



## Holistic, innovative, culturally-rooted healthcare

<b>Idea 27</b>	Health technology that improves access to care and is responsive to need
<b>Proposal 27b</b>	Convene sector leaders to co-create solutions
<b>Description</b>	<b>Convene health technology developers and health equity patient organizations</b> to identify existing gaps and co-create solutions to meet the most pressing health needs in affected communities
<b>How will the proposed action advance equitable health and well-being?</b>	Physical health is only 10-20% of all wellness, so how can we create a system that is wellness-focused, rather than profit driven? Focusing on interoperability would shift the system to an equitable distribution of resources from an IT standpoint and empower healthcare consumers and patients by allowing them to access consumer information and choose the clinician who can provide the best care for them. It would build stronger partnerships between clinical practices and community-based groups.
<b>Is there work we can build on?</b>	<a href="#">CURES mandate</a> to share information with the patient:  Medicare’s <a href="#">Blue button 2.0 app</a> , which allows patients access to all claims:  <a href="#">MyHealthEData initiative</a>  <a href="#">National Interoperability Collaborative</a>
<b>Who would have to act? Who would be key partners?</b>	National action agenda to advance social determinants of health and health equity Think tanks to support initiatives for more immediate changes to health
<b>A few high-level action steps</b>	<ol style="list-style-type: none"> <li>1. Create a roadmap for integrative models to integrate different systems within the health care community (for example, Integrated Care for Kids, run through CMMI, is working to connect high risk kids who are at risk for being removed from home in order to upstream interventions, with the goal of preventing downstream consequences through redistribution of resources.</li> <li>2. Review laws and policy that are health care related (i.e., telehealth, future innovations) to determine which are applicable to current technology and which may need to be revised.</li> </ol>



	<ol style="list-style-type: none"> <li>3. Advocate for new laws that support social determinant of health repayment in health plans. Could we rethink this as an omnibus for overhaul legislation?</li> <li>4. Revise lifeline programs to allow internet coverage</li> <li>5. Restructure funding and incentives on value-based care and primary care foundation for patient-centeredness</li> </ol>
<p><b>Other comments or guidance</b></p>	<p>Focus on creating standardized products and frameworks that can be replicated elsewhere</p> <p>Evaluations of Medicare advantage enrollees who have access to social support services.</p> <p>COVID has allowed for proof of concept and we can use funds from COVID to help prove innovation that can help provide improved care models.</p> <p>User opportunity to useful access</p> <p>Patients may not want their data. They want to be trusted and known. They want to be well. Access to data may hinder accurate medical communication of information (for example, if a person does not believe that they are obese or have Diabetes)</p>