Leadership Consortium Members Meeting

Webinar
September 24th, 2020 | 11:00 AM – 1:45 PM EST

Share your thoughts!

@theNAMedicine

NATIONAL ACADEMY OF MEDICINE
Welcome & Introduction

Michael McGinnis
National Academy of Medicine
Stakeholder leaders in private, public, and independent organizations from key health sectors, collaborating under the auspices of the National Academy of Medicine for action on their common interest in advancing effectiveness, efficiency, and equity in health, medical care, and biomedical science.
Advancing the Learning Health System

A learning health system is one in which science, informatics, incentives, and culture are aligned for continuous improvement, innovation, and equity—with best practices seamlessly embedded in the delivery process, individuals and families active participants in all elements, and new knowledge generated as an integral by-product of the delivery experience.

Leadership Consortium Charter 2006
focus:

COLLABORATIVE ACTION
Evidence Mobilization Action Collaborative

- Anchor Principles for stewards of evidence development
- Core indicators of progress in development and use of real-world evidence
- Building Trust & Stakeholder Demand for Data Sharing, Linkage and Use
- Heterogeneity of Treatment Effects
Digital Health Action Collaborative

- Anchor Principles for stewards of health data and the digital infrastructure
- Core indicators of progress in the development of a virtual health data trust
- Artificial Intelligence and Machine Learning in Health & Health Care
- Digital Health and the Learning Health System (2020, G-science, 14 countries)
- “Our Digitally Enabled Health Futures” (in progress)
- AI for Care Delivery (2020, joint with GAO)
- Health Equity, AI, and Algorithmic Integrity
COLLABORATIVE ACTION: INCENTIVES
2020 PROJECT HIGHLIGHTS

Value Incentives & Systems Action Collaborative

- Anchor Principles for stewards of payments for health and health care
- Core indicators of progress on paying for value & population health
- Financing that Rewards Better Health & Wellbeing
- Health System Financing for Social Needs
- Vital Signs 2.0: Measuring what matters most
Culture, Inclusion & Equity Action Collaborative

- **Anchor Principles** for stewards of socio-cultural inclusiveness
- **Core indicators** of progress in building a culture of health inclusion & equity
- Assessing Meaningful Community Engagement In Health & Health Care
- **Community Health Needs Assessments: Principles & Practices**
- **Technologies to Enhance Patient, Family and Community Engagement**
- **Patient & Family Leadership for Improved Diagnosis in Medicine**
COVID-19 as a PERFECT STORM

A poignant and painful reveal of system fragilities

Novel, highly contagious lethal virus
Public health system poorly supported
Medical care system highly resourced but fragmented
Fragmented medical supply lines
Care financing system unaligned to population’s health
Groups vulnerable from systemic bias and neglect

LESSON: science, informatics, incentives, culture matter
LESSON: their alignment matters even more
Aligning science, informatics, incentives, culture

- Sectoral assessments of COVID-19 impacts and opportunities
- Sector and system-wide priorities for transformation
- Financing that rewards effectiveness, efficiency & equity in health
COVID-19 SECTOR IMPACT ASSESSMENTS

- Patients, families, and communities
- Clinicians and professional societies
- Care delivery organizations
- Digital health
- State and local public health
- Health care payers
- Health product manufacturers and innovators
- Health and biomedical research
- Quality, safety, and standards organizations
Leadership Consortium Chair Member

Mark McClellan
Duke University
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<td>11:00 – 11:15 AM</td>
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<td>Michael McGinnis, National Academy of Medicine</td>
<td>Mark McClellan, Duke University</td>
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<td>11:15 – 11:45 AM</td>
<td>Remarks from the Surgeon General</td>
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<td>Surgeon General Jerome Adams, HHS</td>
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<td>11:45 AM – 1:15 PM</td>
<td>Sectoral Assessment Insights: Challenges &amp; Opportunities</td>
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<td>Sectoral Co-Leads</td>
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<td>Mark McClellan, Duke University</td>
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Zoom Instructions

Panelists
• Always keep your line muted unless you are called on to speak
• If possible, turn on video while speaking to the group. To enable video click the ‘start video’ option at the bottom left of your screen

Attendees - Q & A
• Please type in questions into the Q&A located at the bottom of the screen on your zoom interface
• Question format:
  • Your name and organization
  • To whom
  • Question
Remarks from the Surgeon General
Jerome M. Adams
Surgeon General
U.S. Department of Health & Human Services
Sectoral Assessment Insights: Challenges & Opportunities
Patients, Families and Communities
COVID-19 Challenges: Patients, Families and Communities

• **Critical sector demographic vulnerabilities revealed**
  – Disparities resulting in communities of color experiencing disproportionate infection rates and death rates, and other sequelae
  – Patients, families and communities not included in key decision-making

• **Critical sector communication/collaboration vulnerabilities**
  – Lack of trust in public health and health care systems
  – Proliferation of misinformation or confusion on disease severity, testing, treatment

• **Critical sector policy vulnerabilities revealed**
  – Unequal access to adequate supports (economic, information, etc.)
  – Insufficient access to adequate testing and affordable treatment
COVID-19 Lessons: Patients, Families and Communities

• **Critical sector-specific priorities for transformation**
  – Effective engagement of patients, families, communities in responding to this and other emergent events
  – Transformation of home and community-based services and nursing homes, reframing to better suit the needs and desires of patients and their families
  – Reduction of long-standing, unconscionable disparities

• **Critical system-wide priorities for transformation**
  – Meaningful inclusion of patients, families, and communities in decision-making across all sectors
  – Increased access to care and conditions that support health
Health Care Payers
COVID-19 Challenges: Health Care Payers

• Critical sector capacity vulnerabilities revealed
  – Uncertainty regarding utilization and future trends
  – Shifts in enrollment and varying needs between segments
  – Ensuring access to care for members, need to stabilize revenues for providers

• Critical sector communication/collaboration vulnerabilities
  – Challenges with data collection and sharing
  – Continuing and rapid changes in practice (i.e. telehealth)

• Critical sector policy vulnerabilities revealed
  – Financing of health care is highly fragmented
  – Still too reliant on fee for service
COVID-19 Lessons: Health Care Payers

• Critical sector-specific priorities for transformation
  – Eliminate or reduce low value care post pandemic
  – Leverage telehealth and other practice flexibilities

• Critical system-wide priorities for transformation
  – Accelerate movement to value-based care
  – Payment reforms
  – Changing benefit design
Clinicians & Professional Societies
COVID-19 Challenges: Clinicians & Professional Societies

• Critical sector capacity vulnerabilities revealed
  – Burnout, support for clinicians facing moral/ethical dilemmas
  – Limits of traditional educational models; licensure constraints
  – Lack of data standardization and interoperability

• Critical sector communication/collaboration vulnerabilities
  – Rapidly changing best practices and clinical information
  – Lack of efficient communication between public health and health care providers

• Critical sector policy vulnerabilities revealed
  – Weakness of current payment and reimbursement models
  – Chronic lack of investment in the public health workforce
COVID-19 Lessons: Clinicians & Professional Societies

• Critical sector-specific priorities for transformation
  – Restructuring payment and revenue models
  – Improved working conditions to address burnout, moral injury
  – Funding, training and overall investment in the health care workforce, esp primary care, nursing
  – Leveraging and optimizing telehealth, new practice models

• Critical system-wide priorities for transformation
  – Investments in population health, including primary care and reduction in the burden of chronic disease
  – Investments in better data systems to support clinical practice and establish stronger links with other sectors
Care Delivery Organizations
COVID-19 Challenges: Care Delivery Organizations

• Critical sector capacity vulnerabilities revealed
  – Financial challenges, including decreased revenue from elective procedures, shifting payer mix
  – Supply chain fragility, including testing capacity
  – More support for workforce needed, particularly for critical care

• Critical sector communication/collaboration vulnerabilities
  – Challenges with data-sharing across systems, need for pre-existing protocols
  – Coordination of activities within diverse health system governance models
  – Better coordination between public health and health care delivery system
  – Protocols for coordinated messaging from federal, state, local officials

• Critical sector policy vulnerabilities revealed
  – Time-limited nature of emergency preparedness needs revision
COVID-19 Lessons: Care Delivery Organizations

• Critical sector-specific priorities for transformation
  – Improving surge capacity, including staffing and space, particularly related to critical care capacity
  – Efficiently integrating telemedicine
  – Treat the health system supply chain as critical national infrastructure
  – Physical infrastructure needs to be modified for flexibility to increase critical care and infection control measures such as negative pressure

• Critical system-wide priorities for transformation
  – Financial reform towards more resilient and sustainable revenue and reimbursement models
  – Stronger collaboration with public health to improve the health of underserved minority communities
COVID-19 Challenges: Digital Health

• **Critical sector capacity vulnerabilities revealed**
  – Disjointed public health data ecosystem as a result of noninteroperable and antiquated methods of data capture
    – E.g. Use of fax machine for transmission of COVID-19 test results
    – Susceptibility to cyber attacks

• **Critical sector communication/collaboration vulnerabilities**
  – Lack of coordination across public health agencies, states, and the nation
  – Limited cross-system data retrieval and sharing across systems

• **Critical sector policy vulnerabilities revealed**
  – Need for agile clinical trials for making rapid progress on experimental/urgent treatments
  – Absence of robust data governance framework
COVID-19 Lessons: Digital Health

• Critical sector-specific priorities for transformation
  – Data standardization and harmonization
  – Health data sharing and use governance framework
  – Digital health infrastructure to support SDoH, RWE, and overall health equity

• Critical system-wide priorities for transformation
  – Nimble clinical trial infrastructure that leverages digital health tools
  – Digital foundation for state-wide and national coordination
State & Local Public Health
COVID-19 Challenges: State & Local Public Health

- **Critical sector capacity vulnerabilities revealed**
  - Chronic lack of investment in the infrastructure and workforce
  - Fragmentation of the public health system and disconnect with emergency preparedness infrastructure
  - Large gap in social care leading to increased role for depleted public health system

- **Critical sector communication/collaboration vulnerabilities**
  -- Need for better digital infrastructure and electronic systems
  -- Need for more effective engagement with communities of color

- **Critical sector policy vulnerabilities revealed**
  -- Need for a more directive federal response to national crises
COVID-19 Lessons: State & Local Public Health

• Critical sector-specific priorities for transformation
  – Need sustainable funding for workforce, infrastructure, data systems, etc.
  – Improved surveillance and monitoring systems
  – Modernized digital infrastructure

• Critical system-wide priorities for transformation
  – Expand public health resources in vulnerable areas to serve marginalized communities
  – Stronger, clearer links between the public health and emergency management systems
Health Product Manufacturers and Innovators
COVID-19 Challenges: Health Product Manufacturers

• Critical sector capacity vulnerabilities revealed
  • Capacity constraints in supply early during the pandemic
  • Temporary disruptions to complex **global supply chains** as international trade slowed down or paused during early pandemic response

• Critical sector communication/collaboration vulnerabilities
  • Insufficient or lack of common **data collection and sharing** from governments and global health bodies
  • Unclear communication and alignment on response **coordination** among federal and state governments and individual manufacturers

• Critical sector policy vulnerabilities revealed
  • Past pandemic learnings around ‘**ever warm**’ capacity for manufacturing and sufficient stockpiles did not translate into longevity of alertness or action
  • **Insufficient research & development** focused on infectious diseases and global population health treatments

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COVID-19 Lessons: Health Product Manufacturers

• Critical sector-specific priorities for transformation
  • Accelerate digital and analytics innovations and practices for clinical trials, patient support, HCP interaction and tele-health services
  • Strengthen collaboration on and diversification of R&D innovation, including broader data sharing and standardization of data collection

• Critical system-wide priorities for transformation
  • Enhance domestic coordination and strengthen international bodies for improved cooperation on scientific messaging
  • Improve country cross-border collaboration to mitigate efforts to localize supply chains and strengthen resilient supply of health products
COVID-19 Challenges: Health & Biomedical Research

• Critical sector capacity vulnerabilities revealed
  – Workforce stresses and disparate impacts
  – Capabilities for rapid translation of research into practice across all sectors of the health system

• Critical sector communication/collaboration vulnerabilities
  – Coordination across sectors; balancing speed and rigor; building public trust in validated research findings
  – Data sharing; interoperability; and delivering actionable, real-time results in clinical settings

• Critical sector policy vulnerabilities revealed
  – Need for meaningful partnerships with affected communities as research partners, or incentives to build them
COVID-19 Lessons: Health & Biomedical Research

• Critical sector-specific priorities for transformation
  – Strengthening the research workforce to improve long-term resilience and diversity of the sector
  – Adapting new funding mechanisms to keep on-going research efforts viable during crises
  – Coordinating research projects, both nationally and internationally, to accelerate progress

• Critical system-wide priorities for transformation
  – Increased participation from and partnerships with underserved populations
  – Increased public trust in science and scientists
Quality, Safety, and Standards Organizations
COVID-19 Challenges: Quality, Safety, & Standards Organizations

• Critical sector capacity vulnerabilities revealed
  – Lack of agility to adapt to new best practices, particularly during public health emergencies
  – Chronic lack of safety standards and enforcement in vulnerable settings, such as nursing homes

• Critical sector communication/collaboration vulnerabilities
  – Lack of public trust in safety and quality following the death toll in nursing homes
  – Fragmentation of resources and data systems to track and monitor outcomes

• Critical sector policy vulnerabilities revealed
  – Rapid movement to value-based care and away from fee-for-service
  – Improved data and measures to identify quality lapses, implement new policies, and monitor progress
COVID-19 Lessons: Quality, Safety, & Standards Organizations

• Critical sector-specific priorities for transformation
  – Enhancing staffing capabilities and tracking across facilities
  – Revamped approach to assessing capability
  – Need for a quality improvement approach as part of standard protocols for emergencies

• Critical system-wide priorities for transformation
  – Actionable metrics to improve quality and safety throughout the system
  – Policies to ensure worker safety
  – Data to evaluate and remediate disparities
Sectoral Assessment Insights: Challenges & Opportunities Discussion
Implications for Health System Transformation
Joanne Kenen
Executive Health Care Editor
Politico
Leadership Consortium
Members Meeting

For more information about the Leadership Consortium or to share opportunities to address and advance this work, please contact:

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Closing Remarks

Thank you for joining!

For more information about the National Academy of Medicine’s initiatives, please visit us at: nam.edu