

**AHRQ National Web Conference on Opportunities for Digital Healthcare:
Lessons Learned from the COVID-19 Pandemic
July 1, 2021**

**“Leveraging Better Digital Healthcare Approaches to Improve Information Flow and Support Learning Health Systems”
Jerome Osheroff, MD Chair, ACTS COVID -19 Collaborative, TMIT Consulting**

QUESTION: Traditionally, health insurance functions as a per interaction basis. How is the new goal for digital health participation and engagement going to work with insurance, billing, and profit centers?

ANSWER: Payment models are evolving to incentivize value-based care and better outcomes; the future vision for digital health supporting learning health systems will be an important success enabler within this emerging model. In the meantime, many organizations are ‘taking the leap’ to digital health-enabled care transformation despite reimbursement headwinds.

QUESTION: Any suggestions to improve digital and internet literacy among patients?

ANSWER: Smartphone use is generally fairly high in underserved and other populations, so building on and fully leveraging that platform is one. Likewise, building on education and training programs offered by care delivery organizations and community-based organizations are another.

**“Care Planning: Getting Evidence to Patients to Guide Action”
Alex Krist, MD, MPH, Virginia Commonwealth University**

QUESTION: Traditionally, health insurance functions as a per interaction basis. How is the new goal for digital health participation and engagement going to work with insurance, billing, and profit centers?

ANSWER: The recent NASEM report on Implementing High Quality Primary Care advocated for “Pay for primary care teams to care for people, not doctors to deliver services.” Specifically, the committee recommended that payers using fee-for-service models for primary care should shift toward hybrid reimbursement models, making them the default over time. This would provide resources to provide care outside of visits. Other ways this could be accomplished is by automating more digital health services, so they do not take much provider time and ensuring that digital health is making visits and care delivery more efficient while improving quality of care.

QUESTION: What is the view from the FDA on these types of apps, especially if they suggest a care plan?

ANSWER: I would defer to the FDA in responding to this. The current regulations as I understand them mean that applications would need FDA approval if they are used as a medical device. Many of the care planning tools are meant more for patient education and engagement in care. They do not replace the medical care from a clinician and these would not be regulated by the FDA.

QUESTION: Any suggestions to improve digital and internet literacy among patients?

ANSWER: There is a whole field and a tremendous amount of research around advancing health literacy. Many are considering the role of patient navigators and community health workers to help with literacy. There are educational and training sessions for patients to help with literacy in general or for specific topics. Tools can also be used to help translate medical content into lay language and to engage patients in their information to stimulate discussions. Some have advocated for health literacy education to be part of the standard school curriculum as well.

QUESTION: Do you assess health literacy or computer literacy when you invite patients to participate in a cancer screening decision through your portal?

ANSWER: There are some online questionnaires that assess health literacy and numeracy. Some examples are available from the CDC at <https://www.cdc.gov/healthliteracy/researchevaluate/measure-peoples-skills-experiences.html>. For app developers there are tools that can assess how well applications can be understood and used by people with low health literacy. An example from the Office of Disease Prevention and Health Promotion is at <https://health.gov/healthliteracyonline/test/>.

“Designing and Implementing a Digital Remote Asthma Symptom Monitoring Intervention During a Pandemic”

Robert S. Rudin, PhD, RAND Corporation

QUESTION: Traditionally, health insurance functions as a per interaction basis. How is the new goal for digital health participation and engagement going to work with insurance, billing, and profit centers?

ANSWER: This is still a work in progress. Many insurance companies are developing digital health solutions but how they integrate with healthcare providers and clinical workflows is an open question.

QUESTION: Dr. Rudin, what was the model you used?

ANSWER: We used the NASSS framework developed by Dr. Trisha Greenhalgh to inform scale and spread. To determine when to offer patients the option to request a call from a nurse, we created simple logic rules based on expert opinion. The logic rules operated on the asthma patient-reported outcomes. Patients with severe, worsening, or worse-than-baseline symptoms are offered the option to request a call.

QUESTION: What is the view from the FDA on these types of apps, especially if they suggest a care plan?

ANSWER: The FDA is exercising enforcement discretion for some types of apps that it considers lower risk. The regulation of apps is an active area of discussion.

QUESTION: Any suggestions to improve digital and internet literacy among patients?

ANSWER: There probably isn't a silver bullet. Providing some education through the healthcare provider might be possible in some settings, especially for how to sign up and use patient portals. Several organizations report high portal adoption rates, above 60%.