DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year

2015

Office of the National Coordinator for Health Information Technology

Justification of Estimates for Appropriations Committee

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LETTER FROM THE NATIONAL COORDINATOR

I am pleased to present the fiscal year (FY) 2015 Departmental Budget Justification for the Office of the National Coordinator for Health Information Technology (ONC). Health information technology (IT) is a foundational component of the Administration's efforts to improve our Nation's health and health care by moving from a transaction-based system to one that emphasizes quality, value and outcomes. As the National Coordinator for Health IT, I am proud of the role that ONC's dedicated staff, policy efforts and programs have played in supporting more than 60 percent of health care professionals and more than 85 percent of hospitals to adopt certified electronic health records. This illustrates that federal leadership and investments in health IT are beginning to pay dividends and will continue to do so as providers increasingly optimize clinical flows and functionalities to improve patient care. As adoption rates reach a critical mass and key exchange infrastructure comes online, we will have the digital infrastructure necessary to support improved care, at a lower cost and ultimately improve population health.
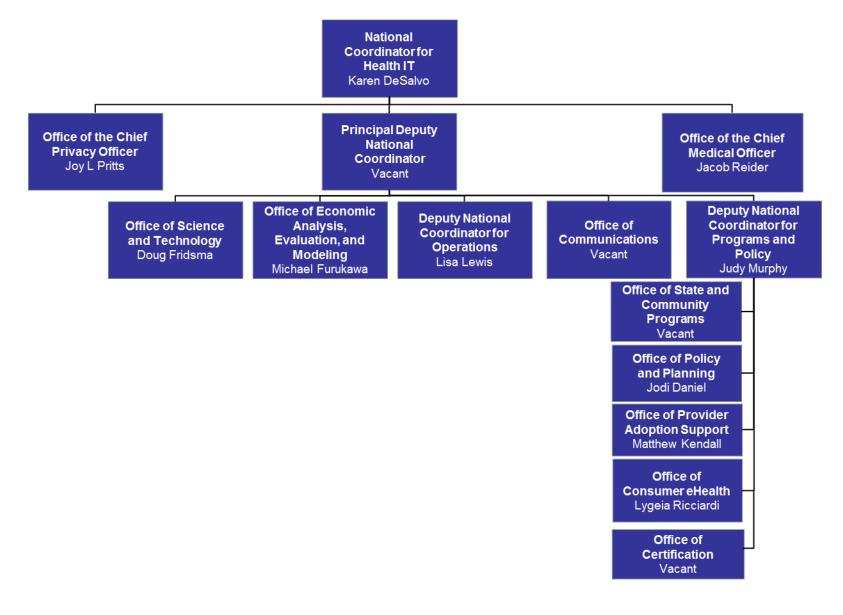
The FY 2015 Budget reflects a continued commitment to maximizing the promise of health IT by focusing on our core responsibilities and increasingly emphasizing interoperability. The Health Information Technology for Economic and Clinical Health (HITECH) Act responded to a national need to move from a paper-based to a digital health care system by authorizing the Health IT Certification Program at ONC and creating the Medicare and Medicaid EHR Incentive Programs (Meaningful Use Programs) at the Centers for Medicare and Medicaid Services. With the blueprint for action that HITECH provided, ONC is at the forefront of evolving standards and policies designed to promote care coordination, patient engagement, and population health management through the optimization and meaningful use of health IT. The Budget reflects the resources necessary to maintain these core activities related to health IT standards, policy, and adoption with an emphasis on consensus based solutions to a broad range of health IT issues. The Budget provides continuing support for programs that directly support the Meaningful Use Programs; the Certification Program testing tools for developers and strengthened surveillance activities; the Blue Button Program, which engages providers, developers, and consumers to create solutions that empower all participants in health care; and a National Learning Consortium that disseminates best health practices to providers on how to optimize health IT and effective guidelines to achieve meaningful use of electronic health records.

New investments would support a new public-private partnership aimed at enhancing patient safety and health IT usability through surveillance and analysis of safety incidents. In addition, ONC's Budget requests funding to support ONC's work providing federal agencies and other partners with the implementation support and assistance needed to integrate health IT standards and policies. This work is crucial to realizing the new payment models necessary for healthcare transformation.

The Budget will allow ONC to continue responding to an evolving health IT landscape and ensure that health IT continues to meet the needs of a diverse set of users that span geographic and organizational boundaries. With the culmination of Recovery Act programs in FY 2015, this Budget proposes funding that is needed to maintain progress towards a digitally transformed health care system that is safe, secure, and interoperable.

/Karen B. Desalvo/
Karen B. DeSalvo, MD, MPH, MSc
National Coordinator for Health IT

ORGANIZATIONAL CHART

National Coordinator for Health IT
Karen DeSalvo

Office of the Chief Privacy Officer
Joy L Pritts

Principal Deputy National Coordinator
Vacant

Office of the Chief Medical Officer
Jacob Reider

Office of Science and Technology
Doug Fridsma

Office of Economic Analysis, Evaluation, and Modeling
Michael Furukawa

Deputy National Coordinator for Operations
Lisa Lewis

Office of Communications
Vacant

Deputy National Coordinator for Programs and Policy
Judy Murphy

Office of State and Community Programs
Vacant

Office of Policy and Planning
Jodi Daniel

Office of Provider Adoption Support
Matthew Kendall

Office of Consumer eHealth
Lygeia Ricciardi

Office of Certification
Vacant

ORGANIZATIONAL CHART: TEXT VERSION

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

The following offices report directly to the National Coordinator:
- Office of the Chief Privacy Officer
  - o Joy L. Pritts, JD
- Office of the Chief Medical Officer
  - o Jacob Reider, MD
- Principal Deputy National Coordinator
  - o Vacant

The following offices report to the Principal Deputy National Coordinator:
- Office of Science and Technology
  - o Doug Fridsma, MD, PhD
- Office of Economic Evaluation and Modeling
  - o Michael Furukawa, PhD
- Deputy National Coordinator for Operations
  - o Lisa Lewis
- Office of Communications
  - o Vacant
- Deputy National Coordinator for Programs and Policy
  - o Judy Murphy, RN

The following offices report to the Deputy National Coordinator for Programs and Policy:
- Office of State and Community Programs
  - o Vacant
- Office of Policy and Planning
  - o Jodi Daniel, JD, MPH
- Office of Provider Adoption Support
  - o Matthew Kendall, MPH
- Office of Consumer eHealth
  - o Lygeia Ricciardi, EdM
- Office of Certification
  - o Vacant

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 the Department's goal to strengthen health care by pursuing the modernization of the American health care system through the adoption, meaningful use, and optimization of health IT. These efforts will make health information available electronically for better decision-making by consumers, clinicians, health care managers, and policy-makers at all levels of our health care system.

Vision

A health system that uses information to empower individuals, improves the health of the population, and supports new models of payment reform.

Mission

To improve health and health care for all Americans through use of information and technology.

Introduction

Information is the lifeblood of modern medicine, and improving the flow of information is foundational to transforming health care. In a modern health care system, every patient encounter and outside patient activities generate health information that can be used to support a wide range of clinical processes. For the health information to be useful, however, it must be interoperable. That means that a common set of structures and formats must be coupled with transport protocols and the appropriate infrastructure to enable various health IT systems to use the health information. The most effective systems incorporate not only providers, but also consumers, researchers, and public health agencies. Moreover, the users of health information must be able to exchange health information seamlessly and securely not only across different information systems, but also between different care settings, organizations, geographic boundaries, and uses.

Health IT comprises technologies — ranging from electronic health records (EHRs) and personal health records (PHRs) to remote monitoring devices and mobile health applications — that collect, store, and transmit health information. By liberating health information from paper and electronic silos, health IT has the potential to transform the health care system from one that emphasizes transactions to one that emphasizes care. By making the health care system more transparent, health IT can enhance the study of health care delivery and support new payment systems. This transformation will empower providers and consumers to drive substantial improvements in care, efficiency, and population health.

These goals guide federal policies and programs that support the wide-spread adoption, meaningful use, and optimization of health IT. ONC provides a collaborative framework through which policy-makers engage stakeholders to address critical health IT issues and barriers. By engaging directly with the health IT community, ONC develops consensus-based policies that facilitate interoperability through technological standards and health information exchange. Further, ONC inspires confidence and trust in health IT by promoting policies that protect the privacy and security of health information, integrate clinical best practices into care processes, and ensure the safe use of health IT. To ensure that health IT

is widely and effectively implemented, ONC provides technical expertise, guidance, and resources to implementers and consumers through the National Learning Consortium (NLC).

ONC administers the Health IT Certification Program (Certification Program) in close cooperation with the Centers for Medicare & Medicaid Services (CMS) and the National Institutes for Standards and Technology (NIST). The Certification Program establishes the technical standards and criteria for certified EHR technology (CEHRT), with input from two Federal Advisory Committee Act (FACA) bodies. In order to attest to receive incentive payments under the Medicare and Medicaid EHR Incentive Programs (Meaningful Use Programs), eligible providers must adopt CEHRT and meaningfully use built in features in ways defined by CMS under the Meaningful Use Programs.

The following activities describe how ONC is working to create 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 Certification Program. Ensures a coordinated and consistent approach to the federal regulation 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 treatment impacts.

Standards, Interoperability, and Certification
ONC leads a variety of efforts designed to accelerate nationwide progress towards an interoperable health IT infrastructure. By developing standards 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 validate the efficiency of proposed standards for inclusion in the Certification Program.

- *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.
- *Health Information Exchange:* Develops and disseminates HIE building blocks and toolkits comprising predefined sets of standards, protocols, legal agreements, specifications, and services that can be readily deployed by entities that manage or provide health information exchange services. ONC provides technical assistance to implementers by advising them on how the building blocks and toolkits can meet their specific goals and constraints.
- *Certification and Accreditation:* Provides vendors and developers with clear criteria for developing their products by issuing certification criteria for the Certification Program. Collaborates with 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 (ONC-ACBs) to independently validate the ATLs results and certify the product.

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 CEHRT 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 and Blue Button. Works to ensure consumers are engaged in support of a robust eHealth market.
- *Health IT Monitoring and Evaluation:* 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 2013 Final	FY 2014 Enacted	FY 2015 President's Budget	FY 2015 Request (+/-) FY 2014 Enacted
Budget Authority	15.483	15.556	0.0	-15.556
PHS Evaluation Funds	44.811	44.811	74.688	+29.877
Total, ONC	60.294	60.367	74.688	+14.321

Overview of Budget Request

The Fiscal Year (FY) 2015 Budget Request for ONC is $74.7 million in Public Health Service (PHS) Evaluation Funds. This request is $14.3 million above the FY 2014 enacted budget. This request includes funds for establishment of a Health IT Safety Center, standards development, and implementation support so that ONC can assist federal agencies integrate health IT standards and policies that support new payment models and enable healthcare reform.

Since the initiation of the Health Information for Economic and Clinical Health Act (HITECH), part of the American Recovery and Reinvestment Act of 2009 (Recovery Act), nationwide EHR adoption and utilization has soared, with over 340,000 health care providers— 60 percent of health care professionals and more than 85 percent of hospitals —receiving more than $19.4 billion in Meaningful Use Program payments. All fifty states have health information exchange services available, and 96 percent of the nation's pharmacies have implemented e-prescribing technologies. Additionally, the market for CEHRT has expanded rapidly, with nearly 1,200 health IT vendors certifying more than 2,400 unique products. ONC expects that the health IT sector will continue to grow, for example, the Bureau of Labor Statistics predicts that health IT employment alone will grow 21 percent by 2020.

ONC has been at the center of national efforts to coordinate and support investments in policies, standards, testing tools, and implementation guides that have dramatically accelerated the adoption and meaningful use of CEHRT. Coupled with Recovery Act grants that provided on-the-ground technical assistance and direct financial support, these efforts have accelerated progress towards a safe, secure, and interoperable health IT infrastructure that will power new health care delivery and payment models, and fundamentally improve the quality and efficiency of health care. As the Recovery Act programs close out, ONC will continue to leverage vital investments and support HITECH as a critical mass of providers and consumers adopt CEHRT, personal health records (PHRs), and interoperable standards. ONC will continue to engage the growing number of consumers, health care providers, and vendors who are realizing the benefits of health IT and health information exchange and, in the process, modernize the nation's health care system.

Although in recent years we have seen a dramatic increase in the number of providers using health IT, ensuring interoperability and patient engagement in their health care are ongoing challenges. As a result, health information can still be costly and difficult to collect, preventing it from being available where and when providers and patients need it most. ONC will continue to enable innovation in the health IT market by maintaining and establishing core standards to support a robust Health IT Certification Program. ONC will provide the policies and tools that will ensure health information can securely follow patients wherever and whenever they seek care. Together, these efforts will ensure that

health IT fulfills its potential to realize the three-part aim of better health, better care, and improved value.

This Budget sustains the momentum of recent nationwide investments to promote adoption of health IT among a critical mass of providers, professionals, and consumers. In FY 2014 and FY 2015, ONC will help vendors to prepare for the 2014 Edition Standards and Certification Criteria (2014 Edition) and ensure that providers are prepared to use CEHRT to achieve Stage 2 of Meaningful Use. With more than 60 percent of health care professionals and more than 85 percent of hospitals adopting certified electronic health records, ONC will place new emphasis on health IT safety and continue to focus on the technical challenges related to interoperability and exchange. ONC also will engage in efforts to show consumers how health IT can empower them to become more active partners in their health. As ONC is focused on achieving care coordination, patient engagement, and population health management through the optimization and meaningful use of health IT, specifically CERHT, the Budget requests the following activities:

Policy, Development, and Coordination ($16.0 million, +$5.6 million from FY 2014 enacted)
These funds support regulatory, policy, convening, and analysis activities, including priority policy initiatives in the areas of privacy, security, and clinical improvement. New investments will support the Health IT Safety Center to analyze patient safety incidents associated with the use of CEHRT. In FY 2015, the Center will begin a robust collection and analysis of health IT-related adverse events, which will facilitate benchmark data on the types and frequencies of events. The Center will work with federal agencies, such as AHRQ and FDA, and patient safety organizations (PSOs), vendors, providers, and patients to ensure that CEHRT is safely developed, deployed, and maintained.

Standards, Interoperability, and Certification ($27.2 million, +$8.5 million from FY 2014 enacted)
These funds will allow ONC to maintain and increase development of standards that support an interoperable and secure health IT infrastructure. ONC will continue to provide the leadership, technical expertise, and implementation tools to enable a national private and secure health IT infrastructure. This request also supports the Certification Program.

Adoption and Meaningful Use of Health IT ($12.9 million, +$2.0 million from FY 2014 enacted)
These funds will continue ONC efforts to support training, technical assistance, and dissemination of guides and best practices. ONC will continue to convene a nationwide community of implementers with an emphasis on optimizing the use of health IT in clinical workflows. New investments will enable ONC to continue support of groups providing technical assistance, and give ONC the ability to provide federal agencies with the implementation support and assistance needed to integrate health IT standards and policies in support of new payment models.

Agency-Wide Support ($18.6 million, -$1.7 million from FY 2014 enacted)
These funds will be used to provide central services and operational support to ONC's program offices. The decrease reflects improved administrative efficiencies and in-sourcing.

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 EHR Incentive Programs gained significant momentum in 2013, and as of December 2013 more than 335,646 (64 percent of) eligible health care professionals and 4,400 (88 percent of) hospitals were participating in the programs and had met the criteria for incentive payments during Stage I of the Meaningful Use Program. The progress substantially exceeded the HHS priority goal for FYs 2012-2013 that 230,000 providers would receive a payment from either the Medicare or Medicaid programs. The Department recommends the same goal, with even more ambitious provider participation targets of 425,000 in the 2014-2015 priority goal portfolio.

The gains in EHR adoption are being supported and accelerated by ONC's implementation of HITECH programs, including the Health IT Regional Extension Center (REC) program, and the Meaningful Use Program. During 2013 a Government Accountability Office (GAO) study demonstrated how RECs are succeeding as change agents in health care. The GAO report found that Medicare providers working with RECs were more than 2.3 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 eligibles 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 2014-2015, 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 (FY 2011-2015) 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 Health IT Strategic Plan.

Following the best practices established in the Government Performance and Results Act Modernization Act of 2011, ONC will revise the Health IT Strategic Plan. The process for updating the plan will include extensive planning within ONC, consultation with Federal partners, and outreach to providers and the

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

health care community. In FY 2015, ONC's strategic direction will be guided by its authorizing legislation and the appropriated budget.

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, 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); Customer Relationship Management Tools; 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 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.

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, **[**$15,556,000: *Provided*, That in addition to amounts provided herein, $44,811,000**]** *$74,688,000* shall be available from amounts available under section 241 of the PHS Act. *(Department of Health and Human Services Appropriations Act, 2014.)*

Language Analysis

Language Provision	Explanation
$74,688,000 shall be available from amounts available under section 241 of the PHS Act.	Provides ONC's entire budget from PHS Evaluation funding.

Amounts Available for Obligation

Detail	FY 2013 Final	FY 2014 Enacted	FY 2015 President's Budget
General Fund Discretionary Appropriation:			
Annual appropriation	61,225,917	60,367,000	74,688,000
Across-the-board reductions	-32,829	0	0
Subtotal, Appropriation	61,193,088	60,367,000	74,688,000
Sequestration	-825,769	0	0
Subtotal, Adjusted Appropriation	60,367,319	60,367,000	74,688,000
Transfer	-55,699		
Transfer	-17,636		
Total, Discretionary Appropriation	*60,293,984*	*60,367,000*	*74,688,000*
Unobligated Balances:			
Unobligated balance, Recovery Act start of year	3,473,617	0	0
Unobligated balance, Recovery Act end of year	0	0	0
Total Obligations	62,798,085	60,367,000	74,688,000
Obligations less ARRA	59,918,175	60,367,000	74,688,000

Summary of Changes

Summary of Changes*
(Dollars in thousands)

2014

Total estimated program level.. 60,367

2015

Total estimated program level.. 74,688

Net Change program level.. +14,321

	FY 2014 Enacted		FY 2015 President's Budget		FY 2015 +/- FY 2014	
	FTE	Program Level	FTE	Program Level	FTE	Program Level
Increases:						
A. Program:						
1. Policy Development & Coordination..............	39	10,456	40	16,014	+1	+5,558
2. Standards, Interoperability, and Certification..	46	18,710	49	27,202	+3	+8,492
3. Adoption, Utilization, & Meaningful Use........	45	10,891	47	12,859	+2	+1,968
Subtotal, Program Increases.............................	**130**	**40,057**	**136**	**56,075**	**+6**	**+16,018**
Decreases						
A. Program:						
1. Agency Wide Support......................................	55	20,310	55	18,613	--	-1,697
Subtotal, Program Decreases............................	**55**	**20,310**	**55**	**18,613**	**--**	**-1,697**
Net Change...	**185**	**60,367**	**191**	**74,688**	**+6**	**+14,321**

Table includes both Budget Authority (BA) and Public Health Service (PHS) Evaluation Funds

Budget Authority by Activity

(Dollars in Thousands)

Activity	FY 2013 Actual	FY 2013 Actual	FY 2014 Actual	FY 2014 Enacted	FY 2015 Actual	FY 2015 President's Budget
Policy Development and Coordination						
Budget Authority	0	0	0	0	0	0
PHS Evaluation Funds	32	10,301	39	10,456	40	16,014
Total, Policy Development and Coordination	32	10,301	39	10,456	40	16,014
Standards, Interoperability, and Certification						
Budget Authority	0	5,122	0	2,835	0	0
PHS Evaluation Funds	42	14,635	46	15,875	49	27,202
Total, Standards, Interoperability, and Certification	42	19,757	46	18,710	49	27,202
Adoption, Utilization, and Meaningful Use						
Budget Authority	0	0	0	0	0	0
PHS Evaluation Funds	42	9,340	45	10,891	47	12,859
Total, Adoption, Utilization, and Meaningful Use	42	9,340	45	10,891	47	12,859
Agency-wide Support						
Budget Authority	0	10,361	0	12,721	0	0
PHS Evaluation Funds	55	10,535	55	7,589	55	18,613
Total, Agency-wide Support	55	20,896	55	20,310	55	18,613
Total, Budget Authority	*0*	*15,483*	*0*	*15,556*	*0*	*0*
Total, PHS Evaluation Funding	*171*	*44,811*	*185*	*44,811*	*191*	*74,688*
Total, Program Level	*171*	*60,294*	*185*	*60,367*	*191*	*74,688*

Authorizing Legislation
(Dollars in Thousands)

Health Information Technology Activity:	2014 Authorized	2014 Enacted	2015 Authorized	2015 President's Budget
Health Information Technology PHS Act 42 U.S.C. 201	Indefinite	15,556	Indefinite	-
PHS Evaluation Funds (non-add)	Indefinite	44,811	Indefinite	74,688
Total Request Level		**60,367**		**74,688**

Appropriations History
(Dollars in Thousands)

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
2006				
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				
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				
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				
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				
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				
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
2012				
Base	$57,013	$0	$42,246	$16,446
PHS Evaluation Funds	$21,400	$28,051	$19,011	$44,811
Rescissions (P.L. 112-74)				-$31
Subtotal	$78,413	$28,051	$61,257	$61,226
2013				
Base	$26,246	$16,415	$16,415	$16,415
PHS Evaluation Funds	$40,011	$44,811	$49,842	$44,811
Rescissions (P.L. 113-6)				-$33
Sequestration				-$826
Subtotal	$66,257	$61,226	$66,257	$60,367

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
2014				
Base	$20,576		$20,290	$15,556
PHS Evaluation Funds	$56,307		$51,307	$44,811
User Fee	$1,000		$1,000	$0
Subtotal	$77,883	$0	$72,597	$60,367
2015				
Base	$0			
PHS Evaluation Funds	$74,688			
Subtotal	$74,688			

NARRATIVE BY ACTIVITY

Policy Development and Coordination

Budget Summary
(Dollars in Thousands)

	FY 2013 Final	FY 2014 Enacted	FY 2015 President's Budget	FY 2015 +/- FY 2014
Budget Authority	0	0	0	0
PHS Evaluation Funds	10,301	10,456	16,014	+5,558
Total, Program Level	10,301	10,456	16,014	+5,558
FTE	32	39	40	+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
ONC coordinates federal policies and activities necessary to develop a robust and interoperable health IT infrastructure. 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. ONC ensures that federal health IT policies promote patient safety, health IT usability, and clinical quality improvement by integrating a clinical perspective.

Health IT Policy
ONC develops and coordinates federal health IT policy to achieve national health priorities set forth in the National Quality Strategy and National Prevention Strategy. ONC guides achievement of goals and objectives outlined in the Federal Health IT Strategic Plan through collaboration with federal partners and engagement of stakeholders. ONC monitors progress towards the goals and objectives and works to align federal activities with national priorities, goals, and objectives.

Using our unique convening authority, ONC engages a diverse group of private, non-profit, and public sector stakeholders to identify health IT policy issues and forge consensus-based solutions. By investigating alternative and creative solutions, ONC designs programs to remove barriers that limit market progress in achieving the meaningful use and 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 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. 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:

- Received recommendations from the advisory committees for policies, standards, and certification criteria related to Stage 3 of the Meaningful Use Program, and also the subsequent set of standards, implementation specifications, and criteria for the Certification Program. The recommendations were informed through a Request for Comment process to incorporate public input.
- Released guidance on EHR technology certification for health care providers who are not eligible for incentive payments under the Medicare and Medicaid EHR Incentive Program, and a guide on How to Identify and Address Unsafe Conditions Associated with Health IT.
- Collaborated with the Substance Abuse and Mental Health Services Agency (SAMHSA), the Centers for Disease Control and Prevention (CDC), and the White House Office of National Drug Control Policy (ONDCP) to address the growing problem of prescription drug misuse and overdose through an initiative to enhance prescriber and dispenser access to prescription drug monitoring program (PDMP) data through health IT. Conducted pilots to test multiple approaches using health IT to allow the real-time access to PDMP data.

Governance of Health Information Exchange

Governance of HIE encompasses the appropriate structures, agreements, and business practices that are necessary to ensure that health information is kept private and secure while allowing for efficient HIE between care settings and across organizational, vendor, and geographic boundaries. Using a non-regulatory approach to governance, ONC is working with states, health information organizations (HIOs), health information service providers (HISPs), and other governance entities. Though coordination and convening of key governance entities and grants to test alternative approaches, ONC is supporting nationwide efforts to enhance HIE practices. Accomplishments include:

- Released the Governance Framework for Trusted Electronic Health Information Exchange. This Framework provides a common foundation for all types of HIE governance models. Other entities that set HIE policy can refer to the Framework's principles as a way to align their work with national priorities.
- Launched the National HIE Governance Forum to convene key stakeholders and address crosscutting issues among various exchange approaches. Developed consensus based guidance and tools to enable an effective and efficient approach to governance for exchange based on Direct technology.
- Awarded two cooperative agreements with existing HIE governance entities to collaboratively develop and adopt policies and practices that support robust, secure, and interoperable exchange.

Privacy and Security

Privacy and security are the foundation upon which trust in health IT and participation in HIE is built. The Chief Privacy Officer advises the National Coordinator by contributing health sector-specific subject

matter expertise and technical assistance on privacy, security, and data stewardship policies. ONC identifies evolving health IT and health information exchange efforts, assesses gaps and vulnerabilities in their privacy and security efforts and proposes policy solutions. ONC coordinates with state and regional efforts, federal agencies, and foreign countries on health information privacy and security issues. To make stakeholders aware that the privacy and security of health information is a shared responsibility, ONC develops and disseminates guidance, toolkits, and multimedia technical assistance materials. ONC is committed to developing these materials in formats that are clear, concise, well-organized, varied to meet different users' learning styles, are accessible, and are in plain language.

Development of Health IT Privacy and Security Policy, Standards, and Adoption Strategies
Using a multi-pronged, flexible, iterative process for assessing, prioritizing, and implementing privacy and security-related initiatives, ONC builds consensus recommendations on privacy and security issues. Through specific privacy and security communities on the advisory committees and the NLC, ONC solicits feedback on emerging issues and best practices through public roundtables and engagements. It combines this knowledge with qualitative analysis of public surveys and government data to determine privacy and security priorities in the health care sector. ONC is focused on ensuring that privacy and security are adequately addressed in implementing the Meaningful Use program and the delivery and payment reform. Accomplishments include:

- Worked closely with CMS to incorporate privacy, security, and data stewardship policies in proposed and final rules, and developed supporting guidance and frequently asked questions (FAQs) governing new modes for exchanging and analyzing health information for new delivery and payment models.
- Coordinated with the U.S. Department of State, the Food and Drug Administration (FDA), National Institutes of Health (NIH), and other HHS agencies to provide the U.S. Government's health sector responses to the European Union's (EU) proposed Data Protection Regulation.
- Coordinated the Health IT Policy Committee's Privacy and Security Tiger Team's hearing on the transparency and implementation of the HITECH accounting of disclosures provisions. The HITECH Act requires the Department to issue regulations requiring HIPAA covered entities and business associates to account for disclosures of protected health information to carry out treatment, payment, and health care operations if such disclosures are through an electronic health record.

Safeguarding Health Information
ONC works to ensure that electronic health information is secure and protected. ONC addresses security with multiple strategies, including provider education, assistance, and outreach; threat and vulnerability analysis; mitigation planning and implementation; and identification of breach prevention technology. ONC also monitors changes in consumers' perception of the privacy and security of health information, which is essential to developing trust in health IT and designing programs to safeguard health information. Accomplishments include:

- In coordination with the Office for Civil Rights, developed a security risk analysis tool for health IT professionals. This tool includes feedback from the provider community.
- Released a second cybersecurity video game focused on disaster planning and recovery, and launched the Meaningful Consent online resource to help health care providers effectively engage patients in choosing how they want their electronic patient health information shared.
- Expanded on prior year efforts to protect health information stored or accessed through mobile devices by developing a resource center with information to help health care providers and professionals protect and secure patients' health information when using mobile devices.

Provider and Patient Identity Management

In close coordination with the 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:

- Hosted public hearings on provider and patient identity proofing and authentication related to Stage 2 of Meaningful Use; worked closely with stakeholders to address trusted remote access to health information and implement digital credentials without burdening providers or consumers.
- Conducted research into the landscape of patient identity management and developed an action plan to improve patient matching.
- 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 a NIST grant-funded pilot.

Patient Control over Use and Disclosure of Personal Health Information (PHI)

ONC continues to coordinate pilots to test data tagging for sharing of information, as well as tagging data so that the receiving party is notified that there are restrictions on the data they are receiving (e.g., not re-disclosing data without obtaining the patient's permission). Accomplishments include:

- Provided support to the Data Segmentation for Privacy initiative through the S&I Framework, which demonstrated how current standards could be used to "tag" sensitive information protected by law or patient choice. Five pilots were launched and successfully exchanged sensitive substance and alcohol abuse treatment information and alerted the receiving system not to further disclose the information without patient consent. The standards tested and developed via the pilots are currently being balloted through the standards organizations IHE and HL7.
- Through a landscape analysis, identified evolving issues with being able to record and persistently track the original source of health data (called "data provenance") in clinical records. The ability to determine data provenance has potential patient safety and provider liability implications. As a result of this analysis, ONC initiated an S&I Framework initiative to harmonize standards that enable consistent recording and tracking of the source of health information.
- Created and published sample plain language version of the HIPAA Privacy Rule's Notice of Privacy Practices, in collaboration with the HHS Office of Civil Rights (OCR). This model notice may be customized by health care providers and health plans to fit their needs. The plain language model is intended to improve consumers' understanding of their rights under HIPAA as well as how their information may be used and shared.

Health IT Safety and Usability

ONC is committed not only to promoting the adoption, meaningful use, and optimization of health IT but also to ensuring that these innovative technologies are safely designed and implemented and that they are used in ways that improve patient safety and the quality of patient 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:

- ONC released the final version of the HHS Health IT Safety Plan in July 2013, following significant input from the public and other federal agencies. The Plan builds on existing patient safety programs in the public and private sectors and integrates strategies and actions for advancing patient safety in an increasingly health IT-enabled health care system.
- ONC coordinated and aligned government and private sector activities to promote responsibility for and enhance oversight of health IT safety. Significant activities included issuing regulatory guidance to its ONC-ACBs regarding the surveillance of CEHRT, with a focus on the surveillance of safety-

related capabilities as well as the processes through which EHR technology developers address complaints from users about the safety or performance of CEHRT; coordinating with CMS to provide guidance on adverse event reporting by hospitals subject to Medicare's Conditions of Participation, and with AHRQ to issue guidance related to Patient Safety Organizations (PSOs) and ways in which EHR technology developers can contribute to patient safety improvement activities.

- ONC established a workgroup within the Policy Committee to make recommendations to ONC, the FDA, and the Federal Communications Commission (FCC) regarding an appropriate risk-based regulatory framework for patient safety. The workgroup's recommendations informed the agencies' draft report to Congress, as required by the FDA Safety and Innovation Act (FDASIA). The agencies developed a draft framework for public comment.

Clinical Quality Improvement (CQI)

ONC is working to harness the potential of health IT to drive enormous improvements in clinical quality by providing the tools providers and professional need to identify high risk conditions, implement solutions, and measure impact. In particular, through clinical decision support (CDS) and electronic clinical quality measures (CQMs), providers can benefit from the knowledge of clinical best practices learned from advances in digitally supported clinical, biomedical, and health services research. CDS encompasses a variety of tools designed to enhance decision-making by providers at the most optimal time in the clinical workflow. CQMs allow providers to quantify defined outcomes in terms of clinical best practices and give providers the ability to monitor health outcomes in real time. ONC provides subject matter expertise and technical assistance to federal programs that are working to improve clinical quality. Accomplishments include working with CMS to streamline the CQM development processes and ensure existing measures needed for Stage 2 of Meaningful Use.

Funding History

Fiscal Year	Amount
FY 2010	$10,856,000
FY 2011	$11,200,000
FY 2012	$11,616,000
FY 2013	$10,301,000
FY 2014	$10,456,000
FY 2015	$16,014,000

Budget Request

ONC requests $16.0 million for policy development and coordination activities, an increase of $5.6 million over the FY 2014 enacted. The request includes funding for 40 FTEs, an increase of one above the FY 2014 enacted. The increase includes support for the creation of the new Health IT Safety Center. In FY 2015, ONC will focus on improving coordination and engagement with federal partners and public health agencies. The request continues support of core regulatory, convening, and analysis activities. ONC will continue to address emerging policy with a focus on care transformation and particular attention to privacy, security, CQI, and patient safety.

Health IT Policy ($3.8 million)

In FY 2015, ONC will collaborate with federal partners to align activities outlined in the updated Federal Health IT Strategic Plan 2014-2018, including using policy levers to promote interoperability and electronic health information exchange across all health care providers. ONC will continue to engage stakeholders through the advisory committees to collaborate on updating the 2014 Edition, which will incorporate new and updated standards, implementation specifications, and certification criteria that

will further advance HIE, CQM, privacy, security, and patient safety. ONC will support the continued expansion of the Certification Program's regulatory guidance for health care providers, such as mental health and long term care facilities that are ineligible under the Meaningful Use Program. In addition, ONC will coordinate the health IT policy response to the FDASIA Report to Congress.

Governance of Health Information Exchange
In FY 2015, ONC will transfer the Governance of HIE to the Standards, Interoperability, and Certification activity.

Privacy and Security ($2.9 million)
In FY 2015, 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, and foreign countries, and other stakeholders to coordinate, formulate, and prioritize privacy and security policies by evaluating emerging health IT and HIE, monitoring consumer confidence, and assessing policy gaps and weaknesses and developing appropriate policy solutions.
- Safeguarding Health Information: ONC will provide technical assistance to vendors, providers, consumers, and others on safeguarding health information to ensure that health IT systems and workflows are protected by adequate safeguards. ONC will address the growing need for education and outreach targeted to consumers regarding gaining access to their health information. As Cloud Computing increases in the healthcare industry, there will be growing privacy and security concerns.
- Patient and Provider Identity Management: 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 information electronically by, identifying methods for implementing digital credentials for trusted remote access to health information without burdening providers or consumers. ONC will monitor prevailing and new identity management practices to develop evidence about their effectiveness that will be distributed to stakeholders.
- Patient Control over Use and Disclosure of PHI: ONC will continue to work on data segmentation and other policies and standards that give consumers control over use and disclosure of their electronic health information. This includes educating patients about their rights, and HIOs about their duties when participating in HIE. ONC will also work to develop solutions to the problem of identifying the origin of health information as it moves through the health ecosystem, an issue which affects, among other things, the ability to integrate "sensitive" health information into EHRs as well as providers' confidence in the accuracy of information they receive from PHRs.

Health IT Safety, Health IT Usability and Clinical Quality Improvements ($9.3 million)
In FY 2015, ONC will launch a Health IT Safety Center, and continue implementation of the Health IT Safety Plan to enable health IT developers, implementers, and users to ensure that the use of health IT advances patient safety. ONC will also 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.

The Health IT Safety Center will greatly improve ONC's ability to effectively coordinate implementation of the Health IT Safety Plan. In FY 2015, ONC will fund the center at $5.0 million. The Center will also generate substantial efficiencies by enhancing coordination and alignment of resources between ONC, AHRQ, FDA, and other federal agencies and encouraging greater levels of private investment in health IT

safety. The Health IT Safety Center will also 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.

In 2015, the Center will begin a robust collection and analysis of health IT-related adverse events, which will facilitate benchmark data on the types and frequencies of events. This benchmark data will inform research and improvement activities that identify and develop health IT tools, interventions, and usability standards for widespread implementation. Further, the Center will serve to integrate knowledge from public and private sources and will facilitate broad stakeholder engagement and collaboration. A public-private process would be established in order to develop evidence-based health IT patient safety priorities, goals, and measures.

Outputs and Outcomes Table

Program/Measure	Most Recent Result	FY 2014 Target	FY 2015 Target	FY 2015 +/- FY 2014
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)	60%	2014-04	
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)	65%	2014-04	
1.A.3 Percent of non-federal acute care hospitals that have adopted electronic health records [3]	FY 2013: Expected 2014-02 Target: 55%	65%	2014-04	
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: Expected 2014-04 (Baseline)	35%	2014-04	
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: Expected 2014-04 (Baseline)	82%	2014-04	

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[2] National Electronic Health Records Survey (NEHRS) formerly entitled NAMCS Electronic Medical Records Supplement.
[3] American Hospital Association (AHA) Annual Survey, IT Supplement
[4] ONC Privacy and Security Attitudes Survey

Standards, Interoperability, and Certification

Budget Summary
(Dollars in Thousands)

	FY 2013 Final	FY 2014 Enacted	FY 2015 President's Budget	FY 2015 +/- FY 2014
Budget Authority	5,122	2,835	0	-2,835
PHS Evaluation Funds	14,635	15,875	27,202	+11,327
Total, Program Level	19,757	18,710	27,202	+8,492
FTE	42	46	49	+3

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

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. For interoperability to occur, two or more health IT systems or components must not only exchange information, but meaningfully incorporate and use the information that has been exchanged.

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 optimization of health IT.

Standards Development and Harmonization

ONC promotes the adoption of open standards-based technologies and architectures that enable interoperable health IT capture and secure exchange of health information with greater ease and at substantially lower cost. In the long term coordinated standards-based innovation, combined with appropriate policies, will ensure the development of a national health IT infrastructure that is the foundation for transforming health care. In coordination with the Standards Committee and federal partners, ONC engages a diverse group of stakeholders to rapidly develop and harmonize consensus-based and scalable standards that solve core interoperability issues around data capture and exchange while supporting adoption.

Once a standard is approved for the Certification Program, ONC develops reference implementation guides that instruct developers and vendors how to meet the technical specifications. In collaboration with the health IT community, ONC develops testing tools and data that will be validated by NIST and distributed to the Accredited Testing Labs (ATLs). 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 come alive. As health IT continues to advance, ONC will

continue to play a key role as a leader and convener in this community by ensuring the development of robust standards, implementation, and testing infrastructure that substantially reduces the overall cost for health IT users.

Standards and Interoperability Framework

The Standards & Interoperability (S&I) Framework has reduced the timeframe for developing standards in some cases from three years to under one year. The S&I Framework regularly convenes a broad community of more than 2,200 stakeholders, including more than 700 committed members, representing over 500 companies from across the United States who are working to accelerate industry consensus on the standardization of health IT and health information exchange. These committed members collectively provide more than 26,000 hours per year to support efforts that resolve critical standards and interoperability challenges using a rigorous process that involves the development of clinically-oriented scenarios and robust use cases; harmonization of interoperability specifications and implementation guidance; provision of real-world experience and implementer support through new initiatives, workgroups, and pilot projects; and mechanisms for feedback and testing of implementations. Accomplishments include:

- Health-eDecisions Initiative: ONC balloted as a Draft Standard for Trial Use two Clinical Decision Support (CDS) use cases. The use cases allow for clinical guidance to be published in a standardized format that EHR technologies can use, saving many thousands of hours and errors associated with manually integrating the new clinical knowledge into existing systems.
- Blue Button Plus Initiative: Launched in 2013, the initiative seeks to enhance patients' access to their structured health information through enhancements to existing Blue Button standards. These solutions will improve consumer mediated exchange by creating an interoperable platform for providers and vendors to exchange health information.
- Data Segmentation for Privacy Initiative: This initiative seeks to enable the electronic management of patient consent to disclose health information in compliance with applicable privacy statutes and regulations. ONC developed three transport sensitive implementation guides for use with CONNECT, Direct, and during storage.

Standards Implementation and Testing Environment

ONC provides a pre-certification "sandbox" testing environment that allows the health IT developers and vendors to verify that their systems have implemented the standards correctly, before formally going through certification. The Standards Implementation and Testing Environment (SITE) Platform has substantially reduced the timeframe for implementation and testing of health IT systems. Modeled on the successful S&I Framework concept, the SITE Platform provides rapid resolution of issues, by working closely with the standards community. The SITE Platform provides an established venue to disseminate the solutions to the broader community health IT developers, vendors, and users.

Science and 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 integrate health IT within the ecosystem of health related systems. By engaging with vendors, delivery systems, providers, patients, 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, improved population health, and greater value. Accomplishments include:

- Launched the "Innovation Exchange Program" to facilitate bidirectional learning and mutual understanding between the ONC and the entrepreneurial and developer communities. This includes

the Innovator's Guide to Health IT Galaxy website 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.
- Partnered with the Small Business Administration to generate the Small Business Innovation Research grants to aid small businesses commercializing innovative health IT products and services.

Federal Health Architecture

The Federal Health Architecture (FHA) is a partnership among federal agencies, including the Office of Management and Budget (OMB), HHS, the Department of Defense, the Department of Veterans Affairs, and the Social Security Administration. ONC acts as the managing partner, providing subject matter expertise and technical and administrative support. Through the FHA, federal agencies have joined together to implement government-wide solutions to health IT that addresses agency business priorities while protecting citizen privacy. The FHA serves the needs of more than 20 federal agencies in domains as diverse as military and veterans' healthcare, public health monitoring, long-term care and disability services, research, and tribal health services. Accomplishments include:

- Released CONNECT 4.0, an open source platform for enabling the secure exchange of patient information. CONNECT 4.0 supports the 2014 Edition and Stage 2 of Meaningful Use core objectives related to HIE. The latest upgrade offers more flexibility incorporating a smaller and modular platform with higher message throughput, the exchange of large files, and improved logging capabilities.
- Established governance and policy guidelines for the transition of CONNECT to the open source community, enabling more extensive code contribution and testing from the healthcare community. Created a robust open source option for use case contributions by federal, state, local and private organizations in health exchange.

Certification and Accreditation

The Certification Program provides vendors and developers with clear criteria for developing their products. Working cooperatively with NIST, the Certification Program deploys testing procedures, data, and tools in accordance with the standards and certification criteria adopted by regulation. ONC accredits separate authorized certification bodies (ONC-ACBs) and testing bodies that provide independent mechanisms for vendors to determine if their products meet the standards and technical requirements laid out in regulation. ONC also maintains the Certified Health IT Product List (CHPL), a public website that uniquely identifies all certified health IT products. As of January 2014, the CHPL includes over 2,400 unique certified EHR products from nearly 1,200 vendors and developers in the 2011 and 2014 Edition certification programs combined. The use of CEHRT is required in order for providers to attest to and receive incentive payments under the Meaningful Use Programs. Accomplishments include:

- ONC, in collaboration with NIST, completed development and deployed the 2014 Edition that includes test procedures, test data, and test tools for use by ATLs. The 2014 Edition adheres to more rigorous conformance standards than were used for the prior edition and Stage 1 of Meaningful Use. 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 CQMs and the Transport Testing Tools for interoperability.

- Developed a CEHRT surveillance plan to ensure that products continue to meet functionalities that were originally certified and that vendors are appropriately representing their product. Issued regulatory guidance to ONC-ACBs on patient safety surveillance of CEHRT to ensure consistency and reliability in their reporting.

Health Information Exchange

The ability to exchange health information electronically is at the core of efforts to improve health care through the use of interoperable health IT. In order for health IT to continue to advance the goals of Meaningful Use, improve population health, and support new care and payment models, a robust 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 develops the technical components and building blocks for HIE and provides the leadership and resources needed to accelerate the nationwide adoption and utilization of HIE. These building blocks and toolkits are comprised of predefined sets of standards, protocols, legal agreements, specifications, and services that can be readily deployed by HIOs 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 in implementing the building blocks and toolkits in ways that meet their specific goals and constraints. Accomplishments include:

- Launched 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.
- Issued community supported guidance to help develop a common approach to Direct security and trust implementation decisions, and led an interagency initiative with federal partners to develop common security and trust requirements for the use of the Direct Protocol to exchange health information with federal agencies.

State HIE Program

This Recovery Act funded grant program mobilizes the efforts of states to increase the use of HIE by providing a cadre of on-the-ground implementers who are helping to advance and monitor standards adoption across the nation, shorten the timeline to achieve widespread adoption and implementation, and provide a rapid feedback loop to ONC about workflow, policy, and interoperability challenges. The program ends in FY 2014 and close out will occur in FY 2015. Accomplishments include:

- To date, 50 states have implemented Direct, including 44 states with services available state-wide; 38 states have implemented query-based exchange, including 30 states that have services available state-wide. Over 42,000 healthcare related organizations are enabled for Direct exchange nationally and over 9,300 healthcare related organizations are enabled for query-based exchange nationally.
- Identified and disseminated successful implementation practices and approaches through published reports, webinars and in-person meetings.
- Established trusted interstate data exchange in multiple regions throughout the country through the State Health Policy Consortium.

Funding History

Fiscal Year	Amount
FY 2010	$16,417,000
FY 2011	$16,809,000
FY 2012	$16,291,000
FY 2013	$19,757,000
FY 2014	$18,710,000
FY 2015	$27,202,000

Budget Request

ONC requests $27.2 million to support priority areas with its standards, interoperability, and certification activities, an increase of $8.5 million from the FY 2014 enacted. The request includes funding for 49 FTEs, an increase of three above the FY 2014 enacted. This increase will support the development and updating of standards which support interoperable and secure health IT infrastructure.

In FY 2015, ONC will continue to engage stakeholders to facilitate development and harmonization of consensus based standards in coordination with the policy activities and validation by the health IT community. Once a standard is complete, ONC will continue to create testing tools and test data for developers, vendors, and their customers that includes implementation guidance which instruct them on how the meet the technical specifications. ONC strives to maintain an innovative environment through its continued support of entrepreneurs, public health advocates, and developers.

Standards Development and Harmonization ($19.5 million)

In FY 2015, ONC will continue to develop and update standards that support an interoperable and secure health IT infrastructure. The health IT standards and certification criteria regulations, including the 2015 and 2017 Edition certification criteria, will focus on capabilities that enhance interoperability, secure health information exchange, quality improvement, patient engagement, and patient safety. ONC's efforts will build upon recent accomplishments and ensure continued progress towards modernizing the Nation's health IT infrastructure in order to support a transformed health care system. ONC will focus on high priority areas as defined through continued policy and rulemaking activities, including:

- Standards Development and Harmonization: continued support and expanded capacity for the S&I Framework that convenes a community of more than 2,200 stakeholders representing over 500 companies from across the national. Using a rigorous process to develop and harmonize standards through clinically-oriented scenarios and use cases. New and continuing initiatives include:
    - Developing a standard for Structured Data Capture that builds on existing data directory standards to improve core interoperability functions;
    - Health-eDecisions Initiative: continues focus on the scalability of CDS by creating standardized data definition and libraries that support real time access and updating;
    - Automate Blue Button Initiative: continue focus on patients' access to their health information using Blue Button to meet the 2014 Edition "view/download/transmit" criteria.
    - Query Health Initiative: develops distributed queries that provide access to data for analysis purposes, while maintaining patient privacy and security by keeping protected health information safely behind healthcare organization firewalls.
- Standards Implementation and Testing Environment (SITE): 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.

- Science and Innovation: Complete set up of the Health IT Innovation Center to coordinate federal efforts to the accelerate progress towards encouraging a vibrant health IT marketplace with an ecosystem of interoperable solutions for providers and consumers to choose from.

Federal Health Architecture ($1.2 million)
In FY 2015, ONC will continue to act as the managing partner of the FHA. The request will ensure continued coordination and alignment of HHS and ONC health IT investments in support of the FHA, including ongoing standards support and the creation of a shared repository of standards, service descriptions, and interoperability specifications within the S&I Framework to support federal agencies and/or departments.

Health Information Exchange ($3.5 million)
In FY 2015, ONC will continue to strive for the healthcare delivery system to achieve the same steep adoption curve for standards-based HIE that has occurred for EHRs. ONC will leverage the lessons, insights, and tools developed under the State HIE and Beacon Community programs to continue supporting nationwide HIE adoption and meaningful use. ONC will continue to package and update building blocks and toolkits through the NLC.

Certification and Accreditation ($3.0 million)
In FY 2015, ONC will continue to support a robust and flexible Certification Program. ONC will focus on monitoring activities to ensure CERHT remains in compliance and developing easy to use guides to assist providers as they compare the functionality between CEHRTs. ONC, in partnership with NIST, will continue to respond to developer feedback by improving testing methods with a focus on cross-vendor exchange, test scenario libraries, and additional standardized data sets.

Outputs and Outcomes

Program/Measure	Most Recent Result	FY 2014 Target	FY 2015 Target	FY 2015 +/- FY 2014
1.E.1 Percent of community pharmacies that are capable of exchanging health information electronically [5]	FY 2013: 96% Target: 97% (Target Not Met but Improved)	Retire	Retire	
1.E.2 Percent of providers prescribing through an electronic health record [4]	FY 2013: 91% (Baseline)	92%	2014-04	
1.E.3 Percent of office-based physicians who are electronically sharing any patient health information with other providers [2]	FY 2013: 39% (Baseline)	54%	2014-04	
1.E.4 Percent of office-based physicians who are electronically sharing patient information with any providers outside their organization [2]	FY 2013: 14% (Baseline)	40%	2014-04	

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[5] Surescripts

Program/Measure	Most Recent Result	FY 2014 Target	FY 2015 Target	FY 2015 +/- FY 2014
1.E.5 Percent of physicians with capability for patients to view online, download, or transmit information from their medical record [2]	FY 2013: 42% (Baseline)	Second-Year Baseline, No Target	2014-04	
1.E.6 Percent of office-based physicians who are electronically sharing patient information using a Summary Care Record [2]	FY 2013: 11% (Baseline)	30%	2014-04	
1. E.7 Percent of non-federal acute care hospitals that are electronically exchanging patient health information with any providers outside their organization[2]	FY 2013: Expected 2014-02 (Baseline)	75%	2014-04	
1.E.8 Percent of non-federal acute care hospitals that are electronically sharing clinical/summary care records with any providers outside their organization[2]	FY 2013: Expected 2014-02 (Baseline)	65%	2014-04	
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[2]	FY 2013: Expected 2014-02 (Baseline)	60%	2014-04	

Adoption, Utilization, and Meaningful Use

Budget Summary
(Dollars in Thousands)

	FY 2013 Final	FY 2014 Enacted	FY 2015 President's Budget	FY 2015 +/- FY 2014
Budget Authority	0	0	0	0
PHS Evaluation Funds	9,340	10,891	12,859	+1,968
Total, Program Level	9,340	10,891	12,859	+1,968
FTE	42	45	47	+2

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
Prior to the HITECH Act, significant barriers — such as a lack of financing and a trained IT workforce in healthcare, and difficulties integrating EHR technologies with traditional provider workflows — threatened to slow acceptance of EHRs and prevent their utilization. With more than 60 percent of health care professionals and more than 85 percent of hospitals adopting certified electronic health records, ONC had made substantial progress towards overcoming these barriers. Through strategic investments, effective leadership, and direct engagement with the health IT community, ONC has developed a national network of organizations that are focused on supporting individual providers and consumers in adopting and meaningfully using health IT. Through innovative techniques, ONC disseminates best practices through guides, training, and technical assistance to these organizations.

As part of ONC's adoption, utilization and meaningful use efforts, ONC engages patients and other consumers of health care; monitors and evaluates economic data and market trends concerning the adoption, meaningful use, and optimization of health IT; and works collaboratively with its advisory committees and CMS to raise the bar for subsequent stages of the Meaningful Use Programs by incorporating new objectives and requirements for CEHRT that will drive improvements in outcomes and quality of care.

Provider Adoption Support
ONC engages in a variety of efforts designed to accelerate and support providers' adoption and optimization of health IT and assist them in achieving meaningful use. ONC also works directly with health IT providers to identify barriers to adoption 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 and EHR technology. In particular, ONC convenes providers, sharing best practices nationally through the National Learning Consortium (NLC), and monitoring their progress with the Customer Relationship Management (CRM) Tool. When synched with patient engagement efforts to affect a change in behavior, favorable impacts on health status and costs can be achieved.

National Learning Consortium (NLC)
The NLC uses HealthIT.gov as the primary way of educating the nation about solutions and best practices to common challenges that providers face in achieving meaningful use. Through Communities of Practice (CoPs), the NLC convenes stakeholders to identify and share best practices in health IT adoption, meaningful use, and optimization. Each CoP focuses on specific topics, bringing together over 6,600 health IT implementers and ONC technical experts as they identify issues and discover solutions to common pressing challenges. CoPs 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 200 best practice guides and tools to the broader health IT community. Accomplishments include:

- ONC enhanced functionality by launching a Tool Repository that consolidates resources from across HealthIT.gov, and successfully transitioned the HITRC to the NLC. ONC can better track resource utilization and promotional efforts to ensure stakeholders are generating maximum value from new materials.
- Implemented the Health IT Vanguard program, consisting of Meaningful Use Vanguards and Health IT Fellows. These individuals share stories from the perspective of providers, office staff, and administrators on how they have leveraged health IT to transform delivery of care to underserved populations.

Customer Relationship Management (CRM) Tool
The CRM System is a flexible business intelligence tool being used by more than 1,500 users at ONC, partner organizations, and grantees. Because it collects data from a large number of users throughout the United States who are "on the ground" helping healthcare providers adopt and optimize their IT systems, it provides near real-time data about the adoption, utilization, and meaningful use of EHR technology. The CRM Tool supplements and is regularly merged with other provider data sources and tracks program performance and progress towards milestones. 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:

- Expanded the use of CRM Tool 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.
- Used CRM data elements in multiple analyses and studies designed to identity barriers and best practices to health IT adoption, utilization, and meaningful use. The CRM Tool was used to collect more than 11 million data elements from the nearly 150,000 providers currently enrolled with RECs. Approximately half of all Primary Care Providers in the nation are represented in the CRM tool.

Regional Extension Center (REC)
The REC Program is an ONC Recovery Act-funded grant program. RECs reach out to, organize and transform physician practices toward specific, measured clinical, quality, safety, and cost outcomes. There are 62 federally funded RECs that currently support nearly 150,000 providers in practice transformation and change management activities to achieve these outcomes. The primary mission of the REC program is to provide on-the-ground assistance for individual and small providers, critical access hospitals, community health centers, and public providers that require assistance with implementing and maintaining CEHRT. 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. The funding for this program will end in FY 2015 and close-out operations will continue into FY 2016. Accomplishments include:

- Actively working with over 136,000 primary care providers (over 44 percent of all primary care providers in the country), over 15,000 specialists, and over 1,164 critical access hospitals (CAHs) and regional hospitals (RHs) with 50 beds or less, surpassing the goal of recruiting 100,000 primary care providers to achieve meaningful use by 2014 (as of December 2013).
- Over 90,000 REC providers have demonstrated meaningful use using CEHRT (as of December 2013). Of the CAHs and RHs working with RECs, more than 1,000 have achieved meaningful as of December 2013.
- Partnered with specialists eligible for CMS EHR incentive programs and those not eligible for incentives but still committed to practice transformation and the vision of meaningful use (i.e., behavioral health, long term care providers).

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 the health care system. 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 apps and tools; and (3) shift attitudes regarding consumer engagement. ONC advances consumer eHealth by: providing thought leadership, building consumer awareness, convening diverse stakeholders, influencing policy and standards, building public-private partnerships such as the Blue Button Pledge Program, 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, including health care providers, health plans, labs and pharmacies. Grew the Blue Button Pledge Program to 500 diverse stakeholder organizations which collectively reach at least 50 percent of Americans.
- Expanded the ability of consumers to take action with their health data by releasing and continuing to evolve Blue Button Plus technical guidelines to help organizations that hold patient data to release it in a structured way consistent with MU 2 requirements.
- Advanced our understanding of consumer attitudes toward engaging with their health data online. Developed PSAs and other materials for three consumer segments. Secured commitments from influential organizations to distribute these materials in 2014, and developed a website to help consumers and IT developers identify diverse sources of Blue Button data.
- Provided thought leadership on Consumer eHealth by publishing in a leading peer reviewed journal (Health Affairs); hosting the third Annual Consumer Health IT Summit (with 1,000 live/virtual participants); convening three round tables on emerging policy topics; presenting at 10 major conferences; and had coverage of our work and key themes by media including the Wall Street Journal, Huffington Post, C-SPAN, and Consumer Reports.

Health IT Monitoring and Evaluation

ONC uses economic analysis and modeling to describe and understand the factors driving the adoption, utilization, and meaningful use of health IT, including the costs and benefits of health IT implementation. Studies and reports generated from these activities help to inform policies and decisions not only within ONC, but also by Congress, the White House, 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 conducted by the American Hospital Association Information Technology Supplement, National Electronic Health Records Survey, Critical Access Hospital 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 Programs. Accomplishments include:

- Published a [Congressional Report on Health IT Adoption](#) and an updated systematic review on the benefits of health IT, synthesizing statistics on progress, barriers, and Federal initiatives underway to promote greater health IT adoption and meaningful use and reporting on evidence on studies of the impacts of Meaningful Use functionalities on safety, quality of care, and efficiency.
- Expanded capabilities of the public [Health IT Dashboard web site](#). This innovative platform provides ONC and its stakeholders with access to thousands of data points presented as user-interactive graphs and maps.
- Conducted program evaluations of HITECH programs to assess contextual factors, implementation approaches, and effectiveness and impacts of program interventions.

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 eligible providers and consumers learn about the use of health IT. Accomplishments include:

- Developed materials to educate providers on the benefits of and processes for adopting and utilizing health IT as well as ways in which they can use health IT more meaningfully.
- Coordinated with federal partners, including CMS and OCR, to implement a multi-pronged communications strategy to educate patients and caregivers about the ways in which health IT can empower them to become partners in their health care.

Funding History

Fiscal Year	Amount
FY 2010	$8,874,000
FY 2011	$10,657,000
FY 2012	$10,943,000
FY 2013	$9,340,000
FY 2014	$10,891,000
FY 2015	$12,859,000

Budget Request

ONC requests $12.9 million in FY 2015 for activities relating to the adoption and meaningful use of health IT, an increase of $2.0 million from the FY 2014 enacted. The request includes funding for 47 FTEs, an increase of two above the FY 2014 enacted. This increase will give ONC the ability to provide federal agencies with the implementation support and assistance needed to integrate health IT standards and policies in support of new payment models.

In FY 2015, ONC will emphasize and expand efforts aimed at optimizing provider and consumer use of health IT. The request will continue investments from FY 2014 in leveraging the existing national implementers support network as partners to improve health care quality by identifying, orchestrating, and disseminating best practices for providers. The request will support consumer engagement efforts by leveraging existing consumer organizations and through direct outreach efforts. Supporting these

efforts are analytical, performance, and communication services who work throughout ONC to assess the current market, measures program outcomes, and provide a framework for disseminating technical materials to the widest audience.

Provider Adoption Support ($7.3 million)
In FY 2015, ONC will continue to support provider adoption through innovative means by addressing critical barriers to the adoption, meaningful use, and optimization of health IT. ONC will also provide other HHS and federal agencies with essential implementation support and assistance for health IT standards and policies in support of new payment models which enable healthcare reform. This includes supporting the planned substantive investments that will be made in practice transformation programs at AHRQ and CMS.

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). This nimble yet diverse network will inform development of technical materials that optimize health IT to provide better health, improved population management, and reduced costs, which will assist all types of providers to participate in new payment models. Through the NLC, Health IT Vanguards, and the CRM tool, ONC will continue convening providers to develop, share, and spread innovative best practices, support workforce needs, and provide national provider-level situational awareness. As ONC continues to develop policies and standards, provider adoption support efforts ensure that providers have the resources necessary to implement the new certified systems and leverage them to successfully participate in the new payment models.

Consumer e-Health ($0.9 million)
In FY 2015, ONC will convene stakeholders, identify barriers, and develop strategies to increase consumer adoption and meaningful use of health IT. ONC will focus on consumer access to health information, actions that consumers can take to use their health information as active partners in their health care, and shifting consumer attitudes about using health IT.

Health IT Monitoring and Evaluation ($2.3 million)
In FY 2015, ONC will maintain an internal capacity for providing the analytical tools, data, and expertise necessary to measure and analyze the impact of federal health IT efforts and inform decisions about health IT policy. ONC will continue to implement a longitudinal data-collection strategy that exploits low-cost methods of data collection, synthesizing the data into studies and analysis that can be disseminated to the stakeholder community through the Health IT Dashboard, HealthIT.gov, blog posts, data briefs, and peer-reviewed literature.

Provider and Consumer Engagement and Outreach ($2.4 million)
In FY 2015, ONC's communications activities will provide policy-focused content development and dissemination support to meet the health IT policy information needs of varying stakeholder audiences, in keeping with the vision, mission, and goals of ONC. Funding for operating ONC's website, HealthIT.gov, is also included in this request.

Outputs and Outcomes Table

Program/Measure	Most Recent Result	FY 2014 Target	FY 2015 Target	FY 2015 +/- FY 2014
1.A.1 Percent of office-based physicians who have adopted electronic health records (basic)[6]	FY 2013: 48% Target: 50% (Target Not Met but Improved)	60%	2014-04	
1.A.2 Increase the percent of office-based primary care physicians who have adopted electronic health records (basic)	FY 2013: 53% Target: 55% (Target Not Met but Improved)	65%	2014-04	
1.A.3 Percent of non-federal acute care hospitals that have adopted electronic health records [7]	FY 2013: Expected 2014-02 Target: 55%	65%	2014-04	
1.B.1 Percent of eligible hospitals receiving meaningful use incentive payments[3]	FY 2013: 83% Target: 53% (Target Exceeded)	85%	2014-04	
1.B.2 Percent of eligible professionals receiving meaningful use incentive payments[3]	FY 2013: 61% Target: 26% (Target Exceeded)	65%	2014-04	
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	FY 2013: 325,124 Target: 230,000 (Target Exceeded)	314,000	425,000	
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.	N/A	Baseline	Baseline	

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[6] National Electronic Health Records Survey (NEHRS) formerly entitled NAMCS Electronic Medical Records Supplement.
[7] American Hospital Association (AHA) Annual Survey, IT Supplement

Program/Measure	Most Recent Result	FY 2014 Target	FY 2015 Target	FY 2015 +/- FY 2014
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.	N/A	Baseline	Baseline	
1.C.3 Electronic health record adoption rate among providers registered and working with ONC Regional Extension Centers for at least 10 months	FY 2013: 90% Target: 72% (Target Exceeded)	76%	Discontinue (Program Over)	
1.C.4 Number of providers registered with ONC RECs that achieve Meaningful Use	FY 2013: 75,164 (Baseline)	100,000	Discontinue (Program Over)	
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[2]	FY 2013: Expected 2014-02 (Baseline)	55%	TBD	
2.A.1 Number of physicians participating in Beacon Community interventions	FY 2012: 8,500 Target: 7,430	Discontinue (Program Over)	Discontinue (Program Over)	
2.A.2 Proportion of eligible providers in Beacon Communities that receive meaningful use incentive payments	FY 2012: 30% Target: 60% (Target Not Met)	Discontinue (Program Over)	Discontinue (Program Over)	

Agency-wide Support

Budget Summary
(Dollars in Thousands)

	FY 2013 Final	FY 2014 Enacted	FY 2015 President's Budget	FY 2015 +/- FY 2014
Budget Authority	10,361	12,721	0	-12,721
PHS Evaluation Funds	10,535	7,589	18,613	+11,024
Total, Program Level	20,896	20,310	18,613	-1,687
FTE	55	55	55	0

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 reduce costs, 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 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 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 facilities management. ONC initiated improvements in its annual budget process and budget/performance integration. ONC's telecommunications initiatives are yielding cost savings. ONC has plans underway to move into a consolidated facility in FY 2015.

Funding History

Fiscal Year	Amount
FY 2010	$5,976.000
FY 2011	$19,502,000
FY 2012	$22,830,000
FY 2013	$20,896,000
FY 2014	$20,310,000
FY 2015	$18,613,000

Budget Request

ONC requests $18.6 million in FY 2015 for activities related to agency wide support activities, a decrease of $1.7 million from the FY 2014 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. As ONC's grant programs end, further cost savings will be realized in agency-wide support.

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 Offices of the National Coordinator and the Deputy National Coordinators.

SUPPORTING EXHIBITS

Crosswalk of Budget Activity by Office
(Dollars in Thousands)

	FY 2013 Final		FY 2014 Enacted		FY 2015 President's Budget	
	FTE	$	FTE	$	FTE	$
Policy Development & Coordination						
Office of Policy and Planning	14	4,365	14	3,786	14	3,786
Office of the Chief Privacy Officer	8	3,053	12	2,949	13	2,949
Office of the Chief Medical Officer	10	2,403	13	3,721	13	9,279
Office of State and Community Programs	0	480	0	0	0	0
Total, Policy Development & Coordination	**32**	**10,301**	**39**	**10,456**	**40**	**16,014**
Standards, Interoperability, & Certification						
Office of Science and Technology	19	12,923	20	12,165	22	20,682
Office of Certification	3	2,135	3	3,031	4	3,031
Office of State and Community Programs	20	4,699	23	3,514	23	3,489
Total, Standards, Interoperability, & Certification	**42**	**19,757**	**46**	**18,710**	**49**	**27,202**
Adoption, Utilization, & Meaningful Use						
Office of Provider Adoption Support	23	3,869	23	5,335	24	7,303
Office of Consumer e-Health	4	937	4	869	4	869
Office of Economic Analysis and Evaluation	9	2,501	10	2,308	11	2,308
Office of Communications	6	2,032	8	2,378	8	2,378
Total, Adoption, Utilization, & Meaningful Use	**42**	**9,340**	**45**	**10,891**	**47**	**12,859**
Agency-Wide Support						
Office of Mission Support	32	17,496	32	17,092	32	15,395
Office of Human Capital	5	663	5	673	5	673
Office of Grants Management	15	2,276	15	2,009	15	2,009
Office of Program Integrity	3	460	3	536	3	536
Total, Agency-Wide Support	**55**	**20,896**	**55**	**20,310**	**55**	**18,613**
Total, Program Level	**171**	**60,294**	**185**	**60,367**	**191**	**74,688**

Budget Authority By Object Class - Program Level

(Dollars in Thousands)

Object Class Code	Description	FY 2013 Final	FY 2014 Enacted	FY 2015 President's Budget
11.1	Full-time permanent	13,876	14,396	15,146
11.3	Other than full-time permanent	4,133	4,133	4,174
11.5	Other personnel compensation	278	278	281
11.7	Military personnel	104	105	106
Subtotal	*Personnel Compensation*	18,391	18,912	19,707
12.1	Civilian personnel benefits	5,512	5,529	5,736
12.2	Military benefits	45	217	46
13.0	Benefits for former personnel	-	-	-
Total	*Pay Costs*	23,948	24,658	25,489
21.0	Travel and transportation of persons	404	382	382
22.0	Transportation of things	1	-	-
23.1	Rental payments to GSA	2,814	2,814	3,982
23.3	Communications, utilities, and misc. charges	1,225	1,245	1,424
24.0	Printing and reproduction	20	26	34
25.1	Advisory and assistance services	740	740	500
25.2	Other services from non-Federal sources	17,586	17,523	28,784
25.3	Other goods and services from Federal sources	11,302	11,302	12,456
25.4	Operation and maintenance of facilities	1,322	1,327	1,320
25.5	Research and development contracts	-	-	-
25.6	Medical care	-	-	-
25.7	Operation and maintenance of equipment	-	-	-
25.8	Subsistence and support of persons	-	-	-
26.0	Supplies and materials	128	128	128
31.0	Equipment	222	222	239
32.0	Land and Structures	-	-	-
41.0	Grants, subsidies, and contributions	582	-	-
42.0	Insurance claims and indemnities	-	-	-
44.0	Refunds	-	-	-
Total	*Non-Pay Costs*	36,346	35,709	49,199
Total	*Budget Authority by Object Class*	**60,294**	**60,367**	**74,688**

Budget Authority By Object Class - Direct

(Dollars in Thousands)

Object Class Code	Description	FY 2013 Final	FY 2014 Enacted	FY 2015 President's Budget
11.1	Full-time permanent	-	-	-
11.3	Other than full-time permanent	-	-	-
11.5	Other personnel compensation	-	-	-
11.7	Military personnel	-	-	-
Subtotal	*Personnel Compensation*	**-**	**-**	**-**
12.1	Civilian personnel benefits	171	171	-
12.2	Military benefits			
13.0	Benefits for former personnel			
Total	*Pay Costs*	171	171	-
21.0	Travel and transportation of persons	-		
22.0	Transportation of things	1		
23.1	Rental payments to GSA	2,814	2,814	-
23.3	Communications, utilities, and misc. charges	1,124	1,1,144	-
24.0	Printing and reproduction	-		-
25.1	Advisory and assistance services	295	295	-
25.2	Other services from non-Federal sources	4,995	5,049	-
25.3	Other goods and services from Federal sources	4,572	4,572	-
25.4	Operation and maintenance of facilities	1,307	1,307	-
25.5	Research and development contracts	-	-	-
25.6	Medical care	-	-	-
25.7	Operation and maintenance of equipment	-	-	-
25.8	Subsistence and support of persons	-	-	-
26.0	Supplies and materials	40	40	-
31.0	Equipment	164	164	-
32.0	Land and Structures			
41.0	Grants, subsidies, and contributions			
42.0	Insurance claims and indemnities			
44.0	Refunds			
Total	*Non-Pay Costs*	15,312	15,385	-
Total	***Budget Authority by Object Class***	**15,483**	**15,556**	-

Budget Authority By Object Class - Reimbursable

(Dollars in Thousands)

Object Class Code	Description	FY 2013 Final	FY 2014 Enacted	FY 2015 President's Budget
11.1	Full-time permanent	13,876	14,396	15,146
11.3	Other than full-time permanent	4,133	4,133	4,174
11.5	Other personnel compensation	278	278	281
11.7	Military personnel	104	105	106
Subtotal	*Personnel Compensation*	18,391	18,912	19,707
12.1	Civilian personnel benefits	5,341	5,529	5,736
12.2	Military benefits	45	46	46
13.0	Benefits for former personnel	-	-	
Total	*Pay Costs*	23,777	24,487	25,489
21.0	Travel and transportation of persons	404	382	382
22.0	Transportation of things	-	-	-
23.1	Rental payments to GSA	-	-	3,982
23.3	Communications, utilities, and misc. charges	101	101	1,424
24.0	Printing and reproduction	20	26	34
25.1	Advisory and assistance services	445	445	500
25.2	Other services from non-Federal sources	12,591	12,474	28,734
25.3	Other goods and services from Federal sources	6,730	6,730	12,456
25.4	Operation and maintenance of facilities	15	20	1,320
25.5	Research and development contracts	-	-	-
25.6	Medical care	-	-	-
25.7	Operation and maintenance of equipment	-	-	-
25.8	Subsistence and support of persons	-	-	-
26.0	Supplies and materials	88	88	128
31.0	Equipment	58	58	239
32.0	Land and Structures	-	-	-
41.0	Grants, subsidies, and contributions	582	-	-
42.0	Insurance claims and indemnities	-	-	-
44.0	Refunds	-	-	-
Total	*Non-Pay Costs*	21,034	20,324	49,199
Total	*Budget Authority by Object Class*	**44,811**	**44,811**	**74,688**

Salary & Expenses

(Dollars in Thousands)

Object Class Code	Description	FY 2013 Actual	FY 2014 Enacted	FY 2015 President's Budget
11.1	Full-time permanent	13,876	14,396	15,146
11.3	Other than full-time permanent	4,133	4,133	4,174
11.5	Other personnel compensation	278	278	281
11.7	Military personnel	104	105	106
Subtotal	*Personnel Compensation*	18,391	18,912	19,707
12.1	Civilian personnel benefits	5,341	5,529	5,736
12.2	Military benefits	216	217	46
13.0	Benefits for former personnel	-	-	-
Total	*Pay Costs*	23,948	24,658	25,489
21.0	Travel and transportation of persons	404	382	382
22.0	Transportation of things	1	-	-
23.3	Communications, utilities, and misc. charges	1,225	1,245	1,424
24.0	Printing and reproduction	20	26	34
25.1	Advisory and assistance services	740	740	500
25.2	Other services from non-Federal sources	17,586	17,523	28,734
25.3	Other goods and services from Federal sources	11,302	11,302	12,456
25.4	Operation and maintenance of facilities	1,322	1,327	1,320
25.5	Research and development contracts			-
25.6	Medical care	-	-	-
25.7	Operation and maintenance of equipment	-	-	-
25.8	Subsistence and support of persons	-	-	-
Subtotal	*Other Contractual Services*	32,600	32,545	44,850
26.0	Supplies and materials	128	128	128
Subtotal	*Non-Pay Costs*	32,728	32,673	44,978
Total	*Salary and Expenses*	56,678	57,331	70,467
23.1	Rental payments to GSA	2,814	2,814	3,982
Total	**Salaries, Expenses, and Rent**	59,490	60,145	74,449
Total	**Direct FTE**	**171**	**185**	**191**

Detail Of Full-Time Equivalent (FTE) Employment

Detail	FY 2013 Civilian	FY 2013 Military	FY 2013 Total	FY 2014 Civilian	FY 2014 Military	FY 2014 Total	FY 2015 Civilian	FY 2015 Military	FY 2015 Total
Direct									
Reimbursable	170	1	171	184	1	185	190	1	191
Total FTE	170	1	171	184	1	185	190	1	191

Average GS Grade

	Grade:	Step:
FY 2010................................	13	3
FY 2011................................	13	3
FY 2012................................	13	4
FY 2013................................	13	5
FY 2014................................	13	6
FY 2015................................	13	6

Detail Of Positions

Detail	FY 2013 Actual	FY 2014 Enacted	FY 2015 President's Budget
Executive level	0	0	0
Total - Exec. Level Salaries	$0	$0	$0
SES	7	9	9
Total - SES Salaries	$1,404,858	$1,599,823	$1,622,283
Total - ES Salary	**$1,373,743**	**$1,599,823**	**$1,622,283**
GS-15	41	48	48
GS-14	38	47	47
GS-13	36	62	62
GS-12	24	23	23
GS-11	17	17	17
GS-10	2	2	2
GS-9	5	5	5
GS-8	0	0	0
GS-7	0	0	0
GS-6	0	0	0
GS-5	1	1	1
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	*164*	*205*	*205*
Total, GS Salary	**$19,331,531**	**$24,381,842**	**$25,259,160**
Commissioned Corps	1	1	1
Total, Commissioned Corps Salary	$149,400	$156,000	$157,560
Total Positions	**172**	**215**	**215**
Total FTE	171	185	191
Average SES salary	$175,607	$177,758	$180,253
Average GS grade	GS-13	GS-13	GS-13
Average GS Salary	$108,835	$104,538	$108,835

FY 2015 Budget By HHS Strategic Goal

(Dollars in Millions)

HHS Strategic Goals	FY 2013 Final	FY 2014 Enacted	FY 2015 President's Budget
1.Transform Health Care			
1.A Make coverage more secure			
1.B Improve health care quality and patient safety			
1.C Emphasize primary & preventative care, link to prevention			
1.D Reduce growth of health care costs promoting high-value			
1.E Ensure access to quality culturally competent care			
1.F Promote the adoption of health information technology	60.294	60.367	74.688
2. Advance Scientific Knowledge and Innovation			
2.A Accelerate scientific discovery to improve patient care			
2.B Foster innovation at HHS to create shared solutions			
2.C Invest in sciences to improve food & medical product safety			
2.D Increase understanding of what works in health & services			
3. Advance the Health, Safety and Well-Being of the American People			
3.A Ensure the children & youth safety, well-being & health			
3.B Promote economic & social well-being			
3.C Improve services for people with disabilities and elderly			
3.D Promote prevention and wellness			
3.E Reduce the occurrence of infectious diseases			
3.F Protect Americans' health and safety during emergencies			
4. Increase Efficiency, Transparency and Accountability of HHS Programs			
4.A Ensure program integrity and responsible stewardship			
4.B Fight fraud and work to eliminate improper payments			
4.C Use HHS data to improve American health & well-being			
4.D Improve HHS environmental performance for sustainability			
5. Strengthen the Nation's Health and Human Service Infrastructure and Workforce			
5.A Invest in HHS workforce to help meet America's health and human service needs today & tomorrow			
5.B Ensure health care workforce meets increased demands.			
5.C Enhance the ability of the public health workforce to improve health at home.			
5.D Strengthen the Nation's human service workforce			
5.E Improve national, State & local surveillance capacity			
Total ONC Program Level	60.294	60.367	74.688

Significant Items In Appropriations Committee Reports

FY 2013 Senate Appropriations Committee Report Language (Senate Report 113-71)

Item 1:

Federal E-Health Working Group- The Committee encourages the Secretary to convene a national working group on e-health and telemedicine to improve communication, coordination and collaboration among relevant Federal agencies regarding e-health needs, standards, Federal goals, and Federal efforts. Such a working group should seek to reduce duplication and e-health incompatibility, as well as improve health quality, effectiveness, and outcomes.

Action Taken or To Be Taken

ONC will convene a meeting with relevant HHS OPDIVs/STAFFDIVs to determine their e-Health and telemedicine activities and interests. After this meeting, ONC will contact other Federal agencies to convene a working group and will consider whether recommendations from the HIT Policy Committee and HIT Standards Committee would be useful.

Physicians' Comparability Allowance

		PY 2013 (Actual)	CY 2014 (Estimates)	BY 2015 (Estimates)
1) Number of Physicians Receiving PCAs		1	3	3
2) Number of Physicians with One-Year PCA Agreements		1	3	3
3) Number of Physicians with Multi-Year PCA Agreements		0	0	0
4) Average Annual PCA Physician Pay (without PCA payment)		$155,500	$155,500	$155,500
5) Average Annual PCA Payment		$13,000	$13,000	$13,000
6) Number of Physicians Receiving PCAs by Category (non-add)	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

In 2013, ONC needed a qualified individual with a strong medical background to take the lead on Health IT innovations and quality measures.

In 2014 and 2015, ONC will need additional physicians with strong medical backgrounds to work in ONC's Office of the Chief Medical Officer 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 not unlikely that ONC could have recruited its current physician, nor is it likely that ONC will be able to recruit without PCAs in future years. PCAs were awarded at the maximum amount allowed in all of these cases.