

INSIDE THE

Top of Mind
2020
SUMMIT

Key takeaways from the Center for Connected Medicine's annual summit for digital health innovators



Center for **Connected** Medicine



About the Summit

The Center for Connected Medicine (CCM) hosted its third annual Top of Mind 2020 Summit on Dec. 4-6, 2019, at the CCM in Pittsburgh, PA. The invitation-only event convened a diverse group of leaders and innovators for three days of discussion on the challenges and opportunities in digital health.



The Summit agenda was informed by the Top of Mind for Top Health Systems 2020 research project, which examined three key areas of technology essential for the transition to value-based care.



Produced in partnership with KLAS, the Top of Mind 2020 research surveyed 70 representatives of 65 health systems across the U.S. and included insights from more than 40 C-suite leaders.



Attendees

Approximately 100 executives from health systems, payers, technology firms, biotech, government, and others gathered to network, listen to keynotes and panel discussions, ask questions, and consider their priorities as they prepare for the new year.

Attendees represented Ascension, Banner Health System, Beth Israel Deaconess Medical Center, BlueSphere Bio, Brigham and Women's Hospital, Duke Health, GE Healthcare, MD Anderson Cancer Center, Memorial Hermann, Nokia, Prisma Health, UMass Memorial Health Care, UnitedHealthcare, UPMC, U.S. Department of Health and Human Services (HHS), Xealth, and more.



Tal Heppenstall

“Over the past three years this summit has become a special event where leaders in health care can come together and have frank discussions about the state of health care. Our goal is to talk about what’s working, where we’re running into roadblocks, and come away with energy and optimism to continue pushing forward in the coming year.”

Tal Heppenstall, EVP and Treasurer of UPMC and President of UPMC Enterprises



Key Themes and Takeaways

CALL TO ACTION

1

No more leading with technology

For too long health care has introduced new technologies without first understanding the needs of patients, clinicians, and users, and how technology affects them. Speaker after speaker said this practice of “creating Band-Aids in search of cuts” must stop.

Health care has a track record of implementing technology without figuring out whether the solutions will benefit patients and clinicians, and how the solutions will factor into workflows. This has led to frustrated and disengaged patients, burned-out physicians, and intractable inefficiencies.

Many Summit speakers said there is a human element that is needed to ensure technology is working effectively for users — whether clinicians or patients – and that missing or neglecting this step can be the genesis of foreseeable problems down the line.



Tami Minnier, MSN



“The best tech doesn’t exist yet. There are more and more technologies that just add another tool to the toolbelt... My tool belt is already full.”

Tami Minnier, MSN, Chief Quality Officer at UPMC

CALL TO ACTION

2

Advocate for data standards and open data



Data is essential for precision medicine, population health, personalization, care outcomes, lowering costs – you name it. Several sessions at the Summit were dedicated to data aggregation, integration, and interoperability, but the availability of quality data was a backbone of nearly every conversation.

Health systems can be active in driving data standardization progress by advocating for and supporting data standards and keeping interoperability and end users in mind when designing or standing up technology. Health systems also should be open and transparent with patients about the use of their data.

The government is pushing regulations that will drive change, but Summit speakers made it clear that health system leaders need to take a more active role in calling for data standards and open data.

Don Rucker, MD, the National Coordinator for Health Information Technology (ONC) at HHS, provided an update on ONC's work on data blocking rules and said application programming interfaces (APIs) are key to improving data sharing.



Don Rucker, MD



CALL TO ACTION

3

Look for opportunities to reduce friction



Summit attendees were often reminded to think about what consumers love about technology in other industries: transparency, control, simplicity. Phil McKoy, Chief Information Officer of UnitedHealthcare, dedicated his keynote speech to this topic.

McKoy, a former executive at retail giant Target.com, acknowledged that health care is much more complex than other industries, but that isn't an excuse. Consumers are demanding changes in health care — if health systems don't become proactive, they are likely to be disrupted in unanticipated ways.



Gerry Lewis



Patients may love their clinicians and the direct interactions they have with caregivers, but the friction before and after the visit is threatening to drive patients away from traditional health systems. Summit attendees were challenged to keep reducing friction top of mind.

Gerry Lewis, Chief Information Officer at Ascension and President and CEO of Ascension Technologies, said there's too much friction in how patients access the health system. "We want to leverage the digital opportunities we have to create those relationships with patients so there's value to come back... Opening the front door more effectively for all is hugely important."



CALL TO ACTION

4

Take a stand

As an event that brings together top leaders in health care for frank discussions on what's working and what's not, executives on stage encouraged attendees to take the first step toward positive change, however small.

Amber Samdahl, a former Disney Imagineering Strategist, talked about the importance of design in creating great experiences for patients. She said a key strategy for Disney's use of technology was to lead to "meaningful engagement" with people. Small wins in engagement with consumers and patients can have a big impact.



Amber Samdahl





Alexa B. Kimball, MD, President and CEO of Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, described efforts to reduce physician burnout related to electronic medical records usage. Single sign-on for all systems, focusing EMR documentation on communication rather than billing, and delegating more tasks across the care team were among her suggestions. “There are all sorts of little things we can do,” she said.



Alexa B. Kimball, MD



Summit Speakers

The event featured 36 speakers in 12 sessions focused on the three Top of Mind research areas, including two keynote talks. Pamela Peele, PhD, Chief Analytics Officer of UPMC Health Plan and UPMC Enterprises, served as Summit emcee.



KEYNOTES:



Phil McKoy
Chief Information Officer,
UnitedHealthcare



Don Rucker, MD
National Coordinator
for Health Information
Technology (ONC),
Department of Health and
Human Services



EMCEE

Pamela Peele, PhD
Chief Analytics Officer,
UPMC Health Plan and
UPMC Enterprises





Phil McKoy

In a talk titled, “The Retailization of Health Care,” McKoy discussed changing consumer expectations and the challenge of transforming health care in innovative ways. McKoy shared how he made the transition from retail to health care and is now using that experience to help create a more consumer-centric experience for the 50 million people UnitedHealthcare serves through all stages of life, and across all types of care needs.

Don Rucker, MD

For the second straight year, Dr. Rucker provided a review of progress, policy updates, and his outlook for the year ahead as he and ONC work to improve interoperability of health care data. As the National Coordinator, Dr. Rucker leads the principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information.



Panel Discussion Highlights

MEETING PATIENT EXPECTATIONS

Following McKoy's keynote speech on bringing a stronger retail experience to health care, a panel of experts discussed how evolving consumer expectations are affecting the health industry, and specifically providers.

DeMichiei started the conversation by commenting on a video McKoy played during his presentation, which provided a look at how a fictional family of the future might interact with the health care system through the use of technology in the home, including remote monitoring and telemedicine.

"If you think about that video we just watched, it was the ultimate consumer patient experience. And not for one second did you see a hospital anywhere," he said. "If that's not a wakeup call or a warning to all of us in academic medicine, I'm not sure what is. That is the future — how do we chart out our place in that arena?"

PANELISTS:

**Rob DeMichiei**

Executive Vice President,
Chief Financial Officer, UPMC
(retired as of end of 2019)

**Rebecca Kaul**

Vice President, Chief
Innovation Officer, MD
Anderson Cancer Center

**Gerry Lewis**

Senior Vice President,
Chief Information Officer,
Ascension and President,
CEO, Ascension Technologies

**MODERATOR****Ellen Beckjord, PhD**

Associate Vice President,
Population Health and Clinical
Affairs, UPMC Health Plan





Lewis commented that the way to get to the future of a consumer patient experience is to remove “friction” from the system that makes it difficult to access care when and where patients want it.

“Our responsibility is to take friction out of the model,” Lewis said. “There are two significant challenges that we’re trying to solve. One is how do you get access — scheduling. The other part of it is how do you get your information in so it’s just like anything else. Think registration — that is a huge friction point.”

Dr. Beckjord pointed out that consumers and patients have high connectivity through their mobile devices, the internet and other digital tools, but they may not have a meaningful connection to health providers. “We’re swimming in connectivity in health care but we’re scarce in connection,” she said. “How do we make use of connectivity to drive real connection and meet patient expectation?”

Kaul commented that digital tools also should be used to help providers make better use of their time. “How do we use tools to free up our providers, our nurses, our caretakers to provide that empathetic experience?” she asked. But it’s also important to remember that technology alone isn’t the answer to creating positive experiences and engagement with patients. “Technology is the last mile not the first mile. Technology is how we enable an experience,” Kaul said. “It isn’t about starting with the technology. First we need to start by understanding what experience we need to deliver.”



PRECISION MEDICINE: SCIENCE, STARTUPS, AND SAFEGUARDS

One of the most exciting areas for medical treatments is precision medicine, which at its most basic involves finding more efficient and effective treatment paths for individual patients. Areas such as immunotherapy and genomics have great potential to transform the practice of medicine. But so far adoption is low.

“It’s a burgeoning field though it’s becoming more common,” Cunicelli said during remarks to open a panel discussion on precision medicine. “Everyone would like to think we can get to predicting disease and preventing diseases but for now it’s really at a more practical level of treating disease.”

Cunicelli, who oversees the Translational Sciences focus area at UPMC Enterprises, asked panelists to discuss how the use of precision medicine can be accelerated in health care. UPMC Enterprises in early 2020 announced that it was committing \$1 billion toward life sciences investments.



Dr. Apelian said one place that presents options for accelerating the deployment of precision medicine therapies is by speeding up regulatory pathways. BlueSphere Bio, a startup focused on creating personalized therapies for cancer, was recently launched by UPMC Enterprises based on University of Pittsburgh technology.

PANELISTS:



David Apelian, MD, PhD
CEO, BlueSphere Bio



Robert Bart, MD
Chief Medical Information
Officer, UPMC



Jill Hagenkord, MD
Co-founder and Chief
Medical Officer, MDisrupt



MODERATOR

Jeanne Cunicelli
Executive Vice President,
UPMC Enterprises

“I do think there are probably ways to accelerate the regulatory path to be able to treat patients more quickly. And being able to convince the FDA that a data set is meaningful, especially in rare disease where you don’t necessarily have statistical power in early trials,” Dr. Apelian said.

Dr. Bart said it’s essential for payers and providers to work together to figure out the economics of providing precision medicine therapies, which are often very expensive. UPMC, as a large integrated payer and provider network, is in a good position to develop the economic models that will allow for new therapies to be delivered and paid for.

“There’s an expense to this and the challenge is there’s also a finite amount of money within the health care system,” Dr. Bart said. “So we have to figure out how we can turn these discoveries that are supposed to benefit people and get them to those individuals. And the only way it gets there is with a good economic model.”



Dr. Hagenkord, who through MDisrupt is helping the health care industry identify the most promising technology companies, said her business model is based on the idea that most tech companies aren’t prepared to tackle the tremendous “data gauntlet” required to prove the value of products in health care. Dr. Hagenkord, who was previously Chief Medical Officer at genomics companies Color and 23andMe, said MDisrupt hopes to reduce the amount of time it takes to get a health product into use.

“We want to find the good health tech products that are actually solving a real problem in health care...and get them connected with the right health industry professionals to get them through that data gauntlet as quickly as possible,” Dr. Hagenkord said. “So something that used to take 17 years we’re hoping we can get down to 10 years — which is something much more manageable with a venture capital timeline.”

DATA “UNCONFERENCE”

The Top of Mind 2020 Summit closed with a Data “Unconference” session facilitated by Chopra, who is former Chief Technology Officer of the United States. In an opening question to his colleagues on the panel, Chopra noted that billions of dollars have been invested to digitize much of the nation’s health data but that investment hasn’t led to major improvements or cost reductions at scale.



“So how are organizations thinking about the use of data and being accountable for the effective use of that data?” Chopra asked.

Dr. Siddiqui noted that the government has been making Medicare data publicly available for research for several years. But a more recent initiative is connecting data from many agencies, including the Food and Drug Administration, National Institutes of Health, Centers for Disease Control and Prevention, and Centers for Medicare and Medicaid Services, to gain insights that can benefit how the government does business.

“It’s about the business operations. That’s been a fundamental shift. Thinking of data not just as a research tool but as a business operations tool,” Dr. Siddiqui said.



PANELISTS:



Mona Siddiqui, MD

Chief Data Officer, U.S. Department of Health and Human Services (HHS)



Erich S. Huang, MD, PhD

Co-Director, Duke Forge Center for Health Data Science, Duke University Health System



Steve Vogelsang

Vice President, Strategy and Chief Technology Officer, IP and Optical Networks, Nokia



FACILITATOR

Aneesh Chopra

President, CareJourney



Dr. Huang noted health data is an asset for organizations. But in order to extract value from that asset, health systems need to have the right people in place with expertise in understanding the various levels of value throughout the lifecycle of health data.

“Most health data that we have is in quite a raw form, so I think of it being equivalent to that seam of ore in a mountain — you need experts who know how to extract that seam of ore and turn it into a 24-karat engagement ring. That requires expertise,” Dr. Huang said.

Vogelsang picked up on the theme of the value of health data and argued that patients need to see the value in their data and make use of it. Tech companies have convinced consumers to provide their location or web surfing activity, Vogelsang said, “because there’s a value exchange. Users get something for it. They get convenience.”

He continued, “If the user has their health care data and gets some value by sharing it with another health care provider — like you walk into the doctor’s office and they don’t ask you 5,000 questions — that is the first step. They have that information because you shared it. If we really want to facilitate it we need to think about the patient and how we give them a better experience.”



About the Center for Connected Medicine

The CCM connects and inspires leaders and innovators who want to advance health care. Collaborating with a network of experts, we serve as a resource for information and events focused on the future of digital health. Established in 2009, Pittsburgh-based CCM is jointly operated by Nokia, GE Healthcare, and UPMC. Join us at connectedmed.com.



The next Top of Mind Summit will be November 11 - 13, 2020

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