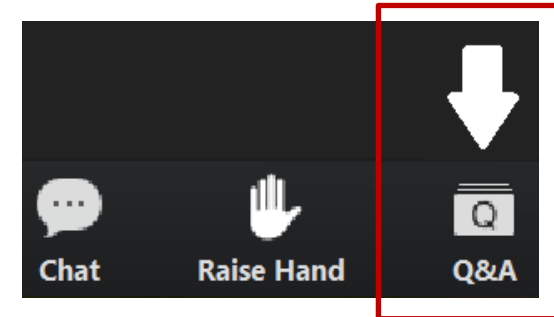**eHEALTH INITIATIVE**

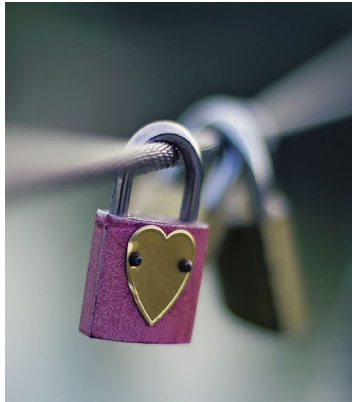# Building a Modern Health Care System

October 8, 2020

Housekeeping

- **All participants are muted**
- **To ask a question to be answered by speakers:**
  - Use the "Q&A" box found on the bottom of your screen
  - We will address as many as possible after the presentations
- **For help with technical difficulties and non-speaker questions:**
  - Use the "chat" box and we will respond as soon as possible
- Slides and a recording of today's presentation will be available for download on eHI's Resource page: **www.ehidc.org/resources**
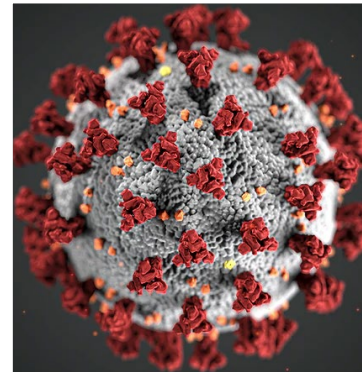
Current Focus Areas

Consumer Privacy

Virtual Care

Social Determinants of Health (SDOH) & Analytics

COVID-19 Best Practices

Upcoming Webinars

- 10/13: Issues Affecting Native American Communities During the COVID-19 Crisis

- 10/21: Results from the eHI Survey on Industry Readiness for the Interoperability Rule

www.ehidc.org

Today's Speakers

Steven E. Waldren, MD, MS
VP and Chief Medical Informatics Officer, AAFP

Deanne Kasim
Executive Director, Health Policy Change Healthcare

Catherine Pugh
Assistant VP, Policy eHealth Initiative

COVID-19 Federal Policy Work Group

- Formed in April 2020, eHI's COVID-19 Federal Policy Work Group met over the course of four months to help craft a report with a set of policy recommendations to fully leverage health IT and digital health to fight COVID-19 and future public health challenges

- The group focused on five issue areas:
  - Telehealth and Remote Patient Monitoring
  - Artificial Intelligence and Machine Learning
  - Broadband
  - Health Information Exchange
  - Public Health Surveillance

Acknowledgements

eHI would like to thank and acknowledge the following Work Group members who contributed their time and expertise to the development of this report

- **Lindsey Adams**
  Cerner Corporation

- **Rani Aravamudhan**
  Health Data & Management Solutions

- **Jaime Bland DNP, RN-BC**
  Nebraska Health Information Initiative

- **Meghan Chaffee**
  Nebraska Health Information Initiative

- **J. Paul Dow, Jr**
  American Academy of Family Physicians

- **Cherie Holmes-Henry**
  NextGen Healthcare

- **Lindsay Jager**
  Cerner Corporation

- **Robert Jarrin**
  The Omega Concern, LLC

- **Deanne Kasim**
  Change Healthcare

- **Ronke Komolafe, DBH, MBA**
  NextGen Healthcare

- **Patricia MacTaggart**
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- **Alaap Shah, JD, MPH**
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- **Gautam M Shah, "G"**
  Change Healthcare

- **Colby Tiner**
  American Heart Association

- **Constanza Villalba**
  Elsevier

- **Bradley Wolters**
  Marshfield Clinic Health System

Endorsements

The following organizations support the work and recommendations of eHI's COVID-19 Federal Policy Work Group

- American Academy of Family Physicians

- Cerner Corporation

- Change Healthcare

- LifeWIRE Corp

- Marshfield Clinic Health System

- Nebraska Health Information Initiative (NEHII)

- NextGen Healthcare

- Strategic Interests

- Tapestry Health

- Updox

- Validic, Inc.

Overview of Recommendations

"For those who work in digital health, virtual was already not only part of the vocabulary, but part of the broader mission. A mission to ensure all people – regardless of location, physical ability, or access to transportation – can access high-quality health care. A mission to ensure all providers have access to cutting-edge technology to enhance the care they provide. However, prior to COVID-19, most incentives, regulations, and laws revolved around in-person care, siloed public health data, and, in some cases, "legacy" technology."
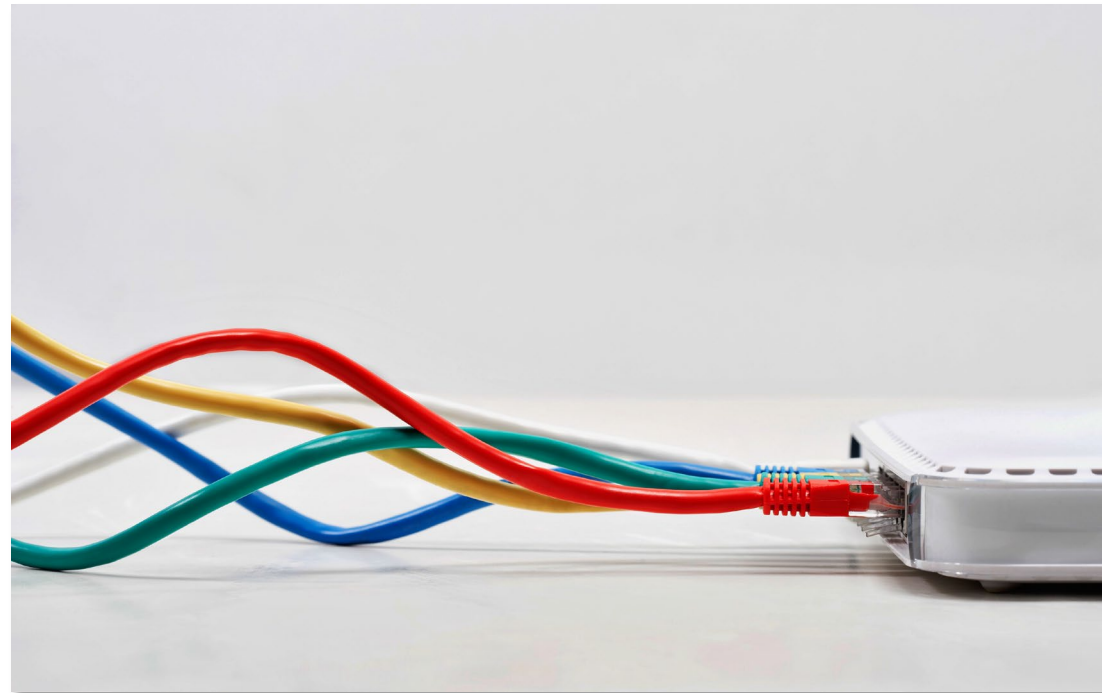
Telehealth & Remote Patient Monitoring

- Permanently remove Medicare telehealth reimbursement restrictions
  - Remove obsolete restrictions on the location of the patient
  - Maintain and enhance HHS authority to determine appropriate providers and services for telehealth
  - Ensure Federally Qualified Health Centers and Rural Health Clinics can furnish telehealth services after the public health emergency (PHE)
  - Make permanent HHS temporary waiver authority during emergencies

- Promote cross-state provider license portability
  - Incentivize interstate provider licensure compacts that include mutual recognition
  - Ensure existing federal grants only fund work towards mutual recognition interstate licensure compacts

- Remove barriers to the on-going utilization of remote patient monitoring devices
  - Make permanent regulations that RPM devices can be furnished to both new and existing patients and patients with both chronic and acute conditions
  - Establish permanent Stark and Anti-Kickback Statute safe-harbors that allow for providers to waive cost-sharing

Broadband

- Provide additional federal funding and remove barriers to the Federal Communications Commission (FCC) COVID-19 Telehealth Program

- Sustain and expand current federal government investment in rural broadband

www.ehidc.org

Artificial Intelligence & Machine Learning

- Increase federal funding for research and testing for use of AI/ML tools in three areas:
  - Research
  - Treatment
  - Public health

- Federal government agencies should continue to collaborate amongst themselves and with private sector partners to produce best practices and adopt industry standards for data quality and validation for purposes of AI and ML

Health Information Exchange & Interoperability

- Establish a permanent 100-percent Medicaid match rate for health information exchange activities

- Better align federal regulations related to health information exchange and lab reporting standards

Public Health Surveillance

- Study the potential outcomes of moving from a vertical public health surveillance system to an integrated public health surveillance system

- Restore and protect funding for the federal Prevention and Public Health Fund

Questions?

Catherine Pugh
Assistant VP, Policy
catherine@ehidc.org

BUILDING A MODERN HEALTHCARE SYSTEM

eHI Webinar and Discussion of Federal Policy Workgroup Report

October 2020

Change Healthcare Assets

Duke | Robert J. Margolis, MD
Center *for* Health Policy

MAY 1, 2020

DATA INTEROPERABILITY AND EXCHANGE TO SUPPORT COVID-19 CONTAINMENT

Farzad Mostashari
Mark McClellan

healthpolicy.duke.edu

- *"There is an opportunity to use existing data systems to improve the flow of critical information to public health."*

- CommonWell Health Alliance + Carequality …provide standards and governance for data exchange + regional HIEs + eHealthExchange (trust framework for large Federal providers, including DoD, VA)

- *"…the detailed demographic, risk factor, and clinical picture available through these networks is highly relevant for the use case of public health investigations during the COVID-19 outbreak."*

CHANGE HEALTHCARE

Interoperability and Public Health Data

- "Coincidentally, the federal regulations for the 21st Century Cures Act were released in the middle of our initial response to the pandemic in the spring, but I wish that the Act's implementation would have been a couple of years in advance of the pandemic, because our response, from a data perspective, would have been a lot better. We would have had a standardized way to transact data across the ecosystem."

    – Ed Simcox, former CTO of HHS (now Chief Strategy Officer of LifeOmic) to Vator.tv*

* https://vator.tv/news/2020-10-06-ed-simcox-thanks-to-the-pandemic-the-us-is-finally-modernizing-its-public-health-data

Public Health Data Infrastructure of the Future – CDC Report

"The standardization and baseline capabilities that are coming into play… present an opportunity…to access richer data to drive decision making…If architected appropriately, data modernization efforts...could reuse and extend capabilities that already exist (***such as health information exchanges***) and that will soon exist (such as ***core data elements and standard APIs*** for accessing health data nationwide) instead of operating and maintaining a set of one-off, niche-specific systems used to report data to public health."*

* https://www.cdc.gov/surveillance/pubs-resources/dmi-summary/meeting-highlights.html

CHANGE
HEALTHCARE

Public Health Data Infrastructure of the Future – CDC Report

"HIEs are particularly well-positioned to assist state and local public health agencies in accessing identifiable, patient level-data, particularly SDoH and longitudinal data needed to evaluate health outcomes. Since HIEs capture vast amounts of operational data, they can provide mechanisms through which public health can explore answers to both simple and complex questions in privacy-preserving ways."*

* https://www.cdc.gov/surveillance/pubs-resources/dmi-summary/real-world-testing.html

CHANGE HEALTHCARE

Coalition of the Willing – Public Health Data Interoperability

- "***Public-private partnerships*** provide an opportunity to address longstanding data and interoperability challenges and to upskill the current public health workforce."

- "…there are opportunities for a coalition of the willing to ***jumpstart the development of a federated data exchange model,*** supported by cloud-based technologies…could include committed visionaries from across public health, HIEs, technology companies, and experts in interoperability."

- "… ***scalable, FHIR-based approaches*** for supporting consumer access to data."*

- * https://www.cdc.gov/surveillance/pubs-resources/dmi-summary/real-world-testing.html

Sustain Telehealth as Key Modality for Modern Health Care

Steven E. Waldren, MD, MS

October 8, 2020

Enable Smart Health IT leveraging cloud, voice, AI/ML and Interoperability, to empower physician and patients to achieve the quadruple aim

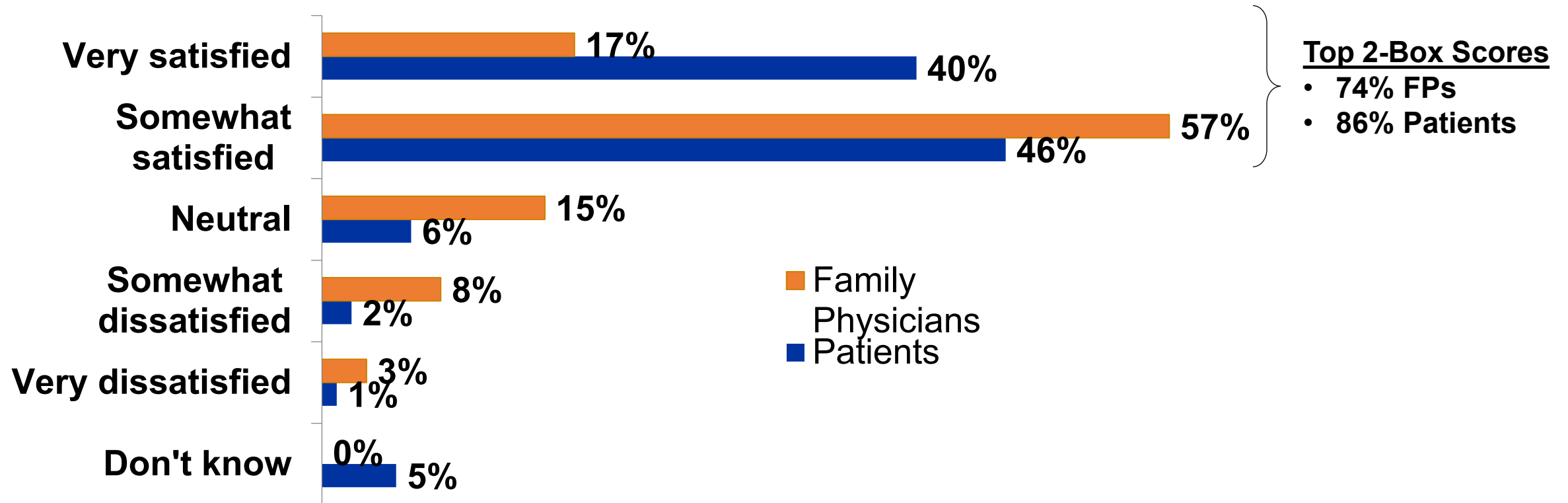# Family Medicine Performed a High-G Maneuver

AAFP Telehealth Survey (May 2020)

- 81% Started providing virtual visits during pandemic
- 13% Had already adopted virtual visits

Q. Which of the following best represents the status of you providing virtual visits using phone or video? (n=263)

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Satisfaction with Virtual Visits

Very satisfied
- Family Physicians: 17%
- Patients: 40%

Somewhat satisfied
- Family Physicians: 57%
- Patients: 46%

Neutral
- Family Physicians: 15%
- Patients: 6%

Somewhat dissatisfied
- Family Physicians: 8%
- Patients: 2%

Very dissatisfied
- Family Physicians: 3%
- Patients: 1%

Don't know
- Family Physicians: 0%
- Patients: 5%

Top 2-Box Scores
- 74% FPs
- 86% Patients

Legend:
- Family Physicians
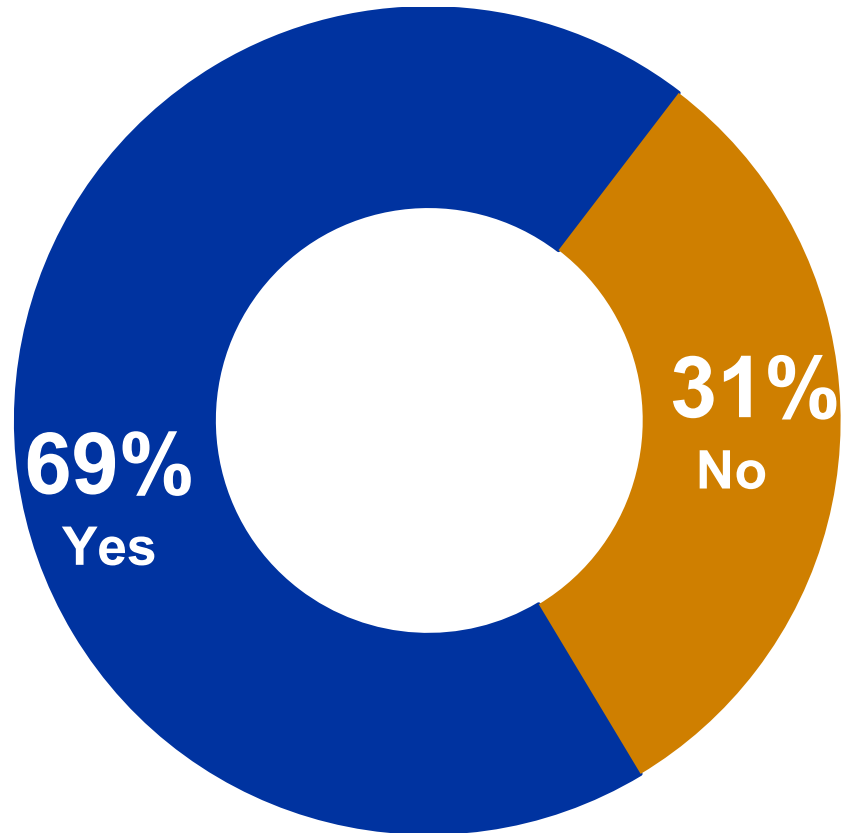- Patients

Q. How satisfied are you with the care you are providing in virtual visits?
Q How satisfied are your patients with virtual visits?

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Interested in Delivering More Virtual Visits

69%
Yes

31%
No

But…

Challenges and Limitations Exist

Q. Would you like to deliver more virtual visits?

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Key Policies Strategies Needed To Address Challenges and Limitations

- Need clear statements of the intent of payers relative to telehealth payment
  - Investments by practices are needed but they are financially fragile

- Consistency across payers and governing bodies
  - Inconsistency increased administrative burden and waste

- Policies that recognize telehealth as a modalities not as a separate delivery model
  - Strive for less fragmentation of care not more

- Acknowledge the digital divide and support its narrowing
  - Access to broadband and the devices to enable telehealth by patients is needed

AMERICAN ACADEMY OF FAMILY PHYSICIANS