

## Points of Engagement for HIMSS Advocates

### *Background*

HIMSS originally created these advocacy points of engagement for HIMSS's U.S. National Health IT Week in 2019. U.S. National Health IT Week focused on supporting healthy communities and driving the transformation of our health and wellness ecosystem to promote better health outcomes and health equity. These points of engagement demonstrate the power of information and technology to transform health. These points do not represent all of HIMSS's advocacy priorities.

### *Points of Engagement*

- Modernizing the Public Health Infrastructure
- Accelerating Workforce Development
- Expanding Access to Broadband and Telehealth
- Addressing Social Determinants of Health

### *How to Use this Resource*

- Use this resource inform your chapter advocacy plan, state asks and to educate chapter members, partners and local/state elected officials
- Collaborate with stakeholders to include these principles in your state's health IT strategic plan or roadmap
- Create opportunities at the Chapter level to engage with public health leadership on health IT initiatives and collaborative projects
- Guide policy research and development of advocacy plans

## Modernizing the Public Health Infrastructure

The Centers for Disease Control and Prevention (CDC) describes the public health system as consisting of a “broad configuration of agencies and organizations that stretch across the care continuum including public health agencies at state and local levels; healthcare providers; public safety agencies; human service and charity organizations; education and youth development organizations; economic and philanthropic organizations; and Environmental agencies and organizations.”

These organizations are a part of a system that is responsible for supporting the CDC’s 10 Essential Public Health Services represented in Figure 1. Increasingly, the organizations included here are dependent on cross-sector data sharing and the use of interoperable clinical and public health systems to carry out essential services that sustain a healthy living ecosystem.

According to the Association of State and Territorial Health Officials (ASTHO), “the health landscape is shifting, and partnerships are rapidly forming between public health, clinical partners, human services, and other sectors. State public health leaders can guide and support these partnerships with several strategies, including the use of data that displays patterns and trends within and across communities and informs decision-making to improve population health.” As such, population health data must be accurate, relevant, and timely to inform public health action.

### Government and Community-Wide Initiatives

The US Department of Health and Human Services (HHS) through its Healthy People 2020 Goals encourages governments, particularly at the local level, to strengthen information systems and open data infrastructure to improve the evidence-base for effective community health interventions and for the effective organization, administration, and financing of public health services. These actions are critical to the future development of public health infrastructure. Moreover, the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine has identified the necessity and utility of technology to achieve better outcomes, stating “...information technology must play a central role in the redesign of the health care system if a substantial improvement in quality is to be achieved.”

Recommendations from the call to transition to “Public Health 3.0” urge the public health practice and management community to explore new pathways towards the evolution of a strong and adaptable public health system. Yet, due to the lack of infrastructure and



capacity resources for governmental public health departments, public health continues to struggle to modernize their information systems and to hire or train health data strategists to make the best use of the abundance of community-level and regional information sources. This calls for rethinking the role of public health informatics, encouraging the public health agency leadership to serve as a “chief health strategist”, a role that would work with public and private sectors “to enable more real-time and geographically granular data to be shared, linked, and synthesized to inform action in policy and practice.”

The push towards Public Health 3.0 provides an ideal opportunity to support these initiatives, given recent shifts among state and local governments to leverage new technologies and innovations, such as the internet of things (IoT), mobile health technologies, telehealth, “smart cities,” and the use of artificial intelligence (AI) in government operations. Furthermore, recent federal actions such as the 21st Century Cures Act, supports public health through advancements in health IT infrastructure, including interoperability and limiting data blocking (Gulzar & Rogers, 2019).

These novel approaches have prompted legislators, mayors, county officials and health ministries to reimagine how they could use technology to upgrade legacy systems and address complex issues contributing to health outcomes. To date, state and local governmental health agencies have begun to create predictive models from a variety of data sources namely, public health surveillance, mental health and other sectors that can address the social determinants of health or indicate specific risk factors relating to communicable disease, chronic conditions, and substance use disorders. According to the Trust for America’s Health, creating an effective and modern public health infrastructure “requires local-to-global infrastructure modernization through policy actions that lead to increasing federal, state, and local public health funding, and public-private investments that support improvements in the essential services, and that more effectively address 21st century threats.”

A prime example is the CDC’s budget, which fell by 10 percent over the past decade (FY 2010-19), after adjusting for inflation. HIMSS, in partnership with the Council of State and Territorial Epidemiologists, Association of Public Health Laboratories, and the National Association for Public Health Statistics and Information Systems, launched a campaign in September 2019 to acquire \$1 billion over the next decade—\$100 million in fiscal year 2020—to modernize the public health surveillance enterprise at the CDC and through it, the state, local, tribal, and territorial health departments. As of January 2020, the House and Senate appropriators released the text of a \$1.4 trillion spending deal that funds the government for FY20, which included health IT provisions of \$50 million for the first year of a multi-year effort to support the modernization of public health data surveillance and analytics at CDC as well as state and local health departments. This funding would also support efforts to modernize the public health workforce by training, recruiting and retaining skilled data scientists.

## **Recommendations for Policymakers:**

- Support the modernization of public health data systems and equip state, local, tribal, and territorial health departments with funding for training, recruiting and retaining skilled data scientists;
- Create policies that support the evolution of interoperable systems to inform, implement, and evaluate public health interventions relating to new demands arising from global climate shifts, health ramifications from natural disasters, the rise of resistant infectious diseases, and the opioid epidemic;
- Support the development of local or regional health and human services data platforms to share critical community information that can improve policy decision-making, public health research, and evidence-based interventions;
- Leverage federal and state initiatives and resources for Smart Communities and Cities that strengthen health IT infrastructure and enhance advances in transportation, energy, and information technology to improve the livability, productivity, sustainability, and resilience of communities;
- Ensure your health improvement plan, state health IT plan or roadmap accounts for the modernization of public health systems and provides a budget for implementing digital transformation in all sectors; and
- Consider the use of new technologies such as blockchain to inform public health surveillance.

## Accelerating Workforce Development

The success of the U.S. healthcare transformation efforts hinges on a well-trained health workforce. Foundationally, healthcare transformation occurs through a workforce that better supports healthy communities and the delivery of improved outcomes for communities. Therefore, as healthcare delivery becomes even more data-driven and analytically-focused, it is clear that the health care workforce must expand to include more technologists, data scientists, strategists, epidemiologists, and informaticists. In addition, the skills required by our workforce to deliver primary care services and value-based care needs to be enhanced as health agencies collect and use more and different kinds of data, such as social determinants of health (SDOH) data, to create better treatment options.

### *Government and Community-Wide Initiatives*

As our 21st century health ecosystem continues to evolve, a robust and diverse workforce that includes engaged clinical and technical professionals is essential to realize the full potential of our transformation efforts. For example, states, often through governors' initiatives, are bringing together agencies across government, such as health and human services, labor, and education (including state universities) to maximize available resources and ensure a coordinated approach. Indiana is a prime example, in 2014, then-Governor Mike Pence established the Governor's Health Workforce Council. The Council brings together a diverse group of stakeholders, including state agencies, legislators, state universities, professional associations, and employers to identify and coordinate the state's healthcare workforce needs and develop solutions. The workgroup has prioritized several areas, including telehealth, and has put forward recommendations that led to the adoption of legislation that allowed for the delivery of some mental health and addiction treatment services through telehealth.

The growing interest among federal and state policymakers and practitioners for data and information about population health and health-related issues also propels our field's workforce development efforts forward. This shift also calls for training, peer exchanges, and the creation of new apprenticeship programs to ensure a skilled labor force appropriate for public health agencies and healthcare employers. U.S. Governors often flag health care workforce needs as a key priority in their state of the state addresses. Moreover, the US Department of Labor requires states to provide a Workforce Innovation and Opportunity Act (WIOA) state plan every four years, which describes a state's workforce priorities. Some states, such as Ohio, have opted to include healthcare, biohealth, and information technology as priority fields. To support their priority areas, governors can allocate up to 15 percent of state WIOA formula funds to statewide workforce development initiatives.

Overall, apprenticeship programs may be a win-win proposition for workers seeking high-skilled, high-paying jobs and for employers seeking to train and retain a highly productive

workforce. In order to meet our nation's broader skilled workforce needs, governments must support these kinds of programs and ensure that there is a pipeline of trained workers that can fulfill the needs of the healthcare community.

As healthcare becomes more focused on data and analytics and integrating those competencies into care delivery and other processes, we need a workforce that meets these needs. A highly-trained workforce provides the backbone for the healthcare transformation efforts currently underway, as well as what the global health workforce will require in the future.

### ***Recommendations for Policymakers***

- Establish training and apprenticeship programs for health informatics and analytics professions targeted to health agencies, which has the potential to increase economic opportunity in your jurisdiction;
- Fund public-private innovation challenges and increase scholarships for health-focused science, technology, engineering, and mathematics (STEM) programs to develop the next generation of health information and technology workers;
- Make health informatics-focused training and professional development programs available through your state college system so that professionals currently employed have opportunities to develop their proficiency in this area. Fund programs to retrain displaced workers from other industries (e.g. engineering, biological sciences, and social sciences) that have the appropriate capacities and competencies but no training or background in healthcare or public health; and
- Advocate for and leverage federal funding (e.g. from the Health Resources and Services Administration (HRSA), the Office of the National Coordinator for Health IT (ONC) or the CDC) to encourage the development of workforce programs that support national health IT goals and create job opportunities for veterans.

## Expanding Access to Broadband, Telehealth, and Remote Patient Monitoring Technologies

Access to reliable and affordable broadband, telehealth services, and remote patient monitoring technologies are critical components of supporting healthy communities. Together, these tools have the potential to empower patients and greatly expand access to high-quality care—particularly for underserved and rural or frontier populations.

Unfortunately, the digital divide generates an enormous disparity in access to these vital services across the U.S. According to the Federal Communications Commission (FCC), over 21 million Americans, particularly those in rural and tribal areas, still lack basic access to broadband. Research suggests that this lack of access is correlated with health outcomes and clinicians' ability to provide the care needed to make their communities healthier. Access to broadband and the adoption of telehealth and remote monitoring technologies are necessary elements to modern-day health system transformation efforts.

### ***Government and Community-Wide Initiatives***

Governments are using several policy levers to promote greater adoption and use of telehealth and remote patient monitoring. For example, the Centers for Medicare and Medicaid Services (CMS) recently expanded Medicare payments for virtual check-ins, allowing patients to connect with their clinicians using virtual or communications technologies like phone or video chats. Medicare is also expanding the billing codes eligible for telehealth service coverage, as well as reviewing possible steps to expand access to these services within its current statutory authority and how to pay appropriately for services that take full advantage of communication technologies.

Moreover, Medicare recently added billing codes for remote patient monitoring to provide coverage for the collection and interpretation of physiological data digitally stored and/or transmitted by the patient and/or caregiver. Although there are many parameters around when this code can be used, it is a major step forward for normalizing remote care by allowing patients to receive more health care services in their homes, rather than requiring them to go to a healthcare facility.

Many states are also being progressive by leveraging their Medicaid program to cover telehealth and remote patient monitoring services. All states provide reimbursement for some form of live video in Medicaid fee-for-service, but fewer provide Medicaid reimbursement for store-and-forward technologies and remote patient monitoring. Broader use of telehealth and remote monitoring services by Medicare as well as Medicaid enrollees will only serve as a catalyst for wider adoption of these technologies across both programs. For example, Wisconsin Governor Tony Evers recently signed into law SB 380, which allows Medicaid reimbursement for a wide range of connected health services, including asynchronous (store-and-forward) services, remote patient monitoring and brief communication technology-based services.

In terms of support for broadband expansion, the FCC is investigating how to better promote the importance of access to connected care (e.g. telehealth, RPM, broadband) for low-income communities and veterans. The agency is seeking more ways to improve access of innovative telehealth technologies for these populations.

Overall, patient and clinician demand for telehealth services, such as video visits and remote patient monitoring, will continue to grow, and patient expectations for using digital tools to help manage their health and conveniently access and monitor their care will also only increase.

### ***Recommendations for Policymakers***

- Design state Medicaid benefits packages that include telehealth and remote monitoring technologies to promote the delivery of higher quality and more patient-focused care;
- Authorize the patient's home as a site of care for telehealth reimbursement;
- Allow reimbursement for innovative modalities such as asynchronous or store-and-forward communication, remote patient monitoring, or services delivered by telephone or email;
- Ensure that there are no time limits in place or geographic barrier restrictions that could limit the use of telehealth or remote monitoring;
- Permit state Medicaid telehealth reimbursement across the continuum of care, including in local or state-run health clinics, Federally Qualified Health Centers (FQHCs) and other community-based health facilities;
- Encourage the federal government to expand the use of telehealth and remote patient monitoring services in Medicare and lift any restrictions in current statute that constrain telehealth reimbursement;
- Partner with the FCC through the [Rural Health Care Program](#), [Connect America Fund](#), or other programs to expand broadband to targeted rural underserved areas that currently lack coverage; and
- Create local or regional collaboratives with private partners and healthcare organizations to increase high-speed broadband networks, including gigabit service to underserved areas.



## Addressing Social Determinants of Health

Social determinants of health (SDOH) are the conditions under which people are born, grow, live, work, and age. These are the social, economic, environmental, and other nonmedical factors that impact a person's overall well-being and health outcomes. Examples of SDOH include stable housing, reliable transportation, education, adequate food and nutrition, social support and human interaction, as well as public safety.

Much of what affects our health and wellness exists "upstream" and extends beyond medical issues or genetics. In fact, According to the National Academy of Medicine, up to 80% of our health is affected by factors external to the health system. In order to improve our health ecosystem and support healthy communities, we must also support these underlying social needs - particularly in underserved communities.

### *Government and Community-Wide Initiatives*

In the U.S., many states are making the most of the Medicaid 1115 waivers that provide flexibility in spending to support the capture and analysis of SDOH data. The Medicaid Program offers states Section 1115 waivers as an innovative way to demonstrate state-specific approaches to address important issues related to care delivery. Section 1115 of the Social Security Act gives the Secretary of the Department of Health and Human Services authority to approve demonstration programs, giving flexibility to states to design and improve their programs and evaluate state-specific policy approaches to better serve Medicaid populations.

Over 40 states are attempting to address SDOH by expanding partnerships for care coordination and improving state infrastructure and processes needed to address the interrelated health and social needs of their Medicaid and low-income populations. For example, in 2017, the State of Indiana launched the Indiana Data Hub, one of the first of its kind in the United States. This Hub allows unprecedented public access to secure, de-identified Medicaid patient data that illuminates trends on health determinants.

Another example is North Carolina's NCCare360, one of the only state programs with a single statewide digital platform that is required for use by all Medicaid Managed Care companies. NCCare360 will expand to support an integrated resource database, website, call center, and care coordination platform for clinicians, social workers, care coordinators, and families to connect the community to essential resources.

A number of communities are leveraging their health information exchanges (HIEs) to support SDOH data sharing. For example, the city of San Diego, California has one of the most mature models of this kind, called San Diego Health Connect. Another example is the partnership between HASA, the Texas health information exchange, and Methodist Healthcare Ministries of South Texas to create a demonstration project that links SDOH data to electronic health records. Similar to North Carolina's efforts, this effort helps

connect patients with a variety of community services able to reduce the need for emergency visits.

From an international perspective, New Zealand has stood up what may be a global model for addressing SDOH. The [New Zealand Wellbeing Budget](#) focuses on improving the quality of their citizen's lives by addressing five priorities. One of those priorities is "supporting a thriving nation in the digital age through innovation, social and economic opportunities." New Zealand's efforts offer a growing model to watch given possible applicability across a number of municipalities.

### **Recommendations for Policymakers**

- Convene a multi-disciplinary state-led workgroup to develop recommendations on how information and technology can ensure a "health information and technology in all policies" approach, address social determinants of health and increase health equity;
- Support funding and modernization of your state's public health data infrastructure to expand utilization of mapping software and other epidemiological tools to identify communities with highest needs and determine appropriate intervention and support secure data sharing between social and health care entities;
- Support innovation and use of secure mobile applications and SMS platforms to enable a healthier, safer lifestyle. Examples include applications for healthy food delivery with culturally appropriate recipes; mapping of safety outlets (e.g. 911 call boxes); awareness of air and water quality; and ability to securely text authorities if in a violent situation;
- Support state and regional HIEs to build connections to social care networks in order to create a statewide digital platform that enhances care coordination across the spectrum of care and informs the public and private SDOH goals (e.g. [NCCare360](#), [Indiana Medicaid Data Hub](#));
- Support state and regional HIEs to build connections to social care networks in order to create a statewide digital platform that enhances care coordination across the spectrum of care and informs the public and private SDOH goals; and
- Encourage community-based cross-sector integration by leveraging telehealth (e.g. Macon County, [Alabama Telehealth EcoSystem™](#)) and broadband programs as a mechanism to tackle social determinants of health.