



# **STATEMENT**

**of the**

**American Medical Association**

**for the Record**

**U.S. House of Representatives**

**Committee on Energy and Commerce**

**Subcommittee on Commerce, Manufacturing, and Trade**

**Re: The Disrupter Series: Health Care Apps**

**July 13, 2016**

**Division of Legislative Counsel  
(202) 789-7426**

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**American Medical Association**  
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**The Disrupter Series: Health Care Apps**  
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The American Medical Association (AMA) appreciates the opportunity to submit this statement for the record as part of the U.S. House of Representatives, Committee on Energy and Commerce Subcommittee on Commerce, Manufacturing, and Trade hearing, *The Disrupter Series: Health Care Apps*. The broad array of digital medicine tools and services has begun a fundamental transformation of health care delivery. The AMA is strongly committed to accelerating the adoption and integration of digital medicine services and tools into everyday practice that promote improved patient health outcomes, support care coordination, and improve communication. Our efforts to achieve these goals include modernization of AMA policy, focused federal and state advocacy efforts to streamline and update regulatory oversight and expand private and public payer coverage, enhanced medical education, key collaborations with innovators, and tools to assist physicians utilize these new technologies.

As we move forward there are many opportunities and challenges that will require focused efforts by policymakers and health care stakeholders. Below we highlight a number of initiatives where the AMA has gained significant experience in the area of digital medicine and outline thereafter important policy priorities that the Subcommittee should advance in this area. Namely, innovations in the digital medicine arena must be validated, evidence-based, actionable, and connected while preserving important patient protections that are time-tested and relevant today. For new technologies to reach their potential, they must exhibit these primary features in order to bring patients and physicians closer together for the common purpose of improving health outcomes.

**AMA's focus on innovation and digital medicine**

Early innovators have been prodigious and creative, but too frequently have not accounted for system-wide and patient point of care considerations that ensure security, accountability, accessibility, usability, and interoperability. In addition, the clinical evidence base for many of these innovations, though not all, remains a work in progress. Within this context, for the past several years the AMA has strategically and rapidly expanded the foot print of practicing physicians into the digital medicine ecosystem to champion digital health solutions that achieve the stated promise of saving overall health costs, expanding patient access, and improving clinical care and outcomes.

The AMA's range of telemedicine and mobile app related initiatives and efforts have covered the breadth of AMA focus areas and components. For example, the AMA has leveraged its role as a convener and hosted regular meetings with the national medical specialty societies to encourage the development of objectives and initiatives to support digital medicine adoption, including the use of telemedicine and

mobile health apps. In addition, the AMA's focus on Accelerating Change in Medical Education initiative and grant funding includes participating medical schools promoting e-learning and innovations that encourage increased literacy and fluency in the digital medicine space. In another key focus area, the AMA offers an online tool kit, *STEPSforward*, which is a medical practice transformation series comprised of a collection of interactive, educational modules developed by the AMA to help physicians address common practice challenges, including a module on *Adopting Telemedicine in Practice*. Each module addresses a specific challenge by offering real-world solutions, steps to implementation, practical examples, case studies, and downloadable tools and resources. Physicians and their practice staff can use these modules to help improve practice efficiency and ultimately enhance patient care, physician satisfaction, and practice sustainability. The telemedicine *STEPSforward* module highlights important considerations for physicians including applicable federal and state laws.

In addition to the above areas of focus, the AMA has partnered with leaders across health care that are keenly focused on technologies that work better for our patients and physicians and seeking ways to bring the physician voice into the innovation space. The AMA is building bridges to technology innovators and entrepreneurs so that physicians have a seat at the table as new products and services are being developed. New digital tools that support medical practice must address real-world challenges for physicians. The AMA is a founding partner of Health2047, an integrated health care innovation company along with leading institutions to make widely available system-level solutions that enhance care delivery and practice of medicine. Health2047 is designed to catalyze collaboration across a network of partners including technology firms, product companies, physicians and payers to drive rapid and responsive change that makes new solutions possible. Health2047 incorporates physician perspective to inform every step—from the design process, to testing prototypes, early access to solutions, and the ability to submit ideas of their own—so that health technology solutions work well in the practice setting and benefit physicians and patients.

Another partnership includes the AMA at MATTER, an effort to support ideation and collaboration with hundreds of entrepreneurs to ensure the physician perspective is included in the development of new tools and innovative solutions from the outset, and includes an interaction studio so entrepreneurs are able to test their solutions in a simulated clinical and non-clinical environment and collaborate with physicians virtually. Since the partnership was established in 2015, hundreds of physicians have visited MATTER or offered insight and feedback to entrepreneurs working on early stage technologies and solutions. Additionally, the AMA at MATTER partnership has brought physicians and entrepreneurs together for a variety of educational workshops, interactive simulations, and collaboration events focused on optimizing health care.

Beyond Health2047 and AMA at MATTER, the AMA continues to develop partnerships and collaborations that support the AMA's strategic focus area activities with outside innovators including:

- Ongoing monitoring and interaction with digital health companies connected to our focus areas.
- Collaboration established with a leading digital diabetes prevention company to scale physician referral into these programs.
- Efforts to build and disseminate principles and guidelines for digital health tools and applications.

Furthermore, since 2014 the AMA is an active participant and board member of the Substitutable Medical Applications & Reusable Technology ([SMART](#)) Platforms project. This initiative with Boston Children's Hospital and Harvard University's Medical School is working to use a mobile app infrastructure to improve existing electronic health record (EHR) technology and enhance interoperability. The project also promotes the development and use of mobile healthcare apps with the goal of making such applications widely available to practicing physicians and patients.

## **Key subcommittee considerations**

While encouraging and supporting innovation, the AMA is equally committed to ensuring digital medicine is implemented in a manner that protects patient safety and promotes improved patient health outcomes. The diversity of telecommunication technologies, clinical practice settings, and medical specialties, along with the rapid rate of innovation, are factors that should be carefully weighed by policy-makers.

### *Mobile Apps and Electronic Health Records*

AMA advocacy related to EHRs has also long promoted the use of mobile apps and other technology to improve upon existing health IT barriers. In particular, we have welcomed efforts to allow patients to use application-program interfaces (APIs) rather than solely patient portals to supports data access and exchange, as this new technology may provide more usable and accessible tools. Furthermore, the lower costs of apps and APIs may improve care access and prevent resources from being diverted away from patient care.

### *Patient safety (state licensure and consumer protection)*

The nationwide standard in the United States continues to recognize that the practice of medicine occurs where the patient is located, rather than where the provider is located. This is a patient-centered, time-tested, and practice-proven precedent. Each state establishes its own licensing and medical practice standards, regulations, and laws that meet the needs of the individuals receiving care within the state's borders. State-based regulation of the practice of medicine ensures that state medical boards have the legal capacity and practical capability to regulate physicians treating patients within the borders of their state, and to attest that those physicians meet the qualifications necessary to safely practice medicine. Changing the site of practice to where the physician is located would be highly disruptive and complex, and would be antithetical to the principles of Federalism upon which our current system of regulating physicians and protecting patients rests.

The AMA opposes federal legislation that would change the site of practice from the state where the *patient* is located to the state where the *physician* is located for purposes of licensure, disciplinary actions, or the applicability of state medical practice laws. States use licensure authority to protect patients located in their state and hold health care providers accountable to their practice, patient safety, and liability laws. Changing the site of practice would undermine a state's ability to enforce its laws on public health issues including:

- Medical marijuana
- Assisted suicide
- Parental consent and minors
- Abortion
- Controlled substances
- Prescribing
- End of life
- State based disciplinary authority

Rather than reduce barriers to adoption of telemedicine and mobile apps, the AMA believes such an approach would compromise patient safety by making it exceedingly difficult and potentially impossible

for patients and state medical boards where the care is rendered to address improper and unprofessional care.

At the same time, the AMA recognizes the need to modernize and stream-line the state licensure process, particularly for those physicians who wish to obtain licenses to practice medicine in multiple states, whether that practice be via telemedicine or in person. For this reason, the AMA strongly supports the Interstate Medical Licensure Compact, a newly proposed licensing option under which qualified physicians seeking to practice in multiple states would be eligible for expedited licensure in all Compact member states. In addition to easing the burden of obtaining and maintaining licensure in multiple states, the Compact will strengthen public protection by facilitating state medical board sharing of investigative and disciplinary information that they cannot share now. Since 2015, seventeen states have joined the Compact including, Alabama, Arizona, Colorado, Idaho, Illinois, Iowa, Kansas, Minnesota, Mississippi, Montana, Nevada, New Hampshire, South Dakota, Utah, West Virginia, Wisconsin, and Wyoming. The Compact continues to gain financial support as well; in June 2016, the Health Resources and Services Agency (HRSA) Licensure Portability Grant Program announced a \$250,000 annual three-year grant to support implementation of Compact activities. The AMA is encouraged by the Compact's promise to modernize, simplify and streamline the state licensure process while maintaining the state's authority over the practice of medicine, and as such, continues to encourage stakeholders to support the Compact and other mechanisms through which to support physicians who wish to practice medicine in multiple states.

#### *Promoting patient centered care and care coordination*

The AMA urges policymakers to promote telemedicine and mobile apps that will support care delivery that is patient centered, promotes care coordination, and facilitates team-based communication. We urge policymakers to support telemedicine and mobile apps that promote interoperability of systems, products, and platforms—or minimally portability of data. Digital medicine tools should be consistent with and serve as infrastructure for new value-based accountable care delivery models, and without data portability, new telemedicine models—particularly outpatient care—may further fragment care and create additional silos instead of building medical neighborhoods of collaboration. Promoting patient care coordination through medical home and accountable care models will become achievable where data portability and interoperability are promoted in the context of telemedicine and mobile apps. The foregoing is more likely where telemedicine and mobile app technologies are used to extend the capacity and reach of physicians and health care practices and systems in the community where a patient resides. Alternatively, such care coordination and new delivery models will become more difficult to implement if new telemedicine platforms and options create barriers to engagement with a patient's treating physicians, medical home team, and neighborhood.

As part of the AMA's research and analysis of telemedicine, mobile app, and remote patient monitoring technologies, we have had the opportunity to consider a number of innovative platforms—this review remains ongoing. The companies offering telemedicine and remote patient monitoring platforms and technologies have approached the need for care coordination with the medical home and the medical team, and the need to construct technologies and policies that support patient centered care between traditional and new locations of care and members of the patient's medical team with differing levels of importance. Currently, some new telecommunication vendors that use free-standing platforms to triage urgent care, for example, have relatively weak methods to support care coordination with a patient's medical home where an established physician-patient relationship exists outside of the telemedicine platform offered. On the other hand, some vendors have developed models that emphasize partnerships with existing community providers to scale or extend the patient's medical home's reach utilizing telemedicine models. One vendor, for example, offers a variety of data sharing interfaces via the Health Insurance Portability and Accountability Act-compliant standards to allow the vendor to support information sharing with the patient's medical home. Again, the AMA urges policymakers to promote

telemedicine and mobile apps that will support care delivery that is patient centered, promotes care coordination, and facilitates team-based communication.

### *Evidence base and clinical standards of care*

Policymakers should also increase support for further development of research and evidence regarding the impact telemedicine and mobile apps have on quality and costs. There is a developing body of research on an array of telemedicine and mobile app technologies and services, but the evidence base in some areas does not exist or is limited. As the technologies proliferate and the medical services that are covered expand, there will be increasing pressure to ensure that there is a clinical evidence base to support new applications, and that uses are safe and efficacious. Research has moved from demonstrating the technology works and is functional to evaluating the comparative effectiveness of services offered through telecommunication modalities as compared to in-person services.

Telemedicine and remote patient monitoring are not part of a separate medical specialty. Standards of care for telemedicine services and remote patient monitoring in some areas are well-established, but in many other areas remains a work in progress where a number of pace setting specialties have been very involved in developing relevant clinical practice guidelines. National medical specialty societies continue to develop clinical guidelines or position statements relating to telemedicine and remote patient monitoring—these include the American College of Radiology, American Academy of Dermatology, American Psychiatric Association, and Society of American Gastrointestinal and Endoscopic Surgeons, for example. The AMA is engaging both national specialty and state medical societies concerning practice guidelines as well as policies broadly governing telemedicine and expects more activity in this area.

While there is growing evidence that certain uses of telemedicine and mobile apps can improve care coordination and adherence, there is equally concerning indications that certain telemedicine and mobile app prescribing practices in urgent care settings and where care is not coordinated with a medical home or compliant with practice guidelines may lead to public health threats. Specifically, the prescribing of antibiotics without appropriate diagnostic testing may further exacerbate the serious and growing problem of antibiotic resistance—a persistent and deepening public health threat.

### **AMA policy and reports**

Over the past several years, the AMA’s House of Delegates comprised of physician leaders from every major national medical specialty society and state medical association, has adopted a growing number of reports and policies supporting appropriate uses and adoption of telemedicine and mobile apps.<sup>1</sup> In June 2014, the AMA’s House of Delegates adopted the Council on Science and Public Health’s Report 5: Guidelines for Mobile Medical Applications and Devices (attached) (Report). The Report covers many of the topics identified by the subcommittee and includes a number of recommendations that the AMA has moved forward to implement through ongoing and developing collaborations with stakeholders in the digital medicine space.

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<sup>1</sup> The reports include: Council on Medical Education Report: Telemedicine and Medical Licensure (Annual Meeting 2010); Board of Trustees Report: Professionalism in Telemedicine & Telehealth (Annual Meeting 2013); Council on Medical Service Report: Coverage and Payment for Telemedicine (Annual Meeting 2014); Board of Trustees Report: Facilitating State Licensure for Telemedicine Services (Interim Meeting 2014); Council on Ethical and Judicial Affairs Report: Ethical Practice in Telemedicine (Annual Meeting 2016); Council on Medical Service Report: Virtual Supervision of “Incident to” Services (Annual Meeting 2016); and Council on Medical Education Report: Telemedicine in Medical Education (Annual Meeting 2016).

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We appreciate the opportunity to comment and look forward to working with the subcommittee and Congress.