Office of the National Coordinator for Health Information Technology: Health Information Technology

A.   Funding Table

Dollars in Millions

Program/Project/Activity	Total Appropriated	FY 2009 Actual Obligations	FY 2010 Estimated Obligations	FY 2011 Estimated Obligations	FY 2012 Estimated Obligations
NIST	20.00	0	16.371	3.525	1.04
Privacy and Security – Enforcement	16.16	0.57	15.59	0	0
Privacy and Security – Regulations, Guidelines and Studies	8.13	0	8.13	0	0
State Health Information Exchange Cooperative Agreements	564.00	0	564.00	0	0
Health Information Technology Research Center and Regional Extension Center Cooperative Agreements	774.00	0	726.20	0	47.80
Health IT Workforce Cooperative Agreements	118.00	0	83.73	34.27	0
Beacon Communities Cooperative Agreements	265.38	0	265.38	0	0
Other Initiatives/Omnibus	203.77	0	201.77	2	0
Public Health	30.58[1]	0	30.58	0	0
Totals	**2,000.00**	**0.57**	**1911.75**	**39.79**	**48.84**

[1] Funds in the Recovery Act Section 317 Immunization Program will support related activities.

B.   Objectives

Program Purpose

Signed into law on February 17, 2009, the Health Information Technology for Economic and Clinical Health (HITECH) Act represents a historic opportunity to improve American health care delivery and patient care through an unprecedented investment in health information technology (HIT). ONC has undertaken a major effort to successfully implement and oversee HITECH programs. ONC has established eight entirely new major grants programs, issued new regulations, created new Federal Advisory Committee Act (FACA) workgroups, awarded many new contracts to support implementation, and built the federal capacity to manage these efforts. ONC's efforts have resulted in the implementation of key provisions of the HITECH Act and the obligation of a significant portion of the $2,000,000,000 appropriated for HIT activities.

ONC is pleased to have the opportunity to provide the public greater insight on the depth and rapid development of our HIT efforts.

Public Benefits

The HIT initiative is a critical component of health reform as health professionals and health care institutions, both public and private, leverage the full potential of digital technology to prevent and treat illnesses and to improve our nation's healthcare. The Office of the National Coordinator for Health Information Technology (ONC) is charged with leading and coordinating the efforts to facilitate that nationwide adoption of HIT.

HITECH sets an ambitious path to ensure health care transformation through HIT and provides incentives to Medicare and Medicaid providers and hospitals for the meaningful use of certified electronic health record (EHR) technology. To implement Recovery Act provisions, ONC has implemented swiftly, yet judiciously, a wide array of grant programs; contracts supporting evaluations and studies; privacy and security and communication activities; and published regulations supporting standards and certification, and a certification accreditation program all with the goal of supporting meaningful use. ONC has also contributed greatly to a proposed regulation on the meaningful use of electronic health records (developed by CMS). Each of these initiatives were conducted in a manner that achieved ambitious deadlines while assuring that ONC's decisions and actions supported the law's fundamental, long-term purposes: improving health and health care through the application of HIT. Meeting the long-term goals of the Recovery Act will continue to require thorough planning while delivering to the American people quick action and effective investment of committed funds.

C.   Activities

The Office of the National Coordinator for Health Information Technology (ONC), under the authority delegated to it by the Secretary of the Department of Health and Human Services, (74 FR 41702, 74 FR 64086), is implementing the HITECH Act as outlined in the American Recovery and Reinvestment Act of 2009. Current activities are detailed below:

Privacy and Security Program - To carry out the Secretary's statutory responsibilities under Subtitle D of the HITECH Act, $24.3 million has been and will continue to be used to draft regulations, guidance, and reports, and to conduct studies and audits to strengthen privacy protections and security safeguards.

To implement HITECH Act improvements to the Health Insurance Portability and Accountability Act's (HIPAA's) privacy and security rules, HHS will use $16.2 million of the $24.3 million for HIPAA enforcement. For example, Section 13411 of the HITECH Act requires the Secretary to conduct periodic audits to ensure compliance with HIPAA. To implement this requirement, HHS has begun to assess, evaluate and develop an appropriate audit program. An audit study has commenced, the results of which are anticipated in July. Findings and recommendations resulting from the study will be evaluated and will serve as the basis for designing an audit program. In addition, the Secretary is required under Section 13410 to formally investigate any complaint where the preliminary facts indicate the possibility of a violation resulting from willful neglect. The Secretary has begun to establish standards for such investigations through the rule making process.

Section 13402 of HITECH requires entities that experience a breach in the privacy or security of health information to notify the individual involved as well as the Secretary. In addition to developing rules establishing standards for the breach notification process, the Secretary has also developed and is maintaining a web site list that identifies each covered entity involved in a breach involving the information of more than 500 individuals. The remaining funds will be directed towards studies and the drafting of regulations, guidance, and reports that the HITECH Act requires and will fund studies and the development of best practices for protecting health information in an electronic environment.

State Health Information Exchange Grants - The State HIE Cooperative Agreement Program provides $564 million to fund states' efforts to rapidly build capacity for exchanging health information across the health care system. Awardees are responsible for enabling increased connectivity for patient-centric information flow to improve the quality and efficiency of care and enable meaningful use of HIT. Key to this is the continual evolution and advancement of necessary governance, policies, technical infrastructure and financing for HIE across each state, territory, and State Designated Entities (SDEs) during a four-year performance period. This program is building on existing efforts to advance regional and state-level health information exchange while moving toward nationwide interoperability.

Health Information Technology Extension Program - The Regional Extension Center (REC) Cooperative Agreements will offer $721 million to fund technical assistance, guidance, and information to support and accelerate health care providers' efforts to become meaningful users of EHRs. Specifically, the RECs are designed to ensure that primary care clinicians who need help are provided with an array of on-the-ground support to meaningfully use EHRs. Providing training and support services, the RECs will assist doctors and other providers in the adoption and meaningful use of EHR systems. The REC program has coverage in virtually every geographic region of the United States, which ensures sufficient community-based support. The goal of the program is to provide outreach and support services to at least 100,000 priority primary care providers within two years. Priority primary-care providers are individuals and small group practices (fewer than 10 physicians and/or other health care professionals with prescriptive privileges) primarily focused on primary care as well as physicians, physician assistants, or nurse practitioners who provide primary care services in public and critical access hospitals, community health centers, rural health clinics, and in other settings that predominantly serve uninsured, underinsured, and medically underserved populations. The Health Information Technology Research Center (HITRC), funded at $53 million, will be responsible for gathering relevant information on effective practices and helping the RECs collaborate with one another and with relevant stakeholders to identify and share best practices in EHR adoption, effective use, and provider support.

Health IT Workforce Cooperative Agreements - Awards totaling $84 million to 16 universities and 70 junior colleges will support training and development of more than 50,000 new health IT professionals. An additional $34 million is available for two year funding under the Community College Consortia program after successful completion of a mid-project evaluation. The institutions receiving awards will help health care providers and hospitals implement and effectively use electronic health records. Specific Health IT workforce cooperative agreement programs are identified as follows:

- Community College Consortia - Provide assistance to institutions of higher education, or consortia thereof, to establish or expand health information technology education programs. Training is designed to be completed within six months or less. The programs offer flexibility to provide each trainee with skills and competencies that he/she does not already possess - either health care or information technology.
- Curriculum Development Centers Program - Provides funding to institutions of higher education, or consortia thereof, to support health information technology curriculum development. The materials developed under this program will be used by the member colleges of the regional Community College Consortia and will also be available to institutions of higher education across the country.
- University-Based Training Program - Produce trained professionals for vital, highly specialized health IT roles. Most trainees in these programs will complete intensive courses of study in 12-months or less and receive a university-issued certificate of advanced training. Other trainees supported by these grants will study toward masters' degrees.

- Competency Examination Program - Supports the development and initial administration of a set of health IT competency examinations. The program will create an objective measure to assess basic competency for individuals trained in short-term, non degree health IT programs and for members of the workforce seeking to demonstrate their competency in certain health IT workforce roles.

Beacon Communities – Cooperative Agreements totaling an estimated $250 million will provide funding to create demonstration communities in which clinicians, hospitals, and consumers show how the meaningful use of EHRs can achieve measurable improvements in health care quality, safety, efficiency, and population health in a given geographic area. An additional $5M will be funded to provide technical assistance to cooperative agreement award recipients.

National Institute of Standards and Technology (NIST) – The Recovery Act mandated the transfer of $20 million from ONC to NIST, a component within the Department of Commerce, to continue health care information enterprise integration. Specific efforts include accelerating the development and harmonization of standards through collaboration with ANSI (American National Standards Institute), Healthcare Information Technology Standards Panel (HITSP), Standards Developing Organizations, Federal agencies, professional societies, and industry; creating a healthcare information technology testing infrastructure to ensure that standards are implemented consistently as part of certification,; engaging NIST experts to plan and lead technical and programmatic activities which includes developing the architecture for testing infrastructure; developing advanced security technologies and guidance; prioritizing standards harmonization (in collaboration with industry); accelerating implementation specifications; engaging in research and development on usability; consulting on conformity assessment; and implementation assistance.

Other Initiatives/Omnibus – Other Initiatives include the Strategic Health IT Advanced Research Projects (SHARP) Cooperative Agreements. This program, funded at $60M, will support research projects focused on specific areas where breakthrough improvements can greatly enhance the transformational effects of health IT and address well-documented problems that have impeded adoption and the pathway to meaningful use. Each awardee will implement a collaborative, inter-disciplinary program of research addressing a specific focus area. The four focus areas for the SHARP awardees are security of health information technology, patient-centered cognitive support, healthcare application and network platform architectures; and secondary use of EHR data.

Another large key initiative will advance standards development and interoperability. These activities, estimated to total $64M, are designed to develop the standards, tools, policies, governance, interoperability framework, and technical infrastructure to support the Nationwide Health Information Network and create standards-based interoperability for health information exchange.

Public Health – These programs, funded at an estimated $30.5 million, will advance the capability of public health agencies to receive electronic reporting information from eligible professionals and hospitals, which will prepare eligible professionals and hospitals in becoming meaningful users of EHR technology. Funding supports interoperability of EHRs and immunization registries and electronic laboratory reporting between public health agencies and clinical care settings. These projects are critical to building the capacity of public health agencies to receive the electronic information from eligible professionals and hospitals that are working towards becoming meaningful users of EHRs.

D.   Characteristics

Program	Award Type	Type of Recipients	Dollars (M)
Total			**$2000M**
NIST Health Care Information Enterprise Integration	Transfer	Transfer	$20M
Privacy and Security (Subtitle D) Enforcement	Contracts	Private Industry	$16.16M
Privacy and Security Regulations, Guidance, and Studies	Contracts	Private Industry	$8.125M
Regional Extension Centers	Cooperative Agreements	US-based nonprofit institution or group thereof	$721M
HIT Research Center	Contracts	Private Industry	$53M
State Health Information Exchange	Cooperative Agreements	State or State-Designated Entity	$564M
Community College-Based Training	Cooperative Agreements	Public, State controlled, and private institutions of higher education	$70M
Curriculum Development	Cooperative Agreements	Domestic non-profit institutions of higher education (or consortia thereof)	$10M
University-Based Training	Grants	US-based public or private, four year institutions of higher education or consortia of institutions of higher education that are led by a four-year institution of higher education	$32M
Competency Examination	Cooperative Agreement	Domestic institutions of higher education, or consortia thereof	$6M
Beacon Communities Grants and Evaluation and Technical Assistance Contracts	Cooperative Agreements and Contracts	State, county, local government; public &private institutions of higher education; nonprofits; tribes; private industry of higher education	$265.375
Public Health: Interoperability of EHRs & Immunization Registries	Cooperative Agreements	State and local governments	$12.1M[2]
Public Health -Laboratory Technical Implementation Assistance	Cooperative Agreements	State and local governments	$2.0M
Public Health – Infrastructure & Interoperability for Hospital Labs	Cooperative Agreements	State and local governments	$5.0M
Public Health -Infrastructure for Laboratory Results to Clinical Care from Public Health Laboratories	Cooperative Agreements	State and local governments	$5.0M
Public Health – Laboratory Interoperability Solutions and Enterprise Coordination; Technical and Clinical Decision Support Services	Contracts	Private Industry	$6.4M[3]
Other Initiatives/Omnibus			
SHARP	Cooperative Agreements	Public or private institution of higher education or public or private institution or organization with a research mission	$60M
Innovation	Cooperative Agreements and Contract	Non-profit research institutions and Private Industry	$5M
Clinical Decision Support	Contract	Private Industry	$4M

Program	Award Type	Type of Recipients	Dollars (M)
Standards and Interoperability	Contracts	Private Industry	$64.3M
Technical Assistance to State HIEs	Contract	Private Industry	$8.5M
Evaluations and Studies	Contracts	Private Industry	$28.3M
Communications	Contracts	Private Industry	$19.1M
Privacy and Security Best Practices and Meaningful Use	Contracts	Private Industry	$14.565M

[2] The $12.1 million included in this plan is part of a larger cooperative agreement program totaling $21.41 million. The other $9.35 million is financed through the Recovery Act Section 317 Immunization Program administered by the Centers for Disease Control and Prevention.
[3] Funds in the Section 317 Immunization Program will support similar contract activities.

E.   Delivery Schedule

Program	Dollars (M)	Announcement Issued	Awards
Total	**$2000M**		
NIST Health Care Information Enterprise Integration	$20M	N/A	September 1, 2009
Privacy and Security (Subtitle D) Enforcement	$16.16M	FY2010	$3.8M Awarded. Remaining awards FY2010.
Privacy and Security Regulations, Guidance, and Studies	$8.125M	FY2010	$1.3M Awarded. Remaining awards FY2010.
Regional Extension Centers	$721M	Cycle 1 Aug. 20, 09 Cycle 2 Nov. 23, 09 Supplements March 29, 2010	$375M Cycle 1 (Feb. 12 2010) $267M Cycle 2 (April 6 2010) $25M suppl. (June 2010) $45M second budget period (2012) $9M award modifications (as needed)
HIT Research Center	$53M	January 28, 2010	March 31, 2010
State Health Information Exchange	$564M	August 20, 2009	$547M Wave 1(Feb. 12, 2010) Wave 2 (March 15, 2010) $17M supplemental funding to grantees for customized technical assistance and to states facing significant challenges related to enabling health information exchange.
Community College-Based Training	$70M	Nov. 25, 2009	$36M budget period one (Apr. 2, 2010) $34M budget period two (Apr. 2011)
Curriculum Development	$10M	Dec. 2, 2009	April 2, 2010
University-Based Training	$32M	Dec. 17, 2009	April 2, 2010
Competency Examination	$6M	Dec. 17, 2009	April 2, 2010

Program	Dollars (M)	Announcement Issued	Awards
Beacon Communities Grants and Evaluation and Technical Assistance Contracts	$265.375	Cycle 1 Dec. 2, 2009 Cycle 2 June 2010 Evaluation/ Technical Assistance June 2010	$220M Cycle 1 May 4, 2010 $30.375M Cycle 2 Fall 2010 Evaluation/ Technical Assistance August 2010
Public Health: Interoperability of EHRs & Immunization Registries	$12.1M[4]	May 7, 2010	August 2010
Public Health: Laboratory Technical Implementation Assistance	$2.0M	March 5, 2010	June 2010
Public Health: Infrastructure & Interoperability for Hospital Labs	$5.0M	May 6, 2010	August 2010
Public Health: Infrastructure for Laboratory Results to Clinical Care from Public Health Laboratories	$5.0M	March 19, 2010	June 2010
Public Health: Laboratory Interoperability Solutions and Enterprise Coordination; Technical and Decision Support Services	$6.4M[5]	March 9, 2010 - May 6, 2010	July 2010 - August 2010
Other Initiatives/Omnibus			Approved $203.765
SHARP	$60M	Dec. 17, 2009	April 2, 2010
Innovation	$5M	FY2010	Fall 2010-FY 2011
Clinical Decision Support	$4M	February 2010	April 2010
Standards and Interoperability	$64.3M	FY2010	CY 2010
Tech. Assistance to State HIEs	$8.5M	February 2010	March 2010
Evaluations and Studies	$28.3M	February 2010	March 2010, September 2010
Communications	$19.1M	February 2010	March 2010
Privacy and Security Best Practices and Meaningful Use	$14.565M	FY2010	$9.5 Awarded FY 2010 for remaining awards

[4] The $12.1 million included in this plan is part of a larger cooperative agreement program totaling $21.41 million. The other $9.35 million is financed through the Recovery Act Section 317 Immunization Program administered by the Centers for Disease Control and Prevention.
[5] Funds in the Section 317 Immunization Program will support similar contract activities.

Regulations

Standards Rulemaking: Recovery Act §3004 (B) (1) states that, no later than December 31, 2009, HHS shall adopt and publish an initial set of standards, implementation specifications, and certification criteria for certified EHR technology. The rulemaking for this initial set of standards, implementation specifications, and certification criteria may be issued on an interim, final basis. Under this authority, ONC issued an Interim Final Rule on December 30, 2009 that specifies the Secretary's adoption of an initial set of standards and certification criteria for electronic health record (EHR) technology. The Interim Final Rule became effective 30 days after publication and was open for public comment for 60 days after publication. The final rule will be issued in summer 2010.

Certification Programs - Section 3001(c)(5) of the Public Health Service Act (PHSA) as added by the Health Information Technology for Economic and Clinical Health (HITECH) Act, requires the National Coordinator, in consultation with the Director of the National Institute of Standards and Technology, to keep or recognize a program or programs for the voluntary certification of health information technology

as being in compliance with applicable certification criteria. Under this authority ONC issued a Notice of Proposed Rulemaking (NPRM) on March 10, 2010 proposing the establishment of two certification programs for the purposes of testing and certifying health IT, one temporary and one permanent. The public comment period for the temporary certification program was open for 30 days after publication. The public comment period for the permanent certification program was open for 60 days after publication. While two certification programs are described in this proposed rule, ONC anticipates issuing separate final rules for each of the programs in calendar year 2010.

Meaningful Use - On December 30, 2009, CMS, based on significant input from ONC, announced a NPRM to implement provisions of the Recovery Act that provide incentive payments for the meaningful use of certified EHR technology. The proposed rule outlines provisions governing the EHR incentive programs, including defining the central concept of "meaningful use" of certified EHR technology. The goal is to provide a definition of meaningful use consistent with applicable provisions of Medicare and Medicaid law while continually advancing the contributions certified EHR technology can make to improving health care quality, efficiency, and patient safety. To accomplish this, the proposed rule suggests an approach to phase in more robust criteria for demonstrating meaningful use over time through future rulemaking. A 60-day comment period was provided on the proposed rule, which concluded on March 15, 2010 and issuance of a final rule is anticipated in summer 2010.

Privacy and Security – The Office for Civil Rights (OCR) is currently working on a notice of proposed rulemaking to implement many of the provisions included in Subtitle D of the HITECH Act such as business associate liability; new limitations on the sale of protected health information, marketing, and fundraising communications; and stronger individual rights to access electronic health records and restrict the disclosure of certain information. OCR has issued new regulations covering breach notification and has amended the HIPAA Enforcement Rule to include more robust penalties as mandated by the HITECH Act. The breach notification regulation requires covered entities to notify the Secretary whenever there is a breach of data that impacts more than 500 individuals, and annually to notify the Secretary of any breach that impacts less than 500 individuals. A proposed rule on additional changes to the HIPAA Privacy Rule is expected in 2010.

F.   Environmental Review Compliance
The activities described in this Implementation Plan do not trigger the requirements of the National Environmental Policy Act (NEPA), National Historic Preservation Act (NHPA) or related statutes.

The ONC and Department of Health and Human Services are committed to sustainable operations of its activities and facilities through sound environmental stewardship including preferential procurement of environmentally preferred products and electronic stewardship of IT and data center operations.

As programs are developed, ONC will incorporate contract and/or grant language to mitigate the environmental impacts of acquisition of IT and other products and equipment and services and provide guidance to encourage the following:
- Green procurement' based on the HHS Affirmative Procurement Plan and similar guidance from the Environmental Protection Agency (EPA) and the President's Council on Environmental Quality (CEQ)
- Electronic Stewardship including the use of electronic products that are Energy Star® compliant and Electronic Product Environmental Assessment Tool (EPEAT) Silver registered or higher when available; the activation of Energy Star® features on all equipment, when available; environmentally sound 'end-of-life' management practices (including reuse, donate, sell, or recycle 100% of electronic products;) and best operation and management practices for energy efficient data centers.

G.   Measures

Program: State Health Information Exchange (four year program – ending approx March 2014)

Outcome/measure: Community pharmacies able to receive and process electronic prescriptions. *Electronic prescriptions are both safer and more convenient for consumers because they are transmitted directly to the pharmacy avoiding delays in filling and transcriptions errors. They can also be efficiently refilled saving time for doctors, pharmacists, and patients. This measure represents an important activity that requires States' involvement in the HIE program.*
Unit: Percent
Frequency: Annually
Direction: Increasing
Type: Outcome
Data Source: Surescripts annual report; state grantee progress reports.

Measure	6/30/ 10	9/30/ 10	12/31/ 10	3/31/ 11	6/30/ 11	9/30/ 11	12/31/ 11	3/31/ 12	6/30/ 12	9/30/ 12	12/31/ 12	12/31/ 13	12/31/ 14	12/31/ 15	Prog. End
TARGET	N/A	N/A	87%	87.5%	88%	89%	90%	92%	94%	97%	100%	100%	100%	100%	
ACTUAL															

Program: Community College Consortia (two year program – ending approx March 2012)

Outcome/measure: Students completing training programs at community colleges to become HIT professionals. *There is high demand for HIT professionals from health providers and from ONC's Regional Extension Centers (see below) which are helping doctors and hospitals adopt or upgrade electronic records systems. Community colleges will be issuing certificates to students completing programs of study in HIT. The ultimate goal is for these students to gain employment in the HIT sector.*
Unit: Number
Frequency: Quarterly
Direction: Increasing
Type: Output
Data Source: Grantee progress reports

Measure	6/30/ 10	9/30/ 10	12/31/ 10	3/31/ 11	6/30/ 11	9/30/ 11	12/31/ 11	3/31/ 12	6/30/ 12	9/30/ 12	12/31/ 12	12/31/ 13	12/31/ 14	12/31/ 15	Prog. End
TARGET	0	0	0	0	700	700	3500	4200	7000	7000	10,500	N/A	N/A	N/A	
ACTUAL															

Health Information Technology

Program: Regional Extension Centers (four year program – ending approx March 2014)

Outcome/measure: Providers registered to receive services from Regional Extension Centers.
Unit: Number of providers registered
Frequency: Quarterly
Direction: Increasing (Note: Program is funded to register and work with a total of 100,000 providers.)
Type: Output
Data Source: Customer Relationship Management Tool.

Measure	6/30/10	9/30/10	12/31/10	3/31/11	6/30/11	9/30/11	12/31/11	3/31/12	6/30/12	9/30/12	12/31/12	12/31/13	12/31/14	12/31/15	Prog. End
TARGET	3,000	30,000	50,000	75,000	90,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	N/A	
ACTUAL															

Outcome/measure: Adoption of EHRs among providers who have registered with Regional Extension Centers for at least 10 months.
Unit: Percent adoption of EHRs among providers registered with Regional Extension Centers
Frequency: Quarterly
Direction: Increasing
Type: Outcome
Data Source: Extension Center Customer Relationship Management Tool.

Measure	6/30/10	9/30/10	12/31/10	3/31/11	6/30/11	9/30/11	12/31/11	3/31/12	6/30/12	9/30/12	12/31/12	12/31/13	12/31/14	12/31/15	Prog. End
TARGET	N/A	N/A	N/A	20%	30%	40%	45%	50%	55%	60%	65%	75%	80%	N/A	
ACTUAL															

H.   Monitoring and Evaluation

ONC, recognizing the health information technologies' critical contribution to health reform and duty to ensure the appropriate use of taxpayers dollars, has assumed numerous opportunities to monitor and evaluate programs which include, but are not limited to:

Grants
ONC's grants programs are implemented through Cooperative Agreements, thereby affording the Federal Government an opportunity to assume a more substantial role and work collaboratively with grantees with respect to their implementation endeavors. Consistent with this premise, the majority of ONC's cooperative agreements included funding restrictions which are removed upon the grantee's demonstrated achievement of established milestones. In addition to Government-wide financial, program, and Recovery Act reporting requirements, ONC is in the process of developing a Customer Relationship Management (CRM) tool providing a forum through which ONC and grantees can exchange information including successes and challenges.

Evaluations, Reports, and Studies
Consistent with ARRA mandates and ONC's priorities, a series of evaluations and studies have been commissioned to assess program implementation. Studies include a global evaluation of ONC's ARRA efforts, as well as Regional Extension Center, State Health Information Exchanges, Beacon Communities, Workforce, and SHARP grant program evaluations. In addition, a series of Privacy and Security studies have been initiated including de-identification of protected health information and utilizing technology for online dispute resolution and error corrections.

Internal Review of ONC Operations
ONC continually seizes opportunities to proactively prevent, detect, and mitigate risks.   These opportunities include evaluating internal controls, assessing the degree to which ONC's grant award activities comply with Government-wide and Department-wide regulations, policies, and procedures; and determining whether grantees are achieving intended performance objectives.

Participation in Department-wide Endeavors
All ONC Recovery Act programs are assessed for risk to ensure that appropriate internal controls are in place throughout the entire lifecycle of the program. These assessments are done consistent with the statutory requirements of the Federal Manager's Financial Integrity Act and the Improper Payments Information Act, as well as OMB's circular A-123 "Management's Responsibility for Internal Control."

ONC's risk management process aligns with the overall governance structure established at HHS to address Recovery Act program risks. The HHS Risk Management and Financial Oversight Board provides executive leadership and establishes accountability for the risk assessment process related to internal controls over financial reporting, and the HHS Senior Assessment Team ensures that risk assessment objectives are clearly communicated throughout the Department. The Office of the Secretary's Senior Assessment Team, of which ONC is an active member, carries out comprehensive annual assessments of its Recovery Act program(s) to identify risks and develop strategies to address them, including those associated

with selecting recipients, awarding and overseeing funds, and achieving program goals. Meetings are conducted every two weeks to monitor and assess the effectiveness of mitigation strategies and identify emerging risks.

In addition, ONC will present its high level risks to the Recovery Act Implementation Team. Chaired by the Deputy Secretary and comprised of senior policy officials from throughout the Department, the Implementation Team convenes monthly to monitor progress in carrying out Recovery Act programs and address the obstacles and risks that could impact on their success.

I.   Transparency

ONC maintains a robust website (http://healthit.hhs.gov) through which the status of our efforts are made readily available to the public including funding opportunity announcements, names and amounts awarded to cooperative agreement recipients, notification of Federal advisory committee meetings, and status of regulatory efforts including opportunities for public comment. In addition, ONC maintains a Health IT Buzz Blog and Twitter account through which the exchange of ideas and viewpoints are encouraged. A List-Serv is also maintained through which subscribers are advised of important events and milestones.
ONC is open and transparent in all of its contracting and grant competitions and regulations depending on what is appropriate for program activities that involve spending of Recovery Act funding consistent with statutory and OMB guidance.

ONC ensures that recipient reports required by Section 1512 of the Recovery Act are submitted and reviewed for material omissions and significant errors. ONC informs recipients of their reporting obligation through educational sessions, resources posted on ONC's website, standard terms and conditions, grant announcements, and other program guidance. In addition, ONC provides key award information to recipients and other technical assistance to grantees and contractors and fully utilizes Project Officers to ensure compliance with reporting requirements.

J.   Accountability

To ensure that managers are held to high standards of accountability in achieving program goals under the Recovery Act, ONC has built upon and strengthened existing processes. Senior ONC officials meet regularly with senior Department officials to ensure that projects are meeting their program goals, assessing and mitigating risks, ensuring transparency, and incorporating corrective actions. The personnel performance appraisal system also incorporates Recovery Act program stewardship responsibilities for program and business function managers.

The HITECH Act requires the ONC to update the Federal Health IT Strategic Plan developed in June 2008 and identified a wide-breadth of areas that must be encompassed. To meet this mandate, ONC continues to pursue development of a plan encompassing the roles, viewpoints, and attributes of both the public and private HIT enterprise. Within this framework, themes, goals, principles, objectives, and strategies have been drafted and continue to be refined in view of public input. Once finalized, the plan will serve as a mechanism through which performance is assessed, results are documented, and accountability, for both successes and weaknesses, is determined.

K.   Barriers to Effective Implementation

While staffing levels in ONC have increased, consistent with the FY 2011 President's Budget, resources are necessary to effectively manage the breadth and complexity of programs under ONC's purview. Ambitious goals have been established, with respect to ONC's grant program, interoperability initiatives, and other massive endeavors and having the resources to help ensure attainment of these goals is vital. To that end, recruitment efforts will continue.

One of the most critical implementation issues is maintaining an open and transparent process. This has required a significant investment of time and resources. To that end, ONC must continue robust outreach efforts to ensure public understanding and support of health information technology efforts including the contribution such efforts will make to overall health care reform. This is currently achieved thorough a variety of forums including speaking engagements, blogs, invitations to the public to participate in stakeholder meetings, and opportunities for the public to comment on proposed regulations.

In addition, ARRA provided for the creation of an HIT Policy Committee and the HIT Standards Committee under the auspices of the Federal Advisory Committee Act (FACA). The HIT Policy Committee is charged with making policy recommendations to the National Coordinator and the HIT Standards Committee is charged with making recommendations to the National Coordinator regarding standards, implementation specifications, and certification criteria for the electronic exchange and use of health information. All HIT Policy and HIT Standards Committees meetings are open to the public both in-person and available for listening on the telephone and on the web. The public are invited to make comments at the close of each meeting and are also encouraged to submit written comments on issues before the Committees.

To ensure that the National Coordinator is well informed on the issues, the Committees have also formed Workgroups (or subcommittees). The HIT Policy Committee and HIT Standard Committee each have three to seven workgroups at any given point of time to discuss and develop policies on particular areas of interest such as meaningful use, certification, information exchange, privacy and security, and clinical operations and quality. All of the Workgroups operate in public and there is an opportunity during each Workgroup meeting for the public to comment.

In a number of instances, the Workgroups have held public, in-person hearings on topics which they wish to explore further. For example, Certification and Adoption workgroup of the HIT Policy Committee held a hearing on HIT Safety to explore patient-safety issues related to the use of electronic health records – both risks and approaches to mitigating those risks. The Implementation Workgroup held a hearing on "Implementation Starter Kits: Lessons & Resources to Accelerate Adoption," which included a discussion on the Federal contribution, implementation among providers and their vendors discussing the process and tools to meet meaningful use, and an innovations panel which discussed novel, alternative uses of implementation strategies for HIT. Also, a FACA Blog has been set up on the ONC website to ensure even greater public participation.

The HIT Policy and HIT Standards Committees have been meeting for one year and have each held 12 public meetings. The Workgroups, to date, have held more than 150 teleconference calls and/or public meetings.

Many of the challenges to successful advancement of HIT have been existence before the introduction of ARRA such as privacy and security considerations, adoption, and interoperability across state and regional boundaries. That said, ARRA funding has afforded ONC the opportunity to direct additional resources to these efforts in pursuit of these challenges.

L.   Federal Infrastructure

The activities described in this Implementation Plan are not related to building requirements or construction environmental impact issues.

Summary of Significant Changes:

At the time the original May 2009 Implementation Plan was issued, Privacy and Security Guidance and Enforcement initiatives were underway while other ARRA endeavors for brand-new programs were under development. The focus of the May 2009 Implementation Plan was largely targeted towards the Privacy and Security activities and commensurate timeframes. Over the course of the past year, many additional ARRA initiatives have been implemented including, but not limited to, eight new grant programs, issuance of standards and certification regulations, and pursuit of public health programs, all of which, and more, are now detailed in this updated Implementation Plan (May 2010). This updated plan now reflects all activities which will be implemented under the full $2 billion appropriated to the Office of the National Coordinator for Health Information Technology under ARRA/HITECH and includes new performance measures for these activities.