weitzman institute

Symposium

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Representation Matters

SPEAKERS:

Sahee Abdelmomin
Senior Associate, Virtual Health, Tulsa Innovation Labs

Irene Dankwa-Mullanz
MD, MPH
Chief Health Officer, Marti Health

Abner Mason
Founder & CEO, SameSky Health

MODERATOR:

Rashmi Rao
Managing Director, rcubed | ventures

PANEL PRESENTATION #2

SYMPOSIUM BRIEF

The Role of Inclusive Health Tech in Health Care Innovation

As various digital technologies, including artificial intelligence (AI), become increasingly integrated into the health care system, it is imperative to understand their implications for safety-net primary care practices.

On May 15, 2024, the second panel of the third annual **Weitzman Virtual Symposium** brought together three health technology experts to discuss the role of inclusive technologies in health care innovation around the theme "Representation Matters": **Abner Mason** is the founder and CEO of **SameSky Health**, a cultural experience company that forms meaningful relationships to bring people to health; **Dr. Irene Dankwa-Mullanz**, Chief Health Officer at **Marti Health**, a health equity start-up that promotes case management coordination, targeting individuals from underserved communities; and **Sahee Abdelmomin**, Senior Associate on the virtual health team at **Tulsa Innovation Labs** where she oversees program development to advance virtual health research and workforce development initiatives. **Rashmi Rao**, managing director of **rcubed | ventures**, a business consulting company that offers strategic guidance to startups in the consumer health care and automotive technology industries, moderated the panel.

New Technologies Can Revolutionize Health Care *If* Implemented Equitably

The American Medical Association reports 30% of health care providers utilized AI in their clinical practice with diagnostic AI tools being the most common. Additionally, the Centers for Disease Control and Prevention (CDC) reports that over one-third of health centers in the United States (U.S.) continue to provide telehealth services post-pandemic. Though these and other digital tools have improved patient outcomes for underserved communities, the panel addressed how access barriers remain.

Abner Mason asserted how one of the main barriers to expanding the use of digital health technologies among underserved populations is low Medicaid reimbursement rates. Mr. Mason described how it took a global pandemic to provide this basic service to low income individuals. New, more innovative technologies must be deployed at a faster rate for underserved populations. ***"You shouldn't have to wait 20 years to***

benefit from new technologies just because you're poor or low income… in fact, those are the folks that some of these technologies are best equipped to help," stated Mr. Mason.

There are many opportunities in which AI and machine learning tools can help providers offer a more personalized approach for patients, but Medicaid policies often stand in the way. **One potential solution to the reimbursement issue lies in a collaborative effort between technology companies and managed care organizations.** Mr. Mason explained how this partnership could streamline the contracting process, making it more accessible for technology companies seeking to integrate their solutions into underserved populations.

Sahee Abdelmomin shared how more startups are beginning to explore unique avenues to collaborate with the Centers for Medicare and Medicaid Services (CMS), especially as value-based care gains popularity. CMS reimburses for medical home modifications, and companies are therefore focusing on "smart home" and assisted living technologies. Ms. Abdelmomin explained how this shift to value-based care will bring more technologies to Medicare and Medicaid populations first, which is a step in the right direction.

Overcoming the Limitations Associated With New Technologies

Dr. Irene Dankwa-Mullanz expressed how health technologies have made a significant impact in advancing primary care, informing nursing and public health practice. Still, she mentioned, these technologies fail to address some of the specific challenges that safety-net hospitals and health systems face. The lack of human touch and overly generalized solutions may not serve patient populations effectively. Technologies such as chatbots and automated phone systems replace human interaction and can often make patients, especially those from socially disadvantaged communities, ***"feel further disconnected and further undervalued,"*** Dr. Dankwa-Mullanz explained.

Major limitations:

- Lack of human touch and personalization
- Cannot completely address social determinants of health
- Limited access to high-speed internet/broadband and telehealth implementation challenges

Additionally, AI models work by collecting data; more data means better predictions. However, if mostly private hospitals are feeding data into these models, the models will be biased, skewing toward non-Federally Qualified Health Center (FQHC) populations. Dr. Dankwa-Mullanz explained these AI tools might not best serve the needs of FQHC patients since the data was developed using different patient demographics.

Patients may also be wary of how their information is collected due to privacy and security concerns. Dr. Dankwa-Mullanz mentioned using personal touch to ease these worries, stating that personalization is incredibly important to build patient-provider trust. Personalized care requires comprehensive patient information beyond data that can be collected. Dr. Dankwa-Mullanz recommended, *"**balancing technology with human interaction**: ensuring that the care teams are trained to use digital tools, but not replacing personal connection and incorporating patient-centered communication."*

Dr. Dankwa-Mullanz also stressed the importance of recognizing that technology alone cannot completely address social determinants of health such as housing and food insecurity. Establishing partnerships between these new technologies and social workers and community health workers will help address broader issues. **Technology cannot fully replace the personal touch required to understand patient and community contexts.**

USDA ReConnect Loan and Grant Program.
Source: www.usdagov/reconnect

Next, Ms. Abdelmomin discussed two additional issues: limited access to broadband/high-speed internet for specific patient populations and telehealth implementation hurdles. Access to broadband is important as it results in positive health outcomes by improving connectivity to loved ones and facilitating access to health information. However, those that may benefit the most do not have access to broadband, limiting their access to telehealth opportunities. For example, more than a quarter of Americans living in rural areas lack broadband access and that fraction is even higher in Tribal communities. Positively, Ms. Abdelmomin noted there has been an increase in broadband access investment in several states, and the United States Department of Agriculture has committed $1.5 billion as part of the **ReConnect Loan and Grant Program** to expand broadband access in rural communities. However, digital health literacy remains a barrier to patient adoption and implementation of new technologies.

Ms. Abdelmomin recommended that providers and health care systems understand the community they serve. For example, in terms of telehealth, some patients are more likely to adopt telephone, text, and voice-based solutions rather than navigate a website or download a smartphone application. If patients can utilize text or voice modalities, they are significantly more likely to incorporate this technology. While many people

primarily rely on texting, the **Telephone Consumer Protection Act (1991)** makes it difficult for Medicaid plans to engage their members through text. The policy is outdated and must be changed to reflect the needs of today's populations. ***"Technology has changed, people have changed, their expectations have changed,"*** Mr. Mason remarked.

Panelists shared the sentiment that federal legislation is required to help update the health care ecosystem to meet patients' expectations and better serve them in this digital world.

Ensuring AI and Machine Learning Technologies Support Health Equity

There must be checkpoints and considerations to ensure that new technologies such as AI and machine learning promote health equity and ethical principles. It is crucial that data is diverse and represents various populations and that these tools are thoroughly examined for bias. As this new wave of technology is ushered in, we must ask critical questions about where the data are coming from and who is included in these data sets in order to mitigate bias. ***"Simply asking where is the data coming from whenever implementing any type of AI solution is the easiest step to ensuring that there's adequate representation,"*** Ms. Abdelmomin advised. Inter-agency collaboration on important initiatives focused on collecting representative health data among underrepresented groups, such as the National Institute of Health (NIH) **All of Us** program, must be expanded.

"Simply asking where is the data coming from whenever implementing any type of AI solution is the easiest step to ensuring that there's adequate representation."

The Supreme Court Ruling Ending Affirmative Action Has Impacted Health Care

Mr. Mason discussed how there is a perceived difference between health equity and diversity, equity, and inclusion (DEI) more broadly. On the health equity front, there is a continued effort to reduce health disparities, as it is easier to demonstrate impact and witness a return on investment when health outcomes improve. However, he stated, it's more difficult to make the business case for DEI programs, yet the end of these programs could threaten the diversity of the health care workforce.

This is especially relevant in light of the recent U.S. Supreme Court ruling ending affirmative action for university admissions. Because of this, medical schools are moving away from race-based decisions in programs and instead focusing on income and other factors. Dr. Dankwa-Mullanz explained that within the health workforce, there is an obligation to care for diverse populations, which means providing culturally competent and culturally sensitive care, so medical schools are being creative about maintaining a diverse student body.

Connecting Clinical and Social Care

Mr. Mason explained how clinical care has been traditionally separated from social care even though research demonstrates that social determinants of health are much more important to a person's health than what actually happens in the clinic. Companies and government programs are trying to bridge that gap. For example, Medicare's supplemental benefits program helps seniors pay bills or make home modifications. California's new **CalAIM** initiative connects Medicaid managed care plans to community-based groups to meet patients' social needs.

Dr. Dankwa-Mullanz closed the session, stating that, just as research and technology benefit from mass investment in the health care space, equal investments must be allocated to prevention programs and initiatives to better address patient health and create a less fragmented health care system.

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For More Information

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