Office of the National Coordinator for Health IT (ONC)

- Resource for the entire U.S. health system
- Supports and coordinates efforts to improve health care through:
  - Adoption of health information technology (HIT)
  - Nationwide health information exchange (HIE)
- Created in 2004, then mandated in 2009 in the Health Information Technology for Economic and Clinical Health (HITECH) Act
HITECH Vision

• A major transformation in American health care

• Help you ensure each patient receives optimal care through nationwide health information exchange

• Programs to help you overcome obstacles to adoption and Meaningful Use of electronic health records (EHRs)
Challenge: EHR Adoption Levels


Notes: Any EMR/EHR is a medical or health record system that is either all or partially electronic (excluding systems solely for billing). The 2009 data are preliminary estimates (as shown on dashed lines), based only on the mail survey. Estimates of basic and fully functional systems prior to 2006 could not be computed because some items were not collected in the survey. Starting in 2007, the skip pattern after the all or partial EMR/EHR system question was removed. Includes nonfederal, office-based physicians. Excludes radiologists, anesthesiologists, and pathologists.

Source: CDC/NCHS, National Ambulatory Medical Care Survey.
Challenge: EHR Adoption Levels

Hospital adoption levels:

• 1.5% percent of U.S. hospitals have a comprehensive electronic records system

• An additional 7.6% have a basic system

• Only 17% of hospitals have implemented computerized provider-order entry for medications

Federal Government Responds: HITECH Act

- Part of American Recovery and Reinvestment Act of 2009 (ARRA)
- Goal: Every American to have an EHR by 2014
- Systematically addresses major barriers to adoption and Meaningful Use:
  - Money/market reform
  - Technical assistance, support, and better information
  - Health information exchange
  - Privacy and security
HITECH: How the Pieces Fit Together

- Regional Extension Centers
- Workforce Training
- Medicare and Medicaid Incentives and Penalties
- State Grants for Health Information Exchange
- Standards & Certification Framework
- Privacy & Security Framework

ADOPTION

MEANINGFUL USE

EXCHANGE

Improved Individual & Population Health Outcomes

- Increased Transparency & Efficiency
- Improved Ability to Study & Improve Care Delivery

Health IT Practice Research
## How HITECH Addresses Barriers to Adoption

<table>
<thead>
<tr>
<th>Obstacle</th>
<th>Intervention</th>
<th>Funds Allocated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Market Failure, Need for Financial Resources</td>
<td>• Medicare and Medicaid EHR Incentive Programs for “Meaningful Use”</td>
<td>• $27.3 B*</td>
</tr>
<tr>
<td>Addressing Adoption Difficulties</td>
<td>• Regional Extension Centers</td>
<td>• $643 M</td>
</tr>
<tr>
<td></td>
<td>• Health IT Research/Resource Center</td>
<td>• $50 M</td>
</tr>
<tr>
<td>Workforce Training</td>
<td>• Workforce Training Programs</td>
<td>• $84 M</td>
</tr>
<tr>
<td>Addressing Technology Challenges and Providing Breakthrough Examples</td>
<td>• Strategic Health Information Technology Advanced Research Projects</td>
<td>• $60 M</td>
</tr>
<tr>
<td></td>
<td>• Beacon Communities Programs</td>
<td>• $250 M</td>
</tr>
<tr>
<td>Privacy and Security</td>
<td>• Policy Framework</td>
<td>Addressed across all Programs</td>
</tr>
<tr>
<td></td>
<td>• New Privacy and Security Policies</td>
<td></td>
</tr>
<tr>
<td>Need for Platform for Health Information Exchange</td>
<td>• NHIN, Standards and Certification Program</td>
<td>• $64.3 M</td>
</tr>
<tr>
<td></td>
<td>• State Cooperative Agreement Program</td>
<td>• $548 M</td>
</tr>
</tbody>
</table>

*$27.3 B is high scenario*
HITeCH: Catalyst for Transformation

Pre 2009
A system plagued by inefficiencies

2010
EHR Incentive Program and 62 Regional Extension Centers

2014
Widespread adoption and meaningful use of EHRs
Standards and Certification Criteria

• Develop interoperability specifications that:
  • Identify harmonized standards
  • Provide detailed technical specifications for how those standards need to be used

• Work with health care organizations and standards-development organizations to ensure that standards are available for use nationally
EHR Incentive Programs and Meaningful Use

• Medicare- and Medicaid-eligible professionals and hospitals will receive incentives for using certified EHR technology in a meaningful manner.

• The Recovery Act specifies the following 3 components of Meaningful Use:
  1. Use of certified EHR in a meaningful manner (e.g., e-prescribing)
  2. Use of certified EHR technology for electronic exchange of health information to improve quality of care
  3. Use of certified EHR technology to submit clinical quality and other measures
Meaningful Use: Criteria

• Meaningful Use certification criteria is currently under development through the Federal Notice of Proposed Rule-Making (NPRM) process.
• Eligible providers must achieve meaningful use through 24 measures; Eligible Hospitals must achieve meaningful use through 25 measures.
• Published in mid-July.
Meaningful Use: Health Outcome Policy Priorities

Improved health care coordination will lead to better health outcomes

- Improve the quality, safety, and efficiency of health care through enhanced information sharing
- Engage patients and families in their health care
- Improve population and public health
- Reduce Health Disparities
- Ensure adequate privacy and security protections for personal health information
Regional Extension Centers (RECs)

- **Goal:** Assist at least 100,000 primary care providers in achieving Meaningful Use by 2012
- Funded through 4-year Cooperative Agreements
- 60 RECs, covering 98% of the USA
  - 32 awards from 1\(^{st}\) round, awarded February 8\(^{th}\)
  - 28 awards from 2\(^{nd}\) round, awarded April 6\(^{th}\)
  - 2 awards from 3\(^{rd}\) round, awarded in September 2010
RECs and Primary Care Providers

• RECs Support Primary Providers in these priority settings:
  – Individual and small group practices focused on primary care (10 or fewer care providers)
  – Public and Critical Access Hospitals
  – Community Health Centers and Rural Health Clinics
  – Other settings that predominantly serve uninsured, underinsured, and medically underserved populations
RECs: Services for Providers

• RECs support providers in adopting and becoming Meaningful Users of HIT through comprehensive services:
  – EHR vendor selection and implementation support
  – Project management assistance
  – Workflow redesign
  – Collaborating with educational institutions to increase workforce capacity

• ONC is also developing strategies to support priority settings (example, rural health) through Communities of Practice
RECs: working with Critical Access and Rural Hospitals

- Critical Access and Rural Health Clinics are priority settings identified in REC original Funding Announcement
- Critical Access and Rural Hospital Supplemental Funding Announcement
  - ONC recognizes the great importance of and challenges in working with these entities
  - Established RECs were eligible to apply to work with CAHs and Rural Hospitals within their service area
  - RECs are eligible to receive $12,000 per CAH or RH
  - Awards were announced in September 2010
*Note: applicable regions across the nation may also be supported by the Indian Health Board Regional Extension Center, headquartered in Washington DC.
The Health Information Technology Research Center (HITRC) is charged with helping the RECs collaborate with one another and with stakeholders to identify and share best practices in:

- EHR adoption
- Meaningful use
- Provider support
Accelerate the adoption and meaningful use of EHRs

The HITRC **Convenes** Regional Extension Centers and **Provides tools** and **expertise** toward **collaboration** in **accelerating adoption and meaningful use** of health information technology that is used to improve the quality of patient care.

**Mission**

- When HITRC successfully realizes its mission, there will be at least 100,000 priority primary care physicians meaningfully using EHRs by 2012; all by 2014

**Vision**

- Full (100%) participation in the Knowledge Sharing Network
- The leading source of easily accessible health IT implementation information
- Steady increase in level of EHR implementation capabilities and expertise

**Goals**

- Convene Regional Extension Centers
- Provide Technical Assistance
- Deliver usable tools and artifacts (“stuff”)

**Objectives**
Customer Relationship Management
Tools for operating the RECs including contact management, sales force automation, project management and portal to knowledge sharing network

Knowledge Sharing Network
People, processes, lexicon and technology used to build a knowledge base supporting adoption and meaningful use of EHRs

Communities of Practice
Sponsored groups with interest in specific aspects of HIT convened to develop knowledge that supports EHR adoption

Training Services
Curricula, instructors, training services, and conferences available to RECs to increase health IT implementation and use knowledge

Practice Transformation Support
Methodologies, tools, and knowledge that will support effective and efficient workflow management in practices with EHRs

Tools and Support for Adoption and Meaningful Use
Usable and easy to locate tools and knowledge that will support high adoption and meaningful use of EHR capabilities

Collaboration Portal
A tool providing a virtual space where RECs and their partners can convene to address common issues and develop shared knowledge

Public Website
Internet-available knowledge to foster awareness of meaning of EHR implementation best practices and encourage widespread adoption and meaningful use

HITRC: offers services as part of an overall learning system
State Health Information Exchange

• **Goal**: Give every provider options for meeting health information exchange (HIE) Meaningful Use requirements

• 4-year program to support state programs to ensure the development of HIE within and across their jurisdictions

• 56 states and territories awarded funding for HIE planning and implementation

• States need an ONC-approved State Plan before federal funding can be used for implementation

• Exchange must meet national standards
Workforce Training Programs

- **Goal**: Help train up to 50,000 new HIT workers to assist providers in becoming Meaningful Users of EHRs

- Four distinct programs that aim to support the education of new HIT professionals, including:
  - Community college consortia
  - Curriculum development centers
  - University-based training
  - Competency examination program
## Workforce Training Programs

<table>
<thead>
<tr>
<th>Community College Consortia</th>
<th>Curriculum Development Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Five regional multi-institution consortia, creating non-degree training programs that can be completed in six months or less.</td>
<td>Five awards to develop educational materials for key HIT topics to be used by Community College Consortia program.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>University-Based Training Programs</th>
<th>Competency Examination Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nine awards supporting existing programs to produce trained HIT professionals (most courses of study completed in ≤12 months).</td>
<td>One award to create an objective assessment of basic competency for HIT individuals (non-degree programs and other members of workforce).</td>
</tr>
</tbody>
</table>
### Workforce: Community College Consortia Program

#### Population and Target Grant Community Colleges by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Census Population</th>
<th>Percentage of National Population</th>
<th>Minimum Students to be Trained Annually</th>
<th>Target Number of Member Community Colleges</th>
<th>Funding Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>23,171,056</td>
<td>8%</td>
<td>750</td>
<td>5-8</td>
<td>$6,200,000</td>
</tr>
<tr>
<td>B</td>
<td>47,460,504</td>
<td>15%</td>
<td>1,650</td>
<td>11-14</td>
<td>$10,750,000</td>
</tr>
<tr>
<td>C</td>
<td>65,115,773</td>
<td>21%</td>
<td>2,250</td>
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<td>$14,650,000</td>
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<tr>
<td>D</td>
<td>97,020,826</td>
<td>31%</td>
<td>3,300</td>
<td>16-22</td>
<td>$21,150,000</td>
</tr>
<tr>
<td>E</td>
<td>75,669,343</td>
<td>25%</td>
<td>2,550</td>
<td>17-23</td>
<td>$17,250,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>308,437,502</strong></td>
<td><strong>100%</strong></td>
<td><strong>10,500</strong></td>
<td><strong>70</strong></td>
<td><strong>$70,000,000</strong></td>
</tr>
</tbody>
</table>

#### Notes
- Funding Allocation: $6,200,000, $10,750,000, $14,650,000, $21,150,000, $17,250,000, $70,000,000
- Total: 308,437,502
- Percentage of National Population: 8%, 15%, 21%, 31%, 25%
- Minimum Students to be Trained Annually: 750, 1,650, 2,250, 3,300, 2,550
- Target Number of Member Community Colleges: 5-8, 11-14, 13-18, 16-22, 17-23

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**Map:** North America, United States, Lower 48

- States: AK, HI, PR, GU, VI, NV, AZ, CA, OR, WA, CO, UT, TX, NM, OK, TX, AR, LA, MO, IA, WI, MN, ND, SD, NE, KS, IL, IN, OH, WV, PA, NJ, DE, MD, VA, DC, HI, AK, TX, FL, GA, SC, NC, MO, KS, WI, MI, IL, IN, OH, WV, PA, NJ, DE, MD, VA, DC
- Map source: Health Information Technology

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**Legend:**
- Red: California, Texas, Florida, New York, Georgia
- Orange: Arizona, Colorado, Utah, Oregon, Nevada, Washington, Idaho
- Green: Minnesota, Wisconsin, Iowa, Missouri, Kansas, Nebraska, South Dakota, North Dakota, Montana, Wyoming
- Blue: Oklahoma, Arkansas, Kansas, Missouri, Illinois, Indiana, Ohio, West Virginia, Pennsylvania, New Jersey, Delaware, Maryland, Virginia, Washington, Oregon, Alaska, Hawaii, Puerto Rico, Guam

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**Maps source:** Health Information Technology

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**Graph:** Population and Target Grant Community Colleges by Region

- A: 23,171,056
- B: 47,460,504
- C: 65,115,773
- D: 97,020,826
- E: 75,669,343

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**Total:** 308,437,502

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**Percentage of National Population:**
- A: 8%
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- A: 5-8
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**Funding Allocation:**
- A: $6,200,000
- B: $10,750,000
- C: $14,650,000
- D: $21,150,000
- E: $17,250,000

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**Total Funding:** $70,000,000
Office of Provider Adoption Support (OPAS)

Goal: Assist All Providers to Achieve Meaningful Use of EHR Systems

Provider Adoption Services

Regional Extension Centers (REC)
Project Office

Community College Workforce

Health Information Technology Research Center (HITRC)

Meaningful Use
The Beacon Community Program

• **Goal**: Share best practices that help communities achieve cost savings and health improvement
• 15 demonstration communities* that will:
  – Build and strengthen their HIT infrastructure and exchange capabilities and showcase the Meaningful Use of EHRs
  – Provide valuable lessons to guide other communities to achieve measurable improvement in the quality and efficiency of health services or public health outcomes

*Two additional communities to be funded in Summer 2010
Strategic Health Information Technology Advanced Research Projects (SHARP)

- Funded research program to find breakthrough advances to overcome barriers to HIT adoption

- Projects focus on:
  - Security
  - Patient-centered cognitive support
  - Health care application and network-platform architectures
  - Secondary use of EHR data
For More Information

Visit the ONC Web site: healthit.hhs.gov
QUESTIONS?

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