

These Were the IT-Driven Improvements at HHS in 2019

The agency's annual report shows initiatives driven by digital services, data and IT improving national health research and care.

[Melissa Harris](#)

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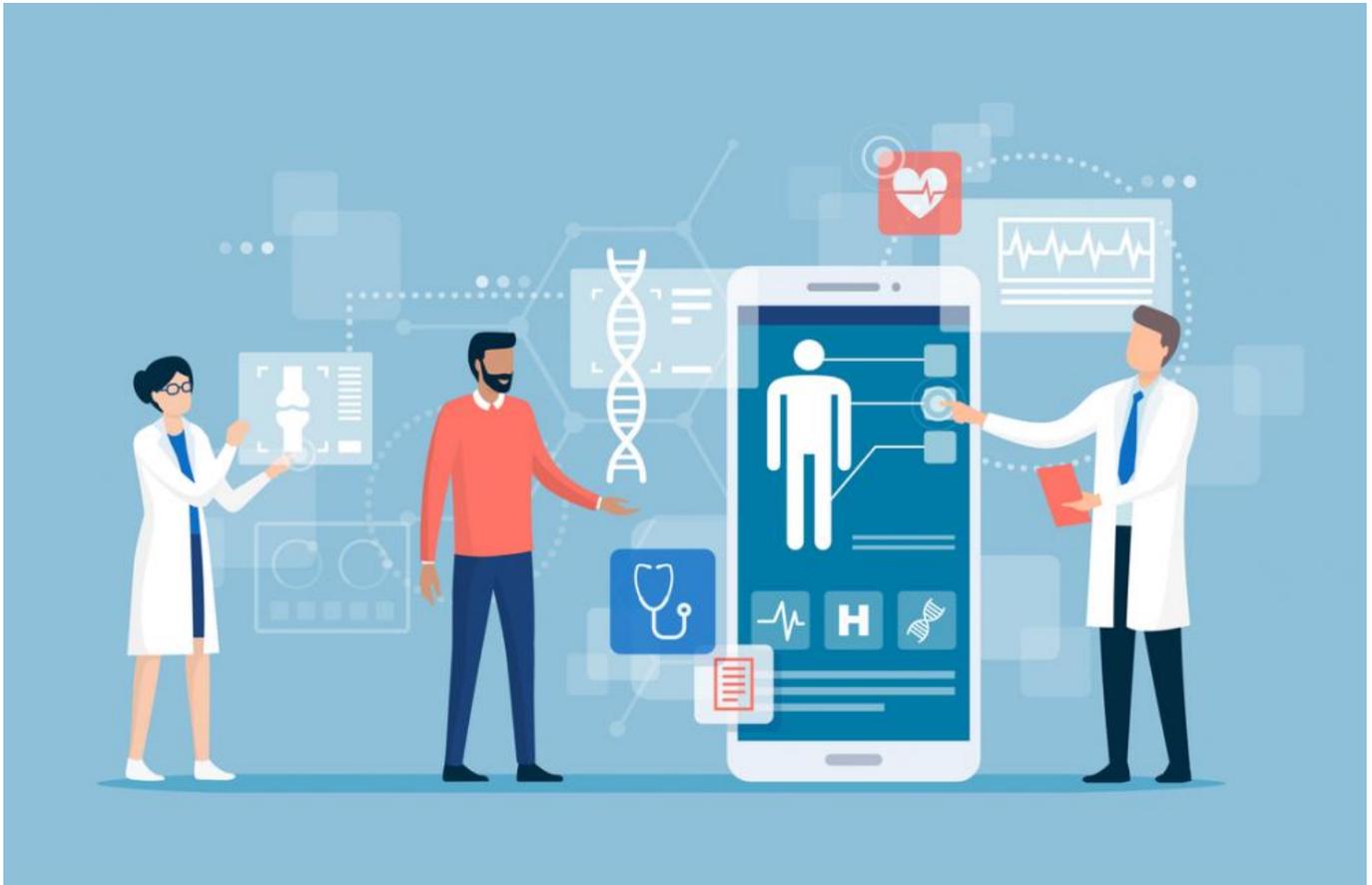


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The Department of Health and Human Services reported significant strides it made in digital services, data initiatives and IT modernization in health care in its [2019 annual report](#) published last week.

The report highlights how HHS expanded and created several digital platforms, portals and services across its component agencies to accomplish goals like empowering patients with their own health information, tackling the opioid epidemic, easing the process of making health care payments, and enrolling for Medicare and Medicaid services.

HHS reported that in 2019 it also expanded data-driven projects. These have ranged from using data to mitigate fraud, waste and abuse of Medicare payments to discovering more information on health crises like the opioid epidemic with data-backed research.

Major IT innovations, such as improving network speed and connectivity with HHS's new Enterprise Infrastructure Solutions contract, modernizing and securing health data with the move to cloud platforms, and IT acquisition reform have also driven efficiencies across HHS in 2019.

HHS spotlights a myriad projects, initiatives and reported successes from 2019. GovernmentCIO Media & Research took the time to highlight the most important and successful IT-driven items throughout the report.

Digital Services

From preexisting digital platforms to completely new projects, HHS pushed digital services forward to advance its mission across several initiatives. These services particularly grew in assisting end users in accessing key services, resources and data.

The Centers for Medicare and Medicaid Services and Office of the National Coordinator for Health IT proposed rules on interoperability to enable quick and easy access to health information electronically. Application programming interfaces, such as [Blue Button 2.0](#), were especially key in expanding access to data and health resources in 2019.

“Through Blue Button 2.0, Medicare beneficiaries can now securely connect their data to apps and other tools developed by innovative companies,” the report said. “The apps can help them organize and share their claims data, find health plans, make care appointments and check symptoms. As of December 2019, 54 applications are in production and over 2,400 developers from 1,456 organizations are working on development of applications.”

In 2019, CMS launched a modernized, redesigned Medicare Plan Finder to make the platform easier to navigate and mobile friendly, and the agency also released its first mobile app, What’s Covered, to help users easily find cost and coverage information to see if Medicare covers specific items or services.

APIs also eased provider access to resources and their patients’ data. The Data At the Point of Care API Pilot has worked to help clinicians access claims data by making Medicare A, B and/or D claims data available to clinicians directly in their workflow to support treatment decisions, the report said.

Enrollment processes also improved due to digital service enhancements in 2019. For the first time, CMS made Enhanced Direct Enrollment — which allows Americans to enroll in an exchange plan directly through an approved web broker rather than just through Healthcare.gov — available throughout the entire enrollment period.

Other traditional, paper-based processes like the Department Appeals Board process also moved toward digital and electronic services through the Medicare Operations Division’s Digital Transformation Initiative, which allowed the division’s electronic case management system to permit direct uploading of work products and other related documents.

“This has allowed the DAB to coordinate with CMS to implement the electronic upload of claim files directly from CMS contractors to the Medicare divisions case processing system — saving time, minimizing the amount of paper changing hands, and eliminating the need for physical mailing,” the report said.

HHS also saw large strides in telehealth in 2019, which marked the first year that Medicare began to cover virtual check-ins with doctors and a year that saw a 30% increase in wards incorporating telehealth into their services. Over 2019, the report said that patients saved 3.1 million miles of travel by utilizing telehealth instead of commuting to distant providers, and doctors now receive compensation for more virtual services.

Digital services also helped combat the opioid epidemic as well. The Substance Abuse and Mental Health Services Administration launched FindTreatment.gov to help connect Americans looking for substance abuse treatment with 13,000 locations across the country, and the Agency for Healthcare Research Quality developed an online Medication Assisted Treatment Playbook, an interactive guide to support primary care in offering MAT to patients and has over 400 tools and resources.

"The dashboard helps clinicians quickly access vital information, such as patients' pertinent medical history, pain assessments, previous treatments and potential risks, all to identify options and assist in shared decision making between clinicians and patients," the report continued about digital services in opioids treatment.

CMS also released its first Substance Use Data Book, which contains information about substance-based diagnoses and treatments.

On top of all of these initiatives, 2019 was also a year that marked advances in digital solutions for treating and communicating the patients with verbal disabilities with the rise of visual scene displays, combating human trafficking with online training solutions that educated more than 2 million individuals in identifying human trafficking.

Data-Driven Empowerment and Research

Amid the flurry of digital and electronic-based projects HHS worked on in 2019, the year was also filled with data-driven opportunities for patients, providers and health researchers. Overall, 2019 was the year of both leveraging and creating transparency and protection around health data.

Last year marked commitment from the White House to deliver transparency and price around data. The 2019 Executive Order on Improving Price and Quality Transparency in Healthcare, for instance, made it so that starting in January 2021, hospitals will have to publicly disclose their negotiated rates for services and the discounted cash price they're willing to take. It will also require most health insurers to provide patients, upon request, cost-sharing data to bring increased visibility around health care prices.

HHS itself also committed to safeguarding patients' rights to data through the HIPAA Right of Access Initiative, which HHS's Office of Civil Rights announced in February 2019. This project "aimed to vigorously enforce the right of individuals to get access to their health records promptly, without being overcharged, and in the readily producible format of their choice."

The many APIs and digital services that HHS launched and expanded upon in 2019 also brought more patient and provider empowerment around data. The various tools helped make health data more interoperable and portable.

"[HHS worked] to deliver better value in health care through equipping patients with price and quality transparency, providing patients with control of their health records, unleashing data, removing regulatory burdens, paying for outcomes, lowering drug prices and accelerating drug and device approval and reimbursement," the report said.

Data-driven research across HHS also grew in 2019 as health data became more available and shareable. The National Institute of Health [All of Us Research Program](#) — which partners with one million or more Americans from diverse backgrounds to voluntarily share data to advance precision medicine — released a data browser in May 2019, giving insight into the data the project had collected so far.

So far, 300,000 people have enrolled in the program and 80% represent underrepresented communities in research, the report said.

As of the start of fiscal year 2019, NIH's Cancer Moonshot Initiative had also funded 150 projects across various research areas — many of which used big data to identify commonalities across both cancer types and individual cancer cases. Other data-driven research projects included NIH's first American Indian data-sharing and use agreement between the Environmental influences on Child Health Outcomes (ECHO) research program grantees and the Navajo Nation.

"The Navajo nation ... will share participant data on a nationwide platform to ultimately improve the health of Navajo mothers and children," the report said. "This data-sharing agreement could be used as a blueprint for data-sharing agreements with other Tribes."

The Centers for Disease Control leveraged real-time data in 2019 as well through its National Syndromic Surveillance Program Biosense Platform.

"Data from 58 sites, representing 4,478 facilities, like emergency departments, can now be used as a real-time data source for health care providers to use in making quicker data-driven decisions to satisfy individual patients needs," the report said of the platform.

And just as HHS had built digital platforms to aid in the opioid crisis, the agency also created solutions using opioid-related data to help tackle the epidemic. In September 2019, CDC awarded more than \$300 million to launch cooperative agreements to support state, territorial, county and city health departments in obtaining high-quality data on overdose morbidity and mortality to help inform prevention and response efforts.

SAMHSA also launched the Drug Abuse Warning Network program to use data from more than 35 hospitals in rural, suburban and urban communities to help SAMHSA quickly identify trends in substance use and identify emerging issues in substance abuse across the country.

The HHS Office of Inspector General used data analytics to target and take down pill mills — another 2019 move to tackle the opioid crisis.

“One OIG takedown in a single state netted 50 individuals, including medical providers, diverting prescription opioids through pill mill clinics,” the report said of one instance. “Losses to public and private payers in this single operation came to \$66 million and involved 6.2 million diverted pills.”

Using data, CMS supported research to improve and clarify Medicaid and Children’s Health Insurance Program-related services and processes. For the first time, CMS released Transformed Medicaid Statistical Information System data files for researchers to use the T-MSIS data to answer questions about Medicaid and CHIP enrollment, services and payment.

CMS also released an updated Medicaid and CHIP Scorecard, providing “an innovative public-facing federal dashboard that includes additional data points, measures and enhanced functionality.”

Beyond the realm of researcher, HHS has also leveraged data-driven technologies and AI to sharpen its acquisition processes and realize millions in cost savings. The report highlighted the [BuySmarter](#) initiative in this regard. It used blockchain technology, artificial intelligence and machine learning to identify opportunities to achieve over \$720 million in annual cost avoidance, the report said. “By the end of FY 2020, HHS anticipates realizing between \$6 and \$9.5 million in cost avoidance and savings related to these efforts.”

Cloud and Other Modernized Solutions

Beyond the realms of digital and data initiatives HHS tackled in 2019, the agency also modernized its IT assets to help stand up faster, improved and more secure IT assets.

Adoption of the cloud was one of the most significant IT modernization efforts at HHS in 2019. NIH’s STRIDES initiatives, for instance, has provide NIH and NIH-funded researchers at least more than 2,500 research and academic institutions with cost-effective access to cloud environments, tools and services.

“Since its launch in 2018, the initiative has moved over 30 petabytes of biomedical research data to the cloud, including many of NIH’s high-value datasets, such as the National Cancer Institute’s Genomic Data Commons, the Framingham Heart Study, the Gabriella Miller Kids First Pediatric Research program and NIH’s largest dataset, the Sequence Read Archive,” the report said.

The report added that because of the STRIDES Initiative, NIH-funded research programs have seen \$4.7 million in annual cost-savings.

The General Services Administration’s Enterprise Infrastructure Solutions contract mandate — which requires all civilian agencies to issue improved, high-speed network contracts to improve federal telecommunications — also marked another success in HHS IT modernization last year after the agency began its EIS implementation.

“HHS began implementing its new Enterprise Infrastructure Solutions contract, which includes high-speed circuits to support the HHS network, audio conferencing, voice-over internet protocol and cloud services that will yield a cost savings of at least \$111 million over the life of the 13-year contract period,” the report said. “Establishing a single program office for the contract, HHS will net an additional \$86 million in cost avoidance.”

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