Health IT Policy Committee

A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT

Accountable Care Workgroup: Draft Recommendations

July 8, 2014

WORKGROUP BACKGROUND AND INTRODUCTION

Accountable Care Workgroup Members

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- Richard (Hal) Baker, Wellspan
- Karen Bell, JBS International
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- Heather Jelonek, John C. Lincoln Accountable Care Organization
- David Kendrick, MyHealth Access Network
- Joe Kimura, Atrius Health
- Irene Koch, Brooklyn Health Information Exchange
- Eun-Shim Nahm, University of Maryland School of Nursing
- Frank Ross, Cumberland Center for Healthcare Innovation
- Samuel VanNorman, UnitedHealth Group

Ex Officio Members

- Akaki Lekiachvili, CDC
- Hongmai Pham, CMMI
- John Pilotte, CMS
- Westley Clark, SAMSHA

Formal Workgroup Charge

Provide a set of recommendations to the HITPC regarding how ONC and HHS can advance priority health IT capabilities in a variety of accountable care arrangements to support improvements in care and health while reducing costs.

Key Messages

- The workgroup heard from a variety of stakeholders over the course of its work, but focused most heavily on the delivery system perspective to understand the unique business and clinical requirements of providers in accountable care arrangements.
- The Workgroup is seeking to advance a set of IT-enabled capabilities common to providers working under a wide range of accountable care arrangements, including but not limited to Accountable Care Organizations.
- The HIT and data infrastructure to support accountable care arrangements extends beyond the core use of EHRs for patient care, and includes information exchange, integration of data across settings, and analytics capabilities.

Key Messages, continued

- Streamlining the administration of value-based programs is a crucial priority for providers engaged in accountable care models, especially across multiple payers. HHS must continue current efforts to minimize administrative burden across programs to avoid jeopardizing the ability of providers to succeed within these models.
- Investing in the robust IT infrastructure needed to support accountable care arrangements is a continuing challenge for providers, especially smaller organizations. HHS must continue to develop and expand strategies, such as the Advance Payment Model, to help providers invest in the infrastructure necessary to support accountable care models.

FINAL RECOMMENDATIONS

Final Recommendation Areas

I. Exchanging Information across the Healthcare Community

II. Data Portability for Accountable Care

III. Clinician Use of Data and Information to Improve Care

IV. Leveraging Existing Sources of Information to Support Data Infrastructure for Value-Based Programs

Recommendations Overview

- *Strategy Statements*
  - Key overarching themes that the Workgroup would like to see guide future work in this area.
- *Actionable Recommendations*
  - These recommendations represent high priority opportunities to advance work in the focus area. Some represent immediate opportunities to benefit providers working in accountable care arrangements, while others are more likely to impact providers in the medium or long term but require increased attention now.

I. Exchanging Information across the Healthcare Community

Strategy Statements

1. ONC should coordinate across HHS to set strong expectations that providers (especially hospitals and health systems) must electronically and securely share clinical information with any appropriate receiving entity to improve the quality and safety of care across settings.
2. Providers ineligible for the EHR incentive program, including LTPAC, behavioral health, and home health providers, are critical partners for ACOs but need additional support for HIT adoption.
3. Exchange of behavioral health information across providers is critical for ACOs focused on high-cost/high-risk patients and for patient safety. SAMHSA and ONC must further explore strategies to facilitate the flow of behavioral health claims data and other sensitive data that are subject to additional privacy protections between and within ACOs and providers of mental health and substance abuse services.

I. Exchanging Information across the Healthcare Community, continued

Actionable Recommendations

a. CMS should leverage innovative service delivery models to encourage hospitals and other institutions to make admission, discharge, and transfer (ADT) feeds available to any appropriate receiving entity across their community.

b. ONC should work with CMS to update hospital survey and certification standards to require institutions to make electronic discharge summaries available to external providers in a timely manner.

c. Increase public transparency around hospital and health system performance on measures related to health information exchange through public reporting Web sites.

d. Provide additional shared savings incentives to accountable care organizations that include partners who are not eligible for EHR incentives.

e. Issue additional guidance around sharing of information protected under 42 CFR Part 2 across participants in an accountable care organization.

II. Data Portability for Accountable Care

Strategy Statements

1. Data residing in EHRs needs to be seamlessly available to multiple types of HIT applications, for instance, to support population health management platforms which integrate data across care different settings and systems.
2. ONC should focus additional attention on discrete data standards, in order to effectively promote data interoperability across systems, in addition to further constraining document based data standards.
3. ONC can increase vendor accountability by ensuring products not only send data, but can also receive and process data.

II. Data Portability for Accountable Care, continued

Actionable Recommendations

a. Require certified products to either publish APIs or utilize a common API to allow increased access to data residing in EHRs by other types of HIT systems to support population health management, operations, financial management, and other functions.

b. Pursue greater specificity in federal interoperability standards around transactional data.

c. Strengthen data portability elements in certification criteria to ensure systems have demonstrated that they can receive and process data, not only send data.

III. Clinician Use of Data and Information to Improve Care

Strategy Statements

1. Dynamic shared care planning that supports virtual interdisciplinary care teams across the continuum of care is a critical capability for providers that are accountable for the care of attributed patients across settings.
2. A wide range of health care stakeholders beyond those who have traditionally conducted care planning need to develop consensus around workable models of care planning across organizations using standards-based tools.
3. Clinical decision support tools are a key strategy for ACOs to promote adherence to evidence based guidelines, but significant questions remain regarding their effectiveness.
4. Providers within ACOs need access to actionable measures that address both quality and cost in order to make informed decisions in the value-based care environment.

III. Clinician Use of Data and Information to Improve Care, continued

Actionable Recommendations

a. Establish pilots to understand how clinicians can use electronic shared care planning tools to deliver effective team-based care across settings.

b. Convene a group to accelerate clinical consensus around standards-based electronic shared care planning across the continuum of care and develop strategies to promote wider adoption of these tools.

c. Pursue research with federal partners such as AHRQ around the effectiveness of clinical decision support to improve the impact of these tools.

d. Increase the sensitivity and specificity of CDS algorithm tools by implementing standards that will support the incorporation of external data from multiple sources.

IV. Leveraging Existing Sources of Information to Support a Data Infrastructure for Value-Based Programs

Strategy Statements

1. Accountable care providers need increased access to existing administrative and encounter data that is currently inaccessible or unusable, including claims data, social services providers, eligibility and benefit determination data, and other sources.
2. Federated, scalable data architecture models that can aggregate multiple types of existing data are a promising strategy to support the needs providers in value-based payment programs across different regions, states, and localities.
3. Public and private sector stakeholders must collaborate around key enablers of this infrastructure such as a common standardized methodology and approach to attributing patients in the ACO environment across all payers and providers.
4. HHS should continue to work towards a vision of standardizing all measures required by various agencies, departments, and programs, so that all unique and relevant measures can be calculated and submitted once by a given provider to a single location.

IV. Leveraging Existing Sources of Information to Support a Data Infrastructure for Value-Based Programs, continued

Actionable Recommendations

a. CMS, ONC and other HHS partners should work together to articulate a future strategy around how the government can advance a federated, scalable data infrastructure model to meet the data and reporting needs of providers in accountable care arrangements.

b. ONC should coordinate across HHS to expand support for the development of state-level all-payer claims databases (APCDs) to support accountable care arrangements (inclusive of Medicare & Medicaid).

c. Drive progress on standardization and capture of social determinants of health data elements that are most critical to accountable care delivery models.

DISCUSSION