



## Maverick Health Policy

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### **HLTH 2024: Summary of Key Themes and Panels** **October 20 – October 23, 2024 | Las Vegas, NV** Event Homepage

The Maverick Health Policy team attended three days of the HLTH 2024 conference in Las Vegas, starting on Sunday, October 20, 2024. While attendance was reportedly down from last year, ~12,000 of us could not figure out how to avoid a one-stop-shopping networking experience. The following is a report on some of the programs we attended, the themes we noticed, and the rumors we heard.

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HLTH Programming Summary

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- PANEL - ROI in the Fast Lane: Implementing Scalable Plans to Maximize Investment in the Digital Era of Health
- PANEL - Positioned for Success: The Why, How, & What on Your Next Virtual Care First Implementation
- PANEL - Keep Up or Lose Out: Upskilling for AI in the Digital Health Era
- PANEL - Aging's Price Tag
- PANEL - Payer Insights: Payers + AI and Emerging Technologies = Better Member Experiences

#### **Day 2: Monday, October 21, 2024**

- MAIN STAGE - The Evolution of Digital Health and Generative AI
- MAIN STAGE - Health Care Reimagined: Blue Shield of California's Next Big Tech Transformation
- MAIN STAGE - The Second Act: How We Respin Women's Longevity
- MAIN STAGE - The Fight for Reproductive Rights
- PANEL - Payer-Provider AI Arms Race

#### **Day 3: Tuesday, October 22, 2024**

- MAIN STAGE - Election 2024: What You Need to Know
- PANEL - The Politics of Health: How the 2024 Elections Could Impact Digital Health and Health Equity
- PANEL - An AI Coalition Mission



## **HLTH Logistics**

While these large conferences are great for nationwide business networking, they can be exhausting. There was relief that it wasn't at the convention center like it was last year, which means a commute for everyone. This year it was at the Venetian, so programs and happy hours were all centrally located, and most attendees stayed at the venue or nearby. The conference also intersected with numerous other events in town this year that made hotel prices and traffic overwhelming:

- The 2-day “When We Were Young” music festival attracted 65,000 people per day
- The Eagles were giving a concert at the Sphere
- 2024 National Finals Rodeo
- A NASCAR speedway race
- Many other conferences, including a real estate and an aviation conference.

Uber, Lyft and taxi drivers were not happy about the gridlock, and it was tough to get anywhere on time if you were a passenger.

## **HLTH Themes**

At HLTH, you could play very serious drinking games if you had a bingo card that said “AI” on it. Other themes of the conference included:

- PBMs are evil
- Food as medicine, but talk about GLP-1s probably overshadowed that theme
- Women's health – particularly because Halle Berry showed up to discuss menopause
- Primary and behavioral care integration
- Genomics
- Digital health tools must show an ROI right away to be successful; anyone who can demonstrate cost-cutting will do well

## **Industry Announcements**

Lots of companies made announcements of new partnerships, frameworks, and reports. Some of those announcements included:

- **DiMe** launched the DiMe Seal, to help purchasers and end users evaluate digital health tools.
- The Coalition for Health AI (CHAI) made several announcements, including its draft model cards, assurance lab networks, future partnership with federally-qualified health centers (FQHCs).
- **Duke Health** and **Avanade**, a joint venture between **Microsoft** and **Accenture**, launched SAIGE --the “Smart AI Governance Engine.”
- **Nvidia** and **Aidoc** are partnering to draft AI implementation guidelines called “BRIDGE” - the Blueprint for Resilient Integration and Deployment of Guided Excellence for AI adoption.
- **Blue Shield of California** and **Salesforce** are partnering to offer a new AI solution that will deliver close to real-time prior authorization decisions.



- **GE Healthcare** announced a new artificial intelligence tool called CareIntellect for Oncology that will simplify data analysis for doctors by summarizing patient history and monitoring disease progression—among other uses. The tool will be initially optimized for prostate and breast cancers and will be made available to US customers in 2025.
  - **GE Healthcare** also announced the creation of an AI Innovation Lab to accelerate early-stage AI “concept projects” which includes solutions to quickly identify cancer presence, decrease childbirth complications, and create a foundational model for X-rays.
- **Amazon Medical** and **Cleveland Clinic** are opening up their first joint primary care office next year, with the goal of offering more coordinated care.
- A list of more health AI announcements is here, including news from **Qure.ai**, **Inovalon**, **Clarify Health**, **Mila Health**, **Luma Health**, and a new framework from HIMSS to help hospitals use AI tech effectively.
- More news coverage of the programming: here, here, here, and here.

### **Rumors We Heard**

1. A growing number of powerful players are gearing up to attack Epic’s information blocking behavior, which made more problematic by its dominant market position. No one we spoke to thinks the Particle Health lawsuit will be successful. People do think that entities – who need patient information to accomplish their missions – are finally braving up to push back on Epic’s refusal to share. It is not that surprising that venture capital firms (who have portfolio companies that are struggling to integrate cannot access the data they need) are frustrated enough to do something about it.
2. Reportedly, there are at least two unflattering stories being written about the Coalition for Health AI (CHAI) by media outlets. To be fair, CHAI also seems to be trying to take a step back, invite more entities to play in its work, and improve its output.
3. HLTH was not as well-attended this year. Non-exhibitors that we spoke to said they were thinking about NOT attending next year but found it difficult to avoid the opportunity see everyone in one place. The flashy “show” emphasis at HLTH is unattractive and a lot of unnecessary money is likely going to headliners like John Legend. People are pining for smaller, more meaningful events and are not thrilled with the ROI on HLTH. Meeting pod meetings are often cancelled and exhibiting at a booth leads to people walking up to you to try to pitch you, not buy from you. HLTH is a collaboration and networking gig, it is not as effective for sales.

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### **PROGRAM SUMMARY**

While the Maverick team would have needed to clone itself three times over to attend and summarize the hundreds of sessions in the three and a half days of programming, we captured many of the main stage speakers and other panels we attended. The following are our notes.

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## **HLTH Day 1: Sunday, October 20, 2024**

**MAIN STAGE - Kaiser Permanente and Risant Health: A Value-Based Future for Healthcare**



## Speakers

- *Moderator:* [Alexandra Drane](#), Co-Founder and CEO, [Archangels](#)
- [Greg Adams](#), CEO, Kaiser Permanente, Keynote

## Key Takeaways

- Greg Adams, the CEO of Kaiser Permanente (KP) – the country’s largest nonprofit community health system, gave a keynote on the main stage with Alexandra Drane of ArchAngels. The main focus of the interview was how KP is planning to scale value-based, tech-supported concepts with its \$5B launch of subsidiary called [Risant Health](#). The goal is to earn revenues of \$30B+ by acquiring nonprofit health systems that want to expand value-based care. The effort began with the April 2023 purchase of [Geisinger](#).
  - Risant Health plans to acquire more health systems, including closing its publicly reported deal with North Carolina-based [Cone Health](#).
  - Adams said KP is in talks with another hospital system but refused to identify which one.
- Adams said that, since joining Risant six months ago, Geisinger has improved its cost structure by 1% and hopes that it will improve 2%-3% for partner health systems over a year.
- A common theme the Maverick team heard at HLTH was echoed by Adams: health systems are facing extreme financial headwinds. Alex Drane asked if Risant Health is really KP in disguise, which Adams denied.
- She also asked if KP is like the cool guy who drives up on a motorcycle or if it is like the guy that offers your mother a treat; Adams responded that KP is like the guy who offers all the mothers in the neighborhood treats.

### **PANEL - ROI in the Fast Lane:**

#### **Implementing Scalable Plans to Maximize Investment in the Digital Era of Health**

## Speakers

- *Moderator:* [Smit Patel](#), Director, Digital Health and AI, Digital Medicine Society, (DiMe)
- [Santosh Mohan](#), Vice President, Emerging Tech and Initiatives, Advocate Health
- [Mona Siddiqui](#), Senior Vice President, Home and Community Services, Highmark Health
- [Mary Beth Sirio](#), Vice President, Product Management and Market Development, UPMC Enterprises
- [Sarah Thompson](#), Head of Clinical Operations, Programs and Strategy, Verily

## Key Takeaways

- From a payer’s perspective, any new digital health initiative should demonstrate an improvement in the total cost of care with an ROI of two or higher. Patient enrollment and sustained engagement allow stakeholders to forecast whether a solution is on track to achieve financial and clinical success.
- Providers justify investments by considering both strategic and financial ROI. Strategic ROI includes quantitative metrics, such as RDU productivity, and qualitative metrics, such as the social, emotional, and functional discovery of users associated with a project. Financial ROI



captures revenue, expenses, and value-drivers which contribute to a program but are not controllable by a program, such as readmissions.

- Thompson shared an example of how Verily pairs internal evaluations with external ones to discuss a digital care management platform for patients with Type-2 diabetes, proven to lower A1C levels, reduce ED visits, and reduce medical expenses.
- While best practices for scaling new technologies and maximizing value in healthcare operations are advancing, the pace of innovation and pure number of opportunities to invest have created new challenges aligning stakeholder expectations and setting realistic goals for deployment.
- Thompson cautioned against siloing digital care and discussed expanding interactions between patients and digital health platforms with co-design councils and more consideration for how willing patients are to accept AI in their care journey.

## **PANEL - Positioned for Success: The Why, How, & What on Your Next V1C Implementation**

### **Speakers**

- *Moderator:* Gabby Goldblatt, Partnership Leads, Care and Public Health, DiMe
- Kathleen Aller, Head of Global Healthcare Market Strategy, InterSystems
- Nicole Bell, Chief Commercial Officer, Curai Health
- Angie Kalousek Ebrahimi, Senior Director of Lifestyle Medicine, Blue Shield of California
- Rafid Fadul, Co-Founder and CEO, Zivian Health

### **Key Takeaways**

- Panelists discussed the importance of stakeholder alignment, regulatory clarity, and data-driven strategies for the successful deployment of Virtual Care First (V1C) solutions.
- As the end-user for all virtual care initiatives, patients drive the evolution of virtual care just as much as organizations developing or implementing provider platforms. Comprehensive evaluations of patient care must consider access along with convenience, cost, continuity, and regular engagement.
- Panelists outlined barriers to deploying V1C care modalities beyond provider platforms:
  - **Data Utilization:** Aller called on the industry to improve data sharing and take advantage of longitudinal health information to assess new therapies based on data from similar cohorts.
  - **Buy-In:** Ebrahimi advised demonstrating improved health outcomes to gain buy-in at multiple levels for digital health solutions.
  - **Regulatory Complexity:** Fadul countered a public bias towards compliance and streamlined regulations by noting well-intended regulations can create additional friction, such as with proposed prescribing rules for telemedicine.
  - **Strategic Integration:** Bell described instances in the past when Curai has had to reassure providers that digital care platforms complement existing services and are not competitors attempting to separate patient care networks.

## **PANEL - Keep Up or Lose Out: Upskilling for AI in the Digital Health Era**

### **Speakers**

- *Moderator:* Sarah Moore, Managing Director of Education, DiMe



- John Dayton, Emergency Physician, Assistant Professor, Intermountain Health, Stanford University
- Jennifer McCay, Senior Clinical Specialist, Google Health
- Alifia Hasan, Innovation Portfolio Manager, Health AI Partnership

McCay: *“Our system isn’t designed to do what it actually does, so we use a lot of duct tape and elbow grease to get through the day. This is really what drives a lot of burnout.”*

### Key Takeaways

- Panelists proposed strategies to close knowledge gaps and equip professionals with skills to integrate AI tools into workflows in a safe, effective, and responsible way.
- Some organizations have designed learning labs to familiarize users with tools while others have restructured informal programs for on-the-job training to connect data scientists with providers.
- The Health AI Partnership (HAIP) examined how AI tools perform in various clinical settings and best practices for adoption. HAIP is finalizing educational courses, split into advanced and basic offerings, to fill literacy gaps and allow professionals to make informed decisions on where, when, and how to use new technologies.
- A certain level of skepticism towards AI is healthy and raises awareness of risks like algorithmic bias and hallucinations. External communications must reassure patients and providers that professionals oversee tools and humans remain in-the-loop.

### PANEL - Aging’s Price Tag

#### Speakers

- *Moderator:* Mara McDermott, CEO, Accountable for Health
- Jenn Kerfoot, Chief Strategy and Growth Officer, DUOS
- Ceci Connolly, President and CEO, Alliance of Community Health Plans
- Kortney Cruz, Senior Vice President, Government Markets, Independence Blue Cross

#### Takeaways

- As Medicare Advantage (MA) spending grows, so does scrutiny of the MA program. Many are concerned that regulators will take an “axe” versus a “scalpel” to the program and inappropriately overregulate certain actors or behaviors.
- MA Star Ratings, when done correctly, can align incentives and drive behavior changes for payers and providers. Right now, many measures are not significant and just add burden to the program.
  - Low-stars-rated health plans can “go away,” mostly because the threshold to be rated so low is *very* low – and it is unlikely members are actually getting a good experience.
- The Inflation Reduction Act turned Medicare Part D on its head, and we still don’t know what it means for the industry. There could be a cost-shift in 2026 when the lower drug prices kick-in.
- There are certainly some actors taking advantage of risk adjustment and “upcoding” – they should face sanctions. Although “you know it when you see it” with bad coding practices for risk adjustment, you can also look at the care journeys and whether there was any significant follow-up to differentiate good documentation of member conditions versus coding only for payment.



## **PANEL - Payer Insights: Payers + AI and Emerging Technologies = Better Member Experiences**

### **Speakers**

- Moderator: Shawn Gremminger, President and CEO, National Alliance of Healthcare Purchaser Coalitions
- Steve Sutherland, Senior Vice President, Information Systems, CERIS
- Vikesh Tahiliani, Vice President, Care Transformation and Innovation, HCA Healthcare
- Samta Shukla, Strategic Builder, Responsible AI Solutions, Blue Cross and Blue Shield of Minnesota

### **Key Takeaways**

- Most AI use cases in the payer space focus on reducing waste and lowering costs for employers and consumers with technology that guides treatment plans, flags unnecessary tests, assists in claim reviews, and improves member experiences via chatbots.
  - Clear regulations prevent misuse and ensure these technologies achieve their cost-cutting goals without allowing concealing operations or inflating expenses.
- Panelists agreed that while AI excels in low-risk, simple tasks, full automation remains unlikely in the near future. Some aspects of human judgment are not yet replicable by models and necessary to approve final claims, sign-off on treatment notes, or resolve complex customer experience cases.
- Compliance with HTI-1 regulations requires interoperability and transparency. BCBS of Minnesota is evaluating individual use cases to shape best practices and conduct risk assessments. For interoperability, the focus is on streamlining workflows and ensuring clear data-sharing pathways.
- Data security is a top priority for vendors like CERIS who are trusted with data on behalf of payers and providers. CERIS mandates compliance with data use practices through contractual agreements and continuously evaluates how partners access data with new technologies.
  - Oversight of data access remains a challenge – even if partners are granted access to a specific portion of data and AI detects vendors who attempt to access restricted areas, downstream monitoring becomes impossible once data is released.

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## **HLTH Day 2: Monday, October 21, 2024**

### **MAIN STAGE - The Evolution of Digital Health and Generative AI**

#### **Speakers**

- Kimberly Powell, Vice President, Healthcare and Life Sciences, NVIDIA

#### **Takeaways**

- AI is exploding now because of innovations with generative AI. There are three layers of AI we look at: a foundation layer, which is trained on pre-set data and can “think” fast, the HCI layer, which can create new experiences and visuals, and then the reasoning layer- which





can connect to other systems and make connections /conclusions between disparate datasets.

- o Nvidia is applying these three layers through “digital health agents,” which can talk to patients and connect with systems and datasets to complete tasks like scheduling appointments.
- The “next big thing” with AI is “physical AI,” or AI tools that can interact with and impact actions in the physical world.
- Microsoft and Nvidia are offering startups with infrastructure support and resources through a new program to support innovation on several levels. More here.

### **MAIN STAGE - Health Care Reimagined: Blue Shield of California’s Next Big Tech Transformation**

#### **Speakers**

- Moderator: Geeta Nayyar, Chief Medical Officer, Technologist, Author, RadiantGraph, MDI Health
- Paul Markovich, President and CEO, Blue Shield of California
- Jeff Amaan, EVP and GM, Salesforce Industries, Salesforce

#### **Key Takeaways**

- It is not every day you see a health plan CEO destroying a fax machine. In a video that paid homage to the movie *Office Space*, Blue Shield of California and Salesforce previewed their recent collaboration to fully automate prior authorization processes, that will be “as easy as using a credit card” and offer “near real-time” decisions. Their goals with this advancement are to ease provider burden and to end the use of the fax machine.
- To accomplish this, Blue Shield of California has spent the previous years investing in their digital platform to streamline care coordination into only one platform, enhance data sets, and create a fully integrated digital record. These previous investments signify Blue Shield of California’s commitment to action and demonstrate their commitment to making this prior authorization program work.
  - o Healthcare organizations cannot skip the step of investing in their digital platforms before thinking about using AI tools to change processes. Without these initial investments, they will not have the data or pathways needed to truly lead to change and eradicate manual processes.

### **MAIN STAGE - The Second Act: How We Respin Women’s Longevity**

#### **Speakers**

- Liz Baker Plosser, Editor-in-Chief, *Women’s Health*
- Halle Berry, Actor, Director, Producer, Advocate, and Founder, Respin

#### **Key Takeaways**

- Halle Berry relaunched her Respin app on Monday, which is now focused on helping women navigate menopause and mid-life health by providing community groups, care teams, and relevant content. Of the pilot group of 200+ women that tested the app over the summer,





90% reported symptom improvements and 64% reported a clinically significant result in relation to their menopause experiences.

- There needs to be a culture shift that 1) focuses more on women’s health generally, and 2) includes menopause as a primary issue in women’s health. Most research focuses on fertility – which while very important, only impacts a percentage of the female population. All women experience menopause – and it should be treated as a significant issue.
- There should be more money and research dedicated towards menopause and menopause treatments, such as alternatives to hormone replacement treatments (HRT).

### **MAIN STAGE - The Fight for Reproductive Rights**

#### **Speakers**

- Moderator: Bayo Curry-Winchell, Founding Physician and Chief Medical Officer, Beyond Clinical Walls
- Jennifer Klein, Assistant to the President and Director of the Gender Policy Council, White House Gender Policy Council
- Chelsea Clinton, Vice Chair and Co-Founder, Clinton Foundation, Metrodora Ventures

#### **Key Takeaways**

- Access to reproductive health has significant impacts of women of all ages. In states where abortion bans or limits have been enacted, there have been increases in both maternal and infant mortality. Particularly in Texas, since 2021 when its abortion ban went into effect, maternal mortality has risen 56%.
- The Biden administration views the only way to restore the rights of *Roe v. Wade* is through legislation. In the meantime, the administration has issued several executive orders that strengthen any existing protections related to reproductive healthcare.
  - This week, the Biden administration issued proposed rules that would mandate ACA Marketplace plans to cover over-the-counter birth control without a prescription and cover all FDA-approved contraception without cost sharing.
- Stories of women who need abortion care but are unable to receive it until they face dire emergencies should serve as motivation that this is an issue area that could impact anyone, at any time. When talking about reproductive justice, meet people where they are and help them understand this issue.
- The upcoming election will have a big impact on reproductive rights, not just on the presidential ballot. Many states have abortion provisions directly on their ballots, while state/local officials play a large role in determining state-wide abortion policies.
- Abortion limits are also impacting the future of the medical profession – in states where there are abortion bans or limits, medical students have to leave the state to learn certain procedures required for their medical license.

### **PANEL - Payer-Provider AI Arms Race**

#### **Speakers**

- Moderator: Bertha Coombs, Senior Healthcare Reporter, CNBC
- Anika Gardenhire, Chief Digital and Information officer, Ardent Health
- Tommy Ibrahim, Executive Vice President and President/CEO, Sanford Health Plan
- Amit Phull, Chief Physician Experience Officer, Doximity
- Sara Vaezy, EVP, Chief Strategy and Digital Officer, Providence



### Key Takeaways

- Veazy highlighted that implementing traditional AI in prior authorization processes has enabled some organizations to achieve faster turnaround times and reduced denial rates. LLM-driven technologies broaden the application of AI to unstructured data; however, the challenge of data exchange will persist unless TEFCA, or other mechanisms, create aligned incentives for payers and providers and support more robust, open standards.
    - Core problems in ambulatory care—such as inefficiencies, delays, and high denial rates—are exacerbated when trying to build out sophisticated use cases, particularly for complex third-party testing labs, such as those conducting genetic testing.
  - "Battle of the bots" discourse loses focus when it attempts to identify which technologies will prevail. Stakeholders should collaboratively assess and share insights on the value of UM and leverage existing technologies to avoid scaling solutions that exacerbate issues of complex care networks.
  - Ibrahim responded to an audience question on financial pressures facing healthcare as an industry by advocating for upfront investments in disease prevention and long-term care. AI-enabled solutions can also mitigate expenses in high-cost areas by suggesting treatment options that decrease acute-care facility visits or searching formularies to identify prescription medications covered by insurance plans.
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## HLTH Day 3: Tuesday, October 22, 2024

### MAIN STAGE - Election 2024: What You Need to Know

#### Speakers

- *Moderators:* [Stephanie Armour](#), Senior Health Policy Correspondent, KFF Health News
- [Andy Slavitt](#), General Partner, Town Hall Ventures
- [Seema Verma](#), Executive Vice President and General Manager, Oracle Health

#### Key Takeaways

- Vice President Harris' campaign has repositioned Democratic goals for the Affordable Care Act (ACA) to extend beyond mere coverage expansion by framing it as a vital framework for consumer protection and a mechanism to reduce drug costs.
- The U.S. Supreme Court's decision overturning *Chevron* deference constrains the latitude that federal agencies previously enjoyed in implementing programs like those at the CMS Innovation Center (CMMI), without direct Congressional authorization.
  - The Biden Administration's rollback of Medicaid waivers will elicit a response from a potential Trump Administration. Verma asserted Medicaid work requirements are about states' rights and eligibility rules are an area where states should be empowered to tailor programs to their populations.
- Slavitt noted Medicaid work requirements could ignite a state rights' debate mirroring the current abortion ban controversies.
- The primary difference between the two candidates is that former President Trump would be a second-term president, whereas Vice President Harris would be a first-term president. Without needing to consider reelection, a Trump administration may take bolder actions.



## **PANEL - The Politics of Health: How the 2024 Elections Could Impact Digital Health and Health Equity**

### **Speakers**

- *Moderator:* Tanisha Hill, Founder and CEO, Digital Health for Equitable Health for Equitable Health Alliance
- Jen Horonjeff, Founder and CEO, Savvy Cooperative
- Deborah Morrison, Board Chair, Roanoke Chowan Community Health Center
- Chrissa McFarlane, Founder and CEO, Patientory, Inc.
- Sarah Starling Crossan, Public Affairs Advisor, Holland & Knight

### **Key Takeaways**

- On the Congressional front, components of telehealth legislation advanced last year may be included in an end-of-year package and the election outcome will determine which priorities receive funding. While Republicans hold a slim House majority, leadership changes - such as in the Energy and Commerce following Chair Cathy McMorris Rodgers' (R-Wash.) retirement - will impact the timeline for healthcare reform. Leadership in the Ways and Means committee is expected to remain stable.
- Although election conversations have become more comprehensive by tracking Congressional seats in addition to the White House, federal agencies are still overlooked. Whichever administration wins the election will have authority to fill almost 4,000 agency seats.
  - A Harris-Walz administration is expected to retain some agency heads while appointing new ones to distinguish themselves from the current administration. Conversely, a Trump-Vance administration may appoint non-traditional agency leaders from conservative think tanks or campaign offices rather than career civil servants.
- Patients hear lawmakers overuse the term “inclusion” when discussing policy priorities without acknowledging how ambitious it is to bring patients to the table for their entire care journey and how diverse populations are.
  - While representatives have focused on seniors, patients with rare and chronic diseases, and those in rural communities in the past, each patient has their own preferences for digital tools and cannot be addressed as part of a monolithic group.
- Policymakers risk becoming more disconnected by patients and providers with debates on who retains responsibility for patient care. Aligning caregivers, communities, and patients is essential to improve health outcomes and integrate new technologies.

## **PANEL - An AI Coalition Mission**

### **Speakers**

- Brian Anderson, MD, CEO, Coalition for Health AI (CHAI)
- David Rhew, MD, Global Chief Medical Officer, Microsoft
- Christine Silvers, MD, PhD, Healthcare Executive Advisor, Amazon Web Services
- Melanie Fontes Rainer, Director, HHS Office of Civil Rights (OCR)
- *Moderator:* Ruth Reader, Health and Technology Reporter, *Politico*

### **Key Takeaways**



- The biggest takeaway from the CHAI Annual Meeting before HLTH was that the only area of consensus about health AI is that there is no consensus.
- Before assurance labs can be fully implemented as a third-party evaluator of AI-enabled tools, there needs to be better definitions and agreement about:
  - 1) what would the labs assure,
  - 2) how would they assure those metrics,
  - 3) what type, quantity, and format of data would they need to conduct their assessment, and
  - 4) how assurance would look like for an AI tool that is implemented in many, diverse settings.
- CHAI also announced a new model card for AI-enabled tools at their annual meeting to improve transparency. The model card aligns with the transparency requirements of ASTP/ONC's HTI-1 rule (which requires algorithm developers to publish certain source attributes about their products) by creating a standardized reporting structure on the display and granularity of information about the algorithms.
- In 2025, CHAI is planning to collaborate with a large group of federally-qualified health centers (FQHCs) to help them establish and implement AI governance processes.
- HHS' Office of Civil Rights (OCR) is currently implementing rules that prohibit providers from using algorithms that cause discriminatory outcomes. The rule is enforced on a case-by-case basis, and OCR wants to work with providers who are struggling to implement the rule. Fontes-Rainer put out an open call for feedback on what resources they can provide to help providers with implementation.
  - Because this rule is under Section 1557 of the ACA, which the Trump administration previously limited, this may be rolled back if former President Trump is reelected.
  - Future rulemaking from this administration's OCR may follow a similar format to HIPAA, in that it is tech-neutral, adaptable, and scalable so they do not need to constantly update the rule.
- The more regulations organizations must follow for AI oversight, the higher compliance costs. This is especially true of rural providers that do not historically have the infrastructure needed for these types of programs.
  - The industry is operating in a hub-and-spoke model right now, with larger technology companies helping smaller healthcare entities with their implementation. For example, Microsoft and Google have a program to help rural providers enhance their cybersecurity protections. These programs are not sustainable forever, however, and the federal government should start to consider longer-term programs to help with this.

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