HIT·IQ Health IT Investor Quarterly

Illustrated intelligence for investors, bankers and entrepreneurs

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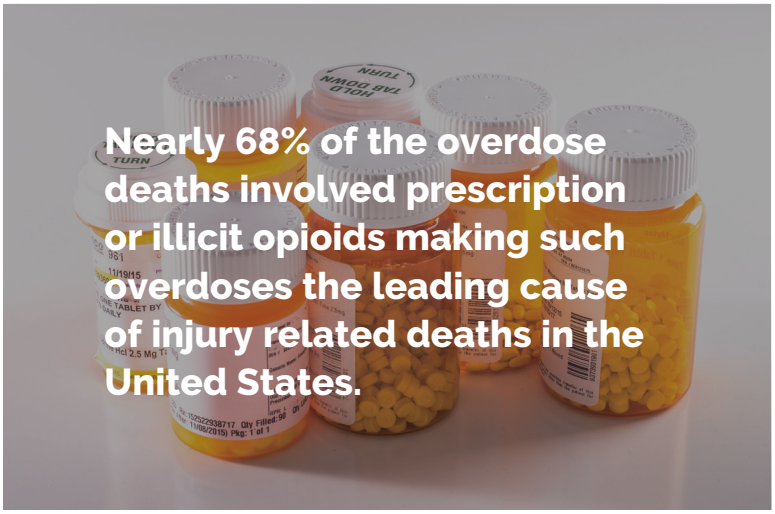
Howard Burde Health Law

HIMSS Analytics

A CRISIS IN OUR MIDST

By Howard Burde

According to the CDC, more than 702,000 people died from drug overdoses between 1999 and 2017. Nearly 68% of the overdose deaths involved prescription or illicit opioids making such overdoses the leading cause of injury related deaths in the United States.



Several states, localities and the federal government have sued the opioid manufacturers for the misleading promotion of opioids as safe and under-prescribed in the late 1990s and early 2000s. Settlements and the recent judgment in Oklahoma under a novel public nuisance theory as well as Attorneys General seeking large settlements by personalizing the litigation by suing corporate shareholders (thereby undercutting the basis of limited corporate shareholder liability upon which the modern corporation is based) increases the potential for large settlements to be used for remediation. It is the tobacco playbook from the late 1990s.

While the litigation has yielded and will yield additional significant capital for political entities to apply to treatment and prevention, the market so far offers more for prevention and tracking than for remediation. And millions of addicts remain untreated.

How does this impact health information technology investment?

Well, there are over 14,500 drug treatment centers in the United States and limited understanding of what treatment regimens work. To be fair, treatment needs to be patient specific, patient centered to use the hackneyed vernacular, because addicts respond differently to treatment. Prescription and illicit opioids interact with individual brain chemistry differently. The medical and social interventions need to be individual as well.

The opportunity it would seem is in the creation of platforms that enable addicts to connect with their providers and support groups, to track and reward sobriety and to connect to treatment on an emergency basis 24/7. Alcoholics Anonymous has listed several apps which rely on the 12-step method, but that method is only successful for those committed to sobriety, and often not the first time through the program.

The problem with apps, of course, is they are user dependent. The user has to download and access. With addicts, that desire may not always, in some cases ever, prevail. Perhaps the next generation of addiction apps should include some sort of wearable blood chemistry monitor that triggers alarms if removed or if opioids are detected. Another approach might be tracking apps voluntarily downloaded on addicts' phones as a condition of treatment, with alarms sent when they are near known drug market neighborhoods. Such apps would at least allow the potential for intervention.

The federal, state and local governments will soon have extraordinary resources to try to deal with this crisis. The question for the health IT industry is whether it can provide effective tools to remediate opioid addition. For example, the California Mental Health Services Authority (CalMHSA) has launched a pilot, the Help@Hand Project (www.helpathandca.net) soliciting development or application of technology-based mental health solutions for the public mental health system. Help@Hand anticipates a suite of digital solutions to address the problem of underserved and poorly served behavioral health problems across a variety of digital platforms. The market is there. Will health IT follow?

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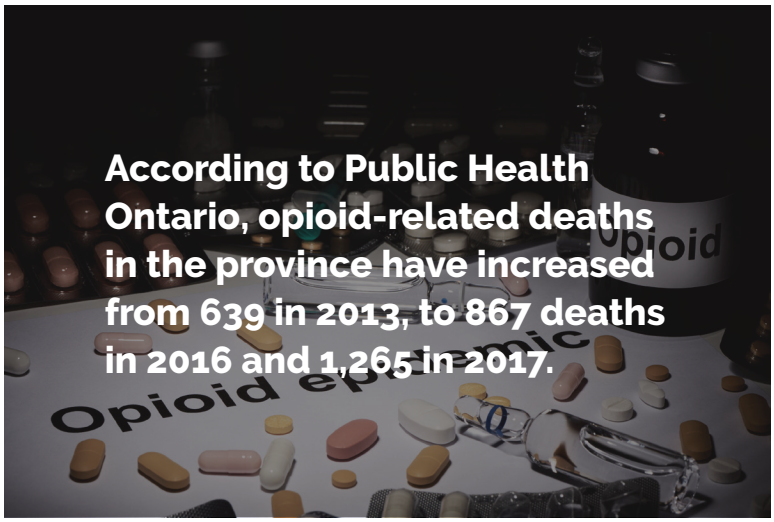
IMPROVING PATIENT OUTCOMES THROUGH EVIDENCE-BASED TREATMENT PLANS: HOW CAMH ADDRESSED OPIOID WITHDRAWAL

By Blain Newton

Like the United States, Canada is facing a national opioid crisis. In recent years, there has been an alarming increase in the number of overdoses and deaths caused by opioids. According to Public Health Ontario, opioid-related deaths in the province have increased from 639 in 2013, to 867 deaths in 2016 and 1,265 in 2017.



Increasingly, we are seeing that traditional care models are not the most effective treatment method. At HIMSS Analytics, we recognize the value of a patient-centric, outcomes-based care paradigm that addresses an individual's unique circumstance and puts their health and wellness at the center of care. We see this as the future of healthcare, and the Centre for Addiction and Mental Health (CAMH), in Toronto, is at the forefront.

CAMH is Canada's largest mental health and addiction teaching hospital, and one of the world's leading research centers in the area of mental health and addiction. CAMH seeks to transform the lives of people with mental health and addiction problems. The staff at CAMH works diligently with primary care providers, home support services, community agencies and other healthcare providers to make sure that patients and their families can receive assistance in their own communities and homes.

The Emergency Department (ED) at CAMH routinely treats patients with opioid use disorders. To help this patient population, CAMH created a pathway to treat opioid withdrawal with opioid agonist therapy. CAMH is closely looking at personalized treatments and how mental illness affects individuals, as well as populations. Their patient-centric approach helps provide personalized prevention, diagnosis and care.

Patients receive evidence-based treatment for opioid withdrawal in the ED instead of waiting to be transferred to an inpatient unit. These patients are now given Buprenorphine, an alternativen treatment – safer than existing protocol – for opioid withdrawal. Buprenorphine is a good choice for managing opioid withdrawal because it has a "ceiling effect" and minimal risk for overdose.

To encourage increased use of Buprenorphine, ED staff and new residents receive education and capacity building training according

to best practice for patients in opioid withdrawal. With more effective withdrawal treatment, CAMH has seen a reduction in readmission rates, fewer ED repeat visits and lower admission to the hospital for opioid withdrawal — this despite an increase in the number of patients seen.

CAMH has placed a priority on using technology and data to improve patient care for this specific population. As a HIMSS Analytics EMRAM Stage 7 health system and recipient of the HIMSS Enterprise Davies Award, CAMH is leading the way in addressing the unique needs of mental health and addiction.

This is just one example of innovative best practice, but it is significant. CAMH is addressing public health issues head-on through the use of evidenced -based, patient -centric care delivery models. We hope to be able to share new stories like this in other areas as we all work together to continue changing the dialogue around care . Health care models are not "one-size-fits-all" anymore.

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HIT·IQ | THE LAST WORD

Featuring profiles of entrepreneurs and leading innovators

Garry Carneal

HIT-IQ is pleased to feature profiles of thought-leading entrepreneurs. I had the opportunity to sit down with serial entrepreneur **Garry Carneal** to discuss market opportunities in telemedicine and diagnostic imaging.

When thinking about factors that move a market forward, accreditation standards are not usually at the top of the list. These are typically thought of as (let's be honest - boring) details that happen later driven by staff well after the development and launch of new technologies or service lines.

Garry Carneal, JD, MA is a nationally known accreditation expert having brought 25 accreditation programs to market since 1996. He believes the development and adoption of state-of-the-art accreditation standards, and related technologies can be leveraged to move markets, making them stronger, creating more opportunity and providing a mechanism for continuous excellence. Most recently as the President and CEO of Schooner Strategies, his firm founded ClearHealth Quality Institute™ (CHQI) and RadSite™, which have brought to market several leading technology-related accreditation programs.

Garry, why do accreditation standards and similar quality-benchmarking initiatives matter, and how can they help to make, strengthen, and grow markets?

In today's dynamic healthcare environment, it is vital to find ways to continuously improve how health plans, providers, and others meet quality-based standards and performance benchmarks. This is particularly true with the expanding number of value-based healthcare purchasing initiatives in the marketplace today.
Quite often innovative technologies get out ahead of regulation. As a result, accreditation standards and similar initiatives can help fill regulatory gaps, in part by allowing early entrants to move quickly by leveraging a quality framework in the hopes of securing early-entrant market share. A primary goal of accreditation assessments is to make sure that highly performing organizations are rewarded and organizations that don't meet the standards have the opportunity to improve. Clearly, the balancing act between driving innovation and growth while also promoting quality-based care and patient safety is a challenge. This balancing act is especially intense in the health IT arena.

Let's start with telemedicine. Even though telemedicine services have been in use for some time, this growing slice of healthcare is not always fully understood or effectively regulated in part due to the complexity of those operations. This has led to a wide range of telehealth programs, some very good and others lacking.

In just the U.S. alone, there are now hundreds of companies who purport to be in the telemedicine space. Within the telehealth eco-system, many different types of telemedicine programs exist supporting consumer-to-provider (aka C2P) transactions (such as nurse and physician triage services), provider-to-consumer (aka P2C) transactions (such as case

management and tele-stroke prevention counseling, and provider-to-provider (aka P2P) transactions (such as tele-radiology or specialty consults).

Interesting, many of these services fall in the cracks of existing regulations such as how to govern interstate physician consults, online drug prescriptions and virtual care offerings.

Several accreditation agencies have developed and launched standards in recent years to help fill in some of these gaps for telehealth. The newest and now most successful entrant in the accreditation field is ClearHealth Quality Institute™ (CHQI). CHQI is an independent health care accrediting body, which was formed in 2017 to promote quality-based care for emerging solutions in the healthcare marketplace.

CHQI got its start by acquiring the American Telemedicine Association's telemedicine accreditation program; and through a strategic alliance, updated and enhanced the telemedicine Standards along with expanding the scope. Today CHQI has accredited or has in process over 20 telemedicine programs and is launching new modules implementing the National Quality Forum (NQF's) Telehealth Outcomes Framework and drafting Remote Patient Monitoring (RPM) Standards – among other activities. CHQI through its various standards development committees and workgroups is now creating new national standards for telemedicine which benefits all stakeholders.

What is an example of a telehealth service line that is making a difference and what are some of the barriers to covering these services through health insurance arrangements?

Patients benefit from the ability to access telehealth care for a wide range of conditions, but I'll focus on one: mental health. In recent years, a number of public policy initiatives have pointed to soaring suicide and overdose rates, among other mental health challenges.

The Affordable Care Act expanded coverage of mental health and substance use disorder (MH/SUD) benefits for most health insurance policies in the U.S., along with the Federal Parity Law. However, while these new laws are requiring that MH/SUD services be offered at the same levels as medical/surgical coverage, mental health providers are not available in many geographic locations. Another problem is psychiatrists, counselors and other providers sometimes are not adequately reimbursed by health plans and therefore choose to stay out-of-network. As a result of this and other factors, the availability of MH/SUD services are nowhere close to meeting current population health needs. Tele-mental health has tried to bridge some of these gaps.

Although tele-mental health programs are growing rapidly, many payers remain skeptical regarding the effectiveness and quality of those services. This is where accreditation can help. The market is already weeding out those startups that fail to put basic infrastructure in place and do not follow a quality approach.

As professionals that create and fund new businesses, we have a responsibility to ensure that new technologies and expanded access are as safe and effective as possible. We believe the work we are doing at CHQI will play an important part to promote access to safe, high quality, and competent health care regardless of the telemedicine model or modality being deployed, or the type of clinical services being provided.

We've spent most of our time talking about the telemedicine market, tell us about your work and investments in diagnostic imaging.

Just as the market is seeing growth in telemedicine, we see significant growth and innovation in diagnostic imaging which also benefits from a quality approach established through accreditation standards. The global medical diagnostic imaging market is projected to reach over 30 billion USD by 2024. And yet, despite reaching a certain level of adoption and maturity, it's still the wild, wild, west out there, much more than people would imagine.

In response, we started RadSite, another accreditation agency, to promote the highest imaging quality, improve patient safety outcomes, and reduce diagnostic imaging costs. We do this by offering a comprehensive accreditation program which evaluates providers against established industry standards and best practices. We help customers understand the intent behind the standards and how to implement quality workflows.

The Medicare Improvements for Patient and Providers Act established a federal requirement that imaging providers must be accredited to be reimbursed for Medicare beneficiaries for advanced diagnostic imaging (e.g., CT, MRI, nuclear medicine). Most payers have a similar requirement. RadSite is recognized by the federal government and private payers in terms of meeting this purchasing requirement.

Just as in telemedicine, there is tremendous opportunity in diagnostic imaging, but the growth in either market benefits no one if these products and services are offered with anything less than the highest attention to quality and exceptional patient outcomes. When one looks at the history of U.S. -based accreditation programs, we realize there is rich tradition of promoting transparency and accountability through accreditation assessments that often works along side or supplements traditional regulatory oversight.

Among other stakeholders, bankers and investors should pay attention to these programs and support the evolution of quality-benchmarking from simple "process and structure" measures to true "outcomes" measures that leverage machine learning as part of the assessment process. I predict some exciting developments in the accreditation field in the not-so-distant future.

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