Agenda

- Consumer Call to Action
  - MACRA final rule

- Election Aftermath
  - What does it mean for health IT?

- Health Care Transformation
  - MACRA and the Quality Payment Program
  - Beneficiary engagement models

- 21\textsuperscript{st} Century Cures
  - Health IT provisions

- 2017 Predictions & Prognostications
Call to Action: Comments on the Quality Payment Program

• Final rule with comment period to inform:
  • Implementation in 2017
  • Sub-regulatory guidance
  • Future rulemaking efforts

• We encourage CPeH members to submit comments to amplify the consumer voice

• CPeH resources:
  • Talking points on the health IT provisions for CPeH members who plan to submit their own organizational comment letters
  • Fact Sheet: additional detail on the health IT aspects of the QPP

COMMENTS DUE: Monday, December 19 by 5 pm ET
2016 Election: Reading the Tea Leaves

- President-Elect + New Administration + Republican Congress = Lots of Questions
  - Affordable Care Act?
  - Health care transformation efforts?
  - Medicare “modernization”?
  - Center for Medicare & Medicaid Innovation?
  - Meaningful Use?
  - Person-centered health IT?

- Health IT implementation: role of regulation vs. private sector approaches
  - Health IT / EHR “documentation burdens” (i.e., VDT)
  - API requirements
  - Certification
Health & Human Services: Leadership Nominations

- HHS Secretary: Rep. Tom Price, M.D. (R-GA)
  - Orthopedic surgeon
  - Vocal on health IT issues; championed changes to Meaningful Use that reduce physician burden:
    “[A 90-day reporting period] will ensure that physicians can focus more of their attention on patients, rather than unnecessary, overly burdensome regulatory compliance.”

- CMS Administrator: Seema Verma
  - Founder and CEO of consulting firm SVC Inc.
  - Advised several states on Medicaid expansion; designed Healthy Indiana Plan 2.0

- Confirmation hearings expected in early 2017
Health Care Transformation: What Now?

- Bipartisan support for MACRA
  - Acknowledgement that care delivery needs to change in order to bend the cost curve
- Quality Payment Program will go into effect January 01, 2017
- Future rulemaking efforts:
  - Scoring determinations for 2018
  - Additional transition year(s)? More flexibility?
  - Changes to MIPS Advancing Care Information & Improvement Activities performance categories
- Center for Medicare & Medicaid Innovation
  - Can’t do alternative payment models (APMs) without Innovation Center authority
Advancing Care Information: New Thinking

- Strong(er) support for the base + performance score structure
  - Base Score: Provide patient access measure (includes APIs)
  - Performance Score: Innovative, patient-facing uses of health IT

- Definition of Meaningful User
  - Finalized for 2017 at 75 points

- Full-year vs. 90 day reporting periods

- Develop and communicate plans to increase stringency of ACI performance category
Improvement Activities: Documenting Improvement

• Support efforts to integrate improvement activities and technology use
  • Maintain bonus points for attesting to IAs using CEHRT

• Strengthen inventory of activities; add additional activities that encourage innovative health IT uses

• Attestation: Sub-regulatory guidance forthcoming on how providers will attest to completing selected activities
Just Announced: **Beneficiary Engagement Models**

- **Shared Decision Making Model:** Beneficiaries work with their clinicians to choose their best treatment plans, including surgery.

- **Direct Decision Support Model:** Engage beneficiaries outside of the clinical setting.
  - Both models can be used by Medicare patients with six conditions: stable ischemic heart disease; hip or knee osteoarthritis; herniated disk or spinal stenosis; clinically localized prostate cancer and benign prostate hyperplasia.
  - Both models encourage beneficiaries to be more engaged in their care decisions by having **more access to their health information**.

- Interested organizations can apply until March 05, 2017.
21st Century Cures: Last Law of the Obama Administration

- Combines House and Senate bills over past two years
  - Incorporates consumer feedback on Senate HELP discussion draft
- Bipartisan support: 392-26 in the House, 94-5 in the Senate, signed into law December 13
- Covers health IT in Meaningful Use program, MACRA’s Quality Payment Program
- Funds Precision Medicine Initiative ($1.4 billion over 10 years), Cancer Moonshot ($1.8 billion over 7 years)
21st Century Cures: From Knowns . . .

- **EHRs** (sec. 4001): Develop a strategy for reducing regulatory and administrative burdens of EHRs, including patient access

- **Interoperability** (sec. 4003): Develop framework for interoperable network-to-network exchange, which federal agencies may require in contracts
  - Combines HIT Policy and Standards committees into HIT Advisory Committee, with members appointed by various federal leaders
  - Patient access is one of three initial priorities

- **Information Blocking** (sec. 4004): HHS inspector general can investigate claims of information blocking and assign penalties

- **Patient Access** (sec. 4006): Directs Secretary to promote patient access to longitudinal health records in electronic format, updated automatically; OCR to educate providers on using EHRs for patient access

- **GAO Studies** (secs. 4007, 4008): GAO to publish study on patients’ access to their health information (18 months) and study on patient matching (1 year)
21st Century Cures: ... To Unknowns

• EHR burden: Impact on patient access measures (Meaningful Use and ACI)?

• New HIT Advisory Committee: Impact on policy and direction?
  • Secretary provides for “orderly transition”
  • New consumer representatives

• Patient access: How will new Secretary interpret and advance provisions on patient access and use?
Discussion: Predictions & Prognostications
Get Involved!

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