eHEALTH INITIATIVE


# The Next Wave: Automating Virtual Care

# Our Work


Expert Roundtables

Education Programs

Webinars, Workshops

Networking Receptions

Surveys Reports


Recommendations

Privacy Policy

Comment Letters

Policy Steering Committee (PSC)

Capitol Hill Briefings

HHS, FTC, OCR, Relationships

Hill Meetings


Expert Roundtables

Advisory Boards, Workgroups

Grants/ Partnerships

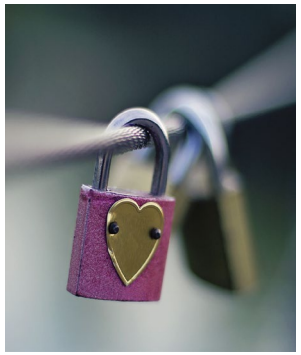
HHS, FTC, OCR, Relationships

Surveys, Reports

Expert Faculty

# eHealth Initiative Leadership

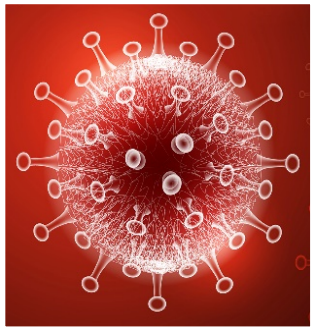
# Current Critical Issue Areas



**Consumer Privacy for Health Data**

**Virtual Care**

**Analytics, Social Determinants of Health (SDOH) & Artificial Intelligence**



**COVID-19 Best Practices & Education**

# Recent Forums &Webinars

**COVID-19**

- Rapidly Deployed Remote Monitoring for COVID-19
- COVID-19 and Beyond: Telepsychiatry Best Practices and Regulatory Priorities
- Fitbit Talks About Population Health Initiative During COVID-19 Pandemic
- How the Pandemic Influences Consumer Health Behavior
- After the Curve Flattens: What's Next for Healthcare and COVID-19

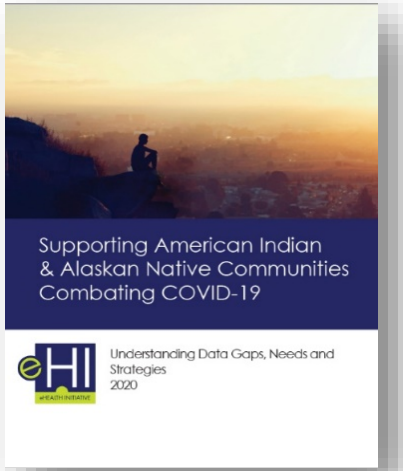
**Telehealth & Policy**

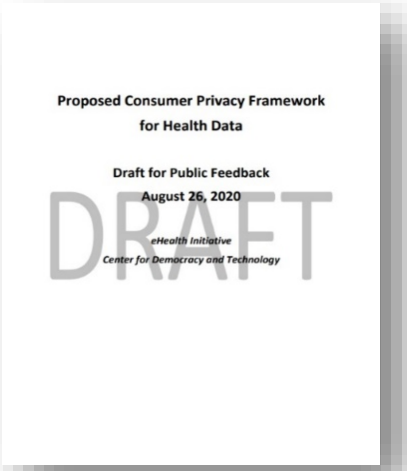
- Addressing Capacity and Cashflow with Virtual Care
- How to Grow Your Practice with Reimbursement Considerations
- Telehealth during COVID-19: New Strategies on How Physicians are Addressing the Outbreak

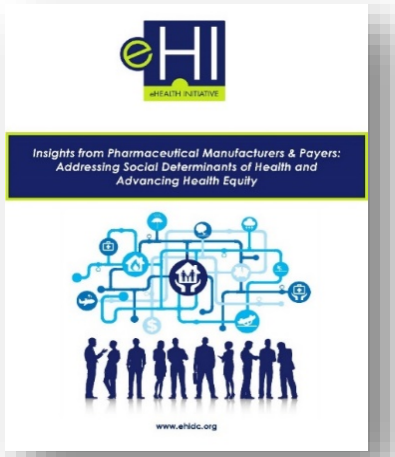
**Privacy**

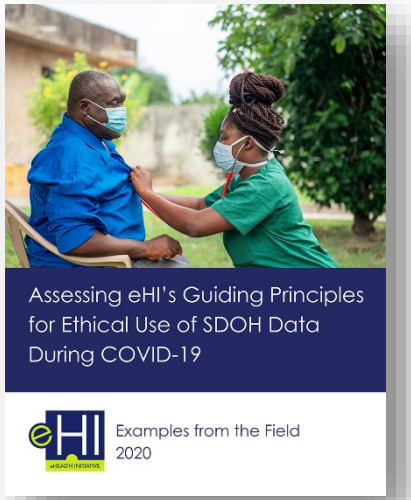
- What's Ahead in 2020 for Consumer Privacy?
- HIPAA: What's Covered and What's Not Covered?
- Changes to Privacy Policies and Regulations in the Face of the Coronavirus Pandemic - eHI Privacy and Security Webinar Series
- Key Survey Findings from the State of Patient Matching in America

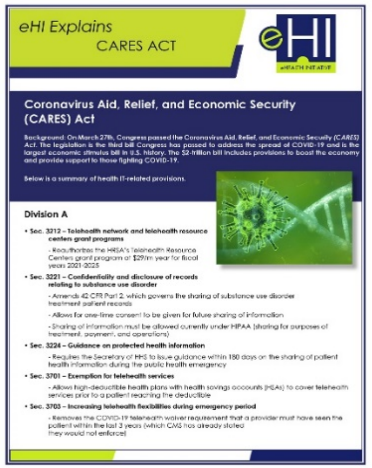
# 2020 Publications

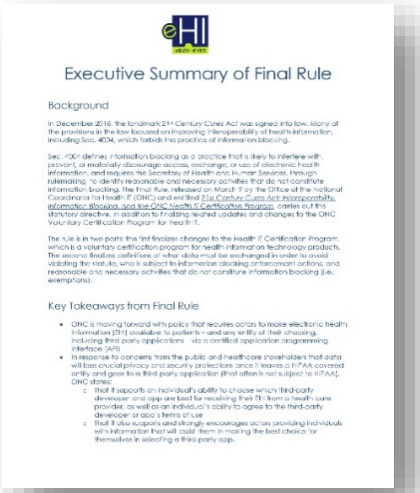



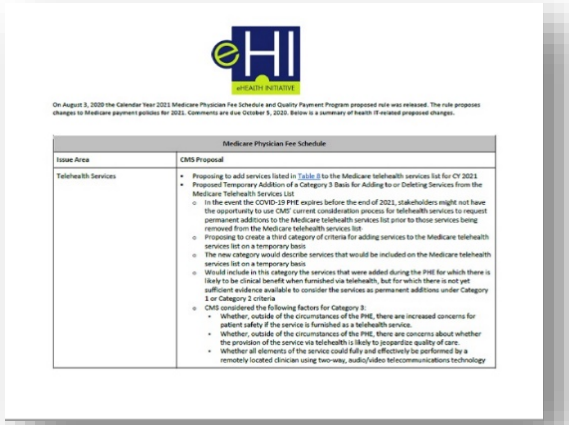




www.ehidc.org

# Upcoming Forums & Webinars

January 12th: BMS/Merck: Diversity in Clinical Trials (webinar)

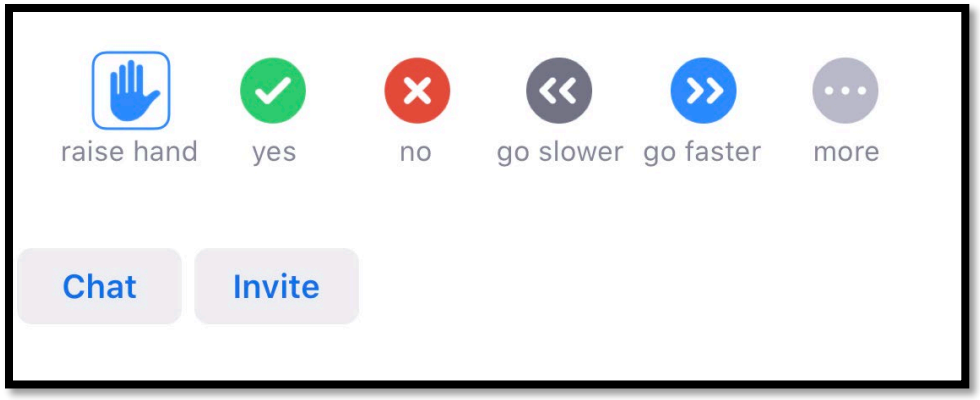
January 20th: Arcadia: COVID-19 Surveillance Toolkit

January 26-28th: eHI Annual Member Meeting

For a full list of virtual events:

https://www.ehidc.org/events

# Housekeeping




- **All participants are muted**
- Use the **raise hand** feature if you have a question
- We will then unmute your line so you can ask your question directly
- Use the chat box is for *technical difficulties* and other questions / comments

Presentation slides are in the eHI resource Center
https://www.ehidc.org/resources

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With support from conversa

# The Next Wave:

# Automating Virtual Care

December 16, 2020

# Today's Panelists - Virtual Health Leaders

**Jennifer Covich Bordenick,**
*CEO, eHealth Initiative*

MODERATOR

**Dr. Peter Pronovost,**
*Chief Clinical Transformation Officer*

University Hospitals

**Dr. Nick Patel,**
*Chief Digital Officer*

PRISMA HEALTH

**Murray Brozinksy,**
*Chief Executive Officer*

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**Dr. Aaron Neinstein,**
*Director of Clinical Informatics*

UCSF Health

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# The Evolution to Automated Virtual Care

SYNCHRONOUS → ASYNCHRONOUS

- IN-PERSON CARE
- TELEMEDICINE
- E-VISITS
- VIRTUAL CHECK-INS
- REMOTE PATIENT MONITORING
- AUTOMATED VIRTUAL CARE

HIGH COST & ACCESS BARRIERS → LOW COST & ACCESS BARRIERS

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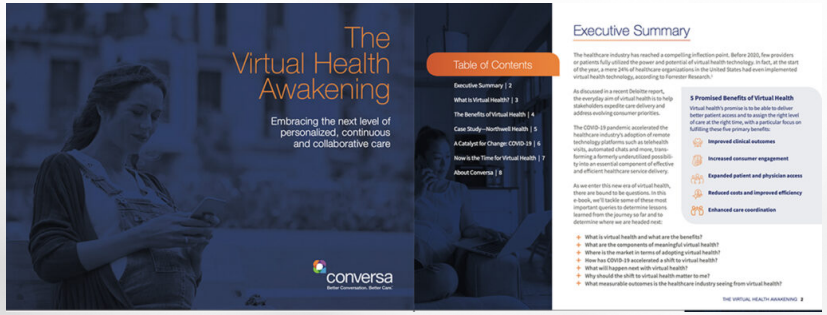
# Thanks for coming!

*If you'd like to learn more – links in zoom chat*

## *Virtual Health Awakening E-Book*




## *UCSF Lung Transplant Case Study*

UCSF Health Lung Transplant Patients Adopt Connected, In-Home Monitoring

Home Spirometry Kit Reports Lung Function and Symptoms to Identify Potential Risks and Provide Peace of Mind

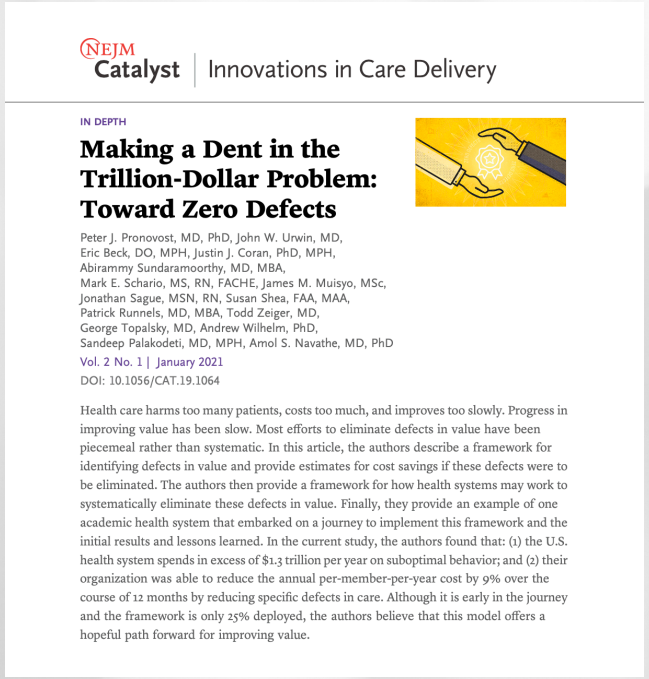
The risk of chronic lung rejection requires careful monitoring in the weeks, months, and years following lung transplant surgery. Lung transplant recipients must regularly have their lung function tested at a pulmonary function lab, frequently at first and semi-annually as time passes. Apart from the time and travel necessary for these tests, patients also experience anxiety while waiting for each of these periodic tests: is shortness of breath while walking up a hill the result of a poor night's sleep, or a sign of something more serious? Having an early indication that there may be an issue is important for both patients and their doctors.

While home spirometry devices have been available for some time, it was difficult for patients to request and receive feedback, and physicians lacked a way to actively engage patients. However, when facilities closed during the early days of the COVID-19 pandemic the UCSF Health Lung Transplant team knew they needed a way monitor their patients' care and decrease exposure risk for these immunosuppressed patients.



UCSF Health Home Spirometry Kit

## *Making a Dent in the Trillion Dollar Problem*



NEJM Catalyst | Innovations in Care Delivery

IN DEPTH

**Making a Dent in the Trillion-Dollar Problem: Toward Zero Defects**

Peter J. Pronovost, MD, PhD, John W. Urwin, MD, Eric Beck, DO, MPH, Justin J. Coran, PhD, MPH, Abirammy Sundaramoorthy, MD, MBA, Mark E. Schario, MS, RN, FACHE, James M. Muisyo, MSc, Jonathan Sague, MSN, RN, Susan Shea, FAA, MAA, Patrick Runnels, MD, MBA, Todd Zeiger, MD, George Topalsky, MD, Andrew Wilhelm, PhD, Sandeep Palakodeti, MD, MPH, Amol S. Navathe, MD, PhD

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DOI: 10.1056/CAT.19.1064

Health care harms too many patients, costs too much, and improves too slowly. Progress in improving value has been slow. Most efforts to eliminate defects in value have been piecemeal rather than systematic. In this article, the authors describe a framework for identifying defects in value and provide estimates for cost savings if these defects were to be eliminated. The authors then provide a framework for how health systems may work to systematically eliminate these defects in value. Finally, they provide an example of one academic health system that embarked on a journey to implement this framework and the initial results and lessons learned. In the current study, the authors found that: (1) the U.S. health system spends in excess of $1.3 trillion per year on suboptimal behavior; and (2) their organization was able to reduce the annual per-member-per-year cost by 9% over the course of 12 months by reducing specific defects in care. Although it is early in the journey and the framework is only 25% deployed, the authors believe that this model offers a hopeful path forward for improving value.

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