

Health Datapalooza 2015

Ohio Governor's Office of Health Transformation Director Greg Moody's conversation with Dr. Karen DeSalvo, National Coordinator for Health Information Technology

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Dr. DeSalvo: Health IT is such a broad concept. How are you focusing your health IT strategy, and how are you partnering with the private sector?

Greg Moody: Four years ago, Governor Kasich recognized Ohio was struggling with many of the same challenges facing health care – a lack of coordination across multiple siloed jurisdictions resulting in unnecessary waste and poor performance. He created the Office of Health Transformation to align planning and budgeting across all of Ohio's health and human services.

When we started, I thought health IT would be one of our first priorities. Twenty years ago, I was in DC working for Ohio Congressman Dave Hobson who sponsored what back then was called "the data bill." It set the process to endorse standards for electronic data interchange and was enacted in the Health Insurance Portability and Accountability Act (HIPAA). I managed the bill in the House and was sure within a few years personal health information would begin flowing to improve care.

Looking back now, the obvious is more clear: regulation can't compensate for a market that says "go in the other direction." We can say electronic health records (EHRs) are important and mandate their meaningful use, but if I actually share data and identify duplication, I get paid less. If I move the data into the right place to avoid unnecessary tests, I get paid less. I'm not saying health care providers resist data sharing on purpose; it's just the reality of how the current market and their own back office and many of your systems are designed to work.

We get what we pay for – more care not better care. Turning that around is our first priority. In Ohio, we're working with Anthem, Aetna, United, Medical Mutual and Ohio's five Medicaid managed care plans – they cover 80 percent of Ohio's 11 million citizens – to reward primary care practices that hold down the total cost of care and specialists who provide the highest quality for the lowest cost when high-cost episodes occur.

In the new system, the only way to access financial gain-sharing is to share the data that's required to generate value. **In Ohio we are creating a market demand for meaningful use.** Now there's a financial incentive tied to improving care coordination, performance transparency, administrative efficiency, clinical and non-clinical decisions, and patient engagement. That financial incentive makes it worth investing in health IT and partnerships to share data.

The market is creating solutions and, as we move more health care purchasing into value-based arrangements, the market will create better solutions faster. But there are gaps – and that’s where we’re focusing Ohio's health IT strategy, on these priorities:

- sharing useful payer data to help providers improve,
- reinforcing and accelerating care coordination,
- improving usability and access to data, and
- using Big Data to improve programs and policy. (*On May 29, 2015, Governor Kasich announced [Amazon will join IBM, Cardinal Health and others](#) to create a concentration of Big Data capabilities in Ohio.*)

Ohio’s preliminary health IT strategy is available on the OHT website ([here](#)).

Our country spent a lot of money on health IT to automate the old way of doing business. Looking forward, we need to reset the basic rules of health care competition to reward better care instead of more of the same care, and then let the demand for value drive innovation in health IT.