**Testimony before the Committee on Oversight and Government Reform,
Subcommittees on Information Technology and Health Care, Benefits, and
Administrative Rules
United States House of Representatives**

**Statement of
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**Hearing on Opportunities and Challenges in Advancing Health Information
Technology
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Chairmen Hurd and Jordan, Ranking Members Kelly and Cartwright, and distinguished Subcommittee members, thank you for the opportunity to appear today. I am Dr. Karen DeSalvo, the National Coordinator for Health Information Technology in the US Department of Health and Human Services. I am proud to be here today representing the remarkable team at the Office of the National Coordinator for Health Information Technology (ONC) and to share with you the current state of health information technology (health IT) in our nation, and how we have been working collaboratively with a diverse array of stakeholders to help these systems realize their full potential now and in the future to support clinicians and consumers for better care and healthier people and communities.

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 Recovery and Reinvestment Act (ARRA). HITECH provided the resources and infrastructure needed to stimulate the rapid, nationwide adoption and use of health IT, especially electronic health records (EHRs). In the seven years since the HITECH Act was enacted, we have seen dramatic advancement in adoption and use of health IT. By 2014, nearly all hospitals (97 percent) reported possessing certified EHR technology[1]. Roughly three-quarters of physicians report possessing a certified EHR[2]. The combined efforts of HITECH initiatives such 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 an interoperable, digital health care system; but, we acknowledge that there is still much work to do to realize the digital dividend.

Prior to becoming the National Coordinator in January 2014, I worked in a variety of settings that 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 and the Senior Health Policy Advisor to the Mayor of New Orleans, and a professor of medicine

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[1] Charles, D., Gabriel, M., Searcy T. (April 2015) Adoption of Electronic Health Record Systems among U.S. Non-Federal Acute Care Hospitals: 2008-2014. ONC Data Brief, no.23. Office of the National Coordinator for Health Information Technology: Washington DC.

[2] Heisey-Grove, D., Patel, V. (September 2015) Any, Certified, or Basic: Quantifying Physician EHR Adoption. ONC Data Brief, no. 28. Office of the National Coordinator for Health Information Technology: Washington DC.

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 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.

As a result, since I became the National Coordinator, ONC has been working systematically and intensely to harness the health care industry's energy and consumer demands for interoperability to drive improvement in health. We respect and feel the strong sense of urgency and have acted on it.

We delivered a clear strategy to get to an interoperable health system in "Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap version 1.0".[3] The Roadmap focuses primarily on impactful, near-term actions we all can take by the end of 2017 to improve interoperability. These actions are as follows: 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 for stakeholders to implement in order to enable interoperability, such as shared standards and expectations around privacy and security; and third, "Outcomes," which serve as metrics by which stakeholders will measure our collective progress on implementing the Roadmap. Since we released the Roadmap, we have been working systematically to meet our expected deliverables and milestones. For example, in September 2015, we undertook a project to develop a State Interoperability Roadmap with the National Governors Association. This on-going work will help to guide states in addressing disparate state privacy laws that may impede nationwide interoperability. We also recently launched the Interoperability Proving Ground, a website that provides stakeholders with an open, community platform to share, learn, and be

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[3] https://www.healthit.gov/sites/default/files/hie-interoperability/nationwide-interoperability-roadmap-final-version-1.0.pdf

inspired by interoperability projects taking place across the nation. To help support and advance the development of market-ready, user-friendly approaches, in March we launched a $625,000 strategic investment to connect and accelerate the industry's use of *Fast Healthcare Interoperability Resources* (FHIR)[4] standards-based application programming interfaces (APIs)[5] for consumers and providers, which includes two challenge contests to spur private sector innovation.

Additionally, ONC is currently taking advantage of a changing payment landscape that is improving the business case for interoperable health IT. A key component of the Administration's Delivery System Reform initiative is expanding the use of alternative payment models that reward value over volume and support better care coordination and population health. A strong health IT infrastructure is a necessary feature to achieve those goals. ONC actions are designed to drive towards better distribution of information and leveraging technology to support Delivery System Reform. At the same time, the Department's work to advance payment reform directly supports the business case needed to drive towards an interoperable, digitized care system.

Further, recognizing the essential role of the private sector in moving interoperability forward, Secretary Burwell recently announced an important step in furthering several shared priorities. On February 29, the Secretary highlighted that companies that provide 90 percent of electronic health records used by hospitals nationwide, healthcare systems with facilities in 46 states, and more than a dozen professional associations and stakeholder groups [6] have agreed to implement three core commitments around consumer access, information blocking, and standards. The organizations that made these commitments represent technology developers, hospitals, integrated healthcare organizations, medical groups and physician offices, academic facilities, long-term and behavioral healthcare settings, professional and advocacy organizations, and patients throughout the country.

We understand the importance of a broad, all-of-government strategic approach to achieving interoperability and a better health care system. In October 2015 we issued the Federal Health IT Strategic Plan 2015-2020. This Plan, developed in partnership with over 35 Federal

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[4] FHIR is a standard being developed by a standards development organization, HL7, to support the exchange healthcare information electronically.

[5] These are technology tools that underpin many consumer applications (apps) and will enable the development of new functionalities to build bridges across systems and provide increased data access.

[6] www.healthit.gov/commitment

entities, demonstrates the extensive interest across the Federal Government in digitizing the health experience for all individuals and facilitating 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.

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.

Karen B. DeSalvo, M.D., M.P.H., M.Sc.

Dr. Karen DeSalvo is a physician who has served as a leader through her 20-year career toward improving access to affordable, high quality care for all people with a focus on vulnerable populations through her direct care, medical education and administrative roles. Before coming to the Office of the National Coordinator for Health IT, she was the New Orleans Health Commissioner and New Orleans Mayor Mitchell Landrieu's Senior Health Policy Advisor. Before joining the Mayor's administration, Dr. DeSalvo was a professor of medicine and vice dean for community affairs and health policy at Tulane University School of Medicine. Following Hurricane Katrina, she created an innovative model of neighborhood-based primary care and mental health services for low-income, uninsured and other vulnerable individuals, and was the founder and president of 504HealthNet, a consortium of safety net providers in the New Orleans region. Dr. DeSalvo served as president of the Louisiana Health Care Quality Forum and the National Association of Chiefs of General Internal Medicine. She has served on the boards of the National Association of County and City Health Officials and the Society of General Internal Medicine. Dr. DeSalvo was recognized as one of "Women of Excellence in Health Care" by the Louisiana Legislative Women's Caucus and named a "Children's Hero" by the Children's Bureau of New Orleans and Family Service of New Orleans named her as one of their Ten Outstanding Persons. In 2013, Governing Magazine named Dr. DeSalvo one of nine Public Officials of the Year. She earned her Medical Doctorate and Master's in Public Health from Tulane University, and Master's in Clinical Epidemiology from Harvard School of Public Health.