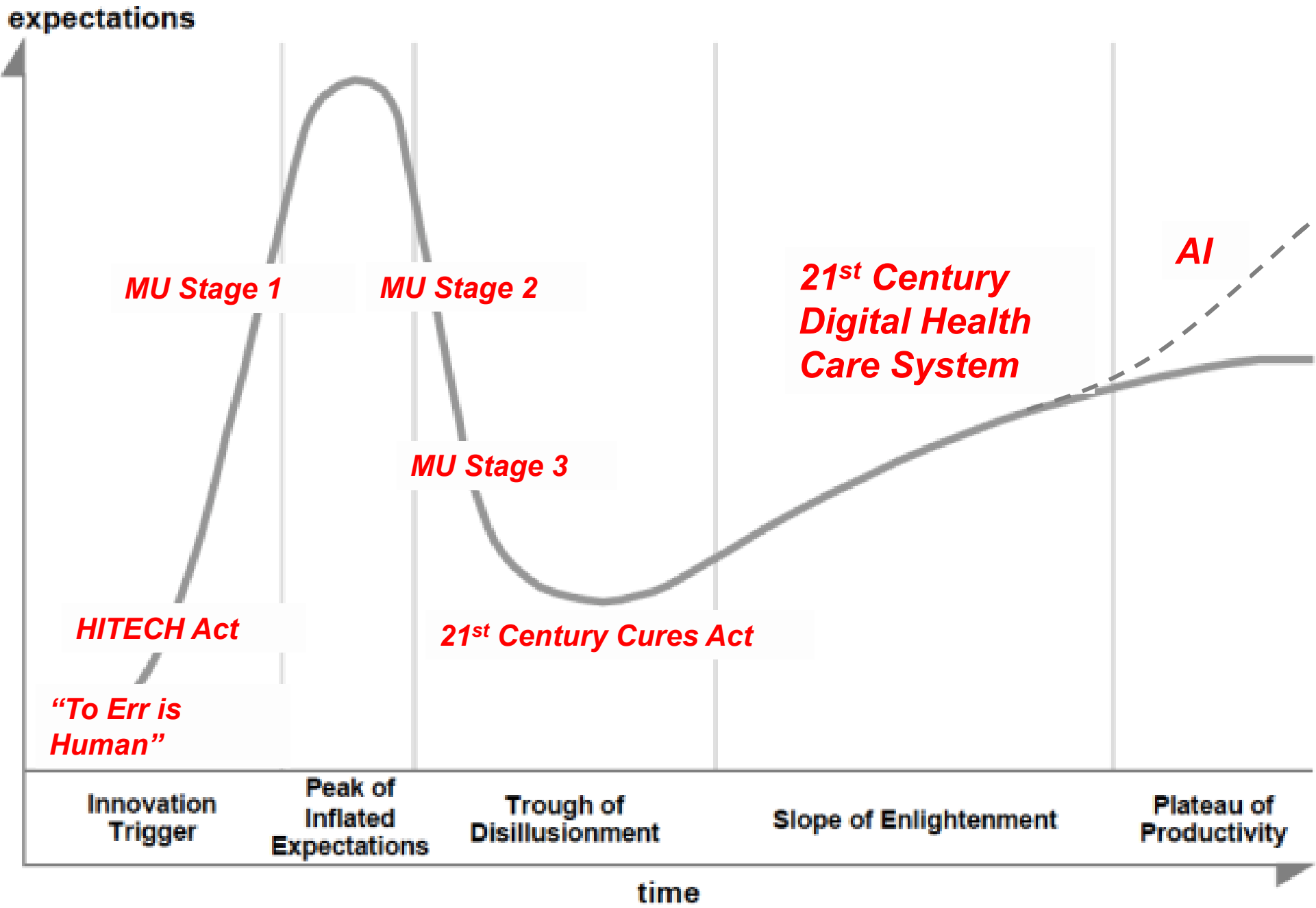


ASTP Annual Meeting 2024

HHS Assistant Secretary Micky Tripathi

December 5, 2024





21
CENTURY
CURES ACT

**Information
Blocking**

Data Standards

FHIR[®]

TEFCA

ONC > ASTP

Health AI

Information Blocking

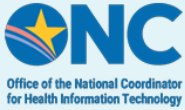
2021

Information Blocking

A New Day for Interoperability – The Information Blocking Regulations Start Now

Micky Tripathi and Steven Posnack | APRIL 5, 2021

2023



HTI-1 INFORMATION BLOCKING FACT SHEET

Health Data, Technology, and Interoperability:
Certification Program Updates, Algorithm Transparency,
and Information Sharing (HTI-1) Final Rule

December 2023

2023



Enforcement

Enforcement of the information blocking penalties will begin September 1, 2023.

2024

HHS Finalizes Rule Establishing Disincentives for Health Care Providers That Have Committed Information Blocking

2024

Interoperability

Getting Real about Information Blocking and APIs

Micky Tripathi | OCTOBER 8, 2024

Enforcement.

LET'S GO!

Data Standards

Thinking Outside the Box: The USCDI+ Initiative

Ryan Argentieri; Elisabeth Myers; Steven Posnack and Micky Tripathi | OCTOBER 8, 2021

New USCDI+ Platform Now Live; Public Health Datasets Available for Comment

Brett Andriesen; Liz Turi and Katie Tully | DECEMBER 7, 2023

Interoperability

ONC Publishes USCDI+ Quality Data Element List to Support CMS Digital Quality Measurement Modernization Initiative and Overall Quality Reporting

Ashley Hain; Alex Baker; Kyle Cobb and Matthew Rahn | JUNE 2, 2023

Health IT, Interoperability

USCDI+ In Action! ONC and HRSA launch USCDI+ Initiative to support UDS Modernization

Ryan Argentieri; Matthew Rahn; Jasmine Agostino and Alek Sripipatana | AUGUST 29, 2022

SAMHSA and ONC Launch the Behavioral Health Information Technology Initiative

Micky Tripathi and Miriam E. Delphin-Rittmon | FEBRUARY 5, 2024

MARCH 05, 2024

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

1. Real-world data

2. Clinical Trials

3. Human Services

FHIR®

CURES ACT FINAL RULE

Standards-based Application Programming Interface (API) Certification Criterion

2021

Achieving a Major Milestone: Health IT Developers Certify to Cures Update

Robert Anthony | FEBRUARY 10, 2023

2022

[Global Edition](#) [Government & Policy](#)

HTI-2 proposed rule includes new certification criteria for payer and public health IT

2024

Adding new standard for dynamic registration

- Dynamic client registration using HL7 FHIR® Unified Data Access Profiles (UDAP™) Security IG v1.0.0

Adding new standards-based API workflow capabilities

- API-based workflow triggers using HL7® CDS Hooks Release 2.0
- Verifiable health records using SMART Health Cards Framework v1.4.0 and HL7® SMART Health Cards: Vaccination and Testing IG v1.0.0
- API-based event notifications using HL7® FHIR® Subscriptions R5 Backport IG v1.1.0

2024

1. **Interoperability → Interactivity**
2. **Network integration for TEFCA Facilitated FHIR (e.g., patient and endpoint look-up)**
3. **SMART Health Card/Links**
4. **Scheduling**
5. **Imaging**

TEFCA

2022

ONC Completes Critical 21st Century Cures Act Requirement, Publishes the Trusted Exchange Framework and the Common Agreement for Health Information Networks

2023

6 Organizations Approved as the Initial QHINs Under TEFCA

2023

TEFCA Live! The Future Of Network Interoperability Is Here

2023

HHS Expands TEFCA by Adding Two Additional QHINs

2024

First public health use cases for TEFCA™ are now Live!



ONC Releases Common Agreement Version 2.0, Paving the Way for TEFCA Exchange via FHIR

New TEFCA SOPs and Updated Resources Released

Your health records are coming to new apps. Here's why



Meet the Candidate QHINs

1. Social Security Administration
2. Payer-Provider Interoperability
3. Patient notification of record exchange
4. Patient access with OAuth scaled with secure, portable identity
5. Research

ONC > ASTP

2022

CLINICAL IT

ONC and HHS: Health IT Alignment Activities Underway

Under the Health IT Alignment Policy, ASTP and HHS partners have identified billions of dollars that impact health IT across HHS programs and activities; ONC and HHS inform

2024

HHS Reorganizes Technology, Cybersecurity, Data, and Artificial Intelligence Strategy and Policy Functions

HHS Reorganizes ONC and Bolsters AI Leadership

In HHS Reorganization, ONC to Take Bigger Role

ONC's Next Chapter

Micky Tripathi | JULY 25, 2024



ASTP

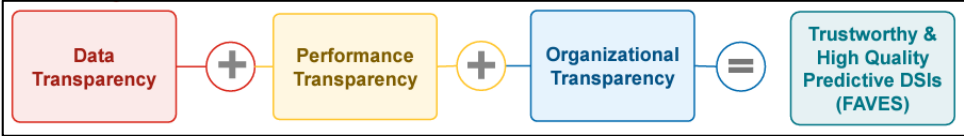
Assistant Secretary
for Technology Policy

- 1. Strategic use of technology and data in all mission areas**
- 2. Consistency in core principles underlying uses of technology and data**
- 3. Coordinate across HHS to continue to ensure that HHS is more than the sum of our parts**

Health AI

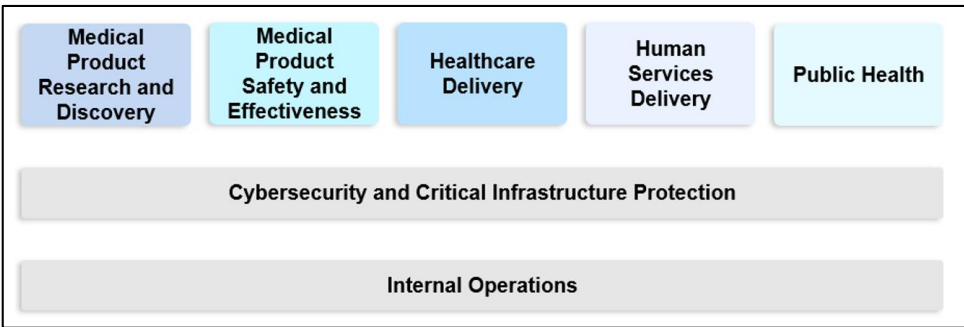
2023

HHS, ONC HTI-1 Final Rule Introduces New Transparency Requirements for Artificial Intelligence in Certified Health IT



2024

Strategic Plan for the Use of Artificial Intelligence in Health and Human Services



2024

Department of Health and Human Services: Artificial Intelligence Use Cases Inventory

1. Encouraging health AI innovation and adoption
2. Promoting trustworthy AI development and use
3. Democratizing AI technologies and resources
4. Cultivating AI-empowered workforces and organizational cultures

The Washington Post

AN INDEPENDENT NEWSPAPER

This year, be thankful for AI in

IF YOU'RE struggling to come up with something you're grateful for this Thanksgiving, here's a development all feastgoers can celebrate regardless of their political leanings: Artificial intelligence is revolutionizing medicine, making health care more accurate and less expensive for everyone.

AI is still in its infancy, yet it is already promising to transform how physicians do their jobs. Take, for example, cancer screenings. One study from 2022

EDITORIAL

found that about 10 million people are unnecessarily hospitalized because of their misdiagnosis. Roughly 100,000 are permanently disabled or die. Artificial intelligence has the potential to significantly reduce those tragedies. A recent study out of Boston comparing the performance of chatbot-assisted physicians in diagnosing patients with that of chatbots alone found that the bots performed considerably better. Given a patient's case history and symptoms, the chatbot alone scored an average of 90 percent in correctly diagnosing their condition. Physicians using the technology scored only 76 percent on average — just marginally better than the 74 percent average for humans with no AI help at all.

AI can also speed up care in emergency settings. One study found that hospitals that used AI to detect strokes from a patient's brain scans were

improve, it's possible to imagine a future in which physicians are *required* to use them in screening and doctors devote more and more of their time doing things AI is less suited to. The technology interacting with patients and thinking through unusual or unexpected circumstances to the doctor even less personal than they

take their specific shapes, a question that has confounded scientists for decades. This is important because the shape of proteins governs virtually every task carried out in the body, from delivering oxygen through the blood to controlling a person's appetite. In the past century, understanding these complex molecules took years of painstaking work. Machine learning is reducing that time frame to a tiny fraction. Such research power could uncover clues to therapies for an enormous variety of diseases.

The challenge with all these exciting developments, of course, is that AI technology can be expensive to adopt. It also requires a lot of energy, which will put pressure on the electrical grid and might accelerate climate change if powered by carbon-intensive sources. The federal government can help address these problems by, for example, offsetting new demand for electricity by expanding the grid with cleaner energy, including nuclear power.

The emergence of AI has provoked great alarm in recent years, and for good reason. The technology could disrupt the economy, upending industries in unpredictable ways. Its awesome power deserves caution, but not fear. Americans can take comfort in the fact that, when it comes to medicine, this bit of human ingenuity has been a force for good — and will probably continue to be.

As AI improves, doctors will be able to devote more of their time to interacting with patients, explaining the medicine, and thinking through unusual or unexpected circumstances.

already are. But it could free up physicians' time dedicated to mundane tasks and cut seemingly interminable wait times at medical practices. Arguably, AI's greatest promise is the one that's hardest to see: its potential to turbocharge medical research. For instance, AlphaFold2, the artificial intelligence program developed by Google DeepMind, has started to crack the code on how proteins

take their specific shapes, a question that has confounded scientists for decades. This is important because the shape of proteins governs virtually every task carried out in the body, from delivering oxygen through the blood to controlling a person's appetite. In the past century, understanding these complex molecules took years of painstaking work. Machine learning is reducing that time frame to a tiny fraction. Such research power could uncover clues to therapies for an enormous variety of diseases.

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Flipped Healthcare: The AI-Empowered Patient

2004

THE BIRTH OF ONC

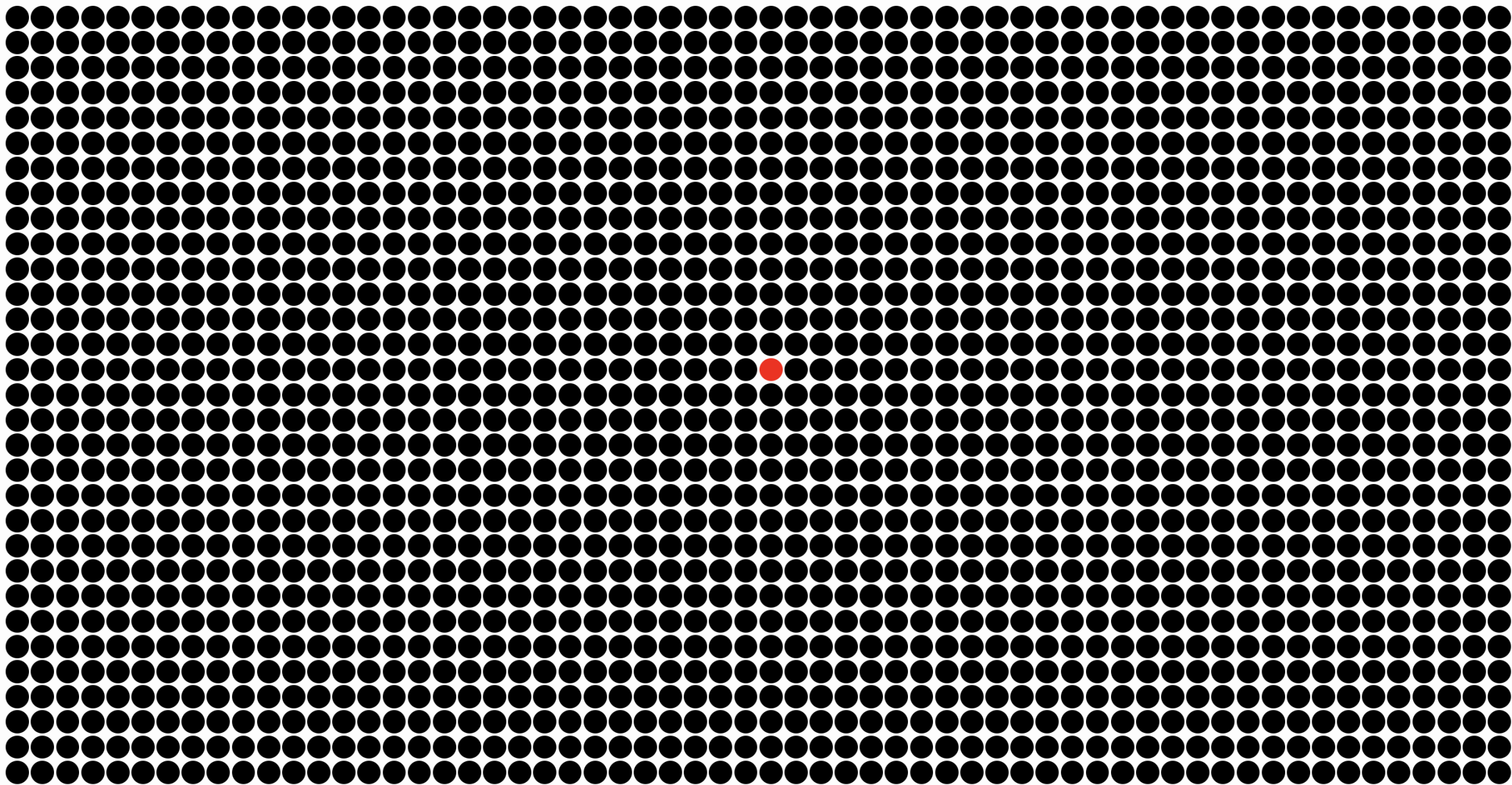
ONC

The Office of the National Coordinator for Health IT was created by Executive Order 13335, signed by President George W. Bush in April 2004. ONC was established within the Department of Health and Human Services (HHS) and charged with, "fulfilling its responsibilities...consistent with a vision of developing a nationwide interoperable health information technology infrastructure..."





HEALTH
EVOLUTION
SUMMIT





ASTP

Assistant Secretary
for Technology Policy