

# Viewpoint

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If an individual could be an epicenter, Paul Tang, MD, would be that person for healthcare in the United States. His day job is appropriately located in Northern California, where he serves as VP and Chief Innovation and Technology Officer for the Palo Alto Medical Foundation (PAMF). Dr. Tang directs the David Druker Center for Health Systems Innovation and oversees PAMF's electronic health record (EHR) and its integrated personal health record (PHR) system, MyHealthOnline. For more than three decades, he has also been passionately involved in shaping public policy to enhance health and U.S. healthcare.

Dr. Tang is an elected member of the Institute of Medicine (IOM), serving on numerous IOM and National Academy of Sciences committees that make recommendations on patient safety, health information technologies, health workforce, telemedicine, privacy, health of deployed military troops and aerospace medicine in extreme environments. He has served as board chair for several health informatics professional associations, including the American Medical Informatics Association (AMIA). Dr. Tang is vice chair of the federal Health Information Technology Policy committee, an advisory committee to the U.S. Department of Health and Human Services, and chair of its Meaningful Use workgroup, which makes recommendations for the \$30-billion HIT incentive program. He is also a member of the National Committee on Vital and Health Statistics (NCVHS), an advisory committee to the Secretary of HHS on health information policy, and co-chairs the NCVHS Quality Subcommittee. Dr. Tang chairs the National Quality Forum's (NQF) Health Information Technology Advisory Committee, which advises NQF on strategies to leverage EHR-derived clinical data to produce more reliable and meaningful quality measures. He also co-chairs the Quality Alliance Steering Committee's Measurement Implementation Strategy subcommittee.

Dr. Tang received his B.S. and M.S. in electrical engineering at Stanford University, and his MD from the University of California, San Francisco. He is a board-certified practicing internist, and consulting associate professor of medicine at Stanford University School of Medicine.

## With a major transition occurring at ONC, what priorities do you expect from the new leadership?

David Blumenthal focused on strategy development and grant-making. Farzad Mostashari emphasized implementation. I think the focus for the new leadership will be to demonstrate that HIT can deliver results and improve health outcomes. The new National Coordinator will need to provide a mixture of vision and support for the tremendous numbers of people using these technologies as a result of HITECH.

There are still major challenges ahead. We have to move from Stage 1 to Stage 2, which means we have to get health information exchange going in a robust way. We also have to work out additional policy issues such as governance structure, and we have to develop better quality measures.



PAUL TANG, MD, VP AND CHIEF INNOVATION AND TECHNOLOGY OFFICER, PALO ALTO MEDICAL FOUNDATION

## What is the impact of the Affordable Care Act and what will it be going forward?

I really believe the ACA has already been transformative, even though the insurance exchanges have only started. The passage of the ACA has changed both public and private-sector thinking and that's a good sign. It has shifted the thinking from transaction-based fee-for-service to outcomes-based population health. People are now motivated more to do the right thing for health—not just healthcare.

In addition, HITECH has enabled this transformation because nobody can do this without an electronic infrastructure. The one-two punch of HITECH and ACA has created a once-in-a-generation opportunity to improve health and healthcare.

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**You are Vice Chair of the ONC’s Health IT Policy Committee and Chair of the Meaningful Use Workgroup, which has provided recommendations to the Policy Committee. What are the biggest challenges facing the Policy Committee?**

We’re currently working on Meaningful Use Stage 3 recommendations, which will be coming out soon. Stage 1 was focused on getting data into the EHR. Stage 2 on HIE and care coordination. Stage 3 is focused on measuring and improving health outcomes.

In my mind, a critical element for the long-term success of Meaningful Use is to get the quality measures right. If you don’t have the right metrics for outcomes, you cannot set appropriate goals. The metrics from the past relied heavily on claims data and lacked critical inputs, like patient reported outcomes. One of our major priorities for Stage 3 is to recommend criteria for new CQMs [Clinical Quality Measures] that are suitable for the new population-based model of care delivery. We need better measures that matter both to patients and providers.

**Prior to your role at PAMF as Chief Innovation and Technology Officer, you were Chief Medical Informatics Officer. What’s the significance of this change?**

I still have responsibility for the EHR and PHR. However, three years ago our CEO asked me to establish and direct a new disruptive innovation center to address the once-in-a-generation transformation occurring as we move from fee-for-service to an accountable-care system responsible for population health. We established a separate innovation center because we didn’t believe incremental improvement was enough to make the changes needed to redefine what it means to be a health system in the new world—one that focuses, above all, on improving the health and well-being of individuals and communities.

**Patient engagement and electronic health information exchange (HIE) are critical requirements in Meaningful Use Stage 2. What are the best IT strategies for achieving patient engagement and how is it linked to HIE?**

At the root of patient engagement is moving patient information to wherever patients need it, including their homes. That requires health information exchange and interoperability. We owe patients the data, knowledge and tools they need to actively manage their health. We are using all the levers in Meaningful Use to help make this possible.

**What’s the biggest change you’ve seen in healthcare over your career?**

HITECH and ACA have had the biggest impact on healthcare in America since the creation of Medicare. The fundamental shift contained in the ACA, moving from fee-for-service to accountable care, removes the perverse incentives that have prevented us from optimizing our systems to provide the right care to the right person at the right time.

**What is the most rewarding part of the work you do?**

I work with a wonderful, diverse team in the innovation center who are passionate about doing the right thing. The new world—where we can focus our attention on improving the health of individuals and communities—makes directing an innovation center focused on that goal truly rewarding. In our current incubation project, successful aging, we are partnering with communities to help seniors maintain their health and wellbeing and age in place.

**What’s a favored book that you’ve recently read?**

“The Innovator’s Prescription” by Clayton Christenson, which describes how disruptive innovations fundamentally change the market and create new business models that serve the broader population.

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