



Department of Health & Human Services  
Office of the National Coordinator for  
Health Information Technology

# ONC and HITECH

**David R. Hunt, MD, FACS**  
**Medical Officer**  
**Office of the National Coordinator for Health IT**

# Sir Cyril Chantler

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Medicine used to be simple,  
ineffective and relatively safe.

Now it is complex, effective and  
potentially dangerous.

The role and education of doctors in the delivery of healthcare.  
Hollister Lecture delivered at the Institute of Health Services Research,  
Northwestern University, Illinois, USA. October 1998. *Lancet* 1999;353:1178–81.

# Section 3001: The National Coordinator shall develop infrastructure that ...

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- (1) **ensures** that each patient's health information is **secure** ...
- (2) **improves** health care **quality**, reduces medical errors, reduces health disparities...
- (3) **reduces** health care **costs** ...
- (4) **provides appropriate information**...
- (5) **ensures** the inclusion of meaningful **public input**...
- (6) **improves** the **coordination** of care...
- (7) **improves public health** activities...
- (8) **facilitates health** and clinical **research** and health care **quality** ;...”

# Cont'd...

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**improve, ensure, reduce, protect, facilitate, promote, improve...**

**(9) promotes** early detection, **prevention**, and **management** of chronic diseases;

**(10) promotes** a more effective **marketplace**, greater **competition**, greater systems **analysis**, increased consumer **choice**, and improved **outcomes** in health care services; and

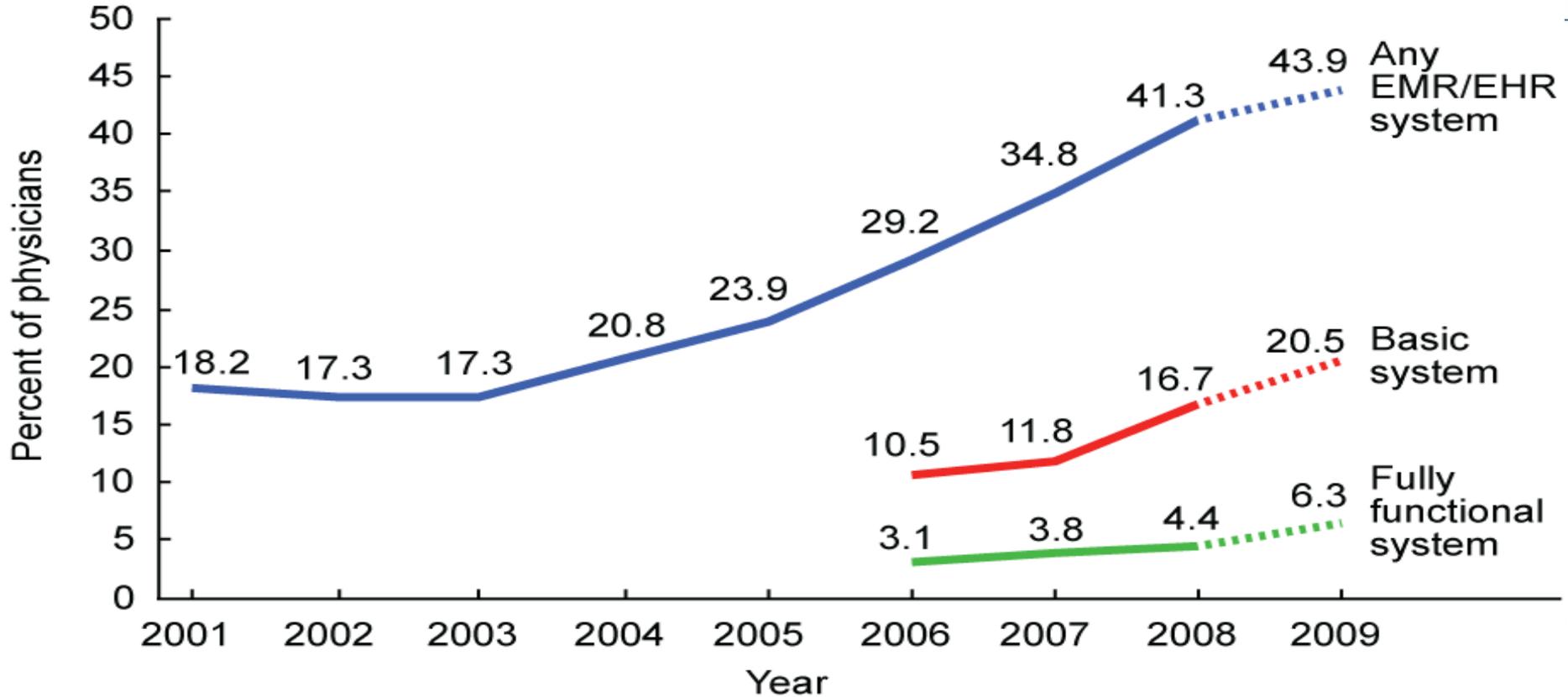
**(11) improves** efforts to **reduce** health **disparities**.

# Take Home Messages

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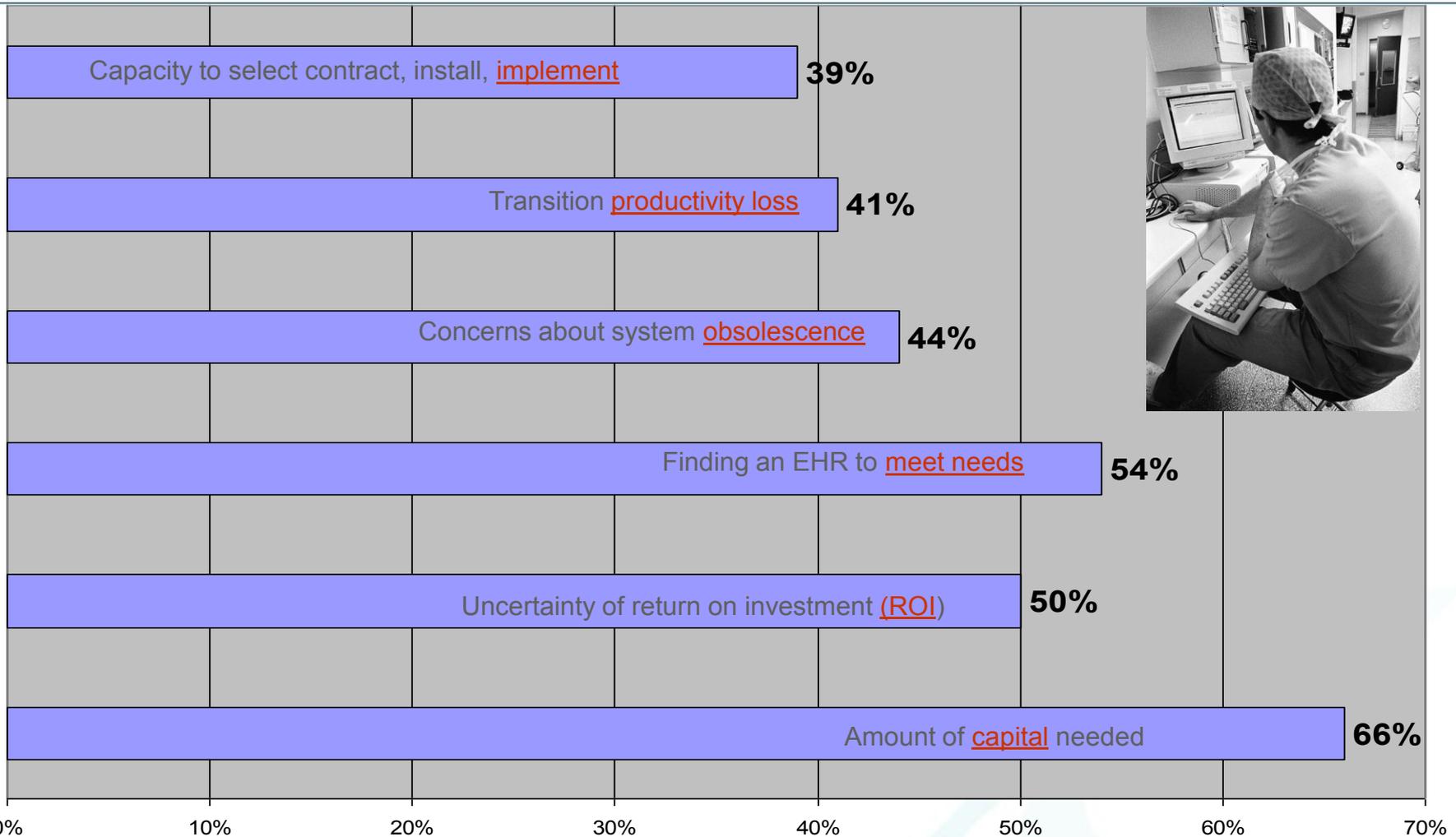
- Meaningful change must be led by clinicians
- Meaningful success is wholly dependent on partnership
- Transition requires a system, resources, and courage

**Figure. Percentage of office-based physicians using electronic medical records/electronic health records (EMRs/EHRs): United States, 2001–2008 and preliminary 2009**



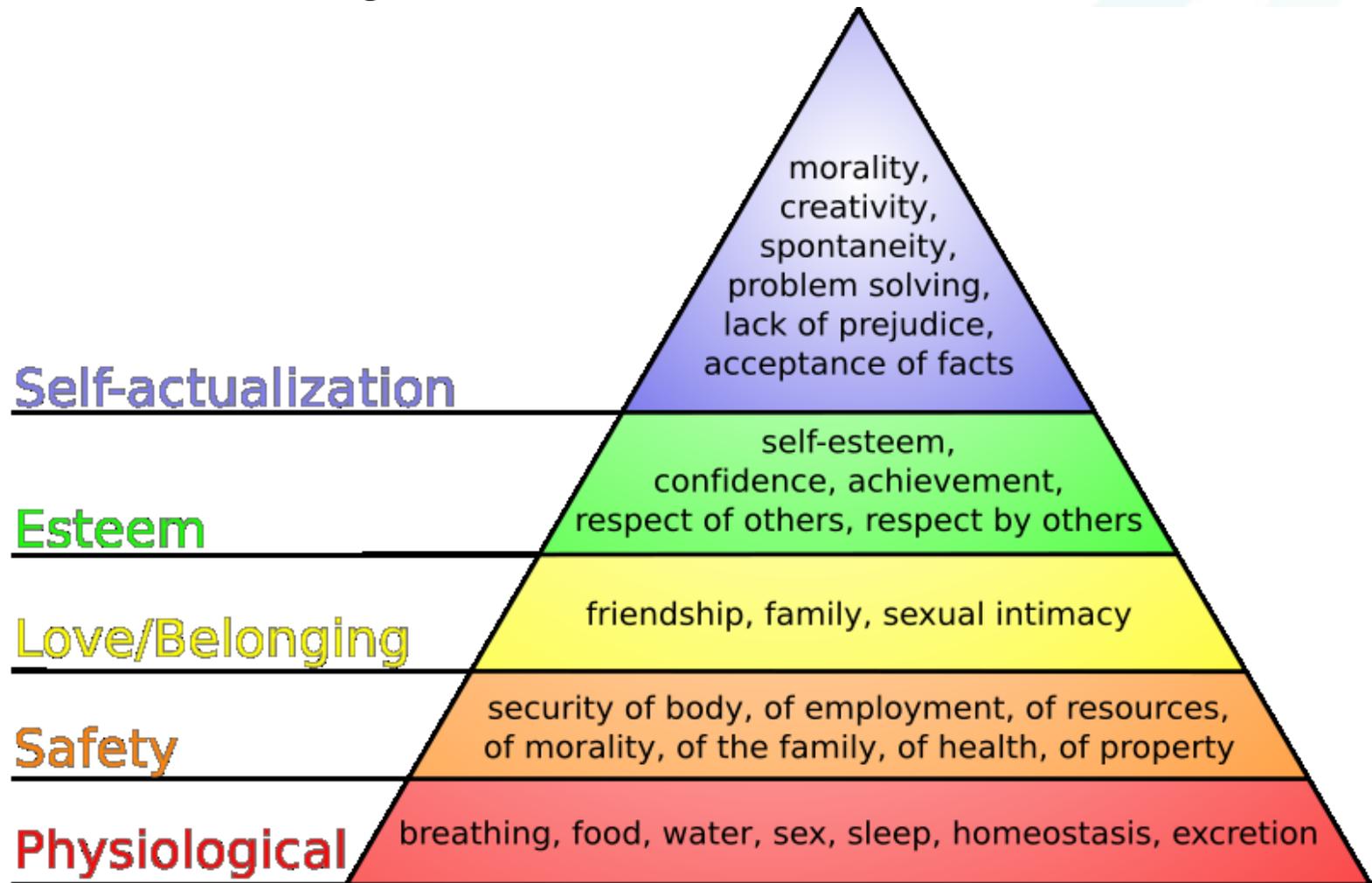
NOTES: Any EMR/EHR is a medical or health record system that is either all or partially electronic (excluding systems solely for billing). The 2009 data are preliminary estimates (as shown on dashed lines), based only on the mail survey. Estimates of basic and fully functional systems prior to 2006 could not be computed because some items were not collected in the survey. Starting in 2007, the skip pattern after the all or partial EMR/EHR systems question was removed. Includes nonfederal, office-based physicians. Excludes radiologists, anesthesiologists, and pathologists. SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

# Major Barriers to Adoption of Electronic Health Records



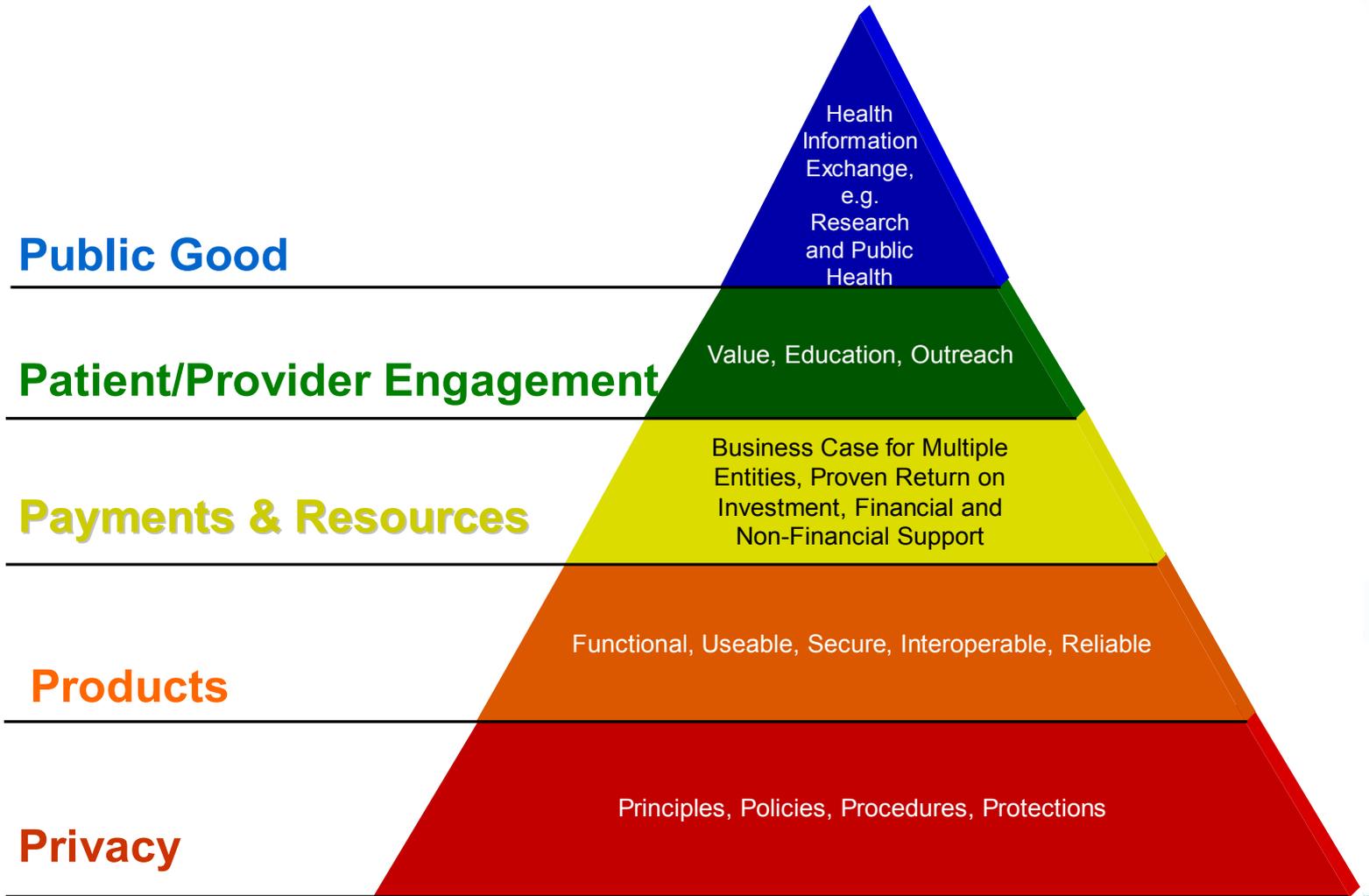
DesRoches, V, et. al.; Electronic Health Records in Ambulatory Care — A National Survey of Physicians N Engl J Med July 2008;359:50-60.

# Maslow's Hierarchy of Needs



Maslow, Abraham (1954). *Motivation and Personality*. New York: Harper & Row. p. 236

# Health IT Hierarchy of Implementation



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“...reckoning that all such matters should be kept secret...”

Hippocratic oath

Privacy

# Margaret Thatcher

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**“No one would remember the Good Samaritan if he only had good intentions. He had money as well.”**



# HITECH Priority Grants Program: Health Information Technology Extension Program

## Facts At A Glance

The HITECH Act clearly **prioritizes access** to health information technology for **historically underserved** and other special-needs populations, and use of that technology **to achieve reduction in health disparities**. The HITRC will assemble and disseminate materials to support and address the needs of all prioritized providers, including but not limited to materials addressing the unique needs of providers serving Native Americans, persons with limited proficiency in the English language, persons with disabilities, and other historically underserved populations, as well as those that serve patients with maternal, child, and behavioral health needs.

# Evidence Of An Emerging Digital Divide Among Hospitals That Care For The Poor

Ashish K. Jha <sup>1\*</sup>, Catherine M. DesRoches <sup>2</sup>, Alexandra E. Shields <sup>3</sup>, Paola D. Miralles <sup>4</sup>, Jie Zheng <sup>5</sup>, Sara Rosenbaum <sup>6</sup>, Eric G. Campbell <sup>7</sup>

**Some hospitals that disproportionately care for poor patients are falling behind in adopting electronic health records (EHRs).** Data from a national survey indicate early evidence of an emerging digital divide: U.S. hospitals that provide care to large numbers of poor patients also had minimal use of EHRs. These same hospitals lagged others in quality performance as well, but those with EHR systems seemed to have eliminated the quality gap. These findings suggest that adopting EHRs should be a major policy goal of health reform measures targeting hospitals that serve large populations of poor patients.

[Health Aff (Millwood). 2009;28(6):w1160-70 (published online 26 October 2009; 10.1377/hlthaff.28.6.w1160)]

<http://content.healthaffairs.org/cgi/content/abstract/hlthaff.28.6.w1160>

# Meaningful?

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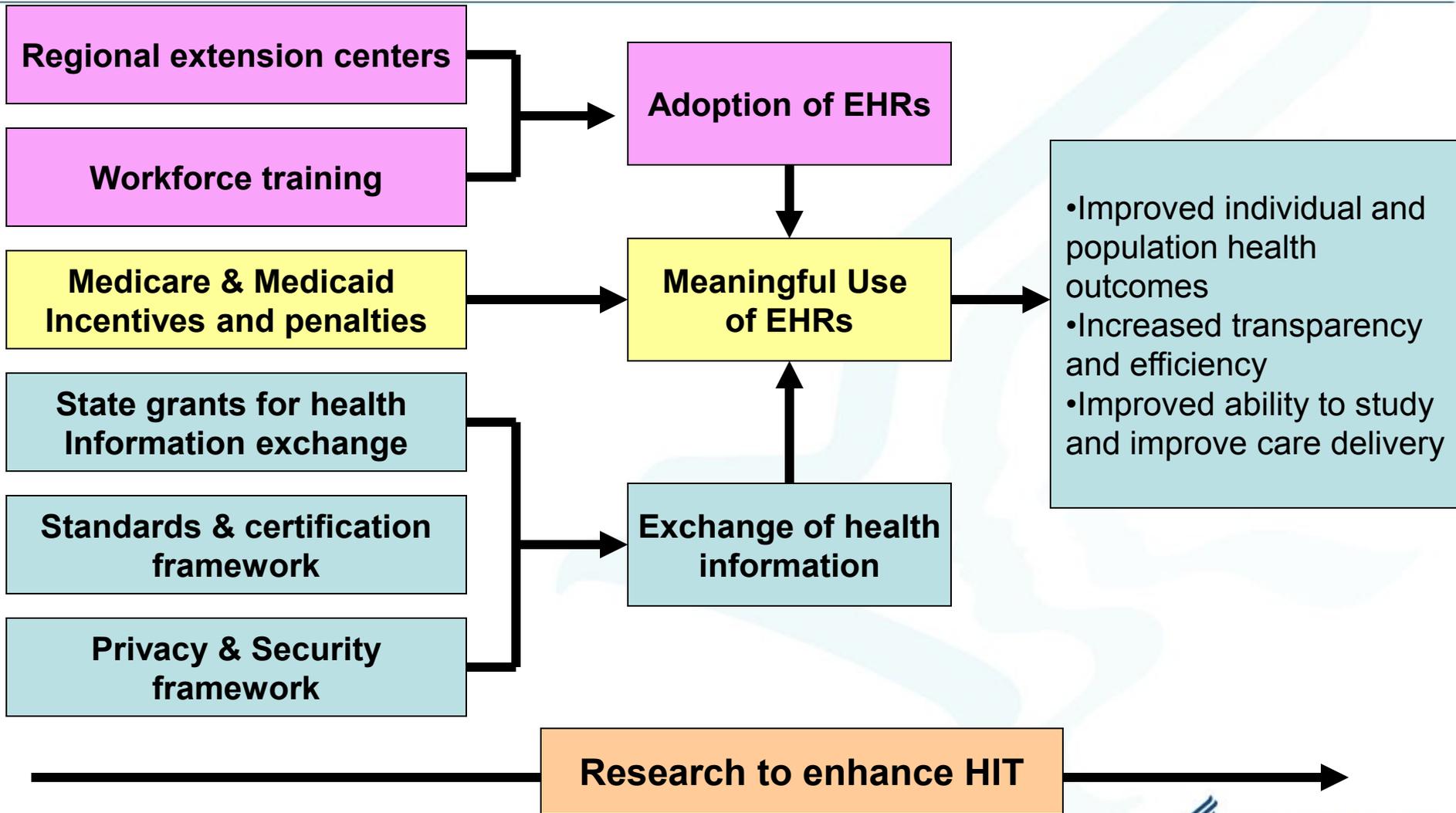
**(i) Use of Certified EHR Technology**

**(ii) Information Exchange**

**(iii) Reporting on quality measures**

50% Uncertainty of **ROI**

66% Amount of **capital** needed

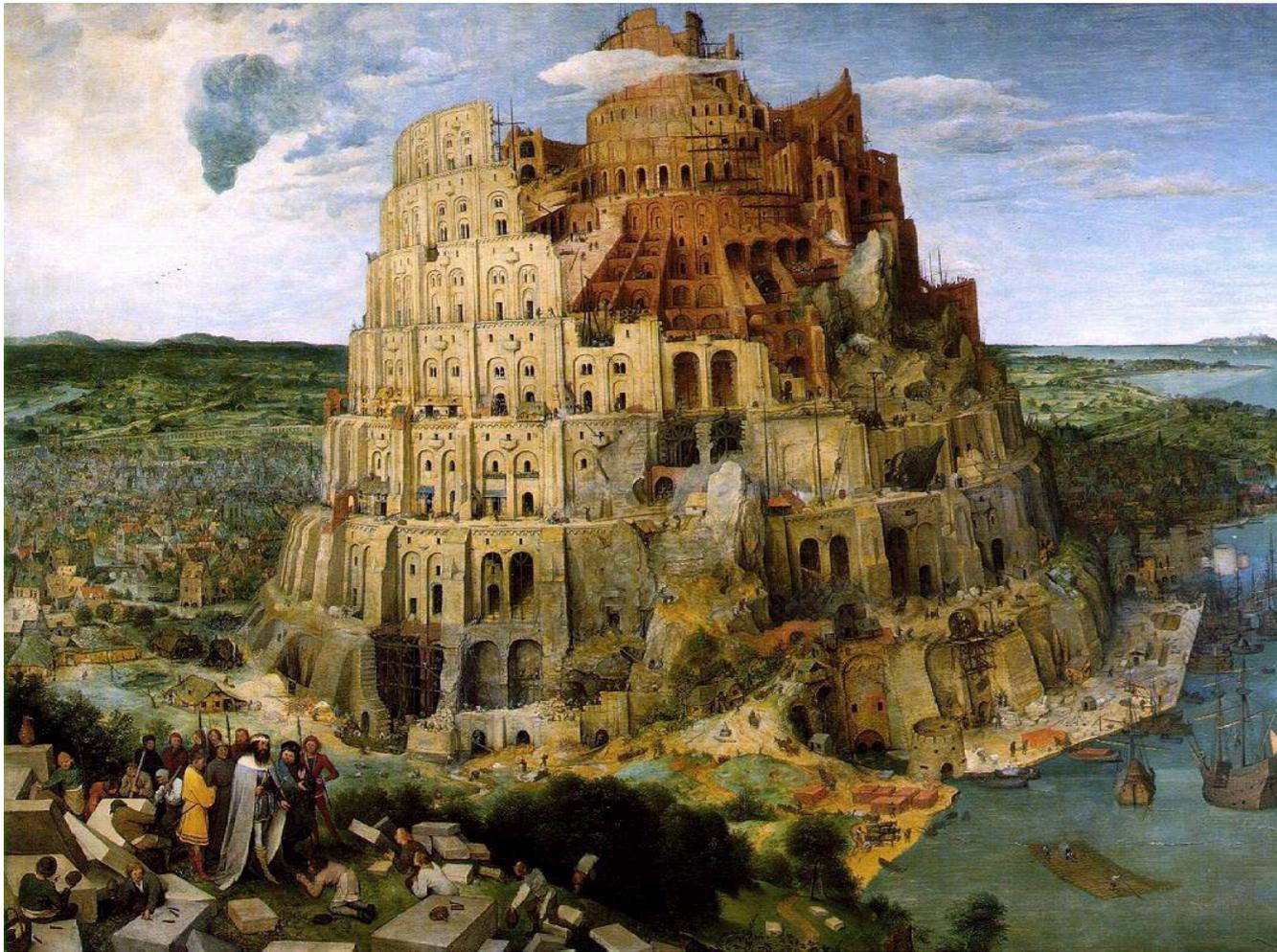


# Comparative Effectiveness Research

*Comparative effectiveness research serves as a foundation for evidence on what services work best in health care*



- Comparisons of medical options help clinicians and patients make individualized treatment decisions
- The information base on what services improve quality, safety and effectiveness is enhanced
- Consumers play important roles in developing and using the information as citizens, community members, participants in policy deliberations and as patients



P. Breughel, the Elder, "Turmbau zu Babel," 1563  
Kunsthistorisches Museum, Vienna

# Mark Twain 1835-1910

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**“A man who carries a cat  
by the tail learns something  
he can learn in no other  
way.”**