Who should fill ONC chief position?

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Now that Farzad Mostashari, MD, ScM, has made the decision to step down as national coordinator of health IT, who is best qualified to fill the role next?

“The main challenge for the next head of ONC is to keep the momentum going on Meaningful Use [MU] while at the same time navigating physician and hospital concerns about meeting MU requirements simultaneously with other large industry-wide requirements, such as ICD-10,” said Micky Tripathi, president and CEO of the Massachusetts eHealth Collaborative and a member of the Health IT Policy Committee.

“While I hate to see him go, this is a good time to go in some ways because it gives his successor opportunity to shape MU Stage 3 which is still in its early stages. That said, it would be a difficult challenge for someone who hasn’t been steeped in the federal process to take on this process at this stage, so I wouldn’t be surprised to see an ‘insider’ named as his successor,” Tripathi said. “It’s very important that a selection happen quickly because we are on the cusp of the MU Stage 3 decision-making process and we can’t afford a gap in leadership. Given that the Obama administration has only two years left, that need for speed may also point to an ‘insider’ as the most logical choice.”

He said he thinks it is important to have a physician as the head of ONC. “MU, like any change, is not an easy process, and it’s an important signal to providers that this change is being catalyzed by someone familiar with their day-to-day challenges and concerns.

“Finally, the head of ONC has to have an unusual combination of skills. Understanding enough on the technical side to be able to make informed policy decisions about technology, but not so steeped in technical issues that they lose the trees for the forest. They must also have a good understanding of business and government, and a keen view of the proper role of each in the economy, as well as deep domain knowledge of the healthcare sector—the most complex sector of our economy. Lastly, the person must be a leader with a capital ‘L.’ Inspiring change in a craft-like industry such as healthcare takes charisma and communication skills and a personal touch.”

Peter Basch, MD, medical director for ambulatory electronic health record and health IT at MedStar Health, an integrated delivery system based in Baltimore, agrees that the next national coordinator should be a physician and “one with health policy and health IT savvy.”
The most important qualities for the next ONC head depend on which tasks will next be accomplished, Basch said. “One could make the case that the next key task is just to bring in a good administrator to keep us on the same path we are currently on, and that certainly wouldn't be wrong. However, that thinking does not give credit to the path that Farzad put us on, which is not static. To make best use of our emerging health IT infrastructure, I believe we are best served by leadership in the following directions:

- Moving off a one-size-fits-all certification and use model to one that recognizes that further optimization of health IT requires more flexibility. For example, the health IT that internists, family physicians and/or endocrinologists need for long-term care of diabetes is very different in structure and function than health IT that could help to decrease infections in an acute post-op setting.
- Bringing more to the forefront what was always expected as the necessary next act after MU, which is a sustainable payment model that rewards health information management and quality outcomes, and not just volume.
- Bringing back to the table other stakeholders in the healthcare ecosystem (payers, employers, PBMs, etc.) such that we can use health IT in much the same way as other IT- meaning the reduction of administrative burden. That cannot be done if rulemaking just adds clicks and extra work for providers. We need to use health IT to recapture wasted time such that we can reasonably ask providers to do more in the quality and safety realm.
- Continuing the iterative improvement in our health IT such that providers have tools in place that make it possible for them to make timely value-based decisions (with their patients) regarding treatments and diagnostics.
- Continued and genuine outreach to physicians, as we will be asking even more of them in the short term.

The major task for the next national coordinator will be to keep us pointed in the right policy directions as we begin to incorporate new payment models, and encourage provider professional and specialty societies to take a more active role in scripting these next key steps.”

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