

manatt

*In Collaboration with the*



# Digital Health and AI Health System Learning Collaborative

*Supported by Manatt Health, in Collaboration with the AAMC*

2025

# The Digital Health and AI Health System Learning Collaborative

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Advanced, curated, peer learning forum to gain insight, exchange best practices (and failures), and explore practical strategies for integrating digital health and AI into everyday clinical care and operations.



**Timeline:** January – November 2025



**Participation:** Clinical, operations, policy, and technology leaders from up to 30 health systems (3-4 leaders from each organization)

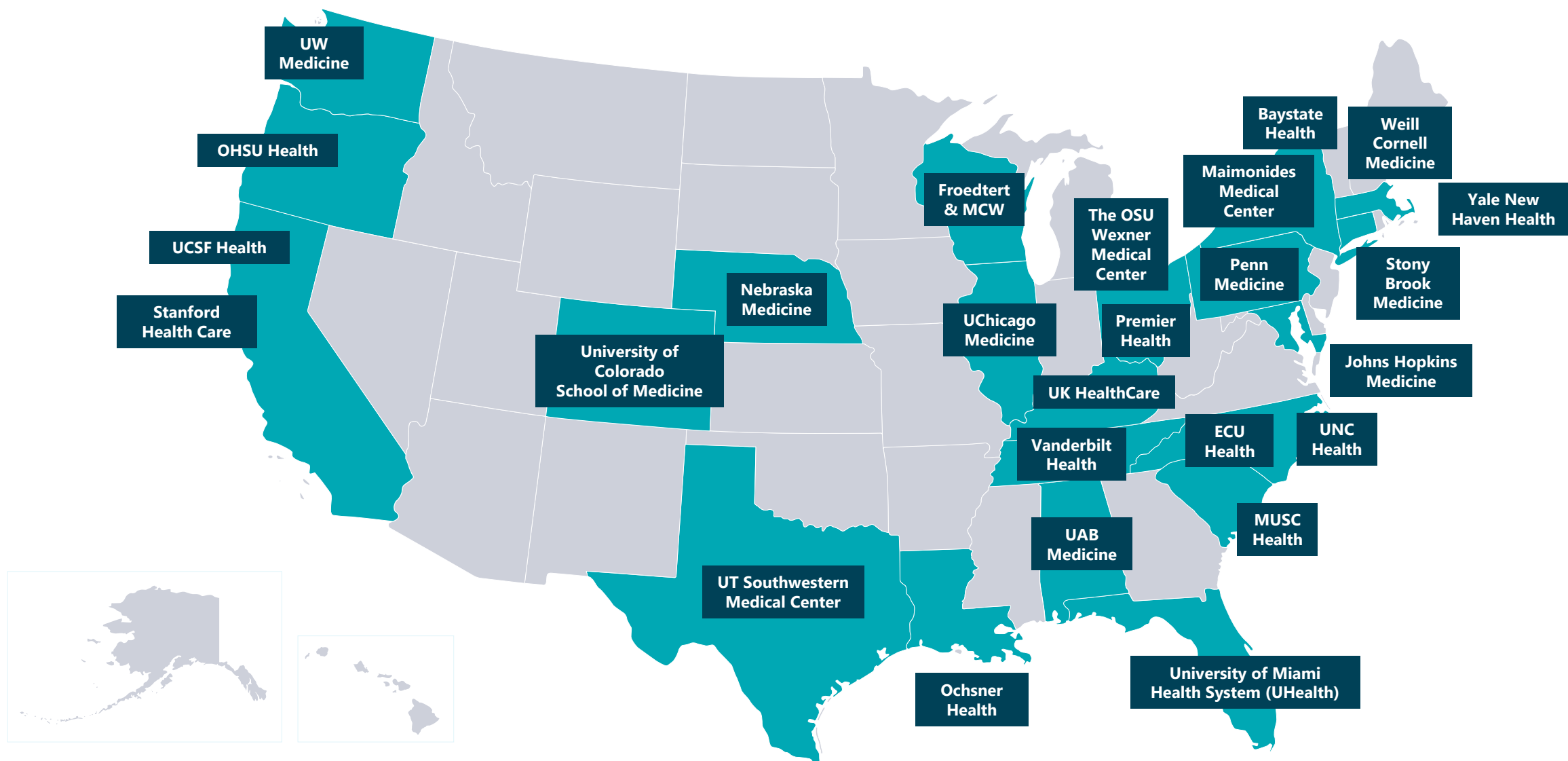


**Commitment:** ~2 hours monthly; additional time for presentation preparation and one in-person site visit



**Membership Dues:** \$20K for new systems

# 2024 Collaborative Participation



# Benefits of Collaborative Participation

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**In-Person Onsite:** 2-day in-person Collaborative learning session at a participating health system campus



**Monthly Virtual Workshops:** 2-hour deep-dive virtual workshop series on topics identified by the Collaborative, featuring expert participant presentations and discussion



**Networking:** In-person networking opportunities at relevant national conferences (e.g., ATA, HIMSS) and virtual networking through asynchronous facilitated Q&A and match-making



**Digital and AI Program Profiles:** Collection of AI and digital health program profiles from participating health systems, including program governance, strategies, and programs



**Guided Small Group Conversations:** Facilitated virtual “coffee chats” on areas of participant interest



**Deep Operational Insight:** Operations-level insight as to ‘what works’ and ‘what doesn’t’ at peer institutions



**Policy Engagement:** Policy updates and advocacy opportunities with the AAMC on relevant national topics



**Shared Resources:** Access to presentation slides, relevant publications, and workshop recordings and key takeaways

# Experience Highlights: 2024 Collaborative

## Deep-Dive Monthly Workshops



## In-Person Activity



2024 Onsite at MUSC Health



2024 Breakfast & Panel at ATA

## Example Coffee Chat Topics

- ✓ Language Access and Digital Health
- ✓ Epic Video Client and Epic Video Mode
- ✓ Validating AI Models
- ✓ Press Ganey and the Patient Experience
- ✓ RPM Strategy and Operations
- ✓ Tele-SNF Program Operations

# Participant Feedback

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**“We value the detailed insights and lessons learned from peer institutions in digital health, which allows us to pressure test our own ideas and efforts. Through the AAMC-Manatt Collaborative, our team has been able to build new colleague-to-colleague relationships, which helps them to accelerate learning and sharing of best practices from other AMCs across the country. Of particular importance to us from this Collaborative is the attention paid to change management required in an academic medical center to initiate and sustain high-impact virtual care programs. We are proud to contribute to this collaborative effort, which is assisting academic centers lead with digital health technologies.”**

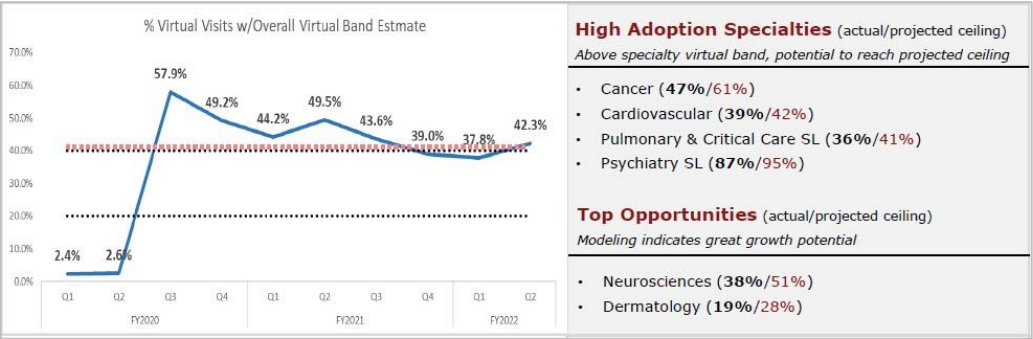
**–David Entwistle, President and CEO, Stanford Health Care**

**“The Johns Hopkins telemedicine team has found it extremely helpful to participate in the collaborative. It has been invaluable to have an environment of peers from whom we can learn best practices in areas where we are starting new initiatives and share lessons learned in areas where we are more established. The sessions are very well organized and such an efficient use of time!”**

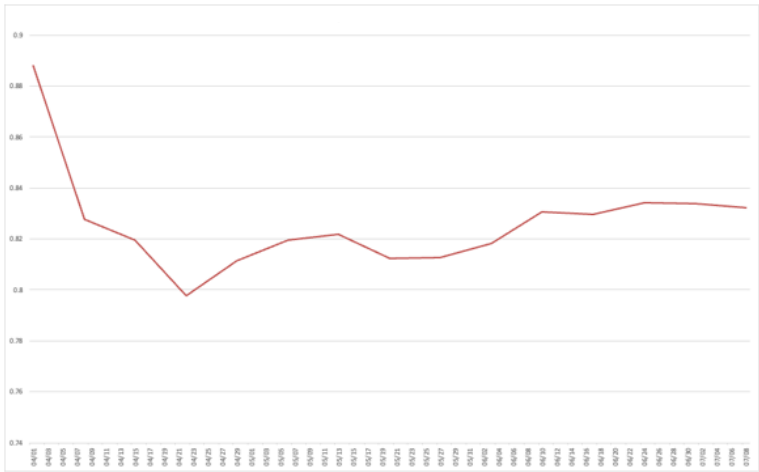
**– Helen Hughes, MD MPH, Medical Director, Office of Telemedicine, Johns Hopkins Medicine**

## Deep Operational Insights

*Detailed operational insights for each session from participants and national leaders.*



## Results/Impact So Far



## Key Insights Summaries

*Synthesis of key insights, lessons learned, and pitfalls for every workshop session to guide strategy and operations.*

AAMC-Manatt Digital Health & AI Collaborative Workshop #5 Summary: Care In the Home – Hospital at Home and RPM  
June 17, 2024

**Meeting Overview**

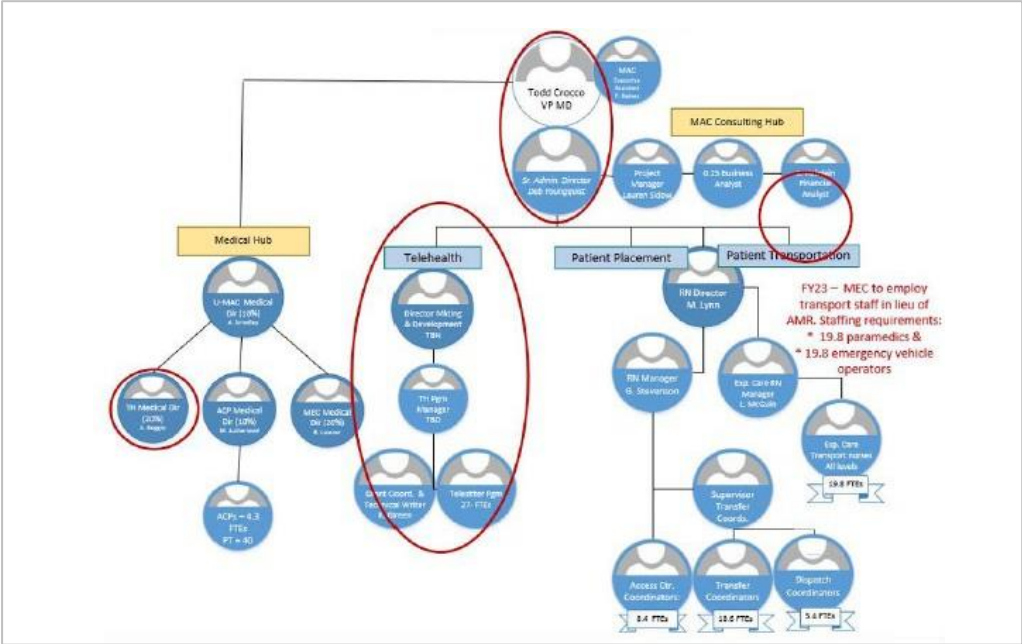
Workshop 5 highlighted trends in shifting care to the home, with a focus on hospital at home and remote patient monitoring (RPM). The session included presentations from two Collaborative member organizations, UChicago Medicine and OHSU, as well as a guest presentation from Atrium Health.

**Key Takeaways**

- Health systems are actively deploying, evaluating, and aligning home care models to support a wide range of clinical needs – ambulatory, chronic, acute and post-acute – leveraging remote monitoring and other digital technologies. For example, beyond hospital at home, UChicago Medicine shared its consideration of SNF at Home, Urgent Care at Home, and Primary Care at Home. Atrium Health shared its consideration of a parallel service to its hospital at home program, which would provide hospital level outpatient care in the home.
- Evidence suggests that home care models can address a range of organizational priorities, including expanding hospital capacity (with a lower cost site of care), supporting an aging population, improving access to care, and augmenting the patient experience. Organizations highlight how programs will be most successful if they are designed to address a specific organizational need. Examples include:
  - **Atrium Health:** Atrium Health's Hospital at Home program has enabled the health system to avoid approximately 40,000 hospital brick and mortar days since the program launched in 2020. Patients give a higher overall experience rating for its hospital at home program than its brick and mortar (84.8% for hospital at home vs. 71.8%) and are more likely to recommend this program (88.3% for hospital at home vs. 75.8%).
  - **OHSU:** OHSU shared how its Growing @ Home program (RPM for select NICU infants) resulted in hospital days saved, decreased NICU length of stay, backfill of new NICU cases, and the ability for families to bring their newborns home earlier.
- Presenters shared similar perspectives on foundations for success in developing and implementing hospital at home programs: integrated support services (e.g., pharmacy, care management, specialty consults), strong underlying digital capabilities (e.g., remote monitoring platform, robust virtual visit capabilities), organizational alignment and leadership, a system view of financials, and infrastructure that enables the program to grow and scale. Decisions around how to implement the program and when to leverage outside vendors (e.g., pharmacy, RPM, nursing) is system specific and unique to the local environment and existing organizational capabilities.
- State and federal regulations highly impact the viability and operating model of an organization's hospital at home program. For example, the CMS Acute Care Hospital at Home waiver, enabling Medicare payment, was extended to the end of 2024 and efforts are underway to extend it to the end of 2029. Atrium Health described a few specific North Carolina policy conditions that contributed to its program's financial stability and scalability: (1) Medicaid coverage, (2) the exclusion of hospital at home beds in its licensed bed capacity count, and (3) the allowance of a 3-day supply of oral narcotics. UChicago is focused on Medicaid coverage in Illinois and gaining clarity on using mobile

## Digital Organizational Structure

Organizational structures to inform operating and governance models.



## Program Snapshots

Summary of digital and AI programs, strategies, governance, priorities, and partners.

Program	Strategy	Clinical Services	Geographic Reach	Volume	Modalities	Partners
Optimize Hospital-Level Care						
Inpatient Virtual Consult Service	Optimize clinical-specialist distribution across a large system and improve access to specialty care	Tele-stroke, tele-ICU, neurology, palliative care, infectious disease, mental health, pediatric intensive care, hospitalist consultations	Statewide	Tele-stroke: >4,000 consults in 2020 Tele-ICU: >11,000 patients monitored and >1,300 emergency responses in 2020 All other inpatient virtual consult services: >5,000 consults in 2020	Virtual consults, tele-ICU	Community hospitals
Distribute Access to and Integration of Care						
Ambulatory Virtual Care	Increase access to specialty services locally and statewide	Primary care, specialty services	Statewide	Nearly 290,000 ambulatory virtual visits in 2020	Virtual visits, regional telehealth clinics, e-consults	Community clinics
Manage Population Health						
Primary Care Support	Manage high-need, high-cost patients	Programs for weight management, psychiatry services, diabetic home monitoring via distant primary care clinics	Statewide	Virtual consults: 1,000-2,000/year Diabetic home monitoring: 400-800 actively monitored patients	Virtual prevention programs, virtual visits, RPM	Community clinics
COVID-19 Remote Patient Monitoring	Manage non-hospitalized high-risk patients with COVID-19	Monitoring of COVID-19-positive patients	Statewide	Nearly 1,300 patients enrolled and monitored in 2020	RPM	N/A

# Collaborative Support

## ***Manatt Collaborative Support:***



**Jared Augenstein, MPH, MA**  
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**Manatt Health** will provide subject matter, project management, organization, and facilitation support for the Collaborative. Manatt Health integrates legal and consulting expertise to better serve the complex needs of clients across the health care system.

**Association of American Medical Colleges (AAMC)** will participate in all meetings and provide digital health and AI policy updates and an opportunity to inform AAMC's advocacy agenda. *In addition, AAMC and Manatt are in discussion about the AAMC continuing to provide CPSC telehealth utilization benchmarking for the Collaborative.*