Ensuring Quality in the Era of Digital Health

Kathleen Blake, MD, MPH
August 26, 2020
Objectives

• Describe Practicing Physician Perspectives on Digital Health Tools

• Describe the Clinician role on Digital Health App Development Team
AMA Digital Health Research

What attracts physicians to digital tools?

What are their requirements for adoption?
AMA 2016 Digital Health Survey

Is there a digital divide among physicians?
Most US physicians were using a few digital tools and expected to use more in the near future. Heavier users tend to be PCPs and physicians in large and complex practices. Age was less of a factor than practice size and setting.

What’s the appeal of digital tools?
Physicians want digital tools that do what they do better
• Improve practice efficiency
• Increase patient safety
• Improve diagnostic ability
• Reduce burnout
• Improve physician-patient relationship

What do physicians require for adoption?
Physicians require digital tools to fit within their existing systems and practices
• Linked to EMR
• Assurance from experts of data privacy
• Billing/reimbursement
• Liability coverage

How do physicians want to be involved?
Whether employees or owners, physicians want to participate in the decision-making process and rely on:
• IT experts for technical issues such as data security
• Practice leaders to make buying decisions
The AMA Innovation Framework

PHYSICIAN INNOVATION NETWORK

DIGITAL MEDICINE PAYMENT ADVISORY GROUP

DIGITAL MEDICINE PAYMENT ADVISORY GROUP

XCERTIA

Health2047

Sling Health

MATTER

AUGMENTED INTELLIGENCE PRINCIPLES, INSIGHTS AND POLICY

EHR & DIGITAL HEALTH RESEARCH

INTEGRATED HEALTH MODEL (IHMI)

ADVOCACY & POLICY INITIATIVES

INDEPENDENT CPT & RUC PANEL PROCESS

DIGITAL HEALTH IMPLEMENTATION RESEARCH/PLAYBOOK

SMART INITIATIVE PARTNERSHIP

INTEROPERABILITY EFFORTS (CAREQUALITY, SEQUOIA PROJECT)

PRACTICE TRANSFORMATION INITIATIVE
AMA Digital Health Survey: 2019 Update

Adoption increased for all digital health solutions, particularly for tele-visits/virtual visits and remote monitoring for improved patient care.

As of end of 2019, despite growth across the board, still much room for improvement in terms of wide-scale adoption.

More physicians than ever recognized digital health tools as drivers of improved efficiency and safety in health care.

Physicians key requirements remained: Does it work, will I receive proper payment, will I be liable, will it work in my practice.

Digital transformation is years away. I don't see our company having to change anytime soon.
COVID-19 accelerated adoption of telehealth

Remote and telehealth treatment jumped, with over 90% of physicians treating patients remotely in some form.

Telehealth tools are commonly used for remote treatment, with some 60% of coronavirus frontline healthcare workers and nearly all primary care physicians reporting using telehealth for at least some of their patient care.

Among physicians using telemedicine for consultation during the COVID-19 outbreak, nearly half (48%) are using it for the first time.

One-fifth of physicians using video conferencing and telemedicine tools expect to use them significantly more often than pre-pandemic, even after physical distancing restrictions are lifted.

Source: Bain & Co, “US Doctors turn to Telehealth as COVID-19 limits In-person Care,” 4/17/20, And Sermo, HCP Telehealth Sentiment Survey, April 2020
Support for physicians & practices

- **Telemedicine quick guide**: detailed information to support physicians and practices in expediting implementation of telemedicine.

- **Digital Health Implementation Playbook Series**
  - Telehealth Implementation Playbook
  - Remote Patient Monitoring Playbook

- **Summary of Medicare payment policies and regulatory flexibilities**

- **Complete List of CPT and CMS Telehealth Services**

- **CPT Coding Scenarios**

- **AMA and AHA cybersecurity resource** to help physicians working from home during the COVID-19 pandemic
Balancing the pros and cons of telehealth vs. in-person care

- Expanded access
- Patient and physician convenience and experience
- Continuity of care, particularly for behavioral health and chronic disease patients via RPM
- Potential cost savings to patients and the health care system
- Payment parity, for now
- Multiple restrictions lifted/less burdensome to implement

- Uneven broadband and technology access
- Digital literacy is not universal or equal
- Some patients prefer in person visits
- Some services and procedures must be delivered in person
- Uncertainty about future reimbursement
- Highly uncertain long-term practice financial sustainability; may be more so with fewer in-person visits
Can’t we have both?

“There's a little bit of chaos out there right now, because we're doing everything by telehealth, and not everything should be. Before the crisis, providers' mindset was often "every [problem] has to come to the office. Now everything is virtual. How do you knit these two care models together?“

- Joseph Kvedar, MD

“We were driving an hour or more to see him at his office often with kids in tow. Virtual visits were a big win for me. It doesn’t replace the brick-and-mortar visit, but it complements it. We talk about what makes sense, and when we need to see each other in person.”

- Patient perspective
Digital Health Case Study
Self-Monitoring Blood Pressure (SMBP)
Nearly half of U.S. adults have high blood pressure—a leading cause of heart disease, stroke and kidney disease around the world.

Controlling high blood pressure is critical to reducing roughly 800,000 associated deaths.
SMBP has been shown to be a more accurate and reliable measure of a patient’s blood pressure (BP) than an in-office BP.

SMBP is critical in:

• the accurate diagnosis of hypertension including white-coat and masked hypertension

• the effective management of hypertension

SMBP can also provide:

• data to meet the numerator criteria for most blood pressure control quality measures.

• documentation to support coverage of patient-centered management of hypertension.
AMA IS DEVELOPING SOLUTIONS THAT AIM TO MEET THE SMBP NEEDS OF PATIENTS AND THEIR HEALTH CARE PROVIDERS AT EVERY CRITICAL POINT DURING THE CARE CYCLE

ENABLE HOME HYPERTENSION MANAGEMENT FOR CLINICIANS & PATIENTS

USE DATA TO IMPROVE OUTCOMES

CHOOSE CLINICALLY ACCURATE BP DEVICES
Patient
- Measures blood pressure after instruction on proper technique

Device
- Captures blood pressure data & context of each measurement

Smartphone App
- Uploads blood pressure data

Aggregator
- Repository of wide range of patient data collected using remote monitoring devices

VDL Registry
- AMA registry of devices that have met VDL criteria

EHR
- Provider EHR containing patient demographic and other clinical information

IHMI SMART on FHIR SMBP App
- Presents blood pressure data & match to clinical profile

Clinician
- Reviews data & makes care decision
- Submits charge for review of data & updates patient’s care plan

Billing
- Health care provider submits charge
- Insurer
- Pays provider