Artificial Intelligence: Emerging Technologies

November 11, 2024

1:00 – 2:00 PM ET

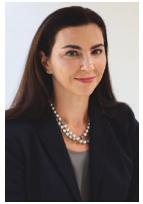
Q&A will take place at the end of the program

You can submit written questions using the **“Questions” tab** (not chat) at any time during the webinar.

Webinar is being recorded

The recording and slides will be available on the NAACOS website within 48 hours.

Speakers

	Juli Goldstein serves as the Vice President of Government Affairs and Market Access at Digital Diagnostics, the company that brought the first fully autonomous AI cleared by the FDA for the detection of diabetic retinopathy to market. In her role, Juli leads the efforts for establishing payment and reimbursement, strategic market access planning, policy engagement and the creation of real-world evidence. Prior to joining Digital Diagnostics, Juli led policy, reimbursement and commercial strategy across major medical device companies, including Medela LLC and Abbott Inc. She has also served as a leader with national and global payer organizations, including Kaiser Permanente and the World Health Organization, where she authored clinical standards of care and health policy initiatives. Juli holds her Master's degree in Health Science and International Health from the Johns Hopkins University Bloomberg School of Public Health and is credentialed as a Certified Professional Biller with the American Academy of Professional Coders.
	Kathleen Provanzana, MD is a Medical Director of Quality and Patient Safety focusing on ambulatory care at OhioHealth. She is a family physician with over 25 years of experience and has worked in both hospital and ambulatory quality. She is currently focusing on innovation and culture to excel improvement in primary care. Dr. Provanzana completed her undergraduate studies at the University of Notre Dame, her medical degree at The Ohio State University, and her post graduate training at Riverside Methodist Hospital in Columbus, Ohio.
	Jennifer Stoll is the Chief External Affairs Officer at OCHIN, a nonprofit health IT network dedicated to health equity. A national expert at the crossroads of technology, health policy, advocacy and strategic partnerships, Jennifer leads a diverse team that advocates for members OCHIN network and the patients they serve, working to improve access to care in various communities. She holds degrees from Stanford and the University of Connecticut and chairs several boards focused on healthcare delivery and the advancement of AI in healthcare.

DIGITAL DIAGNOSTICS

AI the right way.®

Digital Diagnostics

Supporting value-based care with Autonomous AI

Prepared for NAACOS Webinar

Juli Goldstein, MHS, CPB

Diabetic Retinopathy |MIPS & HEDIS Quality Measure

- Diabetic Retinopathy is leading cause of blindness in working age adults
- 9.6 Million Americans live with diabetic retinopathy
- Non-Hispanic blacks have the highest prevalence rate of diabetic retinopathy
- Up to 85% Adults living with diabetes do not get an annual eye exam
- NCQA and CMS have included eye exam for people with diabetes (EED) as a front-line care setting quality measure

Normal Vision

Vision with Diabetic Retinopathy

https://www.cdc.gov/vision-health-data/prevalence-estimates/dr-prevalence.html?CDC_AAref_Val=https://www.cdc.gov/visionhealth/vehss/estimates/dr-prevalence.html Accessed Oct 29, 2024
Benoit SR, Swenor B, Geiss LS, Gregg EW, Saaddine JB. Eye Care Utilization Among Insured People With Diabetes in the U.S., 2010-2014. Diabetes Care. 2019;42(3):427-433.

Digital Diagnostics built the first ever autonomous diagnostic device in healthcare

REIMBURSED CPT® code 92229 covered by Medicare, Medicaid and major commercial payors

QUALITY MEASURE ATTAINMENT for Eye Exam for Diabetes (HEDIS + MIPS)

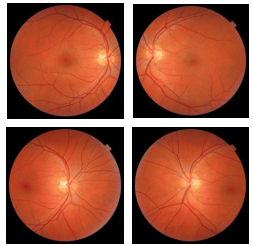
LUMINETICSCORE™
AI Engineered by Digital Diagnostics

How it works

LUMINETICSCORE™
AI Engineered by Digital Diagnostics

1 Image Capture

A minimally-trained operator captures two images per eye of an eligible* patient. Fits within workflow of the office visit.



2 Diagnostic Evaluation

LumineticsCore AI diagnoses patient. Results are sent to the EHR and proprietary SphereDx platform. No specialist over-read required.

3 Results & Follow Up

PDF/EHR Report with easy-to-read results. Patient referral care based on results. Provider bills as indicated including quality measure capture.

* LumineticsCore™ (formerly IDx-DR) is intended for use by health care providers to automatically detect more than mild diabetic retinopathy (mtmDR) in adults (22 years of age or older) diagnosed with diabetes who have not been previously diagnosed with diabetic retinopathy. LumineticsCore is indicated for use with the Topcon NW400.
Read the full indications for use.

AI in Healthcare |LumineticsCore Policy Updates

American Diabetes Association.

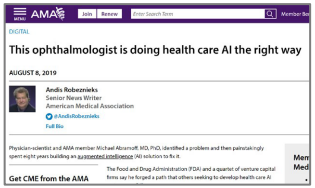
ADA includes FDA-authorized AI in 2020 Standards of Medical Care in Diabetes.

11.17 [..] Artificial intelligence systems that detect more than mild diabetic retinopathy and diabetic macular edema authorized for use by the FDA represent an alternative to traditional screening approaches (115).

AMA

AMA CPT ® Editorial Panel creates first ever CPT® category 1 code for autonomous AI, on May 15, 2019.

"This ophthalmologist is doing healthcare AI the right way"



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS Includes CPT® 92229 on the Medicare Physician Fee Schedule & includes the service for separate payment in the outpatient setting.

Billing facilitated with CPT® code 92229. CMS updates MIPS to include CPT® 92229.

NCQA

NCQA updates eye exam for diabetes(EED) HEDIS measure to allow autonomous AI as a recognized action.

2024 updates numerator criteria to allow for billing by any provider during measurement year

AMERICAN ACADEMY OF OPHTHALMOLOGY®

"An IDx-DR [now known as LumineticsCore] exam can alert a patient that they have signs of diabetic retinopathy, making it far more likely they will enter the care of an ophthalmologist before it's too late."

1. American Diabetes Association. 11. Microvascular Complications and Foot Care: Standards of Medical Care in Diabetes – 2020. Diabetes Care; 43(Supplement 1): S135-S151, 2020. https://care.diabetesjournals.org/content/43/Supplement_1/S135
2. https://www.ncqa.org/wp-content/uploads/2020/07/20200701_Summary_Table_of_Measures_Product_Lines_and_Changes.pdf
3. https://www.ama-assn.org/practice-management/digital/ophthalmologist-doing-health-care-ai-right-way

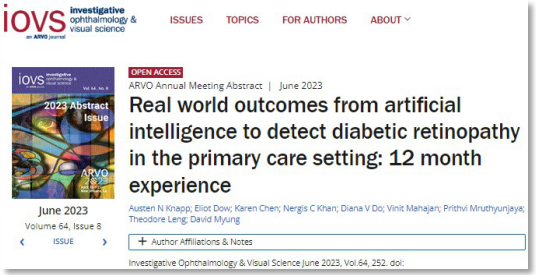
Real world evidence shows the benefit of LumineticsCore (CPT® 92229) for patient outcomes.

1 California

Address Care Gap in Bay Area

Highlights

- 2,240+ patients tested using LumineticsCore
- Rates of follow up three-fold higher under the AI workflow compared with teleophthalmology (p<0.01)
- Surpassed HEDIS value-based target for annual exams, exceeding the 90th percentile national benchmark

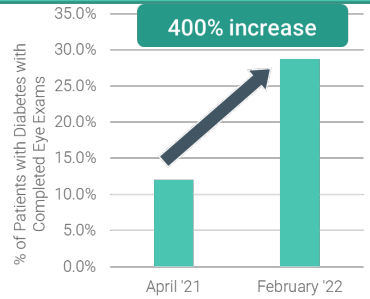


2 New Jersey

Early Access for Underserved

Highlights

- In an already at-risk population, over 1 in 4 found to have referable DR
- Prior to LumineticsCore: Only 12% completed an eye exam in last 2 months
- "The identification of organ damage also provides crucial feedback for the patient and medical team" Family Medicine Physician



3 Georgia

EED Quality Measure Attainment

Highlights

- Private practice member of Emory Healthcare Network in Atlanta area
- During the COVID pandemic, referrals to eye care providers dropped precipitously
- Identification of diabetic retinopathy cases increased 2.5 fold
- "LumineticsCore really is cutting edge technology that helps me market to patients, prevent vision loss from diabetes, and improve my quality scores" Internal Medicine Physician

4 Indiana

Improve Performance Across Medical System

Highlights

- Placement of LumineticsCore (in endocrinology, lab & primary care
- Completed >500 exams in more than 10 clinics
- "The opportunity is great to offer a low-cost, high efficacy solution" Population Health Director

Parkview Health brings diabetic retinopathy tests closer to the patients | Healthcare IT News Accessed March 22, 2024

Thank you!

Visit www.digitaldiagnostics.com to learn more

IDx-DR Diagnostic System

- Class CE IIa and FDA cleared medical device
- Instantaneous quality feedback with assistive, robotic retinal camera
- Easy-to-use interface guides the operator
- Immediate point-of-care with results <60 seconds
- No specialist overread & reading network required
- Exam performed by an experienced operator in 5-10 minutes

How IDx-DR Works

1) Using a fundus camera, the trained operator captures two images per eye

2) The images are submitted to the IDx-DR Client on a local computer

3) IDx-DR analyzes images for signs of diabetic retinopathy, providing results in less than a minute.

No Diabetic Retinopathy Detected: Retest in 12 Months

Diabetic Retinopathy Detected: Refer to an eye care professional

IDx-DR Report Examples

Negative for MTMDR

DIGITAL DIAGNOSTICS

IDx-DR Diagnostic Report

PATIENT NAME	Sonya Dolland	EXAMINATION ID	4F1A
MRN	WJAV-9ASJ-75DF		
DOB	02/18/1973 (MM/DD/YYYY)		
EXAM AND RESULT DATE	10/27/2021		

RESULTS

DIAGNOSTIC RESULT	No Diabetic Retinopathy Detected. ETDRS level 20 or lower and no Diabetic Macular Edema	No Referral Needed
NEXT STEPS	Retest in 12 months	
INTERPRETATION	Results were produced by a system that provides an artificial intelligence (AI) interpretation	

FUNDUS IMAGES USED IN EXAM

OS (L) OD (R)

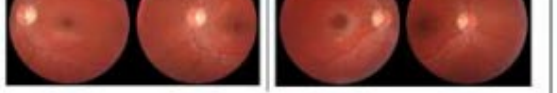


Image orientation and labeling is for reference only and should not be used for diagnostic purposes.

DISCLAIMER

A positive result indicates a high risk of diabetic retinopathy with a severity of ETDRS level 35 or higher and/or macular edema. IDx-DR diabetic retinopathy exam does not replace a comprehensive eye exam. The images in this report are lower quality than the images used by IDx-DR and should not be used for diagnostic purposes. See user manual for more details.

Insufficient Exam Quality

DIGITAL DIAGNOSTICS

IDx-DR Diagnostic Report

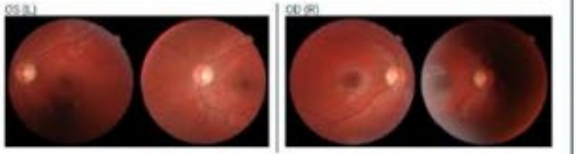
PATIENT NAME	Dies Flennegen	EXAMINATION ID	4F56
MRN	JAC2-9KA3-J823		
DOB	01/14/1977 (MM/DD/YYYY)		
EXAM AND RESULT DATE	10/27/2021		

RESULTS

DIAGNOSTIC RESULT	Exam Quality Insufficient	Referral Needed
NEXT STEPS	Refer to eye care professional	
INTERPRETATION	Results were produced by a system that provides an artificial intelligence (AI) interpretation	

FUNDUS IMAGES USED IN EXAM

OS (L) OD (R)



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Positive for MTMDR

DIGITAL DIAGNOSTICS

IDx-DR Diagnostic Report

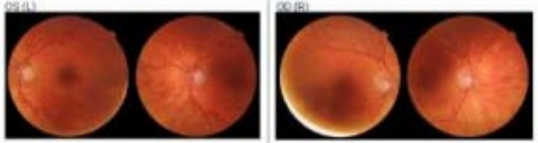
PATIENT NAME	Maxine Stromwell	EXAMINATION ID	4F06
MRN	MK43-94JH-K17A		
DOB	11/18/1970 (MM/DD/YYYY)		
EXAM AND RESULT DATE	10/27/2021		

RESULTS

DIAGNOSTIC RESULT	Diabetic Retinopathy Detected. ETDRS level 35 or higher and/or Diabetic Macular Edema	Referral Needed
NEXT STEPS	Refer to eye care professional	
INTERPRETATION	Results were produced by a system that provides an artificial intelligence (AI) interpretation	

FUNDUS IMAGES USED IN EXAM

OS (L) OD (R)



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Artificial Intelligence: Emerging Technologies

November 11, 2024

Jennifer Stoll, Chief External Affairs Officer

OCHIN

A driving force for health equity

A Growing National Network

We provide the solutions expertise, clinical insights, and tailored technologies needed to **connect care locally and drive health equity** on a national scale.

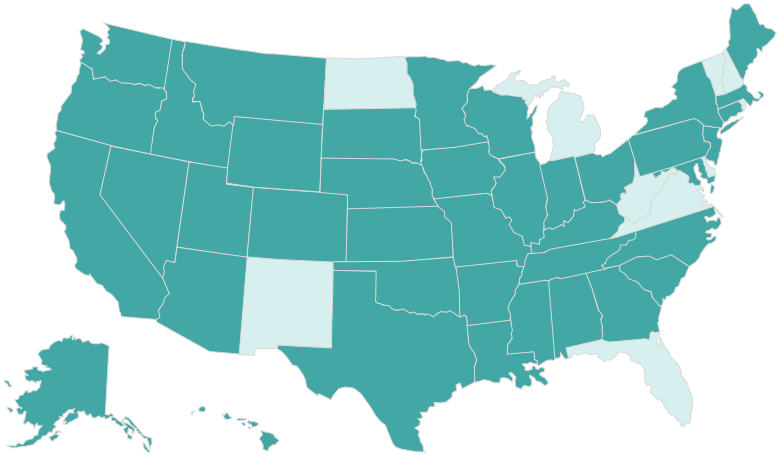
6.3M+
active patients across

2,000+
health care delivery sites with

34,500+
active providers in

40
states with

554M+
clinical summaries securely exchanged since 2010



As of July 2024

Proudly serving

- Rural hospitals
- Rural health clinics
- Community health centers
- Tribal health organizations
- School-based clinics
- Correctional facilities
- Behavioral health providers
- Dental clinics
- Public health departments
- HIV/AIDS care organizations

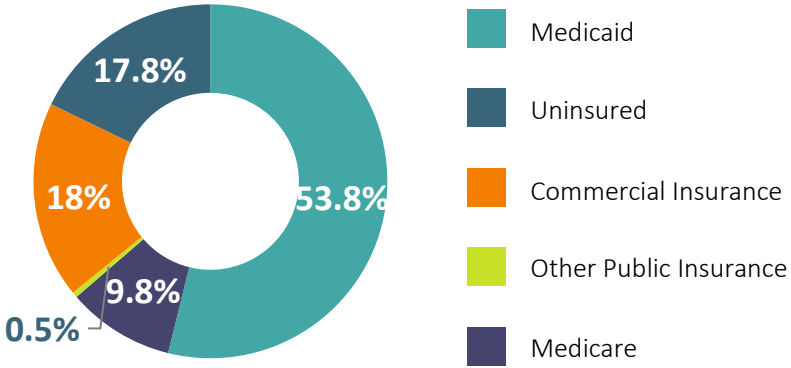
The OCHIN Network Supports

Active Patients:

42.6% Female | **25.5%** Children

54.3% At or Below Federal Poverty Level

Payer Mix



From Underserved Communities

1 out of 2
network patients is on **Medicaid**, and nearly 1 out of 5 is **uninsured**

Nearly 1 out of 4
network patients identifies as a **person of color**

1 out of 2
adult network patients has at least 1 **chronic condition**

1 out of 3
network patients is **Hispanic/Latinx** (any race)

1 out of 3
network patients is best served in a **language other than English**

100+
languages spoken by network patients

As of July 2024

OCHIN's Equity-Based AI Principles

Fair, Appropriate, Valid, Effective, and Safe AI (FAVES)

1. **Supporting Equity, Decreasing Disparities**

AI initiatives must be driven by the overarching goal of **supporting equity, decreasing disparities**, improving access and patient health outcomes, or supporting health care professionals and OCHIN's workforce to deliver efficient, **optimal care and service with less burden.**

Optimal Care & Service with Less Burden

2. **Support Care Team Informed Decisions**

AI integration must serve to **support every member of the health care team**, including the patient, in **making informed decisions** to improve health, health care, and well-being.

3. **Accessible to All Patients**

AI solutions must be available for all, regardless of geography, gender, race, ethnicity, or socioeconomic status, ensuring that use and benefit, including risk reduction, is **accessible to all patients**.

4. **Patient & Workforce Data Secure & Confidential**

AI integration must maintain OCHIN's privacy and security standards, ensuring that **patient and workforce data is secure and confidential**.

5. **Validated and Monitored**

AI solutions must be **validated and monitored** to ensure they are effective, reliable, safe, equitable, and cost-effective. They must be designed with transparency and sustainability to ensure long-term viability. Use of AI must be acknowledged as a content source.

OCHIN's Equity-Based AI Principles

Fair, Appropriate, Valid, Effective, and Safe AI (FAVES)

Increase Efficiency 6

AI solutions should provide an opportunity to **increase efficiency**, decrease redundancy, and **improve regulatory and operational compliance**

Accountable to People

Clear Governance Structure 7

AI solutions must be **accountable to people**. This includes a **clear governance structure** with regular audits, user feedback, and mechanisms for resolving errors or unintended consequences.

Qualitatively & Quantitatively Evaluated 8

AI solutions must **be qualitatively and quantitatively evaluated** to measure impacts. Results must be made **available to users and those impacted** by their use.

Empower Patients 9

AI solutions **must empower patients to improve their health**, providing them with actionable insights and personalized care options.

Prepare Our Workforce 10

OCHIN recognizes the responsibility to **prepare our workforce** for success in a world with AI by training them to work in harmony with AI tools to improve outcomes.

Intersections AI and VPB

OCHIN and Value-Based Payment Models

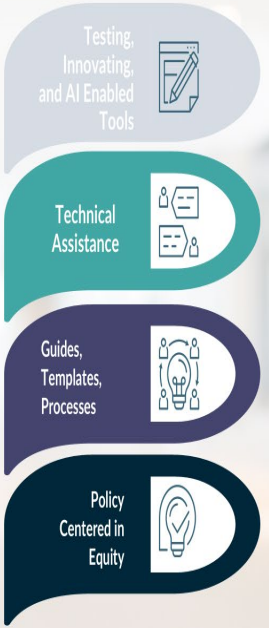
Providing high-quality, tailored support for members transitioning to Value-Based Payment and Care arrangements through multiple approaches and channels:

- Workgroups (VBP Member Advisory Team)
- OCHIN VBP Innovators
- Payment program-specific support (MCP)
- HCCN grant objectives
- Practice Transformation Team coaching
- Demos, office hours, and live training
- Self-study guides, toolkits on OCHIN Central
- Quarterly member surveys

OCHIN and AI Member Readiness

Providing high-quality right on time content and tools to support member adoption of AI tools to drive sustainability, access, and equity:

- AI Model adoption testing and support
- HCCN grant objectives and other HRSA Grant Resources
- Demos, office hours, and live training
- Guides, toolkits on OCHIN Central
- Templates, Webinars
- Systems Readiness
- Testing & Innovating
- Policy

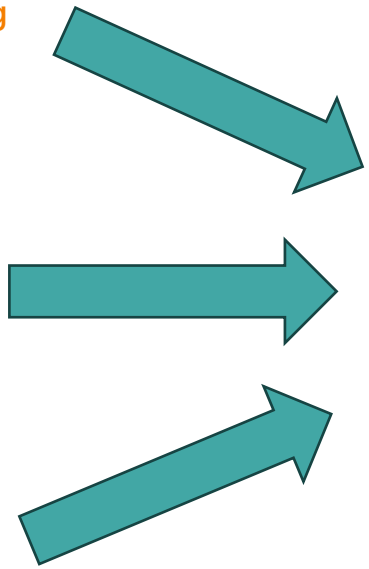


Why does AI Matter in VBP?

AI tools and AI-powered decision support can evaluate and help improve existing documentation for FQHCs, and can be designed to support emerging VBP models

AI can capture meaning from unstructured data in health centers, and leverage it to drive value in these models from existing documentation

Reflecting data back to care teams, population health and care managers, allowing them to make more informed decisions on patients and panels



Drive success in VBP models to allow health centers and their teams to continue to add value by

- Automating and streamlining
- Reducing administrative and cognitive burden
- Producing actionable information

Major Takeaways

AI in Healthcare is a Wild West	Need for a single inclusive national regulatory framework
AI already being implemented	Prepare your governance policies now
Small group of innovators	Providers need to be part of the AI innovation process
Vendors promising significant value	Ensure vendor accountability and shared liability
Limited training data & implementation	Data & deployment conditions must be representative
Proliferation of “expert” AI organizations	Seek out trusted sources with track records
AI solving problems that are not priorities	Focus on need and solutions for VBP transition

Thank You

Jennifer Stoll, stollJ@ochin.org

OCHIN

A driving force for health equity

OCHIN.org

Questions

Upcoming Events

Virtual Affinity Group Meetings - Register here

- **Data and Analytics Affinity Group**

Meets: November 12, 2024, from 3–4 pm ET.
Participants should include managers within ACOs who are responsible for integration, using data to analyze performance, creating and integrating data from sources like EMRs, claims and registries, etc.

- **Executive Affinity Group**

Meets: November 19, 2024, from 3–4 pm ET.
Participants should include CEOs, CFOs, Executive Directors, Chief Value Officers, and others who oversee the ACO's finances, budget, strategy, contracting, etc.

Upcoming Events

Virtual Affinity Group Meetings

- **CMO and Clinical Affinity Group**

Meets: December 3, 2024, from 3–4 pm ET.
Participants should include CMOs, CNOs, Pop Health Officers, and others who manage patient care, and clinical care redesign, etc.

- **Compliance and Legal Affinity Group**

Meets: December 10, 2024, from 3–4 pm ET.
Participants should include those who ACO leaders and staff members who deal with compliance documentation, operations, or events as well as those who deal with ACO contracting with payers and participants.

Redesigned NAACOS Boot Camps

Three Tiers of Learning Opportunity

The NAACOS Boot Camp Series is designed to provide Medicare ACOs in the MSSP and REACH programs with educational options including fundamental videos on demand, 101 basics through virtual events, and 201 deep dives through in-person events focusing on ACO optimization, innovation, and advancement.

Find more on these option on our Boot Camp webpage.

Fundamentals

On-Demand Videos

Boot Camp 101

Virtual Events on
November 14 and
21, 2024

Boot Camp 201

In-Person Events on
February 6-7, 2025
Orlando, FL