HEALTH INNOVATION THINK TANK IV

Key Takeaways & Best Practices

Directly and unscripted from thought leaders on the front lines of healthcare
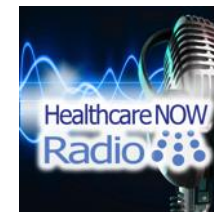
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HEALTH INNOVATION THINK TANK

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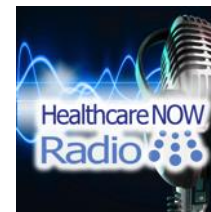- Elevation Health
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Sampling of collaborators

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.

Consumerism Key Takeaways

- Consumer-facing product and solution best practices for innovators and vendors:
  - Solution must adapt to patient
  - User rates so low because apps/EHRs created for Meaningful Use/ regulation, not for patients
  - Apps and products must be simple and intuitive; education for patients is key
  - Platform needs to work on all tech platforms…not just one
  - Generation gap on using technology is closing

- Best Practice: Getting people engaged on the portal is key
  - At registration/check-in show patients where to get the portal follow-up from the exam

- Best Practice: important to have one solution for patients and one for physicians/ care providers
  - Create customized and segmented role-based products and solutions
  - To maximize engagement and usability, innovators must consolidate functionality and achieve necessary platform integration so you do not force clinicians and patients to use multiple solutions or platforms. Look at the PHR failures scattered across healthcare.

Consumerism Key Takeaways

- Strategic ideas shared for increasing engagement

  – In lower income areas, research shows that some lower income households are higher adopters of smartphones b/c they may have their phone as their only connection point (not a computer or cable or other connection).

  – One large health system shared that they have a program that uses Facebook to share "non-PHI" patient education and management communications with the homeless because many homeless use Facebook and free Starbucks wireless to stay connected with family & friends.

  – Phone numbers specifically have shown to be useless at time for the homeless although some states now give away smartphones to the homeless to help them stay connected.

  – 40% of homeless may not have steady phone numbers but use steady Facebook accounts to keep in touch

Consumerism Key Takeaways

- Transparency of cost to the patient is important and is a growing trend.
  - Giving patients the up-front data is key to decision making for the patient.
  - White House is holding meeting on price transparency and is pushing hard on this topic

- Cash pay models have the attention where patients are willing to pay.
  - Patients must ensure the same or even higher quality healthcare with "cash pay"

- Patient experience scores matter to provider bonuses and health systems are looking HCAPS due to HCAPS providing very superficial patient satisfaction data

- Health systems and provider groups want to move from being billing focused to patient-focused but concerns that "all of our systems are based on billing" making the transition more difficult.
  - This is a hurdle today but certainly an option for innovation and opportunity in the near future as "consumerism" grows
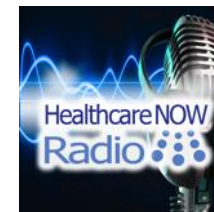
Collaboration:

Advances in Care Collaboration and Care Models for Improved Outcomes

Care Collaboration Key Takeaways

- Ensure your organization is designing innovative care plans with an eye towards the future but also ensure you balance with how you will be paid and reimbursed.

- It's important to gauge your organizations risk tolerance before engaging new care models. While change and evolution is mandatory for survival, it's still important to know your culture as well as what types of change management strategies should/ can be implemented.

- One large physician-led specialty organization discussed the Bundled Payments for Care Improvement (BPCI) initiative and how important it is to have the physicians "on the hook" and bought into the overall strategy <u>as well as the outcomes</u>. This holds true for all bundled or value-based care programs that we discussed.

- Research the core functionalities and capabilities for telemedicine and virtual care and begin to integrate within your organization as well as care strategy. A "stand-alone" virtual care strategy rarely yields enough long-term value or outcomes improvement.

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

- Think Tank member support shared for Patient-Reported Outcome Measures (PROMs) and reaching the "Value Paradigm"
  - Implemented on every patient in the example given

- Think Tank member support shared for Michael Porter's Value Paradigm
  - I.e. You're rated a 6 vs a 5, but it costs 10x more – is that better value for care?

- 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

Care Collaboration Key Takeaways

- Successful ACO programs are finding that front desk & office staff can make a significant positive impact with patient engagement, education, empowerment, understanding and overall success

- VBC/ ACO Best Practice: Incentivize/ compensate front desk staff (front line) to get patients engaged with ACO & tech/ innovation models. Everyone should have a stake in the model's success or failure.

- 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%

Care Collaboration Key Takeaways

- When researching innovation to purchase, it's essential to establish expected outcome improvements and/ or reimbursement strategy for the equipment before purchasing
  - Ensure equipment provides enough ROI
    - i.e. telemedicine, home monitoring with improved patient outcomes and patient safety
    - Hold all engaged parties accountable to mutual success metrics

- Success Best Practice: Focus on target populations
  - Readmission risks and home health eligible
  - i.e. a decrease in 30-day readmission should be enough incentive to invest in monitoring technology

- Data Best Practices
  - Capturing and creating valuable data and looking at trends – filtering out noise for actionable steps – "Make data actionable, make it reinforce strategic decisions"
  - Amplify data interoperability and data connections from a consumer perspective
    - i.e. connect that plethora of apps and devices to EHRs
    - Use API's where applicable to assist with security, scale and cost

Care Collaboration Key Takeaways

- Skilled nursing or nursing home care - *Examples of areas where is innovation headed*
  - Bringing emergency medicine from the hospital to the home bedside. When patients have acute care needs, we can facilitate bringing those services to the bedside to avoid moving those patients and the associated services to the acute care center.
  - 19% of all patients that come to the ER by ambulance originate in a nursing homes. The care costs are high, and movement is usually hard on the patient.
  - CMS says that 2/3's of those visits are avoidable and experience shows that 80% of those patients can be treated in the skilled nursing facility.
  - If we can treat in place, it's a significant win from a patient safety and experience aspect as well as allowing more timely and improved quality of care.
  - Creating value for payers by reducing total cost of care.   Average hospital admit is $15k but by implementing an advanced care strategy, it can be reduced dramatically.

- Think Tank catalyst discussed creating value for patient in safety, quality and access. Lesson learned: Make sure you're creating value for all stakeholders involved.

Care Collaboration Key Takeaways

- Best Practice for health innovators and vendors:
  - Learned that "hacking" together a solution didn't work (based on existing tools such as EHR, disparate technologies and disjointed workflows).
  - The example given was an "edge" technology and they needed to define their own workflow to help care providers be efficient and effective in their engagements with their own patients.
  - Very important to integrate into the fabric of existing healthcare. Don't create more inefficiency.
  - Integrate through APIs.

- As an innovator and developer, you may have great technology but if people aren't using it, you've missed the mark. Must integrate workflows and make it simple for staff to use.

- Fail fast, fail cheaply, and fail safely (because its healthcare)

Care Collaboration Key Takeaways

- Care Coordination Best Practices:
    - DirectTrust clinical workshop. Collecting interoperability success stories
        - See Success Stories published on Think Tank website: www.HealthInnovationThinkTank.com
    - Recent ONC interop forum – used 360 degree to track referrals - referral management program. Each referral request is given an ID. Then tracks to closure

- Discussed CMS MyHealthEData Initiative and Blue Button 2.0 – *sharing beneficiary data*
    - Allow patient to share Medicare claims data and beneficiary data with 23andMe for example
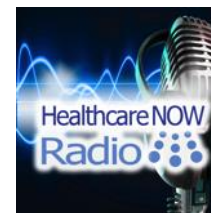   - Sharing genetic data is important to delivering greater visibility

Health Innovation Key Takeaways

- Software Optimization & Usability Best Practices
    - To increase product and solution usability, software developers need to understand the ultimate use cases and goals of their customers
    - For example - EHR optimization depends on thinking less about tasks and more about goals
        - "The goal isn't to document an order – the goal is to provide optimal care."
    - Who and how should you define "efficient" or "user-friendly"
    - Important to bridge the gaps between important constituencies such as IT to clinical and executive offices to coders
        - Create a regular flow of data and feedback loops

- What's good for usability isn't always good for regulations or for data capture
    - ex. "Copy Forward" command in patient records.

- *These usability best practices are applicable for all health IT products, not just EHRs*

Health Innovation Key Takeaways

- Every organization needs to have "data use" and "data access" strategies

  - What is the workflow, how does this impact care?

  - What do we exchange and with whom?

  - What type of data interoperability or APIs are available or implementable?

  - Do we have the expertise on-hand or can we add in a timely manner?

  - What do we do with patient-generated health data (PGHD)?

  - Innovators and software vendors should be kept aware of health systems and organizations data strategies so they, as partners, understand and can support the overall strategy

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

Health Innovation Key Takeaways

- Deep Learning, Predictive Learning, Cognitive Analytics Best Practices:
  - Always review from a people and process perspective
  - Bring in data scientists who know the workflow and then pair them with data experts who know more about the data itself

- Keep a close eye on how accuracy measured - There is a balance that needs to be struck between accuracy and trust – Find the acceptable threshold.

- There is a "market need" for artificial intelligence capabilities to help with managing clinical data to improve care quality
  - Big question for industry is how to reorient data towards a clinical focus versus a billing focus

Think Tank V Topics

- Healthcare Disrupters

- Transparency of Cost

- Transparency of Quality

- Amplification of Technology

THANK YOU

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