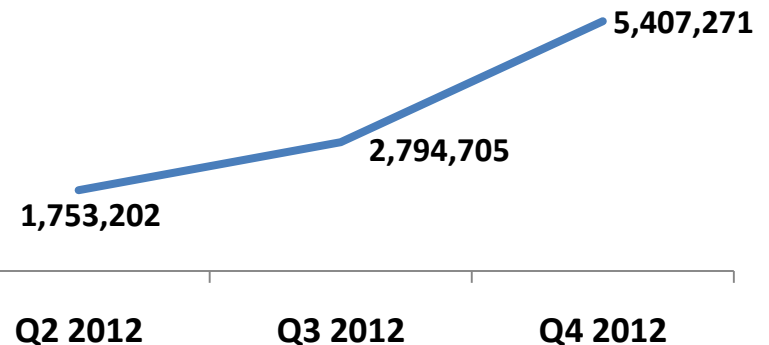


- Three EHR vendors (Cerner, eCW and EPIC) are each exchanging millions of patient records a month
- New England Healthcare Exchange Network has 200,000 directed exchanges a month
- HealthBridge in Ohio has 3.2 million directed exchanges a month
- Lots of IDNs and hospitals are spearheading exchange
- Rapid growth in exchange supported by the State HIE program

**State HIE Directed Exchange Transactions**



**State HIE Query-Based Exchange Transactions**



# Focus on INTEROPERABILITY in the Stage 2 Meaningful Use Criteria



- E-prescribing (ambulatory and inpatient discharge)
- Transition of Care summary exchange:
  - Create & transmit from EHR
  - Receive & incorporate into EHR
- Lab tests & results from inpatient to ambulatory
- Public health reporting – transmission to:
  - Immunization Registries
  - Public Health Agencies for syndromic surveillance
  - Public health Agencies for reportable lab results
  - Cancer Registries
- Patient ability to View, Download and Transmit their health data to a 3<sup>rd</sup> Party
- Create an export summary of patient data, in order to enable data portability

# Interoperability Basics

Take the interactive training course for healthcare providers to learn how to meet the Stage 2 Meaningful Use data exchange requirements.

[Take the course >](#)



1 2 3 4 ▶

## CHOOSE YOUR INFORMATION PATH

I'm seeking information:

[For Providers & Professionals >](#)

[For Patients & Families >](#)

[For Policy Researchers & Implementers >](#)

### ABOUT HealthIT.gov

Health information technology (health IT) makes it possible for health care providers to better manage patient care through secure use and sharing of health information. Health IT includes the use of electronic health records (EHRs) instead of paper medical records to maintain people's health information.

[Learn more about The Office of the National Coordinator for Health Information Technology \(ONC\)](#)

[Learn more about the National Learning Consortium](#)

### UPDATES from HealthIT.gov

[View additional updates](#)

#### FACA Workgroup Membership

ONC is now accepting applications for potential membership for the new HITPC Food and Drug Administration Safety Innovation Act (FDASIA) Workgroup until March 8, 2013.

#### Interoperability Basics

This online training helps explain the process of meeting the Stage 2 Meaningful Use data exchange requirements.

#### FQHC REC Data Brief

Read the data brief about health IT adoption in federally qualified health centers.

#### Meaningful Use Education Module

Watch a brand new self-paced education module on the "transitions of care" interoperability criteria.

### From HealthIT's Social Channels



ONC  
ONC\_HealthIT



As we head into #HIMSS13, take a sec to read about what we at #ONC think are important accomplishments for 2012: <http://t.co/ldkpJdGMFO> yesterday · reply · retweet · favorite

Decisions, decisions. ONC authors publish blog posts on #HIE "sustainability" and "governance." Read the Buzz-Blog: <http://t.co/Cf8if2wCLH> yesterday · reply · retweet · favorite

#### HealthIT Buzz

National Health Information Exchange Governance Forum Announced

Last year, ONC issued a Request for Information looking for comments about a pot Friday, March 01, 2013

Four additional modules that cover the Meaningful Use Stage 2 interoperability data exchange criteria have been released:

- 1.** Transitions of care between care providers and care venues
- 2.** Lab interoperability between hospitals and ambulatory providers
- 3.** View, download, and transmit of information between patients and providers
- 4.** Transmission of information to public health agencies

- **As of March 31, 2013, two Beacon Communities are in their grant close-down period**
  - Indiana
  - Rhode Island
- **The remaining 15 Beacon Communities have 6-month no-cost extensions on their grants (April 1 – Sept 30, 2013)**
- **Beacon Nation Learning Guides**
  - A common set of materials describing a promising IT-enabled intervention that can be deployed in a community to accelerate change
  - Sponsored by the Hawaii Island Beacon Community



## **Beacon Nation**

Advisory Committee

News & Updates

Innovation Partners

Beacon Nation Allies

## **Learning Guides**

## **FAQs**

## **News & Updates**

## **Contact Us**

The logo for Beacon Nation, featuring the word "BEACON" in blue and "NATION" in yellow, with a stylized sunburst effect behind the text.

Connecting Communities  
Investing in Health and Health IT

## About the Learning Guides

Learning Guides are the primary resource for the Beacon Nation project and provide actionable information about a specific technology-enabled solution that can be adapted for use by an Innovation Partner.

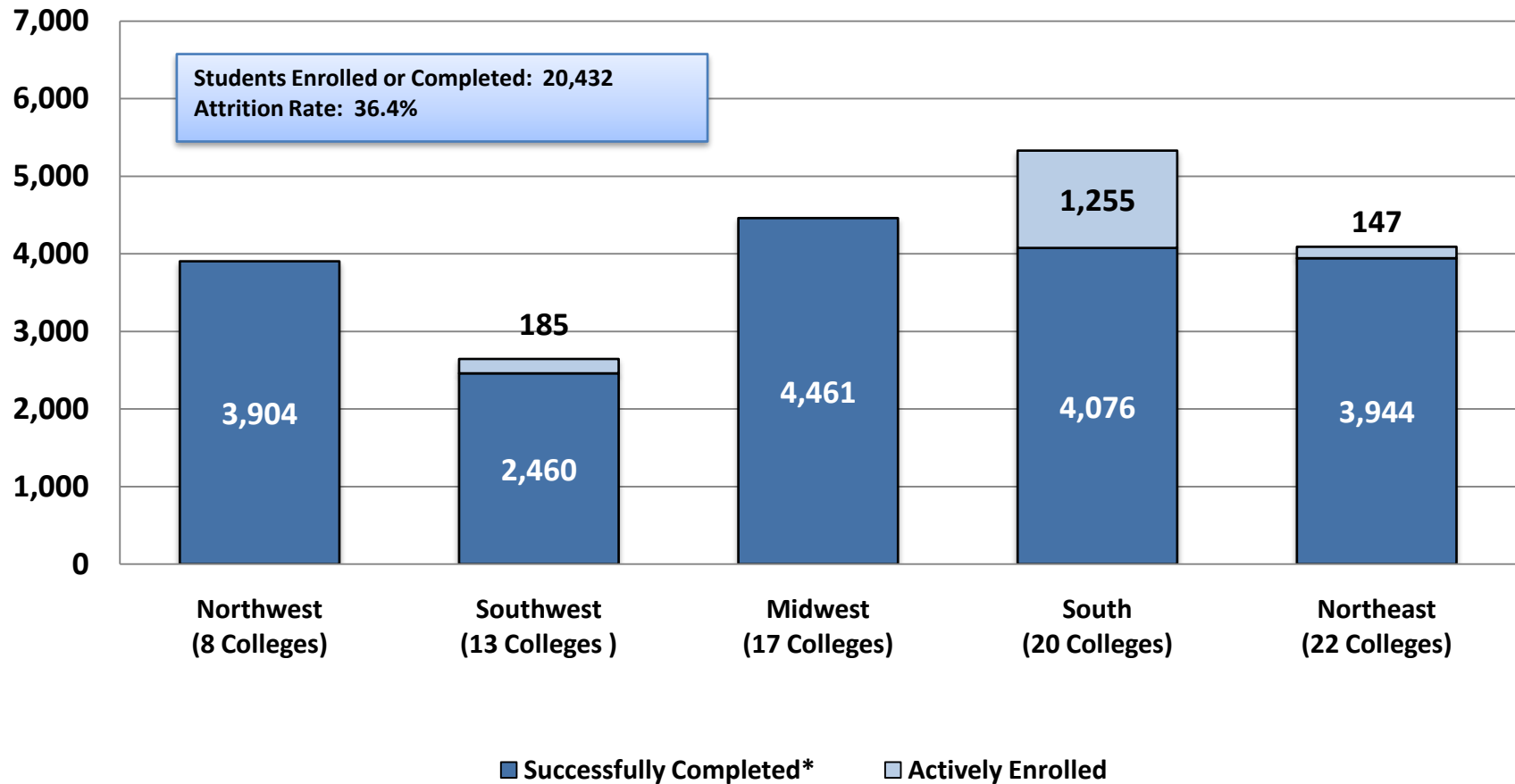
**Learning Guide:** A common set of materials describing a promising IT-enabled intervention that can be deployed in a community to accelerate change.

A series of Learning Guides will be developed by September 2013. As they are completed, their entire contents will be available at the links below. Each Learning Guide will be available as a PDF document and also posted to the website in a user-friendly and interactive format (coming soon). Each Innovation Partner has committed to support the implementation of one Learning Guide of a specific theme. The Learning Guide themes will address a number of relevant and timely topics including:

- Improve Hospital Transitions and Chronic Disease Care Management Using Admission, Discharge, or Transfer (ADT)-based Alerts ([download PDF](#))
- IT-enabled care management services (July 2013)
- Measurement data for practice improvement activities (July 2013)
- Community-level exchange and interoperability strategy (July 2013)
- Technology to engage patients and families (September 2013)
- Exchanging information with public health entities (September 2013)

# Workforce Training – Community College Program Enrollment & Graduation

## Community College Students May 2013



# Community College Program students have diverse characteristics

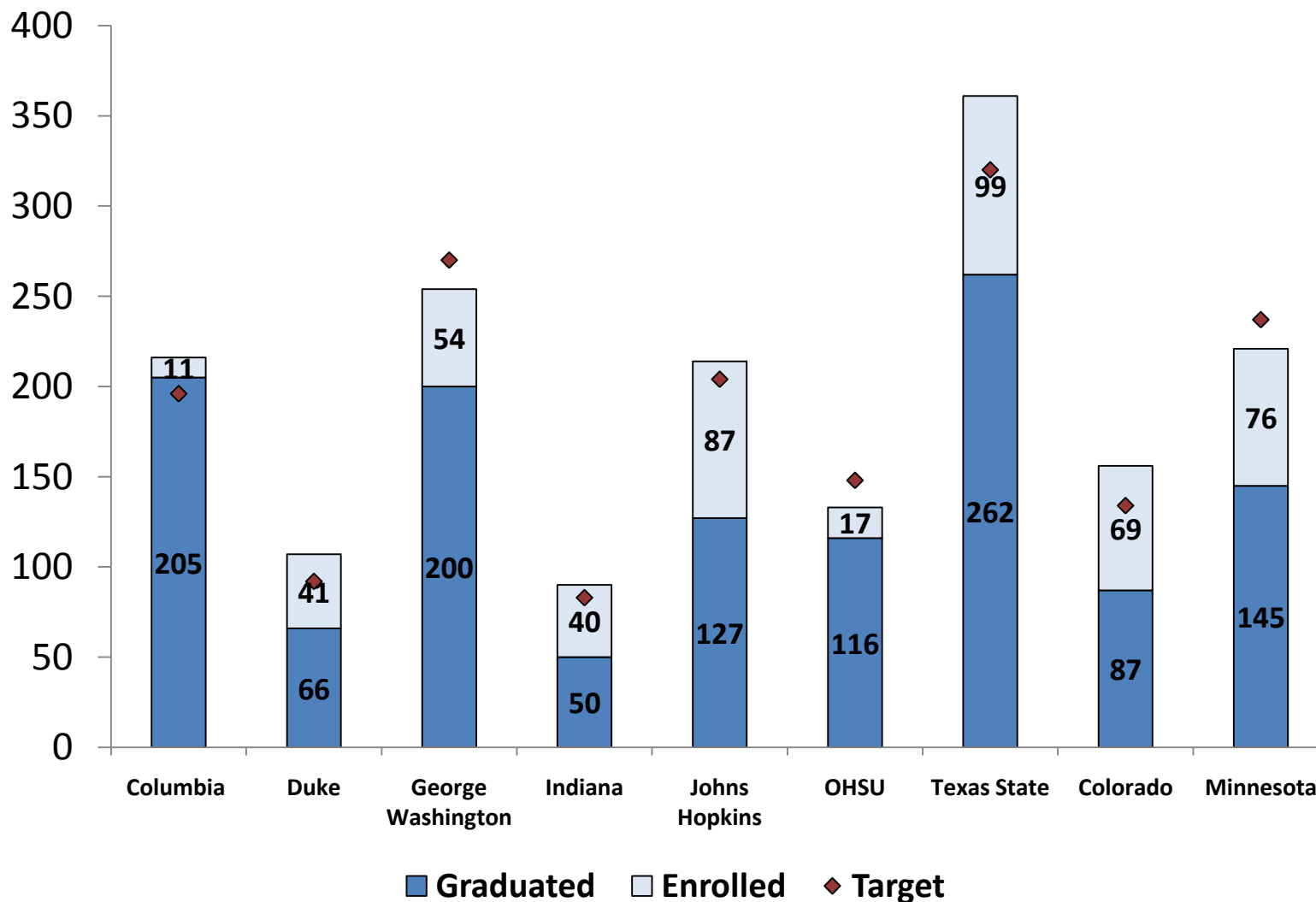


## Demographic characteristics for students who successfully completed the Community College Consortia Program: May 2013

Consortium	Minority Status	Student Age		
		Mean	Min	Max
Northwest	15.9%	43.7	18	78
Southwest	45.3%	45.1	19	79
Midwest	35.8%	45.9	19	75
South	44.8%	45.3	19	79
Northeast	35.3%	45.8	18	79
National	36.9%	45.3	18	79

# Workforce Training - University-Based Program Enrollment & Graduation

As of May 22, 2013



- Health IT Patient Safety Action & Surveillance Plan
- HIE Governance
  - 2 cooperative agreements:  
Direct Trust and NeYC Collaborative
- HIE Acceleration RFI



# S&I Framework Operating Metrics



## Timing

Framework Launch Date	Jan 7, 2011
First Initiative Launch Date	Jan 31, 2011
Elapsed Time (as-of today)	28 months

## Participation & Process

# Wiki Registrants	2284
# Committed Members	707
# Committed Organizations	538
# Working Sessions Held	1,492
S&I Face to Face meetings	3
Standards Organizations engaged	35
SDS Newsletter Subscribers	201

## Outputs




# Consensus Approved Use Cases	16
# Pilots Committed	33
# Pilot Vendors	42
Total Ballots	11
# Total HL7 Ballot Comments Received	3,128
# HL7 Ballot Comments Resolved	2,494

# S&I Framework Initiatives List

Initiative (chronological)
Transitions of Care
Laboratory Results Interface
Provider Directories
Certificate Interoperability
Query Health
Data Segmentation for Privacy
Electronic Submission of Medical Documentation

Initiative (chronological)
Public Health Reporting (Community-led)
Longitudinal Coordination of Care
Lab Orders Interface
Health eDecisions
Automate Blue Button
Structured Data Capture
Prescription Drug Management Program

### Status Key:

-  Active
-  Maintenance
-  On hold

# S&I Initiative Portfolio Snapshot



	Pre-Discovery	Use Case	Harmonization	RI, Test & Pilot	Evaluation
Direct Project (S&I Archetype)					In production
Transitions of Care					Companion Guide Completed
Lab Results Interface					IG/Errata Published, 2014 CEHRT In Progress
Query Health					Pilots Underway, QRDA III Published, HQMF in Comment Reconciliation
Data Segmentation for Privacy					Pilots in Evaluation, IG in preparation for balloting
Public Health Reporting					Community-Led; Consensus for Data Harmonization profiles closed on 1/20/13; community will be meeting on a monthly basis
esMD					esMD AoR Level 1 IG is now in E2E review; AoR Level 2 UC achieved consensus; IG consensus closed for UC 1, UC 2, and Prov. Dirs. Guidance IG's
Longitudinal Coordination of Care					Community-Led initiative; 1st UC Complete; PAS SWG Complete; Created 'Care Plan' Glossary for HITPC & HL7; Use Case 2: Care Plan Exchange is in development. Transition of Care Implementation Guide(s) being developed for HL7 Fall Ballot.
Laboratory Orders Interface					LOI IG ballot ended on 1/7/13 and ballot reconciliation conts; Lab pilot efforts include LOI, and eDOS
Health eDecisions					Use Case 1: Knowledge Artifact Sharing Model, Schema and IG was approved by HL7, UC 1 now in Pilots. Use Case 2: CDS Guidance Service achieved consensus
Blue Button Plus					Two WGs complete (Payer & Clinical Content); Two WGs (Push & Pull) in progress, at various stages of IG development
Structure Data Capture					Project Charter Consensus complete; Use Case in final review with planned completion in May; Standards Development and Harmonization kicked off 5/2 20



- **3303 Certified EHR Products**

	<b>Ambulatory</b>	<b>Inpatient</b>	<b>Total</b>
<b>Complete EHR</b>	<b>1349</b>	<b>311</b>	<b>1660</b>
<b>Modular EHR</b>	<b>874</b>	<b>769</b>	<b>1643</b>
<b>Total</b>	<b>2223</b>	<b>1080</b>	<b>3303</b>

- **977 EHR Vendors/Developers**

This table shows the total count of products. All product versions are included.





“I am the future  
of health care.”

Putting the **I** in HealthIT



*Thank you!*

*For more information, contact:  
[judy.murphy@hhs.gov](mailto:judy.murphy@hhs.gov)*