DIGITAL HEALTH AND COVID-19: ROADMAP FOR SUCCESSFUL IMPLEMENTATION

AS THE HEALTHCARE SYSTEM GRAPPLES WITH A VAST ARRAY OF CHALLENGES BROUGHT ON BY THE CORONAVIRUS PANDEMIC, DIGITAL HEALTH PRODUCTS AND SERVICES ARE SWIFTLY EMERGING AS POTENTIAL SOLUTIONS.

To implement these solutions quickly and effectively, healthcare providers and health plans need a functional digital health governance framework in place to assess technologies, navigate the rapidly evolving regulatory environment governing those technologies, consider how best to communicate with patients and plan members about the use of technologies and balance immediate need with long-term planning implementation. Likewise, digital health companies need to understand and respond to their customers' approaches to these considerations.
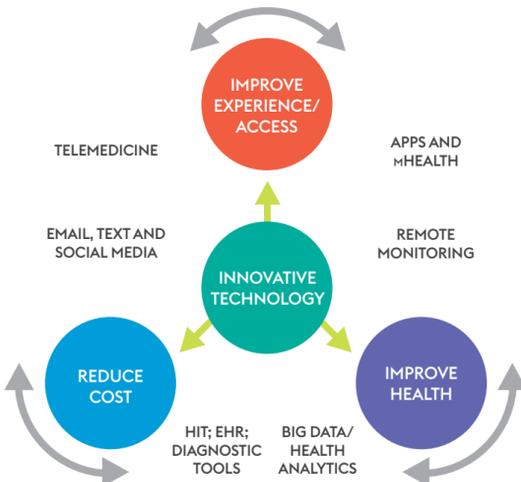
Our digital health team shares an overview of how to implement digital health technologies during the global pandemic while instituting sound digital health governance that will serve your organization now and into the future.

COVID-19 could spur a paradigm shift in how patients receive treatment, moving from traditional in-office treatment to eVisits, telehealth and remote monitoring.

While the short-term focus during the COVID-19 health crisis in on improving access and experience, innovative technology offers the longer-term strategic ability to reduce cost and improve health.

Key to success is finding the right balance between the investment of time and money needed and the scalability of the solution.

Using a governance-based approach to align digital health strategy with data policy infrastructure reduces friction in implementation and operation and it ensures the solution can still be leveraged after the emergency. It also takes into account the importance of privacy and security, as well as considering the accuracy and integrity of data while leveraging it for the future.

INNOVATIVE TECHNOLOGY

IMPROVE EXPERIENCE/ACCESS — TELEMEDICINE — APPS AND mHEALTH — REMOTE MONITORING — IMPROVE HEALTH — BIG DATA/ HEALTH ANALYTICS — HIT; EHR; DIAGNOSTIC TOOLS — REDUCE COST — EMAIL, TEXT AND SOCIAL MEDIA

KEY CONSIDERATIONS

FOR DIGITAL HEALTH COMPANIES:

In the current environment, solutions are being chosen for rapid adoption. Consider what flexibility will be offered in the contracting process and watch for these key terms:

- Data rights
- Term and termination
- Security
- Performance commitments
- End user terms
- Pricing
- Indemnification
- Limitation of liability
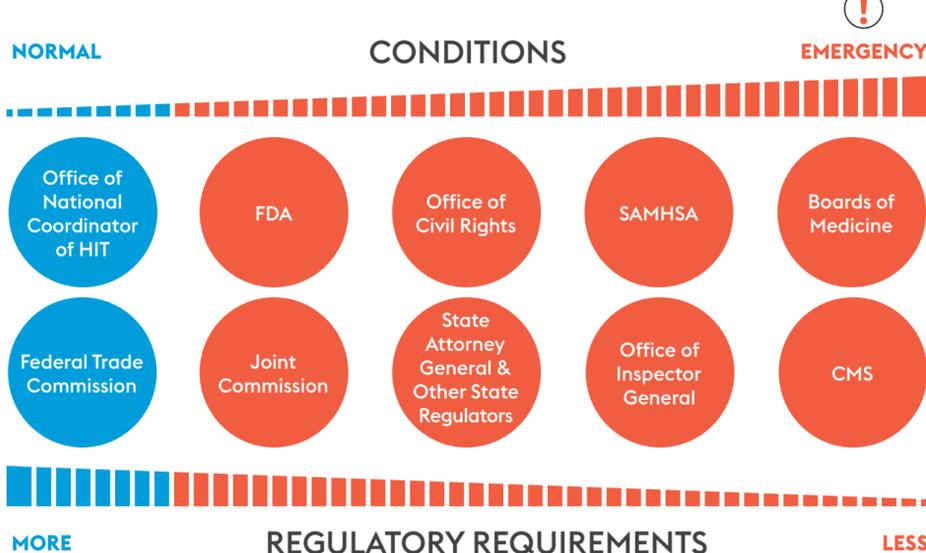- Insurance

FOR PROVIDERS AND PLANS:

In order to more smoothly onboard physicians and ensure they are comfortable with using the new technology, consider these questions: Who are the applicable stakeholders? Does the organization have a strategic data and technology plan? What are the considerations between short-term planning vs. long-term roll out? What experience does the clinical and administrative staff have with digital technologies? What data is collected from patients, maintained by vendors and transferrable to provider EHR?

FOR PATIENTS:

Similar to onboarding physicians and staff, patients will also need to be educated and familiarized with new technology. When developing digital tools, it's important to consider the patient journey: How are patients on-boarded? How are they trained to use and understand the technology? What happens if the technology is interrupted? What support will be provided to patients? Who will contact patients, will it be caregivers, monitors or someone else? How does the technology address potential generational issues?

REGULATORY REQUIREMENTS EASED DURING EMERGENCY

Many regulatory agencies regulate healthcare organization privacy and security practices and security breach response. Those organizations in red below have declared temporary relief from certain requirements during the emergency.

NORMAL CONDITIONS EMERGENCY

Office of National Coordinator of HIT • FDA • Office of Civil Rights • SAMHSA • Boards of Medicine • Federal Trade Commission • Joint Commission • State Attorney General & Other State Regulators • Office of Inspector General • CMS

MORE — REGULATORY REQUIREMENTS — LESS

DIGITAL HEALTH OPPORTUNITIES

E-VISITS
Patient-initiated communications with their doctors that don't involve going into the office. Often facilitated by the use of online patient portals, e-visits are available in all types of locations, including the patient's home, and are not limited to rural areas.

VIRTUAL CHECK-INS
Brief communication with practitioners via one of several potential modes of communication, including by phone or other exchange of information, video or image. Available in all areas and initiated by an established patient, the communication is not related to a medical visit within the previous 7 days or lead to one within the next 24 hours. Patients must also provide verbal consent.

BIG DATA
A longitudinal capture, organization and mining of data assets, it utilizes data to address complex quality improvement, research and business questions. Big Data also encompasses the strategic choices that see data as an asset to be acquired, diversified, leveraged and invested. It can assist with population health management strategies, evaluate cost drivers and be a critical resource in the development of personalized performance advances.

Acquisitions and adoptions made during COVID-19 should be assessed for long-term utility and balance between quick responsiveness and long-term strategy. There are currently no relaxation of standards related to future use of data.

mHEALTH
Wearables, mobile medical apps and more fall into the category of mHealth, which is technology that captures health-related information on the move. These consumer-focused tools can range from fitness and wellness-focused items to sophisticated chronic disease technologies, all of which empower patients and provide an alternative delivery point.

If the technology is subject to FDA oversight, it may also fall under the COVID-19-related FDA enforcement discretion and clinical trial flexibility guidance. If the product is offered by HIPAA-regulations, consider the OCR enforcement discretion.

TELEHEALTH AND REMOTE PATIENT CARE
In broadest terms, delivery of appropriate care without an in-person appointment with a patient, however there are multiple regulatory definitions. The state-based regulation of providers is varied and, in this rapidly developing industry, there are multiple business strategies. During the COVID-19 emergency, the potential exists for blurring telehealth and other remote services under Medicare. The DEA announced that the COVID-19 public health emergency qualifies as an exception and practitioners may issue prescriptions for controlled substances under certain conditions.

AI AND COMPUTER LEARNING
As advanced computing that learns over time through the on-going input of data and discernment of patterns, computer learning is used to enhance and accelerate decision- making. Information governance procedures are needed to ensure data integrity across different systems, protect patient and member privacy and avoid costly security breaches.

Implementation of AI and computer learning is a long-term project and thus not a digital health tool that could be rapidly put into place during the COVID-19 pandemic.

In our global economy, COVID-19 raises serious concerns for healthcare providers and employers in all industries. Workers who are on the front lines, caring for patients and developing diagnostics and vaccines, need support, preparedness and prevention more than ever before. McDermott's Coronavirus Resource Center, brought to you by a multi-disciplinary team, is here to keep you informed in the midst of rapid change and provide comprehensive insight to help you navigate this crisis.

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