

# MONITORING NATIONAL IMPLEMENTATION OF HITECH: STATUS AND KEY ACTIVITY QUARTERLY SUMMARY

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OCTOBER TO DECEMBER 2014

**Contract Number:**  
HHSP23337009T

**Prepared for:**  
The Office of the National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
Washington, D.C.

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This report was prepared by Mathematica Policy Research Inc under contract to the Office of the National Coordinator for Health IT (ONC). The findings and conclusions of this report are those of the authors and do not necessarily represent the views of ONC or the U.S. Department of Health and Human Services.



# MONITORING NATIONAL IMPLEMENTATION OF HITECH: STATUS AND KEY ACTIVITY QUARTERLY SUMMARY:

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Prepared by Mynti Hossain and Marsha Gold of Mathematica Policy Research under Contract with the ONC Evaluation Office for a Global Assessment of HITECH

This summary supports the global assessment by synthesizing in one place selected statistics and activity reports relating to implementation of HITECH. It is developed quarterly and reflects information made available between October 1, 2014 and December 31, 2014. The list is not meant to be exhaustive, but to reflect a subset of reports and activities that have been reported on elsewhere—on the ONC or CMS websites, or in a few other sources that have come to our attention. The report now relies less than in the past on the ONC and HHS News Briefings to identify activities because the scope of those briefings has been reduced in intensity. Quarterly reports are posted by ONC and are publicly available under the [Evaluations of HITECH Programs section on the Health IT Dashboard](#).

## MEANINGFUL USE INCENTIVE PAYMENTS—STAGE 1

- The November 2014 CMS incentive program report summarizes active registrations and provider payments under the Meaningful Use Program. Through November 2014, active registrations include 337,861 Medicare eligible professionals, 166,670 Medicaid eligible professionals, and 4,789 hospitals (of whom 4,388 are eligible for both Medicare and Medicaid incentives). This totals to 509,320 active registrations as of November 2014 program-to-date. Almost all had previously been registered, with 3,679 new registrations in November 2014 (1,897 Medicare eligible professionals, 1,758 Medicaid eligible professionals and 24 hospitals).
  - Eligible professionals
    - Total program-to-date payments were \$6.7 billion through the Medicare program and \$3.4 billion through the Medicaid program.
  - Hospitals
    - Total program-to-date payments were nearly \$16 billion, with almost all (nearly \$15 billion) to hospitals that were jointly eligible for Medicare and Medicaid incentives. (The program requirements for eligible hospitals differ from those for eligible professionals in that eligible hospitals can receive incentives for both Medicare and Medicaid while eligible professionals must choose between the two programs if they qualify for both).
  - According to the CMS incentive program report, all 50 states and five territories are open for Medicaid registration. A [CMS matrix](#) (last updated in August 2013) also lists the District of Columbia as open for registration, and provides links to states' websites and additional detail on the dates states started different functions (e.g. disbursements and attestations).

- So far almost all payments have been based on Stage 1 requirements. Through November 2014, Medicare spent nearly \$17 billion to eligible providers (\$6.7 billion) and hospitals (\$10.3 billion) meeting Stage 1 requirements. There were 6,219 Medicare eligible professionals and 342 Medicare eligible hospitals meeting Stage 2 requirements with a total payout to date of \$308.2 million.
- [\*iHealthBeat\*](#) reports that on October 7, 2014 CMS reopened the submission period for hardship exemption applications for eligible providers and hospitals until November 30, 2014. The extension is for providers and hospitals who were not able to attest by the attestation deadlines due to factors such as the delay in availability of the 2014 Edition certified EHR technology. A number of stakeholders commented on the extension of the hardship exemption submission period, including:
  - The Healthcare Information and Management Systems Society (HIMSS) released a [statement](#) on their website supporting the extension.
  - The American Medical Association (AMA) in their [release](#) said, “Giving physicians more time to file for a hardship exemption provides necessary relief as many physicians are struggling to meet a number of reporting mandates to avoid multiple penalties.”
- In October several health care organizations recommended changes to the Meaningful Use program:
  - A group of provider organizations sent a [joint letter](#) to Health and Human Services (HHS) Secretary Sylvia Mathews Burwell expressing their concerns over EHR products that do not provide sufficient support for information sharing with outside providers and that have usability issues which detract from the ability of the products to integrate with clinical workflow. Among the recommendations is the call for ONC certification requirements on interoperability, quality measure reporting, and privacy and security to be streamlined, with an emphasis on scalable and flexible standards and use of open architecture that will better support ways of addressing provider concerns. They also encourage a slower pace for imposing new Meaningful Use requirements. The letter is signed by American Academy of Family Physicians, American Medical Association, Medical Group Management Association, National Rural Health Association, Memorial Healthcare System, Mountain States Health Alliance, Premier healthcare alliance, and Summa Health System.
  - On October 14, 2014 the AMA sent a [letter](#) to CMS and ONC including a blueprint for changes to the Meaningful Use program in the effort to improve EHR functionality for physicians and health care for patients. Among the recommendations is the call to restructure EHR certification so that there is emphasis on interoperability and other key areas.
- “[Investment Subsidies and the Adoption of Electronic Medical Records in Hospitals](#)” is a working paper published by the *National Bureau of Economic Research* by David Dranove et al. The authors examine independent hospitals’ adoption of EMRs and measure the extent to which adoption was spurred by the HITECH Act incentive payments. The

authors estimate that, without HITECH, independent hospitals' adoption rate would have increased from 48% in 2008 to 67% in 2011. In reality, with HITECH, the adoption rate increased from 48% in 2008 to 77% in 2011. The authors say that this means HITECH accelerated EMR adoption for independent hospitals.

- On November 10, 2014 the AMA issued a [press release](#) calling for penalties to be removed in the Meaningful Use program.
- CMS [announced](#) an extension of the attestation deadline for the Medicare EHR Incentive Program 2014 reporting year for eligible hospitals and Critical Access Hospitals. The deadline was previously November 30, 2014 and was changed to December 31, 2014.

## **STAGE 2 MEANINGFUL USE INCENTIVE AND CERTIFICATION REQUIREMENTS**

- In ONC's October [report to Congress](#), ONC reports on progress in the adoption of health IT (rates of basic EHR adoption are significantly higher compared to rates before the HITECH Act was passed) but says that electronic sharing of health information is not widespread. ONC says that Meaningful Use Stage 2 will serve as a catalyst for increasing health information exchange across providers and EHR systems. An [October 9, 2014 Health IT Buzz Blog post](#) contains more information describing findings from the report.
- The HHS Office of Inspector General released its [fiscal year 2015 work plan](#), which outlines various activities it will undertake during the year. Activities include review of both Medicare and Medicaid EHR incentive payments made to providers and hospitals as well as assessment of CMS procedures regarding erroneous incentive payments made.
- On December 16, 2014 thirty members of Congress sent a [letter](#) to HHS Secretary Burwell outlining recommendations to increase flexibility in the Meaningful Use program. Specifically, the group requested a shorter reporting period of 90 days in 2015 rather than a full year, with the goal of enhancing the ability of providers to meet new requirements.

## **DEVELOPMENT OF STAGE 3 MEANINGFUL USE REQUIREMENTS**

- In November 2014 the Institute of Medicine (IOM) published "[Capturing Social and Behavioral Domains and Measures in Electronic Health Records: Phase 2](#)," which builds off of the [Phase 1 report](#) that was published in April 2014. *iHealthBeat* reports that the Phase 2 report will help guide criteria development for Meaningful Use Stage 3. The report includes 12 social and behavioral measures that IOM recommends being included in EHRs in Stage 3: 1) alcohol use, 2) depression, 3) educational attainment, 4) financial resource strain, 5) intimate partner violence for women of reproductive age, 6) median household income, 7) physical activity, 8) race/ethnicity, 9) residential address, 10) stress, 11) social isolation, and 12) tobacco use.

## REGIONAL EXTENSION CENTERS

- No new information to report.

## AVAILABILITY OF CERTIFIED PRODUCTS AND THE VENDOR MARKET

- An [October 7, 2014 Health IT Buzz Blog post](#) discusses collaborative efforts between ONC and the Federal Trade Commission (FTC) to promote competition in health IT markets. The blog post identifies three main concerns around competition in health IT: 1) a lack of transparency and comparability for health IT products and services, 2) a lack of interoperability across health IT products and services, and 3) business practices that inhibit or block the electronic sharing or transfer of health information. ONC and FTC plan to work together to address these concerns.
- On October 28, 2014 the Certification Commission for Health IT (CCHIT) [announced](#) that it would stop operations by November 14, 2014. CCHIT Executive Director Alisa Ray said, “Though CCHIT attained self-sustainability as a private independent certification body and continued to thrive as an authorized ONC testing and certification body, the slowing of the pace of ONC 2014 Edition certification and the unreliable timing of future federal health IT program requirements made program and business planning for new services uncertain.” The announcement also says that CCHIT’s remaining assets will be donated to the HIMSS Foundation.
- “[EMR Interoperability 2014: Which Vendors are Really Helping Providers?](#)” is an October 2014 KLAS report that [summarizes findings](#) from interviews with 220 provider organizations on their work with vendors in the pursuit of interoperability. More than half of the providers interviewed say that their vendor does not cooperate well with other vendors. Allscripts, athenahealth, Cerner, eClinicalWorks, Epic, GE Healthcare, Greenway, McKesson, MEDITECH, NextGen, and Siemens are the vendors included in the study.

## PRIVACY AND SECURITY

- On October 2, 2014 the Food and Drug Administration (FDA) issued [final guidance](#) for medical device manufacturers to protect patient data.
- On November 4, 2014 ONC [released findings](#) from a 2012-2013 survey of consumer attitudes on privacy and security of EHRs and health information exchange. Among the findings is that the difference between consumers’ privacy and security concerns when their providers had EHRs versus when their providers had paper records was not statistically significant and also that, while individuals expressed concerns over privacy and security of their personal health information, less than one in ten of these individuals withheld information from their providers because of this.
- “[Provider Responses to Patients Controlling Access to their Electronic Health Records: A Prospective Cohort Study in Primary Care](#)” is a study by William M. Tierney et al. that was published in the *Journal of General Internal Medicine*. The authors find that patients frequently chose to restrict their providers’ access to their EHR information, and that

providers did not often override these patients' preferences. However, more than half of the providers in the study believed that restricting EHR access would have negative impacts on the patient care process. [iHealthBeat, December 17, 2014](#)

## HEALTH INFORMATION EXCHANGE

- On October 7, 2014 a group of 58 organizations sent a [letter](#) to members of Congress asking that Congress “provide clarity and certainty for appropriate, risk-based oversight of health information technology” before the end of the year. The group of organizations seeks more clarity on how oversight will be addressed to avoid stifling innovation. It recommends that federal oversight of health IT by the FDA focus on the areas of high risk, with consensus standards and private certification bodies employed to oversee areas of lower risk. athenahealth, IBM, McKesson Corporation, and the US Chamber of Commerce were among the entities that signed the letter.
- On October 8, 2014 eHealth Initiative released findings from its annual survey on health information exchange. The analysis found that cost and technical challenges are the main challenges to interoperability and that regulatory requirements resulted in increased uptake of some core HIE services such as Direct, care summary exchange, and transitions in care. In analyzing sustainability of HIE, the report finds that “despite the expiration of large funding sources, radical changes in the overall landscape are not evident.”
- An [October 15, 2014 Health IT Buzz Blog post](#) discusses the first joint meeting between the Health IT Policy and Health IT Standards Committees at which interoperability was a focus. At the [joint meeting](#) Erica Galvez presented [draft material on the 10-year interoperability roadmap](#). The roadmap outlines that by 2017 providers and individuals will be able to send, receive, find, and use a basic set of health information; by 2020 there will be granular information access, expanded sources and users of information, improved quality and reduced cost, and increased automation; and by 2024 there will be longitudinal information, ubiquitous precision medicine, reduced time from evidence to practice, and a virtuous learning cycle. The roadmap will be released in January for public comment, and it is anticipated that a final version will be published in March 2015.
- A [November 13, 2014 Health IT Buzz Blog post](#) introduces “[Health IT Enabled Quality Improvement: A Vision to Achieve Better Health and Health Care](#),” which outlines ONC goals for leveraging health IT for health care quality improvement. The paper provides a 10-year vision for advancing use of clinical decision support and quality measurement to support quality improvement. The paper provides context for current efforts to develop a nationwide interoperability roadmap through an extensive process of multi-stakeholder engagement.
- The HHS Office of the Inspector General released its [report of the top management challenges for fiscal year 2014](#). Sixth among the ten challenges listed and described is: “the meaningful and secure exchange and use of electronic health information.”

- In November eHealth Initiative released its “[2020 Roadmap](#),” developed through a multi-stakeholder effort. The Roadmap seeks to provide a shared vision of the work to be done in health IT and health care in the next five years. Its recommendations address business and clinical motivators, interoperability, and data access and use. In 2015, consensus groups will be convened to see where additional agreements can be reached on critical issues.
- In November 2014, the EHR/HIE Interoperability Workgroup [announced](#) a partnership with HIMSS and Integrating the Healthcare Enterprise USA to work on strengthening its testing and certification program for EHR and HIE connectivity and interoperability. [iHealthBeat, November 18, 2014](#)
- A [December 2, 2014 Health IT Buzz Blog post](#) discusses the November 2014 report “[Data for Individual Health](#),” written by the MITRE Corporation’s JASON advisory group. The report outlines recommendations for building a health data infrastructure that would be interoperable and would include environmental data, data from personal health devices, and data from social media, among other data types. The report builds off of the “[A Robust Health Data Infrastructure](#),” which was published in April 2014 (and reported on the quarterly monitoring report for July to September 2014). At the [November 4, 2014 Health IT Policy Committee meeting](#), committee members discussed the JASON report and members of the Interoperability and Health Information Exchange Workgroup agreed that the JASON report recommendations align with the Interoperability Roadmap. A meeting summary, which has been finalized, is posted [here](#).
- “[A Systematic Review of Barriers to Data Sharing in Public Health](#)” is a research article published in *BMC Public Health* that identifies 20 potential barriers to data sharing in public health, such as differences in language and ownership and copyright issues. Willem G van Panhuis et al. categorize the 20 barriers into six categories: 1) technical, 2) motivational, 3) economic, 4) political, 5) legal, and 6) ethical.
- In December 2014 Health Level Seven International [launched the Argonaut Project](#), which is an initiative to advance the adoption of technical standards for health IT interoperability. Eleven organizations are part of the Argonaut Project, including athenahealth, Cerner, Epic, Intermountain Healthcare, and The Advisory Board Company.
- A group of HIEs [announced](#) the creation of a consortium called the Strategic Health Information Exchange Collaborative (SHIEC). SHIEC will work with member HIEs to share best practices and conduct advocacy work, among other activities. [iHealthBeat, December 16, 2014](#)
- In December 2014, President Obama signed an [omnibus spending bill](#). Among the various provisions in the bill is the call for ONC to decertify any EHRs that prohibit electronic information exchange with other EHR systems. [iHealthBeat, December 17, 2014](#)  
As reported by [iHealthBeat](#), HIMSS Electronic Health Record Association (EHRA) Chair Mark Segal said that decertification would prevent users of decertified EHRs “from attesting for Meaningful Use or employing them in other important delivery



reform initiatives” while athenahealth Vice President of Government Affairs Dan Haley expressed support of the bill and said, “federal government should not be subsidizing technologies that impede progress toward interoperability.”

- ONC released the [federal health IT strategic plan for 2015 to 2020](#), which includes five main 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. A [December 8, 2014 Health IT Buzz Blog post](#) introduced the strategic plan and Director of the Office of Planning, Evaluation, and Analysis at ONC Seth Pazinski [presented](#) on the strategic plan at the [December 9, 2014 Health IT Policy Committee meeting](#) and the [December 10, 2014 Health IT Standards Committee meeting](#). Additionally, a subsequent [December 18, 2014 Health IT Buzz Blog post](#) says that the strategic plan will be discussed in depth at the [2015 ONC Annual Meeting](#).
- “[The State HIE Program Four Years Later: Key Findings on Grantees’ Experiences from a Six-State Review](#)” was published in December. The case study report, prepared by Prashila Dullabh et al. of NORC at the University of Chicago, is part of the evaluation of the HITeCH-funded State HIE program. A [December 29, 2014 Health IT Buzz Blog post](#) highlights the four main findings from the interviews in Iowa, Mississippi, New Hampshire, Utah, Vermont, and Wyoming: 1) context was a major factor in the design of technical, behavioral, and policy solutions to advance HIE, 2) it was important to set goals throughout the process of implementing HIE to keep stakeholders engaged, 3) collaboration among various stakeholders made it easier to implement HIE, and 4) states used policy and regulatory levers to implement HIE.

## **WORKFORCE PROGRAMS**

- “[Trends in Health Information Exchange Organizational Staffing](#)” summarizes findings from a survey of health information organizations (n=16) conducted by both HIMSS and AHIMA. The following staffing challenges for health information organizations were identified from the survey results: 1) cost of living / location of the health information organization, 2) industry competition for qualified candidates, 3) salary and benefits competitive within the industry, and 4) finding the right skill sets.

## **PROVIDER EHR ADOPTION, OTHER SOURCES OF SUPPORT, AND ISSUES**

- The American Health Information Management Association (AHIMA) released “[Information Governance Principles for Healthcare](#)” for health care organizations to follow to maintain and improve information governance, which is defined in the report as “an organization-wide framework for managing information throughout its lifecycle and supporting the organization’s strategy, operations, regulatory, legal, risk, and environmental requirements.” The eight principles are: 1) accountability, 2) availability, 3) compliance, 4) disposition, 5) integrity, 6) protection, 7) retention, and 8) transparency.
- A number of activities regarding telehealth took place this quarter, including:

- [iHealthBeat](#) reports that CMS released 2015 Medicare Physician Fee Schedule final regulations, which includes expansion of telehealth coverage for Medicare beneficiaries (2015 telehealth coverage will include wellness and behavioral health visits). The American Telemedicine Association expressed support of the change in regulations.
- The American Telemedicine Association [announced](#) the start of a new accreditation program for health care organizations that provide online patient consultations in real-time.
- [The Washington Post](#) reports that Google is piloting a program for consumers to live video chat with medical professionals when they have questions about medical conditions.
- “[Physician Motivations for Adoption of Electronic Health Records](#)” is a December 2014 ONC data brief by Dawn Heisey-Grove and Vaishali Patel in which the authors identify three major influences in provider decisions to adopt EHRs: 1) financial incentives or penalties, 2) the availability of technical assistance with EHR implementation, and 3) the ability to electronically exchange health information with other providers.
- Frost & Sullivan released [findings](#) from a survey of chief information officers on information retrieval in EHRs. [iHealthBeat](#) reports that inaccurate search functionality in EHRs related to EHR usability (as opposed to EHR user training) was a frequent issue reported by survey respondents.
- In November Foley and Lardner published “[2014 Telemedicine Survey.](#)” [iHealthBeat](#) reports that 41% of survey respondents said the lack of reimbursement for telehealth services is a barrier to developing and implementing telehealth.
- “[Use of Internist’s Free Time by Ambulatory Care Electronic Medical Record Systems,](#)” by Clement J. McDonald et al., summarizes findings from a survey of the American College of Physicians’ national sample of internists. Both attending physicians and trainees reported loss of time due to administrative duties related to EMRs. The mean time loss was 48 minutes per day for attending physicians and 18 minutes per day for trainees. The authors provide suggestions to remedy physician and trainee time loss, such as the use of scribes. They also conclude that policymakers should consider time loss in mandates related to EMRs.

## **PATIENT ENGAGEMENT**

- The National Partnership for Women & Families published “[Engaging Patients and Families: How Consumers Value and Use Health IT,](#)” which describes five key findings: 1) patients continue to see significant value in EHRs, 2) patients with online access to information in their providers’ EHRs have nearly doubled, 3) patients want robust functionality and features of online access, 4) all patients see the value of EHR systems with respect to privacy, and 5) modified strategies may be necessary to engage patients of different populations who prefer different health IT functionalities.

- [“How Patients Can Improve the Accuracy of their Medical Records”](#) by Prashila Dullabh et al. is a mixed methods study that evaluates a Geisinger pilot allowing patients to provide feedback on the accuracy of data included in medical records. The evaluation found that patient feedback in electronic medical records is a feasible strategy operationally that can improve medical record accuracy. Geisinger has since expanded the initial pilot, the article notes.
- [“How We View Health Care in America: Consumer and Provider Perspectives”](#) is a Booz Allen Hamilton and Ipsos Public Affairs report that summarizes findings from interviews with health care providers and consumers. Main findings are: 1) the future of health care is uncertain and creates anxiety among consumers and providers, 2) addressing rising health care costs is paramount, but views differ over the best approaches, and 3) technology offers promise for better outcomes.
- The Robert Wood Johnson Foundation [announced](#) the “Data for Health” initiative, which is focusing on health data can be used to help individuals adopt healthier lifestyles. The initiative will host a series of listening sessions in five different cities to hear from the public on how health data can be used to improve public health. ONC will attend each listening session as well. An [October 16, 2014 Health IT Buzz Blog post](#) written by National Coordinator Karen DeSalvo includes more information.
- [“Organizational Strategies for Promoting Patient and Provider Uptake of Personal Health Records,”](#) published in *Journal of the American Medical Informatics Association*, examined strategies used by health delivery organizations to promote the adoption of personal health records. Authors Susan Well et al. find that implementation of personal health records required organizational culture change, and that “successful organizations actively communicated their vision, engaged leaders at all levels, had clear governance, planning, and protocols, set targets, and celebrated achievement.” The authors add that it is important to monitor specific populations served by PHRs to see who is benefitting the most and who is being left behind.

## HEALTH IT AND HEALTH DELIVERY REFORM

- The Electronic Healthcare Network Accreditation Commission (EHNAC) released [draft criteria](#) for a possible accreditation program for accountable care organizations. [iHealthBeat](#) reports that the program criteria would require explanations of how protected health information moves within an organization, among various other things.
- [“Health Information Technology Infrastructure to Support Accountable Care Arrangements”](#) is a report by Carol Robinson et al. of Robinson & Associates Consulting that was prepared for ONC. The authors say that challenges around interoperability deter progress in implementing successful accountable care models. The report includes case studies of two markets in which stakeholders are working to help providers access the health information tools and services they need to implement and maintain successful accountable care models. An [October 31, 2014 Health IT Buzz Blog post](#) accompanied the release of the report in October.

## EFFECTIVENESS OF HEALTH IT

- “[Using Electronic Health Record Clinical Decision Support is Associated with Improved Quality of Care](#),” by Rebecca G. Mishuris et al., is a study that finds that use of clinical decision support functions was associated with improvements in health quality, and that disabling of the clinical decision support functions negated improvements. The authors conclude that those Meaningful Use standards which include clinical decision support functions seem to have a positive impact on some health indicators and outcomes.
- “[Usage and Effect of Health Information Exchange: A Systematic Review](#),” published in *Annals of Internal Medicine*, is a systematic review conducted by Robert S. Rudin et al. of findings from studies between 2003 and 2014 to review and evaluate the use and effect of health information exchange on clinical care. The authors find that studies show that health information exchange may reduce emergency department usage and costs in some cases but effects on other outcomes are unclear. Findings show that patient, provider and other stakeholders support HIE but that barriers (technical and workflow, cost, and privacy concerns) limit acceptance and sustainable efforts. They also find that only a small share of HIEs have been evaluated and that additional research is needed to identify factors contributing to success.
- “[Can Telemonitoring Reduce Hospitalization and Cost of Care? A Health Plan’s Experience in Managing Patients with Heart Failure](#),” published in *Population Health Management*, assesses Geisinger Health Plan’s telemonitoring program that focuses on managing patients with heart failure. Authors Daniel D. Maeng et al. find that there were reductions in patients’ hospital readmission rates and that there was an estimated return of investment of \$3.30 for each dollar spent on the telemonitoring program.
- “[Primary Care Capacity as Insurance Coverage Expands: Examining the Role of Health Information Technology](#),” published in the *American Journal of Managed Care*, finds that physicians who use a greater number of health IT technologies were significantly less likely to anticipate capacity to accept new patients and were significantly less likely to accept patients with private insurance compared to those with Medicaid or Medicare.

## RELATED FEDERAL POLICY INITIATIVES

- In October, the Centers for Medicare and Medicaid Services Innovation Center (CMMI) [awarded](#) \$15 million+ to the University of New Mexico Health Sciences Center’s Department of Neurosurgery to pilot the expansion of their telehealth services.

## OTHER (CONTEXTUAL ETC)

- An [October 28, 2014 Health IT Buzz Blog post](#) explained that HHS Secretary Sylvia Mathews Burwell asked Karen DeSalvo, National Coordinator for Health IT, to become Acting Assistant Secretary of Health and work on HHS’ Ebola response and other public health issues. DeSalvo accepted the offer for the role in addition to her role at ONC. While DeSalvo maintains her work on high level policy issues at ONC, Lisa Lewis, ONC’s Chief Operating Officer, is serving as Acting National Coordinator for day-to-day leadership. An [October 24, 2014 ONC statement](#) says that DeSalvo will be

Acting Assistant Secretary of Health until Senate confirms a new Assistant Secretary of Health. A number of stakeholders commented on this leadership change, including:

- AMA President Robert M. Wah said in a [statement](#), “DeSalvo’s departure, in addition to those of several other senior staff including Deputy Director of the Office of the National Coordinator for Health IT (ONC), Jacob Reider, which was also announced last week, leaves a significant leadership gap which could jeopardize the growing momentum around interoperability.”
- On November 3, 2014 HIMSS and CHIME sent a [joint letter](#) to Secretary Sylvia Mathews Burwell expressing concern that DeSalvo’s appointment as Acting Assistant Secretary of Health, as well as the departure of ONC staff Jacob Reider, Doug Fridsma, and Judy Murphy, may deter progress in health IT adoption and use.
- [iHealthBeat](#) reports that former National Coordinator for Health IT David Blumenthal commented that he has confidence in Lisa Lewis to serve as Acting National Coordinator.