When it comes to healthcare policy, this is a time of both turmoil and opportunity. It’s also a time for the stakeholders to speak. As Washington mulls the status of the Affordable Care Act and priorities for the future, athenaInsight asked physicians and healthcare executives to share their hopes for the future.

Here is Bryan Hinch, chief medical information officer, at University of Toledo Medical Center.

Washington has always had a critical role in health IT — for better and worse. Here’s what I hope policymakers will focus on in 2017 to improve both the practice and the business of healthcare:

1. **Update regulations surrounding documentation:**
   Documentation should reflect the team-based approach physicians have been employing for decades in the hospital setting. For instance, physicians should be able to more fully utilize data documented by medical assistants, medical students, and nurses, both in the office and on hospital floors.

2. **Focus on usability:**
   When considering rules around electronic health records, encourage vendors to avoid double documentation, and incorporate patient input and documentation from patient portals into the chart. Relax the regulations over carrying forward old but accurate data. And above all, encourage interoperability — across EHR vendors, laboratories, radiology centers, pharmacies, and urgent care centers.

3. **Embed cost transparency:**
   Clinical decision-making support in the encounter can potentially lead to cheaper but potentially equally effective alternatives, such as the American College of Radiology’s appropriateness criteria.

4. **Incorporate patient accountability:**
   Too often, physicians are held accountable for poor compliance and for patients’ difficult financial situations and poor insurance coverage. But, in the shift to value, patients also have a job to do, working with their care teams to ensure we all increase quality and lower costs.

5. **Ensure quality metrics improve outcomes:**
   Physicians would rather be judged by two measures that truly impact quality than by six that represent boxes they need to check off. It’s that simple. Further, depending on the quality program or the value-based contract with payers, physicians have different quality metrics they are trying to hit.
But, quality measures are not a one-size fit all tool and should not be assumed to apply across all disciplines. Physicians should provide the input for the quality measures that matter to their specialties — likely, via their professional organizations. Once those ideal measures have been chosen, insurers should be mandated to cover the testing required to meet the metrics.

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