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## Health Care Without Walls

Session #403, March 6, 2018

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HIMSS North America

# COMMITMENT

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DISCLAIMER: The views and opinions expressed in this presentation are those of the author and do not necessarily represent official policy or position of HIMSS.

# Conflict of Interest

- Susan Dentzer and Carla Smith
- Have no real or apparent conflicts of interest to report.

# Agenda

- Health Care Without Walls: The Vision
- Brief background on NEHI's Initiative
- The Technology Vision
- The Payment/Reimbursement, Regulatory, Work Force and Human Factors Issues
- Timeline for Issuing Our Recommendations
- How Can You Join Us?

# Learning Objectives

By the end of this session, participants will be able to do the following:

- 1) Discuss the nation's capacity to achieve a system of Health Care Without Walls in 2025, and the benefits of achieving a far more distributed system of care outside of conventional institutional settings, such as hospitals, physicians' offices, and nursing homes
- 2) Identify the variety of technologies that are already present in some aspect of U.S. health care, but that have not been deployed to the fullest extent possible.
- 3) Examine the payment/reimbursement, regulatory, work force, and human factors issues that must be dealt with before such a system can be realized
- 4) Identify how attendees and their organizations could join the effort to bring about Health Care Without Walls.

# About NEHI

- **Who We Are:** A national **nonprofit, nonpartisan** organization
- Stakeholders/members from across **all key sectors** of health and health care
  - Roughly 90 premier health, health care and health services organizations
  - Members include patient groups, hospitals and health systems, health plans, employers, universities and companies in the pharmaceutical, biotechnology, medical device, health technology, and health services sectors
- **Mission:** To **advance innovations** that improve health, enhance the quality of health care, and achieve greater value for the money spent.
- **What we do:** NEHI consults with its broad membership, and conducts **independent, objective research** and **convenings**, to accelerate innovation and bring about changes within health care and in public policy.
- We offer a unique forum for our members to confer across sectors and collaborate on solutions to some of the toughest issues in health and health care. Learn more about NEHI: <http://www.nehi.net> or @NEHI\_News



## The Big Questions:

**For health care that mainly involves exchanges of information – not the laying on of hands – why isn't more of it done virtually today?**

**The Big Questions:**  
**What if we had a health  
care and health-  
inducing system that  
went to people – rather  
than people going to it?**



# First...a story





# Providence Kodiak Island Medical Center

# Clinicians, MSK, New York





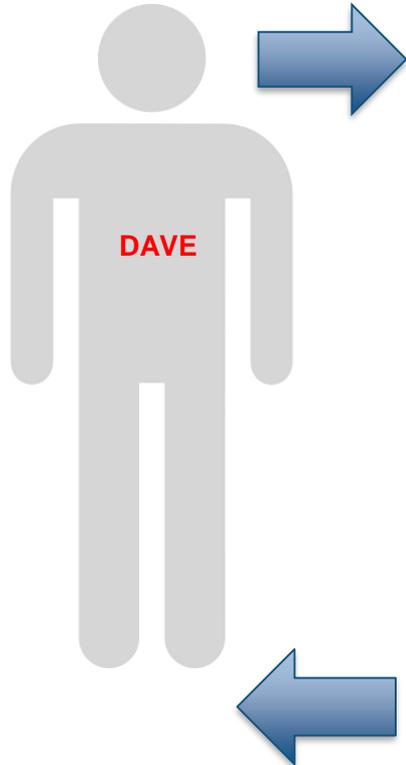
Distance from Kodiak to  
New York City:  
3,154 miles

Dave's options:

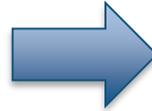
- Try to book appointment at MSK
- Fly to NYC; overnight at hotel
- Have consultation; obtain advice on treatment plan
- Then what?

# Memorial Sloan Kettering Cancer Center, New York





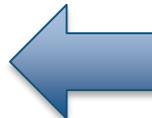
Tumor tissue genetically sequenced  
Telehealth consultation with oncologist Dr. Fred at MSK  
Digital images sent



Artificial Intelligence-enabled treatment review & consultation

Targeted therapeutic agent e-prescribed and dispensed from Seattle specialty pharmacy

Agent delivered by drone to critical access hospital on Kodiak



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**Would we prefer a system of “health care without walls” to what we have today?**





## What's driving trend of distributed care?

- #1: The move from volume to value
- #2: Poor health of population and focus on upstream drivers of “population health”
- #3: Evolution of precision medicine
- #4: Innovation in care delivery
- #5: Information and Technology

# What Is the Potential Of More Distributed Care?

- Drastically increase care convenience
- Increase access, especially in underserved areas
- Leverage and extend existing provider base
- Universalize and democratize knowledge and expertise
- Reduce unnecessary “friction” in system – e.g., lost productivity, absenteeism from work
- Cut costs



## What Is the Potential Of More Distributed Care?

- Address social issues in communities such as hunger, lack of transportation, housing insecurity
- Meet patients where they are – including at home – via technologies including telehealth and smart phones

POTENTIAL



# Background: NEHI's Health Care Without Walls Initiative

- Launched with convening on May 10, 2017, at Kaiser Center for Total Health in Washington, DC
- Established five work streams with more than 200 participants
  - Technology
  - Payment/Reimbursement
  - Federal and State Regulations
  - Human Factors
  - Health Care Work Force



# Our Work Stream Leaders

- **Technology:**

- Barbara DeBuono, MD, MPH, Vice President, Clinical Strategy and Value Based Care, 3M Health Information Systems
- Dusty Majumdar, PhD, Vice President/Chief Marketing Officer, IBM Watson Health
- Karen Murphy, PhD, RN, Chief Innovation Officer, Geisinger Health System
- Amit Rastogi, MD, MHCM, Senior Vice President for Strategy, Growth and Innovation, Inova Health System
- Sara Vaezy, MHA, MPH, Chief Digital Strategy Officer, Providence St. Joseph Health
- Joel Vengco, MS, MA, Chief Information Officer/Senior Vice President, Baystate Health

- **Payment:**

- John Bulger, DO, MBA, Chief Medical Officer, Geisinger Health Plan
- Mark Lutes, JD, MA, Chair, Board of Directors, Epstein Becker Green
- Severence MacLaughlin, PhD, Master Data Scientist, Assistant VP, Healthcare & Life Sciences, Cognizant
- Sunny Ramchandani, MD, MPH, Deputy Chief Medical Officer, Aetna
- Karen Rheuban, MD, Director, University of Virginia Center for Telehealth

- **Regulatory:**

- James Boiani, JD, Member of the Firm, Epstein Becker Green
- Andrea Clegg, MBA, Chief Financial Officer, Advanced ICU Care, Inc.

# Our Work Stream Leaders

- **Work Force:**

- Julene Campion, MS, SPHR, SPC, Vice President, Talent Acquisition, Geisinger Health System
- Anita McDonnell, RPh, Former Vice President, Government Health Initiatives and Political Action, Sanofi
- Carla Smith, MA, CNM, FHIMSS, Executive Vice President, HIMSS

- **Human Factors:**

- Pascale Carayon, PhD, Procter and Gamble Bascom Professor in Total Quality/Director of the Center for Quality and Productivity Improvement, University of Wisconsin-Madison
- Frances Dare, MBA, Managing Director, Health Strategy Practice, Accenture
- Dan Gillette, EdM, Principal Investigator, Public Health Institute; Sr. Research Scientist and Co-Director of Tech for Social Good, CITRIS, University of California-Berkeley

# Our Special Thanks to Carla Smith!

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- Carla Smith, MA, CNM, FHIMSS
- Executive Vice President, HIMSS
- A Leader of Work Force Work Stream!



## Goals of Technology Work Stream

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- Frame a vision for what the delivery of health care look like in 2025 if all current and future technologies were brought to bear, and barriers of various sorts (payment and reimbursement, etc.) didn't exist



# What We Mean By “Technologies”

- Most of the technologies we refer to are information technologies
- We use technology in the broadest sense, to include **the entire digital universe and information analytics**, among others
- We specifically include the following:
  - Telehealth and telemedicine
  - Software, such as SaMD (software with a medical purpose)
  - Data and information exchange and analytics; blockchain
  - Clinical decision support systems
  - Artificial intelligence, cognitive computing, and machine learning
  - Internet-enabled health devices and the Internet of Things
  - Mobile medical applications; medical device data systems, used for electronic transfer, storage, display, or conversion of medical device data; medical image storage devices; and medical image communications devices
  - “Low-risk” general wellness products, such as apps
  - Lab tests, such as self-administered tests, and other technologies involved with laboratory work flow
  - Autonomous cars; robotics; drones

# The Obstacles

- Payment: How to support transition without adding unnecessary care volume
- Inertia: systems have to change
- Lots of sunk costs in existing plant and capital
- Need for different work force
- Human factors involved in technology take-up
- State laws and regulations still impede activities such as telehealth
- Data privacy and security; HIPAA and state statutes
- Lack of high speed broad band access, internet connectivity in much of country



# Goals of Regulatory Work Stream

- Consider the regulatory issues that will bear on a more distributed system, including
  - FDA approval of digital health products and devices
  - Information exchange and interoperability
  - Privacy and security
  - Licensure
  - Scope of practice



## Goals of Payment Work Stream

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- Recognizing the transition under way from fee-for-service care to advanced alternative payment models, identify features of reimbursement/payment that will support the Health Care Without Walls vision while reinforcing the move from “volume to value” and not incentivizing provision of unnecessary care



## Goals of Human Factors Work Stream

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- Pose the core human factors issues that technology developers, health systems, educational and training systems and others should address



# Goals of Work Force Work Stream

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- Articulate a vision for a qualified work force capable of meeting the health and health care needs of Americans, in large part through more distributed care.
- Articulate a vision of a work force that advances the *health* of Americans, not just the health care.
- Identify new roles and responsibilities for existing types of health care workers, as well as needs for new types of workers
- Identify new work environments and structures – e.g., team-based care; virtual relationships among team members; “gig” economy work relationships



# Goals of Work Force Work Stream

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- Identify a process and methodology for determining appropriate types and numbers of competent health workers, given uncertainties about how technology may be implemented and used.
- Determine what types of education and training will prepare the future work force to provide safe, efficacious, efficient, accessible, cost-effective, and culturally appropriate care in distributed settings.



# Our Timeline

- Finalize recommendations during March-April 2018
- Preview recommendations at Health Datapalooza preconference in Washington, DC, on April 25, 2018
- Issue white papers with recommendations in late spring
- Late 2018-19: Move to next phase of advocating for change and creating partnerships to test implementation



# Questions/How to Join Us

- Contact Susan Dentzer, President and CEO, NEHI
  - [sdentzer@nehi.net](mailto:sdentzer@nehi.net); @SusanDentzer; <https://www.linkedin.com/in/susandentzer/>
- Or Lauren Choi, Vice President for Policy Partnerships, Development, and Membership at NEHI
  - [lchoi@nehi.net](mailto:lchoi@nehi.net)
- Or Tim Tassa, Director of Communications
  - [ttassa@nehi.net](mailto:ttassa@nehi.net)
- Please complete online evaluation

