Sixth National ACO Summit
Wednesday, June 17, 2015
Preconference

3:30–4:05 PM **Regulatory Burdens on Payment and Performance**
S. Lawrence Kocot, LLM, MPA, Visiting Fellow, Economic Studies, The Brookings Institution, Principal and National Leader, Center for Healthcare Regulatory Insight, KPMG, Former Senior Advisor to the Administrator, CMS *(Moderator)*

1. **Peter Basch, MD,** Medical Director, Ambulatory EHR and Health IT Policy, MedStar Health and Visiting Scholar in Health IT Policy, The Brookings Institution
2. **Robert Wah, MD,** President, American Medical Association
3. **Danielle A. Lloyd, MPH,** Vice President, Policy & Advocacy, Deputy Director DC Office, Premier Healthcare Alliance

Panel Overview
New payment mechanisms and programs introduced by the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) designed to enhance quality of care while lowering costs may have unintended consequences. The Value-Based Payment Modifier and Meaningful Use are examples of recent programs that many believe have led to excessive regulatory burden, resulting in significant discontent among providers. Providers are frequently required to report the same information, yet in a slightly different manner to various federal programs. The lack of streamlined reporting mechanisms for multiple programs has led to redundancies, inefficiencies, and unnecessary administrative burden. Reporting requirements have been described as a cumbersome distraction for providers, taking their focus away from patient care. This panel will focus on undue regulatory burden of multiple recent federal programs and their implications. Panelists will share their perspective on potential solutions to minimize regulatory burden while maximizing progress in improving quality and lowering costs.

Core Questions
- What challenges have resulted from different reporting mechanisms for multiple federal programs?
- What administrative requirements have resulted in box-checking rather than meaningful improvement?
- How can federal programs minimize regulatory burden and improve provider satisfaction?
- Are their specific federal programs that create more regulatory burden than others?
- In general, do the benefits and incentives for reporting outweigh the time and effort required to meet requirements?
- What solutions might be possible to ease regulatory burdens?

3:30 PM **S. Lawrence Kocot, JD, LLM, MPA,** The Brookings Institution; KPMG (Moderator)
Focus Larry will introduce the panelists and provide an overview of the different current program requirements, highlighting the areas of harmonization and alignment.

3:45 PM	**Peter Basch, MedStar Health**
Focus	Peter will discuss regulatory burdens for providers, with a particular focus on the impact of Meaningful Use. Among other things, he will highlight how the goals of certain regulatory requirements could be achieved without being unduly burdensome.
3:50 PM	**Robert Wah, American Medical Association**
Focus	Robert will discuss some challenges for ACOs, including patient lack of knowledge about participation in the ACO, as well as broader payment issues, regulations and requirements in ICD-10, meaningful use and the recently passed MACRA, which provides little guidance on requirements for providers undertaking alternative payment models (APMs).
3:55 PM	**Danielle A. Lloyd, Premier Healthcare Alliance**
Focus	Danielle will discuss a number of regulatory burdens for ACOs, including the challenges of reporting quality through GPRO (Group Practice Reporting Option); issues related to the value-based modifier; governance and structural limitations; and the lack of payment and administrative burden waivers.
4:05 PM	**Q&A**