



————— PHYSICIANS' —————
ELECTRONIC HEALTH RECORD
————— COALITION —————

Presentation Summaries

August 7, 2017

Presentations

- 1) Healthcare Innovation Incremental and Exponential - *Nick van Terheyden MD, Incremental Healthcare*
- 2) Proposed Rule for Quality Payment Program Year 2 - *Elizabeth Holland MPA, senior Technical Advisor in Division of Health Information Technology in the Quality Measurement and Value-Based Incentives Group at the Centers for Medicare & Medicaid Services*
- 3) Update on American Academy of Ophthalmology Health IT Activities *Jessica Peterson, MD, MPH, Manager, Quality & HIT Policy, American Academy of Ophthalmology*
- 4) The Essential Role of Clinical Credibility in Healthcare Payment Policy, *Richard Averill, Principal, The Hesperium Group, Formerly Senior Vice President, Clinical & Economic Research, 3M Health Information Systems*
- 5) Update on ACOG Health IT Activities, *Nadia Ramey, PhD, MPH Senior Director, Health IT and Clinical Informatics*

Healthcare Innovation Incremental and Exponential

Nick van Terheyden MD, Incremental Healthcare

- It takes 10 years to be an overnight success - think incrementally.
- Data acquisition of knowledge & biometric data is occurring at an exponential rate.
- For every 1 piece of knowledge we understand, another x50 questions will arise.
- The data deluge will make the traditional scientific method obsolete.
- Data security risk expands as the edge explodes.
- Genomics and the biome will revolutionize our diagnosis and treatment of disease.
- *We Don't Go Online – We Live Online*

Proposed Rule for Quality Payment Program Year 2

Elizabeth Holland, Senior Technical Advisor Center for Clinical Standards and Quality, CMS

Overview of the Quality Payment Program Proposed Rule for Year Two

- Proposal Highlights
- How to Submit Comments

Changes Proposed for Year Two

- In-depth look at the Merit-based Incentive Payment System (MIPS), including performance categories, submission mechanisms and scoring

Quality Payment Program Resources

The Essential Role of Clinical Credibility in Healthcare Payment Policy

Richard Averill, Principal, The Hesperium Group

The role of the Federal government is to establish the financial incentive for efficiency and quality but not to attempt to dictate how medicine should be practiced

The attempt to pay for value has gotten lost in an overly complex attempt to measure value

The most successful payment reform was the DRG Prospective Payment System which was a straightforward product with a price model that was clinically credible and easy to understand

In payment policy – less is more – and the simpler the model the more likely is it to be successful

There is considerable danger that Physician Merit-Based Incentive Payment System (MIPS) will become overly complex and be an administrative burden that has minimal impact on quality

Update on American Academy of Ophthalmology Health IT Activities
Jessica Peterson, MD, MPH, Manager, Quality & HIT Policy, American Academy of Ophthalmology

The Academy is working to simplify the practice of medicine:

- The Academy strongly supports the Federation of State Medical Boards' Interstate Medical Licensure Compact.
 - A uniform way is needed, across states, to allow doctors to practice in this changing landscape, and allow patients to have increased access to appropriate care through telemedicine and telehealth.
- The Academy continues to lead the multi-specialty regulatory relief coalition. Together, we are making strides toward the simplification of medical practice.
- The Academy supports active engagement with physician-led registries as an alternate pathway for full ACI Credit.
 - QCDRs are the most meaningful way physicians have found to use EHRs, allowing doctors and practices to track their performance in real-time on measures that matter to them.
 - There is statutory language to support this proposal.