

**Testimony before the Senate Health, Education, Labor  
and Pensions Committee  
United States Senate**

**Statement of  
Karen B. DeSalvo, MD, MPH, MSc  
National Coordinator, Office of the National Coordinator for Health  
Information Technology  
U.S. Department of Health and Human Services**

**Hearing on “Health Information Technology”  
October 1, 2015**

Chairman Alexander, Ranking Member Murray, and distinguished Committee members, thank you for the opportunity to appear today. My name is Dr. Karen DeSalvo and I am the National Coordinator for Health Information Technology. Thank you for the invitation to be here to discuss the current state of health information technology in our Nation and how we can work together to help these systems realize their full potential now and in the future.

The Office of the National Coordinator for Health Information Technology (ONC) was established by Executive Order in 2004 and charged with the mission of giving every American access to their electronic health information when and where they need it most. In 2009, ONC was statutorily established by the Health Information Technology for Economic and Clinical Health Act (HITECH), enacted as part of the American Reinvestment and Recovery Act (ARRA). HITECH also provided the resources and infrastructure needed to stimulate the rapid, nationwide adoption and use of health IT, especially electronic health records (EHRs). In the six years since the HITECH Act was enacted, we have seen dramatic advancement in the use and adoption of health IT. The proportion of U.S. physicians using EHRs increased from 18 percent to 78 percent between 2001 and 2013,<sup>1</sup> and 94 percent of hospitals now report use of certified EHRs.<sup>2</sup> The combined efforts of initiatives like the Regional Extension Centers, the ONC Health IT Certification Program, use of standard terminologies, and the CMS Medicare and Medicaid EHR Incentives Programs have brought us past a tipping point in the use of health IT. Today, we are firmly on the path to a digital health care system; but, there is still much work to do.

Prior to becoming the National Coordinator in January 2014, I worked in a variety of settings, which provided me with keen insight into and experience working with health IT systems. My previous positions include serving as the Health Commissioner for the City of New Orleans, a Senior Health Policy Advisor to the Mayor of New Orleans, and a professor of medicine and vice dean for community affairs at Tulane University School of Medicine. In addition, I have practiced internal medicine for close to a quarter century. In all of these

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<sup>1</sup> <http://www.cdc.gov/nchs/data/databriefs/db143.htm>

<sup>2</sup> <http://healthit.gov/sites/default/files/data-brief/2014HospitalAdoptionDataBrief.pdf>

positions, I have established, purchased, utilized, implemented, and studied health IT systems. I not only understand the importance of health IT to improving the overall health care in this Nation, but I also understand firsthand the numerous complications and frustrations that we have faced, and continue to face along the way. I came to ONC to build on the incredible progress we have made since 2009, and to move us forward into a new and exciting era of health IT. Thus far, I have focused my energy and attention on what I believe is a fundamental piece of the puzzle to moving us forward, and that is a ubiquitous, safe, and secure interoperable health IT infrastructure.

Since I became the National Coordinator, ONC has been working intensely to harness the health care industry's energy and consumer demands for interoperability to drive improvement in health—we feel the strong sense of urgency and have acted on it quickly. The Nation asked for a clear strategy to get to interoperability and a learning health system, and we delivered that plan in “Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap Draft Version 1.0.” We received broad feedback and have heard agreement from critical stakeholders like developers, consumers, providers, technologists, and others that this plan is the right path forward, and that they would like to work with us to advance interoperability. The Roadmap explains that, in order to meet stakeholders' specific interoperability needs as quickly, securely, and safely as possible, we must: (1) build upon the current infrastructure; (2) ensure that applicable standards are consistently used; (3) foster an environment of trust where individuals can access their data in a private and secure manner; and (4) incent, through consumer demand and delivery-system reform, enduring, self-sustaining interoperable movement and use of electronic health information.

We anticipate releasing in the very near future the final streamlined Version 1.0 of the Roadmap, which will focus primarily on impactful, near-term actions we all can take by the end of 2017 to improve interoperability. These actions are detailed in three areas in the Roadmap. First, “Drivers,” which are mechanisms that can propel a supportive payment and regulatory environment that relies on and deepens interoperability. Second, “Policy and Technical Components,” which are essential items stakeholders need to implement to enable interoperability, such as shared standards and expectations around privacy and security. Third,

“Outcomes,” which serve as metrics by which stakeholders will measure our collective progress on implementing the Roadmap.

We are also working across the Department on ways to increase interoperability. As part of the Department’s Delivery System Reform initiative, HHS is using a variety of policies and programs to achieve a vision of information sharing and interoperability. A key component of the Delivery System Reform initiative is expanding the use of alternative payment models that reward quality over quantity and linking fee-for-service payments to quality and value. Electronic sharing of health information is an important element of how care is delivered under these models. ONC activities are focused on the Delivery System Reform goal to improve the way information is shared among providers to create a better, smarter, and healthier system. ONC is working closely with CMS on certifying that health IT products adhere to interoperability standards, providing support to stakeholders focused on sharing health information, and working with other agencies across HHS to reinforce the use of health information interoperability and adoption of health IT through a variety policies and programs.

Achieving interoperability to meet stakeholder needs now, and throughout the next few years, can help us to realize our vision of a learning health system – one that delivers high-quality care, lower costs, a healthy population, and engaged people. It is clear we must move beyond electronic health record adoption and focus on liberating health data, so critical information is available when and where it matters most to transform individual, community, and population health and care.

In our pursuit of achieving a learning health system, we are also continuing our work with our other Federal partners. As you know, we recently issued the Federal Health IT Strategic Plan 2015-2020. This Plan, developed in partnership with over 35 Federal entities, demonstrates the extensive interest across the Federal Government to digitize the health experience for all individuals and facilitate progress towards a learning health system that can improve health and care. The Plan has been designed to support important changes already occurring in the health landscape, such as the Precision Medicine Initiative and the Department of Defense's Military Health System's acquisition of a new health IT system, as well as longer-range changes, such as

FDA's Sentinel program. The Plan's long-term vision of a learning health system relies on the use of technology and health information from a multitude of sources for a multitude of purposes, and working with our Federal partners, with the Congress, and other stakeholders, our strategies will evolve to ensure we can meet this vision for the Nation. In addition, we will continue our collaboration with the Office for Civil Rights, and the Food and Drug Administration, both within HHS, and with the Federal Trade Commission to improve security in health IT and consumer understanding of security risks.

We also understand that advancing health IT requires engagement beyond the government, which is why we have continued our ongoing collaborative work with not only this Committee, but also outside stakeholders, patients, hospitals, and providers to name a few. For example, ONC is currently working with the National Quality Forum (NQF) to develop multi-stakeholder consensus around health IT safety measurement priorities, create an organizing framework for health IT safety measures, and identify potential health IT safety measures and current gaps in health IT safety measures. In 2014, we participated in a series of "Learning What Works" listening sessions in five cities across the country with the Robert Wood Johnson Foundation to hear from local leaders, residents, and professionals from a wide range of sectors on what information is important to them and how they might use it to help people lead healthier lives and improve health in their communities. ONC participated in these listening sessions and heard feedback about the importance of trust, data access, and how individuals and communities want to use data to improve overall health.

In addition, last year, Health Level Seven International (HL7) launched an initiative to accelerate the development and adoption of HL7's Fast Healthcare Interoperability Resources (FHIR), with support from 11 organizations, including EHR vendors like Epic and Cerner and health systems like Mayo Clinic and Intermountain Healthcare. Following the JASON Report,<sup>3</sup> our Federal advisory committees urged the Office of the National Coordinator to focus on an approach involving public application programming interfaces (APIs) and FHIR, which you see in our proposed 2015 Edition certification rule and is also addressed in CMS's

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<sup>3</sup>JASON. (2013). A Robust Health Data Infrastructure. Washington, DC: MITRE for Agency for Healthcare Research and Quality.

proposed rule for Stage 3. I'm optimistic because I am seeing more collaborations like these from the private sector. For example, the Argonauts Project, which is a coalition of industry vendors and providers, is collaborating in an unprecedented fashion. They are accelerating the maturation of FHIR, to see that we have a safe, but highly usable new technology that stands to transform the health IT ecosystem.

Through this ongoing work, as a Department, we have concluded that to achieve a learning health system, we must build upon the current health information infrastructure and work together to focus on three key areas. We have prioritized and intend to focus on:

(1) ensuring that electronic health information is appropriately available, easily transferable, and readily usable by the patient, provider, payer, scientist, and others; (2) improving the safety and usability of health information technology and allowing the market to function in a way to incentivize necessary improvements; and (3) simplifying program requirements to lower administrative burden and create a clear link between program participation and outcomes. We believe this work will support providers as they adopt and use health IT and work to deliver better care for patients. While ONC will support efforts on all three fronts, we plan to focus our attention most acutely on addressing the first two.

It is imperative to a functioning health information technology infrastructure to have data available to the right person, at the right place, at the right time. ONC can make a big impact in this area by promoting interoperability, addressing information blocking, and by empowering providers to engage patients. In 2012, ONC took on the responsibility for spreading the Blue Button initiative nationwide. This work was done in collaboration with the Department of Veterans Affairs, the White House, and a host of other public and private sector leaders. Patients can securely access their health data from multiple sources and then choose to download that data to their computer, thumb drive or smartphone without using any special software, or choose to share that data with individuals they trust – whether it's their other physicians or family members. To date, there are more than 600 member organizations participating in the Blue Button initiative. Meanwhile our actions over the next year will focus on continuing to build the economic case for interoperability, including increasing incentives and improving the regulatory and business environments; coordinating with health information technology stakeholders to

coalesce around a shared set of technical standards; exposing and discouraging health information blocking; and ensuring the implementation of robust privacy and security protections.

We recognize that the current marketplace does not always function in a way that promotes a learning health system. ONC is committed to supporting providers as they use health IT for more advanced applications and encourage the private sector to address this challenge. For example, we proposed the 2015 Edition rule with the goal of improving transparency for certified health IT systems. We believe we can help by driving secure, safe and usable products while also continuing to offer technical assistance to providers. Through the 2015 Edition proposed rule, we also are continuing to help make the business case that investments in health IT tools that support better care coordination and population health management offer an important way to drive continued innovation as vendors seek to meet the needs of providers moving towards value-based care.

In addition to taking steps administratively within these important spaces, we understand that the Committee may be interested in ways to make technology more usable by (1) establishing a governance mechanism for how technology is used in practice; (2) improving transparency in the market; and (3) prohibiting information blocking. For example, a governance mechanism would ensure that those participating in the exchange and interoperability of health information, including, for example, health IT vendors, can be held accountable. And, defining and outlining basic expectations would improve interoperability and the exchange of information. Moreover, providers would be able to make more informed purchasing decisions if they had a better sense of the costs, capabilities, limitations, and other performance characteristics of certified health IT. And, lastly, prohibiting information blocking and associated business practices by providers, suppliers, and vendors of health IT certified under programs recognized by the National Coordinator would prevent unnecessary impediments to the use of health IT for the interoperable exchange of electronic health information. Of course, any action in this area should balance the need for availability of electronic health information with the need to promote patient safety, maintain the privacy and security of electronic health information, and protect the legitimate economic interests and incentives of providers, developers, and other market participants.

We share the goal of making this technology more usable, and should the Congress choose to legislate in this area, these actions could further help health IT reach its full potential. With that in mind, ONC is committed to moving forward by promoting the use of health IT to encourage information exchange, not only across the Department and Government-wide, but also with outside stakeholders, including the Congress. We realize everyone has a role to play in moving health IT systems forward and look forward to the challenge ahead of us. Thank you again for inviting me today.