

ConnectedHealthInitiative

May 24, 2022

Karin Rhodes, M.D., Chief Implementation Officer
Agency for Healthcare Research and Quality, Health and Human Services
5600 Fishers Lane
Rockville, Maryland 20852

RE: The Connected Health Initiative's Comments in Response to AHRQ's Request for Information on Proposed Patient-Centered Outcomes Research Trust Fund Strategic Framework

Dear Dr. Rhodes:

The Connected Health Initiative (CHI) appreciates the opportunity to respond to the Agency for Healthcare Research and Quality's (AHRQ) request for information on the implementation of a patient-centered outcomes research (PCOR) strategic framework.¹

CHI is the leading multistakeholder policy and legal advocacy effort driven by a consensus of stakeholders from across the connected health ecosystem. CHI aims to realize an environment in which Americans can see improvements in their health through policies that allow for connected health technologies to advance health outcomes and reduce costs. CHI members develop and use connected health technologies across a wide range of use cases. We advocate before Congress, various U.S. federal agencies, and state legislatures, seeking to promote responsible pro-digital health policy and legal changes in areas including reimbursement/payment, privacy/security, effectiveness/quality assurance, health data interoperability, and health equity in care delivery.

CHI shares AHRQ's goal of improving health outcomes by promoting high-value, safe, evidenced-based, integrated, and team-based patient-centered care, with a focus on underserved populations. This is a priority that we emphasize across key healthcare policy threads (e.g., reimbursement in Medicare and Medicaid, healthcare data interoperability, broadband deployment and access, etc.). Notably, CHI co-founded the Health Equity Access Leadership (HEAL) Coalition, a multi-sector initiative to create recommendations on the greater use of technology to mitigate health disparities, which has produced a landmark report that provides recommendations to Congress and various federal agencies, addressing the ways that digital health tools can and should

¹ <https://www.govinfo.gov/content/pkg/FR-2022-02-18/pdf/2022-03551.pdf>

be leveraged to reduce disparities in the American healthcare system. For more information, see www.connectedhi.com.

CHI strongly encourages the exploration of ways to promote PCOR in informing any potential regulatory action. Today, an even greater light now shines on the inequities and disparities across American society, and in healthcare. Supported by the Center for Medicare & Medicaid Services' (CMS) expanded support and a range of waivers and exemptions under the ongoing public health emergency (PHE), reliance on digital health tools increased many underserved populations' access to chronic illness prevention, diagnosis, and treatment while also providing routine care to Americans while safely observing public health protocols. It is important to leverage every opportunity for permanent policy changes that will incent the responsible deployment and use of innovative digital health technologies to eliminate inequities and benefit every American patient. For this reason, CHI strongly supports AHRQ's inclusion of "leverage and support innovation in digital health, clinical decision support, and new models of care" in its proposed "Cross-cutting Strategies for Achieving Desired Outcomes,"² which appropriately reflects that digital health tools and services contribute to greater efficiencies, improved outcomes, an improved caregiver experience, and lower costs across a wide range of use cases.

AHRQ's consideration of the ways that telehealth can address U.S. healthcare crises (which, due to statutory definitions for the Medicare system, is defined as care "remotely delivered and synchronous medical services (e.g., telephone, video visit) between a patient and a healthcare provider in an ambulatory setting (e.g., outpatient and community-based clinics) or emergency department (ED)"), is critical to achieving its goal of reaching underserved communities. Further, it is essential to AHRQ's framing of telehealth that it be viewed as more than an optional additive measure and a means of replacing some aspects of care that would otherwise take place in person.

Furthermore, as AHRQ is a trusted and valuable resource for legislative and agency policymakers, we strongly encourage AHRQ's PCOR Trust Fund investments strategy to expressly prioritize ways to responsibly deploy digital health tools to advance value-based care in the United States. Unfortunately, the healthcare ecosystem's implementation of value-based care models to date, including in the context of Medicare, remain far from realized. Further, the COVID-19 pandemic has only made the need for an improved approach to advancing value-based care more urgent. To explore this need, CHI created its Value-Based Care Task Force, populated by experts from throughout the healthcare continuum who have a shared priority for realizing a truly value-based healthcare system in America. The CHI Value-Based Care Task Force has developed a report³ identifying key challenges to the responsible use of digital health technologies in advancing value-based care and corresponding recommendations to

² 87 Fed. Reg. 9361.

³ <https://connectedhi.com/wp-content/uploads/2022/02/LeveragingDigitalHealth.pdf>.

policymakers on how to overcome them. These recommendations include calls to action for both HHS and Congress, as well as other federal agencies, to support the use of digital health tools in advancing value-based care.

CHI supports AHRQ collecting patient-centered evidence and experiences utilizing telehealth when implementing this framework that supports a transition to value-based care. We fully agree that AHRQ's framing—*how* to provide telehealth services rather than *whether* to do it for circumstances with sufficient evidence of telehealth effectiveness—is appropriate. CHI members reside across the healthcare value chain and are separately providing detailed input with respect to the costs of implementation and return on investment for telehealth to the provider/healthcare system. CHI supports their experiences and data being used by AHRQ to inform its approach and framework.

AHRQ appropriately asks for insights into policy considerations, exploring the uptake of new models of primary care by leveraging digital healthcare. A wide range of patients have turned to digital health platforms, tools, and services to consult with caregivers in greater numbers as clinicians treating their patients at home seek to avoid calling them into an office or hospital where they could risk exposing themselves or others to COVID-19. As we navigate a new normal, telehealth usage continues to increase dramatically, demonstrating immense value, as noted in AHRQ's request for input. And while the utilization of live voice/video telehealth (a definition in the Medicare system) is key to handling the ongoing public health emergency, heightened utilization of a range of both synchronous and asynchronous modalities will be a critical factor in realizing greater value for Medicare indefinitely.

Finally, we encourage AHRQ to view telehealth interventions as successful when viewed through the lens of the “quadruple aim” framework.⁴ Built on the Institute for Healthcare Improvement's “triple aim,”⁵ a widely accepted compass to optimize health system performance, the quadruple aim focuses on four key areas where health systems need to be improved and acknowledges concerns of key stakeholders. The four areas are:

1. Enhancing population health;
2. Improving patient experience, satisfaction, and health outcomes;
3. Better clinician and healthcare team experience and satisfaction; and
4. Lowered overall costs of healthcare.

CHI urges AHRQ to align its proposed framework with the quadruple aim, particularly when exploring the deployment of new and emerging technologies and modalities in

⁴ Thomas Bodenheimer, MD and Christine Sinsky, MD From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider, *Ann Fam Med* November/December 2014 vol. 12 no. 6 573-576.

⁵ <http://www.ihl.org/engage/initiatives/tripleaim/pages/default.aspx>.

care delivery, which will help appropriately categorize the level of success for an intervention.

We appreciate the opportunity to provide input to AHRQ on the implementation of a patient-centered outcomes research (PCOR) Trust Fund strategic framework. CHI supports AHRQ's continued work to responsibly improve the quality, safety, equity, and value of healthcare delivery through education, tools, and data needed to improve the health care system and help Americans, health care professionals, and policymakers make informed health decisions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Brian Scarpelli', with a stylized flourish at the end.

Brian Scarpelli
Senior Global Policy Counsel

Leanna Wade
Policy Associate

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