Advancing Equity Through Primary Care and Digital Health Tools

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Meet Our Speakers

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Conflict of Interest

Megan Douglas, JD

Has no real or apparent conflicts of interest to report.
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Conflict of Interest

Dominic Mack, MD, MBA

Has no real or apparent conflicts of interest to report.
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**Agenda**

- Background
- Digital Health Tools Study
- Context & Next Steps
- Questions
Learning Objectives

• Discuss the effect of digital health tool adoption disparities among primary care clinicians on health equity

• Compare clinician, practice and policy-level factors associated with digital health tool adoption disparities in primary care

• Evaluate solutions to increase adoption of digital health tools by primary care clinicians serving underserved communities
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“We are leading the creation and advancement of health equity”

NBC News: Shortage of Black Male Doctors Having Public Health Impact

The number of Black male medical students peaked more than 40 years ago and has been declining ever since. NBC Nightly News reporter Ron Allen takes a look at how having more doctors who look like them affects Black male patients and what Morehouse School of Medicine is doing to address this issue.
“Strengthening the primary care system through education, research and training to improve health outcomes while advancing health equity”

Divisions
- Health Policy
- Research
- Health IT
- Substance Use Disorder Prevention & Treatment

Projects/Programs
- HI-BRIDGE Solutions
- Southeast Addiction Technology Transfer Center
- Southeast Regional Clinicians Network
- HBCU Global Health Consortium
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**Health Information Technology Division**

**SUPPORTS GEORGIA PROVIDERS & HOSPITALS**

- **EMR Implementation Resource & Support**
  - Cloud-based Technical Solutions
- **Outreach, Education & Training**
- **Practice Management**
- **Research**

**56 Hospitals**
**Over 4,000 Clinicians**

**EHR Optimization Resource & Support**
- MACRA / QPP / MIPS and Medicaid Promoting Interoperability
- EHR vendor selection / optimization
- CMS, PECOS, and MAPIR registration and attestation

**Outreach, Education & Training**
- Boots on the ground technical assistance
- Distance Learning / Web-based training
- Barrier mitigation / Security risk analysis

**HIT Infrastructure**
- Service Area HIE with State HIE (interoperability)
- Lab results and medication history review
- HIE outreach and education

**Practice Management**
- Workflow Assessment/GAP Analysis
- PCMH, ACOs, Clinical workflow redesign
- Focus on improving clinical outcomes

**Research**
- EHR adoption, Vendor utilization, Population Health
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HBCU Global Health Consortium
Morehouse School of Medicine
2017-19: Overarching Program Objectives

Clinical Workflow

- Identify and assess through CQI:
  - Improving patient flow
  - Data accuracy
  - Contributing to data interpretation

Patient Engagement Mobile Technology

- Assess practice readiness for patient engagement

Referral and Tracking System

Revision by:
- Development
- Enhancement
- Implementation
- Patient tracking throughout the Lusaka Health District

About Kanyama Level One Hospital

- High volume with catchment population > 260,000 (designed for only 80,000)
- Total average monthly patient attendance of 23,400
- 14,220 Patients living with HIV on Antiretroviral Therapy (ART)
- Population HIV Prevalence Rate: 6-8% (all ages)
- Monthly HIV testing > 6,000
- ART Monthly average attendance of 5,500 clients
- Average wait time of 5 hours 30 minutes*
- 35-50 baby deliveries daily

*MSM assessment
In order to understand the gap in adoption of digital health tools, the United Health Foundation is partnering with Morehouse School of Medicine’s National Center for Primary Care on a digital health tools study to help rural and underserved communities.

- Dr. Dominic Mack, Director of the National Center for Primary Care
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THE PROMISES AND PERILS OF DIGITAL STRATEGIES IN ACHIEVING HEALTH EQUITY

Adoption Of Health Information Technology In Community Health Centers: Results Of A National Survey

Abstract

To the extent that health information technology (HIT) improves health care quality, differential adoption among providers that serve vulnerable populations may exacerbate health disparities. This first national survey of federally funded community health centers (CHCs) shows that although 26 percent reported some electronic health record (EHR) capacity and 13 percent have the minimal set of EHR functionalities, CHCs serving the most poor and uninsured patients were less likely to have a functional EHR. CHCs cited lack of capital as the top barrier to adoption. Ensuring comparable health IT capacity among providers that disproportionately serve disadvantaged patients will have increasing relevance for disparities; thus, monitoring adoption among such providers should be a priority.

Evidence Of An Emerging Digital Divide Among Hospitals That Care For The Poor

Abstract

Some hospitals that disproportionately care for poor patients are falling behind in adopting electronic health records (EHRs). Data from a national survey indicate early evidence of an emerging digital divide: U.S. hospitals that provide care to large numbers of poor patients also had minimal use of EHRs. These same hospitals lagged, but those with EHR systems seemed to have eliminated the divide, suggesting that adopting EHRs should be a major policy goal for hospitals that serve large populations of poor patients.
Digital health tools have tremendous potential to aid in the elimination of health disparities, but only if they are in the hands of the frontline clinicians serving underserved communities.
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Digital Health Tools Study

Approach

Clinician Surveys
Focus Groups
Key Informant Interviews

Clinician/Practice Utilization

Publicity & Visibility
Policy Briefs
White Paper Series
Publications
Social Media
Partnerships
Advertisements
Conference Presentations

Secondary Data Analysis
Statewide Health Status Technology Utilization

Population Health

Policy

State-by-State Policy Analysis
Environmental Scan
Leadership Roundtables
# SURVEY

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Digital Health Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Age, race, ethnicity, years of practice</td>
<td>- Specific DHTs</td>
</tr>
<tr>
<td>- Credentials, practice setting/size</td>
<td>- Barriers</td>
</tr>
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<td>- Tech enthusiasm</td>
<td>- Facilitators</td>
</tr>
<tr>
<td>- Participation in Quality Reporting Programs</td>
<td>- Satisfaction</td>
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<td></td>
<td>- COVID-19</td>
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State of Practice

- Tennessee: 15%
- North Carolina: 28%
- Kentucky: 16%
- Georgia: 36%
- Other: 4%
- Unknown: <1%

n = 1,107

Specialty

- FAMILY MEDICINE (495)
- INTERNAL MEDICINE (235)
- OB/GYN (103)
- GERIATRICS (91)
- MENTAL/BEHAVIORAL HEALTH (88)
- PEDIATRICIANS (122)
- OTHER (45)

HIMSS 21
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Participation in Quality Reporting Programs

- Quality Payment Program (QPP/MACRA): 37%
- Inpatient Quality Reporting (IQR): 35%
- Chronic Care Management (CCM): 45%
- Medicare Electronic Health Record Incentive Program (Meaningful Use/Promoting Interoperability): 37%
- Medicaid Electronic Health Record Incentive Program (Meaningful Use/Promoting Interoperability): 35%
- Patient Centered Medical Home (PCMH): 37%
- Accountable Care Organization: 24%
- Other: 3%
- None: 10%
Question: Do you currently use or have used in the last 5 years digital health tools in your practice?

99% YES

Technology Enthusiasm

- 52% Eager or Early Adopters
- 31% Neutral
- 17% Skeptical or Hesitant

n = 1106
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**Question:** Which of the following digital health tools have you used or plan to use in your practice?

- **Telemedicine** (65%)
- **Electronic health record** (65%)
- **Patient portal** (50%)
- **Health information exchange** (45%)
- **Prescription drug monitoring program** (40%)
- **Remote monitoring/home monitoring** (30%)
- **Wearable devices** (20%)

AMA Digital Health Tool Survey (2019)
- **Telemedicine** (28%)
- **Remote monitoring** (22%)
- **Patient Portal** (58%)
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**Question:** Which of the following factors posed barriers to your adoption of digital health tools?

- Cost
- Reimbursement by public payer
- Does not meet patient need
- Other
- Time
- Experience too cumbersome
- Limited workflow integration

**Question:** Which of the following factors supported your adoption of digital health tools?

- Ease of workflow integration
- Federal/state incentives
- Meets patient need
- Other
- Cost reduction
- Engages patients
- Improves patient health
- Convenience/increased efficiency
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Question: Have you used digital health tools because of the COVID-19 pandemic?

90% YES

n = 936

Question: If you are providing telehealth services during the COVID-19 pandemic, was this your first use of telehealth in your practice?

54% YES

n = 632
Reported Levels of Satisfaction

66% Satisfied or Very Satisfied with their telemedicine experience

73% Satisfied or Very Satisfied with their electronic health record experience
Clinician Profiles
(logistic regression, p<0.05)

Clinicians who reported using [DHT] in the last 5 years were more likely to be:

**Telemedicine:** female; aged 40-49; in specialties of internal medicine, obstetrics/gynecology, geriatrics, pediatrics and behavioral health; solo practitioners, small practices or FQHCs; participating in Medicare EHR Incentive Program or Accountable Care Organization (ACO).

**Health information exchange:** affiliated with a medical school or academic medical center and participating in the Quality Payment Program (MIPS/APMs) or Chronic Care Management (CCM).

**Electronic health records:** Hispanic/Latino and nurse practitioners or physician assistants.

**Remote monitoring:** Hispanic/Latino; PhD; solo practitioners or large practices; and participating in CCM or the Medicaid EHR Incentive Program.

**Patient portals:** solo practitioners, small or large practices, hospitals with outpatient primary care, medical school/academic medical center or FQHC; and participating in an ACO.
FOCUS GROUPS
"We're doing a lot of phone visits...because of...where we live, bandwidth and internet connectivity, there's been some painful appointments both via video and on phone. But when it works, it works very well. Patients are very receptive to it. It eliminates a barrier to access services, especially a transportation barrier, which is very heavy in our community. So I think patients are really loving that."
[T]he other big issue...is really that digital divide in those that have the availability and the capability to utilize different networks, cellular services, having both video and audio capabilities. I think that's been one of the biggest barriers that we've seen in our rural community.
“[I]t's very frustrating to not be able to access records within my own system. And I don't feel like anyone listens when I bring that up or maybe they do and it's just not possible. I don't know.”
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**Key Takeaways**

- Findings demonstrate significant increase in adoption of and satisfaction with DHTs by primary care clinicians; however, some challenges have persisted over the last 10+ years.
- Primary care clinicians were generally satisfied with their DHT experiences.
- To overcome workflow challenges, frontline clinicians should be engaged in decision making.
Health Equity Implications

- The digital divide continues to pose a barrier to DHT use by consumers and clinicians in rural and underserved communities.

- COVID-19 policy changes improved access to telehealth for racial and ethnic minority and rural communities.

- Value-based payment models rely on use of DHTs, but evidence of disparity reduction is limited.
COVID-19

- Widespread reliance on DHTs due to COVID-19, rapid increase in telehealth adoption
- For telehealth, reimbursement for audio-only visits, home as presenting site & expanded geographic limitations supported rapid uptake by clinicians and new access for consumers
  - 90% of Black Americans live in urban communities
Value-Based Payment

- Associations between use of DHTs and participation in quality reporting programs
  - ACO, QPP (MIPS/APM), CCM, Medicaid/Medicare EHR Incentive Programs
- Incentives for health equity must be assessed and re-visited
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Next Steps

- Leadership Roundtables
- Virtual Convening
- Symposium
- Final Report
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Meet Our Team

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Questions

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