Health Care, Data and Technology

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A non-profit organization that drives principled solutions through rigorous analysis, reasoned negotiation and respectful dialogue. With projects in multiple issue areas, BPC combines politically-balanced policymaking with strong, proactive advocacy and outreach.

The Health Innovation Initiative focuses on improving health and health care through innovative strategies, accelerating the availability of safe and effective cures and treatments for patients, and effectively using data and technology to improve the lives of individuals.
Nearly all hospitals now have a certified EHR

Percentage of U.S. non-federal acute care hospitals with adoption of basic EHR and certified EHR

Source: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement
A majority of physicians now use EHRs

Percentage of office-based physicians with EHR system
Interoperability and Information Sharing: Hospitals

Percent of U.S. non-federal acute care hospitals that electronically find health information, and send, receive, and use patient summary of care records from *outside* their health system

*Significantly different from previous year

42% of physicians reported electronically sharing patient health information with other providers in 2014.

50% of health information exchange leaders report that vendors routinely engage in information blocking and 25% report that hospitals and health systems routinely do so.
Implications of Lack of Interoperability and Information Sharing

• Lack of Access to Data to Support New Models of Care That Reduce Costs and Improve Quality
  – Clinicians and care teams need access to information—regardless of where care has been delivered—to inform clinical decision-making and coordinated care
  – Aggregation of data about the patient across systems, helps identify and predict where interventions are needed, enables feedback on performance, and supports outcomes measurement to inform payment under new models of care

• Lack of Access to Data to Support Needs of Individuals
  – Supports patients in navigating their health and health care
  – Supports transparency of cost, quality, and patient experience—increasingly important in an era of increased financial responsibility

• Lack of Access to Data for Research, as well as Regulatory and Reimbursement Decision-Making
  – Supports generation and use of real-world evidence to inform research as well as development and post-market monitoring of safe and effective medical products
  – Supports comparative effectiveness research, informs decision-making regarding payment and coverage
Barriers to Interoperability and Information Sharing

- Lack of a business case for exchange
- Costs associated with interfaces and exchange
- Growing number of data sources
- Lack of agreement on and adoption of common standards
- Some concerns about privacy and confidentiality
- Capability barriers described in recent AHA Survey\textsuperscript{1}:
  - Exchange partners’ EHR system lacks capability to receive data (55%)
  - Exchange partners’ lack of EHR or other system to receive data (53%)
  - Difficult to find providers’ addresses (49%)
  - Challenges exchanging across different platforms (46%)
  - Difficult to match or identify patients (33%)
  - Cumbersome workflow to send from EHR system (32%)

\textsuperscript{1}2015 AHA Annual Survey Information Technology Supplement
Declares national objective to achieve widespread exchange of health information through interoperable certified HER technology

HHS Secretary shall establish—by July 2016--metrics to determine whether this objective has been achieved

If objective has not been achieved—by December 2018—HHS Secretary shall submit a report regarding barriers and federal actions to achieve objective—by December 2019
The 21st Century Cures Act

- ONC and NIST shall convene—by June 2017—partnerships to build consensus and develop or support, and publish (within one year) a trusted exchange framework for trust policies and practices and common agreement for exchange between health information networks.
- HHS Secretary shall establish a provider digital contact information index
- Deterring information blocking
  - HHS Secretary shall define—through rulemaking--what does not constitute information blocking in consultation with FTC
  - HHS Inspector General may investigate claims and assign penalties (civil monetary penalties for developers, networks, and exchanges and appropriate disincentives using current authorities for providers) for information blocking
- National Coordinator shall implement a process for public submission of claims regarding lack of interoperability or information blocking
- HHS Secretary and OCR shall issue guidance on common legal, governance, and security barriers to trusted exchange
- GAO shall conduct a study and issue a report—within 2 years—on patient matching