

Repeal-and-Reimburse Plots

With Republicans' repeal-and-TBD plans percolating, some segments of the health tech industry are sending suggestions. With the Wednesday launch of the "Connected Health Initiative," some 150 members are trying to push telemedicine reimbursement – along with FDA's long-awaited CDS guidance – as a way of filling in the blanks, the initiative's acting director Morgan Reed told our own Arthur Allen.

Members include the AMA, Apple, and Microsoft, among others. Plans to barnstorm Hill members' offices are on the group's docket, along with sending letters to HHS Secretary Tom Price.

DISPATCHES FROM HIMSSLANDIA: Your correspondent has many a dispatch from HIMSSlandia

– **OIG not yet there on info blocking enforcement:** In the future, the Office of the Inspector General should have power to go after information blockers. But the 21st Century Cures Act, which empowered the office, calls for rules to detail those powers.

– **CPC+ participants worried about certification:** Your correspondent attended a listening session on Comprehensive Primary Care+, and was struck by the number of questions – presumably reflecting concern – about 2015 edition certified EHRs, which are mandated starting in 2018.

Among other issues, as our colleague David Pittman previously [noted](#), the number of certified EHRs is low, though the number has inched up by two since he last reported. (Still no Athenahealth or Cerner, among other prominent developers.) So that may be a challenge for the program.

Separately, your correspondent also heard a question phrased as a concern about a certain email vendor whose name we'll redact, but the email vendor apparently is permanently

consigned to spam. Your correspondent had some awful flashbacks to the days in which he personally clicked “send” on email newsletters and shuddered.

– **Telehealth legalities:** Your correspondent also listened in on a presentation from Jones Day’s Alexis Gilroy, who gave a broad overview of the current state of play from a telehealth perspective. Gilroy offered a few interesting asides. She asked doctors in possession of a lot of telehealth data to contact the American Telemedicine Association, which might be used to publish research. (She serves on the organization’s board of directors.)

But what we found most interesting was her comments on the continuing eye doc controversy with respect to telehealth laws.

Keep in mind that many doctors are battling eye-exam-at-home startup Opternative for perceived safety deficiencies. Gilroy was tart on the subject, saying, “Unfortunately, I think some in the ocular space view it as a threat. Which is too bad – it could be an opportunity [for them.]”

Gilroy contrasted the perhaps parochial approach of the eye doctors with the medical profession as a whole, which is more rapidly adopting telehealth. “[We’re] starting to see some state rules where ‘telemedicine is great, except for ocular health,’” she noted.

eHealth tweet of the day: [Aisling McDonough @AislingMcDL](#) Overheard at #HIMSS17 – “Fee-for-service” used to mean that if you cut off the wrong arm, Medicare would’ve paid for two arms.

THURSDAY: Our time is nearly at an end in Orlando – as you read this, your correspondent will either be sleeping or listening to his last sessions. (Note to editors: the emphasis is on *either*, as these are mutually exclusive options.) Your correspondent found one thing odd about the city itself: its

pedestrian crosswalk signs. For whatever reason, one Orlando street has a series of pedestrian crosswalk blinkers that never show the walking man symbol. They simply cycle through the “don’t walk” hand, oftentimes repeating countdown timers multiple times. Puzzle through odd traffic signals at dtahir@politico.com. State arguments for walkable cities at [@David_Pittman](#), [@arthurallen202](#), [@DariusTahir](#), [@POLITICOPro](#), [@Morning_eHealth](#).

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DISPATCHES FROM HIMMSLANDIA, CONT.: Your correspondent also wants to offer a brief anthropological survey from the HIMSS floor. Perhaps he is mistaken, but it seems vendors were offering more coffee bars than previously. Your correspondent also saw fewer truly odd booths, though he found the demonstration of a surgical bed featuring a reclining actor somewhat surreal. Your correspondent saw fewer Apple Watches and EarPods than expected. Finally, your correspondent would like to offer kudos to MedData strictly for their freshly baked scones. (Your correspondent frankly has no idea what they do and therefore cannot comment on or endorse anything else about the company. But the scones were great.)

A POWERFUL APP FOR DEATH: New Hampshire is launching the country’s first electronic cause of death registry this month. It’s a CDC-funded tool that could dramatically improve tracking of disease outbreaks and other fatalities. Doctors or medical examiners can use the app on smart phones or tablets to record the hour and cause of death of a patient and can gather additional information if asked.

For example, CDC can respond to news of a death by respiratory illness with a query about whether the patient was tested for

flu. The CDC contracted with New Hampshire to pilot the app – created by CNSI – and to test it in at least one other state.

– **Status quo:** At present, New Hampshire vital records registrar Steve Wurtz told POLITICO, the state collects data and sends it to CDC twice a day. Eventually, if adopted nationwide, it could provide public health officials with real-time evidence of serious epidemics. At present, only about half of all deaths in the U.S. are reported to CDC within 10 days, said Charles Sirc, special assistant to the director of vital statistics at the agency. “It has created a lot of excitement because physicians have been clamoring for something that’s convenient,” Wurtz said. “They don’t have to go back to the office to log in and record the cause of death. They can record it right at the bedside or in a home.” The app may be useful for tracking contaminants in street drugs, Wurtz said. New Hampshire has one of the highest opioid overdoses in the country, with many recent deaths attributed to fentanyl, a powerful narcotic that is often mixed into heroin.

TRIGGER WARNING ON NURSE COMPACT: It looks like the Nurse Licensure Compact – which will allow nurses’ licenses to apply across state lines – just might be triggered early. The compact is scheduled to go into effect in Dec. 31, 2018, or when a majority of states’ legislatures approve the change, in which case it will be adopted a year early. Ten states adopted the compact last year; Utah passed the compact in both chambers of its state legislature, and five other states have passed the compact in one of its chambers. In total, 18 states have introduced bills affirming the compact this year.

“I don’t like absolute statements, but I do not foresee a scenario at this time where the [compact] will not go into effect by the end of 2018 at the latest,” said Elliott Vice, the director of government affairs with the National Council of State Boards of Nursing.

WHAT WE’RE CLICKING ON:

The University of Michigan's Julia Adler-Milstein [pens](#) a piece on the "interoperability blame game."

Can Massachusetts [become](#) a digital health leader?

Patients [want](#) health records – when the hospitals share them.

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