Health IT Advisory Committee

Health Equity by Design

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About Me

Robert Murry, PhD, MD, FAAFP

- Chief Medical Officer for NextGen Healthcare
  - EHR vendor and Health IT company → "**Better healthcare outcomes for all**"
  - Focused on U.S. only, ambulatory (outpatient) care only
  - Over 100,000 providers use our EHR, Practice Management, HIE and/or accompanying solutions including interoperability, population health, patient engagement and mobile technology
  - Hundreds of FQHCs/CHCs & behavioral health organizations, thousands of independent practices
- Practicing Family Physician in NJ
- Board Certified in Family Medicine and Clinical Informatics

“Health equity [is] when every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.”

U.S. Center for Disease Control and Prevention

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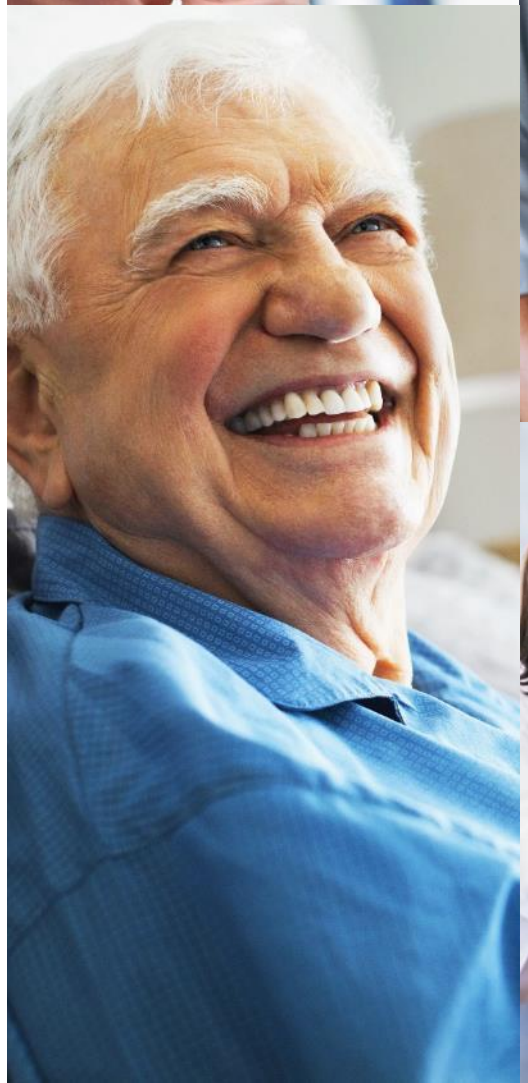
Health Equity by Design

Five areas to discuss today

- Health equity data **collection**
- Actionable **analysis** of health equity data
- **Interoperability** of health equity and other EHR data
- The unique role of **Health Information Exchanges** (HIEs) in health equity
- The importance of **access** to healthcare and technology



Health Equity Data Collection

- Can’t manage what you can’t measure
- Health IT supports collection of increasing amount and type of health equity data: REL, SOGI, SDOH, etc.

Needs:

- Expanded data standards
- Balance benefit & burden
- Privacy framework

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Actionable Analysis of Health Equity Data

- Compare health equity data to clinical data and outcomes to identify disparities
- Then **act** on analysis
- Primary means of identifying and improving health inequalities

Needs

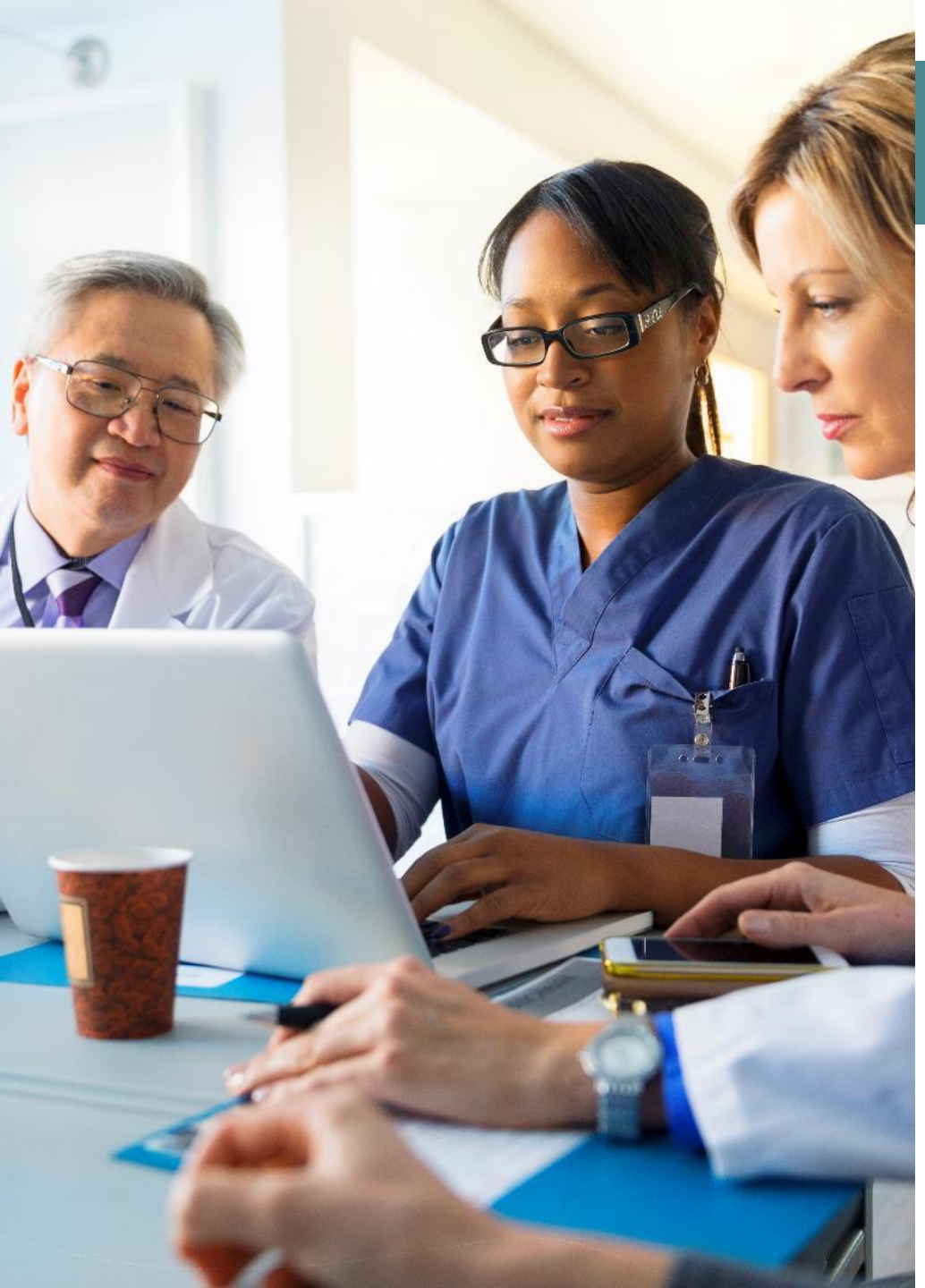
- Health equity KPIs (key performance indicators)
- Nationwide reporting and registry standards
- Algorithms, tools, and clinical decision support without bias

Interoperability of Health Equity and EHR data

- ONC has driven great progress here, at least for EHR vendors and users
- Practical, clinical interoperability: (1) aware of external data, (2) query and obtain data, (3) incorporate data, (4) **data affects care delivery**
- True interoperability is **vendor agnostic**

Needs

- Expand social services access to interoperability tools
- Nationwide patient identifier
- Interoperable – and useful – Care Plan



Unique role of HIEs in Health Equity

- HIEs are connecting data collectors with data consumers, like a utility
- The value of HIE networks increases with more connections → HIEs are incentivized to connect & not rent-seek

Needs:

- Support from ONC, HHS & others
- Simplify state, local, national regulations

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Health Equity Requires Access to Healthcare and Technology

Need: Promote *access* in HHS, other federal agencies and Congress

Support virtual care

- Continue payment parity for virtual and in-person care
- Ensure virtual care designed to increase **access** for disadvantaged, not just **convenience** for privileged
- Promote innovation for care at home and outside traditional clinics/offices

Support access to technology and the internet

- Connected virtual care devices

Support healthcare providers in underserved areas and populations

- Many physicians would practice there, if independent and profitable

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Health Equity by Design

- Continue to expand data standards and promote data collection while balancing burden on providers and organizations
- Develop health equity KPIs to focus Health IT and social service investments
- Support HIEs as data utilities to connect providers and social service agencies
- Expand access to healthcare and technology and promote innovation for care at home and outside traditional sites

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