2017 ONC Activities and Future Perspectives

Steven Posnack, Director Office of Standards and Technology

HL7 Plenary 2017
MISSION AND PRIORITIES

FEDERAL HEALTH IT MISSION

Improve the health and well-being of individuals and communities through the use of technology and health information that is accessible when and where it matters most.

2017-2018 ONC PRIORITIES

ONC will work to make health information more accessible, decrease the documentation burden, and support EHR usability under 21st Century Cures and MACRA.
ONC 2017-2018 PROJECTED OUTCOMES

**Interoperability**
- Movable health records to shop for and coordinate care

**Usability**
- Lower cost of care through greater provider efficiency
  - More eye contact with providers

**PATIENT**
- Ability to efficiently send, receive, and analyze data

**PROVIDER**
- Burden reduction:
  - Less wasted time
  - Less hassle

**COMPETITIVE MARKETPLACE**
- Improved data flow standards
- Accessible APIs
- Ability to support new business models and software applications
INTEROPERABILITY GOAL

Reliable clinical information flows to enable communication among services that make use of health information.

Achieving this goal will support a competitive market that will give consumers and providers more choices.

Consumers can more easily shop for care by accessing and sharing their electronic record as allowed under HIPAA.

Providers will be able to choose the products and tools that best meet their needs.
INTEROPERABILITY TARGETS

- Technical
- Trust
- Financial
- Workforce
What Is 21st Century Cures? And Why Should I Care?

• Title IV
  » Conditions of Certification
  » Trusted Exchange Framework and Common Agreement
  » Health IT Advisory Committee (HITAC)
  » Information Blocking Rules and Enforcement
• “(10) INTEROPERABILITY.—The term ‘interoperability’, with respect to health information technology, means such health information technology that—

(A) enables the secure exchange of electronic health information with, and use of electronic health information from, other health information technology without special effort on the part of the user;

“(B) allows for complete access, exchange, and use of all electronically accessible health information for authorized use under applicable State or Federal law; and

“(C) does not constitute information blocking as defined in section 3022(a).”
ONC and HL7 Cooperation

- Past 2 years - Impactful progress on C-CDA and FHIR
  - HL7 Example Search Tool
  - Updated examples for C-CDA 2.1
  - Five C-CDA Implementation-a-thons (one planned for early FY18)
  - C-CDA Content Survey
  - C-CDA Rendering Tool Challenge – Bryn Lewis, Intelsoft Winner
  - C-CDA Scoring Methodology for C-CDA Scorecard
  - ONC Implementation of One Click Scorecard (scorecard@direct.hhs.gov)
  - C-CDA 2.1 Companion Guide
  - FHIR Repository and Process

- New 5-year Cooperative Agreement in process
Interoperability, Safety, and Certification

- SAFER Guides
  - https://www.healthit.gov/safer/safer-guides

- 2015 Edition Certification
  - Safety-enhanced Design 170.315(g)(3)
  - Quality Management System 170.315(g)(4)

- Certified Health IT Product List
  - https://chpl.healthit.gov/
Thanks!