



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

National Perspective on Interoperable Health IT

Internet2 Health Network Initiative

April 30, 2009

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Agenda

- The Winds of Change: people and resources
- The 2008 Health IT Strategic Plan: an enduring vision
- The Nationwide Health Information Network (NHIN): toward nationwide interoperability

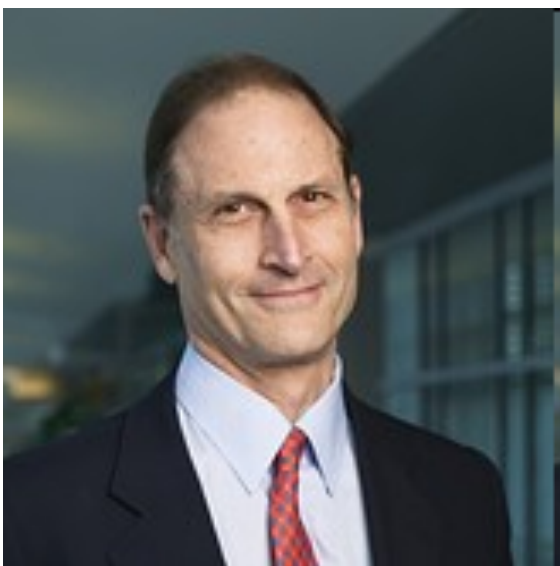
President Obama's First Weekly Address

Saturday, January 24th, 2009



*“To lower health care cost, cut medical errors, and improve care, **we’ll computerize the nation’s health records in five years, saving billions of dollars in health care costs and countless lives.**”*

Dr. David Blumenthal – New National Coordinator for Health IT



“To increase the effective use of electronic health systems, private and public agencies and groups must accomplish, at a minimum, the following tasks:

- 1. Get doctors, hospitals, and other health care providers to acquire and use electronic health records.*
- 2. Get those electronic health records to “talk to one another” by becoming interoperable.*
- 3. Get providers to use EHRs to improve quality and efficiency in the provision of health care services.”*

(The Federal Role in Promoting Health Information Technology, Commonwealth Fund, 2009)

American Recovery and Reinvestment Act (ARRA)

TITLE XIII—HEALTH INFORMATION TECHNOLOGY

SEC. 13001. SHORT TITLE; TABLE OF CONTENTS OF TITLE.

(a) SHORT TITLE.—This title (and title IV of division B) may be cited as the “Health Information Technology for Economic and Clinical Health Act” or the “HITECH Act”.



OFFICE OF THE SECRETARY

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

(INCLUDING TRANSFER OF FUNDS)

For an additional amount for “Office of the National Coordinator for Health Information Technology”, \$2,000,000,000, to carry out title XIII of this Act, to remain available until expended: *Pro-*

Some HI-LITES of HITECH

- ONC in statute with defined functions
- \$300M for sub-national health information exchange
- Six grant programs authorized
- Incentives to providers and hospitals who are *meaningful users* of health IT (estimated cost: \$17.2 Billion)
- Enhanced privacy and security provisions

Grant Programs in HITECH

- Enterprise Integration Centers
- Infrastructure Funding
- Implementation Assistance (Regional Centers)
- Grants to states to promote health IT
- Grants to states for loans
- Education of health professionals
- Education of health IT workforce

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Health IT – Role in Health and Care Transformation

Individual and Population Health & Well-being

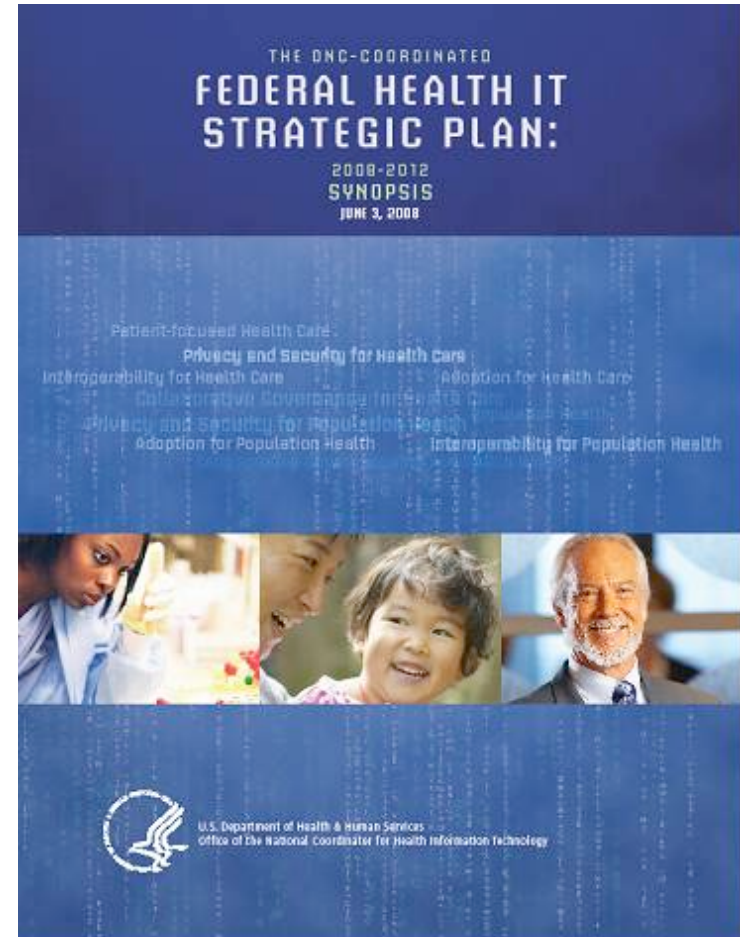
*Health Care Transformation
(Higher Quality, More Efficient,
Patient-Focused)*

*Population Health
(Public Health, R&D, Quality
Improvement, Emergency Preparedness)*

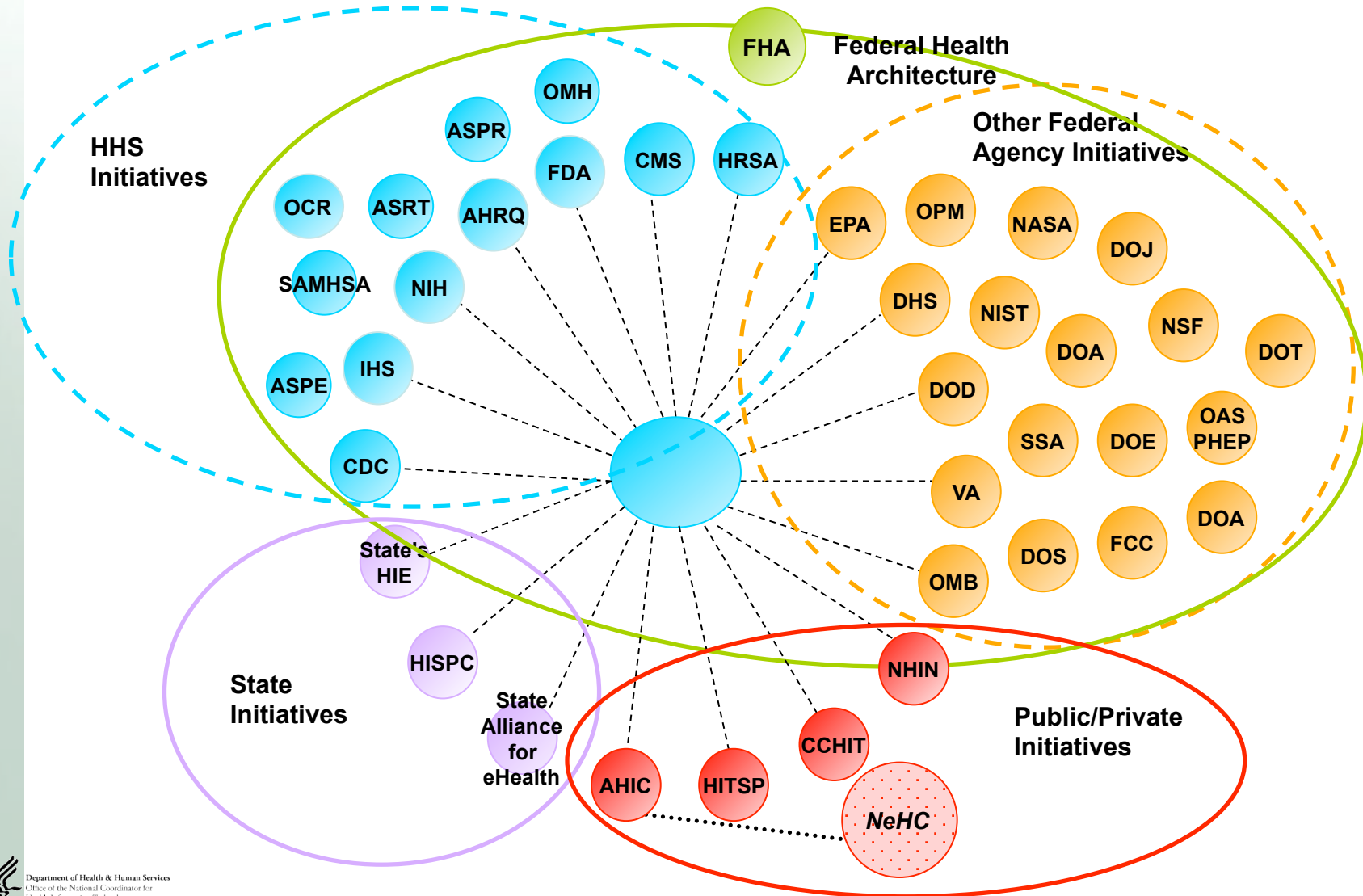
*Health IT solutions must support the needs of
BOTH
“perspectives”*

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

- Released June 2008
- 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
- Explicitly referenced in the HITECH Act
- To be updated



What ONC Coordinates: A Public and Public-Private Collaboration



“The Plan” – Goal One

Enable Patient-focused Health Care

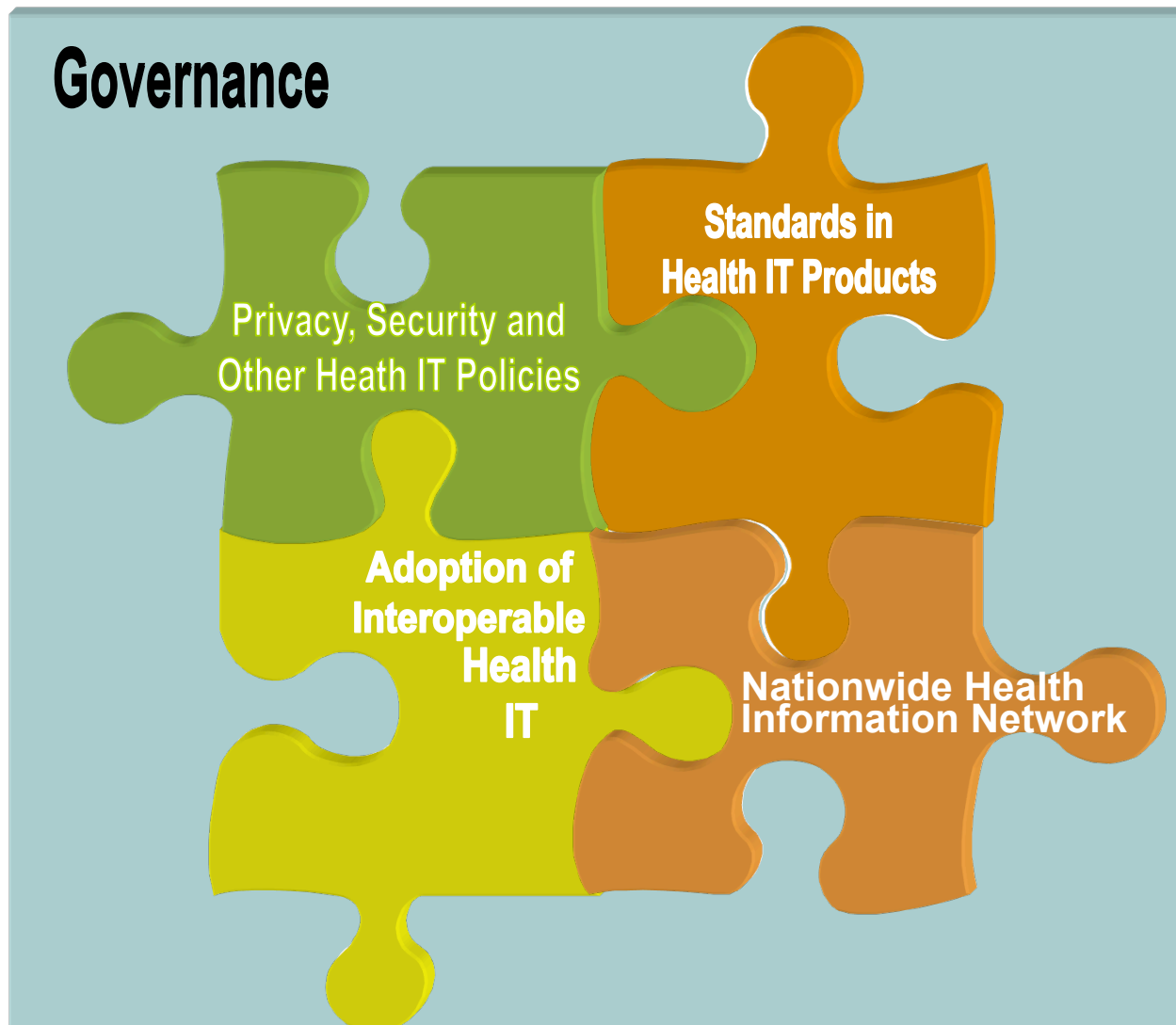
Enable the transformation to higher-quality, more cost-efficient, patient-focused health care through electronic health information access and use by care providers, and by patients and their designees.

“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.

The “How” of the Plan



The Essential Role of Interoperability

- Goal 1 (health care): A complete patient record can be assembled anywhere
 - Avoids duplication of tests
 - Avoids adverse drug events
- Goal 2 (population health): Population health requires information to flow from a collection point

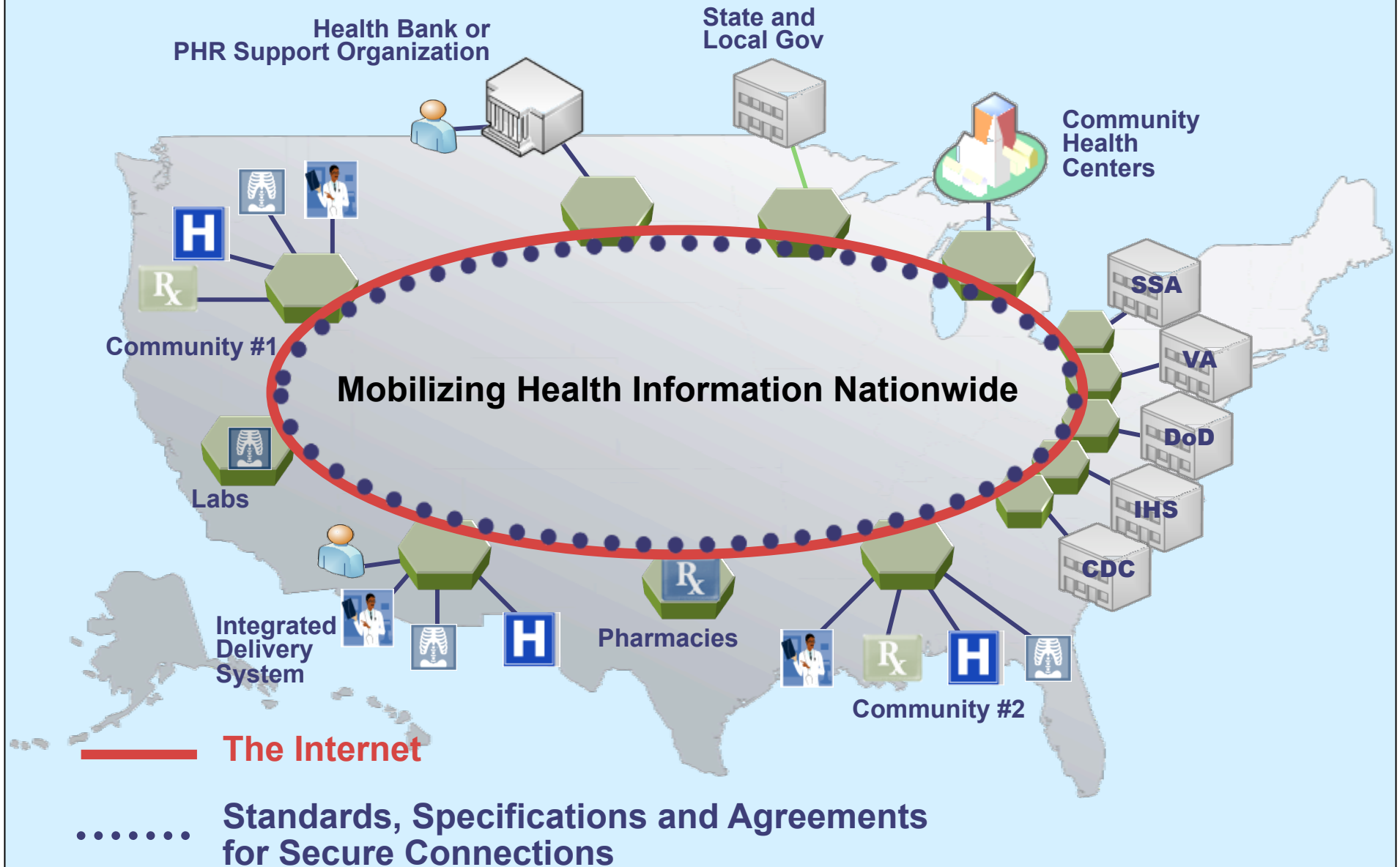
But...

- The business case for providers to facilitate electronic information flow is weak.
- It is a “public good”

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The Nationwide Health Information Network

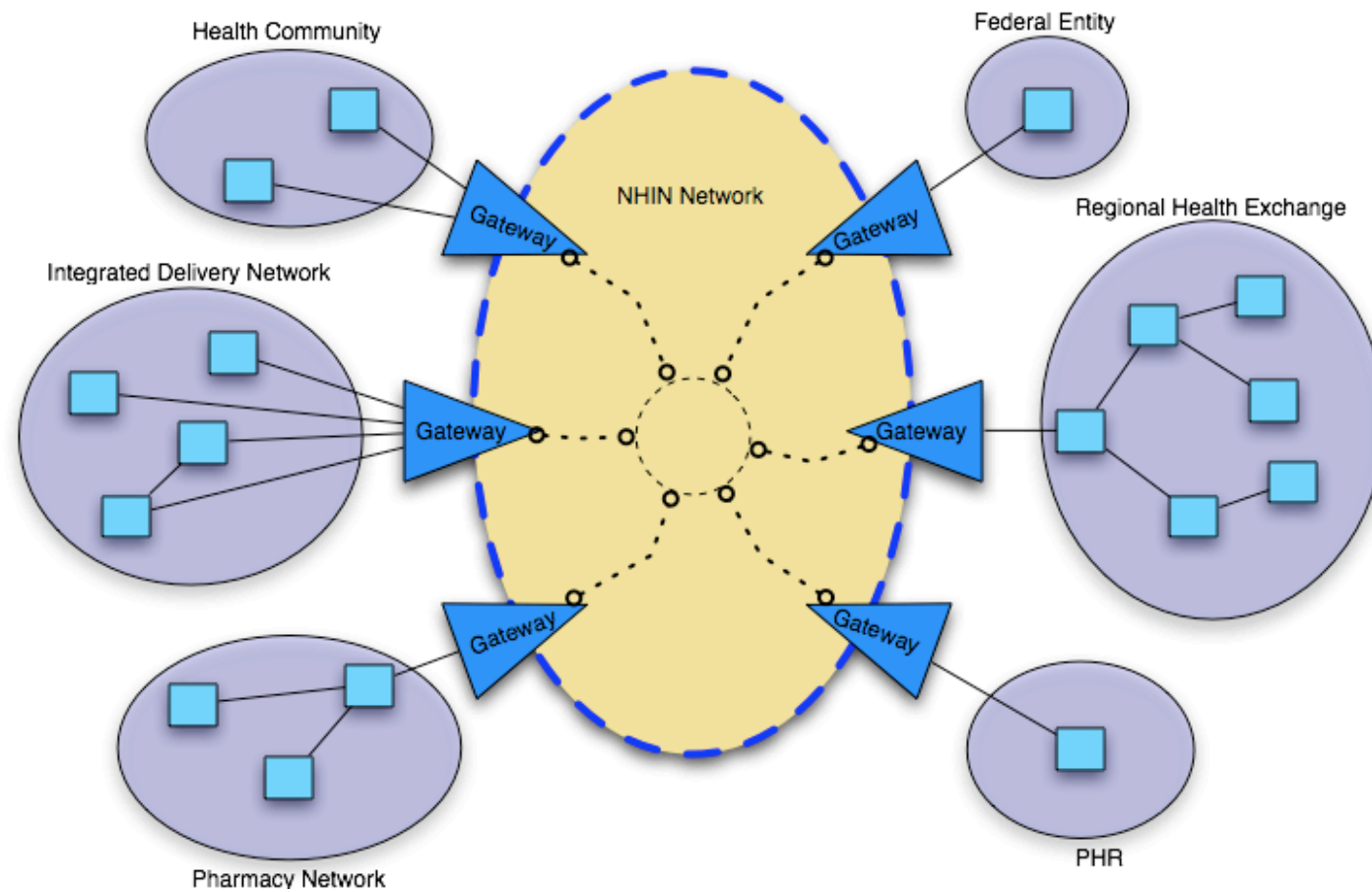


NHIN = Technology + Sociology

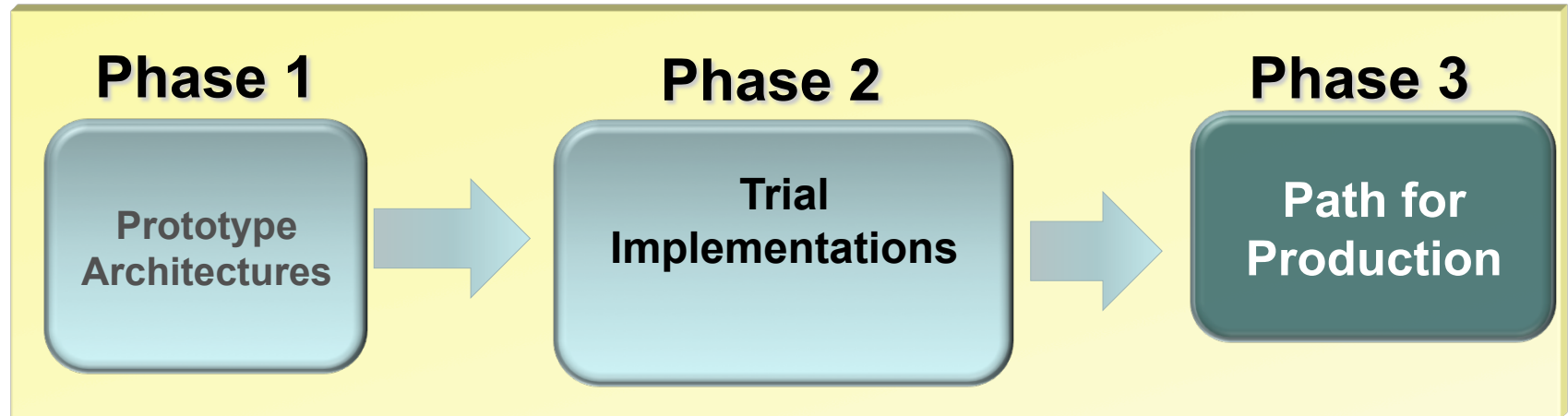
- A set of standards-based **specifications** for communicating between participants on the NHIN
- A **trust fabric** that allows for secure exchange of health information that respects individual choice. This includes:
 - Membership services ensuring only trusted entities participate
 - Certification ensuring interoperability between entities
 - Legal agreements protecting patient privacy and security
- A **governance model** that structures and defines activities, roles and responsibilities of all participants
- **Member entities** bound by NHIN mission & governance model

NHIN Architecture

The NHIN is the network that ties other health networks together in a common, interoperable infrastructure.



NHIN Roadmap



- 2007 Focus
- Evaluated technical approaches
- Demonstrated four prototype architectures

- 2008 Focus
- Formed NHIN Cooperative
- Implemented Core NHIN Services and selected Use Cases with test data
- Completed 2 Public Demonstrations

- 2009 Focus
- General Production Readiness
- Limited production
- Governance

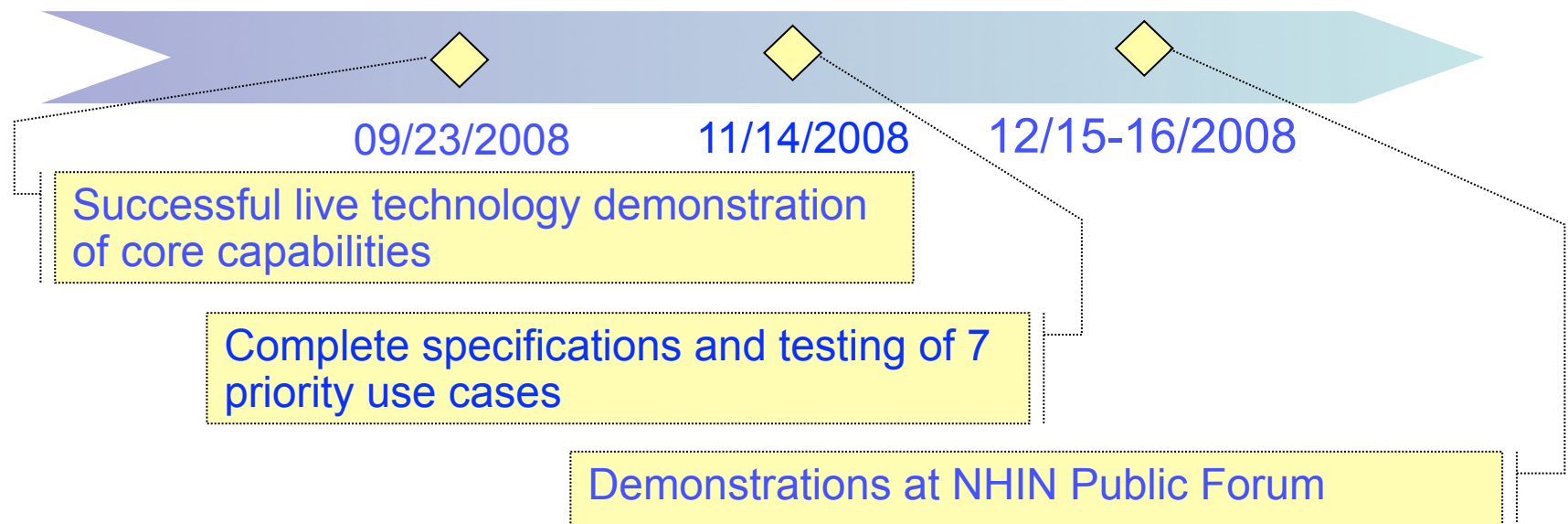
NHIN Cooperative Participants

- CareSpark
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare and Medicaid Services (CMS)
- Cleveland Clinic
- Community Health Information Collaborative (CHIC)
- Delaware Health Information Network (DHIN)
- Department of Defense (DoD)
- Department of Veterans Affairs (VA)
- HealthBridge
- HealthLINC (Bloomington Hospital)
- HealthLink RHIO (Wright State University)
- Indian Health Service (IHS)
- Kaiser Permanente
- Long Beach Network for Health (LBNH)
- Lovelace Clinic Foundation (LCF)
- MedVirginia
- New York eHealth Collaborative (NYeC)
- National Cancer Institute (NCI)
- National Disaster Medical System (NDMS)
- North Carolina Healthcare Information and Communications Alliance (NCHICA)
- Regenstrief Institute (Indiana University)
- Social Security Administration (SSA)
- West Virginia Health Information Network (WVHIN)

Phase 2: NHIN Trial Implementations Milestones (2008)

The NHIN Cooperative

- Specified, built, and tested NHIN components
- Developed trust agreement



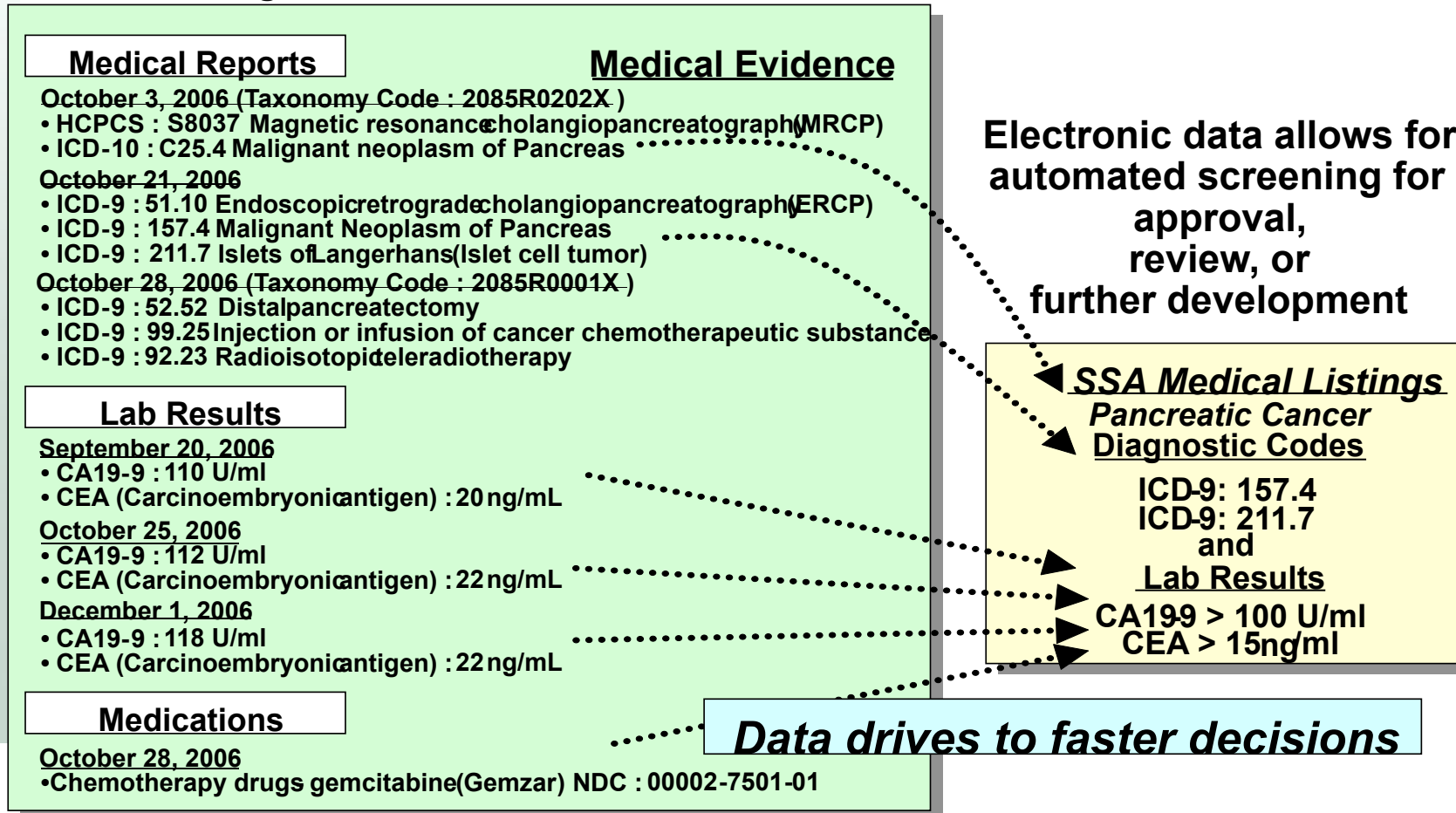
Phase 3: 2009 Limited NHIN Production Pilot

- Authorized release of information to Social Security Administration for processing disability claims
- Initial NHIN production pilot participants



Interoperability at Work: Months to Weeks (to Days?)

Claimant Allegation of Pancreatic Cancer



- Patient Benefits
- Provider Benefits
- Industry Benefits
- Agency Benefits

NHIN Connect

The **CONNECT** Initiative provides tools to enable organizations to connect to the NHIN

Federal Health Architecture multi-agency initiative

The Gateway, which implements the core services defined by the NHIN

Enterprise Service Components, which provide robust tools for specific functions

The Software Development Kit (SDK), which enables developers to customize the Gateway and add or replace enterprise service components



For More Information:

<http://healthit.hhs.gov>

Outtakes

ARRA and Health IT

“HITECH” Portion of American Recovery and Reinvestment Act of 2009

- Goal of an electronic health system by 2014
- Rooted in 2008 Strategic Plan
- Places ONC in statute
- ~\$19 Billion Authorized
 - \$2 Billion for programs
 - ~\$17 Billion for payment incentives
- Advisory committees on policy and standards
- Major section on privacy and security

Payment Incentive Programs

- Medicare and Medicaid channels
- Tied to “meaningful use” (to be defined)
- Begin in 2011 and continue for 5 years
- Amount determined by formula
- On Medicare side, maximum of ~\$44K per physician over five years

(Also reimbursement penalties for non-users beginning in 2016.)

Key Privacy Provisions

- Breach notifications – for protected health information
- Accounting for disclosures if a Covered Entity uses an EHR
- Prohibition on the sale of EHR data or protected health information without authorization
- Patient's right of access to certain information in electronic form
- Limitations on sale of health data

Two Federal Advisory Committees

- **Health IT Policy Committee**
 - Development and adoption of a nationwide Health IT infrastructure
 - Recommendations on specific areas of standard development
 - Privacy protection technologies
 - HIT infrastructure
 - Certified EHR use
- **Health IT Standards Committee**
 - Recommend Standards to ONC
 - Harmonization, pilot testing, consistency
 - Stakeholder Forum
 - Development, harmonization, recognition of standards, implementation specifications, certification criteria

Standards and Adoption Process

- **Not later than December 31, 2009**, the Secretary shall...adopt an initial set of standards, implementation specifications, and certification criteria”
- **90 days after receipt of standards** – Secretary and Federal agencies shall jointly review and determine whether or not to adopt
 - Those already adopted through the existing process “may be applied towards meeting the requirement.”

