



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D. C. 20503

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MEMORANDUM FOR SELECTED HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES

FROM: Vivek Kundra *Vivek Kundra*
Federal Chief Information Officer
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National Coordinator for Health Information Technology

SUBJECT: Health Information Technology Guidance

Background

Health Information Technology (HIT) is a rapidly developing area that has seen substantial Federal investments in recent years. The Health Information Technology for Economic and Clinical Health (HITECH) Act, passed as part of the American Recovery and Reinvestment Act of 2009 (ARRA), represented an historic and unparalleled commitment to transforming the way health care is practiced and delivered in this country. Key Federal agencies continue to build upon this and other investments to achieve the President's goals of improving health care quality and efficiency.

To maximize the benefits HIT has to offer providers and patients, all Federal agencies should coordinate HIT investments around a shared set of policy and technology principles. The Federal HIT Task Force, convened in February 2010 and comprised of representatives across Departments, is chaired by David Blumenthal (National Coordinator for HIT), Vivek Kundra (Federal Chief Information Officer), Aneesh Chopra (Federal Chief Technology Officer), and Keith Fontenot (OMB Health Program Associate Director), and is a forum in which to develop shared principles. A workgroup of the Taskforce chaired by the Federal Chief Information Officer has articulated key policy and technology principles, "HIT Principle Processes," beginning in but not limited to FY 2012, for agencies to use as a guide as they use and plan for HIT investments (see Attachment A).

Action Requested

Federal agencies identified in Attachment B are requested to submit clear plans that outline how they will: (1) incorporate the policy and technology principles listed in Attachment A into their HIT investment planning, and (2) achieve the government-wide HIT Principle Processes articulated in Attachment A between now and the end of FY 2012. If agencies do not believe they will be able to achieve the HIT Principle Processes by the end of the FY 2012 timeframe, agencies should include a plan for accomplishing these objectives on an annual basis over future

fiscal years. Plans should be consistent with agencies' FY 2012 budget submissions and should be submitted to the agency Office of Management and Budget Resource Management Office (RMO) by October 8th, 2010. The OMB MAX Community Page located at <https://max.omb.gov/community/x/k4DHHw> will be used to collect the information.

This memo will be an agenda item at the next HIT Task Force meeting. In keeping with the collaborative nature of this activity, agencies should view both the Office of the National Coordinator (ONC) and the HIT Task Force as resources to use in evaluating whether planned requirements and/or investments are consistent with this shared approach. If additional assistance is requested to help understand the policies articulated in this memo, agencies may contact Farzad Mostashari at ONC at farzad.mostashari@hhs.gov or Stephen Ondra from the Task Force at stephen.ondra@va.gov. Agencies are encouraged to proactively utilize these resources.

Attachments

Attachment A: HIT Principles

Federal Health Information Technology

Policy Principle	Technology Principle	FY 2012 HIT Principle Processes
1. Improve health and healthcare	Design for clinical decisions and to measurably improve long term outcomes	<p>Support for universal attainment of Meaningful Use (MU) per 45 CFR Parts 412, 413, 422, 495. Final Rule: http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf</p> <p>Federal entities with HIT investments and activities will</p> <ul style="list-style-type: none"> • Become Meaningful Users by meeting the defined MU criteria, or demonstrating the process to meet those criteria in their systems regardless of eligibility for HIT incentive payments. • Assist and encourage others to achieve MU through organization actions such as procurement, grant programs and other policies. • When applicable, provide a means for others to achieve the public health reporting requirements of MU by providing a public capacity to receive reporting information requirements (e.g., Public health, quality reporting).
2. Promote Open Government	Share information with the client/patient	Provide clients/patients a secure, timely, electronic copy of their own information in a format they can use and reuse within three (3) days of receiving an electronic request as specified in Section 170.304(f) of 45 CFR 170 Subpart C, "Electronic Copy of Health Information," and in a format that does not conflict with standards previously recognized by Executive Order/HHS Final Rules or other law.
3. Share health information between providers to enable better care	Federal HIT systems must be interoperable	Use NHIN standards and specifications when available in communicating between applications and organizations.
4. Trusted Steward of taxpayer dollars	Incorporate shared Federal standards and terminologies where available, and contribute to their ongoing development of where needed.	<p>In line with OMB Circular A-119 and the National Technology Transfer and Advancement Act (P.L. 104-113; see 15 U.S.C. 272 note), Federal HIT investments should use and re-use common standards and terminology where available and to promote the development of common standards should be made. Examples of this type of collaboration include:</p> <ul style="list-style-type: none"> • Follows NIEM Process when not conflicting with existing requirements, Executive Orders and HHS Final Rules, • Uses ONC/MU HIT standards (Labs, Problem List, Meds) • Incorporates shared terminologies (ICD-10), • Contributes to directory of common resources • Common data elements <p>Where HIT investments are occurring, build HIT systems for reuse and evolution using a modular, flexible approach when possible.</p>
5. Protect Privacy and Security	Align with fair information practices regarding privacy and security (e.g., Data minimization, Purpose specification, Use limitation)	<p>Address Fair Information Practices both in policy and technology related to HIT investments (e.g., use of distributed data architecture, versus centralized warehouses) Investments should align with these practices.</p> <p>http://www.ftc.gov/reports/privacy3/fairinfo.shtm</p>

Attachment B: List of Agencies

Department of Agriculture (broadband initiatives)

Department of Commerce (NIST)

Department of Defense

Department of Health and Human Services (IHS, CDC, HRSA, CMS, AHRQ)

Department of Veterans Affairs

Social Security Administration

Office of Personnel Management