

**American Health Information Community
Biosurveillance Workgroup
Implementation Plan**

Office of the National Coordinator for Health Information Technology

January 17, 2006

Background:

The threat of significant natural or man-made health events is a critical issue for the nation. The ability to detect events rapidly, manage the events and appropriately mobilize resources in response can save lives. Information from hospitals, other providers, and ancillary facilities can be electronically reported and monitored without identifying patients, and serve to provide a near real-time view of the health of our communities. These data can be shared with and among local, state, and federal public authorities to support shared and unique needs at all levels of government.

Substantial work is underway in Biosurveillance systems at the state and local level through the Public Health Information Network and systems like NCHES in North Carolina, New York City's syndromic surveillance efforts, though BioSense at the Centers for Disease Control and Prevention and, for linking to agriculture, environmental and other networks, through the NBIS project at the Department of Homeland Security. The State Department and other agencies have been supporting the advancement of Biosurveillance nationally and internationally as well. The work of the Community will accelerate and build upon these efforts already underway and particularly focus on the benefits for using clinical care data to support biosurveillance needs.

At its November 29, 2005, meeting, the American Health Information Community (the Community) recommended the formation of a Workgroup on biosurveillance. The meetings of this Workgroup will be public and all documents discussed will be made available to the public. The Community further recommended that this Workgroup develop a plan to realize a specific charge (transmitting certain data from health care providers to public health systems) within one year, which is visible to the American public and works towards a broader charge (implementing a public health monitoring/response system) over time. This document presents the National Coordinator for Health Information Technology's plan for implementing these recommendations.

Charges will help the Community make recommendations based up the most complete information.

Broad Charge for the Workgroup:

Make recommendations to the Community to implement the informational tools and business operation to support real-time nationwide public health event monitoring and rapid response management across public health and care delivery communities and other authorized government agencies.

Specific Charge for the Workgroup:

Make recommendations to the Community so that within one year, essential ambulatory care and emergency department visit, utilization, and lab result data from electronically enabled health care delivery and public health systems can be transmitted in standardized and anonymized format to authorized public health agencies within 24 hours.

Workgroup Members:

Co-chairs: Julie Gerberding, Centers for Disease Control and Prevention
Mitch Roob, Indiana Family and Social Services Administration

ONC: Karen Bell, Office of the National Coordinator
Kelly Cronin, Office of the National Coordinator

Members: Larry Biggio, State of Wyoming
Michael Barr, American College of Physicians
Mary Brady, National Institute of Standards and Technology
Leah Devlin, NC Department of Health and Human Services
Dr. Bopper Deyton, Veterans Health Administration
Thomas Frieden, New York City Health Commissioner
Brian Keaton, American College of Emergency Physicians
John Loonsk, Office of the National Coordinator
Adele Morris, Office of Economic Policy at the Treasury Department
LTC David Parramore, Department of Defense
Mark Rothstein, National Committee on Vital and Health Statistics
Ed Sondik, Centers for Disease Control and Prevention

Hospital Industry (To Be Determined)
Department of Homeland Security (to be Determined)

Support:

The Office of the National Coordinator and other agencies will approach this workgroup in the following 3 ways:

1. The Office of the National Coordinator, Office of Health Information Technology Adoption, will provide analytic support.
2. The Health Information Technology Standards Panel and the Certification Commission for Health Information Technology, both contractors to the Office of the National Coordinator, will designate a Workgroup liaison as required by their contracts.
3. A Federal Health IT Policy Council, composed only of Federal employees, will be formed to consider Federal policy issues that are raised across all Breakthroughs as recommended by the Community. We define a Breakthrough as the use of health information technology that produces a tangible and specific value to the health care consumer and that can be realized within a 2-3 year period. The Council will help identify whether and how the Federal government can address Community recommendations. There will be liaisons from the Council to interact with the Workgroup who can also identify issues that the Council should consider.

Quarterly Milestones:

Because of the urgency of this goal and the short timeframe for implementation, the Office of the National Coordinator will manage accountability on a quarterly basis. The following quarterly milestones represent the key metrics for this Workgroup in making recommendations to the American Health Information Community.

First Quarter 2006:

- 1) Identify existing tools and solutions that could be rapidly deployed and present recommendations to the Community.
- 2) Identify local, state, federal agencies, NGOs, and private entities that are needed to support the tools and solutions.
- 3) Present a detailed timeline for realization of the specific charge to the Community.

Second Quarter 2006:

- 1) Identify public and business policies that need to be changed or that are needed to meet the specific charge, and make recommendations to the Community.
- 2) Consider privacy issues that may arise from this effort, and report discussions to the Community.
- 3) Review standards architecture and certification criteria relevant to the realization to the goal and make recommendations to the Community.

Third Quarter 2006:

- 1) Make recommendations to the Community to identify deployment targets and models for deployment.
- 2) Make recommendations to the Community to develop an education and awareness plan.
- 3) Make recommendations to the Community to develop a timetable to transition from the specific charge to the broad charge.

Fourth Quarter 2006:

- 1) Make recommendations to the Community to implement a pilot effort and a rollout plan that will realize the specific charge.
- 2) Evaluate the year and progress toward achieving the broad charge.

**American Health Information Community
Consumer Empowerment Workgroup
Implementation Plan**

Office of the National Coordinator for Health Information Technology

January 17, 2006

Background:

Consumer empowerment requires the active involvement of consumers in managing their health care. Active involvement, in turn, requires consumers to have access to their health information in an easily accessible format. This includes having a personal health record to track family history, medications, and other special conditions affecting a consumer.

As part of a personal health record, a medication history provides the consumer with a list of their medications in an easily accessible format. Most individuals do not know the specific medications and exact dosages that have been prescribed to them and often do not know allergies they have. In addition, clinicians do not always have consistent prescription information about the same individual. Too often, this results in errors or unnecessary treatments. A medication history would have the current data in one location, available to the individual and to each authorized healthcare provider. If a provider were to reference such a complete electronic medication list prior to prescribing new medications, drug-to-drug interactions with subsequent prescriptions could be avoided.

A core part of a personal health record is registration information. Filling out multiple forms is a common part of health care for consumers. These forms collect information such as name, address, insurance, medications, allergies, etc. A single electronic health registration will make it easier for individuals to give their information and for clinicians to use it. Additionally, the consumer could update the information once and share it with all providers immediately as needed.

At its November 29, 2005, meeting, the American Health Information Community (the Community) recommended the formation of a Workgroup on consumer empowerment. . . The meetings of this workgroup will be public and all documents discussed will be made available to the public. The Community further recommended that this Workgroup develop a plan to realize a specific charge (deployment of pre-populated electronic registrations and medication histories) within one year that is visible to the American public and that works towards a broader charge (widespread adoption of personal health records) over time. This document presents the National Coordinator for Health Information Technology's plan for implementing these recommendations.

Charges will help the Community make recommendations based on the most complete information.

Broad Charge for the Workgroup:

Make recommendations to the Community to gain wide spread adoption of a personal health record that is easy-to-use, portable, longitudinal, affordable, and consumer-centered.

Specific Charge for the Workgroup:

Make recommendations to the Community so that within one year, a pre-populated, consumer-directed and secure electronic registration summary is available to targeted populations. Make additional recommendations to the Community so that within one year, a widely available pre-populated medication history linked to the registration summary is deployed.

Workgroup Members:

Co-chairs: Nancy Davenport-Ennis, National Patient Advocate Foundation
Linda Springer, Office of Personnel Management

ONC: Karen Bell, Office of the National Coordinator
Kelly Cronin, Office of the National Coordinator

Members: Jodi Daniel, Office of the National Coordinator
LTC Davette Murray, Department of Defense
Lorraine Doo, Centers for Medicare and Medicaid Services
Kevin Hutchinson, Surescripts
Robert Kolodner, Veterans Health Administration
David Lansky, Markle Foundation
Ross Martin, Pfizer
Susan McAndrew, Department of Health and Human Services
David McLean, RxHub
Nancy Neilsen, American Medical Association
Lynne Rosenthal, National Institute of Standards and Technology
Scott Serota, BlueCross BlueShield
Steve Shihadeh, Microsoft

Consumer Portal Industry (To Be Determined)

Consumer Representative (To Be Determined)

Support:

The Office of the National Coordinator and other agencies will approach this workgroup in the following 3 ways:

1. The Office of the National Coordinator, Office of Health Information Technology Adoption, will provide analytic support.
2. The Health Information Technology Standards Panel and the Certification Commission for Health Information Technology, both contractors to the Office of the National Coordinator, will designate a Workgroup liaison as required by their contracts.
3. A Federal Health IT Policy Council, composed only of Federal employees, will be formed to consider Federal policy issues that are raised across all Breakthroughs as

recommended by the Community. We define a Breakthrough as the use of health information technology that produces a tangible and specific value to the health care consumer and that can be realized within a 2-3 year period. The Council will help identify whether and how the Federal government can address Community recommendations. There will be liaisons from the Council to interact with the Workgroup who can also identify issues that the Council should consider.

Quarterly Milestones:

Because of the urgency of this goal and the short timeframe for implementation, the Office of the National Coordinator will manage accountability on a quarterly basis. The following quarterly milestones represent the key metrics for this Workgroup in making recommendations to the American Health Information Community.

First Quarter 2006:

- 1) Identify existing tools and solutions that could be rapidly deployed and present recommendations to the Community.
- 2) Identify local, state, federal agencies, NGOs, and private entities that are needed to support the tools and solutions.
- 3) Present a detailed timeline for realization of the specific charge to the Community.

Second Quarter 2006:

- 1) Identify public and business policies that need to be changed or that are needed to meet the specific charge, and make recommendations to the Community.
- 2) Consider privacy issues that may arise from this effort, and report findings to the Community.
- 3) Review standards architecture and certification criteria relevant to the realization to the goal and make recommendations to the Community.

Third Quarter 2006:

- 1) Make recommendations to the Community to identify deployment targets and models for deployment.
- 2) Make recommendations to the Community to develop an education and awareness plan.
- 3) Make recommendations to the Community to develop a timetable to transition from the specific charge to the broad charge.

Fourth Quarter 2006:

- 1) Make recommendations to the Community to implement a pilot effort and a rollout plan that will realize the specific charge.
- 2) Evaluate the year and progress toward achieving the broad charge.

**American Health Information Community
Chronic Care Workgroup
Implementation Plan**

Office of the National Coordinator for Health Information Technology

January 17, 2006

Background:

Whether a person has diabetes, asthma, or obesity, automated tools that support the collection and transmission of health status information can help reduce the morbidity and consequences of chronic disease. Information tools can help collect and report symptoms or side effects, as well as assist in improving treatment and compliance. Additionally, information tools can allow a physician to monitor progress and make suggestions or adjustments to treatments with little effort.

The American Health Information Community (the Community) has recommended that chronic care management be an important priority for its attention. Therefore, a Workgroup will be formed to facilitate chronic care monitoring and improved chronic care delivery. The meetings of this Workgroup will be public and all documents discussed will be made available to the public. This Workgroup will develop a plan to realize a specific charge (widespread use of secure messaging) within one year, which is visible to the American public and works towards a broader charge (remote monitoring) over time. This document presents the National Coordinator for Health Information Technology's plan for implementing this effort.

Charges will help the Community make recommendations based on the most complete information.

Broad Charge for the Workgroup:

Make recommendations to the Community to deploy widely available, secure technologies solutions for remote monitoring and assessment of patients and for communication between clinicians about patients.

Specific Charge for the Workgroup:

Make recommendations to the Community so that within one year, widespread use of secure messaging, as appropriate, is fostered as a means of communication between clinicians and patients about care delivery.

Workgroup Members:

Co-chairs: Craig Barrett, Intel
 Mark McClellan, Centers for Medicare and Medicaid Services

ONC: Karen Bell, Office of the National Coordinator
 Kelly Cronin, Office of the National Coordinator

Members: Shaygan Kheradpir, Verizon
Herb Kuhn, Centers for Medicare and Medicaid Services
Mohan Nair, Regence Group
John Rother, AARP
Jay Sanders, American Telemedicine Association
Tony Trenkle, Centers for Medicare and Medicaid Services

United States Department of Agriculture (To Be Determined)
Privacy Expert (To Be Determined)
Health Resources and Services Administration (To Be Determined)
Physician Group Representative (To Be Determined)

Support:

The Office of the National Coordinator and other agencies will approach this workgroup in the following 3 ways:

1. The Office of the National Coordinator, Office of Health Information Technology Adoption, will provide analytic support.
2. The Health Information Technology Standards Panel and the Certification Commission for Health Information Technology, both contractors to the Office of the National Coordinator, will designate a Workgroup liaison as required by their contracts.
3. A Federal Health IT Policy Council, composed only of Federal employees, will be formed to consider Federal policy issues that are raised across all Breakthroughs as recommended by the Community. We define a Breakthrough as the use of health information technology that produces a tangible and specific value to the health care consumer and that can be realized within a 2-3 year period. The Council will help identify whether and how the Federal government can address Community recommendations. There will be liaisons from the Council to interact with the Workgroup who can also identify issues that the Council should consider.

Quarterly Milestones:

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First Quarter 2006:

- 1) Identify existing tools and solutions that could be rapidly deployed and present recommendations to the Community.
- 2) Identify local, state, federal agencies, NGOs, and private entities that are needed to support the tools and solutions.
- 3) Present a detailed timeline for realization of the specific charge to the Community.

Second Quarter 2006:

- 1) Identify public and business policies that need to be changed or that are needed to meet the specific charge, and make recommendations to the Community.
- 2) Consider privacy issues that may arise from this effort, and report findings to the Community.

- 3) Review standards architecture and certification criteria relevant to the realization to the goal and make recommendations to the Community.

Third Quarter 2006:

- 1) Make recommendations to the Community to identify deployment targets and models for deployment.
- 2) Make recommendations to the Community to develop an education and awareness plan.
- 3) Make recommendations to the Community to develop a timetable to transition from the specific charge to the broad charge.

Fourth Quarter 2006:

- 1) Make recommendations to the Community to implement a pilot effort and a rollout plan that will realize the specific charge.
- 2) Evaluate the year and progress toward achieving the broad charge.

**American Health Information Community
Electronic Health Record Workgroup
Implementation Plan**

Office of the National Coordinator for Health Information Technology

January 17, 2006

Background:

Widespread adoption of Electronic Health Records (EHRs) requires reducing the loss and risk physicians face when investing in these technologies. Ensuring that EHRs comply with minimal standards for functionality, security and interoperability can reduce this risk. Also, risk and cost can be reduced by services that offer implementation support to physicians so they can re-engineer their business processes as part of their EHR implementation.

The American Health Information Community (the Community) has recommended that EHR adoption be its top priority. Therefore, a Workgroup will be formed to analyze barriers to EHR adoption. The meetings of this Workgroup will be public and all documents discussed will be made available to the public. This Workgroup will develop a plan to realize a specific charge (deploying a standardized means of accessing/deploying lab results/interpretations) within one year, which is visible to the American public and works towards a broader charge (ensuring widespread adoption of certified EHRs) over time. This document presents the National Coordinator for Health Information Technology's plan for implementing this effort.

Charges will help the Community make recommendations based on the most complete information.

Broad Charge for the Workgroup:

Make recommendations to the Community on ways to achieve widespread adoption of certified EHRs, minimizing gaps in adoption among providers.

Specific Charge for the Workgroup:

Make recommendations to the Community so that within one year, standardized, widely available and secure solutions for accessing current and historical laboratory results and interpretations is deployed for clinical care by authorized parties.

Workgroup Members:

Co-chairs: Lillie Gelinas, VHA, Inc.
Jonathan Perlin, Department of Veterans Affairs

ONC: Karen Bell, Office of the National Coordinator
Kelly Cronin, Office of the National Coordinator

Members: Scott Becker, Association of Public Health Laboratories
Carolyn Clancy, Agency for Healthcare Research and Quality

Bart Harmon, Department of Defense
John Houston, NCVHS
Charles Kahn, Federation of American Hospitals
George Lynn, American Hospital Association
Alan Mertz, American Clinical Lab Association
Blackford Middleton, HIMSS
Pam Pure, McKesson
Barry Straube, Centers for Medicare and Medicaid Services
John Tooker, American College of Physicians

Support:

The Office of the National Coordinator and other agencies will approach this workgroup in the following 3 ways:

1. The Office of the National Coordinator, Office of Health Information Technology Adoption, will provide analytic support.
2. The Health Information Technology Standards Panel and the Certification Commission for Health Information Technology, both contractors to the Office of the National Coordinator, will designate a Workgroup liaison as required by their contracts.
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First Quarter 2006:

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- 2) Identify local, state, federal agencies, NGOs, and private entities that are needed to support the tools and solutions.
- 3) Present a detailed timeline for realization of the specific charge to the Community.

Second Quarter 2006:

- 1) Identify public and business policies that need to be changed or that are needed to meet the specific charge, and make recommendations to the Community.
- 2) Consider privacy issues that may arise from this effort, and report findings to the Community.
- 3) Review standards architecture and certification criteria relevant to the realization of the goal and make recommendations to the Community.

Third Quarter 2006:

- 1) Make recommendations to the Community deployment targets and models for deployment.
- 2) Make recommendations to the Community on the scope, content and deployment of an education and awareness plan.
- 3) Make recommendations to the Community to develop a timetable to transition from the specific charge to the broad charge.

Fourth Quarter 2006:

- 1) Make recommendations to the Community to implement a pilot effort and a rollout plan that will realize the specific charge.
- 2) Evaluate the year and progress towards achieving the broad charge.