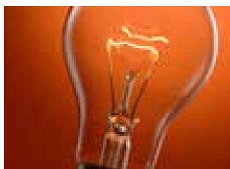

2016 Health IT Leadership Summit Insights

On December 7, 2016, lawyers from Arnall Golden Gregory LLP's Healthcare Technology team attended the annual Health IT Leadership Summit.[1] While there, we noted several overarching themes. At the forefront were the topics of patient engagement, interoperability, the Medicare Access and CHIP Reauthorization Act of 2015 ("MACRA"), and its implementing regulations. Participants were also keenly interested in, and attempted some predictions, regarding healthcare reimbursement and technology initiatives under the upcoming administration.

Below are some of our key takeaways from many of the Summit's sessions.

Keynote Session with CMS' Andy Slavitt and Tim Gronniger

After introductory remarks for the day, CMS Acting Administrator Andy Slavitt started the Summit with a brief remote speech, followed by a discussion with Tim Gronniger, CMS Deputy Chief of Staff.

Beginning with the notion that healthcare should start with the patient, the author of the recent MACRA final rule described feedback that he has heard from healthcare providers during his tenure, which will be ending with the new administration in January. Specifically, (1) clinicians see CMS regulation as a distraction from taking care of patients; (2) providers are frustrated by an inability to track patients who leave their office and see interoperability as the key obstacle to this; and (3) the workflow created by technology does not necessarily match a clinicians' workflow.

It was refreshing to hear Mr. Slavitt describe this feedback and understand that CMS leadership is taking these challenges to heart. He then reminded the audience that CMS understands that patients want, and will increasingly demand, a better health ecosystem.

Mr. Gronniger then took the podium to provide additional insight on CMS' goals and on MACRA, which he emphasized was created with built-in flexibility; we should not expect any significant changes to MACRA with a new administration. Part of that flexibility includes the 60-day comment period after publishing the new rule, which remains open until December 19, 2016. However, Gronniger then admitted that with the change in leadership, no one including him can really say with certainty what is going to happen.

When faced with speculation about what will happen to the CMS Innovation Center (CMMI) and whether it could be eliminated under a new administration, Mr. Gronniger reminded the audience that CMMI is necessary to CMS, MACRA does not work the way that it is supposed to without it, and that CMS is currently proposing a CMMI expansion. Any upcoming changes to CMMI, Gronniger added, have not originated from D.C., but rather from feedback from clinicians around the country.

Mr. Gronniger stated that CMS is making an effort to address the feedback presented by Mr. Slavitt, including addressing clinician burnout and encouraging health IT companies to develop technology

1 http://healthitleadershipsummit.com/

around patients rather than CMS requirements. CMS is also encouraging private payers (i.e., insurance companies) to support quality-based reimbursement, with most of the top ten healthcare insurers onboard.

MACRA's flexibility is designed to accommodate any physician based on practice workflows and goals. In the same vein, Mr. Gronniger offered the following advice to soon-to-retire physicians who may have resisted the changes: "give it a chance." MACRA is easier and more digestible than previous programs with different participation packages. If physicians previously participated in meaningful use, the Physician Quality Reporting System (PQRS), or the Patient-Centered Medical Home (PCMH) care delivery model, they are already well-prepared for MACRA.

Market Forces Driving Consumer Engagement and Transformation

The next panel was moderated by attorney Michele Madison and included distinguished panelists Karen Duffard (Vice President, Operations & Strategy at Piedmont Clinic), Rich Novack (CIGNA), Mike Hiffa (HR, Jackson Healthcare), and Robert L. Crutchfield (General Partner, Harbert Growth Partners).

The panel highlighted that transportation is a serious issue for many patients, especially in rural areas, with telemedicine and mobile health applications as innovative solutions.

While Mike Hiffa said that the last several years have been very challenging for healthcare cost containment, especially for self-insured companies, he also said that employers are certainly the biggest drivers in healthcare innovation, forcing the industry to adapt to cost pressures and rational forces in health technology.

Robert Crutchfield believes that the next movement in health IT is converting aggregate reported data to clinical practice, giving value to patients. Emphasizing the employer as the driver of healthcare innovation, he also said that consumerism in healthcare is different than in retail, because the provider and the plan are directing engagement.

Rich Novack said, however, that when you engage patients as consumers, you get better compliance and cost containment. Novack also described the bifurcation between physicians in urban and rural areas as a real concern in return on technology investments. The way that seasoned healthcare professionals access health technology systems is different than how millennials access them, Novack said.

Finally, Karen Duffard stressed that social issues often drive health issues, and therefore it is often important to meet the patients where they are. Social workers and case managers are essential to keep patients out of hospitals and improve outcomes.

The Physician's Perspective on Consumer Engagement

The next panel of the morning included three physicians and was moderated by health reporter Jayne O'Donnell from USA Today.

Dr. Mike Koriwchak from ENT of Georgia and Docs4PatientCare reminded the audience that physicians and health IT professionals live in entirely different worlds. Two-thirds of physicians are not happy with their electronic health records ("EHRs"), stating that EHRs are not working for physicians. Dr. Koriwchak also said the industry needs to make a cultural shift to physicians treating patients instead of dealing with healthcare technology. The current emphasis on compliance has created fear and has sucked the air out of the room. There is no time to innovate as we did when we first got our EHR, said Dr. Koriwchak.

Dr. Hogai Nassery of Harken Healthcare criticized most current EHR systems as being built around billing and compliance, rather than patient-centered care. Physicians have to stay engaged with patients between visits, contrary to the old fee-for-service model. However, Dr. Nassary also warned that constantly feeding physician's patient data could become a medical-legal issue if the patient data is not constantly monitored. Dr. Nassery stated that many physicians over-read HIPAA, and should be more innovative and push back against patient-engagement being stifled by HIPAA

concerns. However, the panel warned that they were not lawyers, and to consult with your healthcare attorney on HIPAA advice to get the most out of technology without pushing legal bounds too far.

The panel concluded that patients have no idea about differences in healthcare costs, and of utmost importance for patient engagement, the healthcare industry must focus on cost transparency. It is difficult to innovate when systems are driven by regulatory compliance and not the patient/provider experience.

Innovative Young Companies in Healthcare Technology

Moderated by Allen Moseley, from venture capital firm Noro-Moseley Partners, several successful CEO/CMOs described what it takes to grow a strong healthcare technology company in the current industry.

The panel explained that development of healthcare devices and associated technology with clear applications in a defined market have a good chance to be successful and attract investment. Focus on the specific problem you are working to solve; do not get off course by trying to tackle everything. And protect your intellectual property early and well.

Close relationships with the healthcare provider community enhance the chances that a new healthcare technology start-up device or technology will achieve success and scale. The panel advised the audience to carefully consider where to locate the business—focus on access to talent and resources. However, early stage healthcare technology and device companies will likely need to look outside of Georgia to obtain investment capital.

Sharing “Actionable Intelligence” and Best Practices on Navigating Healthcare Today

Led by moderator Andrew Flake, a healthcare and technology attorney at Arnall Golden Gregory, LLP, the after-lunch panel focused on using technology to support care coordination and promote patient engagement.

Lucie Ide, CEO of Rimidi Diabetes, said she looks at consumer engagement and behavior in terms of barriers and incentives. Interoperability and efficiency in healthcare technology and EHR systems are key, and to Ide, Fast Healthcare Interoperability Resources, or “FHIR” (pronounced “fire”), the new standard in data format for EHRs, is the next big thing. She is optimistic about the possibility of achieving true interoperability.

Dr. Elizabeth Ofili from Morehouse School of Medicine described a common sentiment among physicians: they feel burdened by too much health IT data, unless there is some kind of EHR self-monitoring (e.g., computer-assisted data analytics and interpretation). Their bandwidth is limited, and they do not want to be involved in any more data entry or administration.

From an employer perspective, Chris Beck from Union Hospital in Ohio described how his organization has used three-years or more of data to start to make informed decisions about engaging his employees. Like Jed Constanz, who has worked with Union, Chris sees the primary care physician as a key fulcrum for keeping the patient connected. Union has used “patient navigators” to great effect, confirming that a human element is still critical for good communication.

Finally, Jed Constantz from Employer Advantage HealthCare Solutions described how to use a primary care network to drive cost savings and increase patient and employee satisfaction. He focused on actionable data, physician alignment, high-risk member targeting, and network re-engineering. Mr. Constanz stated the primary care plan needs to be the living document framing healthcare practice. Self-funded employers, which Constantz described as “liberated healthcare payers,” are at the forefront of the healthcare market evolution.

In general, the panelists found that incentives for patients (the “carrot”) are more effective than penalties or disincentives (the “sticks”). By using data, the primary care physician and employer can have conversations that appeal to participants’ enlightened self-interest. Monitoring technology (like Rimidi’s diabetes tool) are part of that conversation, and the more patients get involved, the more they want to stay involved, i.e., become part of a positive feedback loop. More technology

is not always the answer; in every case, it is important to adapt the technology or components of it—as Dr. Ofili comments, to "rightsize it"—to fit the actual need.

Lastly, we have a distance to go from a technology and data sharing standpoint to achieve the true benefits of population health. Current EHRs still have substantial limitations, in the view of the panel, with real improvement needed in reporting capability, the ability to integrate claims data, and the means of actually accessing and using the stored data. On the other hand, this presents a huge opportunity for companies who can build solutions to sit on top of EHRs, integrating with them and augmenting these gaps in functionality.

Cory Wiegert – New Insights to HealthCare Ecosystem, Driving Value Around the End Consumer

Cory Wiegert, Vice President of Offering Management for IBM's Watson Health, provided the keynote speech to cap the day with themes of harnessing data and taking advantage of the strengths of cognitive systems.

Wiegert started by citing the magnitude of the healthcare industry: the United States spends $2.8 trillion annually, and IBM alone spends $1.2 billion annually, on healthcare. Each individual will generate 1100 terabytes of health data in his or her lifetime. The challenge is that physicians do not want to see this data—it is impossible—but the key is to analyze the data to see trends to provide to physicians.

There is opportunity, Wiegert said, but how do we capture that opportunity? Harness the data. Go where the customer is, applying models from retail to healthcare. And use cognitive systems to absorb health literature, which is otherwise impossible to keep up with.

Wiegert described purposes of technology in the healthcare space as (1) increasing prevention; (2) understanding costs of care; (3) reducing waste; and (4) improving performance in cost, quality, experience and engagement – described as the "quadruple aim."

Finally, Wiegert described where IBM's Watson Health excels and humans often fall short, including, natural language, pattern identification, locating knowledge, machine learning, eliminating bias, and having an endless capacity. These, in combination with human strengths, like imagination, compassion, and abstraction, will drive healthcare technology in the future and allow us to capture the opportunities already provided by health data.

Authors and Contributors

Sherman A. Cohen
Partner, Atlanta Office
404.873.8630
sherman.cohen@agg.com

Stephen M. Dorvee
Partner, Atlanta Office
404.873.8680
stephen.dorvee@agg.com

Andrew B. Flake
Partner, Atlanta Office
404.873.7026
andrew.flake@agg.com

Jay I. Solomon
Partner, Atlanta Office
404.873.8506
jay.solomon@agg.com

Madison M. Pool
Associate, Atlanta Office
404.873.8514
madison.pool@agg.com

Barbara J. Rogers
Associate, Atlanta Office
404.873.8522
barbara.rogers@agg.com

Sean T. Sullivan
Associate, Atlanta Office
404.873.8510
sean.sullivan@agg.com

Jennifer E. Tyler
Associate, Atlanta Office
404.873.8106
jenny.tyler@agg.com

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Atlanta Office
171 17th Street, NW
Suite 2100
Atlanta, GA 30363

Washington, DC Office
1775 Pennsylvania Avenue, NW
Suite 1000
Washington, DC 20006

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