

One of the major ways of savings assumed in 770 is **'better coordination of care.'** But there is also a value that members can see any provider that they want. That is a basic tension. What mechanisms are envisioned to coordinate care better when member can see any provider that they want to?

To this author, the most obvious solution is a uniform electronic medical records system. It is my understanding that all the CCO's use the same system. (see Medicaid EHR Incentive Program link below)

Though the transition from myriad current systems would be complex, and involve learning curves, numerous of the other requirements will need complicated and messy data capture and standardization. For example:

- Standards of care being met;
- Completeness of preventive care including vaccinations;
- Documentation for federal payers and regulators;
- Data aggregation for research by boards and academic researchers;
- Outcomes and evolution toward best practices;
- Integration of new procedures, technologies, treatment regimens;
- Currency of preventive care for chronic conditions.

// The flaws of the U.S. health care system have been exposed and exacerbated by the coronavirus pandemic. This paper posits three underlying causes of our persistent poor performance: flawed assumptions; inadequate information; and fragmented delivery, payment, and insurance systems that make it easier to profit by shifting risk or costs to others than by improving value. To address these, Americans should adopt a *single system* approach to delivery, payment, and coverage where comprehensive, real-time information empowers providers and policy makers to deliver better care and protect the public's health, and where better performance measures and payment models enable competitive markets at every level to reward only those suppliers, providers, and insurers that help deliver better, less expensive care.//

// **Inadequate information systems** that fail to make data available where needed, and leave treatments, providers, and health plans unevaluated and markets unable to function; Americans need to think differently, invest in better information, and create a single, unified system of delivery, payment, and insurance where comprehensive, real-time information empowers clinical teams to deliver better care, and where better performance measures and payment models enable competitive markets at every level to deliver better, less-expensive care.//

A Single, Shared Information System: The Key to Improvement and Successful Market-Based Reform

Clinical information systems: Eliminate barriers to the free flow of clinical information. Require implementation of a universal set of patient-centered performance measures (see Appendix).

Comparative effectiveness research (CER): Increase investment in CER to advance understanding of the risks, benefits, and costs of current and new medical treatments overall and for subgroups.

Public reporting: Implement public reporting of outcomes at geographic and provider-specific levels — both for population health organizations (PHOs)(annual performance) and for clinical episodes wherever these are delivered (acute, chronic, and elective).

The Single System Solution

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Medical Practice Efficiencies & Cost Savings

<https://www.healthit.gov/topic/health-it-and-health-information-exchange-basics/medical-practice-efficiencies-cost-savings>

<https://www.oregon.gov/oha/hpa/ohit-mehrip/pages/index.aspx>