Sixth National ACO Summit
Friday, June 19, 2015
Track Seven

9:30–11:00 AM   Data Management/Health Information Technology Issues
Farzad Mostashari, MD, Founder and CEO, Aledade, Inc. (Moderator)

1.   **Peter Basch, MD,** Medical Director, Ambulatory EHR and Health IT Policy, MedStar Health; Visiting Scholar in Health IT Policy, Brookings Institution
2.   **Karson Mahler, JD,** Policy Analyst, Office of Policy, Office of the National Coordinator for Health Information Technology
3. **Joel J. Reich, MD, FACEP, MMM, CPE,** Senior Vice President for Medical Affairs & CMO, Eastern Connecticut Health Network

4.   **Gregory Spencer, MD, FACP,** CMO, CMIO, Crystal Run Healthcare

Panel Overview
Determining the future course of health information technology (IT) policy is a top priority for enabling delivery of higher quality care at lower costs. Key goals include improving usability and interoperability, as well as using technology to engage patients and improve their overall care experience. This panel will discuss current approaches, challenges, and approaches for improved data management and health IT use, as well as opportunities to improve health IT implementation and policy going forward. Discussion topics include enhancing shared-decision making between patients and providers, making information on cost and quality readily available and easily accessible for patients, and improving utilization of health IT by patients. The panel will also assess the current state of the Meaningful Use program and what can be done to continue successful adoption and use of health IT. Panelists will share their perspective on how to address health IT challenges to date and ensure improved management and use of health data.

Core Questions
- What are the major challenges for effective data management and health IT use for ACOs today?
- What regulatory or policy changes would enable improved health IT adoption and use that better engages patients and providers alike?
- How can health IT continue to reinforce and enable the shift from pay for volume to pay for value delivery and payment systems
- How will the Meaningful Use Program play in the continued move to value-based care over time through alternative payment models?
- Are physicians receiving the right amount and kind of data on their patients? What is missing? What is superfluous or unhelpful?
- Physicians are now receiving penalties for not participating in PQRS and MU. What do you think will happen going forward? Should specialists have different requirements than primary care physicians? What can/should be done?
- The legislation to replace the SGR creates a "Merit-Based Incentive Payment System (MIPS)" for providers not in alternative payments models. The state goal of MIPS is to replace the quality

metrics from disjointed government plans (e.g., MU, PQRS, VPM: Value-Based Payment Modifier) into a single common data set. How do we make metrics truly meaningful to better manage chronic disease and keep populations healthier?

- Not every healthcare system or physician practice can afford to buy complete EHR/data analytic/population health software systems. What are some of the interim steps that can be taken to build the systems and prepare for the changes?