Tomorrow’s health tech must avoid the EHR’s mistakes. Here’s how.

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If tech companies want their digital health tools to gain market adoption, their products must work as intended. And for that to happen, physicians must be involved in their initial design, testing and prototype development.

That’s the message James L. Madara, MD, the AMA’s executive vice president and CEO, took to the HLTH conference in Las Vegas in an effort to make digital health technology an asset and not a burden.

Dr. Madara, AMA digital health experts and leaders of the AMA’s Silicon Valley venture, Health2047, addressed attendees at the conference, which is billed as an “ecosystem event for the health industry” that brings together 6,400 senior leaders from payers, health care organizations, employers, investors, startups, pharma, policymakers and more.

The AMA is serious about taking its message to the digital community. The AMA assembled a similar team to get the attention of health and information technology leaders that gathered for the Health Information Management Systems Society’s?Global Conference and Exhibition held in Orlando, Florida, back in March.

EHRs are a story to avoid repeating

To underscore the AMA’s reason for being at the event in Las Vegas, Dr. Madara began with “the cautionary tale” of electronic health records (EHRs).

EHRs were promised to revolutionize patient care. But instead, their inefficiency, inability to share information and poor functionality increased frustration and burnout.
The AMA is working to make sure this history doesn’t repeat itself by collaborating on innovation with Silicon Valley tech entrepreneurs at H2047, with the Chicago-based health care-startup incubator MATTER, and through the AMA Physician Innovation Network, which has grown to include more than 10,000 users.

Another AMA development is the Clinical Problem Database, which contains the insights of practicing physicians about improvements that are needed to boost clinical efficiency and improve patient care. The database also provides a problem list that entrepreneurs can use to look for problem-solving opportunities.

**Doctors are motivated to innovate**

Data on physicians as both adopters and creators of health care innovation was presented by Andrea Houlihan, an AMA senior research analyst. She noted that, for every physician who contributes to health care innovation, there is another who would like to but doesn’t because of time constraints or other barriers.

Physicians are motivated to improve patient care and are both hopeful that innovations may do so but are also skeptical because they have been exposed to so many inadequate and “half-baked” digital tools.

“Physicians don’t have the time to make partial solutions work,” Houlihan said, adding that doctors assess whether they will use new digital tools based on three factors:

- **Effort**—how seamless will the integration of this innovation be for my practice?
- **Outcome**—what is the value to patients?
- **Finance**—how much will it benefit my practice?

**Path to payment starts with coding**

The AMA has helped advance the adoption of telehealth and other digital tools by convening the Digital Medicine Payment Advisory Group (DMPAG), which has helped clarify payment complexities connected to the use of remote monitoring and other technologies.

Digital tool developers and entrepreneurs are often focused on regulatory approval, but few think of coding and coverage, which are the “pathway to reimbursement for innovation,” said Laurie McGraw, AMA senior vice president of health solutions.
She described how the Current Procedural Terminology®(CPT®) codes are more than just “those billing codes” but are, in fact, “the language of medicine” as they describe the work of physicians—from office visits to genetic testing. They are, she noted, developed by the work of thousands of volunteers.

DMPAG recently identified needed new digital health codes, gathered the evidence for their valuation, and provided the validation for their adoption. This includes several new codes that describe patient-initiated digital communications and codes that will enable patients to take part in their care while at home—including home blood-pressure monitoring.

By DMPAG creating a “pathway to payment,” it’s expected that these services will be more widely adopted, McGraw said.

Seek “rescue moments”

Other key points were made during panel discussions.

This included Karl Ronn, founder of the Health2047 spinout company First Mile Care, encouraging the audience to find health care’s “rescue moments.”

“If you make something slightly better, you ignore the cost of replacing what’s already there,” Ronn said.

He suggested the audience look for situations where doctors are struggling like someone “having a flat tire in the middle of the night in the rain.”

Find that rescue moment, price out a solution, and put it inside an entirely new system, Ronn advised.