The Office of the National Coordinator for Health Information Technology

SSA National Disability Forum: Acquisition and Usage of Electronic Medical Records

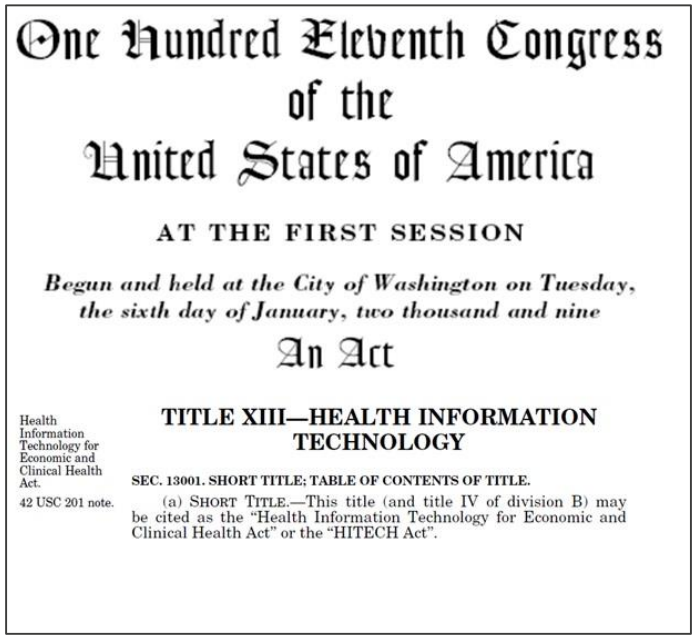
An update from the HHS Office of the National Coordinator for Health IT (ONC)

Andrew Gettinger, MD, Chief Clinical Officer, ONC

The views expressed herein do not necessarily represent the views of the Department of Health & Human Services or the United States Government (5 CFR §2635.807)

History of the Office of the National Coordinator for Health IT

- Established in 2004 by Executive Order from President Bush
- Codified in Statute in the HITECH Act 2009, part of ARA
  - » Coordinating & Convening Role across the Federal Government
  - » *Voluntary* Certification of EHRs
    - CMS partnership
    - Meaningful Use, MACRA
  - » Promote Adoption & Use of EHR's
- Priorities identified in 21st Century Cures Act



One Hundred Eleventh Congress
of the
United States of America

AT THE FIRST SESSION

Begun and held at the City of Washington on Tuesday, the sixth day of January, two thousand and nine

An Act

Health Information Technology for Economic and Clinical Health Act.
42 USC 201 note.

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".

ONC “In a Nutshell”

The Office of the National Coordinator for Health Information Technology

- ONC focuses on the Administration’s priority of building a health system that delivers value and maximizes the promise of health IT.
- Specifically, we use all of our levers to accelerate individuals’ ability to access and send their health information so they can shop for and coordinate care.

A Focus on 21st Century Cures

ONC is fully focused on the two 21st Century Cures Act's priorities of increasing nationwide interoperability and improving usability/reducing clinician burden.

- Our work on interoperability includes:
  - Rulemaking to advance proposals for open, accessible application programming interfaces (APIs) ***without special effort***.
  - Rulemaking will also identify behaviors ***not*** considered to be information blocking to support OIG's enforcement of Cures' information blocking provisions.
  - Advancement of a Trusted Exchange Framework & Common Agreement to set common principles, terms, and conditions that facilitate trust between disparate health information networks.
- Our work on usability includes:
  - Working closely with the Centers for Medicare and Medicaid Services (CMS) to reduce administrative and reporting burden among clinicians.

ONC Resources

- Health IT Certification Resources
  - » 2015 Certification Criteria - https://www.healthit.gov/topic/certification-ehrs/2015-edition
  - » Certified health IT product list - https://chpl.healthit.gov/

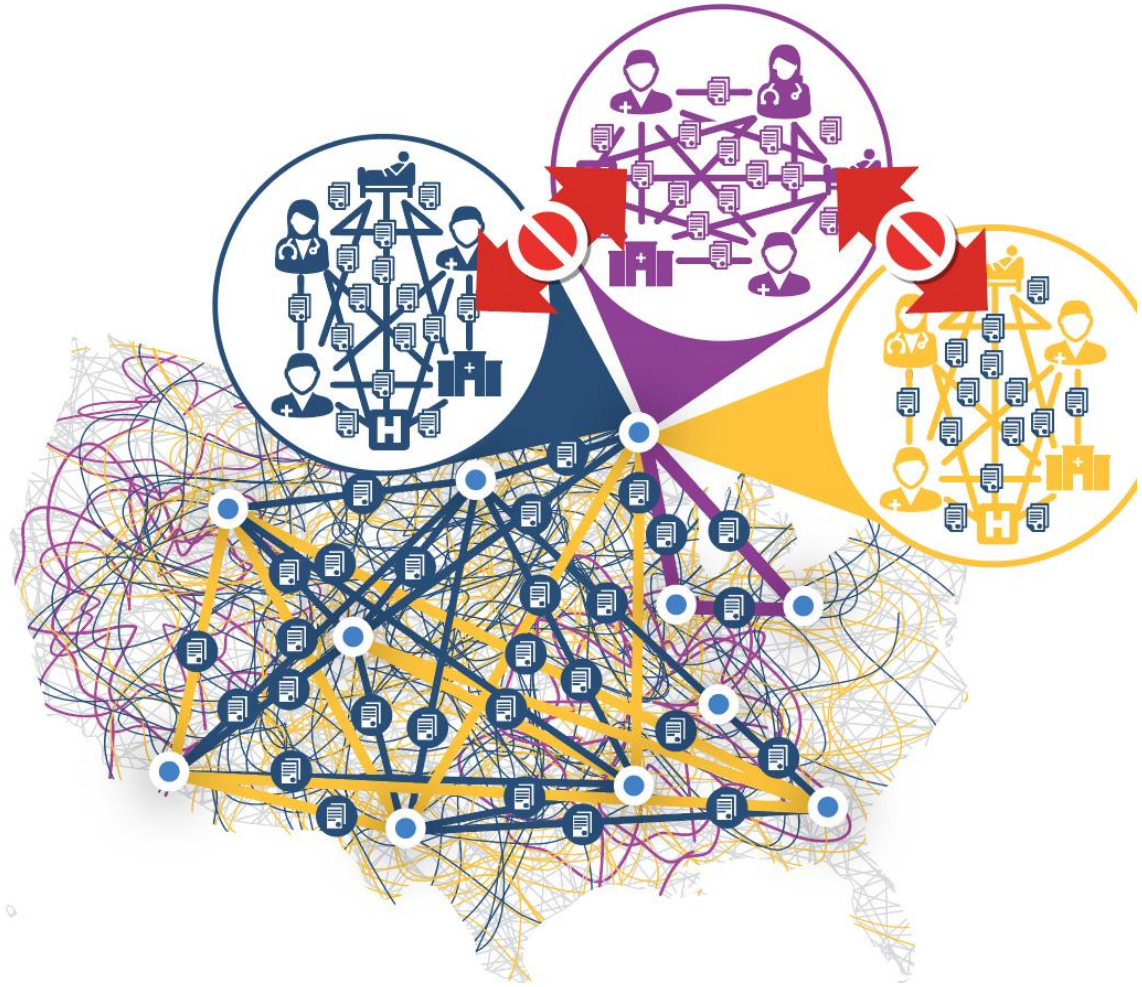
- Interoperability Standards Advisory - https://www.healthit.gov/isa/

Challenge: Current complexity of connecting Health IT networks

CURRENT PROLIFERATION OF AGREEMENTS

Many organizations have to join multiple Health Information Networks, and the HINs do not share data with each other.

Trusted exchange must be simplified in order to scale.



Each line color on the map represents a different network. There are well over 100 networks in the U.S.

Solution: Trusted Exchange Framework: Definition and Goals

The Trusted Exchange Framework is a set of common principles, terms, and conditions that facilitate trust between disparate health information networks. It will be maintained and updated by ONC.

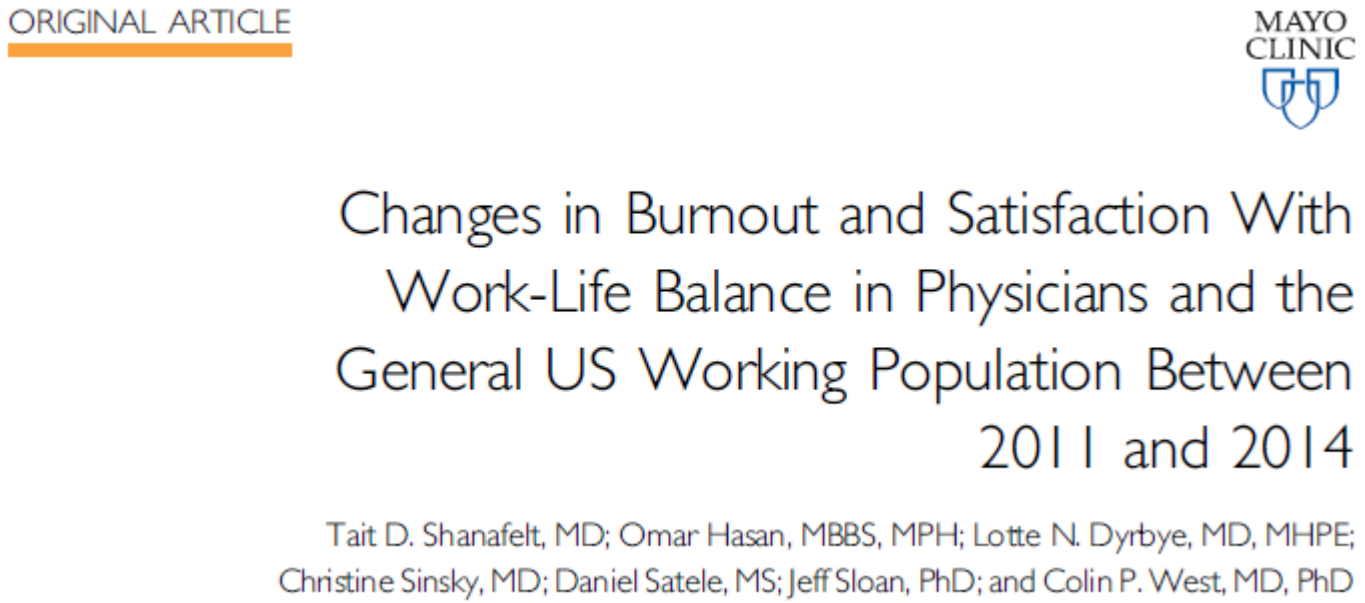
Provide a single "on-ramp" to interoperability for all

Support nationwide scalability and sustainability

Foster market competition on data services

Trusted Exchange Network Permitted Purposes

Health IT Challenges: Clinician Burden



ORIGINAL ARTICLE

MAYO CLINIC

Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014

Tait D. Shanafelt, MD; Omar Hasan, MBBS, MPH; Lotte N. Dyrbye, MD, MHPE; Christine Sinsky, MD; Daniel Satele, MS; Jeff Sloan, PhD; and Colin P. West, MD, PhD

- 2015 Study – Conclusion: "Burnout and satisfaction with work-life balance in US physicians worsened from 2011 to 2014. More than half of US physicians are now experiencing professional burnout."

Health IT Challenges: Cybersecurity

The cost of a data breach in healthcare averages $717k: 5 report findings

Written by Julie Spitzer | April 06, 2018 | Print | Email

MedStar Ransomware Attack Caused by Known Security Flaw

By Jacqueline Belliveau

April 07, 2016 - Last month's ransomware attack on MedStar Health's computer systems was from a well-known security vulnerability in an application server, according to an ***Associated Press*** **article**.

69% of healthcare organizations don't have an incident response plan for cyberattacks, survey finds

The majority of healthcare security and IT professionals — 69 percent — indicated their organization does not have a cybersecurity incident response plan that is consistently applied across the entire enterprise, according to a survey sponsored by IBM Resilient. *By Jessica Kim Cohen - 3/16/18*

Health IT Future Directions: Application Programming Interface (API)

- Required by 2015 Certification criteria
- Will allow more seamless access to data currently residing in EHRs
- APIs generally being built on HL7 FHIR Standard
- Tremendous potential for improved data interoperability
- ONC hosting P2 FHIR Task Force
- HL7 DaVinci Project

Health IT Future Directions: Patient Centric HIT

- Health data belongs to the patient
- More easily shop for care by accessing and sharing their electronic record as allowed under HIPAA.
- Innovative and disruptive applications hold potential to put more health data directly under the patient's control

The Office of the National Coordinator for Health Information Technology

Thank you

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