

March 22, 2022

Dr. Alondra Nelson
Deputy Director of Science and Society
Office of Science and Technology Policy
Executive Office of the President
1650 Pennsylvania Avenue
Washington, DC 20504

Dear Dr. Nelson:

On behalf of the physician and medical student members of the American Medical Association (AMA), I appreciate the opportunity to respond to the [Request for Information](#) (RFI) from the Office of Science and Technology Policy (OSTP) regarding connected health. We encourage OSTP to support physician reimbursement for use of digital health tools, work with federal agencies to make certain telehealth waivers from COVID-19 permanent, enhance privacy controls to support equitable data governance, and promote greater investment in the development of digital health solutions aimed at historically marginalized communities.¹

1. Successful models within the U.S.

Telehealth is critical to effective, efficient, and equitable health care delivery in the U.S. Its usage [expanded tremendously](#) and with great success during the COVID-19 pandemic, helping Americans access health care services while maintaining physical distancing and reducing strain on hospitals and physician clinics. With this expansion of services has come recognition from patients, physicians, and others that telehealth services can be deployed to offer [effective, equitable, and convenient health care](#) in many circumstances.

2. Barriers to uptake of digital health technologies in community-based settings

Lack of reimbursement, education, and regulatory flexibility

There were numerous barriers to use of telehealth services before COVID-19. Many of these barriers are slated to return at the end of the public health emergency (PHE) absent policymaker intervention. Please see our response to RFI Question 6 below. Relatedly, clinicians need clear and concise training on technology platforms to use them effectively. They also need resources to educate their patients on the technology, the data sharing mechanisms involved, and data privacy. Policymakers should be mindful that physicians will increasingly be asked to spend time on counseling patients on use of digital health tools.

Lack of privacy controls lead to discrimination, redlining, and risk scores

In the current digital age, personal health information is [not truly private](#). Social media platforms, wearable fitness trackers and apps to manage [pregnancy](#) and [mental health](#) all collect health data that can be shared for [advertising](#) purposes and, when combined with medical records and other consumer information, allow for [profiling](#) and discrimination. For example, the U.S. Department of

¹ Please note that we have included multiple links in this response to direct OSTP to additional resources that could not be fully described within the response's page limit.

Housing and Urban Development (HUD) sued Facebook in March 2019 for “encouraging, enabling and causing housing discrimination” when it [allowed](#) companies that use the platform to improperly shield who can see certain housing ads, including by excluding people based on ZIP code, essentially “drawing a red line around those neighborhoods on a map”—a digital translation of the redlining policies that have oppressed historically marginalized populations across the United States. These practices are only more [harmful](#) when [combined with](#) sensitive health information. As health information is shared, people must have meaningful controls over and a clear understanding of how their data is being used and with whom it is being shared; [trust is critical](#) to the use of health technology and equitable care.

3. Trends from the pandemic reflecting how the use of digital health technologies has changed
The COVID-19 pandemic has spurred a [dramatic increase](#) in virtual care adoption. The rise has been driven out of the necessity for social distancing and enabled by a wide range of [policy flexibilities](#) implemented by policymakers and payors. Many of these allowances are still temporary, creating uncertainty among clinicians, policymakers and payers on whether and how much to pay for virtual care services in the future. The AMA is [actively advocating](#) to retain many of the flexibilities that allowed clinicians to reach patients and provide care where they live, work, and play. We also note that the resistance of the public to use [digital contact](#) tracing apps and [digital vaccine credentialing services](#) should serve as a [warning to policymakers](#) that consumers take privacy very seriously and that privacy safeguards for consumer-facing technology is critical to preserving patient health and [safety](#) while promoting health equity.
4. User experiences – how technology can be better designed with user experience in mind
Improved health technology has the potential to improve outcomes and the patient experience—but it can also exacerbate the long-standing inequities found throughout our health system and our nation. Accordingly, it is imperative that digital health tools be designed with users—all types of users—in mind. Data show that Black, Hispanic/Latinx, women, LGBTQ+, and other innovators from historically marginalized communities have been drastically underfunded and underrepresented in solution design efforts, contributing to a health solution landscape that neglects and often harms these patient populations—exacerbating health inequities. To help drive [investment in solutions](#) designed by and for marginalized communities, the AMA is partnering with founding collaborator organizations to support a new [In Full Health Learning & Action Community](#) with content, tools, resources and opportunities to connect, engage and learn with and from each other to advance equitable health innovation. We encourage OSTP to incorporate the [In Full Health Principles for Equitable Health Innovation](#) into its policies.
5. Tools and training
AMA Playbook Series
From the role of augmented intelligence (AI) in enhancing patient care to the use of health care apps and determining best practices for EHR adoption and usability, the AMA is committed to developing [tools and training resources](#) to aid physicians who use digital health tools. We have developed several “Playbooks” related to [telehealth implementation](#), [remote patient monitoring solutions](#), and [providing patients with access to their health information](#).

AMA resources on equitable data governance

Rapid growth in the range and volume of digital patient data beyond the confines of the HIPAA framework merits greater attention. While more direct action should be taken in the near-term,

without clear legal guardrails around how patient data may be used and shared, public trust will crumble in the face of repeated scandals and so undermine the potential for digital health to facilitate an era of more accessible, coordinated, and personalized care. The [AMA's Privacy Principles](#) seek to provide guidance on what these guardrails should include. They are derived primarily from AMA House of Delegates policy, and address: (1) individual rights; (2) equity; (3) entity responsibility; (4) applicability; and (5) enforcement. Additionally, the Privacy Principles serve as a reference for technology developers navigating this space so that patients and clinicians can make informed choices about privacy. The AMA has developed [Privacy is Good Business: A case for privacy by design in app development](#) seeking to help developers and implementers of mobile health apps put the Privacy Principles into action—strengthening patient and physician trust in those apps.

Training and education

Clinicians need transparent resources to help determine whether a device used within their remote patient monitoring program (RPM) is validated for clinical accuracy. Publicly available lists, such as the US Blood Pressure Validated Device ListingTM (validatebp.org), can provide guidance on the clinical accuracy of devices. Without such listings, a health care organization would need to review the testing data, if available, for each device under consideration to make an informed decision. Unfortunately, it is unclear the extent to which health care organizations understand the variability in accuracy of some of the most well-known and purchased devices.

6. Proposed government actions (near-term, mid-term, and short-term)

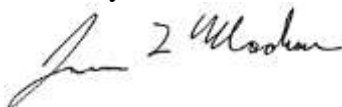
Efforts must continue to build capacity and support access to care centered on where the patient is located to the greatest extent it is clinically efficacious and cost-effective, and to ensure physicians and other health professionals have the tools to optimize care delivery. Specifically, we [strongly urge](#) the federal government to retain many of the waivers it introduced during the public health emergency (PHE) that prompted a dramatic increase in provision of telehealth services and to [ensure payment](#) for audio-only telehealth services.

7. How digital health tools can help to reduce health disparities and drive health equity

The existing body of evidence regarding the value of virtual care has grown substantially in recent years. Building on existing research, the AMA and Manatt Health collaborated to develop a “Return on Health” framework to articulate the holistic value of digitally enabled care. The [Return on Health report](#) (PDF) includes [case studies](#) that explore the value of virtual care through the framework. [Real-world examples](#) and [illustrative scenarios](#) show how to apply the framework considering different environmental variables.

We appreciate the opportunity to respond to this RFI and welcome the opportunity to discuss our views. Please contact Laura Hoffman, Assistant Director, Federal Affairs, at laura.hoffman@ama-assn.org.

Sincerely,



James L. Madara, MD