National Coordinator for Health Information Technology

LETTER FROM THE NATIONAL COORDINATOR

I am pleased to present the fiscal year (FY) 2016 Budget Justification for the Office of the National Coordinator for Health Information Technology (ONC). Access to electronic health information is an essential component for achieving better care, at a lower cost and better health for all. With the goal of a transformed delivery system, it is necessary to bring better value to consumers, whether that means payment reform or innovative models of care. As the National Coordinator for Health IT, I am proud of the role that ONC's dedicated and talented team and programs have played in supporting more than sixty five percent of eligible health care clinicians and more than ninety percent of hospitals in the nation to adopt electronic health record technology certified by ONC's certification program, and meaningfully collect, share and use health IT for health care and health improvement.

The Department of Health and Human Services (HHS) has a critical responsibility to see that comprehensive health information is available when and where it matters most and to see that system and policy interoperability is seamless and sustainable. Achieving interoperability will mean that health IT can put data in the hands of the nation to improve health care quality and safety, lower health care costs and improve population and public health, and advance science. Individuals will also be empowered through the use of health IT toward personal and community health improvement.
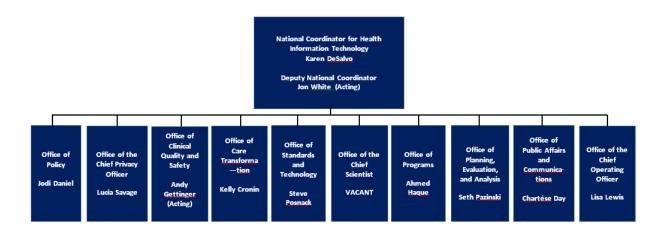
In FY 2016, ONC will focus on developing a nation-wide, interoperable health IT infrastructure that assures data can be securely and appropriately collected, shared with, and used by the right people at the right time to achieve access to more affordable quality care and better health. ONC will move toward health IT optimization to further care transformation and increase interoperability through policies, standards, and programs that will continue to help providers and consumers leverage health IT. ONC's FY 2016 budget request includes funding for building federal and national consensus around and implementing the Federal Health IT Strategic Plan; inspiring confidence and trust in health IT; empowering consumers to meaningfully use their health information and actively participate in their health care through improved access to health information; and developing and harmonizing standards that enable multiple methods of clinical quality improvement and health information exchange. This work is crucial for advancing the promise and power of health IT and fulfilling HHS' mission to protect the health of all Americans and provide essential human services.

/Karen B. DeSalvo/
Karen B. DeSalvo, M.D., M.P.H., M.Sc.
National Coordinator for Health IT

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ORGANIZATIONAL CHART

National Coordinator for Health Information Technology
Karen DeSalvo

Deputy National Coordinator
Jon White (Acting)

Office of Policy	Office of the Chief Privacy Officer	Office of Clinical Quality and Safety	Office of Care Transforma—tion	Office of Standards and Technology	Office of the Chief Scientist	Office of Programs	Office of Planning, Evaluation, and Analysis	Office of Public Affairs and Communica-tions	Office of the Chief Operating Officer
Jodi Daniel	Lucia Savage	Andy Gettinger (Acting)	Kelly Cronin	Steve Posnack	VACANT	Ahmed Haque	Seth Pazinski	Chartése Day	Lisa Lewis

ORGANIZATIONAL CHART: TEXT VERSION

National Coordinator for Health Information Technology
o   Karen DeSalvo, MD, MPH, MSc

Principal Deputy National Coordinator
o   Jon White, MD (Acting)

The following offices report directly to the National Coordinator:
- Office of Policy
    - o   Jodi Daniel, JD, MPH
- Office of the Chief Privacy Officer
    - o   Lucia Savage, Esq
- Office of Clinical Quality and Safety
    - o   Andy Gettinger, MD (Acting)
- Office of Care Transformation
    - o   Kelly Cronin
- Office of Standards and Technology
    - o   Steven Posnack, MS, MHS
- Office of the Chief Scientist
    - o   Vacant
- Office of Programs
    - o   Ahmed Haque
- Office of Planning, Evaluation and Analysis
    - o   Seth Pazinski
- Office of Public Affairs and Communications
    - o   Chartése Day, MBA
- Office of the Chief Operating Officer
    - o   Lisa Lewis

EXECUTIVE SUMMARY

Introduction and Mission

Agency Overview

The Office of the National Coordinator for Health Information Technology (ONC), a staff division of the U.S. Department of Health and Human Services (HHS), is the lead agency charged with formulating the federal government's health information technology (health IT) strategy and coordinating federal health IT policies, standards, programs, and investments. ONC supports HHS Strategic Plan goals 1: Strengthen Health Care and 2: Advance Scientific Knowledge and Innovation.

ONC was established in 2004 by Executive Order and was codified in legislation in 2009, with the enactment of the Health Information Technology for Economic and Clinical Health (HITECH) Act, part of the American Recovery and Reinvestment Act (Recovery Act). HITECH also provided short term funding to HHS in support of a number of health IT related initiatives, including the Medicare and Medicaid Electronic Health Record Incentive Programs (aka Meaningful Use Program) under which certain eligible providers and hospitals may receive payments for adopting and meaningfully using electronic health record (EHR) technology. HITECH provided broad, permanent authorities for ONC to promote the widespread adoption of standardized and certified EHR technology, facilitate the secure use and exchange of interoperable health information, and promote the delivery of safe, efficient, cost effective high quality care. ONC supports the Department's goal to strengthen health care by pursuing the modernization of the care delivery infrastructure of the nation through the adoption, meaningful use, implementation and optimization of health IT. These efforts make health information available electronically for better decision-making by consumers, clinicians, health care administrators, and policy-makers at all levels of health care.

Vision

Health information is accessible when and where it is needed to improve and protect people's health and well-being

Mission

Improve health, health care, and reduce costs through the use of information and technology

Introduction

Health care delivery in the United States is transforming from volume-based fiscal incentives towards an emphasis on enhanced value to the consumer. In this new context, electronic health information is the essential ingredient to success. While many health care providers have adopted health IT, putting electronic health information in the hands of the nation in a manner that is usable by all remains the primary goal. As the federal agency charged with achieving this goal, ONC is evolving its focus to health beyond healthcare, health IT beyond EHRs, and levers beyond the Meaningful Use Program to harness the power of health IT for better care at a lower cost and better health.

ONC is working towards achieving an interoperable, learning health system through high level coordination between government and the private sector, ensuring the appropriate collection, sharing and use of data, and developing policy efforts and, when necessary, regulations. As the national convener for health IT advancement and innovation, ONC enables and informs health delivery transformation, payment reform, the adoption of certified electronic health records, and the public's

health by building upon a roadmap that allows for a robust health IT infrastructure. Better health can then be achieved by improving the flow of information so that care providers can shift from an emphasis on transactions to one of patient care and value. ONC is also continuing to leverage its existing authorities and responsibilities, which include technical standards coordination and harmonization work, a regulatory certification program, and coordination of privacy and security work through a Chief Privacy Officer — as well as ONC's core function of coordinating federal health IT policy through multiple venues, including the Federal Health IT Strategic plan, through leadership of the Federal Health Architecture (FHA), and through the work of our federal advisory committees.

ONC's existing levers, including the Meaningful Use Program and associated Certification authorities, are continuing to be used to advance these goals in partnership with our federal, state, and private sector partners. Putting electronic health information in the hands of the nation will facilitate care coordination, consumer engagement, informed and shared decisions, more transparent and seamless quality measurement, a robust and powerful research community, and an essential infrastructure for the measurement and improvement of quality and safety. This infrastructure will support the evidence base for medicine and health care evolving more rapidly as researchers and clinicians collaborate to refine our understanding of the most effective care. ONC's unique technical expertise, existing authorities, and strong relationships with the private sector make ONC remarkably well suited to champion systems and policy change through the widespread application of health IT to achieve the enhanced level of care and health all Americans deserve.

The following activities describe how ONC is creating a safe, secure, and interoperable health IT infrastructure.

Policy Development and Coordination
ONC develops and coordinates federal policies through collaboration with a broad range of health IT stakeholders to achieve a robust and interoperable health IT infrastructure and to address emerging health IT issues. Specific activities include:

- *Health IT Policy*: Engages stakeholders to collaboratively identify emerging issues and forge consensus-based solutions. Investigates alternative solutions in real world settings, incorporating best practices into the Meaningful Use and Certification Programs. Ensures a coordinated and consistent approach to the federal regulation and the governance of health IT.
- *Privacy and Security*: Provides subject matter expertise and technical assistance to organizations as they navigate the legal, regulatory, and technical issues surrounding the privacy and security of health information. Through direct engagement with stakeholders and coordination of federal regulations, the Chief Privacy Officer ensures that privacy and security standards are addressed in a consistent manner that reinforces the protection of private health information.
- *Health IT Safety and Usability:* Coordinates Departmental health IT safety activities to identify and mitigate the safety risks associated with the use of health IT. The program coordinates activities around health IT design, integrates clinical workflows, educates and trains health IT consumers, and develops processes designed to identify and correct unsafe conditions or uses of health IT.
- *Clinical Quality Improvement (CQI):* Ensures a comprehensive approach to integrating clinical knowledge into health IT. Provides subject matter expertise on policies, standards, and tools that give providers and consumers the information and tools needed to identify high risk conditions, assist in decision making, and measure care quality.

Standards, Interoperability, and Certification

ONC leads a variety of efforts designed to accelerate nationwide progress towards an interoperable health IT infrastructure. By supporting standards development and convening federal agencies and other partners to implement nationwide solutions to Health Information Exchange (HIE), ONC is working to create interoperable health IT infrastructures that support national priorities. Specific activities include:

- *Standards Development and Harmonization:* Provides the technical infrastructure to support the Certification Program. Through the Standards and Interoperability (S&I) Framework and the Standards Implementation and Testing Environment (SITE) Platform, ONC coordinates and convenes stakeholders to develop and harmonize standards, and provides testing and data infrastructure to ensure the efficiency of proposed standards for inclusion in the Certification Program.
- *Health Information Exchange:* Provides the leadership and resources needed to accelerate the nationwide adoption and utilization of HIE. This includes engaging HIE participants and assisting them to implement HIE services, and providing a focus on the right set of standards, protocols, legal agreements, specifications, and services needed to manage the exchange of health information.
- *Certification and Accreditation:* Provides vendors and developers with clear criteria for developing their products by issuing certification criteria for the Certification Program. Collaborates with National Institute of Standards and Technology (NIST), deploys testing procedures, data, and tools in regard to the standards and certification criteria adopted by regulation for Accredited Testing Labs (ATLs). Separately, ONC accredits authorized certification bodies to independently validate the ATLs results and certify the product.
- *Federal Health Architecture:* ONC acts as the managing partner of the FHA. Through the FHA, over 20 federal agencies have joined together to implement government-wide solutions to health IT that addresses agency business priorities while protecting citizen privacy.

Adoption and Meaningful Use of Health IT

ONC supports efforts aimed at the widespread adoption of the latest health IT and disseminates methods by which providers and consumers can meaningfully use health IT to improve decision making. Through coordinated national strategies and direct engagement with the health IT community, ONC maintains a national network of organizations that are focused on supporting individual providers and consumers in adopting and meaningfully using health IT. Specific activities include:

- *Provider Adoption Support:* Proves a forum –the National Learning Consortium (NLC) – through which health IT implementers and providers can collaborate to identify common implementation issues, develop and share best practices to mitigate challenges, and showcase innovative uses of health IT.
- *Consumer eHealth:* Engages directly with consumers to empower them to meaningfully use their health information and actively participate in their health care through improved access to health information provided by CEHRT. Works to ensure consumers are engaged in support of a robust eHealth market.
- *Planning, Evaluation, and Monitoring:* Leads the development of the Federal Health IT Strategic Plan, and uses internal and external data sources to conduct economic analysis and develop models that describe the value of investing in health IT implementation. Provides health IT monitoring, which measures the costs, benefits, and economic impacts of HITECH and Meaningful Use Programs, and provides measurements of program activities. These studies and reports inform and influence health policy and program decisions.
- *Engagement and Outreach:* Coordinates external communication and dissemination activities through HealthIT.gov and the NLC. Provides internal communication resources through the ONC's intranet.

Agency Wide Support
ONC's agency-wide support team provides dynamic and flexible support to ONC's offices and programs through administrative and central services with responsibility for overall agency efficiency and effectiveness. Activities include: acquisitions and grants; budget operations; people and culture; program integrity; operational services; monitoring and analysis; systems and planning; and demand management.

All Purpose Table
(Dollars in Millions)

Program	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 Request (+/-) FY 2015 Enacted
Budget Authority	15.556	60.367	0.000	-60.367
PHS Evaluation Funds	44.811	0.000	91.800	+91.800
Total, ONC	60.367	60.367	91.800	+31.433

Overview of Budget Request

The Fiscal Year (FY) 2016 Budget Request for ONC is $91.8 million in Public Health Service (PHS) Evaluation Funds. The FY 2016 budget request reflects ONC's commitment to developing a nation-wide, interoperable learning health system that assures that data can be securely collected, used, and shared by the right people at the right time to achieve better care and better health at a lower cost.

In FY 2016, ONC will convene stakeholders and build consensus around standards and policies. ONC will support standards development and develop a robust certification program that enables health information exchange. ONC will also continue to engage a diverse set of stakeholders and federal partners through multiple convening strategies including the federal advisory committees and the Federal Health Architecture. ONC will work with these stakeholder groups to develop, gain consensus around, and implement the FY 2015-2020 Health IT Strategic Plan, and coordinate and collaborate on other ways to optimize policies, standards, and best practices to continue care transformation through health IT. ONC will also continue to inspire confidence and trust in health IT through ensuring the privacy and security of patient data and ensuring that consumers are able to exercise control over their health information.

The focus of ONC's FY 2016 budget request is advancing the interoperability of health information technology so that electronic health information can be collected, shared, and used by consumers, providers and others to advance care and health. Interoperability is "the ability of a system to exchange information with, and use information from, other systems without special effort on the part of the customer." This means all individuals, their families, and their health care providers have appropriate access to health information that facilitates informed decision-making, supports coordinated health management, allows individuals and caregivers to be active partners and participants in their health and care, and improves the overall health of the nation's population. Too often, individuals and their care providers cannot get the health information they need in an electronic format when and how they need it to make their care convenient and well-coordinated. This gap in access to health information negatively impacts all of health care delivery - nearly one-fifth of the US economy. To address this gap, ONC will undertake critical work to operationalize governance of the nationwide health information network, further specify technology standards, lead the development of testing procedures and tools for health IT certification, support on the ground implementation of health IT, and track and monitor progress.

The core elements of this 2016 budget request enable ONC to advance progress toward a safe and secure nation-wide system of interoperable health IT that focuses on safety and usability while enabling

new payment delivery models and care delivery transformation. The critical building blocks for a nationwide interoperable health information infrastructure are:
1. Core technical standards and functions
2. Certification to support adoption and optimization of health IT products and services
3. Privacy and security protections for health information
4. Supportive business, clinical, cultural, and regulatory environments
5. Rules of engagement and governance

The following activities demonstrate how ONC is working to create a safe, secure, and interoperable health IT infrastructure that is improving health and health care for all Americans:

Policy Development and Coordination ($27.0 million, +$14.6 million from FY 2015 enacted)
These funds support the development and coordination of federal policies and strategies that promote a safe and secure interoperable learning health system. In 2016, ONC will promote interoperability by building consensus around and implementing the Federal Health IT Strategic Plan. ONC will foster innovation with a new cross-Departmental initiative targeting prescription drug overdoses, and inspire confidence and trust in health IT through ensuring the privacy and security of patient data, and ensuring that consumers are able to exercise control over their health information. ONC will also launch the Health IT Safety Center, a public-private partnership focused on integrating health IT into a culture of safety in healthcare.

Standards, Interoperability, and Certification ($33.7, +$18.4 million from FY 2015 enacted)
These funds support a variety of efforts designed to accelerate nationwide progress toward an interoperable learning health IT infrastructure. In 2016, ONC will focus on supporting interoperability by establishing consensus around standards development activities and policies related to health information exchange and precision medicine. ONC will also continue to support the Certification Program and convene federal agencies, including the Department of Veteran's Affairs and the Department of Defense, through the Federal Health Architecture.

Adoption and Meaningful Use of Health IT ($13.0 million, +$1.9 million from FY 2015 enacted)
ONC supports efforts aimed at the widespread adoption of certified health IT products and disseminates methods by which providers and consumers can use health IT to improve decision making. In 2016, ONC will promote interoperability by disseminating guides and best practices through the NLC and working with consumers and caregivers so that they can meaningfully use their health information and actively participate in their health care. ONC will also gather data and evaluate progress toward achieving interoperability.

Agency Wide Support ($18.1 million, -$3.4 million from FY 2015 enacted)
ONC's agency-wide support team provides dynamic and flexible support to ONC's offices and programs through administrative and central services with responsibility for overall agency efficiency and effectiveness. Activities include: acquisitions and grants; budget operations; human capital; program oversight; operational services; and systems and planning.

Overview of Performance

ONC continues to monitor a variety of health system measures to contextualize and inform its strategic planning and to evaluate federal health IT programs.

The Meaningful Use Program gained significant momentum in 2014, and as of June 2014 more than 400,000 eligible health care professionals (75 percent) and 4,600 hospitals (92 percent) were participating in the programs and had met the criteria for incentive payments during Stage I of the Meaningful Use Program. The progress has exceeded the HHS priority goal for FY 2014 that 375,000 providers would receive a payment from either the Medicare or Medicaid programs. The Department is continuing the same goal into FY 2016 with a target of 450,000 and will also monitor provider progress through future stages of meaningful use.

The gains in EHR adoption have been supported and accelerated by ONC's implementation of HITECH programs, including the Health IT Regional Extension Center (REC) program, which is scheduled to end in 2016. A 2013 Government Accountability Office (GAO) study demonstrated how the RECs have been succeeding as change agents in health care. The GAO report found that Medicare providers working with RECs were more than 1.9 times more likely to receive an EHR incentive payment then those who were not. The impact of the REC program is evident. Analysis conducted in 2013 of dual eligible participating in the Incentives Programs and other HHS programs showed that the RECs are working with more than 90 percent of the nation's Federally Qualified Health Centers. The data further showed that RECs are working with more than 50 percent of practices that are participating in the Center for Medicare & Medicaid Innovation (CMMI) Comprehensive Primary Care (CPC) initiative and 58 percent of all the 2011 National Committee for Quality Assurance Patient Centered Medical Home (NCQA PCMH)-certified providers.

Alongside the sustained increases in EHR adoption and the growing participation rates in HITECH programs such as the RECs and EHR Incentive Programs, health care providers are beginning to implement advanced functionalities that enable them and their patients to experience the benefits that a foundation of EHRs can provide. To this end, in FYs 2015-2016, ONC will continue monitoring the adoption of EHRs and participation the Meaningful Use Program; measurement activities will be increasingly focused to monitor provider's specific health information exchange capabilities and activity. In particular, ONC will be monitoring the extent to which providers are using EHR functionalities that enable the exchange of patient health information directly with patients and with providers outside their organization. Additionally, ONC will be monitoring changes in consumer attitudes regarding the safeguards that providers are taking to protect the privacy and security of patient personal health information.

Description of ONC's Performance Management Process

The performance management process at ONC is an embedded part of all policy, standards, and program management activities. The process includes a range of activities that provide ONC executives, managers, and staff the opportunity to develop clear and common goals, monitor progress towards goal attainment, and when necessary, revise established plans appropriately.

The ONC performance management process is enabled by a common government-wide framework of performance processes and standards, including targeted activities that focus ONC performance management with respect to: (1) priority-setting, (2) measurement and analysis, (3) regular

performance reviews, and (4) priority, strategic, and/or operational updates based on findings from performance reviews.

Priority Setting
ONC's authorizing legislation, appropriations, and implemented budgets form the basis for the multi-year and annual priority setting processes. ONC regularly receives and integrates into its priorities requests from Congress that pertain to updates on ONC activities or to renewed or reformed focus on health IT promotion and implementation.

Strategic Planning
Establishing multi-year strategic plans is critical to formulating and advancing a long-term vision for the coordination of an IT-enabled health care system. According to the HITECH Act, the Federal Health IT Strategic Plan addresses the following priority areas:

- Use of electronic exchange, health information, and the enterprise integration of such information;
- Utilization of an EHR for each person in the United States;
- Incorporation of privacy and security protections for the electronic exchange of an individual's identifiable health information;
- Use of security methods to ensure appropriate authorization and electronic authentication of health information and specifying technologies or methodologies for rendering health information unusable, unreadable, or indecipherable;
- Specification of a framework for coordination and flow of recommendations and policies among the Secretary, the National Coordinator, the advisory committees, and other health information exchanges and relevant entities;
- Use of methods to foster the public understanding of health IT;
- Employment of strategies to enhance the use of health IT to improve health care quality, reduce medical errors, reduce health disparities, improve public health, increase prevention and coordination with community resources, and improve the continuity of care among health care settings; and,
- Implementation of specific plans for ensuring that populations with unique needs, such as children, are appropriately addressed in the technology design, as appropriate, which may include technology that automates enrollment and retention for eligible individuals.[1]

Access the FY 2011-2015 Health IT Strategic Plan, and the Draft FY 2015-2020 Health IT Strategic Plan.

Following the best practices established in the Government Performance and Results Act Modernization Act of 2011, ONC is currently working on revising the Health IT Strategic Plan in order to develop a new plan that will cover 2015-2020. The process for updating the plan includes extensive planning within ONC, consultation with Federal partners, and outreach to providers and the health care community.

Annual Plans
In addition to multi-year strategic plans, ONC undertakes a number of management planning exercises that develop, revise, and enact annual plans. The ONC Organizational and National Coordinator's Annual Plans are established according to the Department's Senior Executive Service performance planning schedule, which is aligned to the fiscal year calendar. In practice, the method for establishing these plans involves disciplined and detail-oriented series of conversations where the National Coordinator,

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[1] P.L. 111-5, Sec. 3001(c)(3)(A)

ONC's executives, and subject matter experts define ambitious milestones and goals for accomplishing the upcoming fiscal year's program, policy, and operational objectives.

Each year's Annual Plan includes priority goals, discreet milestones, and key measures related to organization and program-level financial and performance management priorities. The plan also establishes an important cultural tone and emphasis on core values expressing the National Coordinator's workplace and performance management philosophies.

After the National Coordinator's plan is finalized, the core performance elements are integrated into the annual performance plans for ONC's senior executives. Each ONC senior executive has a performance plan that includes critical elements of performance that are related to the achievement of the organization's program and policy goals, as well as the on-going exhibition of core management and leadership competencies. Once the National Coordinator and Senior Executive Service performance plans are in place, the process of aligning employee performance plans begins. Staff performance plans align with the expectations of ONC senior executives as well as the overarching goals of the organization and they also include specific goal statements expressing the exact contributing actions that the staff will champion during the performance period.

Measurement and Analysis
Research and Analysis of Priority Health IT Adoption Indicators
Through a variety of research projects on the development and diffusion of a national health IT market, ONC's researchers, program evaluators, and program and policy analysts support a cross-cutting research, analysis, and adoption modeling agenda. This agenda focuses on identifying barriers to health IT adoption, patterns of successful implementation, and gaps where additional research is needed to further motivate health systems changes. Together, these activities enable ONC to assess nationwide, regional, and state-level patterns of EHR adoption and HIE activity to the advantage of HHS programs and pertaining to priority groups of health care providers.

Analysis and Reporting of Program Information
ONC's performance-based policy and program management philosophies are supported by numerous information management systems that enable the consistent collection and analysis of ONC data. Program and operations data are regularly captured, analyzed, and presented across staff and manager groups through tools such as : ONC Intranet; Health IT Research Center (to be known going forward as the National Learning Consortium), and Health IT Dashboards.

ONC also has several Open Government projects that provide public access to the results of these activities:
- Health IT Dashboards
- Health IT Implementation Resources Repository
- Health IT Research Council, National Learning Consortium

Summative Feedback on HITECH Program Effectiveness through Program Evaluations
HITECH requires ONC to conduct program evaluations of the: (1) overall implementation of HITECH, (2) Health IT Extension Program, (3) Health IT Workforce Program, (4) State HIE Program, and (5) Beacon Community Program. These evaluations also generate useful analyses that can impact the implementation of the programs. For example, several of the HITECH evaluations are developing grantee typologies that help ONC project officers and grantees understand and address common problems.

Deliverables from ONC's HITECH and health IT studies and evaluations are available at
http://dashboard.healthit.gov/evaluations/

Regular Performance Review
The regular review of performance is engrained at all levels of ONC through a number of mechanisms, including: the Annual Organizational Assessment and Performance Report; Mid-Year Senior Executive and Employee Performance Reviews; Quarterly Reviews; and Monthly Meetings.

Priority, Strategic and/or Operational Updates Based on Findings from the Review
The processes for planning, reviewing progress, and re-establishing priorities in a place where change is the expectation is necessarily robust and on-going. Through a predictable set of senior leadership team meetings, cross-cutting priority group meetings, and planning exercises, each ONC office has an important contribution to leading the planning and monitoring exercises that are needed to ensure that objectives are met.

BUDGET EXHIBITS

Appropriations Language

For expenses necessary for the Office of the National Coordinator for Health Information Technology, including grants, contracts, and cooperative agreements for the development and advancement of interoperable health information technology, [$60,367,000] *$91,800,000 shall be available from amounts available under section 241 of the PHS Act.* (Consolidated and Further Continuing Appropriations Act, 2015)

Language Analysis

Language Provision	Explanation
$91,800,000 shall be available from amounts available under section 241 of the PHS Act.	Provides ONC's budget from PHS Evaluation funding.

Amounts Available for Obligation

Detail	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
General Fund Discretionary Appropriation:			
Annual appropriation	60,367,000	60,367,000	91,800,000
Subtotal, Appropriation	60,367,000	60,367,000	91,800,000
Transfer	-39,000		
Transfer	-3,000		
Total, Discretionary Appropriation	*60,325,000*	*60,367,000*	*91,800,000*
Total Obligations	60,048,327	60,367,000	*91,800,000*

Summary of Changes
(Dollars in Thousands)

2015	Summary of Changes
Total estimated program level	60,367

2016	Summary of Changes
Total estimated program level	91,800
Net Change program level	+31,433

FY 2015 Enacted
Increase

A. Program:	FTE	Program Level
1. Policy Development & Coordination................	49	12,474
2. Standards, Interoperability, and Certification...	32	15,230
3. Adoption & Meaningful Use..........	49	11,139
Subtotal, Program Increases.......................................	**130**	**38,843**

FY 2015 Enacted
Decrease

A. Program:	FTE	Program Level
1. Agency Wide Support.......................................	55	21,524
Subtotal, Program Decreases......................................	**55**	**21,524**
Net Change...	**185**	**60,367**

FY 2016 PB
Increase

A. Program:	FTE	Program Level
1. Policy Development & Coordination................	56	27,000
2. Standards, Interoperability, and Certification...	39	33,667
3. Adoption & Meaningful Use..........	50	13,000
Subtotal, Program Increases......................................	**145**	**73,666**

FY 2016 PB
Decrease

A. Program:	FTE	Program Level
1. Agency Wide Support.......................................	55	18,133
Subtotal, Program Decreases....................................	**55**	**18,133**
Net Change...	**200**	**91,800**

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH IT

FY 2016 +/- FY 2015
Increase

A. Program:	FTE	Program Level
1. Policy Development & Coordination……………	+7	+14,526
2. Standards, Interoperability, and Certification…	+7	+18,437
3. Adoption & Meaningful Use……….	+1	+1,861
Subtotal, Program Increases……………………………	**+15**	**+34,823**

FY 2016 +/- FY 2015
Decrease

A. Program:	FTE	Program Level
1. Agency Wide Support……………………………	+0	-3,391
Subtotal, Program Decreases…………………………	**+0**	**-3,391**
Net Change……………………………………………………	**+15**	**+31,433**

Budget Authority by Activity
(Dollars in Thousands)

Policy Development and Coordination

Activity	FY 2014 Actual	FY 2014 Actual	FY 2015 Enacted	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 President's Budget
Budget Authority	0	0,000	0	12,474	0	0,000
PHS Evaluation Funds	46	13,308	49	0,000	56	27,000
Total, Policy Development and Coordination	46	13,308	49	12,474	56	27,000

Standards, Interoperability, and Certification

Activity	FY 2014 Actual	FY 2014 Actual	FY 2015 Enacted	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 President's Budget
Budget Authority	0	7,836	0	15,230	0	0,000
PHS Evaluation Funds	27	7,901	32	0,000	39	33,667
Total, Standards, Interoperability, and Certification	27	15,737	32	15,230	39	33,667

Adoption and Meaningful Use

Activity	FY 2014 Actual	FY 2014 Actual	FY 2015 Enacted	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 President's Budget
Budget Authority	0	0,000	0	11,139	0	0,000
PHS Evaluation Funds	43	10,711	49	0,000	50	13,000
Total, Adoption and Meaningful Use	43	10,711	49	11,139	50	13,000

Agency-wide Support

Activity	FY 2014 Actual	FY 2014 Actual	FY 2015 Enacted	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 President's Budget
Budget Authority	0	7,720	0	21,524	0	0,000
PHS Evaluation Funds	55	12,891	55	0,000	55	18,133
Total, Agency-wide Support	55	20,611	55	21,524	55	18,133

Budget Authority by Activity
(Dollars in Thousands)

	Total					
Activity	FY 2014 Actual	FY 2014 Actual	FY 2015 Enacted	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 President's Budget
Total, Budget Authority	0	15,556	0	60,367	0	0,000
Total, PHS Evaluation Funding	171	44,811	185	0,000	200	91,800
Total, Program Level	**171**	**60,367**	**185**	**60,367**	**200**	**91,800**

Authorizing Legislation
(Dollars in Thousands)

Health Information Technology Activity:	2015 Authorized	2015 Enacted	2016 Authorized	2016 President's Budget
Health Information Technology PHS Act 42 U.S.C. 201	Indefinite	60,367	Indefinite	0,000
PHS Evaluation Funds (non-add)	Indefinite	0,000	Indefinite	91,800
Total Request Level		**60,367**		**91,800**

Appropriations History

(Dollars in Thousands)

2006

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Base	$75,000	$58,100	$32,800	$42,800
PHS Evaluation Funds	$2,750	$16,900	$12,350	$18,900
Rescissions (P.L. 109-148)				($428)
Transfer to CMS				($29)
Subtotal	$77,750	$75,000	$45,150	$61,243

2007

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Base	$89,872	$86,118	$51,313	$42,402
PHS Evaluation Funds	$28,000	$11,930	$11,930	$18,900
Subtotal	$117,872	$98,048	$63,243	$61,302

2008

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Base	$89,872	$13,302	$43,000	$42,402
PHS Evaluation Funds	$28,000	$48,000	$28,000	$18,900
Rescissions (P.L. 110-160)				($741)
Subtotal	$117,872	$61,302	$71,000	$60,561

2009

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Base	$18,151	$43,000	$60,561	$43,552
PHS Evaluation Funds	$48,000	$18,900	$0	$17,679
ARRA (P.L. 111-5)				$2,000,000
Subtotal	$66,151	$61,900	$60,561	$2,061,231

2010

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Base	$42,331	$0	$42,331	$42,331
PHS Evaluation Funds	$19,011	$61,342	$19,011	$19,011
Subtotal	**$61,342**	**$61,342**	**$61,342**	**$61,342**

2011

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Base	$78,334	$69,842	$59,323	$42,331
PHS Evaluation Funds	$0	$0	$19,011	$19,011
Rescissions (Secretary's)				($85)
Subtotal	**$78,334**	**$69,842**	**$78,334**	**$61,257**

NARRATIVE BY ACTIVITY

Policy Development and Coordination

Budget Summary

(Dollars in Thousands)

	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 (+/-) FY 2015
Budget Authority	0.000	12.474	0.000	-12.474
PHS Evaluation Funds	13.308	0.000	27.000	+27.000
Total, Program Level	13.308	12.474	27.000	+14.526
FTE	46	49	56	+7

Authorizing Legislation:

Enabling Legislation Citation………………………………………………………………….……..............PHS Act 42 U.S.C. 201
Enabling Legislation Status…………………………………………………………………………...................Permanent
Authorization of Appropriations Citation……………………………No Separate Authorization of Appropriations
Allocation Method………………………………………..……Direct Federal, Contract, Cooperative Agreement, Grant

Program Description and Accomplishments

ONC coordinates federal policies and activities necessary to develop a robust and interoperable learning health system that assures that data can be securely captured, shared with, and used by the right people at the right time to achieve better care and better health at a lower cost. In collaboration with federal partners and by engaging with a broad range of health IT stakeholders, ONC sets the direction of federal health IT policy and provides a policy framework to address emerging health IT issues regarding the use and exchange of electronic health information. This policy framework inspires trust and confidence in health IT by integrating privacy, security, and clinical best practices into every phase of health IT policy development and implementation. ONC's health IT policies enable care transformation through improved care coordination, increased patient engagement, and enhanced population health management. ONC identifies emerging issues, weaknesses, and gaps in existing policies; formulates solutions; and provides guidance to federal agencies and stakeholders so that individuals, care providers, and public health workers can get the health information they need in an electronic format when and how they need it. ONC ensures that federal health IT policies promote interoperability, patient safety, health IT usability, and clinical quality improvement by integrating a clinical perspective.

Health IT Policy

ONC engages a diverse group of private, non-profit, and public sector stakeholders to identify health IT policy issues and forge consensus-based solutions using our unique convening authority. By investigating alternative and creative solutions, ONC designs programs to remove barriers that limit market progress in achieving interoperability and the optimization of health IT. These solutions must keep pace with the evolving health IT market by continuing to create new opportunities for investment and improve purchasers' confidence in their health IT choices.

ONC maintains two Federal Advisory Committee Act (FACA) bodies, also known as advisory committees: the Health IT Policy Committee (Policy Committee) and the Health IT Standards Committee (Standards Committee). ONC works in collaboration with its stakeholders to promulgate regulations defining the technical standards and specifications for the Certification Program. ONC also collaborates closely with

our colleagues at the Centers for Medicare and Medicaid Services (CMS) on the Meaningful Use program and regulations associated with that program.

ONC solicits recommendations from the Policy Committee in order to inform policy decisions and guide the development of pilots, studies, and other programs that are used to inform future stages of policy development. ONC works with the Standards Committee to ensure that the standards, implementation specifications, and certification criteria (established by the Secretary in regulation), support federal health IT policies and are responsive to the needs of the health IT community and marketplace, all while promoting interoperability. ONC also utilizes more traditional mechanisms to obtain information for policy objectives and strategies, including town hall meetings, Requests for Comment, and various social media resources. Accomplishments include:

- Emerging Issues: As issues emerge related to health IT, ONC considers how they affect policies, programs, and objectives. ONC performs analysis and brings together experts so that ONC can position itself as an industry thought leader and expert. Examples of ONC's work include:
  - Telehealth: In response to Senate Report 1113-71, ONC convened all interested Federal parties, utilizing both the Federal Telehealth (Fed Tel) and the Federal HIT Advisory Council, to better identify common issues and coordinate telehealth-related strategies for interoperability.
  - mHealth: ONC continues to monitor trends on remote monitoring looking at opportunities to promote interoperability and better care coordination across the care continuum.
- Interoperability Road Map: Based on five building blocks, the ONC Interoperability Roadmap will outline a path forward for improving interoperability in support of nationwide exchange and use of health information across the public and private sector.
- Supporting Innovation in Health IT through the Health IT Certification Program: In September 2014, ONC published the second release of the 2014 Edition of standards and certification criteria. The second release added flexibility as well as clarity and improvement to the 2014 Edition and to the ONC Health IT Certification Program. It also provided more interoperable ways to securely exchange health information through the use of standards, and provided alternative approaches for the voluntary certification of health IT and more choices for health IT developers, providers and consumers. ONC is working on the forthcoming 2015 Edition of standards and certification criteria that would both facilitate greater interoperability and health information exchange across care settings, as well as support technology requirements for the next stage of the EHR Incentive Programs.

Governance of Health Information Exchange
The need for governance arises anytime a group of people come together to accomplish an end. ONC defines HIE governance as the establishment and oversight of a common set of behaviors, policies, and standards that enable trusted electronic health information exchange. Governance of HIE ensures that health information is kept private and secure while allowing for efficient HIE between care settings and across organizational, vendor, and geographic boundaries. ONC is working with states, health information organizations, health information service providers, and other governance entities to ensure trust among participants, as well as the interoperability across networks so that health information can follow a patient regardless of where and when they access care. Through coordination and convening of key stakeholders, ONC is supporting nationwide efforts to enhance HIE practices. Accomplishments include:

- Through a cooperative agreement, worked with one existing governance entity to collaboratively develop and adopt policies and practices that support robust, secure, and interoperable exchange.

- Received advice from the Health IT Policy Committee on how ONC should implement its authority to establish a governance mechanism for the Nationwide Health Information Network.

Privacy and Security
ONC places a high priority on ensuring that patients and providers trust that health information is kept private and secure as the adoption of health IT and health information exchange accelerates. To further this goal, the Chief Privacy Officer advises the National Coordinator on health information privacy, security, and data stewardship policies. ONC coordinates with states and regions, federal agencies, and other countries on health information privacy and security policy issues. Recognizing that the privacy and security of health information is a responsibility shared by all stakeholders, ONC also develops and distributes toolkits, multimedia technical assistance and education materials on privacy and security of health IT and health information exchange. ONC is committed to developing these materials in formats that are in plain language, concise, well-organized, and varied to meet different users' learning styles.

Development of Health IT Privacy and Security Policy, Standards, and Adoption Strategies
ONC works to ensure that privacy and security policies keep pace with the changing health IT and health information exchange landscape. Through analysis and public and private sector stakeholder engagement including the Privacy and Security Work Group of the Policy Committee and the Transport and Security Standards of the Standards Committee, ONC identifies the evolving ways that health information is electronically collected, stored, and exchanged; determines whether there are gaps and weaknesses in existing privacy and security legal protections, industry policies, practices or technical capabilities; identifies or develops potential legal, policy, or technical solutions; obtains feedback on potential solutions through a variety of means; and takes steps to make the solutions a reality, such as tying privacy and security initiatives to grants and other funding opportunities, and leveraging the rule making authority of other HHS offices and federal agencies to promote improved privacy and security protections. Accomplishments include:

- Conducted a landscape analysis to identify external stakeholders and assess their state of readiness to meet the new Clinical Laboratory and Improvement Amendments (CLIA) requirements ([Final Rule Published February 2014](#)) related to direct patient access to lab results. ONC also led an intra-agency work group to develop a lab interoperability action plan.
- Served as the HHS liaison on the [White House Initiative on Big Data and Privacy](#) and provided subject matter expertise, helping ensure that the health care sector perspective was represented and launched [public discussions and held public listening sessions](#) on big health data and privacy in support of the [White House's Open Government initiative](#) to ensure privacy protection for big data analyses in health IT.
- Published an [executive summary](#) in February 2014 of the Policy Committee Privacy and Security Tiger Team's work (now the HITPC Privacy and Security Work Group) and [an infographic](#) outlining the role the Policy Committee plays when it comes to inspiring confidence and trust in health IT to improve patient care.

Safeguarding Health Information
ONC coordinates with public and private sector stakeholders to help ensure that electronic health information is secure and protected. ONC uses multiple strategies to address security, including through provider education, assistance, and outreach; provision of guidance on threat and vulnerability analysis and mitigation planning and implementation; and identification of breach prevention technology. Accomplishments include:

- Developed and released technical assistance material including:

- o In coordination with the HHS Office for Civil Rights (OCR), an executable and downloadable security risk analysis tool for health IT professionals, which incorporated feedback from the provider community. This tool has been downloaded over 40,000 times since its release at the end of March 2014.
- o Disaster planning and recovery video in conjunction with Hurricane Awareness week.
- o Privacy and Consumer Fact Sheet on How to Keep Health Information Private and Secure.
- Coordinated with NIST and facilitated health care sector participation in the development of the Framework for Improving Critical Infrastructure Cybersecurity.

Provider and Patient Identity Management
In close coordination with the ONC federal advisory committees, ONC investigates and identifies potential means for providing a high level of assurance for identity management when providers and patients are accessing and exchanging health information. Accomplishments include:
- ONC's Standards Committee, Privacy and Security Workgroup held a public hearing in March regarding the National Strategy on Trusted Identities in Cyberspace (NSTIC) to assess the progress of using a federated approach to provider and patient ID management in the health sector. The need for active health care involvement with the NSTIC community was emphasized.
- Continued to work closely with NIST to promote National Strategy on Trusted Identities in Cyberspace in the health care sector by serving as technical advisor on NIST grant-funded pilots, four of which have a focus on health IT. ONC has given technical assistance to both the NSTIC National Program Office and grant awardees.
- Continued to work with NSTIC to promote the Consumer Information Exchange protocols initially defined within the Blue Button Plus Restful API to address the multiple patient portal issues created by Meaningful Use Program Stage 2.

Patient Control over Use and Disclosure of Personal Health Information (PHI)
ONC continues to carry out efforts to ensure that patients are able to exercise control over their health information pursuant to existing law. Accomplishments include:
- Successfully completed phase 1 of the Data Segmentation for Privacy (DS4P) project to develop and pilot standards to facilitate the integration of behavioral health-related information into the primary care setting. The standards have been incorporated into the products offered by at least two major Health IT vendors. Phase 2 of the project has been launched, and will identify evolving issues with being able to record and track patient preferences at a granular level for control over sensitive information.
- Launched the Data Provenance S&I Framework initiative to enable consistent recording and tracking of the source of electronic health information as it is exchanged among parties. This functionality should increase the willingness of providers to accept and use patient generated health data.
- In coordination with OCR, ONC released customizable paper model notices in September 2013. They have been viewed over 240,000 times as of November, 2014. ONC used a low-cost innovation challenge to develop an interactive digital version of the plain language model Notices of Privacy Practices for use by health care providers and health plans that can be used with mobile devices such as cell phones.

Health IT Safety and Usability
ONC is committed to ensuring that health information technologies are safely designed and implemented and that they are used in ways that help improve the safety and quality of health care. To achieve these aims, ONC provides leadership and coordinates activities and resources to help all

stakeholders with responsibility for health IT safety implement the shared improvement strategies and actions described in the HHS Health IT Patient Safety Action and Surveillance Plan (Health IT Safety Plan). Accomplishments include:

- Examined the role of health IT in patient safety events, the results of which will help inform priorities for the Health IT Safety Center. This included analysis of:
  - Health IT-related events from The Joint Commission's de-identified database under its Sentinel Event Program.
  - Health IT-related events in two large Patient Safety Organization adverse event databases.
  - Challenges and effective strategies for health IT-related risk management interventions from an ONC funded RAND study.
- Published the Safety Assurance Factors for EHR Resilience (SAFER) Guides, which offer evidence-based recommended practices on health IT safety in nine areas of known risks.
- In collaboration with FDA and FCC, published a report and recommendations for Congress on an appropriate risk-based regulatory framework for health IT safety, as required by the FDA Safety and Innovation Act (FDASIA). Held a three-day public workshop to solicit feedback on the report and recommendations, and convened a Health IT Safety Task Force within the Policy Committee to provide input on the report's recommendations for a Health IT Safety Center.

Clinical Quality Improvement (CQI)

ONC is working to help providers use interoperable health IT and electronic health information exchange (HIE) to drive improvements in care quality, safety, and value. Providers use health IT and HIE to identify high risk conditions, implement solutions, and measure impact. Through such health IT-enabled improvement tools as clinical decision support (CDS) and quality measurement, providers and their patients benefit from up to date clinical best practices knowledge. CDS encompasses a variety of tools designed to enhance decision-making. Clinical quality measurement tools such as electronically specified clinical quality measures (eCQMs) allow providers to assess their performance in terms of clinical best practices and monitor health outcomes in more actionable timeframes than are possible without health IT. ONC provides subject matter expertise and technical assistance to federal programs that are working to improve clinical quality. Accomplishments include:

- Enhancing clinical quality measure (CQM) development and implementation processes, ensuring availability of health IT-enabled measures needed for the Meaningful Use Program and other quality-reporting and quality-incentive programs, in coordination with CMS.
- Increasing the availability and use of standards-based CDS tools that health care providers can use to help them achieve performance goals for the Million Hearts initiative and other priority clinical topics such as HIV, Hepatitis C, Ebola, and immunizations. This work was done in partnership with the Centers for Disease Control and Prevention (CDC) and CMS.
- Established an S&I Framework Initiative that is supporting progress toward harmonization and alignment of standards used to express clinical decision support and clinical quality measures for implementation in certified health IT.

Funding History

Fiscal Year	Amount
FY 2011	$11,200,000
FY 2012	$11,616,000
FY 2013	$10,301,000
FY 2014	$13,308,000
FY 2015	$12,474,000
FY 2016	**$27,000,000**

Budget Request

ONC requests $27.0 million for policy development and coordination activities, an increase of $14.5 million from FY 2015 enacted. The request includes funding for 56 FTEs. Increased funding supports building consensus around and implementing the Federal Health IT Strategic Plan, fostering innovation with a new cross-Departmental initiative targeting prescription drug overdoses, ensuring that the governance of our nation's health data supports equity, scalability, integrity and sustainability of information sharing for everyone in the United States, and inspiring confidence and trust in health IT through ensuring the privacy and security of patient data. Increased funds will also be used to launch the Health IT Safety Center, a public-private partnership focused on integrating health IT into a culture of safety in healthcare. This Center is expected to be operational in FY 2017.

This request supports Federal Health IT Strategic Plan 2015-2020 Goals 1: Expand Adoption of Health IT; 2: Advance Secure and Interoperable Health Information; 3: Strengthen Health Care Delivery; 4: Advance the Health and Well-Being of Individuals and Communities, and 5: Advance Research, Scientific Knowledge, and Innovation.

Health IT Policy and Governance ($9.1 million)

In FY 2016, ONC will continue working on the expansion of the Certification Program's regulatory guidance for health care providers – such as mental and behavioral health and long term care facilities – that are ineligible under the Meaningful Use Program. ONC will also continue to collaborate with its federal partners and interested stakeholders to align activities outlined in the updated Federal Health IT Strategic Plan 2015-2020. ONC will engage state and local governments, public health stakeholders, payers, and other interested parties through regional meetings which will build consensus around and implement key outcomes and drivers included in the plan. ONC will also convene a national working group on e-health and telemedicine to coordinate and collaborate with federal agencies regarding e-health needs, standards, federal goals, and federal efforts. This working group will promote interoperability by ensuring that ONC's federal partners are working together to increase e-health compatibility. To support an interoperable, learning health system, ONC will identify the "rules of the road" necessary for information to flow efficiently across networks and will transition to a governance approach for health information exchange that will involve both policy collaboration and development across industry and government. Funding for ONC's two FACA committees, the Policy Committee and Standards Committee, is also included in this request.

Cross Departmental Strategy: Prescription Drug Overdose Initiative ($5.0 million)

In FY 2016, ONC will demonstrate best practices and scalability of innovations to integrate Prescription Drug Monitoring Programs (PDMPs) with health information technology as part of a Cross Departmental Strategy. This effort builds off of ONC's recent work increasing the implementation and enhancement of PDMPs. However, opportunities exist to increase utilization among providers, improve clinical decision-

making, and strengthen PDMPs through the use of health IT. In FY 2016 ONC will fund a series of small challenge awards to innovate the design and use of health IT products to access PDMPs in live clinical applications. Through these challenge awards, ONC will leverage the expertise and creativity of IT developers to make workflow enhancements, such as single sign on and defining trigger events. Additionally, ONC will accelerate and improve the connectivity between state PDMPs and authorized healthcare providers by focusing on technical barriers based on evaluation of previous federal PDMP/health IT integration efforts.

Privacy and Security ($4.8 million)
In FY 2016, ONC will continue to inspire consumer and provider confidence and trust in health IT by ensuring that electronic health information is private and secure wherever it is transmitted, maintained, or received. Work on privacy and security will include:
- Development of Health IT Privacy and Security Policy, Standards, and Adoption Strategies: ONC will continue to engage with the advisory committees, federal partners, the states, foreign countries, and other stakeholders to coordinate, formulate, and prioritize privacy and security policies by evaluating emerging health IT and health information exchange environments, assessing policy gaps and weaknesses, and developing appropriate policy solutions.
- Safeguarding Health Information: ONC will provide technical assistance through the development of tools resources, and standards for vendors, providers, consumers, and other stakeholders to ensure that health information technology and workflows are protected by adequate safeguards. ONC will continue to monitor breaches and other security vulnerabilities in the health sector, including cyber-attacks, to prioritize areas of focus.
- Patient and Provider Identity Management: To further interoperability, ONC will continue its work on patient and provider identity management to assure that patients and providers are who they say they are when accessing and exchanging information electronically.
- Patient Control over Use and Disclosure of Protected Health Information (PHI): ONC will continue its focus on encouraging the development and implementation of standards, technology, and efficient workflow practices to enable the electronic recording and management of consent, and the segmentation, receipt, integration, and proper re-disclosure of health information whose use and disclosure is restricted under current law, such as certain behavioral health information. ONC will continue to work on facilitating patients' receipt of their electronic health information from providers (including laboratories) as well as furnishing patient generated information to providers and other caretakers.

Health IT Safety, Usability and Clinical Quality Improvement ($8.1 million)
In FY 2016, ONC will work to support use of interoperable health IT by launching a Health IT Safety Center that engages public and private stakeholders and ensures health IT helps deliver safer care. Additionally, ONC will also continue using a comprehensive approach to health IT supported quality improvement and progress on the National Quality Strategy objectives, with a focus on advancing: 1) the reliability of CQM data captured, calculated, and reported through certified health IT; 2) the availability and effective use of CDS; and 3) the ability to use data captured through routine clinical care to support the development and dissemination of new knowledge on care outcomes. In FY 2017, the Health IT Safety Center will be operational.
- Health IT Safety Center: In FY 2016, ONC will launch a Health IT Safety Center. The Health IT Safety Center will greatly improve ONC's ability to effectively coordinate implementation of the Health IT Safety Plan. In FY 2016, ONC will fund the Center at $5.0 million. The Center and activities related to Center development will generate substantial efficiencies by enhancing coordination and alignment of resources between ONC, AHRQ, FDA, and other federal agencies, any by encouraging greater

levels of private investment in health IT safety. In 2016, Center development will be informed by public/private stakeholder roadmap. As part of this initiative, ONC intends to conduct analysis to help prioritize Center activities and to align those activities with broader patient safety goals, as well as the development of standards, guidance, best practices and tools to support Center use and effectiveness. The Health IT Safety Center will help ensure that non-regulatory approaches to health IT safety are properly implemented and evaluated, thereby promoting more effective and less burdensome regulation of health IT safety.

- Usability: ONC will work to support use of interoperable health IT by developing and implementing methods to assess the usability of health IT products including the features critical to participating in exchanging information to improve care delivery and coordination. ONC will develop and implement methods to assess the usability of health IT products including the features critical to participating in exchanging information to improve care delivery and coordination. ONC will create and disseminate usability guidance for purchasers of health IT, to assist them in making informed decisions about the interoperability of health IT products.
- Clinical Quality Improvement: ONC will continue using a comprehensive approach to ensure that health IT advances quality improvement with a focus on electronic reporting of CQMs and measurement gaps outlined in the National Quality Strategy.

Outputs and Outcomes Table

ONC uses the following national measures to monitor trends related to provider EHR adoption, consumer access to EHRs, and consumer attitudes about health IT. ONC has set a target for the EHR adoption measure (1.A.2) that cascades into the HHS strategic plan, however the other measures are provided for monitoring purposes only.

Program/Measure	Most Recent Result / Target / Summary	FY 2015 Target	FY 2016 Target	FY 2016 +/- FY 2015
1.A.1 Percent of office-based physicians who have adopted electronic health records (basic) [2]	FY 2013: 48% Target: 50% (Target Not Met but Improved)	Not Set	Not Set	--
1.A.2 Increase the percent of office-based primary care physicians who have adopted electronic health records (basic) [2]	FY 2013: 53% Target: 55% (Target Not Met but Improved)	Not Set	70%	+17 percentage points from 2013
1.A.3 Percent of non-federal acute care hospitals that have adopted electronic health records [3]	FY 2013: 59% Target: 55% (Target Exceeded)	Not Set	Not Set	--
1.F.1 Percent of Americans who have been given electronic access to any part of their health care record by their health care provider [4]	FY 2013: 23% (Baseline)	Not Set	Not Set	--
1.F.2 Percent of Americans who strongly or somewhat agree that the privacy and security measures taken by providers establish reasonable protections for their electronic health records [3]	FY 2013: 84% (Baseline)	Not Set	Not Set	--

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[2] National Electronic Health Records Survey (NEHRS) formerly entitled NAMCS Electronic Medical Records Supplement. Most recent results are from 2013 and 2014 survey results are expected in March 2015.

[3] American Hospital Association (AHA) Annual Survey, IT Supplement. Most recent results are from 2013 and 2014 survey results are expected in March 2015.

[4] ONC Privacy and Security Attitudes Survey

Standards, Interoperability, and Certification

Budget Summary

(Dollars in Thousands)

	FY 2014 Final	**FY 2015 Enacted**	**FY 2016 President's Budget**	**FY 2016 (+/-) FY 2015**
Budget Authority	7.836	15.230	0.000	-15.230
PHS Evaluation Funds	7.901	0.000	33.667	+33.667
Total, Program Level	15.737	15.230	33.667	+18.437
FTE	27	32	39	+7

Authorizing Legislation:

Enabling Legislation Citation……………………………………………………………….....…….PHS Act 42 U.S.C. 201
Enabling Legislation Status…………………………………………………….……………..........................Permanent
Authorization of Appropriations Citation…………….....………….No Separate Authorization of Appropriations
Allocation Method…………………………....................…Direct Federal, Contract, Cooperative Agreement, Grant

Program Description and Accomplishments

Advancing the interoperability of health IT is a critical role for HHS in fulfilling its mission to protect the health of all Americans and provide essential human services, especially for those who are least able to help themselves. A nationwide interoperable health IT infrastructure means all individuals, their families and their health care providers have consistent, secure and timely access to standardized health information that facilitates informed decision-making, effective health management, allows patients to be active partners in their care, and benefits the overall health of our population. The use of this health information will support improved models of care delivery, value based purchasing, and scientific advancement.

Through investments in standards development and harmonization, ONC engages health care, technology, and standards stakeholders to accelerate industry consensus by focusing on core standards, principles, vocabularies, and technical components that will enable interoperable health IT. To maximize the impact of these investments, ONC convenes federal agencies and other partners to implement nationwide solutions to HIE, and provides direct technical and financial assistance to states and communities who have committed to developing interoperable health IT infrastructures that support national priorities. By providing reliable testing tools and data for the Certification Program, ONC is building trust in the health IT marketplace supporting providers' efforts to achieve interoperability, meaningful use, and the optimization of health IT.

Standards and Technology

ONC makes strategic investments in standards harmonization, implementation guidance and pilots in order to accelerate industry progress in specific areas that require interoperability, and works with standards development organizations to develop and publish standards. ONC also administers the Health IT Certification program, which outlines the processes by which health IT developers can demonstrate that their health IT conforms to specific certification criteria and interoperability standards. These investments address interoperability requirements in support of clinical care, patient engagement, research, clinical quality improvement, privacy and security, and population health.

Standards-based technology enables health information to be consistently recorded and securely exchanged to another party. In the long term, coordinated standards-based innovation, combined with appropriate payment and care delivery policies, will reinforce the national health IT infrastructure, a foundational component for transforming health care and developing a learning health system. In coordination with the Standards Committee and federal partners, ONC engages a diverse community of stakeholders to rapidly advance the adoption of consensus-based standards to solve core interoperability issues of data capture and exchange.

ONC also invests resources to assist the stakeholder community to implement and test standards adopted through regulation. ONC funded the development of reference implementations and specific "companion guides" for standards to improve health IT developers' implementation consistency. In collaboration with NIST and the health IT community, ONC supports the development of testing tools, test procedures, and data that is ultimately used by Accredited Testing Labs (ATLs) to test health IT products to specific criteria. ONC strives to maintain an innovative health IT environment by continuing to support entrepreneurs, public health advocates, and developers as they seek to find ways to make health information more accessible and usable. ONC will continue to play a key role as a leader and convener of the health IT community as the industry as a whole works towards an interoperable ecosystem with health IT as an enabler.

Standards and Interoperability Framework
The [Standards & Interoperability (S&I) Framework](#) convenes health IT stakeholders to accelerate standards harmonization, provide implementation guidance in defined health domain use cases, and works with standards development organizations to develop standards for adoption by the health industry. The S&I Framework has successfully accelerated the timeframe for harmonized standards guidance development by convening a broad community of health industry stakeholders working to accelerate industry consensus on the standardization of health data for health information exchange. ONC has instituted a rigorous process for developing clinically-oriented scenarios and use cases; harmonizing interoperability specifications and implementation guidance; and providing real-world experience and implementer support through pilot projects. Accomplishments include:

- Structured Data Capture (SDC) Initiative: This initiative is focused on standardization of how data is captured in an EHR. Ensuring that content and structure for incoming health information is standardized is crucial to data being available and usable for patient care, clinical research, patient centered outcomes research and public health. Standards for SDC were developed that build upon common data elements and data directory standards to improve core data interoperability.
- Clinical Quality Framework (CQF) Initiative: This initiative extends the work of HealtheDecisions (HeD), focusing on the scalability of clinical decision support (CDS) by creating standardized data definition and libraries that support real time access and updating.
- Data Access Framework Initiative: This initiative aims to develop standardized ways for local and distributed queries to be made about data for a potentially broad range of analytics purposes, while maintaining patient privacy and security by keeping protected health information safely behind health care organization firewalls.

Standards Implementation and Testing Environment
ONC provides a pre-certification testing environment that allows health IT developers to verify that their systems have implemented interoperability standards in a consistent manner. The [Standards Implementation and Testing Environment](#) (SITE) has substantially reduced the timeframe for implementation and testing of health IT systems. Modeled on the successful S&I Framework concept, SITE provides rapid resolution of standards implementation issues by working closely with the standards

community and IT developers. SITE provides an established venue to disseminate identified solutions to a broad community of health IT developers and users. Accomplishments include:

- Advanced Secure Transport Standards for Query based Exchange: Provided implementation support to enable developers' use of advanced technical standards for secure query based exchanges, including [Fast Health Interoperable Resources](#) (FHIR).
- Patient Matching: Implementation and testing support for enabling the use of patient matching standards and methods to enable patients to securely collect and link their data from multiple providers. This will improve patients' ability to use their entire health information in support of better health care.

Health Information Exchange

An interoperable health system makes the right data available to the right people at the right time across products and organizations in a way that can be relied upon and meaningfully used by recipients. The ability to exchange health information electronically is at the core of efforts to improve health care through the use of interoperable health IT. A system where individuals, care providers, communities, and researchers have access to interoperable health IT products and services that will enable lower health care costs, and improved population health, truly empowering consumers and driving innovation.

In order for health IT to continue to improve population health and support new care and payment models, a widespread HIE infrastructure must be in place so that health information can follow patients between care settings and be exchanged across organizational, vendor, and geographic boundaries. ONC provides the leadership needed to accelerate the nationwide adoption and utilization of HIE. This work includes a focus on the standards, protocols, legal agreements, specifications, and services that can be readily deployed by health information organizations and other entities to manage the exchange of health information or provide exchange-related services and solutions. ONC engages the range of HIE participants and assists them implement health information exchange services in ways that meet their specific goals and constraints. Accomplishments include:

- Continued a widespread outreach and education campaign with vendors, providers and HIE implementers to increase their understanding of and help to achieve Stage 2 of Meaningful Use requirements under the Transitions of Care objective and certification criteria. The campaign included in person meetings and webinars as well as dissemination of ONC developed informational resources.
- The State HIE Program, a Recovery Act funded cooperative agreement program that mobilized the efforts of states and territories to increase the use of HIE, ended in March 2014. Over the course of the program, 52 state and territory participants implemented directed exchange including 47 with services available state-wide; 44 participants have implemented query-based exchange, including 34 participants that have services available state-wide. Over 43,000 healthcare related organizations are enabled for directed exchange nationally and over 12,000 healthcare related organizations are enabled for query-based exchange nationally[1].

Certification

ONC administers the ONC Health IT Certification Program, which outlines the processes by which health IT developers can demonstrate that their health IT conforms to specific certification criteria and interoperability standards. Working cooperatively with NIST, the ONC Health IT Certification Program includes test methods that constitute testing procedures, data, and tools in accordance with the standards and certification criteria adopted by regulation. The ONC Health IT Certification Program as a

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[1] http://healthit.gov/policy-researchers-implementers/state-hie-program-measures-dashboard

whole provides comprehensive, independent mechanisms for health IT to be evaluated for conformance to standards and functional requirements adopted in regulation. ONC also maintains the [Certified Health IT Product List](#) (CHPL), a publicly available list on ONC's website of all the health IT products certified through the ONC Health IT Certification Program. The CHPL is also used to generate a CMS EHR ID number that is representative of the Certified EHR Technology they used to demonstrate meaningful use under the Meaningful Use Program. To date, there are 1,405 health IT developers with 1,815 unique products that have been certified against 2014 Edition Certification Criteria and 1,948 unique products against the 2011 Edition. Accomplishments include:

- ONC, in collaboration with NIST, completed development and deployed the 2014 Edition Test Method for the adopted 2014 Edition certification criteria, which includes test procedures, test data, and test tools for use by ATLs. The 2014 Edition adheres to more rigorous conformance criteria than were used for the prior 2011 edition. ONC developed standardized test data for twice as many of the certification criteria compared to the previous edition (59 percent vs. 33 percent). Automated testing was also improved in the 2014 Edition with 31 percent of the certification criteria that can be tested using nine testing tools including the new Cypress tool for electronic clinical quality measures (eCQMs)s and the Transport Testing Tools for interoperability.
- Fall 2014, Certification Criteria 2014 Edition, Release 2 finalized additional optional certification criteria. These criteria are optional, meaning developers and purchasers are not required to certify products against nor adopt. These were added to increase flexibility and in response to market and end-user needs. The test methods (tools and procedures) will be finalized January 2015—and thereby ready for developers if they wish to certify to the optional criteria.
- As a requirement of ONC-Authorized Certification Bodies (ACBs), ONC works closely with the ONC-Approved Accreditor (AA) and ONC-ACBs in an active surveillance program to ensure products maintain conformance to the criteria for which they are certified and appropriate use of the certification mark.

Innovation
ONC leads efforts designed to encourage a vibrant health IT marketplace, where systems are interoperable and consumers have the ability to obtain "best-of-breed" solutions from among a plethora of choices. ONC works to encourage the development of innovative solutions to health IT challenges, and also to find ways to better support the innovation community through educational materials, live in-person training events, prize challenges and code-a-thons (live events that occur over the course of one or more days, bringing together developers, designers, innovators and entrepreneurs to build exciting new applications and tools), and information exchange. By engaging with vendors, startups, the venture capital community, incubators and accelerators, providers, and researchers at the leading edge of health IT, ONC is working to find the best ways to use health IT to meet the goals of better health, better care, and greater value. Accomplishments include:

- Launched the "Innovation Engagement Program" to facilitate bidirectional learning and mutual understanding between the ONC and the entrepreneurial and developer communities. This includes enhancements to HealthIT.gov and the creation of an Innovate Health Classroom to expose the external innovation community, especially entrepreneurs and developers, to ONC resources and opportunities.
- Developed and hosted the United Kingdom (UK)-US Bilateral Summit on Health IT and Open Data, and completed the Roadmap for the US-EU Memorandum of Understanding, establishing international collaboration around standards and workforce development. This is intended to open marketplace opportunities for health IT vendors by reducing trade and standards barriers.

- Launched the Market R&D Pilot Challenge Program to encourage early testing, user-centered design and use of new Health IT products in clinical and public health settings.

Federal Health Architecture

An E-Government Line of Business, the Federal Health Architecture (FHA) is a partnership among federal agencies, including the Office of Management and Budget (OMB), Department of Health and Human Services (HHS), Department of Defense (DoD), Department of Veterans Affairs (VA), and the Social Security Administration (SSA). On behalf of the federal partners, ONC acts as the managing partner for FHA. Through the FHA, federal agencies have joined together to implement government-wide solutions to health IT that address agency business priorities while protecting citizen privacy. FHA has successfully supported multiple federal partner priorities to address barriers to interoperability and identify potential solutions. The FHA serves the needs of more than 20 federal agencies in domains as diverse as military and veterans' health care, long-term care and disability services, research, and tribal health services. Accomplishments include:

- Continued development of CONNECT 4.4, an open source platform for enabling the secure exchange of patient information, which provides enhanced system administration capabilities, additional Direct features, capabilities that support CORE X12 specifications, and enhanced security features. Convened federal partners such as the DoD (including the Defense Health Agency, Air Force, Army and Navy), VA, SSA, FCC and Indian Health Service (IHS) to develop guidelines and recommendations for the use of Direct in federal health information exchange environments. This effort resulted in the publication of multiple documents that highlight the group's findings and serve as guidelines for federal agencies looking to use Direct for the exchange of health care data.
- Supported the DoD Defense Health Agency (DHA) in their acquisition of the DoD Healthcare Management System Modernization (DHMSM) Program and their TRICARE managed care support contracts (MCSC) in 2017 (T2017). ONC, through FHA, assisted in improving the quality of the Draft Request for Proposal to industry for the DHMSM and provided language to include in the T2017.
- Convened federal partners to review and provide input into the Interoperability Roadmap and the Federal Health IT Strategic Plan. Input from the Department of Homeland Security (DHS), IHS, CMS, DoD, SSA, VA, and other agencies were provided through FHA.

Funding History

Fiscal Year	Amount
FY 2011	$16,809,000
FY 2012	$16,291,000
FY 2013	$19,757,000
FY 2014	$15,737,000
FY 2015	$15,230,000
FY 2016	$33,667,000

Budget Request

ONC requests $33.7 million to support standards, interoperability, and certification activities, an increase of $18.4 million from FY 2015 enacted. The request includes funding for 39 FTEs. Increased funding will be used to advance interoperability among health IT systems to support clinical care, precision medicine, patient engagement, research, clinical quality improvement, privacy and security, and population health. ONC will engage the public and private sectors to identify and fill gaps in current health IT infrastructure. ONC will also enhance standards, and ensure that the governance of our

nation's health data supports equity, scalability, integrity and sustainability of information sharing for everyone in the United States.

This request supports Federal Health IT Strategic Plan 2015-2020 Goals 1: Expand Adoption of Health IT; 2: Advance Secure and Interoperable Health Information; 3: Strengthen Health Care Delivery; 4: Advance the Health and Well-Being of Individuals and Communities, and 5: Advance Research, Scientific Knowledge, and Innovation.

Standards and Technology ($30.7 million)
In FY 2016, ONC will continue to support the Standards & Interoperability Framework as a venue through which accelerated and coordinated standards work can be accomplished. This funding and work is not only critical for ONC, but also for the many other HHS agencies with which we have collaborated in the past, including the Assistant Secretary for Planning and Evaluation (ASPE), the Substance Abuse and Mental Health Service Administration (SAMHSA), CMS, AHRQ, CDC, and as well as DoD, VA, and other federal agencies with which ONC collaborates as part of the FHA.

In 2016 ONC's efforts will build upon recent accomplishments and ensure continued progress toward modernizing the nation's health IT infrastructure in order to support transformed, interoperable learning health care. In FY 2016, ONC will standards work will include:
- Summary care records: This standard is used most often for transitions of care. In FY 2016, ONC will continue coordinating with the industry to enable the consistent implementation of the standard for this purpose in order to enable interoperability.
- Medication-related standards: FY 2016 funding will be used to further improve the specificity, implementation, and use with which medication standards are applied. Medication standards include the consistent representation of drugs, medication instructions ("structured sig"), and medication transactions for refill, cancel, and medication history. The consistent use of medication standards also can support clinical decision support and drug-drug/drug-allergy interactions, one of the most often cited patient safety issues.
- Laboratory data exchange: ONC will continue coordinating in FY 2016 on a suite of laboratory standards for ordering, results, and lab service directories that require further implementation and testing by the field. The implementation of all of these standards can improve patient safety and provide efficiencies for health care providers.

Precision Medicine
In FY 2016, ONC will fund standards coordination and development to advance the basis on which precision based medicine can be practiced. This $5.0 million in funding will lay the ground work to achieve many of the milestones included in the Interoperability Roadmap's 6-year and 10-year milestones for how health IT can support a learning health system. ONC will engage industry stakeholders to identify the standards, technology, and policy necessary to support big data analyses and precision medicine. Working closely with our many partners, ONC will aggressively pursue a portfolio of standards and technology initiatives that support precision medicine and protect user privacy, consistent with final revisions to the Common Rule, such as:
- The standardization and use with consent of patient-generated health data from non-clinical settings
- The incorporation of genomic data into health IT with appropriate protections
- Patient identity management and matching with consent to permit linked analyses
- New platforms for clinical trial recruitment through the use of health IT

Standards Implementation and Testing Environment
In 2016, ONC will continue engaging the developer community through SITE improvements to the pre-certification testing environment, linking policy to real world and future state tools that support the market, providers, and consumers. ONC will provide implementation and testing support for real-life implementation of standards (via SITE) adopted for Certification and Meaningful Use Program Stage 2 and 3, and develop and maintain test tools supporting the Certification Program. These test tools enable interoperability by allowing health IT developers to verify that their systems have implemented the standards correctly before they reach the marketplace.

Health Information Exchange
In FY 2016, ONC will strive for the health care delivery system to achieve the same steep adoption curve for standards-based HIE that has occurred for EHRs. ONC will continue to leverage the lessons, insights and tools developed during the past six years to support nationwide interoperability and meaningful use. Additionally, ONC will build upon the existing health IT infrastructure across the system by filling service gaps, especially in underserved areas, enhancing standards and ensuring that the infrastructure of our nation's health data supports access, equity, and sustainable sharing of health information for all Americans. ONC will continue expanding strategic relationships with states, communities and the private sector to support health information exchange implementation and adoption efforts that enabled health transformation initiatives. Additionally, ONC will conduct robust "real world" pilots of the standards to reveal unforeseen weaknesses and provide feedback to the standards development process before standards get integrated into health IT certification.

Certification and Accreditation
In FY 2016, ONC will expand the Health IT Certification Program aimed at improved efficiency for health IT developers as well as more rigorous testing requirements to provide greater assurance relative to product functionality. ONC will continue to refine and enhance the testing tools necessary for certification and work with the industry to coordinate the development of test methods to ensure products conform to the technical standards. The certification program is expected to broaden its support in some areas to cover certain health information exchange functionality and other capabilities that are used by specific types of service providers. Enhancing testing tools and test methods with a greater focus toward interoperability in addition to basic standards conformance will help ensure certified products interoperate and provide individuals and health care providers with the functionality needed to coordinate care and implement care delivery transformation. The Program will continue its monitoring of already certified products for ongoing adherence to technical, security, and regulatory requirements for interoperability.

Science and Innovation ($1.7 million)
In FY 2016, ONC will continue to coordinate federal efforts to accelerate progress toward a vibrant health IT marketplace with interoperable solutions for providers and consumers from which to choose. These outreach programs serve three purposes, focusing on receiving feedback from implementers on the ground. Through these programs, ONC is able to:
- Quickly gauge consumer and developer interest through collaborative outreach, allowing ONC to target our approach,
- Accelerate consensus on interoperable solutions using open code-a-thons that bring developers together to quickly converge on shared solutions, and
- Understand where ONC efforts should end and the private sector should take over.

In FY 2016, ONC will hold approximately four Innovation Challenges focusing on interoperability, and additional outreach programs such as code-a-thons and webinars.

<u>Federal Health Architecture ($1.2 million)</u>
In FY 2016, ONC will continue to act as the managing partner of the FHA. The request, required by OMB, will ensure continued coordination and alignment of HHS and ONC health IT investments in support of the FHA. The FHA will continue to support multiple federal partners, including the VA and DoD, by addressing barriers to interoperability and identifying potential solutions. This includes continuing to work with the DoD Healthcare Management System Modernization Program on modernizing the military health system and making it interoperable with Department of Veterans Affairs and private provider electronic medical records. ONC will also work with the DoD and the VA to identify and pilot potential shared service opportunities. The FHA will continue to provide standards support and a shared repository of standards, service descriptions, and interoperability specifications within the S&I Framework.

Outputs and Outcomes
ONC uses the following national measures to monitor trends related to health care providers' health information exchange capabilities and activities. These measures are presently in monitoring and in baseline years for consideration prior to target setting. Out year targets have not been set because only one year of baseline data is presently available.

Program/Measure	Most Recent Result / Target / Summary	FY 2015 Target	FY 2016 Target	FY 2016 +/- FY 2015
1.E.2 Percent of providers prescribing through an electronic health record [4]	FY 2014: 93% Target: 92% (Target Met)	Discontinue	Discontinue	N/A
1.E.3 Percent of office-based physicians who are electronically sharing any patient health information with other providers[5]	FY 2013: 39% (Baseline)	Not Set	Not Set	--
1.E.4 Percent of office-based physicians who are electronically sharing patient information with any providers outside their organization[5]	FY 2013: 14% (Baseline)	Not Set	Not Set	--
1.E.5 Percent of physicians with capability for patients to view online, download, or transmit information from their medical record[5]	FY 2013: 42% (Baseline)	Not Set	Not Set	--
1.E.6 Percent of office-based physicians who are electronically sharing patient information using a Summary Care Record[5]	FY 2013: 11% (Baseline)	Not Set	Not Set	--

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[5] National Electronic Health Records Survey (NEHRS) formerly entitled NAMCS Electronic Medical Records Supplement. Most recent results are from 2013 and 2014 survey results are expected in March 2015.

Program/Measure	Most Recent Result / Target / Summary	FY 2015 Target	FY 2016 Target	FY 2016 +/- FY 2015
1. E.7 Percent of non-federal acute care hospitals that are electronically exchanging patient health information with any providers outside their organization[6]	FY 2013: 62% (Baseline)	Not Set	Not Set	--
1.E.8 Percent of non-federal acute care hospitals that are electronically sharing clinical/summary care records with any providers outside their organization[6]	FY 2013: 42% (Baseline)	Not Set	Not Set	--
1.E.9 Percent of non-federal acute care hospitals with capability for patients to view online, download, or transmit information from their medical record[6]	FY 2013: 10% (Baseline)	Not Set	Not Set	--
1.E.10 Percent of non-federal acute care hospitals that are electronically sharing any patient health information with ambulatory providers that are outside their organization[6]	FY 2013: 57% (Baseline)	Not Set	Not Set	--

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[6] American Hospital Association (AHA) Annual Survey, IT Supplement. Most recent results are from 2013 and 2014 survey results are expected in March 2015.

Adoption and Meaningful Use

Budget Summary

(Dollars in Thousands)

	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 (+/-) FY 2015
Budget Authority	0.000	11.139	0.000	-11.139
PHS Evaluation Funds	10.711	0.000	13.000	+13.000
Total, Program Level	10.711	11.139	13.000	+1.861
FTE	43	49	50	+1

Authorizing Legislation:

Enabling Legislation Citation…………………………………………………………………………....................PHS Act 42 U.S.C. 201
Enabling Legislation Status………………………………………………………………………………..............................Permanent
Authorization of Appropriations Citation………………………………No Separate Authorization of Appropriations
Allocation Method……………………………………………Direct Federal, Contract, Cooperative Agreement, Grant

Program Description and Accomplishments

To achieve a learning health system, interoperable health IT tools must be adopted and used to improve health and lower costs. Prior to the HITECH Act, significant barriers — such as lack of financing, gaps in a trained workforce, and difficulties integrating health IT tools with traditional provider workflows — threatened to slow adoption of EHR systems and prevent their use. With more than 65 percent of health care professionals and more than 90 percent of hospitals adopting certified EHRs, ONC has made substantial progress towards overcoming these barriers. Through strategic investments, effective leadership, and direct engagement with the health IT community, ONC has developed a nationwide network of organizations that are focused on supporting individual providers and consumers adopt and meaningfully use health IT. Through innovative techniques, ONC diffuses best practices and resources such as guides, training, and technical assistance to these organizations.

Through ONC's adoption and meaningful use efforts, ONC engages consumers and patients; monitors and evaluates economic data and market trends concerning the adoption, meaningful use, and optimization of health IT, as well as the collection, use, and sharing of health information. Furthermore, ONC engages providers, consumers, and other stakeholders to increase awareness of the benefits of health IT and ONC's programs, which can help them adopt interoperable health IT tools and meaningfully use them to improve health outcomes.

Provider Adoption Support

ONC designs and implements a variety of methods to accelerate and support providers' ability to collect, share and use health data. ONC also works directly with health care providers to identify barriers to adoption of interoperable health IT and develop strategies to mitigate those barriers. ONC provides a full range of services to meet the challenges of utilizing and meaningfully using health IT tools, including EHR systems. In particular, ONC convenes providers, shares best practices nationally through its National Learning Consortium (NLC), and monitors their progress with a robust web-based customer relationship management (CRM) tool. When synched with patient engagement efforts to affect a change in behavior, favorable impacts on health status and costs are achieved.

National Learning Consortium (NLC)

The NLC uses HealthIT.gov as the primary method of educating the nation about best practices and solutions to common challenges that providers face related to achieving meaningful use of interoperable health IT. In 2014 approximately 200,000 visitors accessed healthit.gov and over 23,000 health IT tools and resources were downloaded. Through Communities of Practice (CoPs) and the Health IT Vanguard program, individuals share stories from the perspective of health care providers, office staff, and administrators on how they have leveraged health IT to transform delivery of care to underserved populations. CoPs and working groups bring together over 6,600 health IT implementers and ONC technical experts as they identify issues and discover solutions to common pressing challenges. They address topics as diverse as education and outreach, implementation and project management, workflow redesign, vendor selection and management, meaningful use, privacy and security, workforce issues, and public health. The NLC provides a virtual platform to disseminate the more than 600 best practice guides and tools to the broader health IT community. Accomplishments include:

- Provider reported challenges to the Meaningful Use Program included incorporating the Clinical Summary into practice workflow, impacting providers across all practice settings. To address these challenges via NLC resources, trainings and tools were tested, revised, and disseminated among all RECs, then made publically available on HealthIT.gov.
- Providers also reported challenges in completing the Security Risk Analysis (SRA) and mitigating findings that could put patient data privacy or security at risk. In partnership with ONC's Office of the Chief Privacy Officer and OCR, and in conjunction with the NLC and Privacy and Security Community of Practice, resources, trainings and tools were tested, revised, and disseminated among all RECs, then made publically available on HealthIT.gov.
- Additional resources have been developed on topics such as Change Management, Vendor Selection and Management, Health Workforce Issues, Workflow Redesign, Health Information Exchange, Rural Health, Consumer Engagement and Public Health.

Customer Relationship Management (CRM) Tool

The CRM is a nimble, cloud-based business intelligence tool that serves approximately 1,000 users at ONC, partner organizations and grantees. A large number of users throughout the United States who are "on the ground" helping health care providers adopt and optimize their IT systems enter near real-time data into the system. This helps to inform ONC about the adoption and meaningful use of EHR technology. To assist ONC programs with data analytics and situational awareness, the CRM data set is merged regularly with several other data sources. Combined with ONC's internal analytical capacity, this data provides feedback that goes beyond the realm of anecdotal evidence and can be turned into concrete lessons learned that are used to focus policy and program efforts. Accomplishments include:

- Leveraging the more than 11 million data elements from the over 155,000 providers currently enrolled with RECs, ONC uses CRM data to identify barriers and best practices to health IT adoption and meaningful use. Approximately half of all Primary Care Providers in the nation are represented in the CRM tool.
- Expanding the use of CRM to federal partners working with the Health Resources and Services Administration (HRSA), deploying the CRM tool to track the progress of over 960 (over 80 percent) of the approximately 1,200 Federally Qualified Health Centers in achieving Meaningful Use, and incorporated data from the Meaningful Use Programs to allow for better analysis of how providers are moving through Meaningful Use Program Stage 1. For instance, ONC is able to identify providers who are registered for Meaningful Use program who are working with an REC but who have not achieved Meaningful Use. This information can be used to target outreach.

Regional Extension Center (REC)

The REC Program is an ONC Recovery Act-funded grant program whose primary mission is to provide on-the-ground assistance to individual and small health care provider practices, critical access hospitals, community health centers, and other underserved settings that require assistance with implementing and maintaining EHRs. RECs assist in transforming physician practices to achieve specific, measured clinical, quality, safety, and cost outcomes. There are 62 federally funded RECs that support over 155,000 providers in practice transformation and change management activities to achieve these outcomes. An October 2013 GAO report found that Medicare providers working with an ONC regional extension center were over 1.9 times more likely to receive an EHR incentive payment than those who were not partnered with an extension center. With over two years of building this level of trust, ONC funded programs have become an essential community asset serving solo, small group and underserved settings. Leveraging this existing, nationwide infrastructure, RECs are poised to further build physician practice competencies and spread best practices necessary to manage the health and health care of patients in every state and territory in the nation. Accomplishments include:

- Actively working with over 155,000 providers (including over 45 percent of all primary care providers in the country and 13,000 specialists) in over 30,000 small practices, including 83 percent of Federally Qualified Health Centers and 80 percent of the nation's Critical Access Hospitals (CAHs).[7] This far surpasses the initial program goal of partnering with 100,000 primary care providers.

- As of December 2014, over 90 percent of these primary care providers adopted an EHR system and over 70 percent of these providers are demonstrating Meaningful Use through ONC supported programs.[8] This support resulted in over 100 million patients having access to electronic prescriptions, resulting in reduced medication related errors; patient visit summaries, allowing patients to more fully understand and participate in their health; and evidence-based care recommendations based on quality measures and indicators.

Consumer eHealth

ONC advances Consumer eHealth by acting as a catalyst and convener, providing strategic direction and support to patients, providers, technology developers and others who are working to empower consumers with health IT to improve their health and health care. ONC leads a three-prong national strategy for advancing Consumer eHealth: (1) increase patients' access to their digital health data; (2) make that data actionable via innovative apps and tools; and (3) shift attitudes regarding consumer engagement. ONC's Consumer eHealth work streams include evolving and enhancing the Blue Button Initiative to build consumer awareness and allow patients to access and use data in a meaningful way; convening diverse stakeholders, influencing policy and standards, building public-private partnerships, supporting providers, showing how patient-generated health data is being used, and catalyzing innovation in the development of apps and tools. Accomplishments include:

- Increased consumers' ability to access their health information online from a variety of sources. ONC worked with the White House to bring eight of the nation's leading pharmacies and associations into

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[7] Customer Relationship Management (CRM) Tool, maintained by the Office of Programs and Engagement at ONC, data as of December 2, 2014. CMS Data as of August 31, 2014. Hospital denominators based on national CAH database maintained by The Flex Monitoring Team, and the Small Hospital Improvement Program (SHIP) maintained by Health Resources and Services Administration (HRSA) ; Provider denominators obtained from the SK&A Office-based Providers Database, Q4, 2011.

[8] Customer Relationship Management (CRM) Tool, maintained by the Office of Programs and Engagement at ONC, data as of December 2, 2014. CMS Data as of August 31, 2014.

the Blue Button Initiative. These pharmacy chains will provide patients with easy and secure access to their own pharmacy prescription history.

- Expanded the ability of consumers to take action with their health data by releasing and continuing to evolve Blue Button+ technical guidelines to help organizations that hold patient data to release it in a structured way consistent with Meaningful Use Program Stage 2 requirements.
- ONC developed PSAs and other materials for three consumer segments, and secured commitments from influential private sector organizations in April 2014 as well as federal partners (CMS, VA, DoD, and IHS) to share and or distribute these materials this fall. Also launched a new website called the Blue Button Connector which helps consumers and patients to find their own health information online from various health data holders.

Planning, Evaluation and Monitoring

ONC develops the Federal Health IT Strategic Plan, which reflects the collective efforts of 35+ federal entities to appropriately collect, share, and use interoperable health information to improve health care, individual, community and public health, and advance research in collaboration with private industry. ONC uses economic analysis and modeling to describe and understand the factors driving the adoption and meaningful use of health IT, including the costs and benefits of health IT implementation. Studies and reports generated from these activities inform policies and decisions not only within ONC, but also by Congress, the White House, other federal agencies, state and local governments, and the private sector. ONC uses statistical methods to analyze data from numerous internal and external sources in order to provide accurate and reliable information. To ensure that up-to-date data is available, ONC sponsors and advises the development of health IT data elements for a number of surveys including the American Hospital Association Information Technology Supplement, the National Electronic Health Records Survey, and the Privacy and Security Attitudes Survey. Further, ONC uses data from internal operations, Recovery Act Programs, the CRM Tool, and the Meaningful Use Program. Accomplishments include:

- Published The Federal Health IT Strategic Plan 2015 – 2020, representing the collaborative efforts across the federal government, with more than 35 federal entities to its development. In May 2014, ONC established the Federal Health IT Advisory Council, an internal federal body with the mission of coordinating federal health IT policy decisions and creating a forum to discuss program alignments for existing and emerging health and health IT matters. The inaugural task of this body was to coordinate and prioritize strategies and define implementation accountabilities to update the federal health IT strategy.
- Published analyses of progress toward and barriers to the use of health IT to improve the health and health care of all Americans, including: a Congressional Report on Health IT Adoption ; a systematic review on the impacts of Meaningful Use functionalities on safety, quality of care, and efficiency; ONC Data Briefs and Quick Stats; and regular reports to ONC's Health IT FACAs. Conducted program evaluations of HITECH programs to assess contextual factors, implementation approaches, and effectiveness and impacts of program interventions.
- Expanded capabilities of the public Health IT Dashboard web site. This innovative platform provides ONC, its stakeholders, and the American public with access to thousands of data points presented as user-interactive graphs and maps.

Provider and Stakeholder Outreach

ONC maintains a coordinated public affairs and communications strategy to reach decision-makers, stakeholders, and consumers. Core communications functions include planning, implementation, media relations, legislative and public affairs, and stakeholder engagement. In addition, ONC supports its various programs and initiatives by coordinating announcements, developing messaging, and other

support materials, including specific content posted on HealthIT.gov to help key audiences including eligible providers, consumers, health IT developers and innovators, policymakers and researchers learn about the use of health IT. Key accomplishments include:

- Issued a call-to-action for a nationwide interoperable health IT infrastructure through the development and dissemination of a vision paper, Connecting Health and Care for the Nation: A 10 year Vision to Achieve and Interoperable Health IT Infrastructure. This process included extensive stakeholder outreach and support.
- Coordinated the publication of The Federal Health IT Strategic Plan 2015 – 2020 which was released for public comment on December 8 This plan was developed in collaboration with private industry and was supported by extensive stakeholder outreach, education, and informational activities and resources.

Funding History

Fiscal Year	Amount
FY 2011	$10,657,000
FY 2012	$10,943,000
FY 2013	$9,340,000
FY 2014	$10,711,000
FY 2015	$11,139,000
FY 2016	$13,000,000

Budget Request

ONC requests $13.0 million in FY 2016 for activities relating to the adoption and meaningful use of health IT, an increase of $1.9 million from the FY 2015 Enacted. The request includes funding for 50 FTEs. Increased funding supports gathering data and evaluating progress toward achieving interoperability.

In 2016, ONC will continue its core work supporting a national support network of implementers to support the appropriate collection, use, and sharing of data. ONC will continue consumer engagement efforts by leveraging existing consumer organizations and through direct outreach efforts. Supporting these efforts are analytical, performance, and communication services that work throughout ONC to assess the current market, measure program outcomes, and provide a framework for disseminating technical materials to the widest audience.

This request supports Federal Health IT Strategic Plan 2015-2020 Goals 1: Expand Adoption of Health IT; 2: Advance Secure and Interoperable Health Information; 3: Strengthen Health Care Delivery; and 4: Advance the Health and Well-Being of Individuals and Communities.

Provider Adoption Support and Consumer e-Health ($5.5 million)

In FY 2016, ONC will continue to support provider adoption through innovative means by addressing critical barriers to the collection, sharing and use of health information. These innovative means include pilot programs, communities of practice, and other peer learning collaboratives, along with the development of impactful tools and resources.. ONC will continue to support the NLC, Health IT Vanguards, and CRM tool. Through these tools, ONC will continue convening providers to develop, share, and spread innovative best practices, support workforce needs, and provide national provider-level situational awareness. The request supports a strong national network of organizations working to

assist nearly 150,000 providers, including over 44 percent of the country's total primary care providers, to meaningfully use health IT. The network is also working with over 80 percent of HRSA-funded federally qualified health centers (FQHCs) and over 50 percent of the practices enrolled in the CMMI Comprehensive Primary Care initiative (CPCi).

To support ONC's Consumer e-Health program, ONC will convene stakeholders, identify barriers, and develop strategies so consumers can electronically send, receive, find and use their health information. ONC will focus on supporting consumer access to electronic health information, enabling the development of interoperable mobile and other tools that help consumers to use their health information effectively, and increasing consumer awareness of and demand for digital health information and tools. ONC will support providers in their efforts to engage and share data with patients as required by the Meaningful Use Program, and, via the Blue Button Pledge Program, support other organizations such as pharmacies, labs, and health insurance companies in data sharing via contract based pilot programs, community collaboratives, and/or challenge grants. ONC will continue to evolve a portfolio of recommended national standards for structured health data sharing in order to encourage the technology developer community to build useful tools, and will work with federal partners and the private sector on an ongoing consumer education and awareness campaign. ONC will also continue to enhance the resources it has created to help consumers better locate their health data electronically, and articulate policies that make it easier for patients to contribute their own health data to their doctors.

Planning, Evaluation and Monitoring ($5.1 million)
In FY 2016, ONC will gather data and evaluate progress toward achieving interoperability. ONC will also fund a consumer survey to monitor trends at a national level that measure the extent to which Americans have access to their essential health information in a format that allows them to better manage their health; how consumers are using their health information; the impact their providers' use of EHRs and exchange is having on them; how consumer mediated exchange is evolving as a means to reduce ineffective and potentially costly health data silos; as well as evaluate consumers' confidence and trust in health IT, including the privacy, security and confidentiality of their data, as well as how they are informed of their rights and use of their health information. ONC will maintain and enhance the Health IT Dashboard, a tool for synthesizing and communicating results of these analyses and providing open data to stakeholders and the public at large.

Provider and Consumer Engagement and Outreach ($2.4 million)
In FY 2016, ONC's communications activities will provide policy-focused content development, stakeholder outreach and dissemination support to meet the health IT policy information needs of audiences, in keeping with the vision, mission, and goals of ONC. In addition to partnering and informing stakeholders, ONC will continue to use traditional and social media to educate and inform consumers, providers, developers and decision makers. Funding for monitoring tools as well as HealthIT.gov operations is included in the request.

Outputs and Outcomes Table

ONC uses the following national measures to monitor trends related to electronic health record adoption and HITECH programs, including the EHR Incentive Programs and the REC Program. Measure 1.2, related to office-based primary care physician adoption of basic EHRs, cascades from ONC's President's Budget into the HHS Strategic Plan (goal 1.F) and is used for monitoring overall health IT adoption. Measures in the 1.B. series are part of the HHS Health IT Priority Goal measure set, with measure 1.B.4 serving as the key indicator and the others as contextual and supporting indicators used for in-depth monitoring.

Program/Measure	Most Recent Result / Target / Summary	FY 2015 Target	FY 2016 Target	FY 2016 +/- FY 2015
1.A.1 Percent of office-based physicians who have adopted electronic health records (basic)[9]	FY 2013: 48% Target: 50% (Target Not Met but Improved)	Not Set	Not Set	--
1.A.2 Increase the percent of office-based primary care physicians who have adopted electronic health records (basic)[9]	FY 2013: 53% Target: 55% (Target Not Met but Improved)	Not Set	70%	+17 percentage points from FY 2013
1.A.3 Percent of non-federal acute care hospitals that have adopted electronic health records [10]	FY 2013: 59% Target: 55% (Target Exceeded)	Not Set	Not Set	--
1.B.1 Percent of eligible hospitals receiving meaningful use incentive payments[3,11]	FY 2014: 94% Target: 85% (Target Met)	TBD	TBD	TBD

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[9] National Electronic Health Records Survey (NEHRS) formerly entitled NAMCS Electronic Medical Records Supplement. Most recent results are from 2013 and 2014 survey results are expected in March 2015.

[10] American Hospital Association (AHA) Annual Survey, IT Supplement. Most recent results are from 2013 and 2014 survey results are expected in March 2015.

[11] Targets for measures 1.B.1 and 1.B.2 are marked "TBD" because ONC is awaiting updated provider eligibility estimates from CMS. Updates are being made in response to recently implemented flexibilities and timelines for the EHR Incentive Programs.

Program/Measure	Most Recent Result / Target / Summary	FY 2015 Target	FY 2016 Target	FY 2016 +/- FY 2015
1.B.2 Percent of eligible professionals receiving meaningful use incentive payments[3, 11]	FY 2014: 74% Target: 65% (Target Met)	TBD	TBD	TBD
1.B.4 Increase the number of eligible providers who receive an incentive payment from the CMS Medicare and Medicaid EHR Incentive Programs for the successful adoption or meaningful use of certified EHR technology[3]	FY 2014: 414,914 Target: 375,000 (Target Met)	450,000	455,000	+5,000
1.B.5 The percentage of EHR Incentive Program participating hospitals that are eligible to attest to Stage 2 EHR Incentive Program milestones that do.	FY 2014: 11% Target: n/a (baseline)	Not set	Not set	--
1.B.6 The percentage of EHR Incentive Program participating professionals that are eligible to attest to Stage 2 EHR Incentive Program milestones that do. [3]	FY 2014: 2% Target: n/a (baseline)	Not set	Not set	--
1.C.3 Electronic health record adoption rate among providers registered and working with ONC Regional Extension Centers for at least 10 months	FY 2014: +90% Target: 76% (Target Met)	Discontinue (Program Over)	Discontinue (Program Over)	N/A
1.C.4 Number of providers registered with ONC RECs that achieve Meaningful Use	FY 2014: 100,427 Target: 100,000 (Target Met)	Discontinue (Program Over)	Discontinue (Program Over)	N/A

Agency-wide Support

Budget Summary

(Dollars in Thousands)

	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 (+/-) FY 2015
Budget Authority	7.720	21.524	0.000	-21.524
PHS Evaluation Funds	12.891	0.000	18.133	+18.134
Total, Program Level	20.611	21.524	18.133	-3.390
FTE	55	55	55	--

Authorizing Legislation:

Enabling Legislation Citation………………………………………………………………………….........PHS Act 42 U.S.C. 201
Enabling Legislation Status……………………………………………………………………………………….Permanent
Authorization of Appropriations Citation……………..…………….No Separate Authorization of Appropriations
Allocation Method…………………..……………………Direct Federal, Contract, Cooperative Agreement, Grant

Program Description and Accomplishments

ONC launched a number of crosscutting efforts to improve customer service, enhance management controls, and increase efficiency in its program support partnership activities:

- *Procurement and Grants Management*: ONC enhanced its grants management and procurement efforts, implementing best practices to optimize grantee and contractor performance. Using a risk-based financial monitoring framework for grants and contracts, ONC fosters program success and financial accountability. ONC has built a strong monitoring and analysis and systems and data management capability and established nimble procurement and grants training programs to ensure proper stewardship of federal funds.

- *Program Oversight*: ONC carries out financial and programmatic oversight responsibilities, employing a robust internal review methodology to achieve high-impact results and fostering data-driven and risk-based decision making.

- *Human Capital*: ONC's human capital experts provide leadership, oversight, and guidance to ONC in hiring a talented workforce. ONC optimizes its strong and high-performing organization through strategic workforce planning, innovative recruitment and retention strategies, including those for students and Veterans, and professional development planning.

- *Budget and Operational Services*: ONC's Budget and Operational Services functions include budget formulation and execution and space and facilities management. ONC initiated improvements in its annual budget processes and budget/performance integration. ONC's telecommunications initiatives are yielding positive results and improved value. ONC has plans underway to move into a consolidated facility in FY 2015.

Funding History

Fiscal Year	Amount
FY 2011	$19,502,000
FY 2012	$22,830,000
FY 2013	$20,896,000
FY 2014	$20,611,000
FY 2015	$21,524,000
FY 2016	$18,133,000

Budget Request

ONC requests $18.1 million in FY 2016 for activities related to agency wide support, a decrease of $3.4 million from the FY 2015 enacted. The request includes funding for 55 FTEs. ONC has been actively working to reduce agency-wide support costs and will continue to realize savings from improved efficiencies and in-sourcing.

This request includes funding for critical central costs such as information technology, space, human capital, acquisition, and other shared services. These shared services, which are not attributed to a specific office, but rather are used by ONC as a whole, include financial and grants management systems, as well as contract management fees and legal counsel. This request also funds the personnel costs for the Immediate Office of the National Coordinator.

By providing ONC's offices and programs with essential agency-wide support services, this request supports Federal Health IT Strategic Plan 2015-2020 Goals 1: Expand Adoption of Health IT; 2: Advance Secure and Interoperable Health Information; 3: Strengthen Health Care Delivery; 4: Advance the Health and Well-Being of Individuals and Communities, and 5: Advance Research, Scientific Knowledge, and Innovation.

SUPPORTING EXHIBITS

Crosswalk of Budget Activity by Office

(Dollars in Thousands)

FY 2014 Final
Policy Development & Coordination

Office	FTE	$
Office of Policy	20	5.640
Office of the Chief Privacy Officer	11	3.916
Office of Clinical Quality and Safety	11	3.103
Office of Care Transformation	4	0.649
Total, Policy Development & Coordination	**46**	**13.308**

FY 2015 Enacted
Policy Development & Coordination

Office	FTE	$
Office of Policy	21	4.848
Office of the Chief Privacy Officer	12	3.690
Office of Clinical Quality and Safety	12	3.030
Office of Care Transformation	4	0.905
Total, Policy Development & Coordination	**49**	**12.474**

FY 2016 Request
Policy Development & Coordination

Office	FTE	$
Office of Policy	25	13.564
Office of the Chief Privacy Officer	13	4.797
Office of Clinical Quality and Safety	14	8.064
Office of Care Transformation	4	0.574
Total, Policy Development & Coordination	**56**	**27.000**

FY 2014 Final
Standards, Interoperability, & Certification

Office	FTE	$
Office of Standards and Technology	21	13.454
Office of the Chief Scientist	6	2.283
Total, Standards, Interoperability, & Certification	**27**	**15.737**

FY 2015 Enacted
Standards, Interoperability, & Certification

Office	FTE	$
Office of Standards and Technology	24	13.309
Office of the Chief Scientist	8	1.921
Total, Standards, Interoperability, & Certification	**32**	**15.230**

FY 2016 Request
Standards, Interoperability, & Certification

Office	FTE	$
Office of Standards and Technology	31	31.919
Office of the Chief Scientist	8	1.747
Total, Standards, Interoperability, & Certification	**39**	**33.667**

FY 2014 Final
Adoption & Meaningful Use

Office	FTE	$
Office of Programs	24	5.275
Office of Planning, Evaluation and Analysis	12	2.809
Office of Public Affairs and Communications	7	2.628
Total, Adoption & Meaningful Use	**43**	**10.711**

FY 2015 Enacted
Adoption & Meaningful Use

Office	FTE	$
Office of Programs	28	6.023
Office of Planning, Evaluation and Analysis	13	2.792
Office of Public Affairs and Communications	8	2.324
Total, Adoption & Meaningful Use	**49**	**11.139**

FY 2016 Request
Adoption & Meaningful Use

Office	FTE	$
Office of Programs	28	5.509
Office of Planning, Evaluation and Analysis	14	5.133
Office of Public Affairs and Communications	8	2.358
Total, Adoption & Meaningful Use	**50**	**13.000**

FY 2014 Final
Agency-Wide Support

Office	FTE	$
Agency-Wide Support	55	20.611
Total, Agency-Wide Support	**55**	**20.611**

FY 2015 Enacted
Agency-Wide Support

Office	FTE	$
Agency-Wide Support	55	21.524
Total, Agency-Wide Support	**55**	**21.524**

FY 2016 Request
Agency-Wide Support

Office	FTE	$
Agency-Wide Support	55	18.133
Total, Agency-Wide Support	**55**	**18.133**

FY 2014 Final
Total Program Level

Office	FTE	$
Total, Program Level	**171**	**60.367**

FY 2015 Enacted
Total Program Level

Office	FTE	$
Total, Program Level	**185**	**60.367**

FY 2016 Request
Total Program Level

Office	FTE	$
Total, Program Level	**200**	**91.800**

Budget Authority By Object Class - Program Level

(Dollars in Thousands)

Object Class Code	Description	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
11.1	Full-time permanent	14,874	15,065	16,778
11.3	Other than full-time permanent	3,884	5,340	5,569
11.5	Other personnel compensation	539	540	540
11.7	Military personnel	105	0	0
Subtotal	*Personnel Compensation*	**19,402**	**20,946**	**22,887**
12.1	Civilian personnel benefits	5,568	5,785	6,157
12.2	Military benefits	50	0	0
13	Benefits for former personnel	0	0	0
Total	*Pay Costs*	**25,020**	**26,731**	**29,044**
21	Travel and transportation of persons	274	382	382
22	Transportation of things	2	2	2
23.1	Rental payments to GSA	2,588	3,619	5,121
23.3	Communications, utilities, and misc. charges	551	551	552
24	Printing and reproduction	106	106	106
25.1	Advisory and assistance services	1,336	1,336	1,336
25.2	Other services from non-Federal sources	16,249	14,096	36,351
25.3	Other goods and services from Federal sources	12,803	11,815	17,174
25.4	Operation and maintenance of facilities	253	253	254
25.5	Research and development contracts	0	0	0
25.6	Medical care	356	356	356
25.7	Operation and maintenance of equipment	36	36	36
25.8	Subsistence and support of persons	424	424	424
26	Supplies and materials	136	128	128
31	Equipment	81	81	82
32	Land and Structures	0	0	0
41	Grants, subsidies, and contributions	152	452	452
42	Insurance claims and indemnities	0	0	0
44	Refunds	0	0	0
Total	*Non-Pay Costs*	**35,347**	**33,637**	**62,756**
Total	*Total by Object Class*	**60,367**	**60,367**	**91,800**

Budget Authority By Object Class - Direct

(Dollars in Thousands)

Object Class Code	Description	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
11.1	Full-time permanent	0	15,065	0
11.3	Other than full-time permanent	0	5,340	0
11.5	Other personnel compensation	0	540	0
11.7	Military personnel	0	0	0
Subtotal	*Personnel Compensation*	*0*	*20,946*	*0*
12.1	Civilian personnel benefits	145	5,785	0
12.2	Military benefits	0	0	0
13	Benefits for former personnel	0	0	0
Total	*Pay Costs*	*145*	*26,731*	*0*
21	Travel and transportation of persons	0	382	0
22	Transportation of things	2	2	0
23.1	Rental payments to GSA	2,588	3,619	0
23.3	Communications, utilities, and misc. charges	551	551	0
24	Printing and reproduction	104	106	0
25.1	Advisory and assistance services	1,121	1,336	0
25.2	Other services from non-Federal sources	5,077	14,096	0
25.3	Other goods and services from Federal sources	4,796	11,815	0
25.4	Operation and maintenance of facilities	253	253	0
25.5	Research and development contracts	0	0	0
25.6	Medical care	356	356	0
25.7	Operation and maintenance of equipment	36	36	0
25.8	Subsistence and support of persons	375	424	0
26	Supplies and materials	86	128	0
31	Equipment	65	81	0
32	Land and Structures	0	0	0
41	Grants, subsidies, and contributions	0	452	0
42	Insurance claims and indemnities	0	0	0
44	Refunds	0	0	0
Total	*Non-Pay Costs*	*15,411*	*33,637*	*0*
Total	*Total by Object Class*	*15,556*	*60,367*	*0*

Budget Authority By Object Class - Reimbursable
(Dollars in Thousands)

Object Class Code	Description	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
11.1	Full-time permanent	14,874	0	16,778
11.3	Other than full-time permanent	3,884	0	5,569
11.5	Other personnel compensation	539	0	540
11.7	Military personnel	105	0	0
Subtotal	*Personnel Compensation*	*19,402*	*0*	*22,887*
12.1	Civilian personnel benefits	5,423	0	6,157
12.2	Military benefits	50	0	0
13	Benefits for former personnel	0	0	0
Total	*Pay Costs*	*24,875*	*0*	*29,044*
21	Travel and transportation of persons	274	0	382
22	Transportation of things	0	0	2
23.1	Rental payments to GSA	0	0	5,121
23.3	Communications, utilities, and misc. charges	0	0	552
24	Printing and reproduction	2	0	106
25.1	Advisory and assistance services	214	0	1,336
25.2	Other services from non-Federal sources	11,172	0	36,351
25.3	Other goods and services from Federal sources	8,007	0	17,174
25.4	Operation and maintenance of facilities	0	0	254
25.5	Research and development contracts	0	0	0
25.6	Medical care	0	0	356
25.7	Operation and maintenance of equipment	0	0	36
25.8	Subsistence and support of persons	49	0	424
26	Supplies and materials	50	0	128
31	Equipment	15	0	82
32	Land and Structures	0	0	0
41	Grants, subsidies, and contributions	152	0	452
42	Insurance claims and indemnities	0	0	0
44	Refunds	0	0	0
Total	*Non-Pay Costs*	*19,936*	*0*	*62,756*
Total	*Total by Object Class*	*44,811*	*0*	*91,800*

Salary & Expenses

(Dollars in Thousands)

Object Class Code	Expense Category	FY 2014 Enacted	FY 2015 Enacted	FY 2016 Request
11.1	Full-time permanent	14,874	15,065	16,778
11.3	Other than full-time permanent	3,884	5,340	5,569
11.5	Other personnel compensation	539	540	540
11.7	Military personnel	105	0	0
Subtotal	*Personnel Compensation*	*19,402*	*20,946*	*22,887*
12.1	Civilian personnel benefits	5,568	5,785	6,157
12.2	Military benefits	50	0	0
13	Benefits for former personnel	0	0	0
Total	*Pay Costs*	*25,020*	*26,731*	*29,044*
21	Travel and transportation of persons	274	382	382
22	Transportation of things	2	2	2
23.3	Communications, utilities, and misc. charges	551	551	552
24	Printing and reproduction	106	106	106
25.1	Advisory and assistance services	1,336	1,336	1,336
25.2	Other services from non-Federal sources	16,249	14,096	36,351
25.3	Other goods and services from Federal sources	12,803	11,815	17,174
25.4	Operation and maintenance of facilities	253	253	254
25.5	Research and development contracts	0	0	0
25.6	Medical care	356	356	356
25.7	Operation and maintenance of equipment	36	36	36
25.8	Subsistence and support of persons	424	424	424
Subtotal	*Other Contractual Services*	*32,390*	*29,357*	*56,973*
26	Supplies and materials	136	128	128
Subtotal	*Non-Pay Costs*	*32,526*	*29,485*	*57,101*
Total	*Salary and Expenses*	*57,546*	*56,216*	*86,145*
23.1	Rental payments to GSA	2,588	3,619	5,121
Total	**Salaries, Expenses, and Rent**	**60,134**	**59,835**	**91,266**
Total	**Direct FTE**	**171**	**185**	**200**

Detail Of Full-Time Equivalent (FTE) Employment

Detail	FY 2014 Civilian	FY 2014 Military	FY 2014 Total	FY 2015 Civilian	FY 2015 Military	FY 2015 Total	FY 2016 Civilian	FY 2016 Military	FY 2016 Total
Direct	170	1	171	185	0	185	200	0	200
Reimbursable									
Total FTE	170	1	171	185	0	185	200	0	200

Average GS Grade	Grade:	Step:
FY 2012...............................	13	4
FY 2013...............................	13	5
FY 2014...............................	13	6
FY 2015...............................	13	6
FY 2016...............................	13	6

Detail Of Positions

Detail	FY 2014 Actual	FY 2015 Enacted	FY 2016 President's Budget
Executive level	0	0	0
Total - Exec. Level Salaries	0	0	0
SES	7	7	7
Total - SES Salaries	1,263,530	1,276,165	1,288,927
Total - ES Salary	1,263,530	1,276,165	1,288,927
GS-15	43	52	52
GS-14	46	55	55
GS-13	47	55	55
GS-12	18	24	24
GS-11	7	15	15
GS-10	--	1	1
GS-9	2	2	2
GS-8	--	--	--
GS-7	--	--	--
GS-6	--	--	--
GS-5	--	1	1
GS-4	--	--	--
GS-3	--	--	--
GS-2	--	--	--
GS-1	--	--	--
Subtotal	163	205	205
Total, GS Salary	16,830,379	18,562,981	19,356,589
Commissioned Corps	1	--	--
Total, Commissioned Corps Salary	124,995	--	--
Total Positions	171	212	212
Total FTE	171	185	200

FY 2016 Budget By HHS Strategic Goal

(Dollars in Millions)

HHS Strategic Goals	FY 2014 Enacted	FY 2015 Enacted	FY 2016
1.Strengthen Health Care	**45.026**	**45.026**	**71.706**
1.A Make coverage more secure for those who have insurance, and extend affordable coverage to the uninsured			
1.B Improve health care quality and patient safety	8.045	8.045	14.375
1.C Emphasize primary and preventive care, linked with community prevention services			
1.D Reduce the growth of health care costs while promoting high-value, effective care	22.496	22.496	42.068
1.E Ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations			
1.F Improve health care and population health through meaningful use of health information technology	14.485	14.485	15.264
2. Advance Scientific Knowledge and Innovation	**15.341**	**15.341**	**20.094**
2.A Accelerate the process of scientific discovery to improve health			
2.B Foster and apply innovative solutions to health, public health, and human services challenges	9.005	9.005	10.124
2.C Advance the regulatory sciences to enhance food safety, improve medical product development, and support tobacco regulation			
2.D Increase our understanding of what works in public health and human services practice	6.336	6.336	9.970
2.E Improve laboratory, surveillance, and epidemiology capacity			
3. Advance the Health, Safety and Well-Being of the American People			
3.A Promote the safety, well-being, resilience, and healthy development of children and youth			
3.B Promote economic and social well-being for individuals, families, and communities			
3.C Improve the accessibility and quality of supportive services for people with disabilities and older adults			
3.D Promote prevention and wellness across the life span			
3.E Reduce the occurrence of infectious diseases			
3.F Protect Americans' health and safety during emergencies, and foster resilience to withstand and respond to emergencies			
4. Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs			
4.A Strengthen program integrity and responsible stewardship by reducing improper payments, fighting fraud, and integrating financial, performance, and risk management			
4.B Enhance access to and use of data to improve HHS programs and to support improvements in the health and well-being of the American people			
4.C Invest in the HHS workforce to help meet America's health and human services needs			
4.D Improve HHS environmental, energy, and economic performance to promote sustainability			
TOTAL	**60.367**	**60.367**	**91.800**

Significant Items In Appropriations Committee Reports

FY 2015 L-HHS Appropriations Committee Report Language (PL 113-235)

<u>Item 1:</u>
Information Blocking- The Office of the National Coordinator for Health Information Technology (ONC) is urged to use its certification program judiciously in order to ensure certified electronic health record technology (CEHRT) provides value to eligible hospitals, eligible providers and taxpayers. ONC should use its authority to certify only those products that clearly meet current meaningful use program standards and that do not block health information exchange. ONC should take steps to decertify products that proactively block the sharing of information because those practices frustrate congressional intent, devalue taxpayer investments in CEHRT, and make CEHRT less valuable and more burdensome for eligible hospitals and eligible providers to use. The agreement requests a detailed report from ONC no later than 90 days after enactment of this act regarding the extent of the information blocking problem, including an estimate of the number of vendors or eligible hospitals or providers who block information. This detailed report should also include a comprehensive strategy on how to address the information blocking issue.

<u>Action Taken or To Be Taken</u>
This report is forthcoming and will be submitted no later than 90 days after the enactment of FY 2015 appropriations.

<u>Item 2:</u>
Interoperability- The agreement directs the Health IT Policy Committee to submit a report to the House and Senate Committees on Appropriations and the appropriate authorizing committees no later than 12 months after enactment of this act regarding the challenges and barriers to interoperability. The report should cover the technical, operational and financial barriers to interoperability, the role of certification in advancing or hindering interoperability across various providers, as well as any other barriers identified by the Policy Committee.

<u>Action Taken or To Be Taken</u>
This report is forthcoming and will be submitted no later than 12 months after the enactment of FY 2015 appropriations.

Physicians' Comparability Allowance

Physician Category	PY 2014 (Actual)	CY 2015 (Estimates)	BY 2016* (Estimates)
1) Number of Physicians Receiving PCAs	1	3	3
2) Number of Physicians with One-Year PCA Agreements	1	2	2
3) Number of Physicians with Multi-Year PCA Agreements	0	1	1
4) Average Annual PCA Physician Pay (without PCA payment)	$155,500	$155,500	$155,500
5) Average Annual PCA Payment	$13,000	$13,333	$13,333

Physician Category 6) Number of Physicians Receiving PCAs by Category (non-add)	PY 2014 (Actual)	CY 2015 (Estimates)	BY 2016* (Estimates)
Category I Clinical Position	0	0	0
Category II Research Position	0	0	0
Category III Occupational Health	0	0	0
Category IV-A Disability Evaluation	0	0	0
Category IV-B Health and Medical Admin.	1	3	3

FY 2016 data will be approved during the FY 2017 Budget cycle

In 2015 and 2016, ONC needs physicians with strong medical backgrounds to work in ONC's Office of the Clinical Quality and Safety as they engage with a wide array of clinical stakeholders and provide a clinically based perspective on ONC policies and activities. This includes clinical issues around EHR safety, usability, clinical decision support, and quality measures.

Without PCA, it is unlikely that ONC could have recruited its current physicians, nor is it likely that ONC will be able to recruit without PCAs in future years.