



Questions for the Record following the Ways & Means Committee Health Subcommittee hearing on innovation and efficiency in healthcare

From Representative Price of Georgia:

You mentioned in your response to a Member question that patients should own their data. Is there any action Congress should consider to facilitate both provider and patient access to data, to ensure there's true interoperability to properly allow for a successful flow of data?

Thank you for the question. This is an important topic, as central to our philosophy is the commitment to ensuring patients have access to their data, as well as those providers caring for them.

First, we'd suggest that the passage of the MACRA and the promulgation of the Quality Payment Program rules are steps that have already been taken to drive a positive effect in this area. It will likely take several years, but ultimately we expect that the continued uptake of advanced payment models by more physicians and healthcare organizations will in turn drive greater patient engagement and a rethinking of the provider's data stewardship responsibility. Already, many of the advanced alternative payment models under the QPP framework require further collaboration with and solicitation of data from patients more than traditional fee for service models, and this will certainly grow as additional models are rolled out with a greater scope of clinicians finding paths to participate.

One note: we have seen a dramatic uptake of our patient portal solution, [FollowMyHealth](#), as well as the mobile applications that have been developed under the umbrella of the [Allscripts Developer Program](#) in recent years, and this will likely continue as the market evolves in response to the Quality Payment Program. However, we are concerned by recent steps taken by ONC to expand their jurisdiction and oversight responsibilities to include a much wider variety of technologies than those that fall under the certification program. We believe that Congress should act to stop ONC's proposed [Enhanced Oversight rule](#), which just finished review at OMB, because we it could throttle innovation in the important areas of patient engagement and application programming interface (API) work. This regulation would affect not only companies like Allscripts who offer certified EHRs but also developers without certified products who are partnering with us to improve interoperability. Given that the rule stretches ONC's regulatory authority well beyond the scope intended by Congressional authorizers, we urge language in the must-pass budget to revise or halt implementation of this burdensome rule.

A final suggestion as to how to increase patients' ownership of their health data is to provide additional incentive to patients themselves to care more about not only their data but their health status more generally. One thing that the industry as a whole discusses regularly is that even when the technology is available, patients – a majority of the time – do not take advantage of the opportunity to review their data, check test results, share their information with other clinicians who are caring for them or generally maximize the opportunity to connect that data to their own health experience. Healthcare professionals who we work with would like to see that change because patients who are committed to improving their outcomes in turn will benefit the doctors in the pay-for-value environment. Congress could take steps to encourage CMS, in their role as the largest payer in the nation, to implement policies that directly entice patients to use technology to improve their health status.

From Representative Price of Georgia:

1. TeleTracking emphasizes the need for substantial improvements in patient flow. **Where have you identified patient flow challenges, and how can these challenges be addressed by patients, providers, and policymakers?**

Patient flow is about connecting patients with the right care, when they need it. Patient flow issues exist in every type of healthcare setting when some barrier or processes impedes a patient's ability to access the care they need. Regardless of whether the care setting is a VA hospital, academic medical center, outpatient, or other inpatient facility, patient flow issues exist. Wherever patients wait for care or are sent from one location to the next, or one provider to the next, patient flow problems may be present.

Some of the most common examples of patient flow challenges can be seen in the amount of time patients spend in emergency departments waiting to see a care provider or in the long lists of patients waiting to receive care from the VA. Inefficient processes and lack of visibility at the site of care cause backups which create boarding situations, ambulance diversions, increased lengths of stay, decreased patient and employee satisfaction, compromised patient safety and care quality, and financial losses for care providers. These backups also prevent the next set of patients from being seen by emergency room physicians. The lack of tools to create visibility into patient movement and needs across the care continuum hinders care teams' ability to work together to help make sure patients move safely and effectively through their episodes of care.

*Patient flow issues are compounded when a lack of access or education leads patients to seek care in suboptimal settings. For example, a 2013 literature review estimated that somewhere around 30% of emergency department visits were non-urgent, meaning the patient should have gone through a different channel to receive care.¹ There is an opportunity to educate **patients** on the right place to receive care during any urgent event and speaks to the need for better patient access to the right care, at the right time, in locations that work for the community.*

The cost of equivalent treatment received in urgent care centers is 300%-700% less than care received in emergency departments. In spite of potential cost savings, patients continue to seek care in emergency departments for their non-urgent care needs. The patient experience then becomes suboptimal and may add to patient flow problems and emergency department overcrowding. Education and tools designed for the patient can change their decision-making and help the system as a whole.

*For **providers**, patient flow should be a primary focus of their operations. Efficient patient flow allows hospitals and other providers to achieve their financial, clinical, and community objectives by increasing access and care quality while reducing costs. Providers can address*

¹ Uscher-Pines, L., Pines, J., Kellermann, A., Gillen, E., & Mehrotra, A. (2013). Deciding to visit the emergency department for non-urgent conditions: a systematic review of the literature. *The American journal of managed care*, 19(1), 47.

patient flow challenges by investing in the process improvement and enabling technology that supports better human processes.

*Without process management and visibility, **care providers** spend unnecessary hours trying to track patients down, make sure patients move into the appropriate clinical unit for their particular needs, and move to and from their procedures or appointments safely and efficiently. In our written testimony we outline some of the ways patient flow technologies help support a frictionless patient and care giver experiences by increasing access, visibility, and care team communication. Each stakeholder group has a role to play in helping to achieve substantial improvements in patient flow.*

***Policymakers** have the ability to advance the patient flow discussion, tackle the operational inefficiencies or waste in health care, and encourage providers to make the necessary process changes. The current opportunity is to create the next conversation. TeleTracking is more than willing to work with any subcommittee member or association in that effort; we are available to help support research initiatives, share information, and provide thought leadership in patient flow.*

- 2. An Annals of Internal Medicine Survey published September 6th, 2016, found that for every hour doctors spend seeing patients, they spend almost two additional hours on paperwork. **How are your companies helping to reduce this onerous burden which doctors face so that they can see more patients?***

By streamlining communication and patient flow, TeleTracking gives doctors and nurses more time to spend with patients.

TeleTracking's patient flow platform reduces the amount of time doctors and nurses spend on the phone, chasing down colleagues, and physically transporting patients. More specifically, our platform reduces the amount of time doctors, nurses, and other care providers waste arriving at a bedside when the patient is not in his room, doing redundant work, completing tasks for which others are responsible, coordinating care for the patient across a care team, and managing the movement of the patient through the hospital. By creating visibility, we reduce the amount of time doctors and nurses spend doing detective work to find patients; find beds for patients; and identify who to call for consultations, transfers, and other administrative tasks.

Patient flow platforms streamline communications. These communications replace and simplify workflows that are already happening without creating any redundant documentation. One recent study conducted by an independent research institute found that inefficient communication during patient admissions, patient transfers, and emergency response workflows alone costs the US healthcare industry \$1B a year (just under \$2MM a year per

hospital).² This dollar figure represents valuable hours of patient time that technologies like TeleTracking can give back to care givers.

3. What progress are you making in designing and creating systems, including EHRs, to help doctors succeed as we transition to reimbursement under the Quality Payment Program established by MACRA?

TeleTracking's patient flow platform is designed to help hospitals and health systems operate more efficiently. While provider reimbursements based on MIPS and APMs are not directly impacted by our solutions, the process efficiencies gained from our platform help to support the transition to the new reimbursement structures. Our solutions help to increase the number of patients doctors can treat within reporting periods, reduce the risk of readmission due to hospital acquired infection via decreased lengths of stay, and reduce facility overhead costs (especially important for physician owned hospitals or surgical centers).

Because our products provide increased visibility across a continuum of care, they serve an important role in helping to support team based care and connectivity. Primary providers can more easily consult with other physicians, coordinate the transfer of patients to acute care facilities, and track when patients are discharged and ready for follow-up appointments. Patient flow platforms help support innovative care models like Accountable Care Organization and Patient Centered Medical Homes by helping care teams manage and coordinate the movement of patients through episodes of care. For example, our platform helps to streamline and automate communication with community care teams—specifically related to transferring patients to new facilities, submitting direct admit requests, consulting with on-call physicians in other facilities, and creating visibility into patient care milestones after the patient is admitted.

4. In your estimation, what is the difference between the efforts you are undertaking to improve healthcare and efforts being undertaken by CMMI? Do you feel as if you've had a good working relationship with CMS and CMMI to succeed and help providers succeed? What are the largest regulatory road blocks that currently exist?

Our aim is to improve access to quality care for all patients. Through our patient flow solutions, we help providers streamline processes allowing them to reduce costs and deliver better care to patients. TeleTracking and CMS are working towards common goals from different, though related, directions.

² Ponemon Institute (2014) "The Imprivata Report on the Economic Impact of Inefficient Communications in Healthcare" Available: <http://www.ponemon.org/local/upload/file/2014%20Imprivata%20Report%20FINAL%203.pdf>

While our relationship with CMS is positive, we have not yet had as much opportunity to engage as we would like. We believe that, to date, CMS's quality and safety focus has been positive but missed the effectiveness and efficiency of care gains that a patient flow focus affords.

Our work dovetails nicely. And, there is an opportunity for us to work with CMMI in defining what new innovation models might look like that speed the adoption of best practices with respect to operational efficiency. Additionally, we recently supported Carilion Clinic in the submission of an innovative practices application to CMS' Strategic Innovation Engine (SIE) based on its call for proposals related to streamlining patient flow.

The SIE proposal (Creating Efficient Access to the Right Care for a Community of 1M Virginian residents) highlights one of our innovative best practices in patient flow: creating a centralized transfer center and patient flow "command center." This best practice facilitates efficient entry of patients into a health system; allows teams to coordinate the safest, most appropriate transport of patients; and allows health systems to efficiently manage all hospital throughput needs for that individual hospital or system of hospitals.

The largest regulatory roadblock our country faces is that legislation to date focuses primarily on the quality and safety aspect of patient care. Conversations about the effectiveness and efficiency of care are newer. More recognition of the efficiency and quality gains that can be achieved through streamlined hospital operations will help us reach the cost and quality goals set forward by CMS and Congress. A lack of metrics related to patient flow deemphasizes or ignores the billions of dollars and increased access that an operational focus will make available in the health care system. By promoting a standardized approach to patient care and appropriate process metrics, patient flow will help the health care system increase access while meeting its cost and quality goals.