The Convergence of a New Presidential Administration & Emerging Technologies in Healthcare: What the Industry Can Expect

In a HIMSS17 luncheon sponsored by Elsevier, Beth Israel Deaconess Medical Center CIO John Halamka, MD, offered his insights into the future of health information technology – looking specifically at how the new Presidential administration, emerging innovations and clinical decision support could have an impact on providers and patients.
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CIO
Beth Israel Deaconess Medical Center

Talking just a few weeks after Donald Trump’s inauguration as the 45th President of the United States, Halamka opened the luncheon by offering his perspective on what the new administration and the 115th United States Congressional Congress could mean for healthcare moving forward.

As such, the prolific industry leader – who writes the popular blog Life as a Healthcare CIO – immediately zeroed in on the fate of the Patient Protection and Affordable Care Act (ACA). While talk of the landmark legislation being repealed and replaced ran rampant during the presidential campaign and the early days of the new administration, Halamka predicted that the overhaul might not be as dramatic as the rhetoric had indicated. “What we’re hearing out of Washington is let’s refine the models based on experience, not rip and replace,” Halamka said.

Some elements of the ACA, in fact, had earned widespread support. For example, the ACA’s provisions for pre-existing conditions and for allowing children to remain on parents’ insurance policies through the age of 26 seemed to be commonly accepted as valuable components of the legislation. And, perhaps most important, Halamka pointed out that the move to value-based care models would likely continue, regardless of what ultimately happened to the ACA. “Fee-for-service medicine, which we still have a lot of in the United States, by definition, has to wither,” he said. “We can no longer spend 17 to 18 percent of our gross domestic product on healthcare and fund quantity over quality. So, the ability to understand what care you’re delivering and measure the outcomes will continue to be really important.”

Other elements of the ACA, however, appeared to be on less solid ground. “Some of these health insurance exchanges that didn’t work so well may wither. And, that’s OK, because although they were an interesting idea, they didn’t really work,” Halamka said. “The assumption was that all the young, healthy people would sign up and pay, and save all of those sick folks who have to spend money from financial harm. Didn’t happen. Sick people signed up. Young people didn’t. So, maybe we need a different model.”

The fact that the Republican’s rip and replace strategy did not work – as their legislation was pulled before going to a vote on March 24th – did not surprise Halamka. Offering comments post-HIMSS, he reiterated what he touched upon during the conference: “Regulations are built like the city of Troy – layer upon layer. You cannot just erase a city; you have to modify it incrementally over time,” he said. As such, he expects the following changes are apt to be incrementally introduced:

- Insurance companies will be allowed to sell products across state lines.
- Health insurance exchanges will be replaced by private-sector alternatives.
- States will be given more flexibility so that Medicaid dollars can be tailored to local needs.
“Instead of focusing on our position, lawmakers need to focus on our trajectory – our destination and the journey over years to get us there,” he said.

In addition to expecting incremental legislative tweaks, Halamka pointed to the fact that the tenor of governmental oversight might change under the new administration. He specifically predicted that there might be a “reduced burden to bring products to market” as the emphasis could move from complying with Meaningful Use, ICD-10 and the HIPAA Omnibus Rule to zeroing in on the innovations that clinicians really want and need.

More specifically, Halamka said that he expects technology developers will not be subject to regulation when “producing an app, or a knowledgebase, or a service that is about wellness or administrative reminders. Take your pills. Exercise more. No regulation,” he said. However, if a product developer is producing “an app that takes a picture of you and tells you what your diagnosis or treatment should be, that would be regulated,” according to Halamka.

Welcoming more technology

These expected regulatory shifts could prove advantageous as the medical community more fully embraces technology. “We are at that stage where we’re digital. We’re starting to exchange data. We’re getting control of vocabularies, and it’s really important that our clinicians are thinking about the practice of medicine differently than before,” Halamka said.

For example, as the healthcare industry gets “into more data sharing between doctors and patients, the ideas of shared decision-making” as well as clinical decision support are apt to become integral to the patient care experience. In fact, Halamka indicated that the industry already is moving toward increased clinical decision support. For instance, he expects FHIR – Fast Healthcare Interoperability Resources – to “include the opportunity for decision support systems in the cloud to seamlessly interact with electronic health records without a lot of cost or plumbing. So, that means you could be in the middle of Epic, Cerner, Meditech or whatever [EHR] and say I actually want to find out what the right cancer treatment is for a patient like this, and a pleasing result will appear in your electronic health record offered by a third party.”

Of course, as providers seek to leverage clinical decision support, the need for data becomes exponentially important. As a result, providers should concentrate on collecting as much patient data as possible, according to Peter Edelstein, MD, chief medical officer at Elsevier, “You’ll be surprised by what you’ll need next year. The worst thing is to go into a large health system where the only thing they didn’t collect is family history of endometrial cancer because Lynch syndrome is a pretty big thing. It would be nice to have that information to know who to screen,” he said.

Laying this foundation is becoming increasingly important, as clinical decision support is poised to emerge as a top priority in 2017. “We hope there’s this ecosystem of developers and innovators that [go beyond] the transactional electronic health records because the [traditional vendors are not] going to be able to drive innovation at the pace we need,” Halamka said. “Quality and outcomes will be how we are paid. So, figuring out how to deliver the right care or the right medicine to the right patient at the right time is increasingly important.”
To move in this direction, though, the industry needs to go beyond what’s currently available. “Every one of you has at least one patient portal, if not five. And, you can go look up your serum sodium right now. And, that’s good,” Halamka said. “I would argue that although we have made data – sometimes even clinical notes – available to patients, we have not made many of our portals or apps truly actionable.”

The goal, however, is to leverage technology to help patients engage with their providers to not just assess but manage their health. Halamka pointed to a personal experience his wife had that illustrates just how powerful such engagement can be. His wife exhibited classic thyroid symptoms – her heart rate was around 120 for weeks and she experienced unexpected weight loss, brittle hair and thinning eyebrows. Halamka advised her to use the secure messaging app that was developed for patients to message her primary care doctor about her symptoms.

“The primary care doc and she, interacting with secure messaging, decided on doing lab tests. The physician ordered the lab test at a nearby lab, not 40 miles away or at the academic medical center with the expensive parking, but right near our home,” Halamka explained. “She goes and gets the lab done. Because there’s some decision support there, within an hour, the results are on her phone indicating that she has hyperthyroid disease. She then uses the secure messaging again and gets a referral to an endocrinologist. Sees the endocrinologist the next day and is diagnosed with Grave’s disease. The endocrinologist puts her on a medication he prescribed to the pharmacy 25 feet from our farm.”

The scenario illustrates how the innovative use of technology – a smart phone, secure messaging and clinical decision support – transformed what previously might have been a long, drawn out and frustrating health care experience to a much more effective and satisfying one. “So instead of just looking at a serum sodium of 139, this was an end-to-end, phone-based interaction across primary care provider, specialist, lab and pharmacy that resulted in treatment with little cost or effort. High quality, great outcome, high value. That’s the kind of thing we hope we’re going to get to,” Halamka said.

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