

The Office of the National Coordinator for  
Health Information Technology



# ONC Update

## AMDIS 2014

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Putting the **I** in Health **IT**  
[www.HealthIT.gov](http://www.HealthIT.gov)

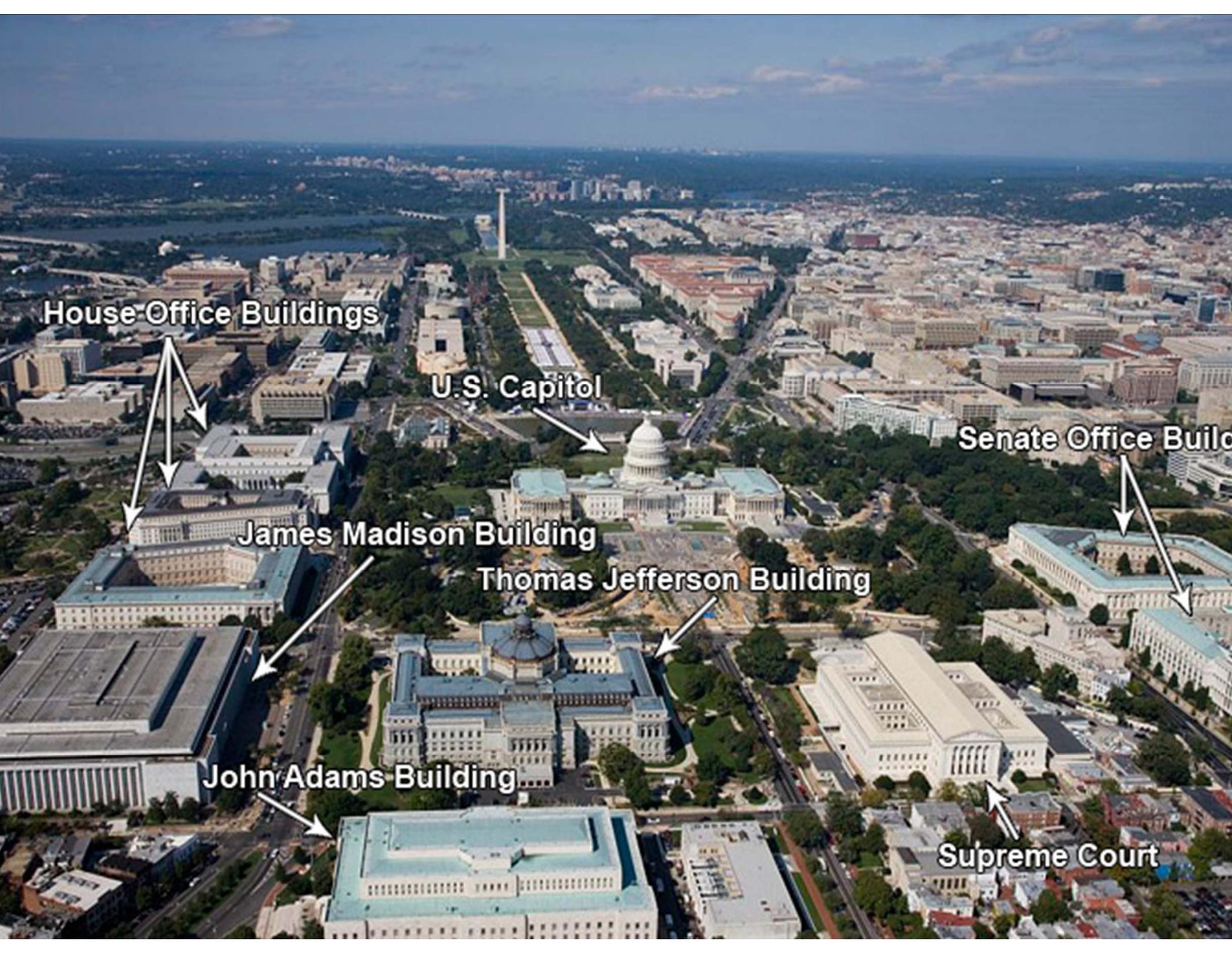
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@jacobr

Putting the **I** in Health **IT**  
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House Office Buildings

U.S. Capitol

Senate Office Buildings

James Madison Building

Thomas Jefferson Building

John Adams Building

Supreme Court

# ONC's Role

- Coordination
  - Federal Partners
    - VA, DOD, CMS, NLM, AHRQ
  - Industry
    - Health IT Developers
    - Health IT implementers
    - YOU
    - Providers
    - Hospitals
  - Consumers

# ONC's ORG

National Coordinator: Karen DeSalvo

Deputy National Coordinator: Jacob Reider

- Office of Care Transformation: Kelly Cronin
- Office of the Chief Privacy Officer: Joy Pritts
- Office of the Chief Operating Officer: Lisa Lewis
- Office of the Chief Scientist: Doug Fridsma, MD, PhD
- Office of Clinical Quality and Safety: Judy Murphy, RN
- Office of Planning, Evaluation, and Analysis: Seth Pazinski
- Office of Policy: Jodi Daniel
- Office of Programs: Kim Lynch
- Office of Public Affairs and Communications: Nora Super
- Office of Standards and Technology: Steve Posnack

# What We're Working On ..

- Regulations
  - Meaningful Use (with CMS)
  - Standards and Certification Criteria
- Safety
- Standards
- Quality Improvement
- Care Transformation
- PCOR
- Usability
- Interoperability
  - Trust
  - Governance
- Much More ...

# Reading List - #1 – the 10 year plan

## Three-Year Agenda: Send, Receive, Find, and Use Health Information to Improve Health Care Quality

1. Ensure that individuals and care providers can send, receive, find, and use a basic set of essential health information. This requires the ability to appropriately search for and retrieve health information, in addition to point-to-point information sharing.
2. Address critical issues such as data provenance, data quality/reliability, and patient matching.
3. Enhance trust by addressing key privacy, security, and business policy and practice challenges to advance secure, authorized health information exchange across existing networks.

# Reading List - #1 – the 10 year plan

Six-Year Agenda: Use Information to Improve Health Care Quality and Lower Cost

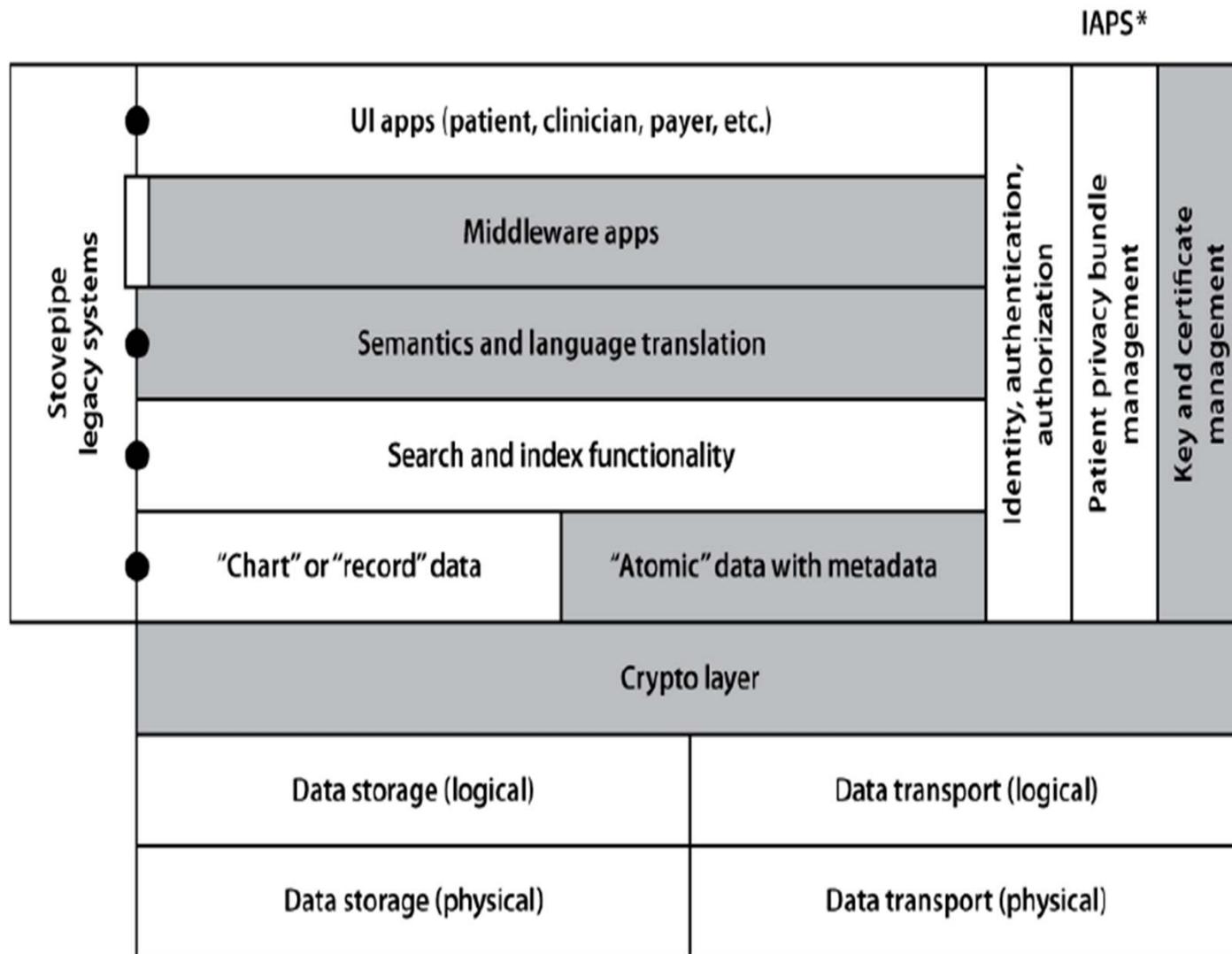
1. Patients are active participants
2. Multi-payer claims databases, clinical data registries, and other data aggregators will be more integrated as an ecosystem
3. As value-based payment gains traction, there will be new methods of measuring clinical quality

# Reading List - #1 – the 10 year plan

## 10-Year Agenda: The Learning Health System

1. Standardized data collection, sharing, and aggregation for patient-centered outcomes research.
2. Clinical decision support that is widely available to all stakeholders
3. Clinical trials, public health surveillance, and evidence available at the point of care

# Reading List #2 – the JASON report



**Figure 5.** The proposed JASON architecture, but without the capability for processing chart or record data into atomic data, and without intrinsic encryption, semantic translation, and middleware applications being implemented in the target application.

● Meaningful Use APIs

\* Identity, Authentication, and Privacy Services

# Reading List #3 – Draft FDASIA Report

- Risk Based Regulatory Framework
- Guidance from IOM
- FDA, ONC, FCC
- Proposed Safety Center: Public-Private entity

# Reading List #4 – AMDIS Listserv

- MU2 Implementation questions
- ROI for health IT
- Concerns
- More Concerns
- Passion for health IT as a solution
- Even More Concerns

# Useful Resources

- SAFER Guides
- Security Risk Assessment Tool
- CMS FAQs
- HISTalk
- John Halamka's Blog

# One Book

**HOW  
TO TALK  
SO KIDS  
WILL LISTEN  
& LISTEN  
SO KIDS  
WILL TALK**

**ADELE FABER AND  
ELAINE MAZLISH**

*When kids feel right, they'll behave right.*

*How do we help them to feel right?*

*By accepting their feelings!*

*Problem—Parents don't usually accept their children's feelings; for example:*

*"You don't really feel that way."*

*"You're just saying that because you're tired."*

*"There's no reason to be so upset."*

*Steady denial of feelings can confuse and enrage kids. Also teaches them not to know what their feelings are—not to trust them.*

My turtle  
is dead. He  
was alive  
this morning.



Now don't  
get so  
upset honey.



Don't cry. It's  
only a turtle.



WAH!  
WAH!



Stop that! I'll  
buy you  
another turtle.



Now you're being  
unreasonable!

I don't want  
another one!





Parents don't usually give this kind of response, because they fear that by giving a name to the feeling, they'll make it worse. Just the opposite is true. The child who hears the words for what he is experiencing is deeply comforted. Someone has acknowledged his inner experience.

# Your Questions