



## Holistic, innovative, culturally-rooted healthcare

<p><b>Idea 27</b></p>	<p>Health technology that improves access to care and is responsive to need</p>
<p><b>Proposal 27a</b></p>	<p>Advance research in objective assessments in clinical practice.</p>
<p><b>Description</b></p>	<p><b>Advance research in objective assessments in clinical practice.</b> Ensure that these assessments are equitable and inclusive to reduce bias in development.</p>
<p><b>How will the proposed action advance equitable health and well-being?</b></p>	<p>Such a proposal would help evaluate the efficacy and cost-effectiveness of IT equity. Most existing studies are based on antiquated reimbursement measures and are not model in current terms. We know that system compatibility is needed, but often are stifled by trying to gather research. This research should include the context of innovative payment models that encourage the use of technology via CMS and the Centers Medicare and Medicaid Innovation. It would help us understand what technologies support clinical practice and which streamline billing and usability, with the goal of improving patient experience and outcomes.</p> <p>Technologies exist that can help with payment access, but those new technologies have difficulties launching or proving cost-effectiveness. Better understanding their efficacy would support payment reform and help us create a patient/human centric system that holistically incentivizes supportive care and preventive services.</p>
<p><b>Is there work we can build on?</b></p>	<p>Electronic health record tools that help with assessment of interoperability</p> <p>How to select Health Information Exchange</p> <p>CMS <a href="#">Fast Healthcare Interoperability Resources</a> (FHIR) standards</p> <p><a href="#">National Information Exchange Model</a> (NIEM)/Justice</p> <p>Within education, other models, such as <a href="#">CEDs</a> and <a href="#">EdFi</a></p> <p>CMMI to do focused research on community services and other social determinants of health</p> <p><a href="#">National Interoperability Collaborative (NIC)</a></p>



<b>Who would have to act? Who would be key partners?</b>	Startups in IT Key institutions (healthcare systems, government entities) who have determined that accessibility from an IT basis is a priority Patients/communities
<b>A few high-level action steps</b>	<ol style="list-style-type: none"><li>1. Work IT startups to demonstrate effectiveness</li><li>2. Bring on board key institutions (healthcare systems, government entities, etc.) who are committed to interoperability and accessibility</li><li>3. Change contracts to focus on the importance of interoperability. Start with this as the priority and commitment.</li><li>4. Reorganize Health and Human Services so that healthcare is supported and human services falls within that.</li></ol>
<b>Other comments or guidance</b>	