



DEPARTMENT of HEALTH and HUMAN SERVICES

Office of the National Coordinator
for Health Information Technology

FY 2008 Annual Performance Report

Introduction

This FY 2008 Annual Performance Report provides information on the Office of the National Coordinator for Health Information Technology's actual performance and progress in achieving the goals established in the FY 2008 Annual Performance Plan, which was published in February 2007.

The goals and objectives contained within this document support the Department of Health and Human Services' Strategic Plan (available at <http://aspe.hhs.gov/hhsplan/2007/>)

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 2008 Annual Performance Report. This report outlines the considerable progress made in continued support of the President's and Secretary's priority initiatives related to the advancement of health information technology and reflects the goals and objectives in the Department's FY 2007-2012 Strategic Plan. Additionally, the Performance Assessment Rating Tool (PART) process continues to be a critical tool for evaluating program effectiveness and developing strategies to increase adoption of health information technology.

To the best of my knowledge, the performance data reported in this Report is 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 2008 Annual Performance Report 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 make progress toward the goal that most Americans will have access to electronic health records by 2014. It has provided a shared vision of what needs to be accomplished with our partners and provides a consistent and effective way to measure our achievements and to strive for continued improvement.

Robert M. Kolodner, M.D.
National Coordinator for
Health Information Technology

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

Table of Contents

FY 2008 Annual Performance Report	Page
<i>Summary of Performance Targets and Results Table</i>	5
<i>Performance Detail</i>	6
Performance Narrative	6
Standards	6
Architecture and Adoption.....	8
<i>ONC Support for HHS Strategic Plan</i>	13
Discussion of ONC's Strategic Plan.....	13
Links to HHS Strategic Plan.....	17
<i>Program Evaluations</i>	19
Health Information Security and Privacy Collaboration.....	19
State Alliance for E-Health	19
State-Level Health Information Exchange: Roles in Ensuring Governance and Advancing Interoperability.....	20
<i>Data Source and Validation Table</i>	21
<i>Disclosure of Assistance by Non-Federal Parties</i>	21

Summary of Performance Targets and Results Table

Fiscal Year	Total Targets	Targets with Results Reported	Percent of Targets with Results Reported	Total Targets Met	Percent of Targets Met
2005	1	1	100	1	100
2006	1*	1	100	1	100
2007	3	3	100	1	33
2008	4	**0	**0	**	
2009	4				

* FY 2005 was the baseline year. No adoption survey was conducted during 2006 so no data are available.

** A survey was released in June 2008; the final results from the survey for measure 1.3.2, 1.3.3, 1.3.4 and 1.3.7 will be available in February 2009. A new outcome measure, 1.3.5, was 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 President called for most Americans to have access to electronic health records (EHRs) by the year 2014. During FY 2008, ONC measured progress toward this objective by setting ambitious goals for four 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. Under development is a sixth measure related to the Architecture Program that will monitor progress of the advancement of the Nationwide Health Information Network. This measure is expected to be in place during FY 2009.

Performance Narrative

Standards

Outputs and Outcomes Table

#	Key Outcome	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
Long-Term Objective 1: Increase adoption of Electronic Health Records (EHRs)								
1.3.5	Increase in implementation of recognized standards in Federal and commercial systems.	N/A	N/A	N/A	N/A	N/A	N/A	Baseline

ONC established a new performance measure in FY 2008, 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 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 survey for the Health IT scorecard 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 various aspects of health care who collaboratively select and harmonize standards for health IT. 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. As of June 2008, there were more than 410 member organizations involved and more than 19,000 volunteer hours supported these results.

The Certification Commission for Healthcare Information Technology (CCHIT) continues the ongoing work of developing specific criteria for health IT systems and then evaluating products and systems to determine that they meet the criteria for security, interoperability and functionality. This process 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 assessed through the President’s Management Agenda Health Information Scorecard that identifies health information criteria against which applicable agencies are assessed each quarter. To facilitate this assessment, a health information survey is conducted to determine, in part, progress towards achieving scorecard 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

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
Long-Term Objective 1: Increase adoption of Electronic Health Records (EHRs)								
1.3.2	Increase physician adoption of EHRs	10%	N/A*	18%	14%	24%	Feb-09	30%
1.3.3	Increase the percentage of small practices with EHRs	N/A	4%	5%	9%	8%	Feb-09	11%
1.3.4	Percent of physician offices adopting ambulatory EHRs in the past 12 months that meet certification criteria	N/A	N/A*	Baseline	27%	25%	Feb-09	30%

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
Long-Term Objective 1: Increase adoption of Electronic Health Records (EHRs)								
1.3.7	Cost per physician for adopting certified EHRs	N/A	N/A	Baseline	\$410	\$245	Feb-09	\$270

*FY 2005 was the baseline year; no adoption survey was conducted in FY 2006 so no data are available.

Architecture Measure

ONC is working to develop a new measure that will replace the measure cited in previous reports: 1.3.6 develop a mature Nationwide Health Information Network (NHIN) architecture that will support broad health information exchange. The new measure will more effectively reflect the progress being made with the advancement of the NHIN and will be established during FY 2009.

Adoption Measures

Through three performance measures (1.3.2, 1.3.3 and 1.3.4 in the Outcomes Table), ONC monitors its progress toward the ultimate goal of most Americans having access to interoperable EHRs. These measures were established through the Program Assessment Rating Tool (PART) review 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 2009 (1.3.6) that will monitor the progress being made toward developing broad health information exchange through the NHIN.

The key ONC performance measure is to increase physician adoption of EHRs to more than 50 percent by 2014. The new availability of EHRs that are certified for specific functionalities and security addresses some of the concerns that physicians have had when making their investments and will assist in achieving this goal. 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; and additional concerns related to privacy and security, access to data, connectivity along with many others.

In 2007, ONC funded the development and fielding of a standardized national survey to measure outpatient adoption of EHRs. A subset of these 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. CDC has expanded the

sample size of its NAMCS to measure the adoption rate of EHRs by mailing survey questionnaires to an additional 10,000 physicians. This will allow HHS to measure and monitor measurement of the adoption rate among small and rural physician practices.

The results for the adoption measures are calculated using a standardized methodology developed in FY 2005 by an expert panel working with ONC. Standardized survey questions were developed along with a methodology for ongoing measurement of physician adoption. While the first few years of measurement and reporting have been based on available data and current state of EHR development, as EHRs become more and more interoperable, the methodology and survey will remain standardized in its application, become more widely accepted, and referenced. One factor used in this methodology describes the factors that make up an EHR. The four characteristics that define minimal functionality in an EHR 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.

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 results of the 2007 outpatient adoption survey indicate that 14 percent of physicians have adopted “minimally functional” EHRs – those systems that can record and manage progress notes, order tests, record test results and electronically prescribe medications. While this is lower than the anticipated rate of 18 percent in 2007, it does represent an increase over the prior year result of 10 percent.

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. 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. Note that small physician practices will also be more likely to have practices in underserved settings.

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 2007 survey results for this measure indicated that the rate of adoption for small practices with EHRs surpassed the target of 5 percent by achieving 9 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 CCHIT. Fiscal year 2007 was the first year that this question was included in any survey of physician adoption of EHRs. Survey results established a baseline of 27 percent. 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 results will be available with the results of the 2008 adoption survey, which will be reported in February 2009.

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 office workflow will be impacted continue to inhibit more widespread progress toward the 2014 goal. 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, which will help measure the effectiveness of programs developed to improve adoption can be evaluated, will be conducted during FY 2009. The collection of this data will enable ONC to begin monitoring a national rate of hospital EHR adoption.
- 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.
- A standard approach, or methodology, was developed to measure and demonstrate the value of using specific types of health information exchange. Demonstration projects were initiated in two geographically distributed areas during 2008 to validate and measure the value of secure messaging. This activity will yield at least one year of data with respect to outcome assessment and to demonstrate the value of using health IT in providing care. Data generated will be analyzed with a report published in 2009. This report will inform aspects of the NHIN that would require modification.
- 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

- ONC worked closely with the Centers for Medicare and Medicaid Services (CMS) to launch a national pilot to encourage the adoption of EHRs in small physician offices. Over a five-year period, Medicare will pay select practices a fee for using certified EHRs to meet clinical quality standards.

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. This plan supports the President's goal of most Americans having access to EHRs by 2014, as well as the Secretary's Priorities to provide value-driven health care, information technology, and national preparedness in emergencies and disasters.

Statement of ONC Vision and Progress

[Executive Order 13335](#) established the position of the National Health Information Technology Coordinator to fulfill the President's vision of the widespread adoption 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.

Vision

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

As the public and private sectors work together under ONC leadership toward a future of connected care, the vision of a health care system that puts patients first, enables better management and coordination of care, reduces errors and increases convenience gives focus to ONC's path forward. It is a system that must inherently provide incentives to encourage patients and providers to select health care services

that combine high quality with cost effectiveness. This connected system should also encourage competition based on value. A prerequisite for such a system is the widespread adoption and use of interoperable health IT. The ability for patients and providers to electronically access and share accurate, private and secure health care data is a critical requirement to enable a range of transforming practices and activities that will improve health and care for the individual, the community, and the Nation.

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.

As the coordinating office for national health IT activities, 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** – Software applications must ‘speak the same language’ to be able to work together. This involves harmonizing, testing, and adopting interoperability standards that will allow systems across the health care market to move health information seamlessly. A technology certification process gives assurance that these accepted standards are appropriately incorporated in health IT products and systems. Multi-stakeholder collaboration that brings together the public and private sectors to guide the acceleration and adoption of health IT has been accomplished through the American Health Information Community ([AHIC](#)) since 2005. HHS is in the process of transferring the non-governmental activities to the AHIC Successor, Inc., an independent, public-private partnership organization, that will enable continuation of this highly collaborative process.
- **Privacy and Security** – Privacy and security efforts must support the development and implementation of appropriate policies, practices, and standards for electronic health information exchange. As a foundational document, HHS began drafting a Nationwide Privacy and Security Framework for Electronic Exchange of Individually Identifiable Health Information (the Framework) in 2008 to increase trust among consumers and users of electronic individual health information and to govern all privacy and security efforts related to electronic health information exchange. Other ongoing activities engage three primary stakeholders - State governments, Federal government, and the private sector - who are working to identify disparate state policies and business practices and resolve variations that are barriers to health information exchange.
- **Architecture and Adoption** – The implementation of a nationwide health information network will provide the foundation for interoperable, secure and standards-based health information exchange. It will allow health-related organizations to interconnect by bridging various technologies and approaches; and enabling health information to follow the consumer, be available for clinical decision-making, and support appropriate uses of health information beyond direct patient care. Demonstrating the value of EHR systems and identifying enablers and

barriers to their use and implementation will also advance adoption of health IT. Once identified, ONC assumes a proactive role to leverage enablers and determine approaches to overcome barriers. Regularly assessing the adoption rate through surveys and studies will monitor progress toward the President's goal that most Americans will have EHRs by 2014.

- **Operations** – ONC operates as a Staff Division within the Office of the Secretary. The office provides ongoing Federal leadership to implement Executive Order 13410 and the Health IT Scorecard, tracking implementation of and revising the strategic plan, and activities related to the Performance Assessment Rating Tool (PART) Improvement Plan. In addition, it provides support for all activities and infrastructure that are necessary to sustain ONC and include workforce, finance, administration, and performance measurement.

In addition, to ensure achievement of the cornerstones expressed in Executive Order 13410, ONC in collaboration with the Office of Management and Budget (OMB), developed a Health Information and Price and Quality Transparency scorecard. Under the auspices of the scorecard and ONC's leadership, participating Federal agencies and HHS components are creating inventories of Federal health information systems that must implement interoperability standards recognized by the HHS Secretary, as those systems are upgraded or replaced. Similarly, a contract and agreement inventory is being developed to ensure that, as a condition of award, health IT system acquisitions and upgrades utilize products that meet recognized interoperability standards. ONC drafted language for inclusion in these Federal contracts and agreements, serving as a basis from which Federal agencies can develop tailored language to accommodate a particular award.

ONC's Strategic Goals

ONC activities support the HHS Strategic Plan in a number of areas and the Secretary's Priorities to provide 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. Health IT is a critical tool that can be used to significantly reduce medical errors, engage consumers and patients in their own health and care, and provide information in a coordinated fashion. ONC provides the coordinating leadership to achieve these outcomes.

During 2008, ONC worked with multiple operating and staff divisions within HHS as well as across the government, to develop and implement the "[ONC-Coordinated Federal Health IT Strategic Plan: 2008 – 2012](#)," to achieve the Secretary's priority of making secure, interoperable EHRs available to patients and their doctors. As described in the 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								
1: Health Care 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.	X	X	X	X	X	X	X	X
1.3 Improve health care quality, safety and cost/ value.	X	X	X	X	X	X	X	X
1.4 Recruit, develop, and retain a competent health care workforce.								
2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness 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.						X	X	
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.					X	X	X	X
3: Human Services 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.								
4: Scientific Research and Development Advance scientific and biomedical research and development related to health and human services					X	X	X	
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.					X	X	X	

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 42 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

Program: Health Information Technology		
Measure Unique Identifier	Data Source	Data Validation
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(NAMCS)	Survey publication utilizes 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

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