**Draft Proposal for a Hearing on Health IT and Accountable Care**

*Hearing of the Accountable Care Workgroup of the HIT Policy Committee*

**Date/Location**

* December 5, 2013, Washington, D.C.

**Objectives:**

1. Understand the priority health IT needs of providers currently operating under accountable care arrangements and elicit ideas about how they believe policy could guide further development of relevant technology capabilities.
2. Learn about innovative uses of health IT among providers in accountable care arrangements and how successful innovation could be replicated/spread
3. Receive specific input on whether and how modular certification of health information technology (broadly defined to include EHRs as well as other applications that may interact with the EHR) focused on population health management functions and interoperability standards would help accelerate success among entities engaged in accountable care arrangements.
4. Receive specific input on how the Medicare Shared Savings Program can encourage development of health IT infrastructure and capabilities.

**Panel Topics and Witnesses:**

1. Clinicians in Accountable Care Arrangements
   * Practicing physicians participating in either ACOs or other value-based efforts, i.e. the Comprehensive Primary Care Initiative.
2. Accountable Care Organizations (Health Systems)
   * Business and clinical leadership of large, integrated delivery networks participating in ACO programs, including cross section of various Medicare programs as well as private ACOs.
3. Accountable Care Organizations (Physician-led Organizations)
   * Business and clinical leadership of smaller, physician-led entities participating in various ACO programs, including cross section of various Medicare programs as well as private ACOs.
4. Vendors/Service Providers
   * Representatives of major vendors delivering HIT applications to support value-based payment arrangements.
   * Representatives of other service providers supporting organizations engaged in value-based payment arrangements such as HIEs.

**Draft Questions (will customize a different set of questions for each panel):**

1. In your experience, what health IT capabilities are most critical for entities under any accountable care arrangement to accelerate progress on meeting cost and quality metrics? How successful have entities been to date in adopting and successfully utilizing tools enabling these capabilities?
2. Do different types of accountable care arrangements (i.e. varying degrees of risk) impact the types of capabilities most critical to success?
3. Are current HIT products meeting the needs around accountable care strategies and if not, why? From a health IT perspective, what do you see as the greatest opportunities for failure across different accountable organizations?
4. What innovative HIT products or services have you developed or implemented to meet the most critical ACO needs?
5. To what degree are you using population health management strategies to meet cost and quality targets under accountable arrangements you are participating in? What specific HIT capabilities do you see as most critical to enabling you to meet these objectives? Where do you

see gaps in current market offerings around tools that can deliver these capabilities?

1. What are the key technology tools you are using to strengthen information sharing across care team members within a single setting and across care settings to deliver integrated care? What are the major gaps you see in current market offerings to share information between care team members?
2. The ability to identify care gaps for patients, notify clinicians about gaps, and enable clinicians to take appropriate action has been identified as an important capability for entities in accountable care arrangements. To what degree have you developed the capacity to identify and share information about care gaps with clinicians? How can technology tools better support this capacity?
3. How do you see clinicians participating in accountable care arrangements making use of administrative/cost data to manage the total cost of care for a population? What are the main challenges to delivering this information to clinicians today? What are major gaps you see in current market offerings delivering this capability?
4. What are the main challenges you are experiencing around integrating clinical and administrative data to develop a unified, longitudinal view of patients? What should government and the HIT industry do to address these challenges?
5. What are your main challenges around reliable attribution in accountable care arrangements? What should government and the HIT industry do to address these challenges?
6. (Vendors/Service Providers) Describe your efforts to develop offerings for providers operating under accountable care arrangements. What are the major challenges you see to developing products that meet provider needs?
7. To what degree do you believe electronic health records systems or other point of care software applications are the most appropriate vehicle for these capabilities?
8. How has the EHR Meaningful Use program supported your performance under accountable care arrangements so far? How do you expect Stage 2 Meaningful Use requirements to support activities within accountable care arrangements? What are the most important challenges you believe providers will face in reaching Stage 2?
9. In what ways can current policies and programs promote increased data liquidity among providers to support providers in accountable care arrangements? Are there additional interoperability standards necessary to support critical capabilities for accountable care? How could current ONC certification criteria or testing procedures for Meaningful Use be revised to increase data liquidity?
10. Would voluntary certification of HIT applications around a set of population health management functions improve market offerings to support accountable care arrangements? If so, what capabilities and tasks would you like to see certified under such a program?
11. In what ways could the Medicare Shared Savings Program encourage adoption and effective use of health IT and information exchange beyond the double weighting of EHR Meaningful Use as a quality measure, e.g. application requirements, additional weighting of MU Transition of Care measures, requirement of MU Stage 2 among a proportion of providers in ACO network in year 2 or 3? 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?