DEPARTMENT of HEALTH and HUMAN SERVICES

Office of the National Coordinator
for Health Information Technology

FY 2011 Online Performance Appendix

<u>Introduction</u>

The FY 2011 Online Performance Appendix is one of several documents that fulfill the Department of Health and Human Services' (HHS) performance planning and reporting requirements. HHS achieves full compliance with the Government Performance and Results Act of 1993 and Office of Management and Budget Circulars A-11 and A-136 through the HHS agencies' FY 2011 Congressional Justifications and Online Performance Appendices, the Agency Financial Report, and the HHS Citizens' Report. These documents are available at http://www.hhs.gov/budget/ .

The FY 2011 Congressional Justifications and accompanying Online Performance Appendices contain the updated FY 2009 Annual Performance Report and FY 2011 Annual Performance Plan. The Agency Financial Report provides fiscal and high-level performance results. The HHS Citizens' Report summarizes key past and planned performance and financial information.

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 2011 Online Performance Appendix. This report outlines the considerable progress made to further adoption and implementation of health information technology and reflects the goals and objectives in the Department's FY 2007-2012 Strategic Plan.

To the best of my knowledge, the performance data in this Report are 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 2011 Online Performance Appendix 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 three major areas – (1) Interoperability, (2) Adoption, and (3) Research & Evaluation – 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 accelerate the adoption and utilization of health information technology. As health IT and health IT policy continue to evolve, and as our Recovery Act programs are designed and implemented, ONC is working with stakeholders to develop additional measures. These measures will help provide a shared vision of what needs to be accomplished with our partners and provide a consistent and effective way to measure our achievements.

David Blumenthal, M.D.
National Coordinator for
Health Information Technology

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

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Summary of 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
2006	1	1	100%	1	100%
2007	3	3	100%	1	33%
2008	4	3	75%	0	0%
2009	4	2	50%	1	25%
2010	10	0	0%	0	0%
2011	10	0	0%	0	0%

For FY 2007, the three measures were 1.3.2, 1.3.3, 1.3.4; measure 1.3.7 was added in FY 2008. Two new measures, 1.3.5 and 1.3.6, were added in FY 2009. However, as these were establishing baseline, the Recovery Act overcame events and no targets were established. For FY 2010, new measures (1.3.8 a & b, 1.3.9, 1.3.10, 1.3.11, 1.3.12, 1.3.13a & b., 1.3.14, 1.3.15) are under development and measures 1.3.4, 1.3.5, 1.3.6, and 1.3.7 will be discontinued or deleted.

Performance Detail

Health information technology (HIT) is a critical component in improving the quality, safety, cost and value of health care offered to our Nation's 300 million Americans. The Office of the National Coordinator for Health Information Technology's (ONC's) main focus is to further the adoption and implementation of HIT. ONC will measure progress toward this objective by tracking specific performance measures in programs that promote the adoption, use, and exchange of electronic health records (EHRs) and by monitoring the overall adoption and transmission of electronic health data.

New measures directly relating to key American Recovery and Reinvestment Act (Recovery Act) programs are being developed to ensure accountability in tracking program success related to advancing the adoption, use, and exchange of health information. Measures 1.3.8 and 1.3.9 will track the progress of the Regional Extension Center (REC) grants program to identify and assist providers in adopting an EHR. An additional measure (1.3.10) related to the State and qualified State designated entities cooperative agreements to promote health information exchange (HIE) will be defined after the cooperative agreements with the States have been awarded. A new measure (1.3.12) related to the Nationwide Health Information Network (NHIN) is also being added. In addition, ONC will develop a measure that tracks the success of the EHR certification process (1.3.11). Beginning in FY 2011 (the first year that this data will be available), ONC plans to begin reporting on measures (1.3.13) related to meaningful use, currently in development.

Performance Narrative

Adoption

Outputs and Outcomes Table

	Measure	FY	Target	Result
1.3.8a	Establish a network of 70 Regional Extension Centers by the end of FY 2010 (*Output – High Priority Performance Goal*)	2010	70	Sept 2010
1.3.8b	Register 100,000 providers to receive services from Regional Extension Centers (*Output – High Priority Performance Goal*)	2011	100,000	Dec 2011
		2010	30,000	Dec 2010
		2009	0	Dec 2009
1.3.9	Achieving 20% adoption of EHRs among providers working with Regional Extension Centers by end of FY 2011 (*Output – High Priority Performance Goal*)	2011	20%	Dec 2011
		2010	0	Baseline
1.3.10	Measure of Health Information Exchange	ONC will develop this measure and establish baseline and targets in CY 2010		
1.3.13A	Measure for eligible professionals receiving meaningful use incentive payments *(Outcome)*	ONC will develop this measure and establish baseline and targets in CY 2010		
1.3.13B	Measure for hospitals receiving meaningful use incentive payments *(Outcome)*	ONC will develop this measure and establish baselines and targets in CY 2010		

By the end of FY 2011, HHS will show progress toward establishing the infrastructure necessary to encourage the adoption and meaningful use of HIT. Establishing a national network of Regional Extension Centers in FY 2010 to provide hands-on technical assistance to providers adopting EHRs is a first step in establishing the infrastructure necessary to encourage the adoption and meaningful use of HIT. Registering providers to receive services from the Regional Extension Centers and increasing adoption among providers receiving these services are longer-term measures of progress towards establishing the infrastructure necessary to encourage the adoption and meaningful use of HIT.

As part of implementation of the Recovery Act, ONC will establish a nationwide network of regional extension centers to support providers in their adoption and implementation of EHRs. In addition, using Recovery Act funding and authority, ONC will award grants to states or state-designated entities to support the secure exchange of electronic health information. ONC plans to establish a measure related to the exchange of clinical health information, to measure the impact of these state grants. This measure will be developed and published following the award of the state cooperative agreements. Finally, ONC will work with the Centers for Medicare and Medicaid Services (CMS) to establish performance measures to reflect providers who are receiving incentive payments for the meaningful use of HIT.

Progress in meeting the High Priority Performance Goals listed above will be reported on a quarterly basis by the Regional Extension Center awardees and will be verified by ONC. The data for measure 1.3.10 is anticipated to be captured by each State as part of their cooperative agreement and reported to ONC. Measures of meaningful use are under development. The final definition of meaningful use will be determined through a Notice of Final Rulemaking in 2010 and incentive payments will begin in FY 2011. Specific details about each of theses measures are provided below.

1.3.8a and b   Establishing a network of 70 Regional Extension Centers by the end of FY 2010; Registering 100,000 providers to receive services from Regional Extension Centers by the end of FY 2011.

The ultimate measure of the effectiveness of a REC will be whether it assists providers in becoming meaningful users of certified EHR technology. Each REC will provide individualized technical assistance to a minimum of 1,000 primary-care providers. The entire cohort of RECs will, in aggregate, register and support over 100,000 primary-care providers. RECs are expected to work with priority primary-care providers who have not yet adopted EHR systems, and with priority primary-care providers who have existing EHR systems, to assist them in achieving meaningful use of certified EHR technology.

1.3.9   Achieving 20 percent adoption of EHRs among providers working with Regional Extension Centers

The Regional Extension Centers (RECs) will focus their efforts and resources on furnishing direct technical assistance to providers seeking to adopt EHRs and become meaningful users of HIT. The extension program will assist providers through multiple phases of selecting, implementing, adopting an EHR, and, eventually, achieving meaningful use of certified EHR technology. Specific activities include: product selection, system implementation, workflow redesign, and ongoing technical assistance to use and exchange electronic health information to improve care quality and coordination in compliance with applicable Federal, State, or professional laws, regulations, policies, and ethical guidelines related to protecting the privacy and security of individual patient's protected health and other personally identifiable information. RECs will also provide a variety of support services in collaboration with the National Health Information Technology Regional Center.

1.3.10   Measure of Electronic Health Information Exchange

ONC is in the process of awarding cooperative agreements to States to support their efforts to plan and implement strategies to support health information exchange. Part of these agreements will be the standardized collection and reporting of information related to health information exchange. Following the awards, ONC will specify data elements to track the success of the program in promoting the exchange of health information. This information will form the basis for developing this measure.

1.3.13   Meaningful Use Measures

In December 2009, CMS published a Notice of Proposed Rule Making establishing a draft definition of meaningful use. The final rule will formally establish criteria for professionals and hospitals seeking incentive payments from either Medicare or Medicaid. These incentive payments will begin to take effect in FY 2011. The NPRM proposes that providers be required to self-attest to CMS that they are meaningful users of EHRs in order to receive stage 1 incentive payments. This information will form the basis for developing these measures.

Interoperability

Outputs and Outcomes Table

	Measure	FY	Target	Result
1.3.4	Percent of physician offices adopting ambulatory EHRs in the past 12 months that meet certification criteria. *(Outcome)*	2010	Discontinued	
		2009		
		2008		
		2007	27%	Baseline
1.3.6a	Increase over the prior year in the number of Nationwide Health Information Exchanges (NHIEs) using Nationwide Health Information Network (NHIN) components to exchange health information. *(Outcome)*	2010	Discontinued	
1.3.6b	The increase in the number of records exchanged among Nationwide Health Information Exchanges (NHIEs) using the Nationwide Health Information Network Components (NHIN) to exchange information. *(Outcome)*	2010	Discontinued	
1.3.7	Cost per physician for adopting certified EHRs. *(Efficiency)*	2010	Discontinued	
		2009		
		2008	$245	
		2007	Baseline	$410
1.3.11	Certification Measure	Measure and specific targets will be defined following release of final rule		
1.3.12	Number of organizations using at least one complete Nationwide Health Information Network (NHIN) information components to exchange information *(Outcome)*	2011	15	Dec 2011
		2010	10	Dec 2010
		2009	0	Baseline

Measure 1.3.4 was established in 2007 but has been discontinued. This measure is no longer relevant with the implementation of the Recovery Act, which requires that, in order to receive incentive payments under Medicare, providers must adopt a certified EHR. The former definition of a certified EHR product is no longer applicable.

Measure 1.3.7 was established in 2007 and captured information about the cost of purchasing a certified EHR. At the time that this measure was developed, there was only one entity certifying EHR products and only a limited number of EHR products on the market. Moving forward, there may be multiple

entities certifying EHR products and a consolidation of the number of vendors selling products. These changes will render the measure meaningless over time.

In order to be eligible for meaningful use incentive payments, providers must use certified EHR technology. Certification requires that complete EHRs and EHR modules utilize adopted standards and criteria to ensure the seamless, safe, and secure exchange of health information. An Interim Final Rule (IFR) published in December 2009 identified the initial set of standards and certificaiton criteria that a complete EHR or EHR module must meet to address the meaningful use criteria developed by CMS. In addition, a new certification process is being established by rulemaking. Following publication of these rules, ONC will identify a certification measure and establish a baseline and targets in 2011.

The Nationwide Health Information Network (NHIN) was established as a vehicle for supporting the exchange of electronic health information. In 2009, measure 1.3.6 was proposed to measure (a) the number of Nationwide Health Information Exchanges (NHIEs) using Nationwide Health Information Network (NHIN) components to exchange health information and (b) the number of records exchanged through these NHIEs. A baseline was established in 2009. Instead of using the NHIN only to facilitate health information exchanges, the NHIN also is a system which develops products that will support the exchange of information. These products or components could be used by various health information exchanges that are already in existence or are developed. In addition, the number and type of products that will be produced by the NHIN are more diversified than originally envisioned and will include security solutions, open source software for EHRs, and products to support information exchange. For this reason, ONC is deleting measure 1.3.6 and replacing it with a revised measure (1.3.12).

1.3.12   Number of Organizations Using At Least One Complete NHIN Technical Component to Exchange Information

The NHIN will develop a number of products to support the secure exchange of electronic health information using recognized standards. A number of entities have already indicated interest and are actively participating in tests of the system. Increasing participation in the NHIN and the use of NHIN technology and components helps assure that the standards and systems in use and the privacy and security measures in place will be interoperable and in compliance with meaningful use requirements. This information will be made available to ONC by tracking which organizaitons have signed on to the Data Use and Reciprocal Support Agreement (DURSA), and also assessing which organizations are using at least one complete NHIN technical component to share information. Currently, the Social Security Administration, the Department of Veterans Affairs, and other federal partners have signed the DURSA. ONC anticipates that states and additional Federal partners will also sign on in the upcoming months, allowing tracking and monitoring of which entities are using the NHIN components to exchange information in a secure environment.

Research and Evaluation

Outputs and Outcomes Table

	Measure	**FY – Target - Result**
1.3.2	Adoption measure for all physicians *(Outcome)*	Measure and specific targets will be defined in CY 2010

	Measure	FY – Target - Result
1.3.3	Adoption measure for small physician practices (*Outcome*)	Measure and specific targets will be defined in CY 2010
1.3.14	Adoption measure for primary care physicians (*Outcome*)	Measure and specific targets will be defined in CY 2010
1.3.15	Adoption measure for non-federal hospitals (*Outcome*)	Measure and specific targets will be defined in CY 2010

Measures 1.3.2 and 1.3.3 will be developed to measure EHR adoption by all physicians and small practices, respectively.

Measure 1.3.14 will be developed to measure adoption by primary care physicians. Given ONC's focus on provider adoption, this measure is the best indicator of ONC's progress towards ensuring that all Americans have access to an EHR by 2014.

Measure 1.3.15 is being developed to track adoption of EHR'S by non-federal hospitals. Many federal hospitals already use an EHR as part of their involvement in the Department of Veterans Affairs, which uses an advanced EHR along with a system for exchange of health information. Private, non-federal hospitals lag behind their federal counterparts, and, as such require more assistance.

Below each measure is defined in more detail.

1.3.2: Measure of Adoption of Electronic Health Records (EHRs) by all Physicians.

Proposed data for this measure will be collected from a random sample of ambulatory care providers. This information will form the basis for developing this measure.

1.3.3   Measure of EHR adoption of small physician practices.

This measure will address the gap in adoption between large physician practices and small physician practices (defined as those practices employing 4 or fewer physicians). Small physician offices represent more than 50 percent of all ambulatory care practices and are more likely to have offices in underserved and rural areas. This information will form the basis for developing this measure.

1.3.14   Measure of Adoption of Electronic Health Records (EHRs) by Primary Care Physicians.

This measure will calculate the percent of primary care physicians who have adopted an EHR. Primary care physicians are defined as those providers registered as specializing in general internal medicine, family medicine, or pediatrics. This information will form the basis for developing this measure.

1.3.15   Measure of Electronic Health Records (EHRs) Adoption by Non-Federal Hospitals.

This measure will calculate the percent of non-federal hospitals that have adopted an EHR. This information will form the basis for developing this measure.

Reasons for Performance Result

Providers consider many factors when evaluating whether to adopt and implement EHRs. They include, but are not limited to, the up-front costs of incorporating new technologies into their existing workflow; maintenance and ongoing upkeep costs for these systems; workforce training and patient education; privacy and security; access to data, and connectivity. The Recovery Act has given ONC the mandate and funding needed to help providers overcome many of the barriers; CMS's incentive payments will also spur many to adopt and meaningful use HIT.

Steps Being Taken to Improve Program Performance

HHS has undertaken a number of initiatives to address identified barriers to EHR adoption with Recovery Act funds:

- In 2010, ONC will fund a Health IT Research Center (HITRC), which will provide high-level technical support to all health care providers on the adoption of EHRs.
- In 2010, ONC will award a set of cooperative agreements with non-profit entities to serve as Regional Extension Centers. They will provide hands-on technical assistance to providers - focusing especially on primary care physicians - in the purchase, adoption, and implementation of an EHR. These entities will work closely with the HITRC in developing outreach materials and supporting more broad-ranging assistance beyond the set of providers who will receive direct technical support.
- ONC will be awarding grants to states and territories to develop and implement plans to support the secure exchange of electronic health information at the state level.
- ONC is working closely with federal partners to develop and fund academic programs for training a workforce in HIT to facilitate the adoption, implementation, and use of EHRs.

Additionally, the following activities are also ongoing:

- ONC is updating a draft National Framework for Privacy and Security. ONC staff will continue to work with federal partners to provide greater detailed guidance for implementation of this framework.
- In December 2009, ONC published an Interim Final Rule regarding criteria for the certification of EHRs.
- In December 2009, CMS, working closely with ONC, published a Notice of Proposed Rule Making to establish a draft definition of meaningful use of electronic health information for incentive payments under Medicare and Medicaid.

ONC Support for HHS 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 health care 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*" [http://www.hhs.gov/healthit/resources/HITStrategicPlan.pdf] in June 2008. In light of the requirements

laid out in the Recovery Act, this document is being updated and will be re-published by December 2010. This performance measurement strategy will develop in concert with the strategic plan.

Statement of ONC Vision and Progress

ONC was established by statute under the February 2009 American Reinvestment and Recovery Act, Title XIII – Health Information Technology (also cited as Health Information Technology for Economic and Clinical Health or HITECH Act).

Health information technology (HIT) is a critical component of a modern health care delivery system. If successfully implemented, HIT will improve the quality, efficiency, and value of care delivered by enabling providers, consumers and policy makers to:

- Constantly produce new insights and evidence;
- Seamlessly apply real-time learning from the clinical experience;
- Monitor and manage the health of populations;
- Exchange health information across all points of service; and
- Make better health care decisions for individuals, communities and populations including populations with special needs.

ONC activities primarily support HHS Strategic Goal 1.3: Improve health care quality, safety and cost/value. As an important part of health reform, the National Coordinator provides leadership, program resources and services needed to guide nationwide implementation of interoperable HIT.

ONC Vision

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

ONC 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.

ONC is leading the federal government's efforts to support the thoughtful application of HIT through programs and policies designed to address the obstacles providers have faced in adopting and using HIT.

The HITECH Act was developed to support not only the adoption of HIT, but its meaningful use – an important concept that will promote the use of HIT to improve health outcomes and empower patients. With its expanded role under HITECH, ONC has been developing programs, management and organizational structures to fulfill its new responsibilities.

ONC priorities: ONC is working to achieve four basic priorities:

1. Define "meaningful use of HIT" in coordination with CMS;
2. Bolster public trust in electronic information systems by ensuring privacy and security;
3. Encourage and support the widespread adoption of HIT and the attainment of meaningful use through incentives and grant programs; and
4. Foster continued HIT innovation.

Regulatory activities: In December 2009, the Centers for Medicare and Medicaid Services (CMS), in close coordination with ONC, accomplished a major step toward defining meaningful use (priority 1.)

through a notice of proposed rulemaking (NPRM) that will be finalized in spring 2010. HHS was deliberate in defining meaningful use of HIT to advance five health care goals:

1. Improving the quality, safety, and efficiency of care while reducing disparities;
2. Engaging patients and families in their care;
3. Promoting public and population health;
4. Improving care coordination; and
5. Promoting the privacy and security of EHRs.

ONC and CMS accomplished a major step toward the second and third priorities by issuing an interim final rule (IFR) that adopts an initial set of standards, implementation specifications, and certification criteria for EHRs. A third regulatory action, creating a process for certifying EHRs, is in advance stages.

Taken together, these three regulations will form the basis for receiving incentive payments from Medicare and Medicaid. They also send a clear signal to providers to start taking steps to adopt and use EHRs in a meaningful manner, to vendors to start enhancing their products to make them capable of meaningful use, and to vendors, health care organizations and consumers concerning how personal health information must and can be kept private and secure.

ONC's Strategic Goals

ONC activities also support a number of other HHS Strategic Plan priority areas such as providing value-driven health care, information technology, and national preparedness in emergencies and disasters. Interoperable HIT is a fundamental requirement to transform the Nation's health system. Encouraging providers to adopt HIT can improve both the quality and the efficiency of care. HIT adoption and use allow the effective integration of health information products and services that support safer, better health and care. A key ONC role is coordinating public and private-sector efforts to improve the quality of health and care through information technology.

During 2010, ONC will work with and across HHS and the government, as well as incorporate input from the private sector, to revise the "*ONC-Coordinated Federal Health IT Strategic Plan: 2008 – 2012,"* [http://www.hhs.gov/healthit/resources/HITStrategicPlan.pdf] and implement the revised document to make secure, interoperable EHRs that support meaningful use available to patients and their doctors.

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 HIT 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.	√	√	√	√	√	√	√	√
1.3 Improve health care quality, safety and cost/ value.	√	√	√	√	√	√	√	√
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.						√	√	
2.2 Protect the public against injuries and environmental threats.								

	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 HIT 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
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.								
2.4 Prepare for and respond to natural and man-made disasters.					√	√	√	√
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					√	√	√	
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.					√	√	√	

Full Cost Table

ONC estimates allocated budgetary resources by HHS strategic objective by attributing funds based on programmatic focus. Overhead costs such as administrative management, personnel, and other infrastructure and related expenses are estimated across programs based on the number of staff supporting the programs.

ONC's entire budget is related to HIT and the overarching goal is to increase adoption of HIT among physicians. Therefore, the entire budget is attributed to this performance measure.

Full Cost Table for ONC
(Budgetary Resources in Millions)

HHS Strategic Goals and Objectives	FY 2009	FY 2010	FY 2011
1: Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.	$46.260	$46.342	$59.179
1.2. Increase health care service availability and accessibility.	$16.970	$17.000	$21.709
1.3. Improve health care quality, safety and cost/value	$29.290	$29.342	$37.470
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.	$13.975	$14.000	$17.878
2.1. Prevent the spread of infectious diseases.	$5.989	$6.000	$7.662
2.3. Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.	$2.995	$3.000	$3.831
2.4. Prepare for and respond to natural and man-made disasters.	$4.991	$5.000	$6.385
4: Scientific Research and Development Advance scientific and biomedical research and development related to health and human services	$0.996	$1.000	$1.277
4.4. Communicate and transfer research results into clinical, public health and human service practice.	$0.996	$1.000	$1.277
Total	**$61.231**	**$61.342**	**$78.334**

Data Source and Validation Table

Measure Unique Identifier	Data Source	Data Validation
1.3.2	TBD once final measure is defined	TBD once final measure is defined
1.3.3	TBD once final measure is defined	TBD once final measure is defined
1.3.8	Regional Extension Center Program	Evaluation contractor will validate data reported by each grantee.
1.3.9	Regional Extension Center Program	Evaluation contractor will validate data reported by each grantee.
1.3.10	State Cooperative Agreement for Health Information Exchange	States will collect data and report to ONC program officer. Data will be validated by evaluation contractor.
1.3.11	TBD once final measure is defined	TBD once final measure is defined.
1.3.12	Signatories of DURSA agreement	Formal legal process.
1.3.13	TBD once final measure is defined	TBD once final measure is defined
1.3.14	TBD once final measure is defined	TBD once final measure is defined
1.3.15	TBD once final measure is defined	TBD once final measure is defined

Summary of Findings and Recommendations from Completed Program Evaluations

N/A

Discontinued Performance Measures

	Measure	FY	Target	Result
1.3.4	Percent of physician offices adopting ambulatory EHRs in the past 12 months that meet certification criteria. *(Outcome)*	2010	Discontinued	
		2009		
		2008		
		2007	27%	Baseline
1.3.5	Increase in implementation of recognized standards in federal systems. *(Outcome)*	2010	Discontinued	
1.3.6A	Increase over the prior year in the number of Nationwide Health Information Exchanges (NHIEs) using Nationwide Health Information Network (NHIN) components to exchange health information. *(Outcome)*	2010	Discontinued	
1.3.6B	The increase in the number of records exchanged among Nationwide Health Information Exchanges (NHIEs) using the Nationwide Health Information Network Components (NHIN) to exchange information. *(Outcome)*	2010	Discontinued	
1.3.7	Cost per physician for adopting certified EHRs (Efficiency)	2010	Discontinued	
		2009		
		2008	$245	
		2007	Baseline	$410