



# **DEPARTMENT of HEALTH and HUMAN SERVICES**

Office of the National Coordinator  
for Health Information Technology

*FY 2010 Online Performance Appendix*

## Introduction

The FY 2010 Online Performance Appendix is one of several documents that fulfill the Department of Health and Human Services' (HHS) performance planning and reporting requirements. HHS achieves full compliance with the Government Performance and Results Act of 1993 and Office of Management and Budget Circulars A-11 and A-136 through the HHS agencies' FY 2010 Congressional Justifications and Online Performance Appendices, the Agency Financial Report, and the HHS Citizens' Report. These documents are available at <http://www.hhs.gov/asrt/ob/docbudget/index.html> .

The FY 2010 Congressional Justifications and accompanying Online Performance Appendices contain the updated FY 2008 Annual Performance Report and FY 2010 Annual Performance Plan. The Agency Financial Report provides fiscal and high-level performance results. The HHS Citizens' Report summarizes key past and planned performance and financial information.

## Message from the National Coordinator for Health Information Technology

I am pleased to present the Office of the National Coordinator for Health Information Technology (ONC) FY 2010 Online Performance Appendix. This report outlines the considerable progress made to further adoption and implementation of health information technology and reflects the goals and objectives in the Department's FY 2007-2012 Strategic Plan.

To the best of my knowledge, the performance data in this Report are accurate, complete, and reliable. To the best of my knowledge, there are no material inadequacies in the data provided for inclusion in this report. Additionally, the FY 2010 Online Performance Appendix meets the requirements of the Government Performance and Results Act of 1993 (GPRA). Performance measurement and reporting at ONC provide a set of measures and outcomes in two major areas – (1) Standards and (2) Architecture and Adoption – offering results-oriented information that enables ONC to demonstrate to stakeholders the Nation's progress in improving the access and use of electronic health information.

ONC's implementation of performance management has created a consistent framework for linking agency-wide goals with program priorities and targeting resources to accelerate the adoption and utilization of health information technology. And, as health IT and health IT policy continue to evolve, ONC will work with stakeholders to incorporate additional measures that will provide a shared vision of what needs to be accomplished with our partners and provide a consistent and effective way to measure our achievements and strive for continued improvement.

David Blumenthal, M.D.  
National Coordinator for  
Health Information Technology

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

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## American Reinvestment and Recovery Act

The American Reinvestment and Recovery Act (Recovery Act) was signed into law by President Obama on February 17, 2009. It is an unprecedented effort to jumpstart our economy, create or save millions of jobs, and put a down payment on addressing long-neglected challenges so our country can thrive in the 21st century. The Act is an extraordinary response to a crisis unlike any other since the Great Depression, and includes measures to modernize our Nation's infrastructure, enhance energy independence, expand educational opportunities, preserve and improve affordable health care, provide tax relief, and protect those in greatest need.

The Office of the National Coordinator for Health Information Technology has received \$2 billion in total Recovery Act funding. As part of this total, the National Institute of Standards and Technology (NIST), Regional Extension Centers and Department efforts to address privacy and security will receive funding in FY 2009. Funding for additional programs in FY 2009 will be determined with the arrival of the new National Coordinator for Health Information Technology.

The Recovery Act instructed the Secretary to transfer \$20 million to NIST. These funds will support coordinated efforts between NIST and ONC to advance health care information enterprise integration. Work will focus in areas such as conducting technical standards analysis and establishing a conformance testing infrastructure for electronic health record products. The coordination of this work will increase the adoption rate and use of health IT by making available tested and recognized standards and an infrastructure that will allow vendors to test their products for interoperability prior to going to market.

ONC is developing a program that will support local and regional efforts toward health information exchange. A draft plan to establish Health IT Regional Extension Centers will be published on May 18, 2009. These centers will provide health information technology assistance and services and increase the level of adoption by providing a resource for new users of health IT that will help them with implementing and maintaining their systems.

In addition, a robust program addressing the Privacy and Security concerns related to adoption and use of health IT was initiated in FY 2009. This program will coordinate activities with the HHS Office of Civil Rights, the Centers for Medicare and Medicaid Services and the Substance Abuse and Mental Health Services Administration. These organizations will work together to promulgate regulations and guidance, enhance enforcement of the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, carry out mandated audits and train States Attorney Generals in enforcing the modified regulations.

More information on these and other Recovery Act programs can be found at [www.hhs.gov/recovery](http://www.hhs.gov/recovery).

## Summary of Performance Targets and Results Table

<b>Fiscal Year</b>	<b>Total Targets</b>	<b>Targets with Results Reported</b>	<b>Percent of Targets with Results Reported</b>	<b>Total Targets Met</b>	<b>Percent of Targets Met</b>
2007	3	3	100%	1	33%
2008*	4	3	75%	0	0%
2009	4	0	0%	0	0%
2010	0	0	0%	0	0%

\* A survey was released in June 2008; the preliminary results from the survey for measure 1.3.2, 1.3.3, 1.3.4 and 1.3.7 are reported in this document, however, final results will be available in December 2009. Two new outcome measures, 1.3.5 and 1.3.6, were added in 2008; baseline information will be available in FY 2009.

## Performance Detail

Health information technology is a critical component in improving the quality, safety, cost and value of health care offered to our Nation's 300 million Americans. The Administration is committed to further the adoption and implementation of health IT. ONC measures progress toward this objective by setting ambitious goals for four established performance measures. These measures focus on the rate of adoption of EHRs by physicians across the United States. A fifth measure was established in FY 2008 to gauge progress related to the inclusion of standards in health information systems managed by both the Federal and private sectors. The baseline for this new measure will be established during FY 2009. In addition, a sixth measure related to the Architecture Program that will monitor progress of the advancement of the Nationwide Health Information Network has been established and performance targets will be defined during FY 2009.

## Performance Narrative

### Standards

#### Outputs and Outcomes Table

##### Long-Term Objective 1: Increase adoption of Electronic Health Records (EHRs)

	Measure	FY	Target	Result
1.3.5	Increase in implementation of recognized standards in federal systems.	2010	10 % over 2009	Nov 2010
		2009	Baseline	Nov 2009

ONC established a new performance measure in 2009, replacing the previous measure: develop a unified set of standards to support requirements for broad health information exchange. The new measure will gauge progress in the increase in implementation of recognized standards in Federal and commercial systems. Baseline data will be collected during FY 2009, at which time specific targets will be established. The sources of data for this measure will be (1) the Health IT Survey to assess the level of inclusion of recognized standards in Federal systems and (2) inclusion of recognized standards in CCHIT certification for commercial systems.

#### 1.3.5 *Increase in implementation of recognized standards in Federal and commercial systems.*

The performance measure, established in FY 2008, involves two parts:

- (a) increase in implementation of recognized standards in Federal systems; and
- (b) increase in the number of recognized standards included in certification criteria.

Data for (a) will be the difference between (1) the number of standards implemented for each of the Federal systems as reported in the Federal Health IT survey for the current year and the prior year, (2) divided by the prior year number of standards implemented. Data for (b) will be the difference between (1) the number of standards included in certification criteria for the current year as reported by CCHIT (or similar organizations) and (2) the number of standards

included in certification criteria for the prior year divided by the prior year number of standards recognized by the HHS Secretary included in certification criteria. Further elaboration regarding the context in which these calculations are derived is reflected in the following text.

The Standards program addresses the need to identify and harmonize specific standards necessary for information exchange in all aspects of health care. Established processes gather priorities from all stakeholders and incorporate them into activities that enable different health IT systems to exchange data. These activities include:

- harmonization of existing data and technical standards;
- certification of systems technologies and products that have incorporated these standards; and
- development of consistent health information exchange organizational policies to enable data sharing and foster sustainability of these organizations.

These processes are key to the advancement of interoperability among systems engaged in health information exchange and the advancement of the widespread adoption of interoperable health information technologies.

The Healthcare Information Technology Standards Panel (HITSP) – established as a multi-stakeholder, consensus-based body in 2006 – has representatives from all aspects of health care who collaboratively select and harmonize standards for health IT. As of June 2008, there were more than 410 member organizations involved and more than 19,000 volunteer hours supported these results. During FY 2008, the HITSP process harmonized 152 standards: 32 for Security, Privacy and Infrastructure; 106 for Care Management and Health Records; and 14 for Administrative and Financial.

The Certification Commission for Healthcare Information Technology (CCHIT) has worked to develop specific criteria for health IT systems and established a process to evaluate products and systems to determine that they meet the criteria for security, interoperability and functionality, which may be modified to reflect the language of the Recovery Act. Certification gives confidence to providers and consumers that the electronic health information products and systems being used are secure, can maintain data confidentiality as directed by patients and consumers, can work with other systems to share information, and can perform a set of well-defined functions. Through August 2008, CCHIT certified 53 ambulatory care EHRs and 14 inpatient EHRs using this established public-private process. Since the launch of the certification program in 2005, more than 150 EHR products have been certified, including 11 inpatient EHRs, representing 58 percent of available products, and 142 ambulatory care EHRs, which represent over 74 percent of ambulatory EHR products sold in the U.S. CCHIT closely coordinates its work with HITSP and the Nationwide Health Information Network (NHIN) to integrate standards and specifications necessary for secure, reliable, patient-controlled exchange of health information.

[Executive Order 13410](#) requires agencies, when upgrading or acquiring new health IT systems, to ensure that the systems used for the direct exchange of health information utilize recognized interoperability standards. Implementation of this Executive Order is managed through a quarterly performance review process that assesses agencies' progress towards meeting identified health information-related goals. To facilitate this assessment, a health information survey is conducted to determine, in part, progress towards achieving this criteria. In FY 2008, Agencies reported on the implementation of recognized standards for new and upgraded health IT systems engaged in external health information exchange and aligned with recognized



interoperability standards. ONC provides subject matter expertise at both the Department and Government-wide levels to help facilitate overall success.

Assuring that systems are interoperable (can share data reliably, securely, and efficiently among themselves) is one of the key components to encouraging the adoption of EHRs. Interoperability is dependent on the data standards developed through the standards harmonization process. Measure 1.3.5 reflects the continued advancement of a process for standards-based interoperability over time. This outcome measure will indicate the increased use and implementation of standards, thus leading to increased interoperability and adoption of health IT. The targets will be established during FY 2009.

## Architecture and Adoption

### Outputs and Outcomes Table

#### Long-Term Objective 1: Increase adoption of Electronic Health Records (EHRs)

	Measure	FY	Target	Result
1.3.2	Increase physician adoption of EHRs	2010	30%	Feb 2011
		2009	30%	Feb 2010
		2008	24%	21% (Improvement made but target not met)
		2007	18%	14% (Improvement made but target not met)
		2006	N/A	(No survey conducted)
		2005	Baseline	10%
1.3.3	Increase the percentage of small practices with EHRs	2010	12%	Feb 2011
		2009	11%	Feb 2010
		2008	8%	13% (Target exceeded)
		2007	5%	9% (Target exceeded)
		2006	Baseline	4%
1.3.4	Percent of physician offices adopting ambulatory EHRs in the past 12 months that meet certification criteria	2010	35%	Feb 2011
		2009	30%	Feb 2010
		2008	25%	No results available*
		2007	Baseline	27%

	Measure	FY	Target	Result
1.3.6A	Increase over the prior year in the number of Nationwide Health Information Exchanges (NHIEs) using Nationwide Health Information Network (NHIN) components to exchange health information.	2010	50% increase over 2009	Nov 2010
		2009	Baseline	Nov 2009
1.3.6B	The increase in the number of records exchanged among Nationwide Health Information Exchanges (NHIEs) using the Nationwide Health Information Network Components (NHIN) to exchange information.	2010	10% over baseline	Nov 2010
		2009	Baseline	Nov 2009
1.3.7	Cost per physician for adopting certified EHRs	2010	\$230	Feb 2011
		2009	\$270	Feb 2010
		2008	\$245	\$285 (Improvement made but target not met)
		2007	Baseline	\$410 (Improvement made but target not met)

\*The FY 2008 survey did not include a specific question on adoption of certified EHRs so no data are available. The question has been added to the 2009 survey and will be reported on annually thereafter.

### Architecture Measure

ONC has developed a new measure that will reflect the progress being made with the advancement of the NHIN. Targets will be established during FY 2009.

### Adoption Measures

Through three performance measures (1.3.2, 1.3.3 and 1.3.4 in the Performance Measures Table), ONC monitors its progress toward the ultimate goal of Americans having access to interoperable EHRs. Specific measures were established through a performance review process conducted in FY 2006 with targets set in 2007. Additionally, a new efficiency measure (1.3.7) was established during 2007 and measures the cost per physician for adopting certified EHRs. ONC will also establish a new measure during 2010 that will monitor the progress being made toward adoption in the hospital or inpatient setting.

The results for the adoption measures are calculated using a standardized methodology developed in FY 2005 by an expert panel working with ONC. The standardized methodology applies a definition of electronic health records based on four key functionalities that meet the expert panel's 'minimum' definition for a basic electronic health record. These four functionalities are:

- 1) electronic note taking;
- 2) ability to order medications electronically;
- 3) ability to order lab tests; and

- 4) ability to receive and view lab results.

The baseline rates for 2006 were calculated by applying this standardized methodology to (but not necessarily standardized) data from existing surveys. In 2007, ONC funded the development and fielding of a standardized national survey to measure outpatient adoption of EHRs. A subset of these standardized survey questions were incorporated into the Centers for Disease Control and Prevention's (CDC's) National Ambulatory Care Survey (NAMCS) and, beginning in 2008 and going forward, the CDC will be monitoring the adoption rate of EHRs in physician offices annually. Through an interagency agreement between CDC and ONC, the sample size of the NAMCS has been expanded by sampling an additional 10,000 physicians and administering the survey by mail to this additional population. This will allow HHS to measure and to monitor measurement of the adoption rate among small and rural physician practices.

There are surveys conducted by other organizations that report results based on other criteria, characteristics and definitions of EHRs and these approaches might provide different data and information about how physicians are using them.

### *1.3.2: Increase Physician Adoption of Electronic Health Records (EHRs)*

The preliminary results of the 2008 outpatient adoption survey indicate that 21 percent of physicians have adopted minimally functional EHRs, as defined in the previous section. While this is lower than the anticipated rate of 24 percent in 2008, it does represent an increase of 7 percent over the prior year result of 14 percent.

Data for this measure are derived from a survey conducted annually by CDC of a randomized sample of ambulatory care providers. CDC has conducted the National Ambulatory Medical Care (NAMC) Survey for over 20 years; however, prior to 2008, the sample size was too small to meet ONC's needs to interpret these findings to the Nation. In 2007, ONC conducted its own survey while working with CDC to expand its sample size for the NAMC Survey such that in 2008 and moving forward, the results from this survey could be used to calculate physician adoption of EHRs.

### *1.3.3 Increase the percentage of small practices with EHRs*

This measure addresses the gap in adoption between large physician practices (defined as employing 20 or more physicians) and small physician practices (defined as those practices employing 5 or less physicians) through strategies that help small physician offices have access to and adopt health IT at an appropriately proportional rate. Small physician offices represent more than 50 percent of all ambulatory care practices and are more likely to have offices in underserved and rural areas. Currently, the adoption rate for small physician practices is significantly lower than the national average. The targets for adoption among small practices reflect a lower starting point and the expected adoption rates associated with that baseline.

In 2007, ONC funded a nationwide survey to measure adoption across all practice sizes. Beginning in 2008, ONC leveraged a survey already conducted by the CDC by adding a subset of questions to the survey to obtain the data for this measure. ONC provides additional funding to CDC to increase their sample size to ensure an adequate representation of small physician practices for this annual survey. The 2008 preliminary survey results for this measure indicated

that the rate of adoption for small practices with EHRs surpassed the target of 8 percent by achieving 13 percent.

#### *1.3.4 Increase the percentage of physician offices adopting ambulatory electronic health records in the past 12 months that meet certification criteria*

Increased EHR adoption is also dependent on a process that guarantees that the purchasers of EHRs are implementing systems and products that meet their needs for functionality, security, and interoperability. The certification process guarantees that the EHRs being purchased incorporate the appropriate standards for these three areas.

This measure monitors the percentage of certified EHRs that have been adopted over the past year. It calculates the percent of physician offices that have adopted an EHR over the past 12 months that meet the criteria for certification established by the Certification Commission for Healthcare Information Technology (CCHIT). Fiscal year 2007 was the first year that this question was included in any survey of physician adoption of EHRs. The NAMCS did not include this question in the 2008 survey but has added it to the 2009 survey and will continue to collect this information moving forward. Survey results established a baseline of 27 percent from the results of the study conducted independently by ONC. Since FY 2007 was the first year this question was asked in a national survey, established targets for out-years will be re-evaluated and possibly modified.

#### *1.3.7 Cost per physician for adopting certified electronic health records.*

This measure monitors the cost of certification as more physicians adopt EHRs. The calculation will add together the total of ONC funding for Standards, Privacy and Security, Architecture and Adoption plus the charge to vendors for product certification, as reported by CCHIT. The sum will be divided by the number of physicians in the U.S. - as reported by the American Medical Association. The resulting quotient will be multiplied by the percent of physicians adopting general ambulatory certified EHRs, as reported through the annual adoption survey.

Measure 1.3.7 was established in FY 2007 and the baseline result is approximately \$410. Fiscal year 2008 preliminary results indicate that estimated costs are \$285 per physician which did not reach the goal for \$245 per physician but marked an improvement over FY 2007 results.

### Reasons for Performance Result

Physicians have to consider many significant concerns when evaluating whether to adopt and implement EHRs. They include, but are not limited to the upfront costs of incorporating new technologies into their existing workflow; maintenance and ongoing upkeep costs for these systems; workforce training and patient education; additional concerns related to privacy and security, access to data, connectivity along with many others. The complexity of addressing the specific practice-related issues, such as size of practice and specialty, add another layer for consideration. The new availability of EHRs that are certified for specific functionalities and security addresses one of the key concerns that physicians have had when making their investments. While certification has likely contributed to the increase in the adoption rate, continuing concerns about the business case for adoption, addressing privacy and security

issues, how to get through the adoption process, and how office workflow will be impacted continue to inhibit more widespread adoption. The CDC is measuring the adoption rate of EHRs in physician offices through established surveys. CDC expanded the sample size of its National Ambulatory Medical Care Survey (NAMCS) to measure the adoption rate of EHRs by physicians and increased the sampling framework to measure the adoption rate among small and rural physician practices by adding mailed survey questionnaires to an additional 10,000 physicians.

## Steps Being Taken to Improve Program Performance

HHS has undertaken a number of initiatives to address the barriers to EHR adoption:

- Current surveys for measuring health IT adoption in the hospital setting have published adoption rates ranging from 10 percent to 70 percent as the result of differing definitions of "adoption" and varying survey designs. A standardized survey methodology to assess health IT adoption among hospitals was developed, field tested, and deployed in FY 2008. Analysis and reporting of the data generated from this survey instrument will be conducted during FY 2009. The collection of this data will enable ONC to begin monitoring a national rate of hospital EHR adoption and evaluate the effectiveness of programs to improve the adoption rate in this setting.
- The vendor community has embraced a highly visible and rigorous certification process for ambulatory and outpatient EHRs, currently overseen by CCHIT. The ambulatory EHR certification process now enables physician practices to invest in health IT products with confidence, knowing that they have been tested and shown to perform a core set of functions, have incorporated specific criteria for security and are interoperable with respect to key clinical information.
- The demonstration projects to validate and measure the value of secure messaging in two geographically distributed areas will yield at least one year's worth of data in 2009, resulting in methodologically sound information with respect to outcome assessment and value demonstration. Data generated will be analyzed with a report published in 2009. This report will inform areas in policy and aspects of the NHIN that would require modification to increase the potential for physician adoption of EHRs.
- Payers, legislators, vendors, policy-makers, and providers all use health information terms inconsistently resulting in confusion and increasing the risk of unsuccessful investments. A consensus process was established in 2008 to develop a consistent and precise utilization of select health information terms and contexts. Term definitions were publicly released and accepted by the American Health Information Community at the June 2008 meeting. The presentation and resulting terms and definitions can be found at:

[http://www.hhs.gov/healthit/documents/m20080603/10.1\\_bell\\_files/textonly/index.html](http://www.hhs.gov/healthit/documents/m20080603/10.1_bell_files/textonly/index.html)

## ONC Support for HHS Strategic Plan

### Discussion of ONC's Strategic Plan

ONC is the principal Federal organization charged with coordination of national efforts related to the implementation and use of electronic health information exchange. Although computer technology has changed the way that Americans communicate and share information, for the most part medical data are still available to health care providers and patients only through

paper and film records. Leading the public and private sector efforts to improve the quality of health and care through information technology is a key ONC role.

ONC published the "[ONC-Coordinated Federal Health IT Strategic Plan: 2008 - 2012](#)" in June 2008. In light of the requirement laid out in the Recovery Act, and with the arrival of a new National Coordinator, this document will be updated and re-published during 2009.

## Statement of ONC Vision and Progress

[Executive Order 13335](#) established the position of the National Health Information Technology Coordinator to accelerate the widespread adoption and use of interoperable EHRs. At a time when information technology provides the ability to access and share information at the click of a button, millions of care providers and patients still face barriers to quality health care because of the lack of readily available health information. In February 2009, the Office of the National Coordinator for Health Information Technology was established in statute, Health Information Technology for Economic and Clinical Health Act (HITECH Act). This bill advances the use of health IT by:

- Requiring the government to take a leadership role to develop standards by 2010 that allow for the nationwide electronic exchange and use of health information to improve quality and coordination of care.
- Investing in health information technology infrastructure and Medicare and Medicaid incentives to encourage doctors and hospitals to utilize health IT to improve the quality of care and care coordination, reduce medical errors and eliminate unnecessary health care costs.
- Strengthening Federal privacy and security law to protect identifiable health information from misuse as the health care sector increases use of Health IT.

### Vision

*A Nation in which the health and well-being of individuals and communities are improved by health information technology.*

### Mission

*ONC leads, coordinates, and stimulates public and private sector activities that promote the development, adoption, and use of health information technologies to achieve a healthier Nation.*

ONC provides leadership, program resources and services needed to guide nationwide implementation of interoperable health IT. ONC organizes its activities in four program areas:

- **Standards** – Standards in health IT-related systems, State-level business policies, and across Federal agencies are important components for achieving nationwide adoption of interoperable health IT. Implementation of common standards allows software applications to work together. Certifying health IT products that incorporate these standards gives assurance that products will be able to work together. Consistent business policies and practices for health information exchange organizations will enable interoperability and sustainability. Coordinating Federal efforts optimizes resources and increases information exchange among Federal and private health care systems.
- **Privacy and Security** – Careful attention to privacy and security policies to guide evolving technologies will help to build the high degree of public confidence and trust needed to achieve adoption and use of health IT. In addition to developing a privacy and security

framework, continuing work identifies disparate State policies and business practices that impede electronic health information exchange across jurisdictional lines.

- **Architecture and Adoption** – The Nationwide Health Information Network (NHIN) is building on a set of technical and data exchange standards and specifications, and data use and reciprocal support agreements. The NHIN also provides the foundation for population health information exchange, which is important to all aspects of public health. Substantiating the value of electronic and personal health record systems and identifying enablers and barriers to their use and implementation will advance adoption of health IT. Regularly assessing the adoption rate through surveys and studies will monitor progress toward ONC’s goals.
- **Operations** – Support for administrative, financial and reporting requirements for ONC including planning, procurement, and performance measurement activities.

### ONC’s Strategic Goals

ONC activities support the HHS Strategic Plan in a number of priority areas such as providing value-driven health care, information technology, and national preparedness in emergencies and disasters. Interoperable health IT is a fundamental requirement to transform the Nation’s health care system. By encouraging providers to adopt health information technology (health IT), both the quality of care and the efficiency with which it is delivered can be improved. Health IT use and adoption is the effective integration of health information products and services that support safer, better health and care. A key ONC role is coordinating the public and private-sector efforts to improve the quality of health and care through information technology.

During 2009, ONC will work with and across HHS and the government, to modify and implement the [“ONC-Coordinated Federal Health IT Strategic Plan: 2008 – 2012,”](#) to make secure, interoperable EHRs available to patients and their doctors. As described in the current plan, ONC partners with Federal agencies to address two goals relating to patient-focused health care and population health.

- Goal 1: 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.
- Goal 2: 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.

The plan also identifies a set of objectives that, when undertaken at a Federal level, will enable the Nation to derive maximum value from a sustainable, secure, interoperable health IT infrastructure. The table below depicts the goals and objectives for Federal health IT and their alignment to the HHS Strategic goals. Investments in privacy and security, achievement of a nationwide health information technology architecture, pilots to demonstrate the value of health IT use, and surveys to measure EHR adoption support the HHS strategic goals of

- improving the safety, quality, affordability and accessibility of health care; preventing and controlling disease, injury, illness, and disability across the lifespan;
- protecting the public from infectious, occupational, environmental and terrorist threats; and
- advancing scientific research and development through the transfer and communication of research into clinical practice.

## Links to HHS Strategic Plan

	ONC Strategic Goals and Objectives							
	Goal 1: Patient-focused Health Care Enable the transformation to higher quality, more efficient, patient-focused health care through electronic health information access and use by care providers and by patients and their designees.				Goal 2: 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.			
	1.1-Privacy and Security: Facilitate electronic exchange, access and use of electronic health information for patients while protecting the privacy and security of their information	1.2-Interoperability: Enable health information exchange to support patients' health and care needs	1.3-Adoption: Promote nationwide deployment of EHRs and PHRs and other consumer health IT tools	1.4-Collaborative Governance: Establish mechanisms for multi-stakeholder priority setting and decision making	2.1-Privacy and Security: Advance principles, procedures and protections for information access in population health	2.2-Interoperability: Enable health information exchange to support population-oriented uses	2.3-Adoption: Promote nationwide adoption of technologies to improve population and individual health	2.4-Collaborative Governance: Establish coordinated organizational processes supporting information use for population health
HHS Strategic Goals								
<b>1: Health Care</b> Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.								
1.1 Broaden health insurance and long-term care coverage.								
1.2 Increase health care service availability and accessibility.	√	√	√	√	√	√	√	√
1.3 Improve health care quality, safety and cost/ value.	√	√	√	√	√	√	√	√
1.4 Recruit, develop, and retain a competent health care workforce.								
<b>2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness</b> Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats.								
2.1 Prevent the spread of infectious diseases.						√	√	
2.2 Protect the public against injuries and environmental threats.								
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.								



	ONC Strategic Goals and Objectives							
	Goal 1: Patient-focused Health Care Enable the transformation to higher quality, more efficient, patient-focused health care through electronic health information access and use by care providers and by patients and their designees.				Goal 2: 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.			
	1.1-Privacy and Security: Facilitate electronic exchange, access and use of electronic health information for patients while protecting the privacy and security of their information	1.2-Interoperability: Enable health information exchange to support patients' health and care needs	1.3-Adoption: Promote nationwide deployment of EHRs and PHRs and other consumer health IT tools	1.4-Collaborative Governance: Establish mechanisms for multi-stakeholder priority setting and decision making	2.1-Privacy and Security: Advance principles, procedures and protections for information access in population health	2.2-Interoperability: Enable health information exchange to support population-oriented uses	2.3-Adoption: Promote nationwide adoption of technologies to improve population and individual health	2.4-Collaborative Governance: Establish coordinated organizational processes supporting information use for population health
2.4 Prepare for and respond to natural and man-made disasters.					√	√	√	√
<b>3: Human Services</b> Promote the economic and social well-being of individuals, families and communities.								
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.								
3.2 Protect the safety and foster the well-being of children and youth.								
3.3 Encourage the development of strong, healthy and supportive communities.								
3.4 Address the needs, strengths and abilities of vulnerable populations.								
<b>4: Scientific Research and Development</b> Advance scientific and biomedical research and development related to health and human services					√	√	√	
4.1 Strengthen the pool of qualified health and behavioral science researchers.								
4.2 Increase basic scientific knowledge to improve human health and human development.								
4.3 Conduct and oversee applied research to improve health and well-being.								
4.4 Communicate and transfer research results into clinical, public health and human service practice.					√	√	√	

## Full Cost Table for ONC

(Budgetary Resources in Millions)

HHS Strategic Goals and Objectives	FY 2008	FY 2009 Omnibus	FY 2010
<b>1. Health Care</b> Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.	\$ 45.752	\$ 46.260	\$ 46.342
1.2 Increase health care service availability and accessibility.	\$ 16.784	\$ 16.970	\$ 17.000
1.3 Improve health care quality, safety and cost/value.	\$ 28.968	\$ 29.290	\$ 29.342
<b>2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness</b> Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats.	\$ 13.822	\$ 13.975	\$ 14.000
2.1 Prevent the spread of infectious diseases.	\$ 5.924	\$ 5.989	\$ 6.000
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.	\$ 2.962	\$ 2.995	\$ 3.000
2.4 Prepare for and respond to natural and man-made disasters.	\$ 4.936	\$ 4.991	\$ 5.000
<b>4: Scientific Research and Development</b> Advance scientific and biomedical research and development related to health and human services	\$ 0.987	\$ 0.996	\$ 1.000
4.4 Communicate and transfer research results into clinical, public health and human service practice.	\$ 0.987	\$ 0.996	\$ 1.000
<b>Total</b>	<b>\$ 60.561</b>	<b>\$ 61.231</b>	<b>\$ 61.342</b>

## Program Evaluations

A number of ONC activities resulted in reports that are available through the HHS Performance Improvement Website: <http://www.aspe.hhs.gov/pic/performance/>. A synopsis of FY 2008 activities follows below:

### **Health Information Security and Privacy Collaboration**

The Health Information Security and Privacy Collaboration (HISPC) is a group of representatives from 41 states and territories that address the privacy and security challenges presented by electronic health information exchange. Each HISPC participant has the support of its state or territorial governor and maintains a steering committee and contact with a range of local stakeholders to ensure that developed solutions accurately reflect local preferences. During 2008, the states and territories worked together in 7 multi-state collaborative privacy and security projects. These projects:

1. analyzed consent data elements in state law;
2. studied intrastate and interstate consent policies;
3. developed tools to help harmonize state privacy laws;
4. developed tools and strategies to educate and engage consumers;
5. developed a toolkit to educate providers;
6. recommended basic security policy requirements; and
7. developed inter-organizational agreements.

Each project was designed to develop common, multi-state solutions that could be replicated and that would potentially reduce the variation in state privacy and security practices, policies, and laws. A steering committee was established to ensure that information is transferred among all project participants and to identify points of intersection.

The HISPC involves significant participation from a broad range of state- and local-level stakeholders. Through the work of the HISPC, the state and territory subcontractors produced a number of reports and other materials, and the contractor will produce a final report of achievements in April 2009. The HISPC collaboratives created common solutions for all to use to advance their understanding of privacy and security and electronic health information exchange.

### **State Alliance for E-Health**

Researchers worked with Governors and the senior executives of States and U.S. territories to establish a high-level health IT advisory board to identify, assess and, through the formation of consensus solutions, map ways to resolve health IT issues that affect multiple States and deter achieving interoperable electronic health information exchange. The National Governors Association established and managed the State Alliance for e-Health, a consensus-based body of State elected and appointed officials to collectively address State-level health IT issues and challenges to interoperable electronic health information exchange.

The State Alliance for e-Health:

- addressed barriers to health information exchange and adoption of health IT while preserving privacy, security, and consumer protections;

- sought to harmonize State policies, regulations, and laws, and develop guidance for modifying such provisions;
- enabled dialog and partnerships among States and with the private sector in the health IT arena; and
- encouraged experts and others working on health IT to inform State policymaking.

The Alliance meets quarterly to address State-level health IT issues including barriers to interoperability, privacy and security issues, and State law and regulatory barriers to health IT related to the practice of medicine.

### **State-Level Health Information Exchange: Roles in Ensuring Governance and Advancing Interoperability**

This project synthesized field research and provided recommendations for strengthening and expanding health information exchange capacity, capitalizing on the important contributions of State-level initiatives. Nearly all states have state-level health information exchange initiatives.

These public-private collaborations support interoperable health information exchange that serve to reach state-wide goals for quality and cost-effective healthcare. Established State-level health information exchange organizations demonstrate that they can effectively engage State governments and provide a mechanism to forge new collaborations for data sharing across regions and among organizations that have traditionally used data for competitive purposes.

As a nationwide health information network is established, State-level initiatives are uniquely positioned to play ongoing roles, particularly in fostering state-wide collaboration, multi-stakeholder governance and multi-state coordination. During 2008, the project developed a framework for analyzing state-level health information exchange organizational access, use and control policies with recommendations on how to advance consistent policies among health information exchanges to enable data exchange between jurisdictions.

The study also found that State-level health information exchanges served as an important link between state policy objectives, such as equitable health information access for underserved populations, and the implementation of health information exchange. Recommendations included the need for State governments to formally recognize the state-level entities and empower them so that they can fully accomplish their unique roles. These reported findings highlight the importance of State-level health information exchanges to the national momentum for improved quality, value, and transparency in healthcare.

### **Data Source and Validation Table**

<b>Program: Health Information Technology</b>		
<b>Measure Unique Identifier</b>	<b>Data Source</b>	<b>Data Validation</b>
1.3.2	National Ambulatory Medical Care Survey(NAMCS)	Survey publication utilizes standardized methodology for defining and measuring health IT adoption.
1.3.3	National Ambulatory Medical Care	Survey publication utilizes

<b>Program: Health Information Technology</b>		
<b>Measure Unique Identifier</b>	<b>Data Source</b>	<b>Data Validation</b>
	Survey (NAMCS)	standardized methodology for defining and measuring health IT adoption.
1.3.4	National Ambulatory Medical Care Survey (NAMCS)	Survey publication utilizes standardized methodology for defining and measuring health IT adoption.
1.3.5	Targets to be established during FY 2009	
1.3.6	Targets to be established during FY 2009	
1.3.7	National Ambulatory Medical Care Survey (NAMCS)  FY 2008 Appropriation  Annual income collected by Certification Commission on Healthcare Information Technology	Survey publication utilizes standardized methodology for defining and measuring health IT adoption.  Year end budget report identifying dollars spent on Standards, Architecture and Adoption and Privacy and Security  Self-reported income obtained from charges levied for product certifications and re-certifications.

### Disclosure of Assistance by Non-Federal Parties

Preparation of the FY 2010 Online Performance Appendix was performed by Federal Employees.