Clinical Informatics: Using Data for Systems-Based Practice
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BIPARTISAN POLICY CENTER

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About the Bipartisan Policy Center

- Established in 2007 by former Senate Majority Leaders Howard Baker, Tom Daschle, Bob Dole and George Mitchell
- Works to address the key challenges facing the nation, including those related to economic policy, energy, housing, immigration, and health care.
- Combines politically balanced policymaking with strong, proactive advocacy and outreach.
- The BPC Health Innovation Initiative focuses on:
  - Promoting health IT policy that supports higher quality, more cost-effective, patient-centered care
  - Accelerating employer-driven, innovative strategies to improve health and health care
  - Advancing biomedical innovation through public policy
Drivers for Clinical Informatics

- **New Models of Delivery and Payment**
  - April 14, 2015 passage of H.R. 2, Medicare Access and CHIP Reauthorization Act moves Medicare away from a volume-based system towards one that rewards value
  - HHS Secretary’s announcement of measurable goals and timeline: aligning at least 30% and 50% of Medicare payments with quality and value by 2016 and 2018, respectively
  - Considerable movement in private sector: 40% of commercial payments value-based, up from 11% in 2013

- **Increasingly Engaged Consumer**
  - Nearly 80% of workers now pay an annual deductible
  - Average deductible now over $1,000
  - Use of consumer-directed health plans is on the rise
BPC’s Task Force on Delivery System Reform and Health IT Identified IT-Related Capabilities for New Models of Care

- Ready access to clinical decision support tools and information about the patient, to inform clinical decision-making at the point of care and between visits;
- Electronic methods for sharing patient information across the multiple settings in which care and services are delivered;
- Tools that enable the aggregation and analysis of clinical, administrative, and patient-generated data—to set goals, identify and predict areas for which intervention is needed, monitor progress, and measure outcomes and performance;
- Electronic methods for engaging and supporting individuals in managing their care, managing their health, and improving their interactions with the health care system;
- New, “virtual” methods of delivering care, including telemedicine, remote monitoring, and electronic messaging.
Where Are We Today?

- As of February 28, 2015, nearly $30 billion in payments had been made through the CMS Medicare and Medicaid EHR Incentive Programs
  - 4,800 hospitals
  - 433,000 eligible professionals

- Only 14% of physicians surveyed in 2013 were electronically sharing data with providers outside of their organizations

- Only 24% of physicians surveyed in 2013 were routinely providing patients with the ability to view, download, or transmit their health record
Current and Emerging Policy Focus: Interoperability and Health Information Exchange

- **H.R. 2, Medicare Access and CHIP Reauthorization Act**
  - Calls for widespread exchange and interoperability by 2018
  - Requires eligible professionals and hospitals to demonstrate by 2016 that they did not knowingly or willfully engage in “information blocking”

- **December 2014 CROMNIBUS**
  - ONC is urged to certify only those products that do not engage in information blocking and to take steps to decertify products that block information sharing
  - Requests detailed report on information blocking (just released)

- **NPRMs for Stage 3 Meaningful Use**
  - Increased provider requirements for information sharing
  - Certified EHR technology must meet additional standards, demonstrate use of APIs for data requests, and demonstrate C-CDA creation

- **Interoperability Language Expected in House 21st Century Cures Legislation**
Current and Emerging Policy Focus:
Other Key Areas Related to Health Innovation

- Advancing Biomedical Innovation
- Improving Clinical Quality Measurement
- Improving Access to Data
- Clarifying Regulatory Authority Related to Health IT
- Accelerating Use of Telemedicine
Our Panelists

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