OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

TABLE OF CONTENTS

FY 2012 CONGRESSIONAL BUDGET JUSTIFICATION PAGE

PERFORMANCE BUDGET OVERVIEW

Organizational Chart....3
Discretionary All-Purpose Table....6
Overview of Budget Request....6
Overview of Performance....6
Summary of Targets and Results Table....7
Discussion of Strategic the Plan and Table....7
Summary of Recovery Act Outlays and Performance....10
Appropriations Language....12
Summary of Changes....13
Budget Authority by Activity....14
Authorizing Legislation....15
Appropriations History....16

NARRATIVE BY ACTIVITY

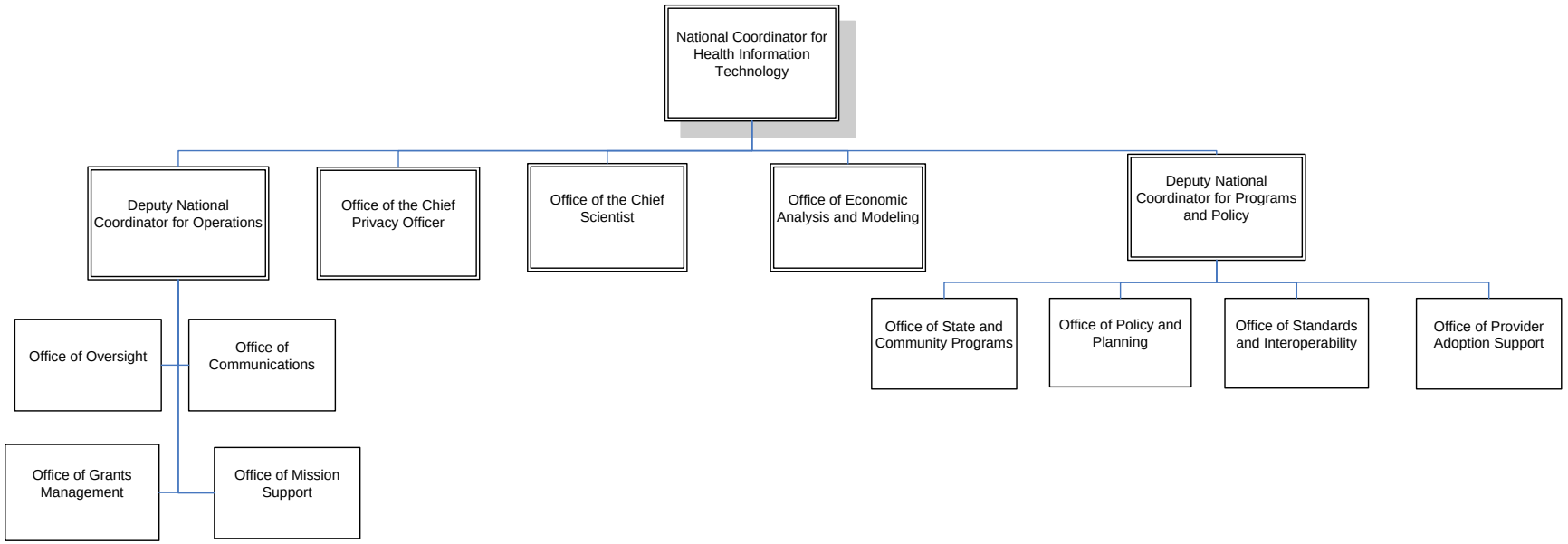
Office of the Deputy National Coordinator for Programs and Policy....18
Office of the Chief Scientist....29
Office of the Chief Privacy Officer....32
Office of Economic Analysis and Modeling....35
Office of the Deputy National Coordinator for Operations....38

SUPPORTING EXHIBITS

FTE Pay Analysis....40
Analysis of FTE Change FY 2010-FY 2012....41
FTE Detail....42
Amounts Available for Obligation....43
Budget Authority by Object Class....44
Salaries and Expenses....45

DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

ORGANIZATIONAL CHART



VISION

A health system that uses information to empower individuals and to improve the health of the population.

MISSION

To improve health and health care for all Americans through use of information and technology.

INTRODUCTION

Information is the lifeblood of modern medicine, and improving the flow of information is foundational to transforming health care. The Department of Health and Human Services' (HHS) Office of the National Coordinator for Health Information Technology (ONC) was created through Executive Order 13335, *Incentives for the Use of Health Information Technology and Establishing the Position of the National Health Information Technology Coordinator* and established in law through the American Recovery and Reinvestment Act of 2009 (Public Law 111-5, "Recovery Act"), and particularly, its Health Information Technology for Economic and Clinical Health (HITECH) provisions. ONC's goal is to pursue the modernization of the American health care system through the implementation and meaningful use of health information technology.

A high performing health system must take full advantage of the information technologies that have transformed every aspect of modern life. To enable health information to flow more effectively and efficiently throughout our health system, health information technology (health IT) advancements and the related efforts of ONC broadly support all of the HHS Secretary's priority goals.

In particular, ONC provides critical support to the Department's aspirations and the HHS Secretary's priority to *Transform Healthcare*. Information about patient care, population health and health system performance are essential to improving outcomes of care, the health of populations and the effective deployment and conservation of health care resources. Right now, such information is costly and difficult to collect and often completely unavailable. The "meaningful use" of Electronic Health Records (EHRs) and other forms of health IT promises to make critical data available for better decision-making by consumers, clinicians, health care managers and policy-makers at all levels of our health care system and of government.

ONC has collaborated with the Centers for Medicare and Medicaid to encourage the meaningful use of health IT through manners such as establishment of the Medicare and Medicaid EHR Incentive Programs. These programs provide incentive payments to eligible professionals, eligible hospitals and critical access hospitals (CAHs) as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. In establishing these programs through a final rule, ONC and CMS worked together to define Stage 1 of meaningful use. The initial stage outlines measures, which seek to:

- Improve the healthcare quality, safety, and efficiency while reducing health disparities,
- Engage patients and their families in their healthcare,
- Improve healthcare coordination,
- Improve population and public health, and
- Ensure adequate privacy and security protections for personal health information.

Subsequent meaningful use stages will build off of these measures to further improve advanced care processes and health outcomes.

ONC also provides leadership, program resources and services needed to guide nationwide implementation and meaningful use of health IT. The programmatic activities of ONC are carried out the following offices:

The *Office of the Deputy National Coordinator for Programs & Policy* is responsible for: implementing and overseeing grant programs that advance the nation toward universal meaningful use of interoperable health IT in support of health care and population health; coordinating among HHS agencies and offices and among relevant executive branch agencies and the public health IT programs and policies to avoid duplication of efforts and inconsistent activities; developing the mechanisms for establishing and implementing standards necessary for nationwide health information exchange; and formulating plans, policies and regulations related to the mission of ONC. These activities are carried out through:

- The Office of Policy and Planning;
- The Office of Standards and Interoperability;
- The Office of State and Community Programs; and
- The Office of Provider Adoption Support.

The *Office of the Chief Scientist* is responsible for applying research methodologies to perform evaluation studies of health information technology grant programs; identifying, tracking and supporting innovations in health IT; leading research activities mandated under the HITECH Act provisions of Recovery Act; promoting applications of health IT that support basic and clinical research; collecting and communicating knowledge of health care informatics from and to international audiences; collaborating with other agencies and departments on assessments of new health IT programs; and advising the National Coordinator concerning the educational needs of the field of health IT.

The *Office of the Chief Privacy Officer* is responsible for advising the National Coordinator on privacy, security, and stewardship of electronic health information and coordinating the ONC's efforts with similar privacy officers in other Federal agencies, State and regional agencies, and foreign countries.

The *Office of Economic Analysis and Modeling* utilizes advanced quantitative modeling to simulate the microeconomic and macroeconomic effects of investing in health IT and provides advanced policy analysis of health IT strategies and policies to the National Coordinator.

The *Office of the Deputy National Coordinator for Operations* is responsible for the activities that support ONC's numerous programs. These include: budget formulation and execution; contracts and grants management; facilities and internal IT management; human capital planning; stakeholder communications; policy coordination; and financial and programmatic oversight.

DISCRETIONARY ALL-PURPOSE TABLE

(dollars in thousands)

	FY 2010 Actuals	FY 2011 President's Budget	FY 2011 CR	FY 2012 Request
Budget Authority	41,461	78,334	42,325	57,013
PHS Evaluation Funds	19,011	0	19.011	21,400
Total Program Level	60,472	78,334	61,336	78,413
FTE	84	149	149	189

OVERVIEW OF BUDGET REQUEST

The FY 2012 President's Budget Request for ONC is $78.4 million including $21.4 million in Public Health Service (PHS) Evaluation Funds to support program activities and carry out Recovery Act responsibilities. This represents an increase of +$18.0 million above the FY 2010 actual level and includes an increase in PHS Evaluation Funds of +$2.4 million. This budget supports the implementation of the "*ONC-Coordinated Federal Health IT Strategic Plan*" and its planned revision, and HHS Strategic Plan, Goal 1: Transform Health Care. It also provides resources required to administer and manage the $2 billion appropriated to ONC under the Recovery Act and to support ONC's responsibilities as legislated under the HITECH Act, including promoting the meaningful use of health IT.

OVERVIEW OF PERFORMANCE

In FY 2012 ONC grants programs and policy development efforts will be well underway and making significant progress toward meeting the goals of the HITECH Act provisions of the Recovery Act. In so doing, ONC is working toward the goal that all Americans will benefit from secure, interoperable EHR technology. ONC's efforts to encourage the development and adoption of health IT are also critical to achieving the Department's overall goals for health care and delivery system reform.

ONC efforts, as well as corresponding performance goals, are structured according to the following five priority areas of the Administration's health IT strategy:

- Achieve adoption and information exchange through meaningful use of health IT,
- Improve care, population health, and increase efficiency through the use of health IT,
- Inspire confidence and trust in health IT,
- Empower individuals with health IT to improve their health and the health care system, and
- Achieve rapid learning and technological advancement.

SUMMARY OF TARGETS AND RESULTS TABLE

Fiscal Year	Total Targets	Targets With Results Reported	Percentage of Targets With Results Reported	Total Targets Met	Percentage of Targets Met
2007	3	3	100%	1	33%
2008	4	3	75%	0	0%
2009	4	2	50%	1	25%
2010	8	8	100%	7	88%
2011	14	TBD	TBD	TBD	TBD
2012	13	TBD	TBD	TBD	TBD

DISCUSSION OF THE STRATEGIC PLAN AND TABLE

ONC is the principal Federal organization charged with coordination of national efforts related to the implementation and use of electronic health information exchange. Although computer technology has changed the way that Americans communicate and share information, for the most part health care data are still available to health care providers and patients only through paper and film records. Leading the public and private sector efforts to improve the quality of health and care through information technology is a key ONC role.

ONC published the "*ONC-Coordinated Federal Health IT Strategic Plan: 2008 - 2012*" in June 2008. In light of the section 3001 (C) 3 of the Recovery Act, this document is being updated and will be re-released in the spring of 2011.

	ONC Goal 1: Encourage Adoption and Meaningful Use of Health IT	ONC Goal 2: Engage Consumers in Health Care Through Health IT	ONC Goal 3:. Inspire Confidence and Trust in Health IT	ONC Goal 4: Enable Rapid Learning, Knowledge Creation and Health Reform
1 Transform Health Care				
1.A: Make coverage more secure for those who have insurance, and extend affordable coverage to the uninsured				
1.B: Improve health care quality and patient safety				
1.C: Emphasize primary and preventive care linked with community prevention services				
1.D: Reduce the growth of health care costs while promoting high-value, effective care				
1:F: Promote the adoption of health information technology	X	X	X	X
2 Advance Scientific Knowledge and Innovation				
2.A: Accelerate the process of scientific discovery to improve patient care				
2.B: Foster innovation at HHS to create shared solutions				
2.C: Invest in the regulatory sciences to improve food and medical product safety				
2.D: Increase our understanding of what works in public health and human service practice				
3 Advance the Health, Safety and Well-Being of Our People				
3.A: Ensure the safety, well-being, and healthy development of children and youth				
3.B: Promote economic and social well-being for individuals, families, and communities				
3.C: Improve the accessibility and quality of supportive services for people with disabilities and older adults				
3.D: Promote prevention and wellness				
3.E: Reduce the occurrence of infectious diseases				
3.F: Protect Americans' health and safety during emergencies, and foster resilience in response to emergencies				

4 Increase Efficiency, Transparency and Accountability of HHS Programs				
4.A: Ensure program integrity and responsible stewardship of resources				
4.B: Fight fraud and work to eliminate improper payments				
4.C: Use HHS data to improve the health and well-being of the American people				
4.D: Improve HHS environmental, energy, and economic performance to promote sustainability				
5 Strengthen the Nation's Health and Human Services Infrastructure and Workforce				
5.A: Invest in the HHS Workforce to help meet America's health and human service needs today and tomorrow				
5.B: Ensure that the Nation's health care workforce can meet increased demands				
5.C: Enhance the ability of the public health workforce to improve public health at home and abroad				
5.D: Strengthen the Nation's human services workforce				
5.E: Improve national, state, and local, and tribal surveillance and epidemiology capacity				

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

SUMMARY OF RECOVERY ACT OUTLAYS

(dollars in millions)

ARRA Implementation Plan[1]		Outlays		
	Program Total	FY 2009/ FY 2010	FY 2011	FY 2012
Health IT Extension Program	774.0	28.4	192.8	382.5
State Health Information Exchange	564.0	18	144.0	234.7
Beacon Communities	265.3	1.8	67.75	110.4
Workforce	118	3.3	30.1	49.1
Omnibus	203.8	2.6	52.0	74.8
Public Health	30.6	0.5	7.8	12.7
Privacy and Security	24.3	2.1	4.1	10.1
Totals	1980.0	56.7	498.6	874.3[2]

SUMMARY OF RECOVERY ACT PERFORMANCE

Implementation Plan 1: Health Information Technology

Performance Measure	FY 2010 Result	FY 2011 Target	FY 2012 Target
Medical professionals receiving incentive payments for achieving the meaningful use of an electronic health record to: improve	See CMS measure set		
Community pharmacies able to receive and process electronic prescriptions	85% baseline	89%	97%
Students completing training programs at community colleges to become health IT professionals[3]	N/A	6,500	5,250
Providers Registered to receive services from Regional Extension Centers	11,875	50,000	100,000
Adoption of EHRs among providers who have registered with Regional Extension Centers for at least 10 months.	N/A	40%	60%

[1] Does not include $20 million transferred to and managed by the National Institute for Standards and Technology at the Department of Commerce.

[2] Discrepancies between this table and the FY 2012 Budget Appendix are due to the omission of $524,300,000 in end of previous year ARRA balances from the Budget Appendix in FY 2012.

[3] ONC has revised the targets for this measure from original estimates of 700 in FY 2011 and 7,000 in FY 2012 to 6,500 in FY 2011 and 5,250 in FY 2012. These revisions (1) increase the FY 2011 target to reflect the enrollment of 2,287 students in these programs during the final months of FY 2010, which was higher than the 700 originally forecast, and (2) lowering the FY 2012 estimate to reflect the period of the fiscal year that is within the Cooperative Agreement Grant program's period of performance. Note that the purpose of the program is to create a *sustainable increase* in the capacity of the nation's community colleges to train health IT professionals. ONC expects students to continue enrolling in and completing these training programs after the grant's period of performance. Accordingly, the full year estimated target for students trained in FY 2012 is 10,500.

For more information about ONC's Recovery Act Implementation Plan and Government Performance and Results Act performance measures, read the Online Performance Appendix to the FY 2012 President's Budget Request at http://dhhs.gov/asfr/ob/docbudget or in the About ONC section of http://healthit.hhs.gov.

To view the Recovery Act Implementation Plan for health information technology visit http://recovery.gov.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

APPROPRIATIONS LANGUAGE

For expenses necessary for the Office of the National Coordinator for Health Information Technology, including grants, contracts and cooperative agreements for the development and advancement of interoperable health information technology $78,413,000 Provided, That in addition to amounts provided herein, $21,400,000 shall be available from amounts available under section 241 of the Public Health Service Act. (Department of Health and Human Services Appropriations Act, 2009.)

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

SUMMARY OF CHANGES

2010

Total estimated budget authority	$41,461,000
(Obligations)	-$60,472,000

2012

Total estimated budget authority	$57,013,000
(Obligations)	-$78,413,000

Net Change obligations	+$17,941,000
Net Change budget authority	+$15,552,000

	FY 2012 Estimate FTE	FY 2012 Estimate Budget Authority	Change from Base FTE	Change from Base Budget Authority
Increases:				
A. Program:				
1. Deputy National Coordinator for Programs and Policy	24	$43,587,000	+13	+$19,055,000
[Including increase in Evaluation Funds of]		[$11,896,000]		[+$4,184,000]
2. Office of the Chief Privacy Officer	6	$5,923,000	+3	$3,578,000
[Including increase in Evaluation Funds of]		[$1,616,000]		[+$879,000]
Total, Program Increases.	**30**	**$49,510,000**	+16	**+$22,633,000**
Decreases:				
A. Program:				
1. Deputy National Coordinator for Operations	57	$22,099,000	+25	-$3,631,000
[Including decrease in Evaluation Funds of].		[$6,031,000]		[-$2,058,000]
2. Office of Economics Analysis and Modeling	6	$3,177,000	+4	-$828,000
[Including decrease in Evaluation Funds of]		[$897,000]		[-$362,000]
3. Office of the Chief Scientist	15	$3,627,000	+6	-$234,000
[Including decrease in Evaluation Funds of].		[$990,000]		[-$224,000]
Total, Program Decreases	**78**	**$28,903,000**	+35	**-$4,693,000**
Net Change	**108**	**$49,510,000**	+51	**+$22,633,000**

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

BUDGET AUTHORITY BY ACTIVITY

	FY 2010 Actual	FY 2011 CR	FY 2012 PB
1. DNC Programs and Policy	24,532,000	26,138,000	43,587,000
Total, DNC Programs and Policy	**24,532,000**	**26,138,000**	**43,587,000**
2. DNC Operations	25,730,000	23,223,000	22,099,000
Total, DNC Operations	**25,730,000**	**23,223,000**	**22,099,000**
3. Office of the Chief Scientist	3,861,000	3,553,000	3,627,000
Total, Office of the Chief Scientist	**3,861,000**	**3,553,000**	**3,627,000**
4. Office of the Chief Privacy Officer	2,345,000	5,070,000	5,923,000
Total, Office of the Chief Privacy Officer	**2,345,000**	**5,070,000**	**5,923,000**
5. Office of Economic Analysis and Modeling	4,005,000	3,352,000	3,177,000
Total, Office of Economic Analysis and Modeling	**4,005,000**	**3,352,000**	**3,177,000**
Total, Budget Authority	**60,473,000**	**61,336,000**	**57,013,000**
FTE	84	149	189

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

AUTHORIZING LEGISLATION

	FY 2011 Amount Authorized	FY 2011 Continuing Resolution	FY 2012 Amount Authorized	FY 2012 Pres. Budget
Health Information Technology Activity:				
1. Health Information Technology PHS Act 42 U.S.C. 201……	Indefinite	$42,332,000	Indefinite	$57,013,000
2. PHS Evaluation Funds (non-add) PL 111-117.....	Indefinite	$19,011,000	Indefinite	$21,400,000
Total request level.....		$61,343,000		$78,413,000

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

APPROPRIATIONS HISTORY TABLE

	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
FY 2006				
General Fund Appropriation:				
Base	$75,000,000	$58,100,000	$32,800,000	$42,800,000
PHS Evaluation Funds	$2,750,000	$16,900,000	$12,350,000	$18,900,000
Advance				
Rescissions (P.L. 109-148)				($428,000)
Transfer to CMS				($29,107)
Subtotal	$77,750,000	$75,000,000	$45,150,000	$61,242,893
FY 2007				
General Fund Appropriation:				
Base	$89,872,000	$86,118,000	$51,313,000	$42,402,000
PHS Evaluation Funds	$28,000,000	$11,930,000	$11,930,000	$18,900,000
Advance				
Subtotal	$117,872,000	$98,048,000	$63,243,000	$61,302,000
FY 2008				
General Fund Appropriation:				
Base	$89,872,000	$13,302,000	$43,000,000	$42,402,000
PHS Evaluation Funds	$28,000,000	$48,000,000	$28,000,000	$18,900,000
Advance				
Subtotal	$117,872,000	$61,302,000	$71,000,000	$60,561,000

	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
FY 2009				
General Fund Appropriation:				
Base	$18,151,000	$43,000,000	$60,561,000	$43,552,000
PHS Evaluation Funds	$48,000,000	$18,900,000	$0	$17,679,000
Advance				
ARRA (P.L. 111-5)				$2,000,000,000
Subtotal	$66,151,000	$61,900,000	$60,561,000	$2,061,231,000
FY 2010				
General Fund Appropriation:				
Base	$42,331,000	$0	$42,331,000	$42,331,000
PHS Evaluation Funds	$19,011,000	$61,342,000	$19,011,000	$19,011,000
Advance				
Subtotal	$61,342,000	$61,342,000	$61,342,000	$61,342,000
FY 2011				
General Fund Appropriation:				
Base	$87,113,000	$69,842,000	$78,334,000	$61,343,000
Advance				
Subtotal	$87,113,000	$69,842,000	$78,334,000	$61,343,000

BUDGET NARRATIVES

OFFICE OF THE DEPUTY NATIONAL COORDINATOR FOR PROGRAMS AND POLICY

	FY 2010	FY 2011	FY 2012	FY 2012 +/-
	Actuals	Continuing Resolution (CR)	President's Budget Request	FY 2010
Budget Authority	16,820,000	18,031,000	31,691,000	+14,871,000
PHS Evaluation Funds	7,712,000	8,107,000	11,896,000	+4,184,000
Total Program Level	24,532,000	26,138,000	43,587,000	+19,055,000
FTE	38	79	105	+67

1/Privacy and security activities for FY 2010 and FY 2011 are included in the Office of the Chief Privacy Officer for comparability with the FY 2012 request.

Authorizing Legislation: PHS Act 42 U.S.C. 201
Allocation Method: Contract, Cooperative Agreement, Grant

PROGRAM DESCRIPTION AND ACCOMPLISHMENTS

The Deputy Coordinator for Programs and Policy plays an important role in progressing towards the achievement of the HHS Secretary's priority to *Transform Health Care*. Its four program offices support efforts to accomplish the following:

- Develop and implement health IT policies that set the national direction,
- establish the "rules of the road" and best practices for the use and exchange of health IT,
- Establish state and community programs to create the infrastructure and demonstrations needed to improve health care efficiency and quality,
- Encourage the adoption of health IT, and
- Coordinate across and outside of the government to expand the use of health IT, and establish standards to govern meaningful use of health IT.

OFFICE OF POLICY AND PLANNING

Within ONC, the Office of Policy and Planning (OPP) has an important role in making progress towards the achievement of the HHS Secretary's priority to *Transform Health Care*. OPP's efforts focus on developing and implementing health IT policies that set the national direction, establish the "rules of the road" and best practices for the use of health IT and health information exchange, and support new requirements of health reform.

Federal Health IT Strategic Plan

As required by HITECH Subtitle A, Part 1 section 3001, ONC, in consultation with other appropriate Federal agencies, updated its Federal Health IT Strategic Plan. The Plan was sent to policy makers for review in CY 2010 and will be released in CY 2011. This effort will continue to be funded via Recovery Act funds through FY 2012.

Health Information Technology Policy Committee and Health Information Technology Standards Committee

As required by the HITECH Act Subtitle A, Part 1 section 3002 and section 3003, in 2009, ONC chartered the Health IT Policy Committee (HITPC) and the Health IT Standards Committee (HITSC), Federal Advisory Committee Act (FACA) bodies, to make policy and technical recommendations to the National Coordinator relating, but not limited to, defining meaningful use criteria for the Medicare and Medicaid EHR Incentive Programs under HITECH, protecting health IT privacy, promoting security in certified EHR technology, utilizing a certified EHR for all United States citizens, improving the quality of health care through use of certified EHRs, and implementing a nationwide health IT infrastructure and Federal Health IT Strategic Plan to support these activities.

Regulations

OPP has worked to increase the alignment of Federal regulations and Federal health IT policies where possible to ensure improved and consistent Federal and state policies.

ONC accomplished major steps toward the goal of facilitating meaningful use of certified health IT. In 2010 ONC issued final rules that established not only the temporary and permanent certification programs, but also the standards, implementation specifications, and certification criteria aligned with the Medicare and Medicaid EHR Incentive Programs. The establishment of these certification programs and the requirements for certified EHR technology sent a clear signal to health care providers to start taking steps to adopt and use EHRs in a meaningful manner; to vendors to start enhancing their products to make them capable of meaningful use; and to vendors, health care organizations and consumers concerning how personal health information must, and can be, kept private and secure.

OPP worked closely with the HITPC and with CMS to develop HHS' definition of the meaningful use of health IT advances. The definition supports five health care goals:

1. Improving quality, safety, efficiency and reducing disparities,
2. Engaging patients and families in their health care,
3. Improving population and public health,
4. Improving care coordination, and
5. Ensuring adequate privacy and security protections for personal health information.

OPP meaningful use efforts to date include working with the:

- Internal Revenue Service to provide guidance on: hospital tax-exempt status and Stark Anti-kickback statutes, Health Information Organizations and tax-exempt status, assuring that health information exchange organizations operating in the public interest were eligible to receive tax-exempt status,
- Drug Enforcement Agency on effective policies and publication of regulations to permit e-prescribing of controlled substances,
- Office of Civil Rights (OCR) and Centers for Medicare and Medicaid on HIPAA regulations and other related activities, and

Centers for Medicare and Medicaid to develop and publish guidance to address real and perceived barriers raised by the Clinical Laboratory Improvement Amendments (CLIA) and to publish the final rule to establish the Medicare and Medicaid EHR Incentive Programs.

State Coordination

States play a critical role in ONC's strategy to support hospitals and health care professionals in attaining meaningful use of health IT and encouraging widespread health information exchange. Efforts to coordinate with states (in addition to the State Health Information Exchange Program) include the State Alliance for e-Health, a consensus-based, executive-level body of state elected and appointed officials (in all levels of state government). State policy makers will play an important role in supporting clinical and public health information exchange necessary for meaningful use of health IT. OPP is supporting the

record number of states going through an administration change by providing a community of practice where best practices are shared and by creating customizable educational materials that states can provide to their new administration officials.

OFFICE OF STANDARDS AND INTEROPERABILITY

The Office of Standards and Interoperability (OSI) works to enable health information to be captured and exchanged among health IT systems – whether small physician practices or large hospital systems. The funding is allocated among several components that allow ONC to:

- Support the life-cycle of standards and implementation specifications for health IT,
- Identify existing or develop new standards, service descriptions and implementation specifications for health IT,
- Develop and maintain certification criteria and a certification process,
- Provide a core set of needed publicly accessible specifications, tools and services that support standardization and information exchange,
- Coordinate Federal participation in health information exchange (i.e., the Federal Health Architecture), and
- Support the Virtual Lifetime Electronic Record (VLER) project, a presidential priority creating a unified electronic record for military personnel and veterans.

OSI has undertaken a wide range of standard and certification criteria-related activities that support ONC's overall mission of meaningful use and the efforts of major grants programs established with Recovery Act funding. The meaningful use requirements progress from a focus on data collection to an increasing requirement for improved processes of care, better care coordination, and demonstration of improved outcomes. This progression of meaningful use depends fundamentally on the specification of standards, services, and policies that support interoperability of EHRs and actual information exchange.

Certification Process

ONC is collaborating with the National Institute of Standards and Technology (NIST) to develop and apply tests to ensure EHRs function in a manner that is compliant with the standards and technical requirements for meaningful use. This will assure consumers that the products they purchase will meet the requirements necessary to achieve meaningful use of health IT. In FY 2010 OSI implemented a temporary certification program, accredited five Authorized Testing and Certification Bodies, and established the Certified Health IT Products List, which are important advancements for ensuring standardization in health IT—a prerequisite for meaningful use.

Nationwide Health Information Network

The Nationwide Health Information Network is a collection of standards, protocols, legal agreements, specifications, and services that enables the secure exchange of health information over the Internet. The Nationwide Health Information Network is a key component of the nationwide health IT strategy and provides a common platform for health information exchange to achieve the goals of the HITECH Act. The Nationwide Health Information Network's standards, services, and policies will enable health information to follow the consumer, be available for clinical decision making, and support appropriate use of health care information beyond direct patient care so as to improve public health.

Another important part of ONC's Nationwide Health Information Network strategy is to provide a reference implementation of the Nationwide Health Information Network's interoperable standards and specifications for entities to use in exchanging information with each other. A reference implementation is a working software application that meets all the specification criteria for exchanging health information. It is both a quality check of the standards and implementation specifications and a template that Federal and private partners can use to develop their own software. The CONNECT project supports

such a reference implementation. CONNECT is a Federal Health Architecture (FHA) initiative to develop a production-ready open-source software solution that can be adopted by Federal systems as well as private entities to exchange health information. Additionally, ONC efforts include the DIRECT project, which develops specifications for a secure, scalable, standards-based way to establish universal health addressing and transport for participants (including providers, laboratories, hospitals, pharmacies and patients) to send encrypted health information directly to known, trusted recipients over the Internet. The Direct Project will expand the standards and service descriptions available to address the key Stage 1 requirements for meaningful use, and provide an easy "on-ramp" for a wide set of providers and organizations looking to adopt health information exchange. The Direct Project is making a high quality open-source reference implementation available to organizations that want to incorporate Direct Project specifications into their technologies or exchanges. ONC continues to support the CONNECT and Direct project efforts through its leadership role and strategic setting efforts.

ONC also supports the Nationwide Health Information Network's mission through its many programs, including the State HIE and Beacon Communities programs. Grant recipients for both of these programs, for example, are aiming to utilize Nationwide Health Information Network services and capabilities in order to share data and to help demonstrate health improvements.

Federal Health Architecture (FHA)
The FHA is a partnership among Federal agencies, ONC, and the Office of Management Budget (OMB). HHS, through ONC, is the managing partner. As the managing partner, ONC provides annual funding, coordination and oversight, and operationalizes the shared goals and objectives for the Federal partners. The Department of Defense (DOD) and the Department of Veterans Affairs (VA) serve as lead partners. The lead partners provide program funding. In addition, more than 20 agencies, all with health-related responsibilities, contribute time and expertise to participate in specific FHA activities. Through this group, a collaborative Federal voice informs the development of shared Federal standards and protocols, including the Nationwide Health Information Network, and provides a venue for implementing and deploying standards, services and policies that will allow data exchange with all entities across the nation.

OFFICE OF STATE AND COMMUNITY PROGRAMS

The Office of State and Community Programs (OSCP) coordinates the efforts of states in the health care provider adoption of health information exchange to meet requirements for CMS meaningful use financial incentives authorized by the Recovery Act. It also supports communities in applying health IT to demonstrate health care outcomes.

State Health Information Exchange (HIE) Cooperative Agreement Program
In FY 2009, the Deputy National Coordinator for Programs and Policy issued a State Health Information Exchange Cooperative Agreement Program. Public Health Service Act (PHSA) Title 42, Subtitle B, Sec. 3013, as added by American Recovery and Reinvestment Act of 2009 (Pub. L. 111-5) Division A, Title XIII, Subtitle C, section 13301 requires a program to promote the electronic movement and use of health information among organizations. The Recovery Act made $564 million available for a state health information exchange (HIE) grant program. As of March 2010, $300 million was awarded to specifically fund geographic-based regional and sub-national health information exchange efforts and their corresponding governance and policy frameworks. In addition, $247.7 million was awarded to provide technical services in support of national efforts towards health IT interoperability and statewide planning.

During FY 2010, ONC funded all eligible states, the District of Columbia, and five territories for a total of 56 grantees. All recipients were approved for planning grants, and OSCP has provided technical assistance to grantees as they develop their implementation plans. The technical assistance provided to states includes helping states address the grant program's priorities. These priorities include:

- Ensuring that state health information exchange efforts address the needs of small and low capacity providers,
- Enabling the improvement of individual and population health,
- Ensuring the effective deployment and conservation of health care resources, and
- Ensuring that providers in the states have a means of meeting the health information exchange requirements of the meaningful use incentive payments.

An additional $16 million of the Recovery Act funding was awarded in FY 2011 through supplemental awards to current grantees to make breakthrough progress in cross-cutting health information exchange areas including increasing consumer access to health information, improving transitions from acute to long-term care settings, and demonstrating population health applications for health information exchange. The supplemental awards will be made to states working on initiatives that are applicable and scalable to other communities and states.

Beacon Community Grants
In FY 2010, ONC awarded funding to 17 Beacon Communities in which clinicians, hospitals, and consumers commit to using health IT and related care delivery tools (e.g., clinical decision support technologies) and interventions (e.g., medical homes) to pursue significant improvements in quality, efficiency, and overall population health. As authorized by the HITECH Act, the Beacon Community program represents ONC's strategy for demonstrating health IT's role in accelerating gains in health care quality, efficiency, and population health. The Beacon Community program selected its awardees based on communities with above-average experience with EHRs, health information exchange, or other health IT. The Beacon Communities therefore consist of forward-looking communities judged as national leaders in health IT. Together, these communities are charged with deploying novel solutions and serving as innovation laboratories for the nation. In addition to awarding 17 Beacon cooperative agreements, ONC awarded a $9 million technical assistance contract to support the communities in achieving their objectives, capturing their practices and ideas, and disseminating implementation lessons to other communities.

OFFICE OF PROVIDER ADOPTION SUPPORT

The Office of Provider Adoption Support (OPAS) is responsible for helping health care providers utilize health IT effectively to improve the quality and efficiency of the care they deliver to their patients. Through the health IT Regional Extension Center (REC) program, the Health IT Research Center (HITRC), and the Community College Workforce program, OPAS has developed a national network of organizations that are focused on supporting individual providers and assisting them to achieve meaningful use. By providing a comprehensive strategy of support, OPAS is also working to support the President's goal of ensuring that all American's have access to an EHR system.

Health Information Technology Regional Extension Center (REC) Program
As required by the Public Health Service (PHS) Act Title 42, the Deputy National Coordinator for Programs and Policy initiated the REC program, which offers technical assistance, guidance, and information on best practices to support and accelerate health care providers' efforts to become meaningful users of EHRs. The extension program has established 62 regional centers, each serving a defined geographic area.

In FY 2010, ONC awarded REC cooperative agreements through three objective review cycles. Collectively, these RECs have service areas that cover the entire United States and will assist over 100,000 primary care providers operating in priority settings to achieve successful adoption and meaningful use of a certified EHR system. RECs are expected to work with both priority primary-care

providers who have not yet adopted EHR systems, and with those who already have EHR systems. OPAS also provided supplemental awards, which by the end of February 2011 will support over 1,777 critical access hospitals and rural hospitals with 50 beds or less.

Health Information Technology Research Center (HITRC)
As required by the Recovery Act, ONC established the HITRC. Its responsibilities include gathering relevant information on effective practices as well as helping RECs to collaborate with one another and with relevant stakeholders to identify and share best practices in EHR adoption and meaningful use.

The HITRC awarded task orders in nine key areas to eight organizations in FY 2010. The task orders cover a variety of interrelated tasks that the HITRC is responsible for, including, but not limited to, provision of technical expertise, creation of tools and trainings for ONC programs, regional and annual meeting planning, and creation of an online Customer Relations Management (CRM) tool for REC and ONC use in tracking provider progress in EHR implementation.

The HITRC is also facilitating Communities of Practice (CoPs) for the RECs. The membership is composed of participants from each REC and a subject matter expert for each community whose role is to provide technical assistance. These CoPs connect RECs for the purposes of sharing knowledge and collectively identifying barriers and solutions to the RECs' scope of work. The CoPs make extensive use of the expertise contracted through the HITRC Task Orders. There are currently 13 CoPs.

Community College Workforce Program
As required by the HITECH Act, in FY 2010, OPAS created a community college workforce programs to assist in the establishment and/or expansion of education programs designed to train a highly skilled workforce of health and information technology (IT) professionals to effectively establish and utilize secure, interoperable EHR systems. The workforce programs focused on several key resources needed to rapidly expand the availability of skilled health IT professionals who will support broad adoption and use of health IT in the provider community.

In April 2010, ONC awarded approximately $36 million in cooperative agreements to five regional recipients to establish a multi-institutional consortium within each designated region, which includes a total of 84 consortia member schools. The Community College Program is designed to prepare trainees with relevant prior experience in six months of intensive courses. The Community Colleges will train 7,000 graduates per year initially, with a gradual increase to 10,500 graduates per year. As of the end of FY 2010 the Community College Consortium had enrolled 2,287 students, exceeding its initial enrollment target of 300 students.

Additionally, in FY 2010, OPAS collaborated with the Department of Education and Department of Labor, to promote the development of a workforce that can meet the needs of the health IT community. OPAS will also partner with RECs to support the development of REC-focused job placement programs for health IT.

FUNDING HISTORY

FY 2007	47,996,000
FY 2008	45,929,000
FY 2009	48,665,000
FY 2010	26,138,000
FY 2011	26,138,000

BUDGET REQUEST

The FY 2012 Budget request for the Deputy National Coordinator for Programs and Policy is $43.6 million. This amount is an increase of +$14.9 million above the FY 2010 actual level and enables ONC to continue implementing HITECH Act provisions and meet ONC objectives. Funding will support ONC's regulation, standards and certification, and HITECH grant program objectives.

OFFICE OF POLICY AND PLANNING

The FY 2012 Budget request for OPP is $9.5 million, which is +$2 million above the FY 2010 actual level. The Budget request will support a variety of activities including, but not limited to the following items.

Health Information Technology Policy Committee and Health Information Technology Standards Committee

ONC is committed to using the HITPC and HITSC to support open and transparent processes for Federal health IT policy. The FY 2012 Budget request includes funding for continued support of the HITPC and HITSC created under the HITECH Act. In addition to monthly Committee meetings, the FY 2012 Budget will support the work of approximately ten sub-committees that will assess and make recommendations to ONC on critical health IT policy areas such as Stages 2 and 3 of meaningful use of health IT and privacy and security protections for electronic health information. These Committees will also provide recommendations on the standards and implementation specifications and certification criteria that will enable ONC's strategic goal of meaningful use of health IT.

HIT Policy Development

The FY 2012 Budget request will also allow OPP to continue health IT policy development. Funding will sustain OPP's continued coordination with states to facilitate health information exchange and address the unique role of states in the adoption and meaningful use of health IT. In FY 2012, OPP will support the State Health Policy Consortium to work on multi-state projects aimed at addressing more complex inter-state health information exchange issues. This includes harmonization of state laws regarding health information exchange to reduce barriers in achieving future stages of meaningful use of health IT.

In FY 2012 OPP will also continue activities to assess the long-term consequences, including unintended effects, of the adoption and meaningful use of EHRs and other patient safety concerns related to health IT. OPP will use this funding to assess, and take action related to, unintended consequences and patient safety based on the 2011 Institute of Medicine (IOM) report recommendations.

Additionally, OPP's request supports aligning maintenance of medical specialty certification requirements with meaningful use. Maintenance of Certification (MOC) promotes lifelong learning and the enhancement of the clinical judgment and skills essential for high quality patient care, an HHS priority.

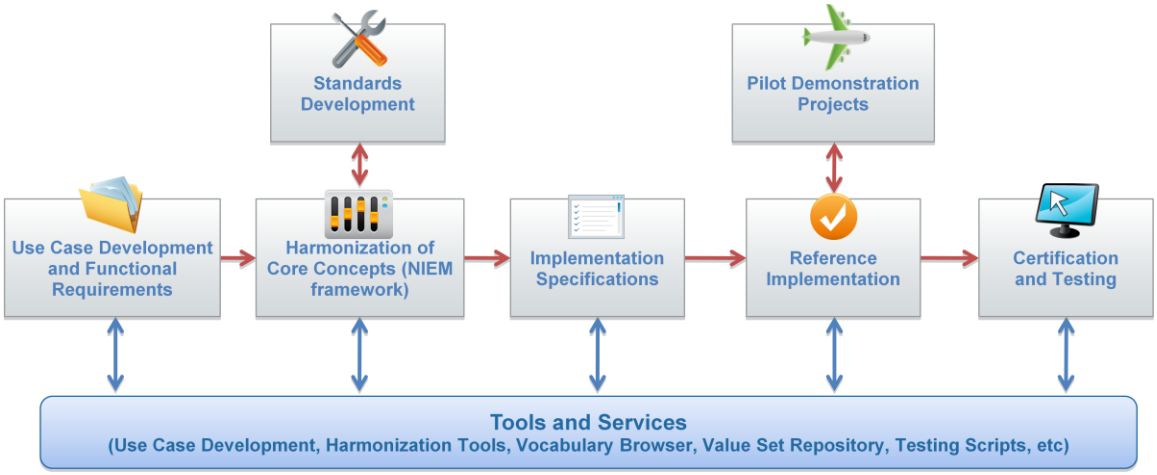
OFFICE OF STANDARDS AND INTEROPERABILITY

The FY 2012 Budget request for OSI is $22.7 million, which is +$12.9 million above the FY 2010 actual level. The Budget request will support a variety of activities including, but not limited to the following items.

Standards Development and Harmonization

The FY 2012 Budget request includes funding for standards development and harmonization to support ONC's strategic goal of achieving meaningful use. This will be focused on continuing the standards development and harmonization processes using the Standard and Interoperability Framework (S&I Framework). The S&I Framework is a set of integrated functions, processes, and tools being guided by the healthcare and technology industry to achieve harmonized interoperability for healthcare information

exchange. Each component of the S&I Framework (represented by the graphic sub-components below) is a process implemented by a team to generate artifacts to enable explicit instantiations of healthcare data exchange scenarios.



OSI will develop vocabulary and terminology extensions to prepare for Stage 2 of meaningful use, and develop the tools and services (in collaboration with the National Library of Medicine) to support Stage 2 meaningful use standards. A significant proportion of our resources will go to support new use cases for meaningful use in Stage 2. These efforts will include continuation of work in progress related to standards development, testing and implementation, expansion of the standards and interoperability framework to enable the repurposing of health data for the purposes of public health, clinical research, and quality improvement. This will include leveraging standards developed as part of the Strategic Health IT Advanced Research Project (SHARP) grants into meaningful use standards to support secondary reuse of data, and modular designs for EHR technology. OSI will also work towards developing and harmonizing standards to facilitate exchange of behavioral health information.

Nationwide Health Information Network Activities

The FY 2012 Budget request will support activities pertaining to the Nationwide Health Information Network, which has been defined as the "standards, services and policies" that enable the Internet to be used for the secure exchange of health information, to improve a patient's health and health care. These activities include operational support and "on-boarding" of new participants through conformance and interoperability testing. Funding is included to continue supporting CONNECT to develop software that instantiates Nationwide Health Information Network specifications, and provides a reference implementation to the Nationwide Health Information Network's standards and specifications. The Nationwide Health Information Network will provide the necessary specifications to enable hospitals and health care professionals to exchange health information and achieve meaningful use. OSI is working to develop an effective governance mechanism for the Nationwide Health Information Network with the goal of it attaining a self-sustaining business model.

Nationwide Health Information Network Governance

The request also funds Nationwide Health Information Network governance activities, which will satisfy statutory requirements set forth in HITECH Subtitle A, Part 1 section 3001. Specifically, the funds will be used for resources and support associated with developing a governance mechanism for health information exchange, which will be accomplished through rulemaking in FY 2011. As more and more physicians and hospitals become meaningful users of certified EHR technology, the need will grow for entities that can provide services to facilitate secure, reliable exchange of electronic health information. As a critical part of that governance mechanism, OSI will support governance processes for policies and

oversight, including establishing a new accreditation program for entities that provide exchange services to support health care professionals and hospitals in being meaningful users of health IT. In addition to meeting a statutory requirement, the Nationwide Health Information Network governance funding will support ONC strategic goals of achieving meaningful use and inspiring confidence in health IT by establishing a secure and reliable exchange.

Federal Health Architecture
The FY 2012 Budget Request will also support the cross government Federal Health Architecture (FHA) program, which is funded by partner agencies and headed by the HHS CIO Office. This funding supports agency coordination and alignment of agency health IT investments, coordination around standards development and support, and the creation of a shared repository of standards, service descriptions and interoperability specifications within the ONC Standards and Interoperability framework to support the Federal agencies. The FHA allows for discussions to occur with existing funding partners, as well as an opportunity to seek out additional partners to secure future funding if required and approved. The FHA is not building a health information exchange system but rather helping to architect solutions. FHA partners reevaluate the lifecycle costs yearly during strategy planning to identify the next year's work plan.

OFFICE OF STATE AND COMMUNITY PROGRAMS

The FY 2012 Budget request for OSCP is $4.9 million, which is +$1.8 million above the FY 2010 actual level. The Budget request will support a variety of activities including, but not limited to the following items.

Beacon Community and State Health Information Exchange (HIE)
The FY 2012 Budget request will enable OSCP to continue implementation of HITECH Act grant programs, specifically the Beacon Community and State Health Information Exchange (HIE) Programs. Funding will provide for additional staff and contract support to implement the following:

- Engaging in oversight activities such as site visits to ensure the grantees are implementing the program according to the requirements;
- Coordinating with grantees to identify best practices for health IT adoption and health information exchange and for using health IT to achieve improved health care outcomes
- Convening states and communities to share lessons learned and communicate program direction;
- Assisting Beacon Communities in the development of health care outcome goals and reporting that will demonstrate health IT's ability to improve population health; and
- Building State capacity to facilitate health information exchange through their health IT Coordinators by communicating Federal health IT policy direction, updating states on current nationwide health IT activities, and receiving feedback from the states on their health IT challenges.

OFFICE OF PROVIDER ADOPTION SUPPORT

The FY 2012 Budget request for OPAS is $6.5 million, which is +$2.4 million above the FY 2010 actual level. The FY 2012 Budget request will allow OPAS to sustain the momentum of HITECH implementation and support the following efforts:

Meaningful Use

- Work with the RECs to understand the challenges of implementation and use this information to shape the development of Stage 2 meaningful use, and
- Revise technical assistance programs and update training systems to reflect Stage 2 of meaningful use.

Heath Information Technology Research Center

- Support CoPs that will facilitate communication among REC and provider groups that are working on achieving meaningful use,
- Support the research, development, and dissemination of best practices, and
- Support programs' integration into health care reform efforts and creation of regional quality measurement integrators.

Adoption Support

- Increase focus on functional interoperability, especially for labs, e-prescribing and public health interfaces,
- Develop systems to assist large hospitals/health care systems to leverage the best practices from the RECs and move towards meaningful use, and
- Work with EHR vendors to support their efforts in promoting meaningful use.

OUTPUTS AND OUTCOMES TABLE

For a complete discussion of ONC's performance measures, view the Online Performance Appendix to the FY 2012 President's Budget request at http://dhhs.gov/asfr/ob/docbudget/.

Key Indicators	Most Recent Result (FY 2010)	FY 2010 Target	FY 2012 Target	FY 2012 +/- FY 2010
1.A.1: Percent of office-based physicians who have adopted electronic health records[4]	25%	25%	40%	+15%
1.A.2: Percent of office-based primary care physicians who have adopted electronic health records[5]	30%	23%	35%	+12%
1.A.3: Percent of acute care hospitals participating in Medicare and Medicaid that have adopted electronic health records[6]	19%	19% Baseline	34% Increasing	+15%
1.B.1: Percent of eligible hospitals receiving meaningful use incentive payments	N/A	TBD Baseline	TBD Increasing	N/A
1.B.2: Percent of eligible professionals receiving meaningful use incentive payments	N/A	TBD Baseline	TBD Increasing	N/A
1.C.1: Establish a network of Regional Extension Centers covering 100% of the U.S. population by the end of FY 2010	100%	100%	100%	--

[4] As defined in the Funding Opportunity Announcement for the HITECH program for Health Information Technology Extension Centers, priority primary care providers are physicians (Internal Medicine, Family Practice, OB/GYN, Pediatrics) and other healthcare professionals (PA, NP, Nurse Midwife) with prescribing privileges in the following settings: small group practices (10 or less providers); ambulatory clinics connected with a public or critical access hospital; community health centers and rural health clinics; other ambulatory settings that predominantly serve uninsured, underinsured, and medically underserved populations.

[5] This measure is derived from the NAMCS and reported by the National Center for Health Statistics (NCHS) in the December 2010 publication, "Electronic Medical Record/Electronic Health Record Systems of Office-based Physicians" http://www.cdc.gov/nchs/data/hestat/emr_ehr_09/emr_ehr_09.htm.

[6] "Adoption" of an electronic health record for this measure is defined as "basic, with notes" adoption, as in DesRoches et al. 2008 in the New England Journal of Medicine article *Electronic Health Records in Ambulatory Care – A National Survey of Physicians* http://www.nejm.org/doi/pdf/10.1056/NEJMsa0802005.

1.C.2: Number of priority primary care providers registered to receive services from a Regional Extension Center	11,875	30,000	100,000	70,000
1.C.3: Electronic health record adoption rate among providers registered and working with ONC Regional Extension Centers for at least 10 months	TBD Baseline	N/A	60%	N/A
1.D.1: Number of students enrolled in health IT training programs at Community College Consortia participants	2,287	300	6,500	6,200
1.D.2: Cumulative number of students completing health IT training programs at community colleges to become HIT professionals[7]	N/A	N/A	12,250	+12,500
1.E.1: Percentage of community pharmacies in the U.S. that are capable of exchanging health information electronically	85%	85%	97%	+12%
1.F.1: Number of organizations using at least once complete NWHIN information component to exchange information	2	10	N/A	N/A
5.A.1: Number of physicians participating in Beacon Community interventions	N/A	N/A	TBD	N/A
5.A.2: Proportion of eligible providers in Beacon Communities that receive meaningful use incentive payments	N/A	N/A	60%	N/A

[7] The period of performance for the Community College Consortia to Educate Health IT professionals ends April 2, 2012. Accordingly, performance targets reported here are pro-rated for the portion of FY 2012 that includes the grant program's period of performance. During the period of FY 2012 within the period of performance, ONC expects 5,250 students to be trained. At the full-year FY 2012 performance level, ONC expects the community colleges associated with the Consortia to have the capacity to train 10,500 students per year, thus resulting in a cumulative total of 17,250 students trained by the end of the fiscal year on September 30, 2012.

OFFICE OF THE CHIEF SCIENTIST

	FY 2010	FY 2011	FY 2012	FY 2012 +/-
	Actuals	Continuing Resolution (CR)	President's Budget Request	FY 2010
Budget Authority	2,647,000	3,861,000	2,637,000	-10,000
PHS Evaluation Funds	1,214,000	1,690,000	990,000	-224,000
Total Program Level	3,861,000	3,603,000	3,627,000	-234,000
FTE	9	14	15	+1

Authorizing Legislation: PHS Act 42 U.S.C. 201
Allocation Method: Contract, Cooperative Agreement, Grant

PROGRAM DESCRIPTIONS AND ACCOMPLISHMENTS

The Office of the Chief Scientist (OCS) is responsible for: applying research methodologies to assess progress and trends in health IT science and technology; identifying, tracking and supporting innovations in health IT; leading research activities to support the goals of the U. S. Department of Health and Human Services (HHS) Strategic Plan and National Health Care Quality Strategy and Plan; promoting applications of health IT that support basic and clinical research; exchanging knowledge of health informatics and effective practices in health IT application with international audiences; collaborating with Federal agencies on new health IT programs; and advising the National Coordinator concerning current and anticipated developments in information science and health information technology.

Evaluation

Working collaboratively with all affected ONC components, and in especially close partnership with the Office of Economic Analysis and Modeling (OEAM), the OCS monitors program performance, evaluates major grant programs, and tracks national progress towards achieving the goals laid out in HITECH.

Historically, ONC tracked and reported on a subset of performance measures directly related to the measurement of adoption of EHRs. ONC is working closely to identify a broader set of performance measures based on the need of health IT to support the Secretary's priority to transform health care. These measures will reflect the scope of programs and products being overseen by ONC. Beyond measures of adoption, this will include high priority performance goals related to technical assistance for priority providers to adopt and become meaningful users of EHRs, measures of the active exchange of clinical information, active participation in the Nationwide Health Information Network, as well as measures related to the certification of EHR products. The breadth of measures will represent a much fuller picture of ONC's responsibilities and collaborative work to accomplish the goals of HITECH and support health reform.

Using one percent of HITECH funds, in 2010, ONC awarded a portfolio of contracts tasked with providing timely, systemic input into program operations and providing an impartial evaluation of the overall success of each of the individual grant programs as well as a global assessment of how these programs interact to achieve widespread adoption and their impact on health outcomes.

Innovation

OCS provides support for health IT innovation efforts both within ONC, HHS, and the Administration as well as the broader health IT development community in an effort to support widespread adoption of

health IT through the achievement of meaningful use. While current programs represent the near-term steps towards improved health delivery, substantial innovation is needed to create the foundation for the Secretary's priority to *Transform Health Care*. The ONC's innovations and research work supports HHS along three broad themes:

- Monitoring and identifying health IT and related innovations amongst all health care stakeholders,
- Communicating innovations to inform ONC programmatic and policy efforts, as well as other appropriate stakeholders, and
- Supporting both the development and diffusion of innovative efforts aligned with HHS goals.

Advancing Health IT Science and Technology
ONC plans to develop a learning system infrastructure for healthcare quality improvement and population health. This nationwide health IT infrastructure will build upon adoption and meaningful use of certified EHR technology to support improving outcomes of care and the health of populations as well as the effective deployment and conservation of health care resources. To do so requires careful strategic consideration of the capabilities, technical and policy approaches, and operating principles needed to assiduously protect individuals' privacy while allowing efficient, effective use of data from multiple areas of health care, population health, and clinical, biomedical, and translational research.

The data needed for many of these purposes are not currently captured in most EHRs, and often exist in parallel, un-integrated systems. Development of the technical infrastructure to harvest information and generate knowledge from data held across these areas is important to achieve HHS goals. Development of a policy and governance framework is equally crucial to achieving the infrastructure that will support the needed capacities and functionalities, because without a robust trust fabric between patients (in routine clinical care settings or in context of participating in clinical research) and providers/researchers, and amongst the providers and researchers, the needed sharing will not occur.

In FY 2010 ONC funded an Institute of Medicine (IOM) workshop series on the *Digital Infrastructure to Support a Learning Health System.* The workshop series brought together experts from a broad array of stakeholder perspectives to identify opportunities to build upon current innovations in re-purposing of electronic health information as well as to identify significant challenges that need to be addressed in developing the learning system infrastructure.

With FY 2011 funding, working in collaboration with other ONC components and other HHS Operating Divisions, OCS will have developed a detailed plan and governance construct for developing the learning system infrastructure for healthcare quality improvement and population health. ONC anticipates that organizations participating in these efforts will include government agencies and entities in the private sector. Within ONC's FY 2011 funding, work on applicable standards development, architecture development, and the requisite policy framework will begin. For the specific use case, requirements definition, standards, and policy-development projects undertaken with this FY 2011 funding, OCS will have worked in very close partnership with ONC's Office of the Deputy National Coordinator for Programs and Policy, and the Office of the Chief Privacy Officer (OCPO).

FUNDING HISTORY

FY 2007	3,000,000
FY 2008	3,697,000
FY 2009	4,517,000
FY 2010	5,453,000
FY 2011	5,453,000

BUDGET REQUEST

The FY 2012 Budget request for the OCS is $3.6 million. This amount is a reduction of -$1.85 million below the FY 2010 actual level, which represents a decrease in contract activities. This amount will allow OCS to continue evaluation and performance measurement of health IT programs, including:

Monitoring Innovation & International Programs

ONC's FY 2012 Budget request includes $500,000 to continue efforts to track health care innovations to understand their potential impact, and ensure that they are being appropriately leveraged by HHS and ONC in implementing health reform and the provisions of HITECH. In addition, ONC requests $500,000 to continue exploring the international experience of health IT adoption, garner lessons learned from other countries' experiences, and promote the availability and use of internationally recognized standards to facilitate health IT innovation and implementation in support of HHS domestic and global health goals.

Learning System Infrastructure for Healthcare Quality Improvement and Population Health

The Budget request also includes funding to build upon accomplishments in the area of health IT infrastructure to support a transformed health care system. In order to create a learning health system for health care quality improvement and population health, ONC will work with its Federal partners and the private sector to develop a policy framework that enables the repurposing of health data for the purposes of public health, clinical research, and quality improvement. This activity is requested to be funded across 3 program offices in ONC at approximately $864,000 per office.

OFFICE OF THE CHIEF PRIVACY OFFICER

	FY 2010	FY 2011	FY 2012	FY 2012 +/-
	Actuals	Continuing Resolution (CR)	President's Budget Request	FY 2010
Budget Authority	3,499,000	3,499,000	4,307,000	+808,000
PHS Evaluation Funds	1,571,000	1,571,000	1,616,000	+45,000
Total Program Level	5,070,000	5,070,000	5,923,000	+853,000
FTE	3	6	6	0

Authorizing Legislation: PHS Act 42 U.S.C. 201
Allocation Method: Contract, Cooperative Agreement, Grant

PROGRAM DESCRIPTIONS AND ACCOMPLISHMENTS

Electronic health information exchange promises an array of potential benefits for individuals and the U.S. health care system through improved clinical care and reduced cost. At the same time, this environment also poses new challenges and opportunities for protecting individually identifiable health information. Ensuring individuals and providers that personal health information is private and secure is vital to ONC's efforts to increase the adoption of EHRs and electronic health information exchange. Coordinated attention at the Federal and state levels is needed both to develop and implement appropriate privacy and security policies. By engaging all stakeholders, particularly consumers, health information can be protected and electronically exchanged in a manner that respects variations in individuals' views on privacy and access. In 2009, the Health Information Technology for Economic and Clinical Health Act mandated the appointment of a Chief Privacy Officer, recognizing the critical need to give high priority to privacy and security issues. As required by HITECH, the Chief Privacy Officer was appointed in February 2010 and assumed responsibility for privacy and security programs within ONC. In FY 2010, ONC privacy and security functions were consolidated under the Office of the Chief Privacy Officer (OCPO).

As directed by HITECH, OCPO is responsible for advising the National Coordinator on privacy, security, and data stewardship of electronic health information and coordinating ONC's efforts with similar privacy officers in other Federal agencies, state and regional agencies, and foreign countries with regard to the privacy, security, and data stewardship of electronic, individually identifiable health information.

The OCPO supports programs to carry out these Congressionally mandated responsibilities as well as the continued implementation of other HITECH privacy and security activities, including secure and privacy-protected meaningful use. In addition, the OCPO will support the Secretary's priority to *Transform Health Care* and the new requirements of health care reform through analysis, development and coordination of privacy and security standards applicable to health benefit exchanges (also known as health insurance exchanges), wellness programs, and patient -centered research institutions, crucial components of health care reform.

Health Information Technology Security and Cybersecurity
HITECH Subtitle A, Part 1 section 3001, directs ONC to ensure that each patient's health information is secure and protected. To that end, ONC has developed a comprehensive security and cybersecurity program that addresses both short-term objectives in supporting early gains in health IT adoption, as well as long-term objectives in creating a secure and protected health IT infrastructure for health information exchange. This program was initiated in 2010 and will continue in FY 2011. ONC, working in close collaboration with nearly 70 different stakeholder groups representing critical segments of IT infrastructure, is part of a cross-agency writing team that developed a National Strategy for Secure Online Transactions. In efforts to coordinate health IT security across Federal agencies, ONC, in conjunction with the Office of Management and Budget, established the Federal health IT Task Force in February 2010, including an interagency cybersecurity workgroup. Thus, OCPO supports security efforts both within ONC programs, as well as on a much broader Federal policy scale.

Privacy and Security Policy and Implementation
Public policy must not only protect the privacy and security of health information, but it must also do so in a manner that can be implemented broadly in the health system. ONC has established a high-level Privacy and Security Framework based on the fair information practice principles (FIPPs) to guide policy and technical development across the Federal government, state governments, and the private sector. ONC has also developed a toolkit comprised of the Health Insurance Portability and Accountability Act (HIPAA) guidance related to the Privacy and Security Framework. ONC has conducted an initial examination of technologies that support the segmentation of health information (i.e., the sending of some, but not all, of a patient's health information), in support of Section 3002 of HITECH.

FUNDING HISTORY

FY 2007	0
FY 2008	0
FY 2009	0
FY 2010	5,070,000
FY 2011	5,070,000

BUDGET REQUEST
The FY 2012 Budget request for the OCPO is $5.9 million. This amount is an increase of +$0.83 million above the FY 2010 actual level. The Budget request for the OCPO supports the continued implementation and ongoing requirements of HITECH as directed toward the privacy and security of health information, a high priority issue for HHS that reaches across the spectrum of ONC's health IT efforts. The request supports a variety of ongoing efforts, including:

Health Information Technology Security and Cybersecurity
In 2012, ONC will continue to build on work in the area of health information security through continuing efforts within existing programs, the inception of new, more advanced cybersecurity projects and the development of tools, methodologies, and guidelines to support security in health IT adoption. These projects and tools are expected to be particularly helpful to eligible providers and hospitals seeking to qualify for meaningful use of health IT incentive payments from Medicare and Medicaid under HITECH.

Privacy and Security Policy and Implementation
Federal programs encouraging the meaningful use of health IT and health information exchange will be evolving in FY 2012 to continue the implementation of HITECH. OCPO will continue to provide essential technical support on privacy and security to these programs as new issues emerge. In addition, OCPO will continue to develop and coordinate generally applicable Federal health information privacy and security policies to ensure that they provide adequate protection and can be broadly implemented in an electronic health system environment. OCPO will also examine means of implementing these policies.

OFFICE OF ECONOMIC ANALYSIS AND MODELING

	FY 2010	FY 2011	FY 2012	FY 2012 +/-
	Actuals	Continuing Resolution (CR)	President's Budget Request	FY 2010
Budget Authority	1,002,000	1,002,000	2,310,000	1,308,000
PHS Evaluation Funds	450,000	450,000	867,000	417,000
Total Program Level	1,452,000	1,452,000	3,177,000	1,725,000
FTE	2	4	6	+2

Authorizing Legislation: PHS Act 42 U.S.C. 201
Allocation Method: Contract, Cooperative Agreement, Grant

PROGRAM DESCRIPTION AND ACCOMPLISHMENTS

The Office of Economic Analysis and Modeling (OEM) supports ONC's efforts to achieve cost savings and quality improvement in the health care system through in depth research and analysis of the myriad of factors affecting adoption and meaningful use of EHRs. Within the broader context of ONC, OEM:

- Uses economic analysis and models to describe and understand the factors driving: a) the adoption and meaningful use of EHRs; b) the costs and benefits of health IT implementation,
- Generates reports, data, and strategies, both as internal documents/presentations and external peer-reviewed publications, to inform ONC programs and broader audiences regarding the adoption and benefits of health IT,
- Manages ONC's performance measures and reporting for both governmental and external audiences, and
- Represents ONC in departmental discussions involving health policy, economics, and data analysis and policies/reforms that would leverage health IT and in the broader health economics and health services research community.

Performance Measurement & Reporting

OEM is responsible for developing and coordinating ONC performance measures and ensuring their accurate reporting to internal government audiences and the general public. This involves collaboration with all of ONC's offices. The mechanisms for reporting these data include the government-wide High Priority Performance Measurement website (www.goals.performance.gov) and related documents, the Recovery Act reporting website, www.recovery.gov,and the ONC Performance Appendix (www.hhs.gov/asfr/ob/docbudget/index.html).

Externally-Directed Activities

OEM uses multiple modes of communication to reach a diverse set of audiences. As discussed earlier, benefits of implementing health IT in care settings are well-documented but most published studies are limited case studies or narrow reviews. OEM's work to synthesize and communicate what is known about health IT for the public and provider community through ONC's performance reports, website, public dashboard, and peer-reviewed literature helps enable providers to understand the merits of health IT adoption, and ultimately contributes to health care cost-savings and quality improvement through the expanded use health IT.

Peer-reviewed Literature
A critical medium for the ongoing advancement of health IT is peer-reviewed journal articles. Policy-makers, decision-makers, and key industry stakeholders follow closely the documented benefits of health IT, and published studies are an effective and necessary tool for ONC to reach these audiences. As a result, OEM is committed to conducting and funding studies that can result in peer-reviewed publications. OEM also strives to publish staff-generated findings so as to make them widely available to the public and scientific community in the spirit of open government.

ONC Website
OEM works with the ONC Communications team, to produce versions of its technical work accessible to multiple audiences and stakeholder groups. In addition, as discussed above, the public portion of the ONC dashboard is intended to be a user-friendly and innovative reporting tool demonstrating progress in health IT. It also serves as a strong commitment to information technology for an agency asking almost all health care providers to advance theirs. In addition, an online dashboard that displays program milestones, metrics, and achievements to the general public will be activated in FY 2011. The ONC dashboard will also be used to track interim program activities. The public dashboard communicates important and up-to-date measures of adoption, quality improvement, cost-savings, and as a part of HITECH stimulus funding, job creation.

ONC Program Support Activities
OEM undertook a wide range of activities that supported our overall mission and the efforts of our major grants programs established with HITECH funding. OEM will similarly support ONC's activities implementing The Patient Protection and Affordable Care Act (Affordable Care Act), focusing on creating the basis for value-based payment and electronic means of measuring and reporting quality and cost performance. Additionally, OEM's FY 2012 budget request includes funding to support the continuing momentum of the provisions of HITECH:

- *Beacon Communities*
  OEM supports the Beacon Communities Program in developing ongoing methods and models for the analysis of cost and quality data. These efforts include coordination with CMS around the use of Medicare data for technical assistance and monitoring, evaluation design in conjunction with the Office of the Chief Scientist, and research and development around health care quality and efficiency metrics.

- *State Health Information Exchanges*
  OEM assists the State HIE program through tracking and evaluating critical measures for information exchange including e-prescribing, which is associated with fewer adverse drug events and medication errors. Tracking and evaluating the frequency of e-prescribing and other forms of data exchange within and across states will support the development of an important component of meaningful use and help measure the potential to achieve cost-savings and quality improvement through the electronic sharing of health data. Data on exchange and e-prescribing will be collected through the grants reporting process and through collaborations around data collection with the OCS and the external evaluation contractors.

- *Regional Extension Centers (RECs)*
  OEM supports the RECs by providing and analyzing measures of the adoption of EHR systems and the functionalities of those systems. Prospective modeling techniques used by OEM help determine who is likely to adopt and which types of providers or areas may need greater assistance. These analyses support REC grantees in developing strategies for greater health IT implementation in their regions. Retrospective analysis, in collaboration with the OCS, will also help the RECs in targeting and/or refocusing adoption strategies.

- *Health Information Technology Resource Center (HITRC)*
  Many providers remain unclear, skeptical, or uncertain about how to achieve the documented benefits of EHR adoption. OEM supports the HITRC through data gathering, analysis and publication of results that inform the provider community of the effects of EHR implementation. For example, a current study on physician workflow that analyzes the costs and benefits of adopting health IT in different aspects of medical practice and administration will be translated into a comprehensive source of information for providers on how best to achieve the benefits of EHRs and minimize the cost and disruption of implementation to their practices.

FUNDING HISTORY

FY 2007	0
FY 2008	0
FY 2009	0
FY 2010	1,452,000
FY 2011	1,452,000

BUDGET REQUEST

The FY 2012 Budget request for the Office of Economic Analysis and Modeling is $3.2 million. This amount is an increase of +$1.7 million above the FY 2010 actual level. The Budget request for the OEM broadly supports the requirements to measure and analyze the adoption, costs, and benefits of health IT.

Performance Measurement & Tracking
ONC's FY 2012 Budget request for the OEAM includes funding to continue support for ongoing performance measurement and program tracking. Performance measurement and program tracking keep the implementation of HITECH on target. These activities ensure that ONC meets the provisions and requirements of HITECH, and provide a basis for any necessary course correction. This request includes $1.9 million to continue and expand its Physician Adoption Survey, Hospital Adoption Survey, and Report on Nationwide Adoption. These survey vehicles provide vital information to help ONC track progress on adoption of health IT. Following the passage of HITECH, ONC is leveraging these annual surveys to collect more detailed information to inform program and policy operations such as development of criteria for defining meaningful use of health IT.

The goal of this analysis is to inform programs, reduce uncertainty surrounding the benefits, and communicate measures of ONC's progress to governmental and external audiences. The request includes funding for staffing to continue operations and for:

- $500,000 for workflow analysis at Stage 3 meaningful use;
- $200,000 for small hospital health IT;
- $200,000 for efficiency measure specification at Stage 3 meaningful use; and,
- $100,000 for the return on investment tool development at Stage 2 of meaningful use.

OFFICE OF THE DEPUTY NATIONAL COORDINATOR FOR OPERATIONS

	FY 2010	FY 2011	FY 2012 President's	FY 2012 +/-
	Actuals	Continuing Resolution (CR)	Budget Request	FY 2010
Budget Authority	17,641,000	16,034,000	16,068,000	-1,573,000
PHS Evaluation Funds	8,089,000	7,189,000	6,031,000	-2,058,000
Total Program Level	25,730,000	23,223,000	22,099,000	-3,631,000
FTE	32	46	57	+25

Authorizing Legislation: PHS Act 42 U.S.C. 201
Allocation Method: Contracts

PROGRAM DESCRIPTION AND ACCOMPLISHMENTS

The Office of the Deputy National Coordinator for Operations is responsible for the activities that support ONC's numerous programs. These include: budget formulation and execution; procurement and grants management; facilities and internal IT management; human capital planning; stakeholder communications; policy coordination; and financial and programmatic oversight.

ONC established a new Office of Grants Management in FY 2010 under the Office of the Deputy National Coordinator for Operations because the importance and workload associated with ONC's nine grant programs warrants a single office to effectively manage the programs and to ensure accountability. Previously, ONC utilized the services of three separate grants offices within HHS to issue and monitor grants. This organizational change will further enhance ONC's structure and operations. Similarly, ONC established an Office of Oversight in FY 2010 to meet the requirements of the Federal Managers' Financial Integrity Act (FMFIA); Office of Management and Budget (OMB) Circular A-123; and provide oversight to ONC grant funding, internal controls, and program offices. This office will monitor all audit related activities and track development of any corrective action plans.

Additionally, ONC launched a comprehensive communications initiative in FY 2010 that will support all components of adoption and meaningful use, ONC strategic goals, through the timely dissemination of information through a wide array of tools. These include, but are not limited to, blogs, e-mail alerts, letters, public appearances, speeches, and postings to the ONC and HHS websites. ONC is collaborating with CMS, OCR and other partners to implement the communications and outreach activities needed to promote acceptance of broader goals and to support the specific programs and policies of the HITECH Act. ONC will focus on informing doctors, hospitals, patients, providers, and caregivers about the benefits of EHRs and as well as increasing their knowledge of protections for privacy and security of personal health information. These activities are very closely coordinated with CMS communications focusing on the incentives program for meaningful use. Communications activities will be jointly led by ONC and OCR. OCR's involvement relates to its mandate to educate the public on uses of, and safeguards for, protected health information. This effort is well coordinated within HHS as it is overseen by the interagency HITECH Communications Workgroup, chaired by ONC.

To effectively meet the requirements of HITECH, and to provide the structure needed for developing and overseeing programs, regulations, and policies to successfully accomplish the mandates of the Recovery Act, ONC is increasing Federal staffing levels in FY 2010 and FY 2011. Term, schedule A, and permanent positions continue to be established to provide sound, Federal oversight to new programs and

responsibilities, including grants oversight. In prior years funding for ONC staff was centralized in the Operations section, but for FY 2011 and forward such costs are allocated to the program offices.

FUNDING HISTORY

FY 2007	10,306,000
FY 2008	10,935,000
FY 2009	8,050,000
FY 2010	23,223,000
FY 2011	23,223,000

BUDGET REQUEST

The FY 2012 Budget request for The Office of the Deputy National Coordinator for Operations is $21.3 million. This is approximately -$1.7 million below the FY 2010 actual level and will be used to support the four offices within the DNC Operations. It will also support the central costs of ONC as a whole. In FY 2012, ONC will undergo a significant effort to federalize staff that has historically been supported through contracts, allowing an increase in its FTE level while showing a reduction in the requested amounts.

- The FY 2012 Budget request for the Deputy National Coordinator (DNC) for Operations includes funding for critical central costs such as rent and shared services. These shared services, which are not attributed to a specific office, but are rather used by ONC as a whole, include financial and grants management systems as well as technology, and telecommunications costs. Additionally, the FY 2012 Budget request includes funding to support increased space and related infrastructure costs, such as furniture, computers, equipment and supplies to accommodate new staff within the DNC for Operations and ONC as a whole.
- The FY 2012 Budget request will also fund the personnel costs (salaries and benefits) for the Immediate Offices of the National Coordinator and the Deputy National Coordinators.
- Additionally, the DNC Operations FY 2012 Budget request will allow the DNC for Operations to fully support its following offices:

    - The Office of Mission Support;
    - The Office of Communications;
    - The Office of Oversight; and
    - The Office of Grants Management.

SUPPORTING EXHIBITS

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

FTE PAY ANALYSIS

	FY 2010	FY 2011	FY 2012
Total FTE	84	149	189
Number change from previous year		65	40
Funding for object classes 11(personnel compensation), 12 (personnel benefits), and 13(benefits for former personnel)	11,066,000	21,618,000	27,965,000
Average cost per FTE	132,000	145,000	148,000
Percent change in average cost from previous year		10%	2%
Average grade/step	13 / 4	13 / 8	13 / 8

Notes.
1/ Increase in average costs per FTE from FY 2010 to FY 2011 is due to increased hiring of medical and technical personnel to implement HITECH.
2/ Includes one (1) commissioned corps.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

ANALYSIS OF FTE CHANGE FY 2009-FY 2012

	On-Board			FTEs		
	Total	Comm. Corps	Civilian	Total	Comm. Corps	Civilian
FY 2009 Actual	**40**	**1**	**39**	**32**	**1**	**31**
FY 2010						
Current Level (based on PSC report as of [Month]	99	1	98	52	1	51
Adjustments						
Anticipated hires remainder of FY 2010	50	0	50	32	0	32
FY 2010 MAX-basis Estimate	**149**	**1**	**148**	**84**	**1**	**83**
Misc Trust Fund employees (+/-)	0	0		0	0	
FY 2010 CJ-basis Estimate	**149**	**1**	**148**	**84**	**1**	**83**
FY 2011 President's Budget						
Maintaining FY 2009 staffing level	149	1	148	84	1	83
FY 2011 Initiatives						
Other	0	0	0	65	0	65
Subtotal, FY 2011 Initiatives	0	0	0	65	0	65
FY 2011 MAX-basis Estimate	**149**	**1**	**148**	**149**	**1**	**148**
Misc Trust Fund employees (+/-)						
FY 2011 CJ-basis Estimate	**149**	**1**	**148**	**149**	**1**	**148**
FY 2012 Estimate						
Maintaining FY 2010 PB staffing level	149	1	148	149	1	148
FY 2012 Initiatives						
Other	40	0	40	40	0	40
Subtotal, FY 2011 Initiatives	40	0	40	40	0	40
FY 2012 MAX-basis Estimate	**189**	**1**	**188**	**189**	**1**	**188**
Misc Trust Fund employees (+/-)						
FY 2012 CJ-basis Estimate	**189**	**1**	**188**	**189**	**1**	**188**

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

FTE DETAIL

	2010 Actual Civilian	2010 Actual Military	2010 Actual Total	2011 Est. Civilian	2011 Est. Military	2011 Est. Total	2012 Est. Civilian	2012 Est. Military	2012 Est. Total
DNC Programs and Policy	38	0	38	79	0	79	105	0	105
Direct:	38	0	38	79	0	79	105	0	105
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	38	0	38	79	0	79	105	0	105
DNC Operations	32	0	32	46	0	46	57	0	57
Direct:	32	0	32	46	0	46	57	0	57
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	32	0	32	46	0	46	57	0	57
Office of the Chief Scientist	9	1	10	14	1	15	15	1	16
Direct:	9	1	10	14	1	15	15	1	16
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	9	1	10	14	1	15	15	1	16
Office of the Chief Privacy Officer	3	0	3	6	0	6	6	0	6
Direct:	3	0	3	6	0	6	6	0	6
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	3	0	3	6	0	6	6	0	6
Office of Economic Analysis and Modeling	2	0	2	4	0	4	6	0	6
Direct:	2	0	2	4	0	4	6	0	6
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	2	0	2	4	0	4	6	0	6
OPDIV FTE Total	83	**1**	**84**	**148**	**1**	**149**	**188**	**1**	**189**
Recovery Act FTE (non add)									

Average GS Grade	
FY 2007	12 / 8
FY 2008	13 / 2
FY 2009	13 / 4
FY 2010	13 / 4
FY 2011	13 / 8

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

AMOUNTS AVAILABLE FOR OBLIGATION

	FY 2010 Actual	FY 2011 CR	FY 2012 PB
General Fund Discretionary Appropriation:			
Appropriation (L/HHS, Ag, or, Interior).....	42,325,000	42,325,000	57,013,000
Across-the-board reductions (L/HHS, Ag, or Interior).....	-6,000	0	0
Subtotal, Appropriation (L/HHS, Ag, or Interior).....	42,319,000	42,325,000	57,013,000
Total, Discretionary Appropriation.....	42,319,000	42,325,000	57,013,000
Unobligated Balances:			
Unobligated balance, Recovery Act start of year.....	1,979,430,000	158,000,000	0
Unobligated balance, Recovery Act end of year.....	159,370,000	0	0
Total obligations.....	1,862,379,000	200,325,000	57,013,000
Obligations less ARRA.....	41,461,000	42,325,000	57,013,000

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

BUDGET AUTHORITY BY OBJECT CLASS

	2010 Estimate	2012 Estimate	Increase or Decrease
Personnel compensation:			
Full-time permanent (11.1)	8,393	14,073	+$5,680
Other than full-time permanent (11.3)	135	146	+$11
Other personnel compensation (11.5)	212	438	+$226
Military personnel (11.7)	95	99	+$4
Special personnel services payments (11.8)			
Subtotal personnel compensation	**8,835**	**14,756**	**+$5,921**
Civilian benefits (12.1)	2,057	4,034	+$1,977
Military benefits (12.2)	41	44	+$3
Benefits to former personnel (13.0)			
Total Pay Costs	**10,933**	**18,834**	**+$7,901**
Travel and transportation of persons (21.0)	866	753	-$113
Transportation of things (22.0)	2	22	+$20
Rental payments to GSA (23.1)	1,718	2,879	+$1,161
Communication, utilities, and misc. charges (23.3)	445	485	+$40
Printing and reproduction (24.0)	119	175	+$56
Other Contractual Services:			
Advisory and assistance services (25.1)	24,191	26,734	+$2,543
Other services (25.2)	134	147	+$13
Purchase of goods and services from government accounts (25.3)	2,959	6,000	+$3,041
Operation and maintenance of facilities (25.4)	267	284	+$17
Research and Development Contracts (25.5)			
Medical care (25.6)			
Operation and maintenance of equipment (25.7)			
Subsistence and support of persons (25.8)	37	41	+$4
Subtotal Other Contractual Services	**27,588**	**33,206**	**+$5,618**
Supplies and materials (26.0)	130	93	-$37
Equipment (31.0)	523	566	+$43
Land and Structures (32.0)			
Investments and Loans (33.0)			
Grants, subsidies, and contributions (41.0)			
Interest and dividends (43.0)			
Refunds (44.0)			
Total Non-Pay Costs	**31,391**	**38,179**	**+$6,788**
Total Budget Authority by Object Class	**42,325**	**57,013**	**+$14,688**

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

SALARIES AND EXPENSES

	2010 Estimate	2012 Estimate	Increase or Decrease
Personnel compensation:			
Full-time permanent (11.1)	8,393	14,073	+$5,680
Other than full-time permanent (11.3)	135	146	+$11
Other personnel compensation (11.5)	212	438	+$226
Military personnel (11.7)	95	99	+$4
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Operation and maintenance of facilities (25.4)	267	284	+$17
Research and Development Contracts (25.5)			
Medical care (25.6)			
Operation and maintenance of equipment (25.7)			
Subsistence and support of persons (25.8)	37	41	+$4
Subtotal Other Contractual Services	**30,738**	**37,520**	**+$6,782**
Supplies and materials (26.0)	130	93	-$37
Total Non-Pay Costs	**30,868**	**37,613**	**+$6,745**
Total Salary and Expenses[1]	**41,801**	**56,447**	**+$14,646**
Direct FTE	**83**	**189**	**+$106**

[1] Table reflects the budget authority by the object classifications displayed above.