

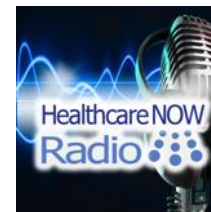
HIMSS19 THINK TANK

Welcome!

HEALTH INNOVATION
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Lenovo Health

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Directly and unscripted from thought leaders on the front lines of healthcare

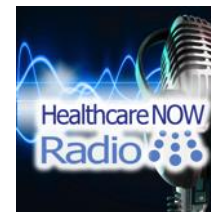
Justin Barnes
Co-Founder

Dr. Bob Monteverdi
Co-Founder

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Think Tank Collaborators

- Atrium Health
- Partners Healthcare
- Northwell Health
- UPMC & UPMC Health Plan
- Thomas Jefferson University
- University of Virginia Health System
- Duke Health
- Resurgens Orthopaedics
- Christus Health
- UT Southwestern Medical Center/
Parkland Health
- Boston University School of Medicine
- Tahoe Forest Hospital District
- Pratt Regional Medical Center
- Nemaha County Hospital
- Florida Association of ACOs
- Children's Integrated Center for
Success
- Reliant Medical Group
- Nemours Children's Health
System
- Dartmouth-Hitchcock
- Sturdy Memorial Hospital
- Phoenix Children's
Hospital
- Lima Memorial Health
- OhioHealth
- Covenant Health
- Halifax Health
- HCR ManorCare
- FastMed Urgent Care
- Institute for Family Health
- UNC/ Rex Health Ventures
- MedAllies, Inc.
- HHS/ ONC
- Intel
- Philips Healthcare
- Qualcomm Life
- McKesson
- Notable Health
- Meditech
- Cerner
- Allscripts
- CPSI
- NextGen Healthcare
- Change Healthcare
- New York eHealth
Collaborative
- Practice Fusion
- Connection
- CDW
- Qure4U
- HIPnation
- NeHII
- Livongo Health
- LifemedID
- WallerMD
- Call9 Inc.
- eviCore healthcare
- Commonwealth Health
- Insight Enterprises
- HealthEC
- Lenovo Health
- Center for Connected
Medicine (CCM)
- Justin Barnes Advisors
- Elevation Health
- StudioNorth

**Sampling of collaborators*

HIMSS19 Think Tank

7am Kick-off & Welcome to Think Tank V

- Justin Barnes
- Dr. Bob Monteverdi, Lenovo Health

7:05am Consumerism Key Findings Report-out from Think Tank IV

- Dr. Kamal Jethwani, Partners Healthcare

7:15am Care Collaboration Key Findings Report-out from Think Tank IV

- Bradley Dick, Resurgens Orthopedics

7:25am Innovation Key Findings Report-out from Think Tank IV

- Andy Bartley, Intel Corp

Consumerism

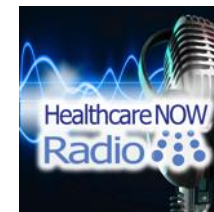
Dr. Kamal Jethwani

Senior Director for Connected Health Innovation,
Partners Healthcare

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Consumerism Key Takeaways

- Large ACO & Medical Group strategy for patient engagement and navigating consumerism
 - “We achieved our goals by focusing on the 3 U’s => *Useful, Usable and U have to develop trust!*”
 - Everyone must find value in the technology and strategy.
 - It must fit into natural workflows – don’t ask them to change. Deliver services as a byproduct of normal activities.
 - Trust is so important. Patients need to trust that they’ll get quality care – their data is safe – and the doctor is who they say they are...and the patient is who they say they are.
- Telehealth survey introduced by ACO regarding “video visits”.
 - On a scale of -5 to + 5, are you interested in video visits with PCP. Patients gave the concept a +3.5
 - What about same video with another physician who has your record but is not your PCP: -0.6
 - What about a physician who can’t see your medical record: -5.0 (minus 5)
 - **Best practice: Patients want video with their own PCP, not a random care provider.**
- What is stopping people from using telehealth –
 - Need to look at value, usability & trust, including trust in the care provider, data and privacy.

Consumerism Key Takeaways

- Key hospital survey introduced:
 - 80% patients cared about the hospital’s brand/expertise in 2005; In 2015, only 42%.
 - Convenience is now more important than a “brand”.
 - Research dug deeper: 33% said, looking for whether a clinic has virtual visit offerings. In 2018, new patients look for virtual care options before they sign up with their doctor.
- Research if/ how “virtual visits” can be implemented into care strategy. They tend to be shorter, physicians can work from home one day a week to take virtual visits and still comprehensively manage care. Several new models of care align with this.
- Watch how patient engagement decisions are being made with factors of cost, access and trust – in that order.

Care Collaboration

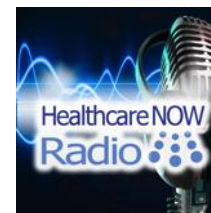
Bradley Dick

CIO, Resurgens Orthopaedics

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Care Collaboration Key Takeaways

- Pay close attention to “The Alexa Factor” within your organization
 - Interacting with artificial intelligence (AI) & natural language processing (NLP) can increase bandwidth and efficiency
 - Alexa and NLP can help with getting valuable data into systems
 - Alexa and NLP can also be a great enabler for patient education as well as patient empowerment
- Outcomes Best Practice: For best overall outcomes results, physicians, along with the care team, should lead the outcomes discussions and then the quality board reviews
- Must keep an eye on physician “burn-out”
 - ***Mentioned in past 3 Think Tanks***
 - One organization mentioned measuring physician burn-out by how much time they spend in documentation (i.e. EHR) above what they get paid for
 - They found physicians spending 2-2.5 hours extra in documentation led to large burn-out rates
 - Medscape’s 2018 report has the national average at 42% and “feelings” of depression at 12%

Innovation

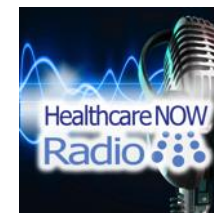
Andy Bartley

Sr. Solution Architect,
Intel Corp

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Health Innovation Key Takeaways

- Artificial intelligence (AI) Best Practices for Innovators
 - Emphasis that innovators and vendors need to get projects with AI correct...
 - “If we miss, the doctors won’t believe us again.”
 - To prevent potential bias and market issues, physicians who have been involved in the development of the AI solution (clinical SME) should perhaps be different from the doctors who put the solution to use initially.
- An emerging innovation we see is adding AI into clinical workflow
 - Physicians are requesting to be trained on using artificial intelligence in care design and plans
 - Since AI is new, physicians are still studying how and when to rely on this information for their patients
 - “Is this AI information better than what I can do on my own? Trust is a key aspect here.
 - Providers want to learn and are requesting training on how to use AI to analyze data to transform care models

HIMSS19 Think Tank

7:35am Innovation & Industry Disrupters

- Rasu Shrestha, MD MBA, Atrium Health
 - Neil Gomes, Thomas Jefferson University & Jefferson Health
 - Think Tank Participants
- ✓ *Please offer ideas & examples from the front lines*

7:50am Healthcare Cost & Quality Transparency

- Justin Barnes
 - Think Tank Participants
- ✓ *Please offer ideas & examples from the front lines*

HIMSS19 Think Tank

8:05am Policy Strategy & Update

- Dr. Jamie Skipper, Elevation Health & Fr. ONC Research Data Scientist
- Evelyn Gallego, EMI Advisors & HHS Interoperable Care Planning & Social Determinants of Health Lead
- Jeff Coughlin, HIMSS

8:25am Think Tank VI Discussion

- Collaboration for 2019
- Please send your case studies & white papers
 - ✓ Value-based care, connected health, virtual care, consumerism, care collaboration, innovation, healthcare cost transparency, care quality transparency and industry disruptors
- www.HealthInnovationThinkTank.com

8:30am Thank you & Adjourn



Using Health IT to Integrate Social and Medical Care

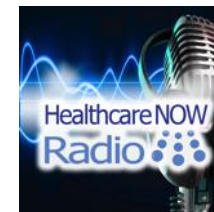
Evelyn Gallego, MBA, MPH, CPHIMS
CEO, EMI Advisors LLC

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Social Determinants of Health (SDoH) Information Improves Whole Person Care and Lowers Cost

OPPORTUNITIES

- Growing evidence on influence of SDoH interventions
- Healthcare systems increasingly interested in leveraging their EHRs to collection social risk information
- Payers motivated to invest in low cost social interventions with high ROI
- Significant opportunity to use health IT and EHRs to document and aggregate SDoH data

BARRIERS

- No common definitions or structure for SDoH information
- Gaps and overlaps in existing terminologies and codes
- EHRs not focused on documenting SDoH
- Variable SDoH data capture and use across provider workflows
- Conflicting guidance and incentives



SDoH Coding Collaborative (SDHCC) 2019

Food
Insecurity

Housing
Instability & Quality

Transportation

Focus on defining common data elements (CDEs) to support SDoH documentation across screening, diagnosis, and treatment activities.

SDHCC Glide Path



- **Regulatory Trends** (e.g., U.S. Core Data for Interoperability (USCDI) SDoH Data Class)
- **Payment Reform Efforts** (e.g., CMS CMMI Payment for Housing)
- **Technology Innovations** to support interoperable SDoH documentation, data analytics, and data aggregation

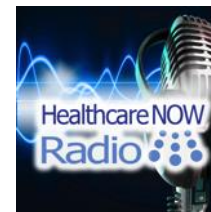
Public Policy Update

Jeff Coughlin
Senior Director, Federal & State Affairs, HIMSS

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Public Policy Update Across the Three Themes

- ***Consumerism: Elevating the Patient Experience***
 - CMS and ONC Proposed Rules prioritize patients and place patients at the center of care delivery
 - Greater CMS recognition of telehealth and RPM technologies across several programs
 - CMS MSSP ACOs able to incentivize beneficiaries to stay engaged
- ***Collaboration: Advances in Care Collaboration and Care Models for Improved Outcomes***
 - CMS and ONC partnering to address clinician burden issues through E/M documentation coding
 - Greater data exchange is key; Data from CMMI projects on testing new payment and service delivery models
 - Added focus on social determinants of health and ensuring key information is available and accessible to drive better outcomes for patients
- ***Innovation: Ramping Up for the Future of Care with IT Innovation***
 - DoD and VA EHR Modernization projects are proceeding
 - New HHS Cyber Playbook for Small Practices details
 - Appropriate FDA regulation is critical—New digital health software paradigm; Pre-cert Program for companies with a robust culture of quality; FDA approval of AI-based diagnostic tools

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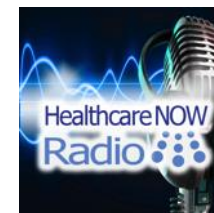
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