# AMA Digital Health Research 2022:
## Trends, Takeaways and the Transformation of Care


PRESENTED BY

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**Meg Barron**
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# Our Presenters

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# AMA: The Physicians' Powerful Ally in Patient Care

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# A Recovery Plan for America's Physicians

The AMA is working at the highest levels to

- **Reform Medicare payments** to promote thriving practices and innovation;
- **Tackle Prior Authorization** to reduce burdens on practices and delays in care;
- **Stop Scope Creep** that threatens patient safety**;**
- **Reduce burnout** and address stigma around mental health; and
- **Advance Telehealth** to maintain coverage and payment.

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# AMA: Driving the Future of Digital Health

**AMA DIGITAL HEALTH RESEARCH**
(2016, 2019, 2022)

**AMA DIGITAL HEALTH PLAYBOOK SERIES**
(RPM, TELEHEALTH)

**AMA TELEHEALTH QUICK GUIDE**

**NATIONAL TELEHEALTH IMPACT SURVEYS**

**AMA TELEHEALTH INITIATIVE**
(AMA TELEHEALTH IMMERSION PROGRAM)

**HEALTH 2047**

**AMA RETURN ON HEALTH RESEARCH & VALUE FRAMEWORK**

**AI PRINCIPLES**

**CPT® CODING & PAYMENT GUIDANCE**

**ENSURING EQUITY IN INNOVATION**

**STATE & FEDERAL ADVOCACY**

**PRIVACY PRINCIPLES**
(PRIVACY BY DESIGN)

**Making technology an asset in the delivery of healthcare, not a burden.**


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# Let’s warm up with a poll

When you see the **poll** appear in the slide window, click on the **answer**, then click **SUBMIT**.

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# Poll #1

Which of the following questions best encapsulate(s) what physicians want to know before they adopt digital health tools?

- Does it work?
- Will I receive payment?
- Will I be liable?
- Will it work in my practice?
- All of the questions listed above.


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# Poll #1 Results

*Poll results are a function of the live webinar. Please refer to the webinar recording for a snapshot of the live poll results.*


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# AMA Digital Health Research: 2022 Findings

**Meg Barron**
*Vice President, Digital Health Innovations*
**American Medical Association**

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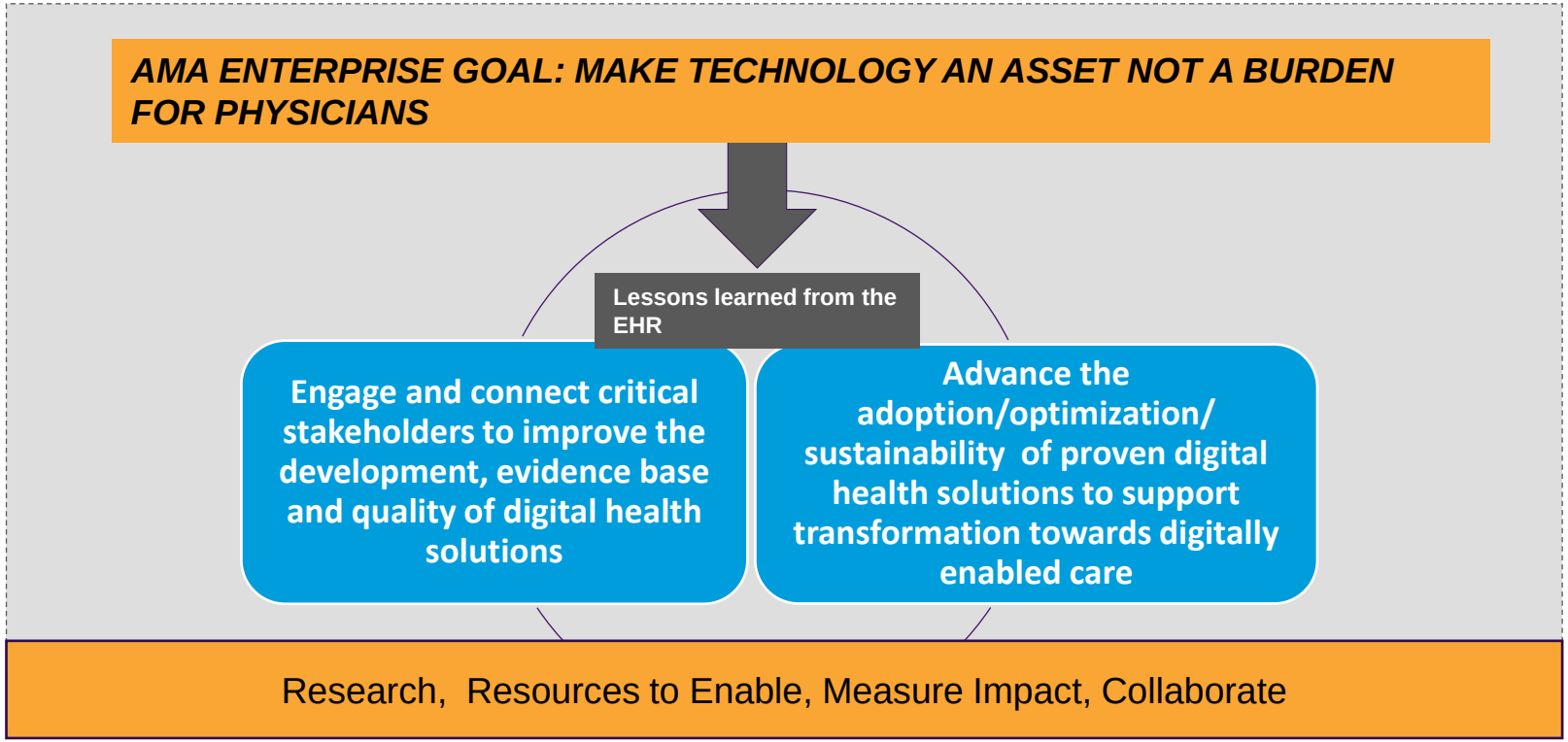
# AMA Digital Health Strategy





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# Digital Health Research: Background and Objectives

- In July 2016, the American Medical Association conducted a comprehensive study of physicians' motivations and requirements for the adoption of digital clinical tools.
- The AMA repeated the study to determine the degree to which adoption has occurred in the past 3 years, and identify attitudinal shifts among physicians towards their use and adoption.
- The goals for this research were to update the 2016 and 2019 studies to determine:
  1. Any change in overall interest in digital health tools and the degree to which physicians believe they will help or hinder their patient care
  2. Current familiarity with 7 specific digital health tools and physician enthusiasm, belief in the relevance to their practice, timeline for incorporating or current use
  3. For each tool, the motivators and level of disruption caused or foreseen
  4. The ideal level of involvement physicians would like to have in adoption decisions
  5. An understanding of enthusiasm, current usage and requirements for emerging technologies

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# Methodology

- This survey was designed to replicate the 2016 and 2019 surveys exactly, to have a statistically valid and reliable comparative sample.
- The same physician panel was used as in 2016 and 2019, provided by WebMD.
- The 2022 survey is slightly longer than the 2019 survey at around 20 minutes, but new questions were added at the back of the survey to not interfere with the flow of the original questionnaire.
- The basic 2016 survey was followed exactly in wording and question order, with only a few variations, to remove some small questions that were no longer relevant, and to add new questions regarding advanced technologies and information sources.
- The sample used careful quotas to ensure a similar sample composition as in 2016.

| | Total | PCPs | Specialists | Solo Practice | Group Practice | Other |
|---|---|---|---|---|---|---|
| **2016** | 1300 | 650 | 650 | 196 | 879 | 225 |
| **2019** | 1359 | 672 | 687 | 155 | 829 | 375 |
| **2022** | 1300 | 650 | 650 | 144 | 777 | 379 |

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# Survey Instrument

**Digital healthcare**: Digital health encompasses a broad scope of tools that engage patients for clinical purposes; collect, organize, interpret and use clinical data; and manage outcomes and other measures of care quality. This includes, but is not limited to, digital solutions involving telemedicine and telehealth, mobile health (mHealth), wearables (Fitbit), remote monitoring, apps and others.

| | | | | |
|---|---|---|---|---|
| **7** Specific Tools | Remote monitoring for efficiency | Remote monitoring and management for improved care | Clinical decision support | Patient engagement |
| | Tele-visits/ virtual visits | Point of care/ Workflow enhancement | Consumer access to clinical data | |

## Questions

### Overall involvement in Digital Health

- Impact of ability to provide care
- Overall motivators/attractants
- Overall functional requirements

### Specific digital tools

- Familiarity
- Current use
- Relevance for practice
- Enthusiasm
- Timeline for incorporating into practice
- Ideal level of involvement in Digital Health in general

### Individual tool deep dives

(Ask for up to two relevant solutions, not currently being used)

- Overall motivators/attractants towards solution
- Rank of top 3 motivators/attractants
- Overall functional requirements of solution adoption
- Rank of top 3 functional requirements
- Level of disruption caused by solution
- Ideal level of involvement with decision to incorporate solutions

WebMD recruited a sample of 1,300 practicing US physicians

Requirements for participation:

- Age 28-65
- Practicing physicians including those focused on research, academia or public health
- Full-owner, part-owner or employee of a practice (not an independent contractor)
- Provide a minimum of 20 hours of direct patient care each week

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# Key Definitions in the Study

- Digital health encompasses a broad scope of tools that engage patients for clinical purposes; collect, organize, interpret and use clinical data; and manage outcomes and other measures of care quality. This includes, but is not limited to, digital solutions involving telemedicine and telehealth, mobile health (mHealth), wearables (e.g., Fitbit), remote monitoring, apps, and others.
- **Seven specific tools:**

| | |
|---|---|
| Remote monitoring for efficiency | Smart versions of common clinical devices such as thermometers, blood pressure cuffs, and scales that automatically record readings in the patient record so you do not have to type it |
| Remote monitoring and management for improved care | Apps and devices for use by chronic disease patients for daily measurement of vital signs such as weight, blood pressure, blood glucose, etc. Readings are visible to patients and transmitted to the physician's office. Alerts are generated as appropriate for missing or out of range readings |
| Clinical decision support | Modules used in conjunction with the EHR or apps that integrate with the EHR that highlight potentially significant changes in patient data (e.g., gain or loss of weight, change in blood chemistry) |
| Patient engagement | Solutions to promote patient wellness and active participation in their care for chronic diseases (e.g., adherence to treatment regimens) |
| Tele-visits/ virtual visits | An audio/video connection used to see patients remotely (i.e., simple acute illness, adjusting therapy, etc.) |
| Point of care/ workflow enhancement | Communication and sharing of electronic clinical data to consult with specialists, make referrals and/or transitions of care |
| Consumer access to clinical data | Secure access allowing patients to view clinical information such as routine lab results, receive appointment reminders and treatment prompts, and to ask for prescription refills, appointments and to speak with their physician |


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# Summary of Digital Health Trends from 2019 to 2022

01

### There has been an increase in the number of physicians that see a definite advantage in digital tools

- There has been growth in those that see an advantage especially among those 51+ years old.
- Those that see no advantage are trending downwards and are concentrated in the Specialist and age 51+ segments.

02

### Adoption of digital tools has grown significantly among all physicians regardless of gender, specialty or age

- Use of all seven tools has increased significantly.
- Improved clinical outcomes and work efficiency are key drivers.
- Coverage by standard malpractice insurance continues to be the most common requirement and data privacy concerns have increased.

03

### Adoption of remote care tools such as tele-visits and remote monitoring had the most movement

- Use of tele-visits/virtual visits has nearly tripled since 2019 and remote monitoring for efficiency has nearly doubled.
- Providing remote care to patients has increased significantly as a motivator of adoption of digital tools.
- Reducing stress/burnout has also gained importance as a driver of digital tool adoption.

04

### Growth in enthusiasm has largely been concentrated in tele-visits

- Enthusiasm for virtual visits has increased significantly from 2019, while enthusiasm for most other digital solutions is largely stagnant.
- Enthusiasm for consumer access to clinical data has shifted down since last wave.

05

### Plans for adoption of most emerging technologies is high but current usage low

- Nearly 1 in 5 are currently using augmented intelligence for practice efficiencies and 2 in 5 plan to adopt in the next year.
- Nearly 3 in 5 physicians believe technology can most help key areas such as chronic disease patients and preventative care.

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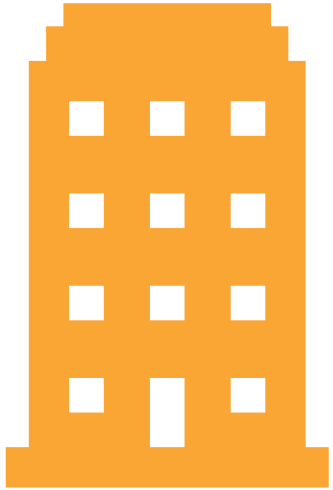
1. Does it work?

2. Will I receive proper payment?

3. Will I be liable?

4. Will it work in my practice?



# Physicians' key requirements for technology adoption.

AMA Digital Health research, 2016, 2019, 2022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# Digital Health Solution Usage and Attitudes:
# Shifts from 2016 to 2022


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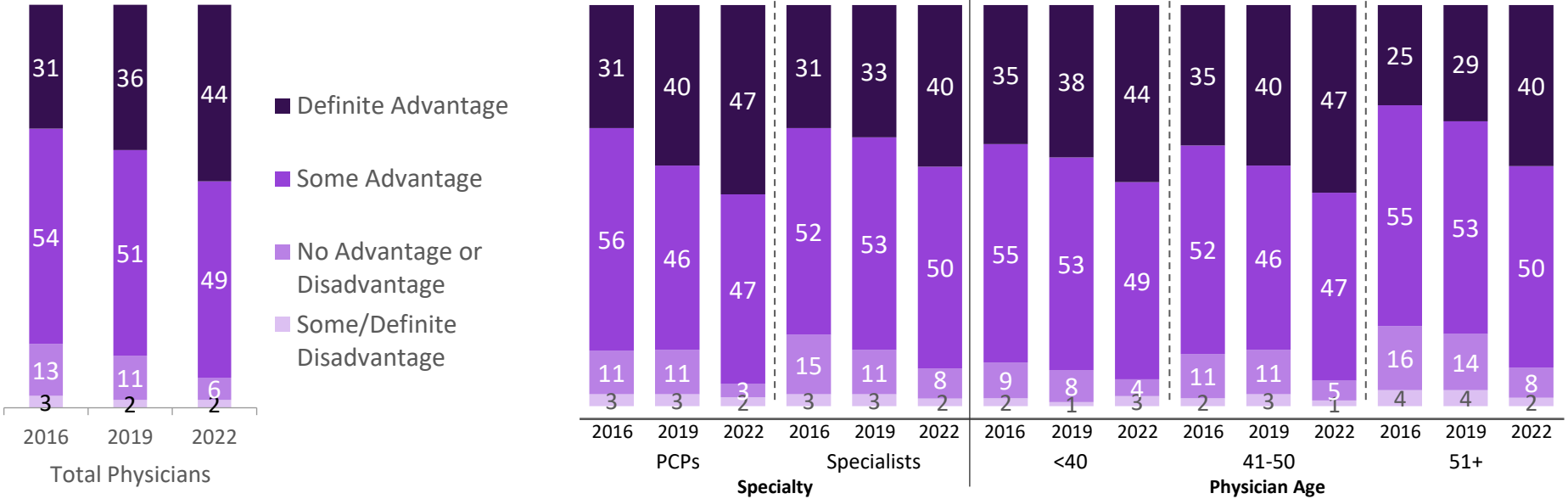
# There has been an increase in the percentage of physicians that feel there are advantages in leveraging digital tools for patient care.

- Both PCPs and Specialists feel digital health solutions provide advantages in their ability to care for patients.
- Respondents across all age groups indicate an increase in the perceived advantage of digital health solutions. In particular, the 51+ group experienced the largest increase since 2019.

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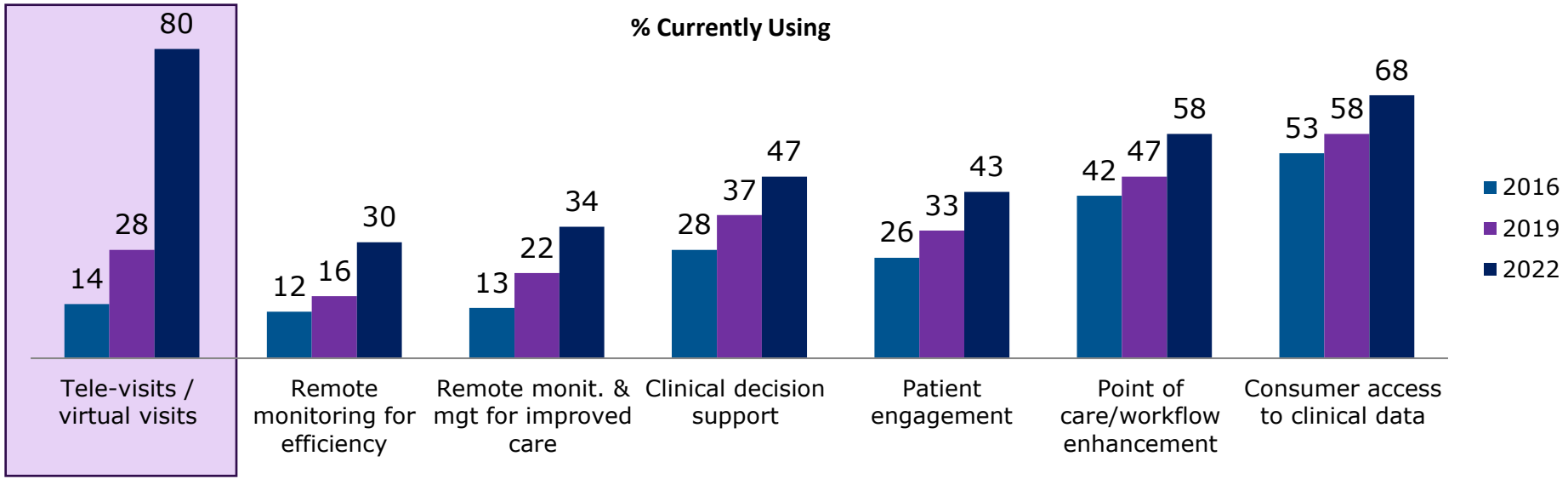
Q16. Considering the overall impact, how much of an advantage do digital health solutions give to your ability to care for your patients?.
Base: Total Physicians (n=1300), PCPs (n=650), Specialists (n=650), Age <40 (n=448), Age 41-50 (n=427), Age 51+ (n=425)

# While adoption of all digital health tools has increased since 2019, tele-visits have increased the most significantly.

Use of tele-visits/virtual visits and remote monitoring for efficiency and improved patient care has increased significantly.

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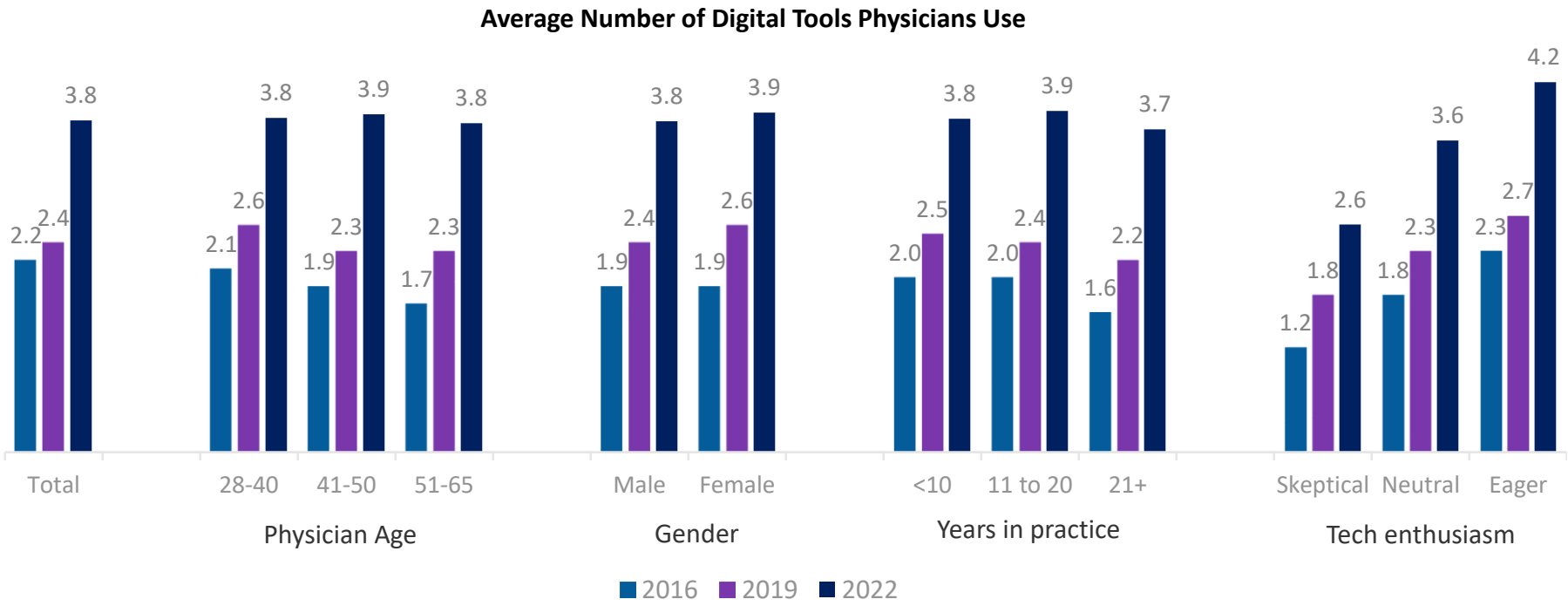
Q20. Which, if any, of these do you currently incorporate into your practice? Base: Total Physicians (n=1300)

# The average number of digital tools used has increased across the board.

Those less enthusiastic about technology are still lagging behind their counterparts.

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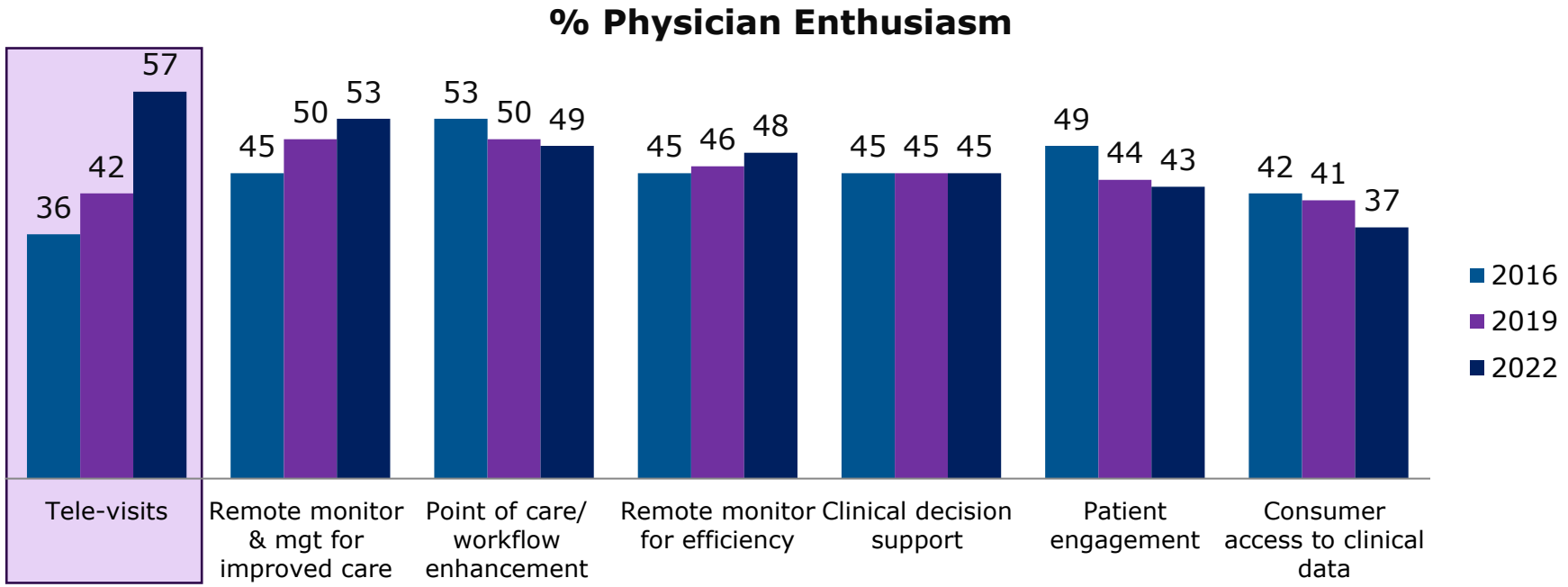
Q20. Which, if any, of these do you currently incorporate into your practice? Base: Total Physicians (n=1300), Age <40 (n=448), Age 41-50 (n=427), Age 51+ (n=425), Gender Male (n=822), Gender Female (n=445), Tenure <10 (n=519), Tenure 11-20 (n=427), Tenure 21+ (n=354), Tech Skep. (n=162), Tech Neut. (n=562, Tech Eager (n=576)

# Physicians' enthusiasm for tele-visits has increased more than other solutions since 2019.

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Q22. Which, if any, of the solutions below are you enthusiastic about ? Base: Total Physicians (n=1300)

# Motivators & Requirements for Adoption


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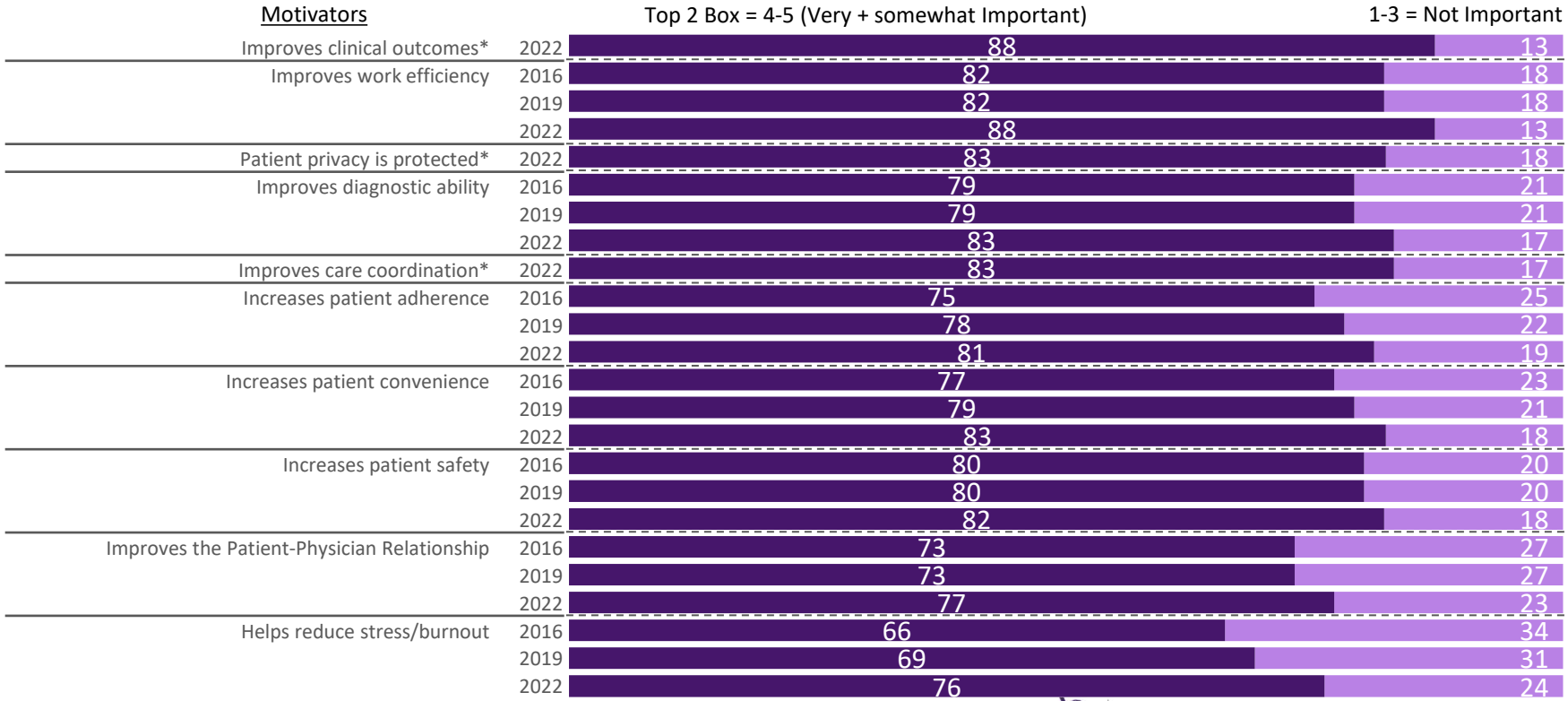
# Improved clinical outcomes and improved work efficiency are the top motivators for physicians to use digital health tools.

Nearly all attributes have increased in importance as reasons for attraction.

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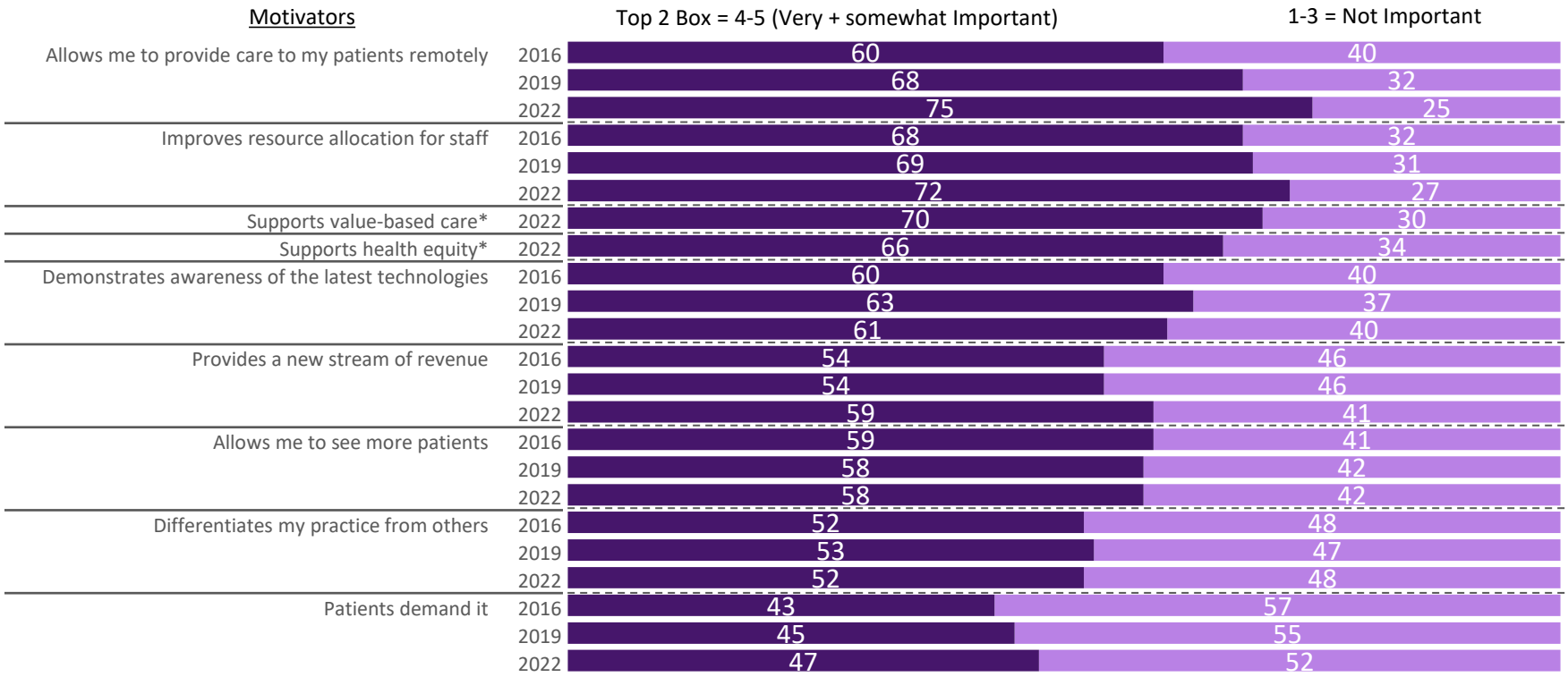
Q17. When thinking about incorporating digital health solutions into your practice, how important would each factor be? Base: Total Physicians (n=1300)
*New attributes added to the 2022 wave

# There has been a significant shift in the importance of remote care.

More say it is very important as a reason to be attracted to digital health and fewer think it is not important.

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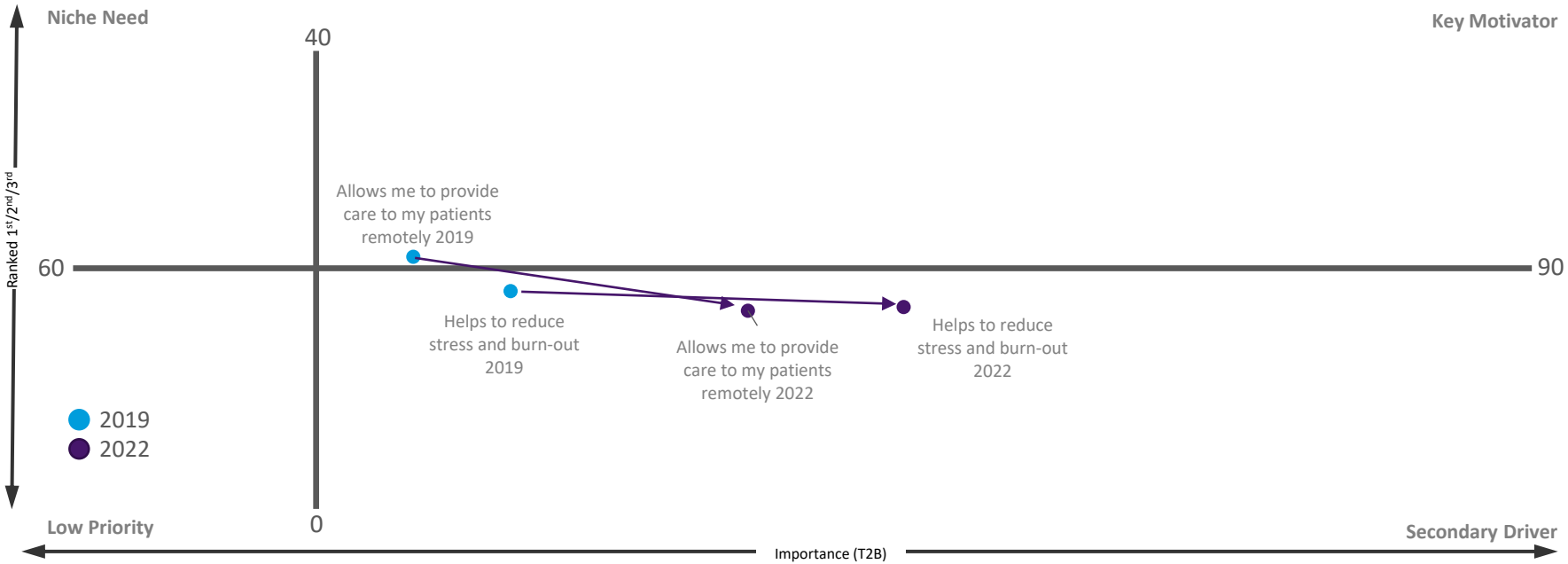
Q17. When thinking about incorporating digital health solutions into your practice, how important would each factor be? Base: Total Physicians (n=1300)
*New attributes added to the 2022 wave

# Reducing burnout and providing remote care had the most movement in importance.

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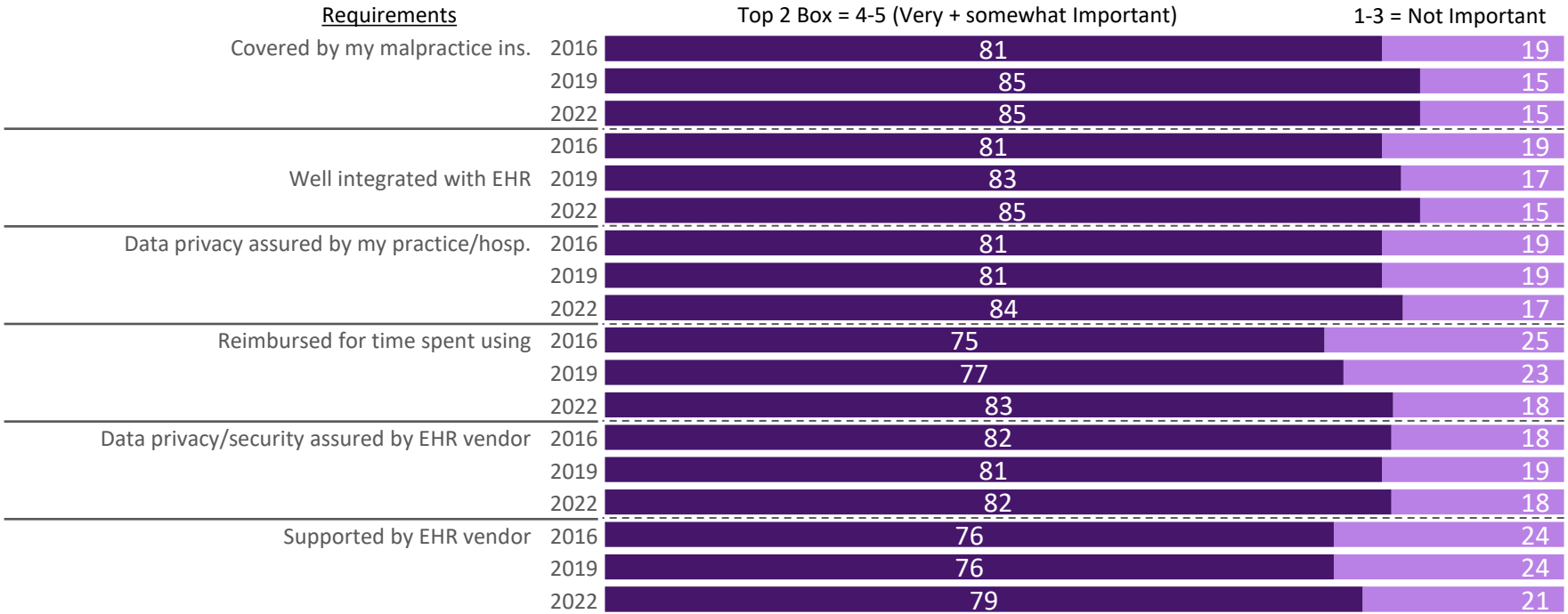
Vertical axis: % of respondents that ranked the item in top 3 most important.
Horizontal axis: % of respondents that rated the item a 4 or 5 out of a 5-point scale.
*New attributes added to the 2022 wave
T2B = Top 2 Box (Very and Somewhat Important)

# Malpractice insurance coverage of digital health tools remains the most important factor in adoption, followed by integration with EHR.

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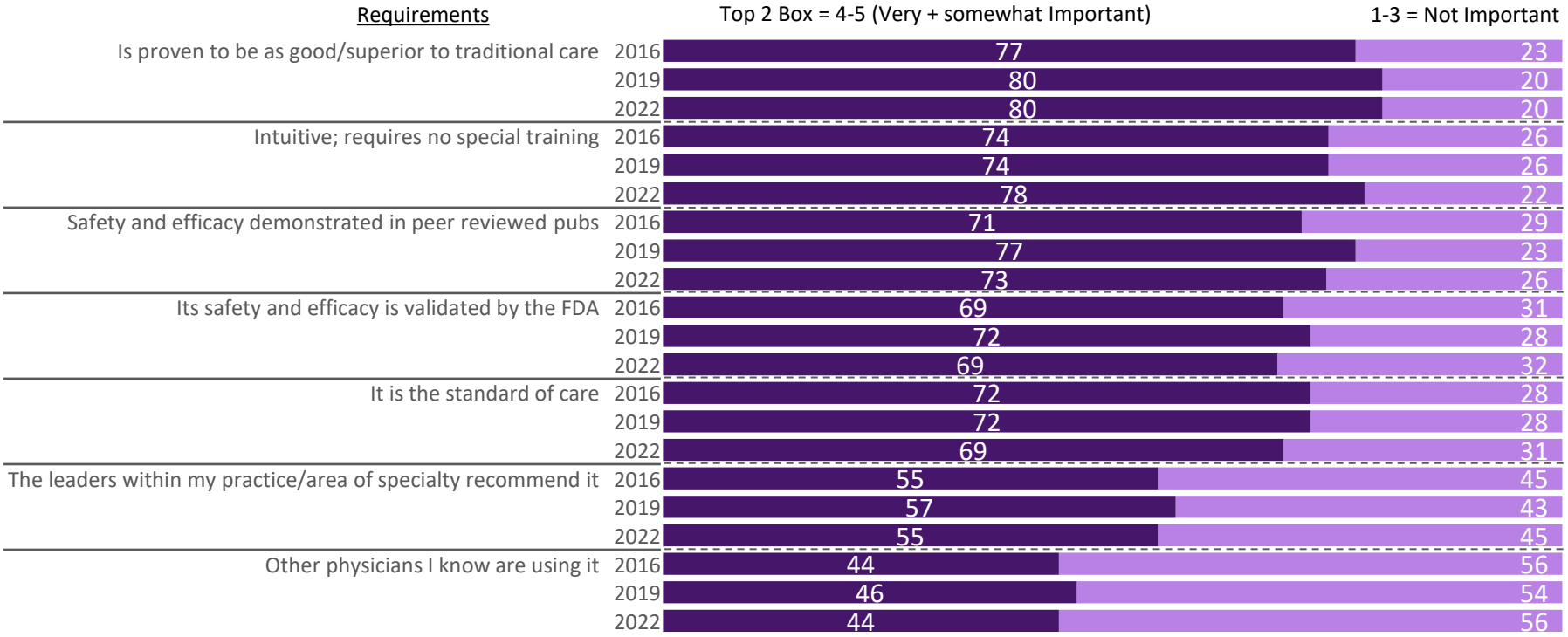
Q18. How important are each of the attributes below in facilitating the adoption of digital health solutions into your practice? Base: Total Physicians (n=1300)

# Importance of other attributes in the adoption of digital health remains largely unchanged.

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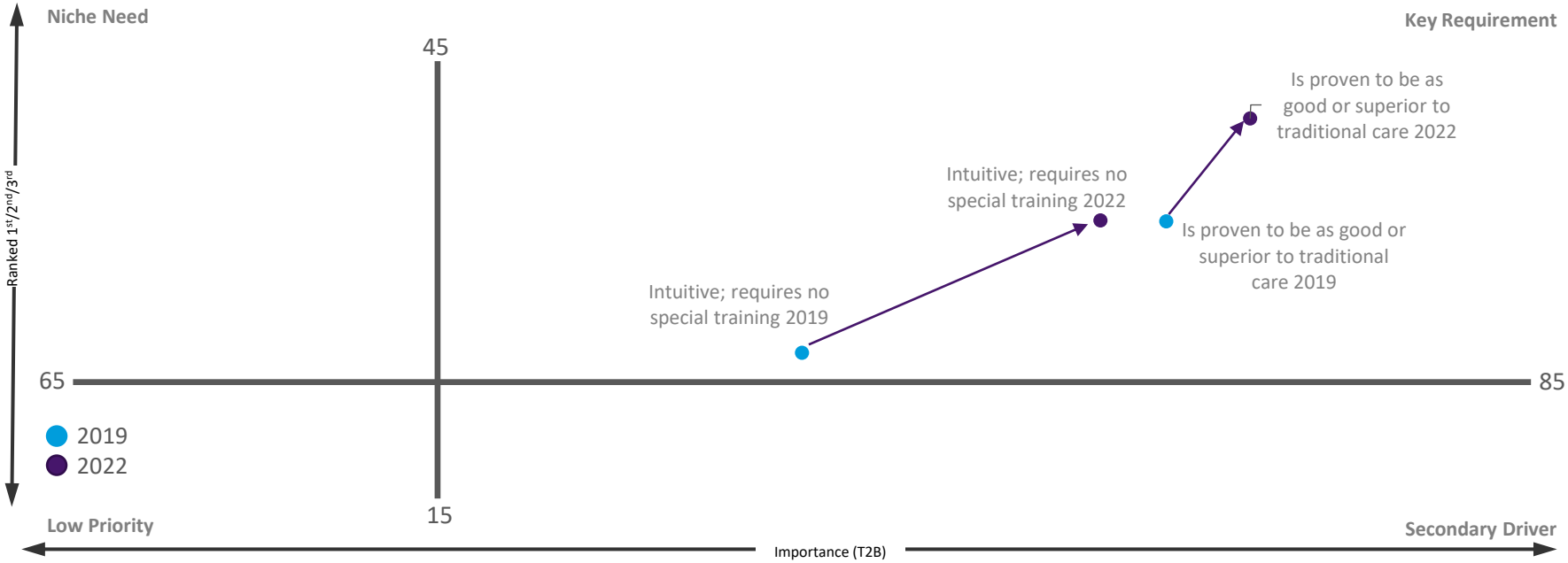
Q18. How important are each of the attributes below in facilitating the adoption of digital health solutions into your practice? Base: Total Physicians (n=1300)

# Being intuitive and superior to traditional care have solidified their placement as key requirements.

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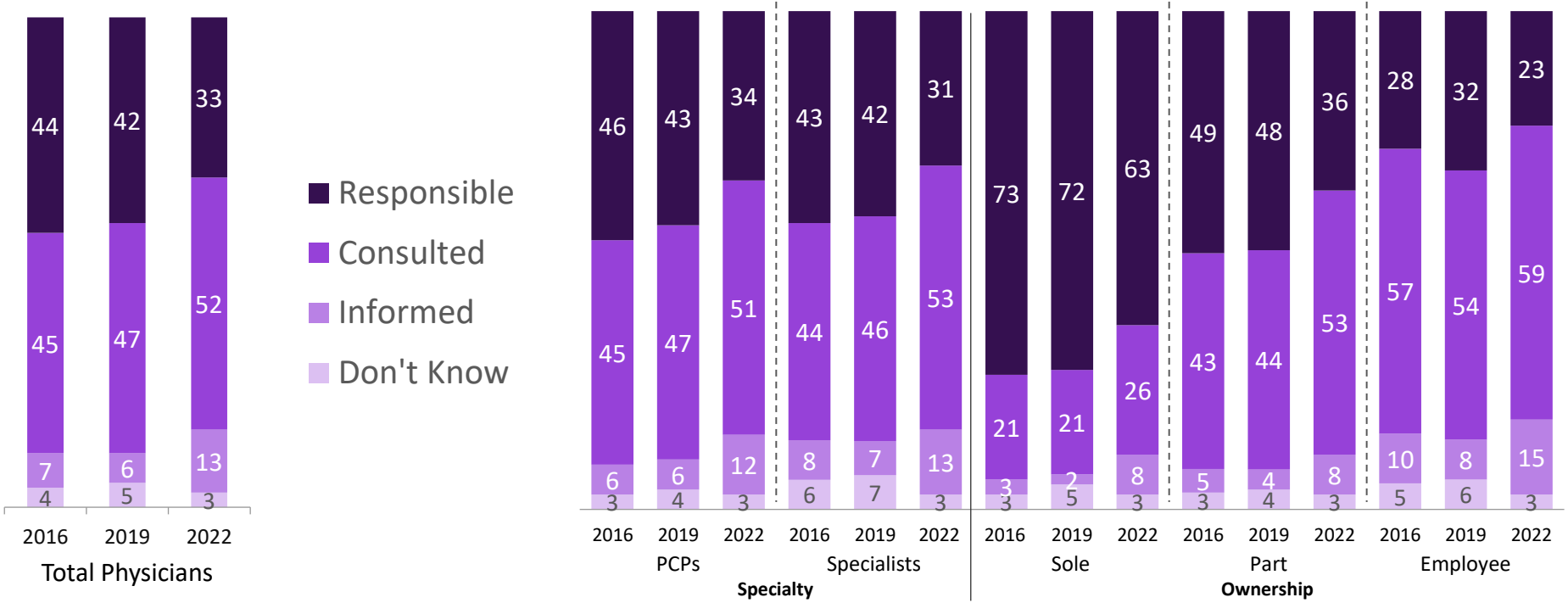
Vertical axis: % of respondents that ranked the item in top 3 most important.
Horizontal axis: % of respondents that rated the item a 4 or 5 out of a 5-point scale.
T2B = Top 2 Box (Very and Somewhat Important)

# The desire to be consulted in the decision-making process has increased across the board, while the desire to be responsible has decreased.

Physicians want to be consulted in the decision-making process; owners still largely expect to be responsible.

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Q40-1. Ideally, how involved would you want to be in the adoption of digital health solutions into your practice? Base: Total Physicians (n=1300), PCPs (n=650), Specialists (n=650), Own Emp. (n=831), Own Part (n=227), Own Full (n=242)

# Emerging Technologies


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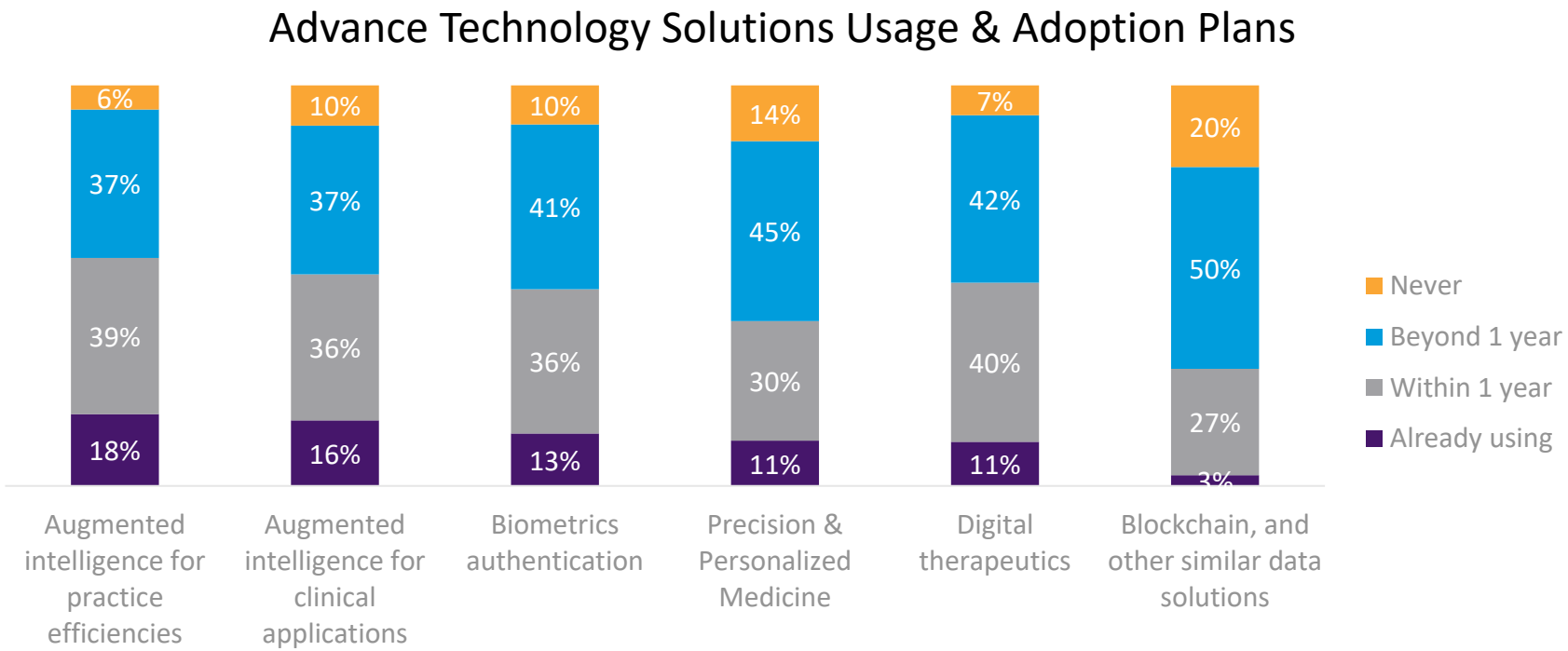
# Just under 1 in 5 physicians said their practice incorporates augmented intelligence for practice efficiencies and clinical applications.

Just over 1 in 10 use biometrics, Precision Medicine or digital therapeutics in their practice.

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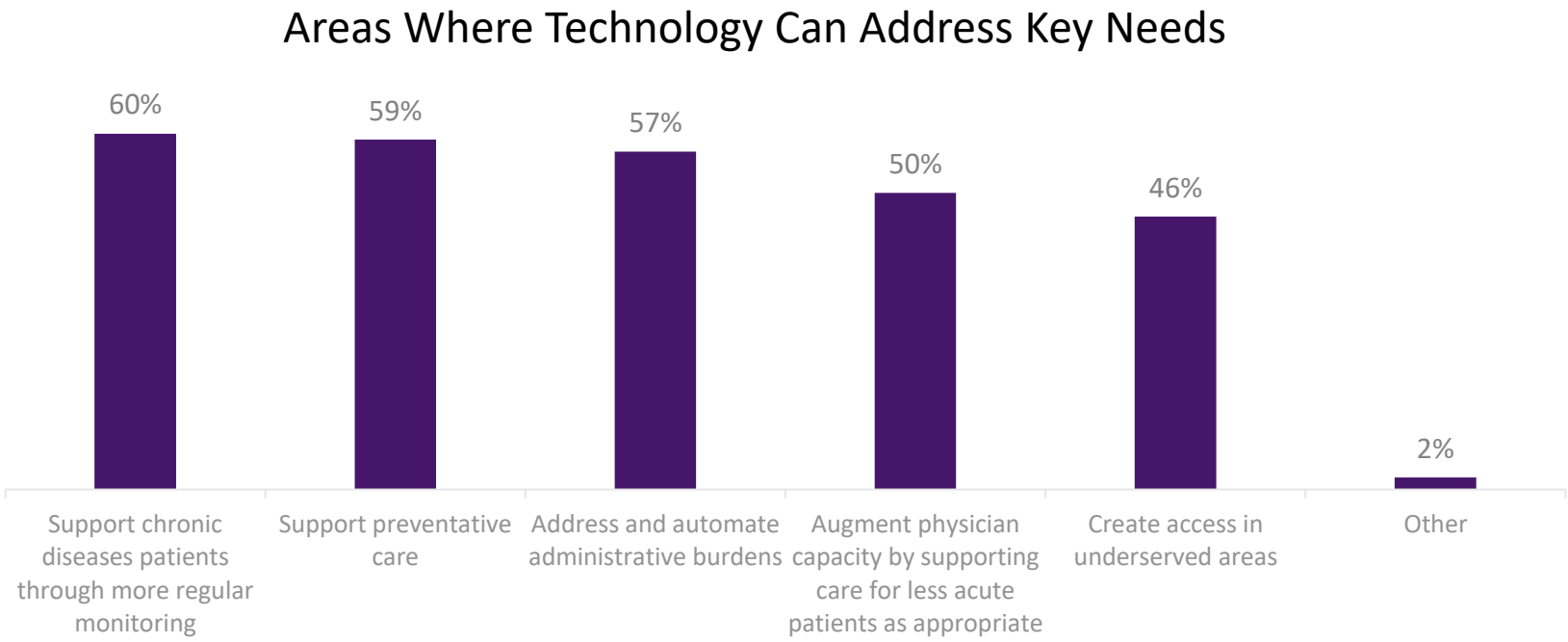
Q39. When would you expect to start incorporating this into your own practice? Base: Total Physicians N=1300

# About 3 in 5 physicians say technology can help address key needs with chronic disease patients, preventative care and automating administrative tasks.

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Q40. With workforce shortages increasing and physician burnout a key concern, what are the biggest areas of opportunity for technology and virtual care to address key needs?
Base: Total Physicians N=1300

# Digital Medicine: CPT® Code Development

**Leslie Prellwitz**
*Director, CPT Content Management and Development*
**American Medical Association**

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# Digital Medicine and CPT®

**CPT code set moves at the pace of medicine.**

**Digital Medicine areas with significant physician interest/confidence/utility in patient care also have significant CPT code representation.**

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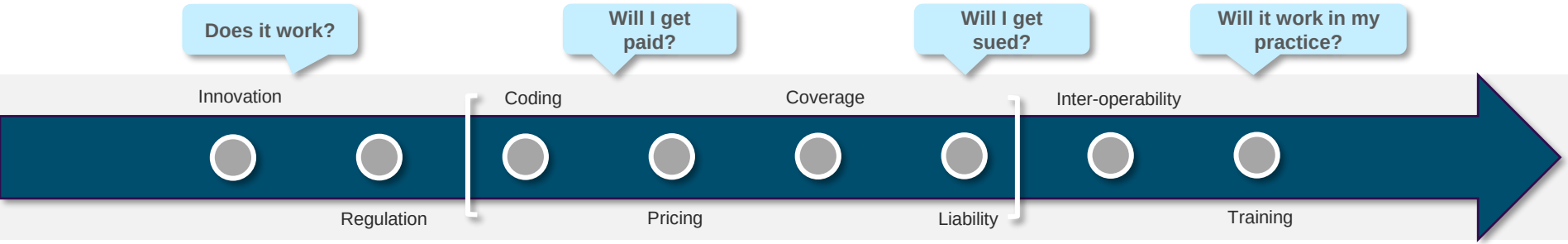
# The AMA-Convened Digital Medicine Payment Advisory Group (DMPAG)




**Aggregate evidence base** | **Address gaps in coding** | **Propagate widespread coverage**

- Engaged the CPT® Editorial Panel by proposing new codes for Remote Physiologic Monitoring, Internet Consultation, eVisit, and Diabetic Retinopathy CPT codes
- Gained broader coverage of remote monitoring and augmented intelligence services with payers like CMS
- DMPAG created use cases and consolidated evidence from hundreds of studies

**15 nationally recognized advisors**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# The Seven Specific Tools

1. Remote monitoring for efficiency
2. Remote monitoring and management for improved care
3. Clinical decision support
4. Patient engagement
5. Tele-visits/ virtual visits
6. Point of care/ workflow enhancement
7. Consumer access to clinical data


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# The Seven Specific Tools: CPT® Representation

- [x] Remote monitoring for efficiency
- [x] Remote monitoring and management for improved care
- [x] Clinical decision support
- [x] Patient engagement
- [x] Tele-visits/ virtual visits
- [x] Point of care/ workflow enhancement
- [ ] Consumer access to clinical data


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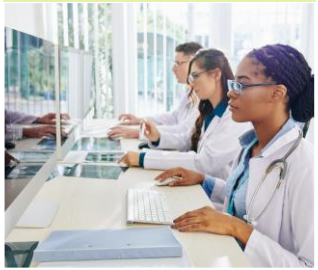
# Digital Tools: Remote Monitoring
## (for improved care, efficiency)

| | Remote Physiologic Monitoring | Remote Therapeutic Monitoring | Pulmonary Artery Pressure Sensor Remote Monitoring | Ambulatory continuous glucose monitoring | External electrocardiographic recording >48hr up to 7 days |
|---|---|---|---|---|---|
| **CPT® Codes** | |  | | | |
| | 99453 \| 99454 \| 99091 \| 99457 \| 99458 | 98975 \| 98976 \| 98977 \| 98980 \| 98981 | 93264 | 95249 \| 95250 \| 95251 | 93241 \| 93242 \| 93243 \| 93244 |

**General Characteristics**

Codes created in groups/families; reflect subsegments of work performed
- Patient education and setup
- Device supply
- Data collection, transmittal, and analysis/interpretation
- Treatment management services

Many placed in Medicine section of the code set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# Digital Tools: Patient Engagement

**Self-Measured Blood Pressure Monitoring**

## CPT® Codes

99473 | 99474

## General Characteristics

Codes created in groups/families; patient's role highlighted.

- Patient education and setup
- May or may not include device supply
- Data collection and analysis/interpretation
- Treatment plan communication


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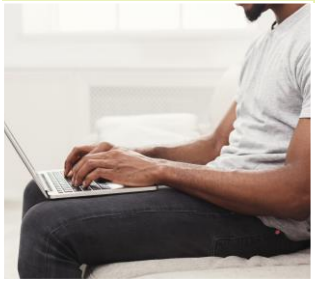
# Digital Tools: Tele-Visits/Virtual Visits

## CPT® Codes

**Online Digital Evaluation service (e-Visit)**



99421 | 99422 | 99423 | 98970 | 98971 | 98972

**Telephone Visit Codes**

99441 | 99442 | 99443

Modifier 95
(Telemedicine - Audio-Visual)

Modifier 93
(Audio-Only - new for 2023)

## General Characteristics

- Highest utilized of all the tools
- Public Health Emergency was a catalyst
- Code groupings primarily in E/M and Medicine
- Modifiers facilitate flexibility in care delivery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# Digital Tools: Modifier 93 - Audio Only

## New in 2023

- **CPT® Codes That May Be Used For Synchronous Real-Time Interactive Audio-Only Telemedicine Services**
- Expansion beyond E/M visits
- Additional flexibility for patient care modalities beyond Audio-Visual

## Code subsets represented in Initial Code List:

- Psychiatry
- Special Otorhinolaryngologic Services
- Medical Genetics and Genetic Counseling Services
- Central Nervous System Assessments/ Tests
- Health Behavior Assessment and Intervention
- Medical Nutrition Therapy
- Preventive Medicine Services
- Advance Care Planning


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# Digital Tools: Clinical Decision Support

**Analytics and Algorithms**

## CPT® Codes

## General Characteristics

- Generally created for analyses, algorithms, applications etc. that assist the physician/ QHP; work is not replaced
- Frequently reflected as a ‘Practice expense only’ code; utilization acknowledged
- Common group for Category III codes


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# Digital Tools: Point of Care / Workflow Enhancement

**CPT® Codes**

**Remote Retinal Imaging**

92227 | 92228 | 92229

**General Characteristics**

Codes created in groups/families; reflect level of technology assistance

- Data only
- Analysis
- Treatment


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# Survey Results: Emerging Technologies

**Just under 1 in 5 physicians said their practice incorporates augmented intelligence for practice efficiencies and clinical applications.**

- Augmented Intelligence for practice efficiencies
- Augmented intelligence for clinical applications
- Biometrics Authentication
- Prevision & Personalized Medicine
- Digital Therapeutics
- Blockchain/other similar data solutions

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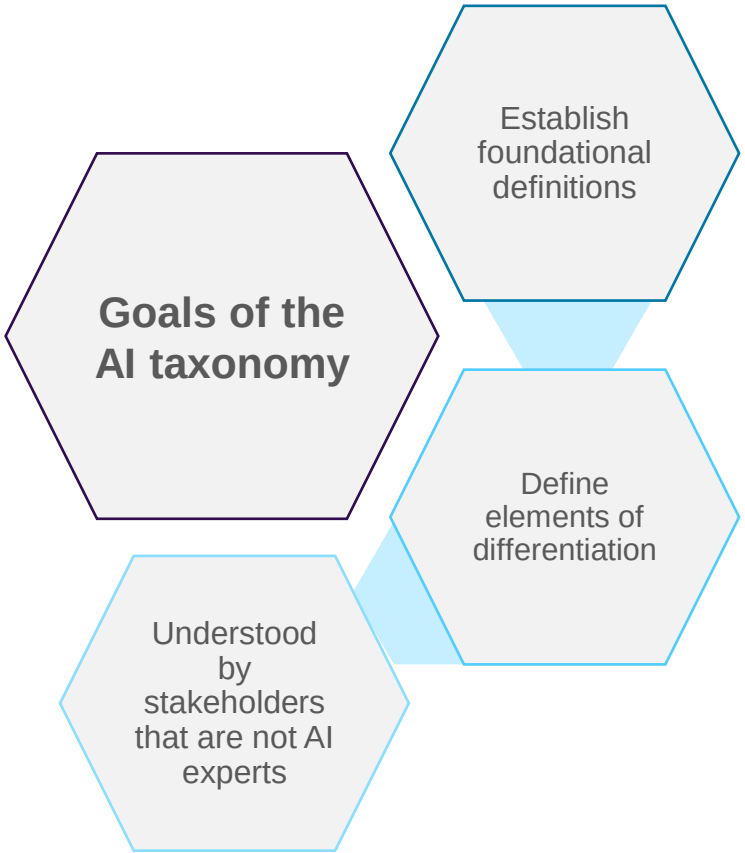
# New for 2023—CPT® Appendix S: AI Taxonomy for Medical Services & Procedures

The AI Taxonomy provides and defines distinct categories to describe the work done by the machine on behalf of the physician based on:

- Technical features and performance of emerging AI products and services
- Effect on the work of the physician/QHP
- Discrete components of work in order to facilitate valuation





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# AI Taxonomy: Table

| Service Components | AI Category: Assistive | AI Category: Augmentative | AI Category: Autonomous |
|---|---|---|---|
| **Primary objective** | Detects clinically relevant data | Analyzes and/or quantifies data in a clinically meaningful way | Interprets data and independently generates clinically meaningful conclusions |
| **Provides independent diagnosis and/or management decision** | No | No | Yes |
| **Analyzes data** | No | Yes | Yes |
| **Requires physician or other qualified health care professional interpretation and report** | Yes | Yes | No |
| **Examples in CPT code set** | Computer-Aided Detection (CAD) Imaging (77048, 77049, 77065-77067, 0042T, 0174T, 0175T) | Magnetic Resonance Spectroscopy (0612T), external analysis of imaging data sets | Retinal Imaging (92229) |


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# The Digital Medicine Evolution Continues: Sample of CPT® Codes Added in 2023

## Advancements made across numerous areas

## High level of activity in remote monitoring/treatment and analytical algorithms

### Ophthalmology/ Optometry

**Remote Optical Coherence Tomography** (patient setup/education, data analysis/reports, review/interpretation and report)
**0604T** | **0605T** | **0606T**

**Remote treatment of amblyopia using an eye tracking device** (device supply, surveillance Center technical support, interpretation and report)
**0704T** | **0705T** | **0706T**

### Psychiatry

**Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program** ordered by a physician or other qualified health care professional (supply and technical support, management services)
**0702T** | **0703T**

### Imaging

**Automated analysis of an existing computed tomography study for vertebral fracture(s)**, incl. assessment of bone density when performed, data preparation, interpretation, and report
**0691T**


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# The Digital Medicine Evolution Continues: Sample of CPT® Codes Added in 2023

## Cardiology

**Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score**
**0716T**

**Fractional Flow Reserve with CT – Cat III conversion to Cat I**

- Non-invasive estimate of coronary fractional flow reserve derived from augmentative software analysis of the dataset from a coronary computed tomography angiography

**0501T – 0504T**

**Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction** (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy)
**0764T**

## Endocrine

**Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration** (set-up and patient education, provision of software, data collection, transmission and storage)
**0740T – 0741T**

## Pathology

**Digital Pathology: Enable remote examination by pathologist and/or in conjunction with the use of AI algorithms**
**0751T – 0763T**

## Oncology

**AI-Assisted Oncologic Treatment** (Report patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options)

*Source: CPT 2023 Professional, CPT Summary of Panel Actions, September 2022 and May 2022*


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# Questions?

- AMA Digital Health Research: 2022 Findings
  - Digital Health Solution Usage and Attitudes: Shifts from 2016 to 2022
  - Motivators & Requirements for Adoption
  - Emerging Technologies
- Digital Medicine: CPT® Code Development


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# Stay informed with AMA resources

**AMA Digital Health Research** surveyed 1,300 physicians in three regular intervals between 2016 and 2022 to investigate physician motivations and requirements for integrating digital health tools into their practices. Explore insights from the AMA's updated study, which includes emerging technologies such as various applications of augmented intelligence.

**ama-assn.org/digital-health-study**

The **AMA Telehealth Immersion Program** is a comprehensive curriculum of curated webinars, interactive peer-to-peer learning sessions, virtual discussions, bootcamps and resources available on demand and designed to enable practices.

**ama-assn.org/telehealth-immersion**

Designed to address the needs of developers and creators of health technology and services, the **CPT® Developer Program** offers access to AMA-published content from Current Procedural Terminology (CPT) during the crucial stages of development.

**developer.ama-assn.org**

The CPT® Editorial Panel has responded to the fast pace of digital health innovation with two taxonomies. **Appendix R** is a taxonomy for **digital medicine services** that supports increased awareness and understanding of approaches to patient care through the multifaceted digital medicine services available for reporting in the CPT code set. **Appendix S** provides guidance for classifying various **AI-powered medical service applications**, such as expert systems, machine learning, or algorithm-based solutions, into one of three categories: assistive, augmentative, or autonomous.

**ama-assn.org/cpt-ai-taxonomy**

The ***In Full Health Learning & Action Community to Advance Equitable Health Innovation*** initiative seeks to advance equitable opportunities in health innovation investment, solution development and purchasing. All those who fund, develop, purchase and influence health innovation are invited to join the *In Full Health* community to advance equitable resource allocation.

**InFullHealth.org**

**The AMA Ed Hub™** is a unified education portal that provides a personalized experience for physicians and their care teams to keep current, increase their professional satisfaction, claim continuing education credits and continuously improve the care they provide. Enhance your understanding of AI with the **Artificial and Augmented Intelligence in Health Care** module.

**amaedhub.com**


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30 YEARS STRONG 1992-2022

# 2022 CPT® AND RBRVS ANNUAL SYMPOSIUM

**Nov. 16–18**
**Online**

## Prepare for 2023 with the authority on the CPT® code set

LEARN MORE

ama-assn.org/cpt-symposium

# Next Steps

## Tell us what you think

Please complete our **post-webinar survey**.

Your feedback helps us deliver expert perspective on topics you want to learn more about.

## Stay tuned for our next CPT® Webinar!

**Communicating Social Determinants of Health: A Role for Coding**

December 2022


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