PANEL QUESTIONS
Health IT and Accountable Care Hearing
Accountable Care Workgroup, Meaningful Use Workgroup, Quality Measures Workgroup, Information Exchange Workgroup
December 5, 2013

Questions for Panel 2
Hospital and Health System-led Accountable Care Arrangements

1. Identify the high-value set of clinical strategies you are focusing on in order to meet cost and quality targets under accountable care arrangements over the next 5 years. What are the key process, workflow, and care delivery changes you are implementing to execute on these objectives? We are trying to focus on the high risk/high consuming patients in our population. We are aware that a small percentage of our population generates a disproportionate large share of the costs. Our focus involves data aggregation from multiple disparate noncurated sources using a combination of the data, and enterprise data warehouse and HIE solutions. We have been trying to integrate analytic solutions with care coordination tools to deliver actionable information at the point of care. What is the technology strategy that supports each of these objectives? Our strategy at this point is focused on aggregating information from the multiple EMR's in our system to create an integrated data source that can be quickly ported to any clinical or financial analytic solution which we will employ. It is our expectation that we will need to involve our analytic solutions over time. We believe our ability to aggregate data allow us to customize our needs for solutions to deliver actionable information.
2. What are the main challenges you have experienced or expect to face around implementing technology solutions to meet your objectives? We have more than 50 different electronic medical records across our system. Many of them are unable to automatically produce CCD's. In addition the costs of connecting all of these EMR is untenable. As well not all of the constituencies across our systems are comfortable with our aggregating clinical and financial data within of data sources. Without as close to real-time information as possible, that is reasonably complete, it will be difficult to identify high-risk patients and intervene in their course.
3. How well are current market offerings providing solutions that deliver these capabilities? Where is more innovation needed and how can market offerings be improved? The current market offerings are inadequate to solve the current needs. There is a little integration among vendors and as well they have little incentive to integrate their products. Ultimately the solutions and health care systems that can successfully aggregate information relatively rapidly and inexpensively would be the most successful. There appears to be very little market pressure at this moment however to force vendors to agree on any common data source or mechanism of storage. Until more a more agnostic platform is agreed on there will be fragmentation in data sources. There does not appear to be enough leverage in the marketplace to force any movement toward commonality in data aggregation.
4. To what degree are you leveraging community based infrastructure to support care coordination objectives through **health information exchange**? We have tried to build the health information exchange. This is proven to be very difficult. It is to not be very expensive undertaking and the use of CCD's is limiting in terms of the extent of the data that we feel is necessary to treat actionable information. We are now trying to build out enterprise data warehouse and the big data solutions to try to better accommodate some our custom needs for

information. We will continue to maintain relationships with community health information exchanges especially when the serve as bridges to other health care systems or large physician groups that are integrated in multiple systems.

5. To what degree are you using population health management strategies to achieve clinical and business objectives under accountable care arrangements and how effective have health IT tools been in supporting these strategies? We have begun the implementation of 2 population health management analytic stools. We have begun to identify high-risk patient and integrate them into the care coordination effort that we have undertaken. We are using predictive modeling tools to help us better predict opportunities for intervention. Our processes are new and we are gaining familiarity with these solutions; we are optimistic about both outcomes and cost containment.
6. Would voluntary certification of HIT applications around a set of population health management functions improve market offerings to support accountable care arrangements? What capabilities are not consistently available in current market offerings that should be certified under such a program? What additional types of data should be captured as part of a population health management module?
7. What are major challenges to obtaining the clinical or administrative data needed to support care delivery priorities? What are your major challenges around aggregating, analyzing, and reporting data to satisfy accountable care contract requirements? How can HHS and other stakeholders address these challenges, such as encouraging easier linking of claims and clinical data? We are very challenged by the large number of disparate data sources within our system. There is little incentive currently for many of them to deliver information in a standardized fashion. The information from CCD's is limited and too often not automatically updated. Any policy around enforcement of standardization and requirements for production of information automatically would dramatically improve our ability to manage populations.
8. How can HHS increase data liquidity to support the health information exchange needs of accountable care entities? How could current ONC certification criteria or testing procedures for Meaningful Use be revised to increase data liquidity? How should ONC approach improving discrete data standards rather than/in addition to document-based data standards (e.g. continuity of care documents)?
9. How have you addressed the financing of investments in health IT to pursue accountable care objectives? Are HHS-facilitated models (e.g. the Advanced Payment ACO model) critical to success or do sufficient incentives to finance these investments privately? What are key areas where technical assistance is needed for ACOs?
10. Besides the double weighting of EHR Meaningful Use as a quality measure, are there other ways the Medicare Shared Savings Program should encourage adoption and effective use of health IT and information exchange among participating ACOs (e.g. application requirements, additional weighting of Meaningful Use transition of care measures, requirement of MU Stage 2 among a proportion of providers in ACO network in year 2 or 3)?
11. What are additional ways that other CMS value-based payment/purchasing programs and CMMI models should reinforce HIE and core HIT functions needed for accountable care? There needs to be more programs that focus on outcome based metrics and not just process metric.