In April 2004, President Bush signed Executive Order 13335, which called for the establishment of the Office of the National Coordinator for Health Information Technology (ONC) within the US Department of Health and Human Services. The President charged ONC with the critical responsibility of ensuring that every American had access to his or her electronic health information and establishing connectivity of health information technology. Since then, ONC has led nationwide efforts to promote the use of health information technology to improve care, decrease costs, and improve overall health through work to collect, share, and use electronic health information.

Last year, ONC marked 10 years of service to the country. In this past decade, significant progress has been made in building the foundation of a health information technology infrastructure; digitizing the content of the health care experience; catalyzing the development of interoperability infrastructure, new standards and technology, and privacy and security policy; and engaging consumers in the health information technology movement.

This foundation was significantly accelerated by passage of the Health Information Technology for Economic and Clinical Health (HITECH) Act in 2009 as part of the American Recovery and Reinvestment Act. The HITECH Act codified ONC in statute, building on its existing work and providing funding to rapidly advance health information technology in the country, and gave the office a set of authorities and responsibilities to carry out its mission.1

Funding was designed with several key goals in mind.2 First, promote the adoption and “meaningful use” of health information technology in the clinical environment, with the goal of digitizing the majority of the care experience in the nation to improve care. ONC has worked closely with the Centers for Medicare & Medicaid Services on the Medicare and Medicaid Electronic Health Records Incentive Programs (also known as the Meaningful Use program) to provide incentive payments to eligible professionals and hospitals, and critical access hospitals to offset their costs as they adopt, implement, upgrade, or demonstrate the meaningful use of certified electronic health record technology. The first stage of this program has been recognized as successful and has contributed to a strong health information technology foundation nationwide. With 95% of eligible professionals and 96% of eligible hospitals having registered in the program to date,3 we are at a tipping point as a nation and are empowered by the health information that has been captured during the 5 years since the American Recovery and Reinvestment Act was enacted.

As a result of HITECH, ONC created the Standards and Interoperability Framework, a platform for collaboration among standards and technology developers across the nation, which helps advance technology standards for electronic health records, data transport, privacy options, and electronic clinical quality measurement. The results of this work support the exchange of health information across the continuum and allow the health information technology community to continue to improve the quality of the data shared to see that it is valuable and useful.
in the clinical environment and beyond. As called for in HITECH, we also established the Office of the Chief Privacy Officer. This office’s key responsibilities are to ensure that patient’s rights to data sharing and privacy are met as the country advances the electronic health information infrastructure through better policy and education.

The American Recovery and Reinvestment Act funding also supported the establishment of the infrastructure for health information exchange and interoperability for every state. In some cases, it has advanced preexisting efforts, and in other states it planted the first seeds of such an infrastructure. Grant funding also supported the development of a new workforce for health information technology implementation on the front lines, including training and curriculum development. Through the Beacon Community Program, 17 communities across the country demonstrated how previous health system competitors could collaborate in regard to health information technology and data to improve health and health care quality for populations.

One Beacon site, San Diego Health Connect, has transformed the experience for emergency medicine through the development of an emergency medical services (EMS) hub. Using wireless technology, the hub transmits out-of-hospital data from EMS vehicles en route to the hospital. Because emergency departments (EDs) receive this health information—such as ECGs—from EMS before the patient arrives, ED staff are able to appropriately prepare resources and reduce time to treatment. The EMS hub receives electronic patient care reports from EMS agencies and converts the data into an HL7 format for hospitals to view or import into their ED system. ED staff view out-of-hospital reports through the hub’s Web portal or print the reports in PDF format.

As anticipated, the work of the American Recovery and Reinvestment Act era is waning, and ONC is looking ahead at the next 10 years of health information technology. The work of the past decade has meant that we have the opportunity to learn from our work, refocus our priorities, and consider the opportunities in the new technology and health care market place. Of considerable importance is improving usability at the practice level, allowing all providers to more easily realize the benefits and convenience of an electronic health record. This is happening not just through enhanced interoperability but also through continued work at ONC intended to spur vendor innovation through an open application program interface approach, the use of open standards, and interfaces as outlined in the JASON Task Force report A Robust Health Data Infrastructure. It is an exciting pivot. With a strong national health information technology infrastructure and data capture, we have an opportunity to realize the value of health information technology.

Deliberate internal reflection and an environmental scan show clearly that the next chapter of health information technology is one in which we will improve health and health care by using health information technology tools beyond electronic health records and levers in the public and private sector beyond grants and the Meaningful Use program. The Meaningful Use program, although successful, has not been without its challenges. Stage 1 was broadly attainable for eligible providers and hospitals. Enhanced measures meant to drive use and integration of health information exchange services under stage 2 has been more challenging for providers and hospitals, and we continue to fine tune these measures. Overall, Meaningful Use has been important for a rapidly developing marketplace that will continue to require a coordinated federal government, strong partnership with the private sector, and a flexible regulatory environment that will support the policy goal of everyone benefiting from health information technology and opportunities for innovation. At all times, the people of this country and their improved health are our primary concern.

To ready itself for this future, ONC has undertaken an internal organizational realignment to ensure that it can meet the needs of a future in which (1) electronic health information is appropriately shared because the system is interoperable at the policy and technology level; (2) health information technology makes care more efficient, effective, and safer; (3) health information technology is more usable for clinicians and consumers; (4) data, with appropriate permission, is used by innovators, scientists, clinicians, public health institutions, and others to advance care and health for everyone in this nation. We have also been working with our federal advisory committees to reset priorities for ONC and the nation so they are strategically advising us on a health information technology future that extends beyond the work of HITECH.

Much of our work at ONC and, we expect, in the nation will manifest itself in a focus on the interoperability of health information technology such that data collected can be shared and used to realize real return on the investment. In January 2015, ONC released “Connecting Health and Care for the Nation—A Shared Nationwide Interoperability Roadmap.” This draft proposes critical actions that the public and private sector need to take to advance the country toward an interoperable health
Achieving health information technology interoperability will require work in 3 critical pathways: requiring standards, motivating the use of those standards through appropriate incentives, and creating a trusted environment for the collecting, sharing, and using of electronic health information. Interoperability and its significance as the tie that binds has made it one of ONC’s top priorities. With the widespread adoption of health information technology, systems must be interoperable for individuals and their care providers to obtain the health information they need in an electronic format, when and how they need it, to make care convenient and well coordinated for improvements in overall health. There is no field that understands the importance of this more acutely than emergency medicine because access to timely and accurate health information during unscheduled care can quickly become a matter of life or death. Unscheduled care and emergency situations can benefit greatly from the use of health information technology. ONC is committed to achieving interoperability so that individuals involved in the delivery of emergency medicine can be even more resilient in everyday practice.

Compare this to building a highway. Who will measure the lanes, pave the roads, decide what colors and lines mean, install guardrails for protection, or define the rules of the road? At ONC, we are listening to stakeholders in communities across the country and in different places along the health information technology spectrum so that our interoperability roadmap will set a platform that is bold and builds on the momentum during the past 5 years in particular, and meets communities where they are.

As we all know, increasing adoption rates have not been as simple as flipping a switch and turning on an electronic health record as a blunt technological instrument. Progress in our country is the result of a culture change in health care practice and how providers, caregivers, and consumers think of, expect, and are empowered by health information. Programs such as Blue Button, a federal initiative to automatically download and aggregate data in personal health records, have brought health information into the hands of consumers about their previous care experience for the very first time, a new dynamic in American health care. Additional efforts have helped begin to address thorny challenges in areas such as data privacy and provider directories. ONC’s current focus and next challenge is putting this strong foundation of health information harnessed by the electronic health record incentives program to use—by securely and appropriately freeing it to be used for improving the public’s health through interoperability.

The imperative for interoperability is underscored not only in the everyday practice of medicine but also most acutely in disasters. Reaching this tipping point in how health information is captured and shared is particularly good news for emergency medicine and preparedness and response efforts. Through multiple instances, particularly during Hurricane Katrina in 2005, the inability to access medical records for patients revealed the dire consequences of not modernizing the health care delivery system. When residents of New Orleans were evacuated because of rising floodwaters, KatrinaHealth.org was the only access point to electronic health information for first responders and care providers. Although the KatrinaHealth data were beneficial under the extraordinary circumstances faced in New Orleans in the aftermath of the hurricane, low adoption rates of e-prescribing and low electronic health record adoption rates inhibited patient data from reaching the point of care, a hard-learned lesson.

Although Hurricane Katrina was, perhaps, our first major recognition of how woefully underprepared our nation is to respond to a large-scale, emergency migration of citizens and their health records, subsequent events such as Hurricane Sandy have proven that health information technology works and is a crucial support tool in disasters and public health emergencies. We know that during Hurricane Sandy, systems in and around the New York City area remained online and capable of exchanging data. Unfortunately, the electronic health record system at New York University Langone Medical Center, which was evacuated, was offline for upgrades and required paper record transfer, reminding us that even highly performing systems require redundancy.

However, our most profound observation of the value of health information technology comes from Moore, OK, where the Moore Regional Medical Center took a direct hit from the devastating tornado of 2013. Requiring evacuation, the center was able to transport all patients to other regional hospitals, where their health records were available electronically. Paper medical records were unnecessary, and any that were destroyed did not inhibit care for evacuated patients. Because the system worked so well and no problems were reported, there was little news of the remarkable success. Most notably, no special measures were required, so from an exchange and query perspective it was business as usual. What we learned is that when electronic health information is working as intended, as it did in Oklahoma, it proved to be an extraordinarily valuable tool for emergency medical providers.

Today, ONC is leveraging these experiences in partnership with the state of California to develop the Patient Unified Lookup System for Emergencies. California
is a populous, at-risk state, and emergency management officials and health information technology leaders are collaborating to ensure that interoperability will be possible across the state’s disparate health information exchange organizations. Because emergency responders provide care first, having those data available at receiving hospitals or at triage sites can greatly improve care delivery under emergency situations. Funded by California’s State Health Information Exchange Grant, US Department of Health and Human Services IdeaLab, and state partners, this challenge is being undertaken to ensure that it will be possible to provide care when and where it is needed.

Although a daunting task, this effort underscores the importance of emergency medical providers and their role in the nationwide, interoperable health information exchange infrastructure. The development of a simple, single, sign-on interoperability broker that uses existing credentials can allow data to be exchanged during emergencies across disparate exchange organizations. Local EMS officials, led by CalEMSA, have begun to ensure that in the future data captured in EMS patient care reporting software with National EMS Information System Project standards can be uploaded into hospital electronic health records and regional health information exchanges. Through the adoption of National EMS Information System Project standards, EMS providers now have the capability to exchange data in a format that is interoperable with the current Consolidated Clinical Document Architecture required through Meaningful Use.

It will take time to build a fully interoperable infrastructure of coordinated care and communication across health care providers, patients, and public health entities that improves health care quality, decreases health care costs, and improves population health. ONC is fully committed to ensuring ubiquitous, standards-based interoperability of health information across all care settings through a multiyear approach that is consistent and incremental yet comprehensive. No one person, organization, or government agency alone can realize this vision of an interconnected health system. Together, we can achieve the promise and potential of health information technology to improve the health of all.

**Supervising editor:** Brendan G. Carr, MD, MS

**Author affiliations:** From the Office of the National Coordinator for Health Information Technology, US Department of Health and Human Services, Washington, DC.

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