ASTP Assistant Secretary for Technology Policy

USVI 3rd Annual Digital Health Summit

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Assistant Secretary for Technology Policy (ASTP)/ Office of the National Coordinator for Health IT (ONC)

- **Founded in 2004 by executive order, established in statute in 2009**
- **ASTP is charged with formulating the federal government's health IT strategy to advance national goals for better and safer health care through an interoperable nationwide health IT infrastructure**



Laying the foundation of EHRs across the industry

- $40B CMS investment to subsidize EHRs for hospitals and ambulatory providers
- ONC certification of EHR systems to support CMS and CDC programs
- ONC certification now covers EHRs used by 97% of hospitals and 86% of ambulatory providers

Leveraging EHRs to drive value

- Information blocking: Prohibits providers, technology developers, and health information networks from interfering with access, exchange, and use of electronic health information
- Standards: Requires access to information through APIs "without special effort"
- TEFCA: Requires nationwide governance for health information exchange networks – Trusted Exchange Framework and Common Agreement

ASTP Mission & Vision and Priorities:

Set the Course for the 21st Century Digital Healthcare System

MISSION and VISION

ASTP is at the forefront of the federal government's digital health efforts. ASTP supports the entire health system with the use of health IT and the promotion of nationwide, standards-based health information exchange.

MISSION: To create systemic improvements in health and care through the access, exchange, and use of data.

VISION: Better health enabled by data.

PRIORITIES

Build the digital foundation

- Data standards
- Health IT gaps
- HHS Health IT Alignment Policy

Make interoperability easy

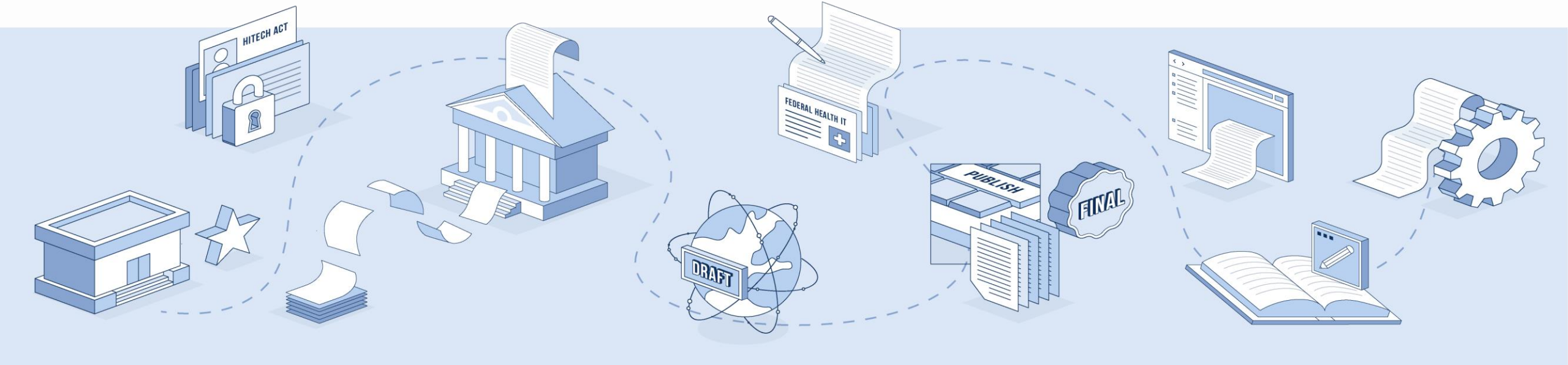
- TEFCA
- APIs
- Expand education and outreach
- Enforce information blocking rules

Ensure proper use of digital information and tools

- Health equity by design principles for data capture and use
- Transparency in areas such as algorithm use and safety

ASTP Significant Milestones

- **2008** — Federal Health IT Strategic Plan 2008-2012
- **2009** — HITECH Act
- **2010** — ONC Health IT Certification Program; Blue Button Initiative
- **2011** — Meaningful Use Stage 1; Federal Health IT Strategic Plan 2011-2015
- **2014** — Introduced 10-year vision to achieve interoperability health IT infrastructure
- **2015** — Federal Health IT Strategic Plan 2015-2020; Draft Shared Nationwide Interoperability Roadmap 1.0
- **2016** — 21st Century Cures Act signed into law
- **2018** — Draft TEFCA released
- **2019** — The Sequoia Project named as RCE of 4-year award
- **2020** — Cures Act Final Rule published
- **2021** — Information Blocking Regulations; PHIT Workforce Development Program
- **2022** — TEFCA published; New EHI definition takes effect
- **2023** — First set of applicant QHIN organizations approved to implement TEFCA; HTI-1 Final Rule
- **2024** — ASTP Reorg; HTI-2 Proposed Rule



ASTP: Federal Health IT Strategic Plan Framework

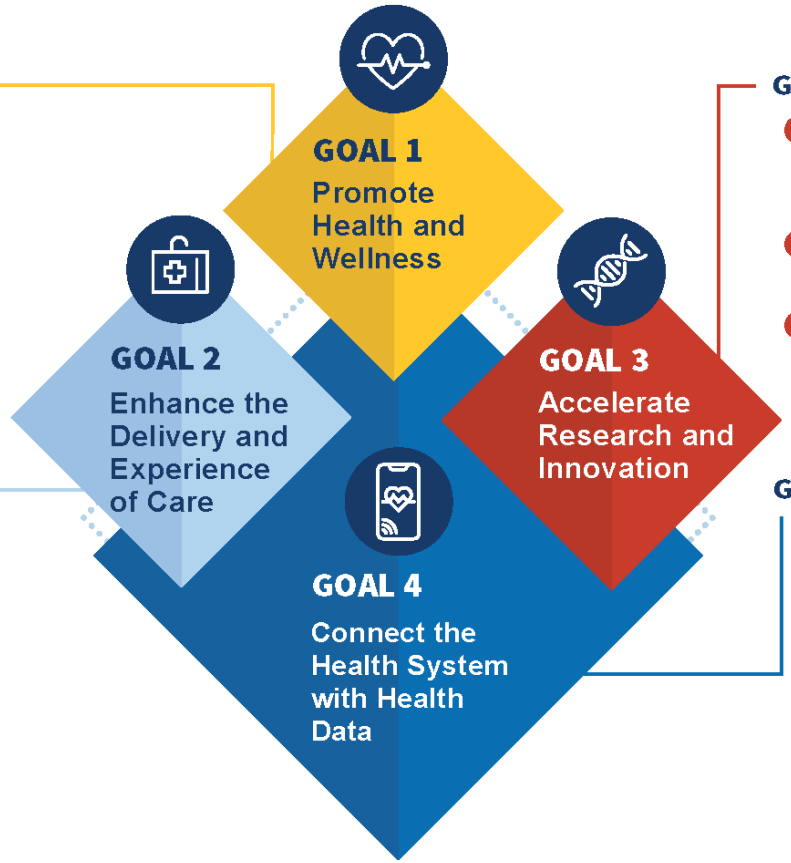
GOALS AND OBJECTIVES

GOAL 1 OBJECTIVES

- A Individuals are empowered to manage their health
- B Individuals and populations experience modern and equitable health care
- C Communities are healthier and safer

GOAL 2 OBJECTIVES

- A Providers deliver safe, equitable, high-quality, and improved care
- B Patients experience expanded access to quality care and reduced or eliminated health disparities
- C Health care is improved through greater competition and transparency
- D Providers experience reduced regulatory and administrative burden
- E The health care workforce uses health IT with confidence



GOAL 3 OBJECTIVES

- A Researchers and other health IT users have appropriate access to high-quality health data to drive individual and population health improvement
- B Individual and population-level research, analysis, and its application are enhanced by health IT
- C Researchers advance health equity by using health data that includes underrepresented groups

GOAL 4 OBJECTIVES

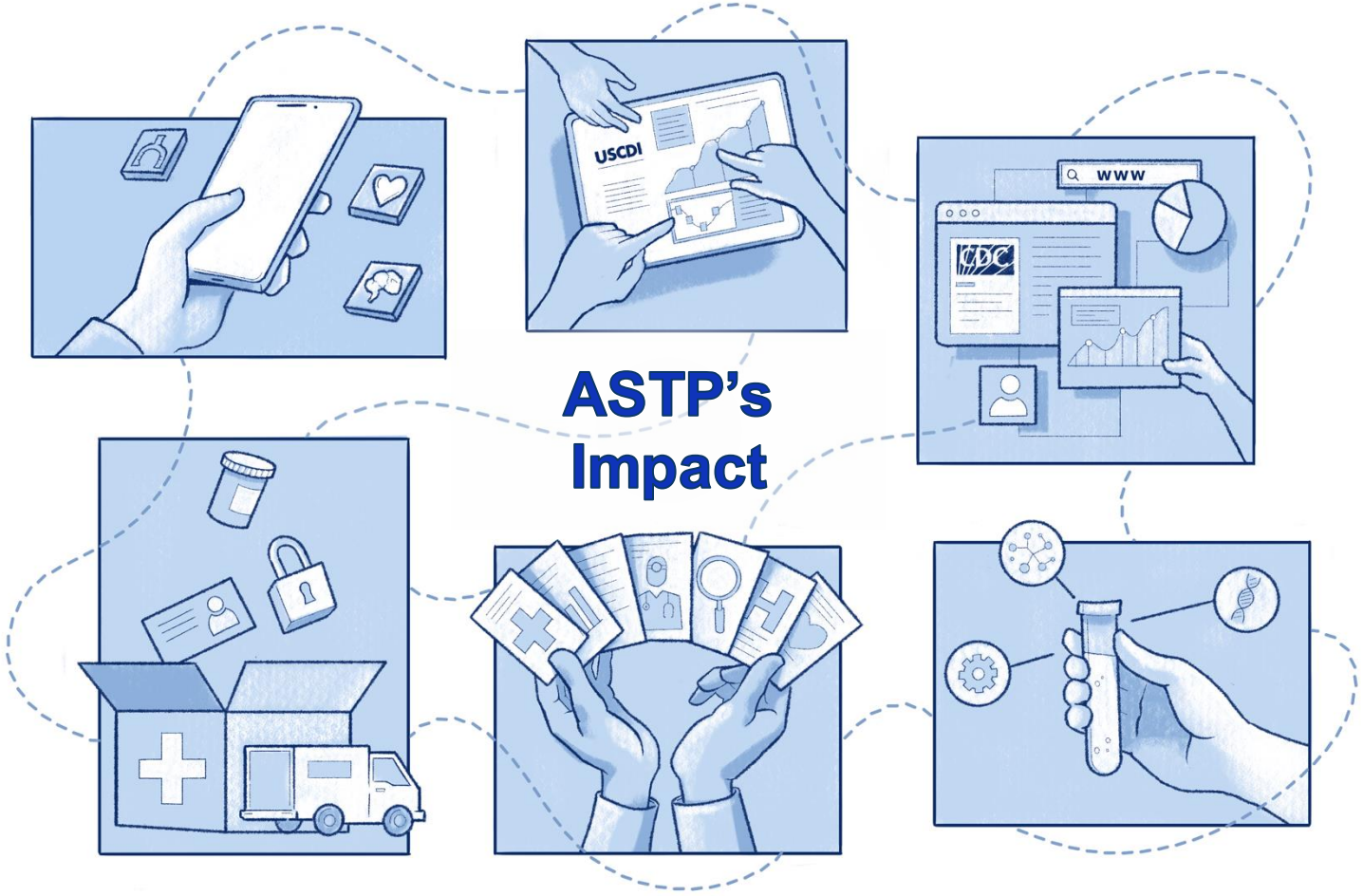
- A Development and use of health IT capabilities continues to advance
- B Health IT users have clear and shared expectations for data sharing
- C Underserved communities and populations have access to infrastructure that supports health IT use
- D Individuals' EHI is protected, private, and secure
- E Communities are supported by modern and integrated public health data systems and infrastructure

Health Equity

- Close-loop referral with social services organizations
- SDOH data capture (i.e., food insecurity, housing insecurity)
- REL and SOGI data standard

Patient Access

- Health record follows patients
- Real-time access to test results
- Ability to use modern smartphone apps to access and use data



ASTP's Impact

Public Health

- CDC's Data Modernization Initiative
- Public health reporting
- Bidirectional exchange with public health

Healthcare Delivery

- Improved patient safety
- Better care coordination
- Reduced medical errors

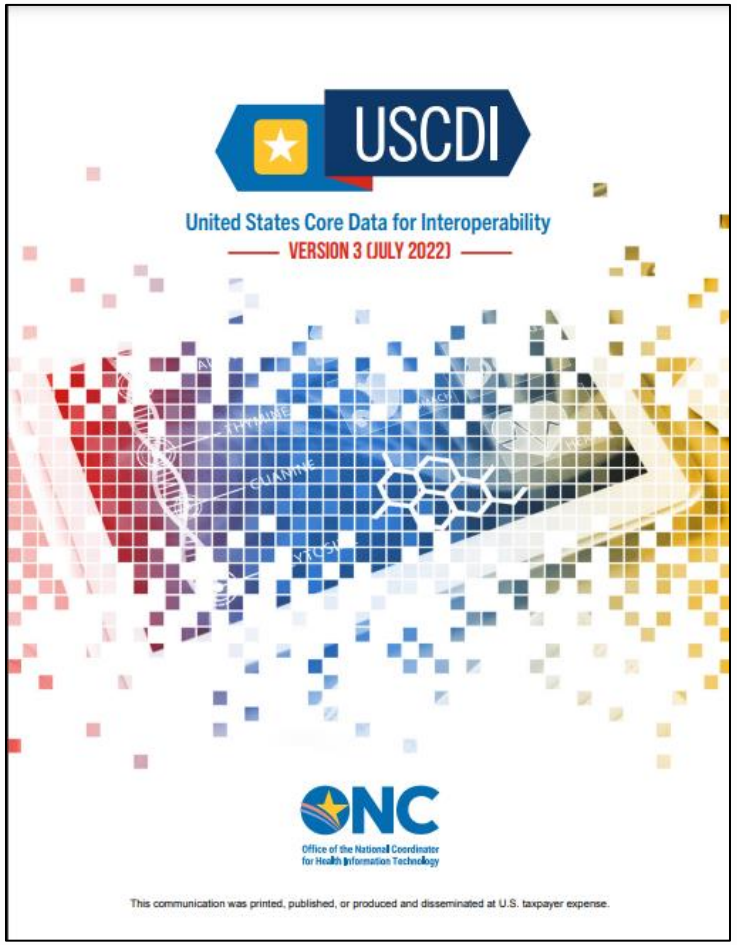
Health Research

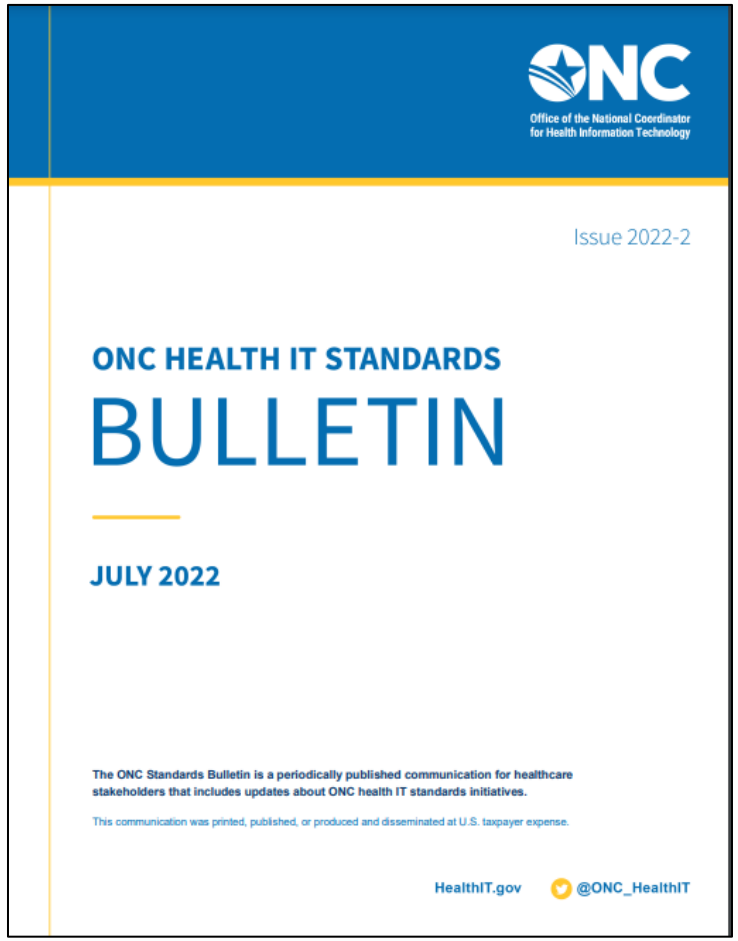
- Clinical trials
- Cancer Moonshot

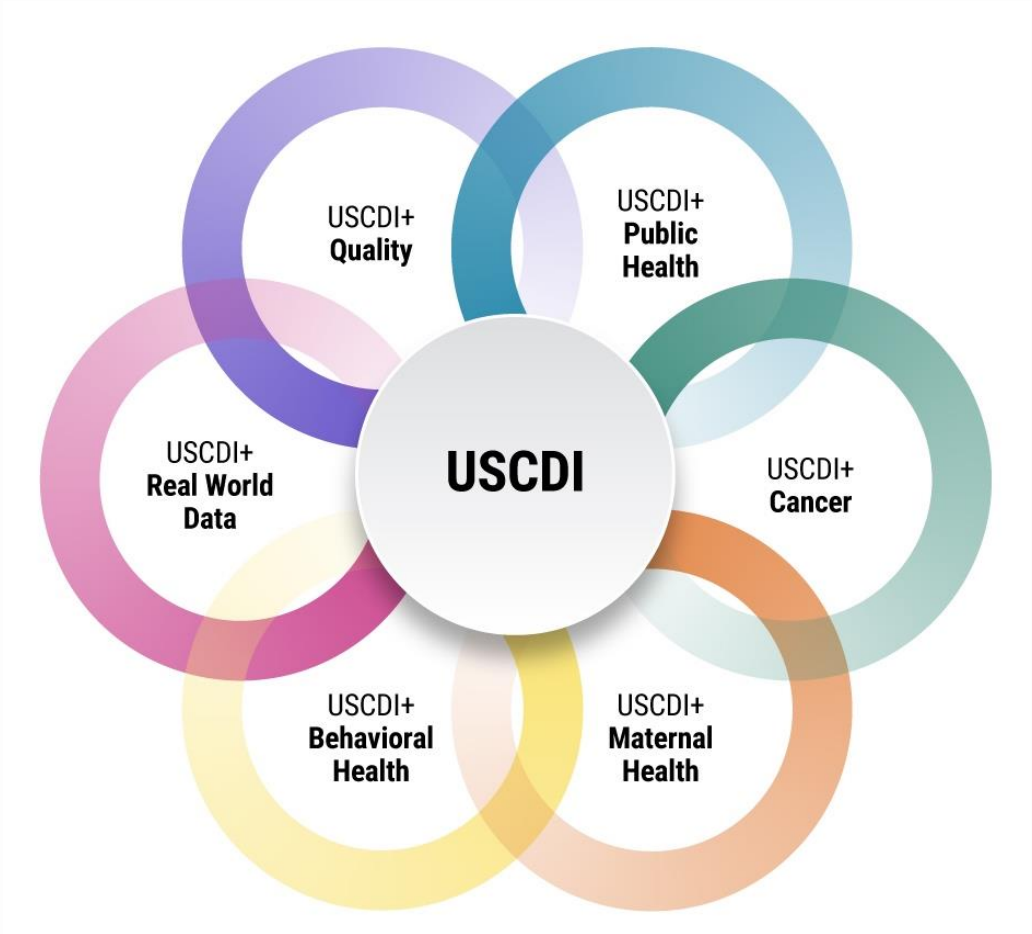
Competition and Choice

- New services for providers and patients built on a digital health ecosystem

US Core Data for Interoperability (USCDI)
The Minimum Dataset of the Health Care Delivery System







Administrati

MARCH 05, 2024

Improving Cancer Care Through Better Electronic Health Records: Voluntary Commitments and Call to Action

OSTP › NEWS & UPDATES › OSTP BLOG

The Biden Cancer Moonshot aims to support and center patients and caregivers, and President Biden has made it clear that the American people deserve a health care system that they can rely on. That includes a system of electronic health records that gives patients and doctors the information they need to provide excellent patient care and improve outcomes. As President Biden has emphasized, having access to the right medical information at the right time is essential when every minute counts.

But electronic health record systems can vary between different doctors, clinics, and labs, and information like test results and disease status often is not accessible across systems. This makes it harder for doctors to make critical treatment and care decisions.

That's why the Biden-Harris Administration has kick-started the adoption of United States Core Data for Interoperability Plus Cancer ↗ (USCDI+ Cancer), a recommended minimum set of key cancer-related data elements to be included in a person's electronic health record. This effort will allow health

Advancing Health Equity

ASTP takes a health equity by design approach to our work, advancing the use of interoperable, standardized data to represent social needs and the conditions and environment.

ONC's Health IT Certification Program's Impact on Health Equity: The Health IT Certification Program supports the access, exchange, and use of data across the U.S. health system that is essential to addressing a patient's unique needs, while also supporting health equity at the population level.

USCDI's Impact on Health Equity: Hundreds of thousands of providers and their patients benefit from standardized health information required in USCDI v3, which helps with the capture of accurate and complete patient characteristics that are reflective of patient diversity, inclusion, and health goals.

- On July 18, ONC released USCDI v5, which includes new data classes and elements that support improved patient care and advance the Biden-Harris Administration's goals of equity, diversity, and access to health care.
- Specifically, it includes new data elements for Name to Use and Pronoun, which will help advance culturally competent clinical care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and other sexual and gender minorities (LGBTQIA+).

ASTP's Coordination Efforts Impact on Health Equity: ONC's efforts across HHS and the federal government improve the access, exchange, and use of equity-sensitive data (including race and ethnicity data) across the health care and public health landscape. **This also includes the PHIT program (Public Health Informatics and Technology.**



HTI-2 Brings Together the Components Needed to Establish a 21st Century Digital Health Foundation

Expanding the horizon of interoperability

- First-time certification of public health and payer health IT systems paid for or regulated by HHS (CDC, CMS)
- Helps to lift up payer and public health systems to enable greater integration with clinical care systems
- Pathway to modernizing public health infrastructure nationwide in a cost-effective manner

Directly addressing patient pain points

- Protecting privacy of reproductive health care information
- Electronic Prior Authorization standards to shorten approval time and improve patient transparency
- Standardizes payer-to-payer information sharing (with patient permission) for continuity of care
- Real-time prescription benefits checking at the point-of-care
- Internet access to imaging for patients and other providers involved in patient care

Cyber-security

- Requires multi-factor authentication
- Requires data encryption in data servers and end-user systems (such as laptops, smartphones, etc)
- Requires encryption of user credentials (i.e., usernames, passwords, biometrics, etc)

Word of Wisdom for the USVI

1. Create a robust data infrastructure that puts patients and community needs first

- Adoption of consistent data elements across the continuum (clinicians, health officers, case works, community health workers) helps provide better outcomes for patients while also supporting modernization of public health and human services infrastructure
- Focus on clear and practical requirements at the outset saves time and money later

2. Leverage health information exchange to achieve ambitious goals (for example, health equity)

- Technology and shared infrastructure works for participants, providers and decision makers
- Availability of real-time information for interventions, transparency and federal reporting leads to operational efficiencies
- HIEs can help reduce disparities especially for patients or segments of the population in crisis, for example mental health, access to food, shelter and transportation

3. Teamwork does make the dream work!

- Stay close to your colleagues and partners; health care and human services interoperability can be hard but there is a blueprint for success when you band together behind a shared mission and goal

THANK YOU!

Reach out via phone or web

202-690-7151

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