The use of digital health tools has exploded during the COVID-19 pandemic, but there remains a need for a base of evidence to aid physician decision-making regarding what technology works best for which patients. NODE.Health is meeting that need.

“We really came about under this recognition that everybody’s working on the same problems, and if we could really bring the ecosystem together to understand what’s working, what’s not, we might be able to help accelerate the rate of change,” said Brian Van Winkle, NODE.Health’s executive director, during a recent episode of “AMA COVID-19 Update” examining digital health innovation in the face of COVID-19.

More than 75% of respondents to a recent Telehealth Impact Physician Survey said that, during the pandemic, the technology has enabled them to provide quality COVID-19-related care, acute care, chronic disease management, hospital or emergency department follow-up, care coordination, preventative care, and mental or behavioral health.

The AMA has been providing physicians with COVID-19 telehealth guidance as well as answering physicians’ four main questions regarding digital health tools:

- Does it work?
- Will I receive proper payment?
- Will I be liable and what are the risks?
- Will it work in my practice or workflow?

Similarly, NODE.Health, which stands for the “Network of Digital Evidence in Health,” is a non-profit organization focused on research and education. Its mission is to create, gather and share evidence and best practices and digital health, Van Winkle said.

“We focus on practical, pragmatic information that matters to clinicians,” he added. “We really want to
bring practical, real time information to our members—or anybody really that’s part of NODE.Health, as we are a part of the larger ecosystem.”

NODE.Health also recently participated in an online discussion, “Lessons and Opportunities from 2020,” with the AMA Physician Innovation Network, an online community that helps connect health tech companies, entrepreneurs and physicians. Through the PIN platform, the voice, experience and needs of physicians can be heard and incorporated into new products as they are designed and developed.

Other recent NODE.Health events, include hosting its fourth annual digital medicine conference that included offering a digital medicine certificate course on digital medicine fundamentals that was worth 12.25 AMA PRA Category 1 credit™. Plans call for offering it on demand online later this month.

“We’re excited about the work that we’re doing with the AMA,” Van Winkle said, noting that this involves developing best practices on telehealth adoption and integrating digital health technology into practice workflows.

Transformation gives innovation purpose

Integrating the technology has to be more than just change for the sake of change, explained “AMA COVID-19 Update” panelist Sameer Badlani, MD, a NODE.Health executive board member and chief information officer for M Health Fairview, a partnership between the University of Minnesota, University of Minnesota Physicians and Fairview Health Services.

“Innovation without transformation is a very expensive scientific hobby,” Dr. Badlani said. “Any innovation we invest time in, we have to do the last-mile effort in seeing whether it transforms our business or transforms the experience that our consumers face every day.”

Another aspect of NODE.Health’s work is examining digital medicine’s role in addressing health disparities and “the pandemic of racism and inequity in health care.”

“We are hoping digital medicine becomes a way to tackle racism and not just a way to perpetuate the inequities in outcomes and access to health care that have existed for so long across the globe,” Dr. Badlani said.

This topic is not new to NODE.Health. Van Winkle cowrote a 2017 article on “Why Aren’t Our Solutions Working for Everyone?” that appeared in the AMA Journal of Ethics.
For many practices, the financial incentive to explore new technologies is to differentiate themselves from competitors—with a focus on attracting commercially insured patients, Van Winkle and colleagues wrote.

“These issues pose ethical questions for health professionals,” the article says. “What obligation does the profession have to create an entrepreneurial environment for solutions to be designed for patients who actually need them?”

**Progress must continue**

In the beginning of the COVID-19 public health emergency (PHE), the Centers for Medicare & Medicaid Services (CMS) acted quickly to expand patient access to telehealth in their homes. It added numerous services to the list of those Medicare covers when provided via telehealth and increased payment for telehealth services to be the same as in-person services.

The AMA recommended that these changes be made permanent. But, in the 2021 Medicare physician payment schedule, CMS said this was beyond its authority, and only extended the changes for the duration of the PHE.

“The expanded coverage and policy changes around telehealth also supported the surge in use, which we further found as key to adoption and sustainable use of digital medicine,” wrote Stacy L. Lloyd, MPH, the AMA’s director of digital health and operations, in the online PIN discussion.

“Many physicians and patients want telehealth to stick around, and I think that speaks to the impact digital health and virtual care can have on the industry,” she added.

This point was echoed by Jay Erickson, a member of the NODE.Health executive board and chief innovation officer for Modus, a digital strategy and design agency. He wrote that there is a duty to those who died from COVID-19 to make sure digital health advancements made during the pandemic continue onward.

“I want to call this ‘coronacceleration,’ but I also resist a cute name [for something] that has taken so many and caused deep emotional and economic pain,” wrote Erickson. “The price has been too high, but our responsibility now becomes—using our new-found collaborations, urgency and speed—to make the most out of this transformational moment so we may honor those who sacrificed everything.”