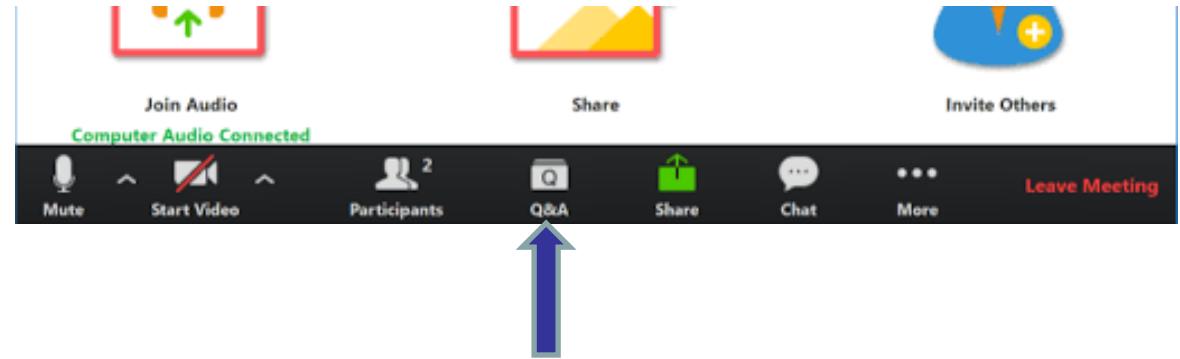




**Vaccination Scheduling, Administration, and  
Documentation in a Digital World**  
**April 6, 2021**

# Housekeeping



- **All participants are muted**
- Submit your questions in the **Q&A box**
- You can upvote a question by clicking the **thumbs up** icon
- We will answer as many questions as time allows and follow up the unanswered questions
- Use the chat box for *technical difficulties* and other questions / comments



# Agenda

- 1:00 -1:10 pm**    **Welcome & Introductions**  
**Jennifer Covich Bordenick**, Chief Executive Officer, eHealth Initiative & Foundation
- 1:10 -1:20 pm**    **Overview of Touchless Workflows**  
**Patrick Leonpacher**, Business Development and Operations Executive, Change Healthcare  
**Gautam Shah**, VP, Platform and Marketplace, Change Healthcare
- 1:20 – 1:30 pm**    **Overview of the Vaccine Passport**  
**Navesh Kandiyil, MD,MBA,FACHE**, Vice President, Strategic Accounts, Change Healthcare  
**Gautam Shah**, VP, Platform and Marketplace, Change Healthcare
- 1:30 – 1:55 pm**    **Discussion and Q&A**  
**Moderated by Jennifer Covich Bordenick**
- 1:55 -2:00 pm**    **Closing Thoughts**



# eHealth Initiative Members





# Our Work



Expert Roundtables  
Education Programs  
Webinars, Workshops  
Networking  
Receptions  
Surveys Reports



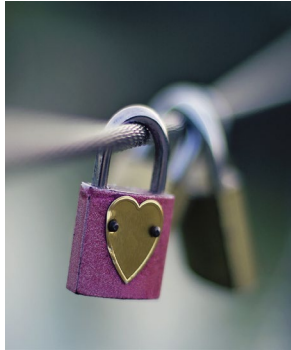
Recommendations  
Privacy Policy  
Comment Letters  
Policy Steering Committee (PSC)  
Capitol Hill Briefings  
HHS, FTC, OCR, Relationships  
Hill Meetings



Expert Roundtables  
Advisory Boards,  
Workgroups  
Grants/ Partnerships  
HHS, FTC, OCR,  
Relationships  
Surveys, Reports  
Expert Faculty



# Current Critical Issue Areas



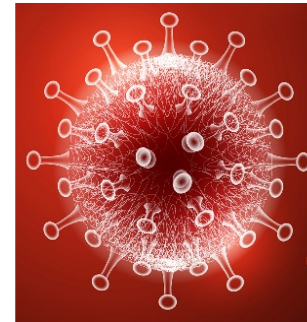
**Consumer Privacy for Health Data**



**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

- Maturing Virtual Care in the AI/AN Communities
- 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

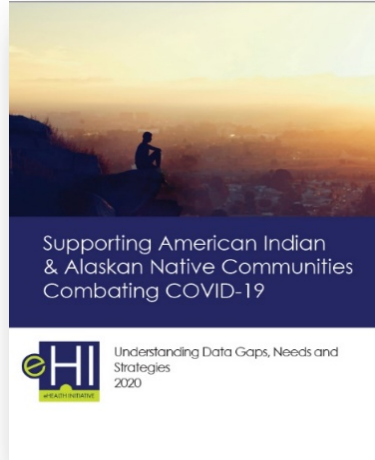
- What's Ahead in 2020 for Consumer Privacy?
- HIPAA: What's Covered and What's Not Covered?
- Changes to Privacy Policies and Regulations in the Face of the Coronavirus Pandemic - eHI Privacy and Security Webinar Series
- Key Survey Findings from the State of Patient Matching in America



# 2020 Publications



**eHI** Building a Modern Health Care System: Recommendations from the COVID-19 Federal Policy Work Group



**eHI** Understanding Data Gaps, Needs and Strategies 2020


Supporting American Indian & Alaskan Native Communities Combating COVID-19

**Proposed Consumer Privacy Framework for Health Data**


Draft for Public Feedback  
August 26, 2020

**DRAFT**

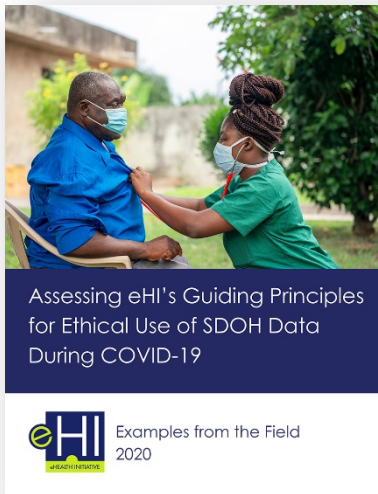
eHealth Initiative  
Center for Democracy and Technology



**Insights from Pharmaceutical Manufacturers & Payers: Addressing Social Determinants of Health and Advancing Health Equity**



www.ehdc.org



Assessing eHI's Guiding Principles for Ethical Use of SDOH Data During COVID-19

**eHI** Examples from the Field 2020

**eHI Explains CARES ACT**

**Coronavirus Aid, Relief, and Economic Security (CARES) Act**

**Division A**

- **Sec. 3012 - Telehealth network and telehealth resource centers grant program**
  - Allocates the new Telehealth Resource Centers grant program of \$200m over for fiscal year 2021-2023.
- **Sec. 3021 - Confidentiality and disclosure of records relating to substance use disorder**
  - Amends 42 CFR Part 2, which governs the sharing of substance use disorder treatment patient records.
  - Allows for one-time consent to be given for future sharing of information.
  - Sharing of information must be allowed currently under HIPAA (including for purposes of treatment, payment, and operations).
- **Sec. 3024 - Guidance on protected health information**
  - Requires the Secretary of HHS to issue guidance within 180 days on the sharing of patient health information during the public health emergency.
- **Sec. 3025 - Examples for telehealth services**
  - Allows high-need/acute health plans with health savings accounts (HSAs) to cover telehealth services prior to a patient reaching the deductible.
- **Sec. 3026 - Increasing telehealth flexibilities during emergency period**
  - Removes the COVID-19 telehealth waiver requirement that a provider must have seen the patient within the last 2 years (unless COVID has already started; they would not enforce).

**Executive Summary of Final Rule**

**Background**

In December 2016, the landmark 21st Century Cures Act was signed into law. Many of the provisions in the law focused on increasing transparency of health information, including Sec. 404, which forbids the practice of information blocking.

Sec. 404 defines information blocking as a practice that a party to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information, and requires the Secretary of Health and Human Services, through rulemaking, to identify responses and necessary conditions that do not constitute information blocking. The Final Rule, released on March 9 by the Office of the National Coordinator for Health IT (ONC) and endorsed by the Center for Democracy and Technology, [effective regulations and the ONC Health IT Certification Program](#), offers an 180-day grace period, in addition to finding needed updates and changes to the ONC Voluntary Certification Program for Health IT.

The rule is in two parts: the first focuses changes to the Health IT Certification Program, which is a voluntary certification program for health information technology products. The second focuses on the use of what is known as "interoperability" standards. The second focuses on the use of what is known as "interoperability" standards. The second focuses on the use of what is known as "interoperability" standards. The second focuses on the use of what is known as "interoperability" standards.

**Key Takeaways from Final Rule**

- ONC is moving forward with policy that requires doctors to make electronic health information (EHI) available to patients - and any entity of their choosing, including third party applications, via a certified application programming interface (API).
- In response to concerns from the public and healthcare professionals that data will be over-collected and security protections are not strong enough, ONC covered only and give one third party application that allows not subject to HIPAA, ONC states:
  - o That it supports an individual's ability to choose which third party application and app use last for receiving their EHI from a health care provider, as well as an individual's ability to agree to the third party developer of app's terms of use.
  - o That it also supports and strongly encourages access providing individuals with information that will assist them in making the best choice for themselves in setting up their app.

**On August 3, 2020 the Calendar Year 2021 Medicare Physician Fee Schedule and Quality Payment Program proposed rule was released. The rule proposes changes to Medicare payment policies for 2021. Comments are due October 5, 2020. Below is a summary of health IT related proposed changes.**

Issue Area	CMS Proposal
Telehealth Services	<ul style="list-style-type: none"> <li>• Proposing to add services listed in Table 1 to the Medicare telehealth services list for CY 2021.</li> <li>• Proposed Temporary Addition of Category 3 Basis for Adding to or Deleting Services from the Medicare Telehealth Services List.                     <ul style="list-style-type: none"> <li>o In the event the COVID-19 PHE expires before the end of 2021, stakeholders might not have the opportunity to use CMS' current consideration process for telehealth services to request permanent additions to the Medicare telehealth services list prior to those services being removed from the Medicare telehealth services list.</li> <li>o Proposing to create a third category of criteria for adding services to the Medicare telehealth services list on a temporary basis.</li> <li>o The new category would describe services that would be included on the Medicare telehealth services list on a temporary basis.</li> <li>o Would include in this category the services that were added during the PHE for which there is likely to be clinical benefit when furnished via telehealth, but for which there is not yet sufficient evidence available to consider the services as permanent additions under Category 1 or Category 2 criteria.</li> <li>o CMS considered the following factors for Category 3:                             <ul style="list-style-type: none"> <li>• whether, outside of the circumstances of the PHE, there are increased concerns for patient safety if the service is furnished as a telehealth service;</li> <li>• whether, outside of the circumstances of the PHE, there are concerns about whether the provision of the service via telehealth is likely to jeopardize quality of care;</li> <li>• whether all elements of the service could fully and effectively be performed by a remotely located clinician using two-way, audio/video telecommunications technology.</li> </ul> </li> </ul> </li> </ul>





# Important Dates

## Webinars

- **April 14** - COVID-19: Lessons Learned that Can Be Applied to Value-Based Care
- **April 22**- Preparing as Healthcare Data Exchanges Pave the Way for Consumer Health Initiatives

## Workgroups

- **April 20** - Policy Workgroup
- **April 29** - SDOH/Data Analytics Workgroup

For a full list of virtual events: <https://www.ehidc.org/events>



Thank You to the Sponsor

**CHANGE**  
**HEALTHCARE**



# Speaker Introductions



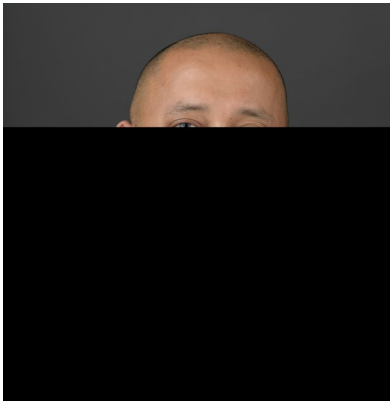
**Patrick Leonpacher**

Business Development and  
Operations Executive  
Change Healthcare



**Gautam Shah**

VP, Platform and Marketplace  
Change Healthcare



**Navesh Kandiyil, MD, MBA, FACHE**

Vice President, Strategic Accounts  
Change Healthcare

# LESSONS LEARNED FROM COVID RESPONSE:

Addressing Care Delivery Challenges with Flexible Workforce and Digital Strategies

February 2021

**CHANGE**  
HEALTHCARE



# Agenda

- Technology For Touchless Workflows
- Vaccine Passport
- Discussion

# TECHNOLOGY FOR TOUCHLESS WORKFLOWS

# Key Challenges Facing Vaccine Distribution

## Trust

- Speed of development has turned some folks off

## Distribution

- Extreme storage needs
- Supply chain evolution

## Production

- Missing doses
- Pressure on production sites

# Vaccination Effort Highlights Workflow Needs

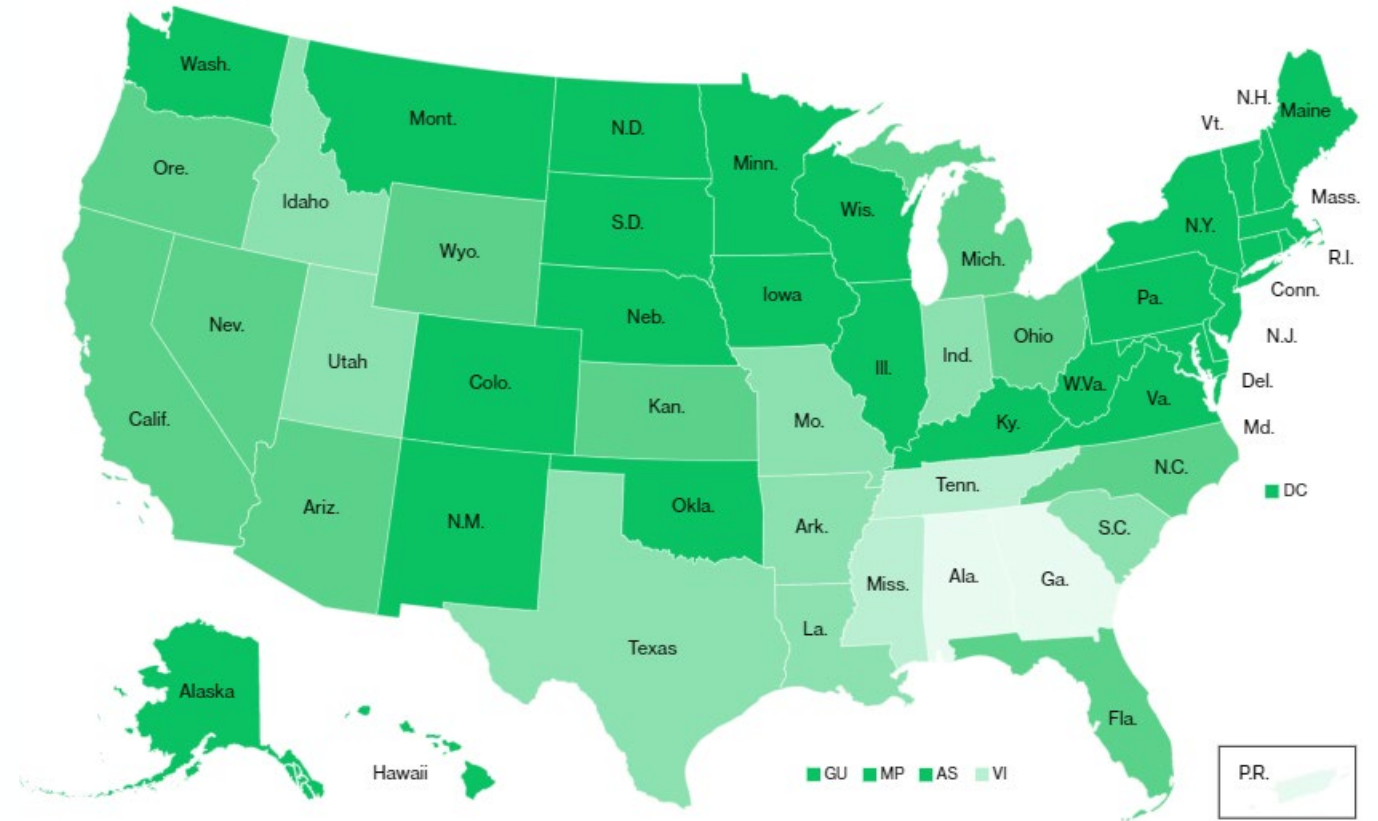
32%

Americans who have received one dose of vaccine

18%

Americans who have been fully vaccinated

As of April 5, CDC



Market/Current State

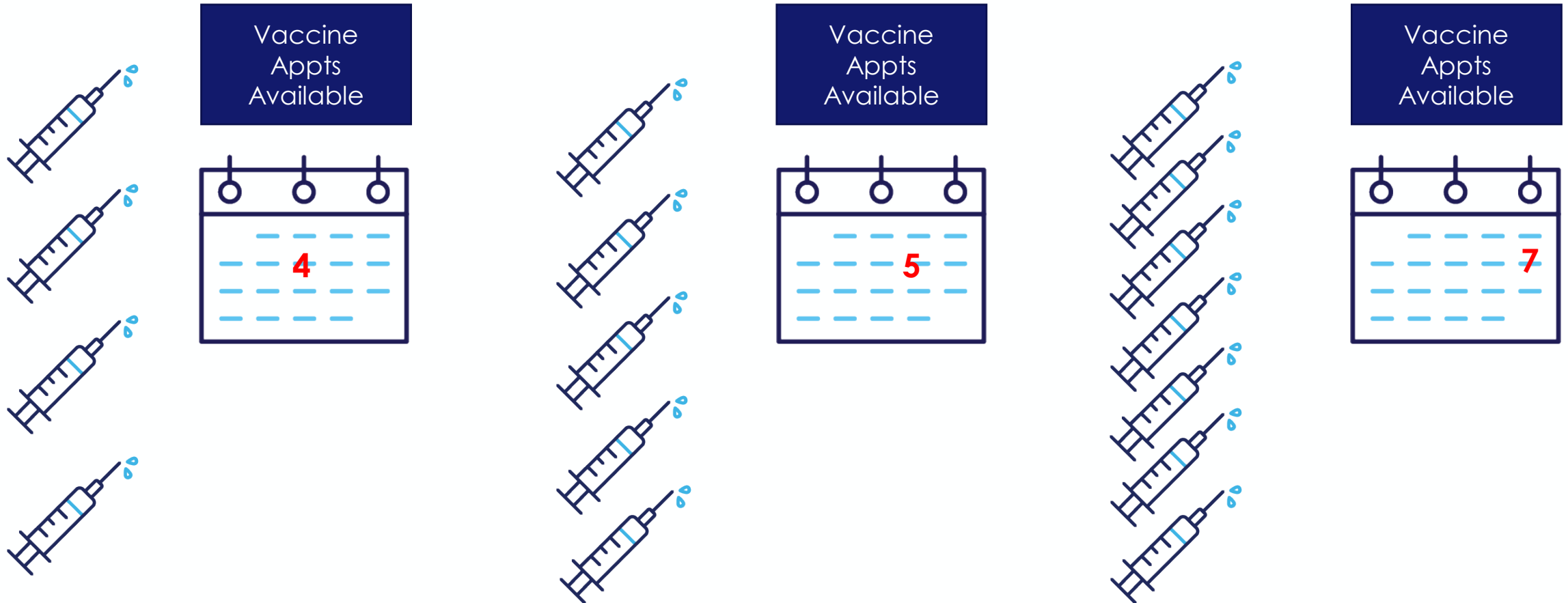
Workforce Management

Patient Access-Triage

Workflow



# Scheduling Aligned to Available Doses



# Digital Workflows

- Limit exposure by eliminating the waiting room
- Transition pre-exam intake and registration to digital experiences
  - check-in
  - Forms
  - Payment
- Engage in real-time with patients via digital communication methods



74%

Of patients are now likely to use texting to provide check-in information before their appointment.

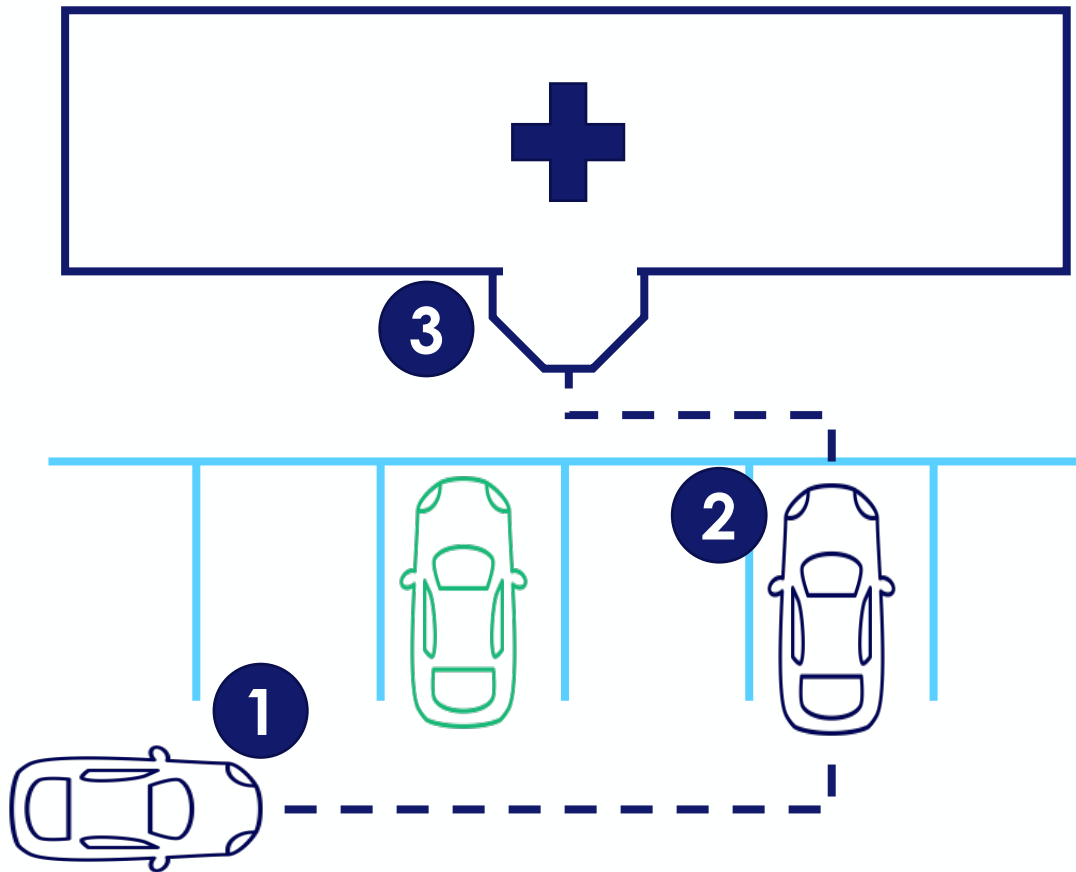
Market/Current State

Workforce Management

Patient Access

Workflow

# Protect Patients and Staff with a **touchless** check-in experience



**1**

## Remote Check-in from your Parking Lot

Direct patients to a mobile check-in page when they arrive at your facility.

**2**

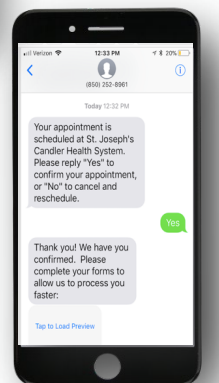
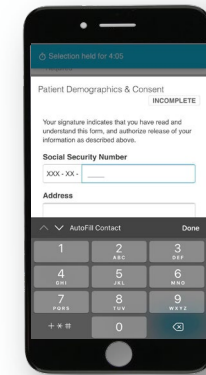
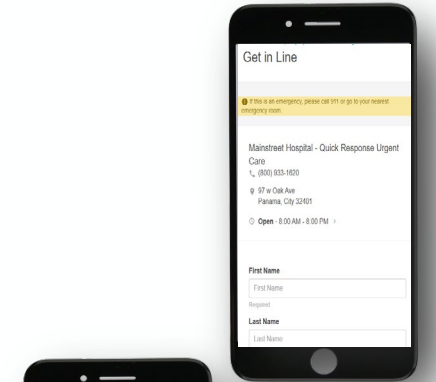
## Inform and prepare patients for COVID intake

Automatically communicate check-in to prepare patient for COVID-19 measures (mask, temperature check, etc)

**3**

## Text patients when you're ready to have them walk-in

Minimize crowds in your clinic by sending patients in one at a time



# Single-Click Engagement by Staff Members

Get In Line!  
Scan barcode below  
with your smartphone  
camera!



Try Me!

MESSAGES now  
VFD  
Text Message

Sue, you're checked in. Your safety is important - please remain in your car. We will text you next steps. Call 555-555-5555 with questions.

MESSAGES now  
VFD  
Text Message

Welcome to Example Medical. If you are experiencing flu-like symptoms or have tested positive for COVID-19 please call 555-555-5555

MESSAGES now  
VFD  
Text Message

Please have your mask, driver's license, and insurance card readily available. We will notify you when you should enter the facility.

**Single click by staff**

MESSAGES now  
VFD  
Text Message

It is time to enter the facility. Please have your mask on and be prepared to have your temperature taken upon entry. We look forward to seeing you.



# VACCINE PASSPORT

# LESSONS LEARNED FROM COVID RESPONSE:

Addressing Care Delivery Challenges with Flexible Workforce and Digital Strategies

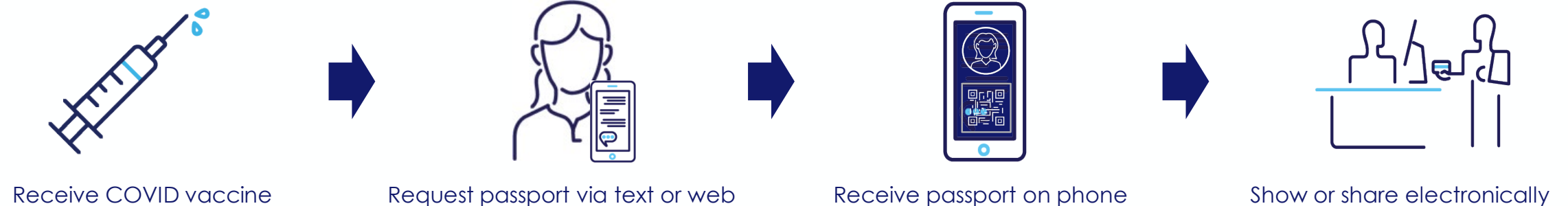
February 2021

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# Broad Adoption Requires a Consumer-Friendly, Trustworthy, and Simple way to Share Test and Vaccination status

- Consumers need the ability to easily retrieve and share their test and vaccine status
- Status needs to be shared directly (show me) and electronically (send me)
- Verification of status needed to drive trust to increase adoption and use
- Standards-based, regulatory-compliant sharing for broad use: School, Work, Travel, Concerts, etc.
- Above all, simple, fast, and as broadly distributed as possible

## Consumer Experience



# Vaccine Passport™

Inspiring a Better Healthcare System

Accelerate your healthcare transformation with the power of the  
Change Healthcare Platform

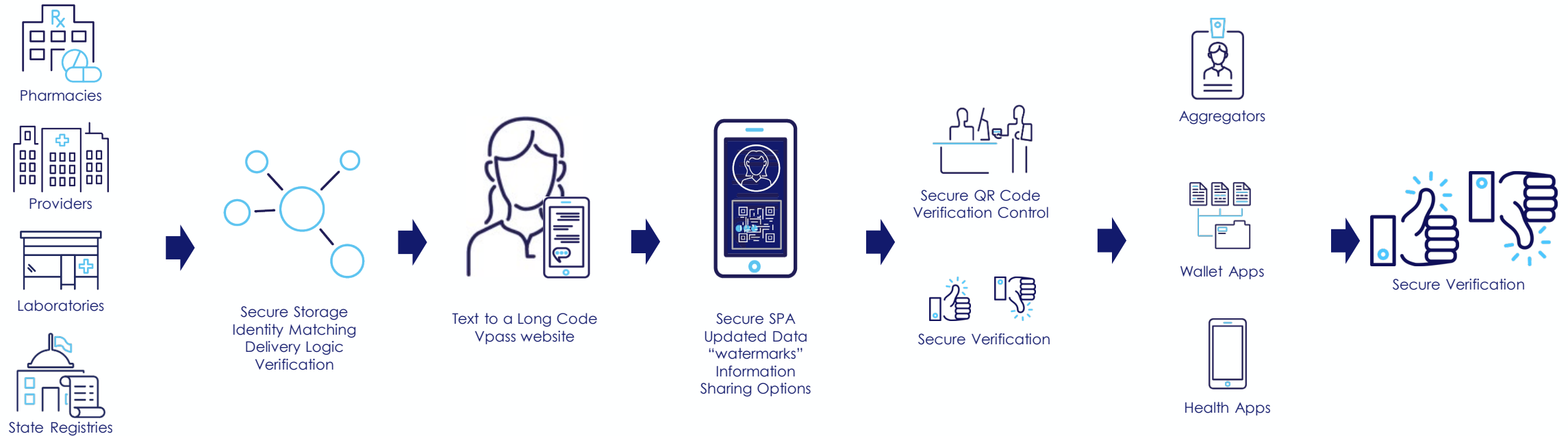
Learn more at <https://www.changehealthcare.com/covid-19>



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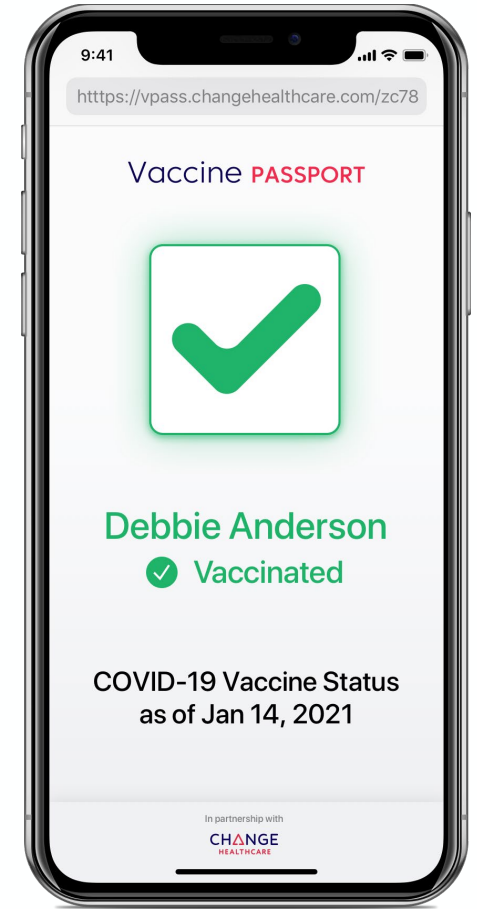
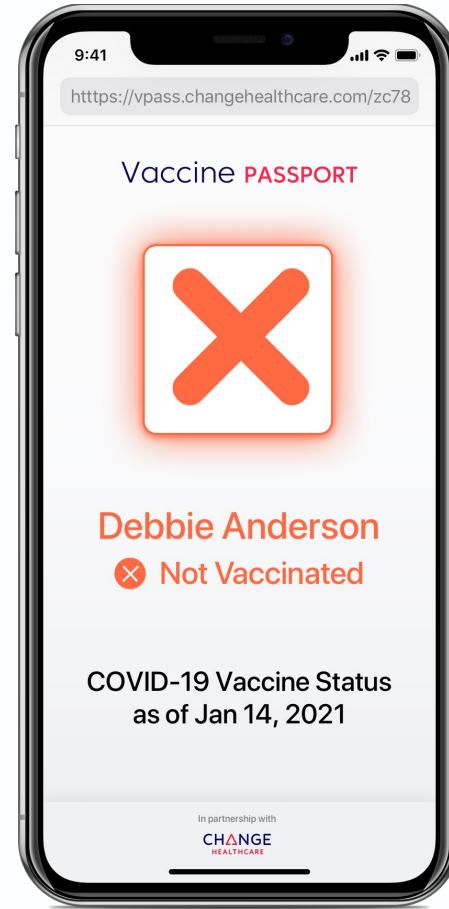
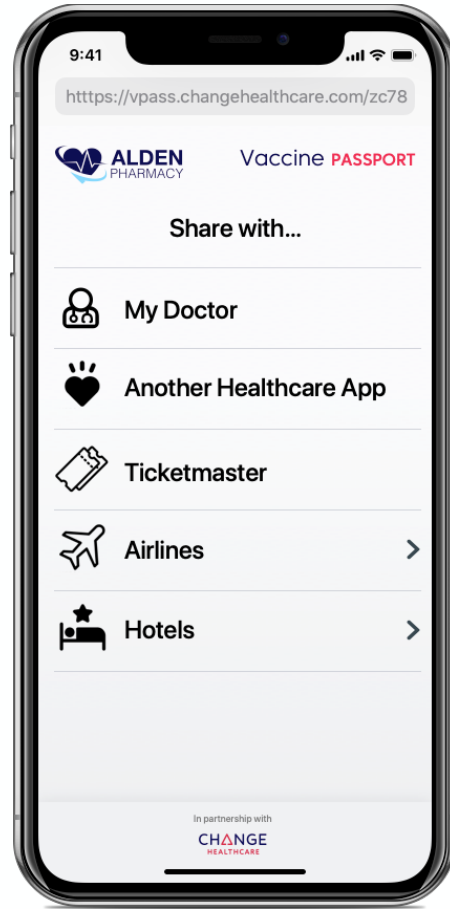
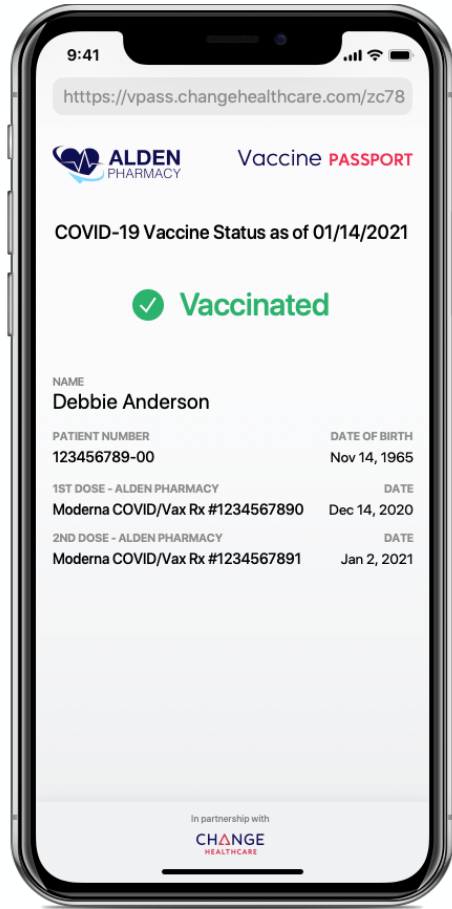
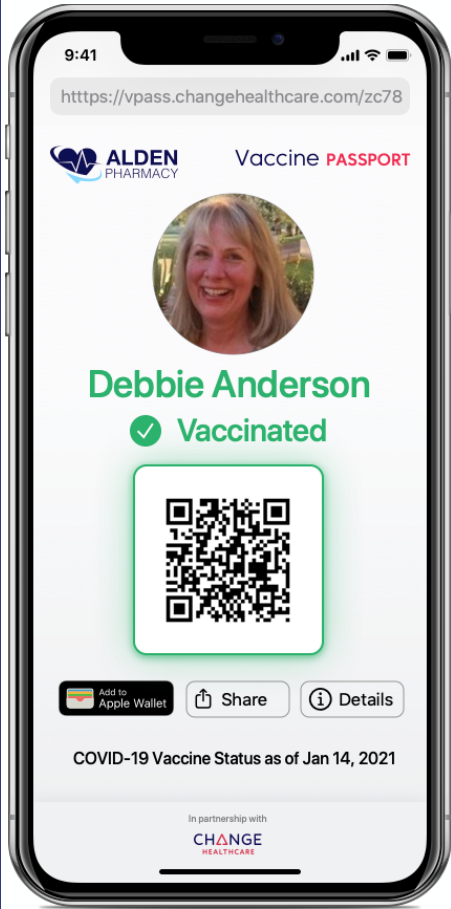


# A Consumer-Friendly, Trustworthy, and Simple way to Share Test and Vaccination status and support a “Return-to-Normal”



Test and Vaccine Data Sources    Vaccine Passport Service    Request via Text or Web    Receive on Passport on Phone    Show and/or Verify on Phone    Share Electronically or to Apps, Wallets    Verify Credential Electronically

# Vaccine Passport Patient and Verifier Experience



# Innovating from the Center of the Healthcare Ecosystem

## Data and Connectivity

Unique position at the center of the healthcare ecosystem

Unparalleled transaction volume

**14B** transactions

**\$1T** in claims

In-the-workflow connectivity

**5,500** hospitals

**900,000** physicians

## Comprehensive Solutions

Serving payers, providers, labs, pharmacies, consumers, others

Software & Analytics



Network Solutions



Technology Enabled Services



## Technology Partner of Choice

700 industry-leading partners to drive innovation in healthcare



Solutions powered by the **Intelligent Healthcare Platform™**

Note: All numbers are approximate.

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Insight. Innovation. Transformation.



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