Critical Policy Issues in Health IT (Spring 2021)
Tuesdays/Thursdays | 10:00 – 11:20am | On-line

**Professor:** Denise Anthony, PhD  
M3166 SPH II (I will not be in my office on a regular basis)  
Email: [deniseum@umich.edu](mailto:deniseum@umich.edu)  
Office hours: **Thursdays 2:00-3:30pm** (click to make an appointment)  
**Wednesdays 11am-12pm** (click to make an appointment)

**Course Description:** This course will use the lens of evidence-based policy and evaluation to critically examine issues related to the use of information technologies in health care in the United States. It will examine technologies and key policies and policy issues in three areas: clinical informatics, consumer informatics, and population health informatics. Specific topics include in depth analysis of key regulations and related policy efforts that shape the health informatics field. Students will evaluate research evidence and analyze policy issues from a variety of stakeholder perspectives in order to consider technology design, implementation, use and impact for health and in health care.

**Course Learning Objectives:** The goals of the course are for students
(1) to identify, and be able to briefly describe and discuss policies and government-led efforts that impact (both directly and indirectly) health informatics;
(2) to evaluate evidence of the relationships between health IT, health outcomes, and policy-related goals;
(3) to critically analyze policies and evidence in order to understand the health informatics landscape as well as to make suggested improvements (in policies, technologies or implementation) that are practically and politically feasible.

**Course Materials:** Required readings are available on the course Canvas website. The course schedule page on Canvas will enable you to access all of the readings, slides, recordings and any other materials for each class date. Assignments can also be found listed by date and in the Assignments folder. You can also find course materials in the Files and Assignments folders on Canvas.

**Class Attendance and Participation:** Just like in an in-person course, our online learning environment consists of discussion and activities within the synchronous class meetings so you are expected to contribute to making the class a stimulating learning environment. Attendance is necessary for participation, so please plan to attend the synchronous meetings.

   We must all work together to avoid the ZOOM FATIGUE. Some ways we will try to do that is (1) by taking short breaks during our synchronous meetings; (2) by not always having to have video on, especially in large group sessions; (3) being present and having video on (whenever possible) in breakout sessions with your teams – use a zoom background if you like! And (4) checking in with ourselves and each other about how we are doing (and completing periodic evaluations so I can hear how things are going).

   Most of the sessions in this course will be recorded. Such recordings will be available only to students registered for this class. These recordings are the intellectual property of the faculty and they may not be shared or reproduced without the explicit, written consent of the faculty member. Further, students may not share these sessions with those not in the class, or upload them to any other online environment. Doing so may be a breach of the [Policy on Student Academic Conduct Standards and Procedures](#), and, in some cases, a violation of the Federal Education Rights and Privacy Act (FERPA).
**Recommendations for synchronous sessions**: We will meet regularly on zoom for our class. It will be a mix of full class discussions and activities (e.g., polls, contributions to chat, Q&A), and break-out sessions related to stakeholder analysis of each policy case.

For each class zoom session, some things to keep in mind:

- Open course Canvas site
- You will go to the Zoom button on the left side of the course Canvas page and find the date for the current session and click to start
- Consider whether you want to use a zoom background for video-on portions of session [In CANVAS, Click on FILES button (on left), you will see a folder labeled zoom background images]
- Check whether you are muted when you log-on, and be aware of mute on/off [everyone should start muted and try to be aware of staying muted when others are speaking; but unmute when you want to speak or are called on]
- Consider whether you want Speaker view or Gallery view (i.e., multiple same-size squares) [look at top right hand corner of zoom window for little blocks symbol]
- Open the Chat window – we will start most days with everyone contributing to the chat
- IF YOU DROP from a session unexpectedly, please try to reconnect at least once. If you cannot reconnect, send an email to me (deniseum@umich.edu). The recording from the session will be posted to the Canvas site.

At the end of each session, I will announce that the class is over and end the recording, but I will plan to stay on zoom for an extra 10 minutes for anyone who has any follow-up questions or comments. **No one is expected** to stay after class – you are all busy with lots of demands on your time.

Something we must all recognize: This is hard for all of us, including me! So we will be gentle with ourselves and with each other. Some of us are facing challenging living arrangements and other life issues that may make attendance and participation hard at different times. Please ask for help when you need it. Communicate with me and others. Be patient with each other.
Requirements
Throughout the semester, students will be expected to:

- complete the assigned readings
- attend and actively participate during class, particularly during Thursday discussions
- complete three short writing assignments related to Thursday case discussions

There will also be two writing assignments (a Policy Analysis and a Technology Assessment) – one due around mid-term and the other due at finals period.

For each reading assignment, some are marked SMIM or OPTIONAL. When not specified, you are expected to carefully review the given reading. For those marked SKIM, you will be asked to review a given reading at a high-level to get the main ideas. Those marked OPTIONAL are not required, but you should review briefly to determine if related to your specific interests. We will not be able to review all the readings in class but you will be expected to be familiar with them and cite them (where relevant) in your writing assignments.

Rhythm of the week:
Each Tuesday we will introduce a new policy topic. We will read about the core policy issue, including policy statements from government agencies (sometimes just skimming websites to learn about the policy framework), as well as background literature and current research and analysis on the topic. Our class meeting will be focused on discussing the materials and addressing the TOPIC QUESTIONS for that day, as well as YOUR question.

You can best prepare for Tuesday sessions by first looking at the TOPIC QUESTIONS for the day, then reading and skimming the materials assigned with those questions in mind. You should also look ahead to the specific case study we will discuss on Thursday. Check which stakeholder you are signed up to represent on Thursday, and whether you will hand in one of your 3 written stakeholder responses to the policy analysis questions on Thursday morning. Even if no written response is due for you, you will be expected to be prepared to share your thoughts and ideas.

In our Tuesday zoom sessions, we will:

- Check in
- Identify the key policy topic and technology issues for the day/week
- Address the TOPIC questions for that session
- What are YOUR questions related to this topic
- Break
- Meet with Thursday-session stakeholder group (everyone signed up for specific stakeholder) [10-15 minutes]

Each Thursday we will discuss a specific Policy Analysis Case, in which each student will represent a stakeholder (patient / physician / hospital / public payer / private payer / tech producer) to address a set of KEY questions (see below).

You can best prepare for Thursday sessions by initially reading (skimming) through the materials to understand the key policy and technology issues of the case. Then get in the mindset of your selected stakeholder for that week and read through a second time some or all of the materials carefully, addressing the KEY questions (below) from the point of view of your stakeholder. If you are signed up to hand in a written response for your stakeholder case analysis that week, write your analysis of the questions and submit to CANVAS by 9:30am (prior to class) on the day the case is discussed. (Submitting your written analysis any time after class begins will result in an automatic loss of 3 points. An additional point will be deducted for each day afterwards the paper is late.)
Key Questions for Stakeholders

1. How could/does this technology/policy affect the behavior/actions of this stakeholder?
2. What are the (potential) benefits of this technology/policy for this stakeholder?
3. What are the (potential) risks of this technology/policy for this stakeholder?
4. How would this stakeholder evaluate the risk vs. risk dilemma?
5. How much influence does this stakeholder have for the potential success of this policy, or use of technology? What are the implications of this stakeholder group’s influence for the success of this policy or technology?

In our Thursday zoom sessions, we will:

- Check in
- Break out rooms with Stakeholder group to discuss Key Questions 1-3
- Class discussion of Key Questions 1-3
- Break
- Break out rooms with Stakeholder group to discuss Key Questions 4-5
- Class discussion of Key Questions 4-5
- Look ahead to next week
**FINAL Grades** are based on the following components:

**POINTS/Percentage of Final Grade**
- 60% = 3 * Written Stakeholder Analysis (20 points each)
- 20% = Policy Brief
- 20% = Technology Assessment
- 100% = TOTAL

### Grading:

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<tr>
<th>Grade</th>
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<tr>
<td>A</td>
<td>95 – 100%</td>
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<td>A-</td>
<td>90 – 94.9%</td>
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<td>B</td>
<td>83 – 86.9%</td>
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<tr>
<td>B-</td>
<td>80 – 82.9%</td>
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<td>C</td>
<td>73 – 76.9%</td>
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<td>C-</td>
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<td>60 – 62.9%</td>
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**Late work:** Written Stakeholder Analysis assignments handed in after class starts on the day it is discussed will receive a deduction of 3 points (17/20) for a full letter grade reduction. (Basically this means the highest possible grade you can get on the assignment is a B.) An additional 1 point will be deducted for each day it is late. Any assignment more than two weeks late will not be accepted.

If you are having problems with an assignment, for whatever reason, it is best to talk with me as soon as possible, BEFORE it is due.

YOU are responsible for any file errors in assignments submitted to Canvas. Papers/assignments that do not open on Canvas will be considered late.

**Academic Integrity:** The faculty and staff of the School of Public Health and the School of Information believe that the conduct of a student taking courses in the School should be consistent with that of a professional person. Courtesy, honesty, and respect should be shown by students toward faculty members, guest lecturers, administrative support staff, community partners, and fellow students. Similarly, students should expect faculty to treat them fairly, showing respect for their ideas and opinions and striving to help them achieve maximum benefits from their experience in the School.

Student academic misconduct refers to behavior that may include plagiarism, cheating, fabrication, falsification of records or official documents, intentional misuse of equipment or materials (including library materials), and aiding and abetting the perpetration of such acts. See the SPH [Policy on Student Academic Conduct Standards and Procedures](#).

**Plagiarism**
- All written submissions must be your own, original work. Original work for narrative questions is not mere paraphrasing of someone else's completed answer: you must not share written answers with each other at all. At most, you should be working from notes you took while participating in a study session. Largely duplicate copies of the same assignment will receive an equal division of the total point score from the one piece of work.
- You may incorporate selected excerpts, statements or phrases from publications by other authors, but they must be clearly marked as quotations and must be attributed. If you build on the ideas of prior authors, you must cite their work. You may obtain copy editing assistance, and you may discuss your ideas with others, but all substantive writing and ideas must be your own, or be explicitly attributed to another. See the [MHI student handbook](#) available on the UMSI intranet for the definition of plagiarism, resources to help you avoid it, and the consequences for intentional or unintentional plagiarism.

My expectation is that you will hold to the highest standards of academic integrity in all of your student responsibilities, including written answers to assignments. If you are in doubt about whether anything you are doing or writing is allowed or acceptable, you should check in with me.
**Important Notes**

**Equity and Ensuring an inclusive learning environment**
At the School of Public Health, our mission to promote population health worldwide is inseparable from our aim to develop more effective and socially just systems for creating and disseminating knowledge. The School of Information recognizes that each member of our scholarly community comes from a unique background, making our school stronger and helping us to fulfill our mission of building a better world through technology and information. We recognize the historical and contemporary expressions of social discrimination globally, and seek to promote and extend opportunities for members of all groups that experience such marginalization. We commit to developing the institutional mechanisms and norms necessary to promote the values of diversity, equity, and inclusion, both inside and outside our classrooms. To this end, our expectations are that all courses will (1) be inclusive, (2) promote honest and respectful discussions, (3) follow multicultural ground rules, and (4) abide by UM policies and procedures.

**Student Accommodations**: Students with learning, physical or psychiatric disabilities who will be taking this course and may need disability-related classroom/course accommodations are encouraged to make me aware. If you think you need an accommodation for a disability, please let me know at your earliest convenience. Some aspects of this course, the assignments, the in-class activities, and the way we teach may be modified to facilitate your participation and progress. As soon as you make me aware of your needs, we can work with the Office of Services for Students with Disabilities (SSD) to help us determine appropriate accommodations. SSD (734-763-3000; ssd.umich.edu/) typically recommends accommodations through a Verified Individualized Services and Accommodations (VISA) form. I will treat any information that you provide in as confidential a manner as possible.

**Religious Observations**: Students who expect to miss classes, examinations, or other assignments as a consequence of their religious observance shall be provided with a reasonable alternative opportunity to complete such academic responsibilities. Please speak to me by the end of the second week of classes (January 29, 2021) about the dates of religious holidays on which you will be absent.

**Student Well-Being**: Like all University of Michigan faculty and staff, I believe it is important to support the physical and emotional well-being of our students. The University of Michigan is committed to advancing the mental health and wellbeing of its students, while acknowledging that a variety of issues, such as strained relationships, increased anxiety, alcohol/drug problems, and depression, directly impacts students’ academic performance.

If you or someone you know is feeling overwhelmed, depressed, and/or in need of support, services are available. CAPS (Counseling and Psychological Services) provides free and confidential counseling to enrolled students. Our embedded CAPS counselor at the School of Public Health is Meaghan Narula, LMSW. Visit [https://caps.umich.edu/](https://caps.umich.edu/) or contact Meaghan (mbnarula@umich.edu) to ask questions, clarify resources and/or to schedule a tele-counseling appointment. Since many students are remote during 2020-2021, CAPS COVID-19 Support features SilverCloud, an online, self-guided, interactive mental health resource that provides cognitive behavioral interventions. For a more comprehensive listing of the broad range of mental health services available on campus, please visit [http://umich.edu/~mhealth/](http://umich.edu/~mhealth/).

**Support for Food Insecurity**: Students across the country experience food insecurity at alarming rates. The Maize and Blue Cupboard at the University of Michigan provides food, kitchen and cooking supplies, personal and household items, and support services. For information about accessing their services, please visit [https://mbc.studentlife.umich.edu/](https://mbc.studentlife.umich.edu/).
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<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Readings and Assignments</th>
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| WEEK1 | 1/19 Introduction to course | Welcome  
Course Overview |
| 1/21 | TOPIC Questions | What is health informatics?  
What are key policy areas that shape health information and health informatics in the US?  
Who is the ONC and what do they do? Who do their policies target (compare goals of 2015-20 Plan to 2020-25 Plan)?  
Overview of Health Information Tech Policy  
What is health informatics?  
• AMIA *What is Informatics*?  
  http://dx.doi.org/10.15265/IYS-2016-s005  
Health IT Policy  
  https://pdfs.semanticscholar.org/abaa/88edc9b3066a6adb3b098fcd4e082e45231.pdf  
Overview of key Health IT policies  
ONC, Review *Overview of current policies*  
Federal HIT Strategic Plan 2015-2020: Review *Executive Summary*  
Federal HIT Strategic Plan 2020-2025: Review 4 Goals (page 8 in link/page5 in document) |
| | OPTIONAL Event  
11:30 am-1:00 pm ET | Data Standards and Learning Health Systems –Challenges and Opportunities  
Rachel Richesson, PhD, MPH, MS, FACMI  
Professor of Learning Health Sciences  
University of Michigan  
Register [here](#)  
Register [here](#) |
<table>
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<th>WEEK2</th>
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<td>1/26 Session 1</td>
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| **TOPIC Questions** | What are (should be) the goals for health policy?  
Who (gets to) defines those goals?  
Who are key stakeholders for health informatics?  
What are factors that should be considered for evaluating goals and whether policies achieve those goals? (including what is the risk v. risk dilemma?) |
| **Overview of Policy Goals for Health and Health Care** |
| **Stakeholders** | READ:  
- IHI [Triple Aim](https://www.ihi.org/resources/Pages/Strategies/evolution-of-the-triple-aim.aspx)  
- Daemmrich Arthur, and Georg Krücken. RISK VERSUS RISK: Decision-making Dilemmas of Drug Regulation in the United States and Germany. 2000 Science as Culture 9(4): 505-534, DOI: 10.1080/713695270 [Read pp 505-509; rest of article is fascinating history of drug approval regulations and trade-offs in US and Germany]  
- [OPTIONAL:](https://www.tandfonline.com/doi/abs/10.1080/713695270) Stein M, Galea S. 2018. [Creating Health is Like Winning at Soccer](https://www.apha.org/what-is-public-health)  
WATCH: What is Public Health [https://www.apha.org/what-is-public-health](https://www.apha.org/what-is-public-health) 3 minute video |
| **1/28 Session 2** |
| **KEY Questions** | 1. How could/does this technology/policy affect the behavior/actions of this stakeholder?  
2. What are the (potential) benefits of this technology/policy for this stakeholder?  
3. What are the (potential) risks of this technology/policy for this stakeholder?  
4. How would this stakeholder evaluate the risk vs. risk dilemma?  
5. How much influence does this stakeholder have for the potential success of this policy, or use of technology? What are the implications of this stakeholder group’s influence for the success of this policy or technology?  
**Stakeholder Signup** |
| **Case: National Patient Identifiers** | READ:  
<table>
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<tr>
<th>WEEK 3</th>
<th>TOPIC Questions</th>
<th>Health Information Exchange, Interoperability, Information Blocking</th>
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| 2/2    | How did the HITECH Act promote health information exchange? What does interoperability mean and what are challenges to it? How can health information exchange improve health? What are challenges for interoperability related to data standards, data exchange between organizations, and efforts like regional Health Information Organizations (HIOs)? | READ:  
  - ONC Overview of Health Information Exchange  
  - ONC Data Brief: State of Interoperability of Major US Cities  
  - ONC Rules on Information Blocking  
| Session 1 | KEY Questions | 1. How could/does this technology/policy affect the behavior/actions of this stakeholder?  
2. What are the (potential) benefits of this technology/policy for this stakeholder?  
3. What are the (potential) risks of this technology/policy for this stakeholder?  
4. How would this stakeholder evaluate the risk vs. risk dilemma?  
5. How much influence does this stakeholder have for the potential success of this policy, or use of technology? What are the implications of this stakeholder group’s influence for the success of this policy or technology? Stakeholder Signup | Case: 21st Century Cures Act and Interoperability |
| 2/4    | READ:  
  - ONC Overview of 21st Century Cures Act  
  - CMS Final Rule for Medicaid, CHIP and Qualified Health Plans  
  - Healthcare Delivery Organizations’ views of Cures Act  
  - HIMSS video on Cures Act and interoperability:  
  - EHR vendors’ views: Beckers Hospital Review and here  
  - AMA brief on Information Blocking rules  
  - AHIP view of interoperability |
<table>
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<tr>
<th>WEEK4</th>
<th>2/9 Session 1</th>
<th>TOPIC Questions</th>
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<tr>
<td></td>
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<td>What is value-based care (and how is it different from how health care was delivered before?)?</td>
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<td>What are alternative payment models (APMs) supporting value-based payments? How are they connected to MACRA?</td>
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<td>What is the role of Health IT in supporting APMs?</td>
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<tr>
<th>2/11 Session 2</th>
<th>KEY Questions</th>
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<td>1. How could/does this technology/policy affect the behavior/actions of this stakeholder?</td>
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<td>5. How much influence does this stakeholder have for the potential success of this policy, or use of technology? What are the implications of this stakeholder group’s influence for the success of this policy or technology?</td>
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**Stakeholder Signup**

Sandhu Sahil, Robert S. Saunders Mark B. McClellan Charlene A. Wong. Health Equity Should Be A Key Value In Value-Based Payment And Delivery Reform. Health Affairs Blog. 2020. doi:10.1377/hblog20201119.836369

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<tr>
<th>WEEKS</th>
<th>TOPIC Questions</th>
<th>KEY Questions</th>
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<tbody>
<tr>
<td>2/16</td>
<td>What is level of safety in US health care? What role does health IT play in the safety/effectiveness/efficiency of health care? What is the evidence? What are some unintended consequences of health IT in health care?</td>
<td>1. How could/does this technology/policy affect the behavior/actions of this stakeholder? 2. What are the (potential) benefits of this technology/policy for this stakeholder? 3. What are the (potential) risks of this technology/policy for this stakeholder? 4. How would this stakeholder evaluate the risk vs. risk dilemma?</td>
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**Role of health IT for health care safety, effectiveness and efficiency**

**READ:**
  - Executive Summary (pp1-22)
  - Chapter 7. Using Information Technology (pp164-180)
- ONC [on EHRs](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7491136/)
5. How much influence does this stakeholder have for the potential success of this policy, or use of technology? What are the implications of this stakeholder group's influence for the success of this policy or technology?

**Stakeholder Signup**

Case: PAMA-AUC and Clinical Decision Support

How do payment and IT policies affect clinician workload? How do the effects on clinicians matter for clinical practice, health care delivery, or the design and implementation of health IT tools?

- CMS [Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Health-Care/AUC-Value-Based-Health-Care)
- AHA [AUC Requirements Infographic](https://www.aha.org)
- Amer College of Radiologists [PAMA-Appropriate Use Criteria guidance](https://www.acr.org)
- Health Care Financial Management Association [FAQ on PAMA-AUC](https://hcfma.org)
- Shor R. Using appropriate Use Criteria to address pre-authorization. JACC 66(11):1300-2. [https://doi.org/10.1016/j.jacc.2015.07.049](https://doi.org/10.1016/j.jacc.2015.07.049)

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<tr>
<th>WEEK6</th>
<th>DISCUSSION</th>
<th>Discussion and questions about issues covered so far during the term</th>
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<tr>
<td>2/23</td>
<td>DISCUSSION</td>
<td>Discussion and questions about issues covered so far during the term</td>
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<tr>
<td>2/25</td>
<td>NO Class</td>
<td>Work on Analytic Paper (either Policy Brief or Health Technology Assessment)</td>
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<tr>
<td>DUE 2/28 5pm</td>
<td>ANALYSIS Paper 1</td>
<td>Complete and upload to CANVAS either the Policy Brief or Health Technology Assessment Assignment</td>
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<td>WEEK7</td>
<td>TOPIC Questions</td>
<td>HIPAA Privacy and Security</td>
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| 3/2 Session 1 | Who owns patients’ health information?  
What is the history of medical records and why is it relevant to talking about privacy and security of health information?  
What do the HIPAA privacy and security regulations seek to do? (BONUS: Why are they embedded in the HIPAA legislation?)  
Why is it so challenging to think about (a) privacy and (b) security of patient health information in medical records? | READ:  
- **Who owns medical records? 50 state laws**  
- HIPAA – please skim the following:  
  - [https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html](https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html)  
| 3/4 | KEY Questions | 1. How could/does this technology/policy affect the behavior/actions of this stakeholder?  
2. What are the (potential) benefits of this technology/policy for this stakeholder? |
| Session 2 | 3. What are the (potential) risks of this technology/policy for this stakeholder?  
4. How would this stakeholder evaluate the risk vs. risk dilemma?  
5. How much influence does this stakeholder have for the potential success of this policy, or use of technology? What are the implications of this stakeholder group’s influence for the success of this policy or technology?  

Stakeholder Signup |
|---|---|
| Case: Cybersecurity Risks for healthcare during COVID-19 | Ransomware attacks:  
- FYI: Senate Hearing on Cyber Threats in Communities 12/2/20 [do not need to view]  
### TOPIC Questions

What are the potential health benefits of mobile health (mhealth) apps?

What are the concerns about privacy related to mobile health apps?

Why are there concerns about privacy of mobile health apps?

Why doesn’t HIPAA cover privacy concerns of (most) mobile apps?

### Mobile Health Apps and Privacy


### KEY Questions

1. How could/does this technology/policy affect the behavior/actions of this stakeholder?
2. What are the (potential) benefits of this technology/policy for this stakeholder?
3. What are the (potential) risks of this technology/policy for this stakeholder?
4. How would this stakeholder evaluate the risk vs. risk dilemma?
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### Stakeholder Signup

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### Case: Apple’s Health Records app – consideration of The 21st C Cures Act, Third-party Apps and Privacy

- [ONC Cures Act Final Rule Clarifications](https://doi.org/10.2196/24824)
- Future of Privacy Forum on privacy issues in Cures Act Final Rule
- Article on EPIC’s concerns about privacy in Cures Act
- [Apple Health Records app](https://doi.org/10.2196/14871)
- Forbes story on Apple Health Records app
- NYT story on Apple Health Records
<table>
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<th>WEEK9</th>
<th>TOPIC Questions</th>
<th>KEY Questions</th>
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<tr>
<td>3/16</td>
<td>Why is there so much excitement about the potential for AI in medicine? How does AI in medicine depend on previous health policy actions? What are the major concerns about AI in medicine? How can AI overcome the challenges and concerns of critics?</td>
<td>1. How could/does this technology/policy affect the behavior/actions of this stakeholder? 2. What are the (potential) benefits of this technology/policy for this stakeholder? 3. What are the (potential) risks of this technology/policy for this stakeholder? 4. How would this stakeholder evaluate the risk vs. risk dilemma? 5. How much influence does this stakeholder have for the potential success of this policy, or use of technology? What are the implications of this stakeholder group’s influence for the success of this policy or technology?</td>
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<tr>
<td>Session 1</td>
<td>Artificial Intelligence (AI) for medicine, health and health care</td>
<td>Stakeholder Signup</td>
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### WEEK10

| 3/23 | NO Class | Wellness break |
| 3/25 | DISCUSSION | Discussion and questions about issues covered so far during the term |

### WEEK11

| 3/30 | TOPIC Questions | How does HIT play a role in broader population-health?  
What is the role of technology in public health surveillance and research?  
What is the role of HIT and HIE for national health data collection and how HIT might transform the way public health agencies collect and use data? |
| Population Health  
Public Health Surveillance Technology |
CDC: Public Health and Interoperability  
CARES Act support of PH Agencies  
SKIM Michigan Public Health Resources:  
- Michigan Care Improvement Registry (MCIR)  
- Michigan Disease Surveillance System (MDSS)  
- Michigan Syndromic Surveillance System (MSSS)  
- Michigan Health Alert Network (MIHAN) |
| 4/1 | KEY Questions | 1. How could/does this technology/policy affect the behavior/actions of this stakeholder?  
2. What are the (potential) benefits of this technology/policy for this stakeholder?  
3. What are the (potential) risks of this technology/policy for this stakeholder?  
4. How would this stakeholder evaluate the risk vs. risk dilemma?  
5. How much influence does this stakeholder have for the potential success of this policy, or use of technology? What are the implications of this stakeholder group’s influence for the success of this policy or technology? |
| Case: Public Health, Contact Tracing and COVID-19 |

Stakeholder Signup
| | • Association of State and Territorial Health Officials [Report on COVID-19 Contact Tracing and Digital Tools](#)  
| | • Public Health Informatics Institute [Report on COVID-19 Contact Tracing and Digital Tools](#)  
| | • Use of state PH resources for [contact tracing for COVID-19](#)  
| | • Commercial apps for contact tracing:  
| |   o [https://www.theverge.com/22168473/coronavirus-contact-tracing-apps-exposure-notification-covid-google-apple](#)  

| --- | --- | --- |
| 4/6  Session 1 | What are the SDOH and why do they matter for health and health care? What are challenges for incorporating SDOH information into health care? What are challenges for incorporating SDOH information into the EHR? | Electronic Health Records (EHRs) and Social Determinants of Health (SDOH)  
  - Implications for Data and Digital Tools  
  - Highlights  
- ONC workshop on SDOH and standards for EHRs: (this is link to information about a day long workshop, with available video and slides that you may want to check out) |

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<thead>
<tr>
<th>4/8  Session 2</th>
<th>KEY Questions</th>
<th>Case: Social Determinants of Health, NASDOH and digital tools</th>
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</table>
|  | 1. How could/does this technology/policy affect the behavior/actions of this stakeholder?  
2. What are the (potential) benefits of this technology/policy for this stakeholder?  
3. What are the (potential) risks of this technology/policy for this stakeholder?  
4. How would this stakeholder evaluate the risk vs. risk dilemma?  
5. How much influence does this stakeholder have for the potential success of this policy, or use of technology? What are the implications of this stakeholder group’s influence for the success of this policy or technology? | For this case, please consider the NASDOH Recommendation to the Biden Administration, particularly #7 on data infrastructure to support SDOH  
You will probably want to check out the: |
|  | • NASDOH [White paper on data interoperability and SDOH](#)  
|   | • NASDOH [Digital tools](#)  
|   | • You should also familiarize yourself more broadly with [NASDOH](#): who is it? what is its mission? What are the implications for its recommendations?  
|   | Is the [Gravity Project](#) relevant? |
### TOPIC Questions

**4/13 Session 1**

**What are some key concerns for access and quality of health care for people with disabilities?**

**What are some of the positive ways that health IT can benefit persons with disabilities?**

**What are challenges of health IT for persons with disabilities?**

**Health IT and Disability**

**READ:**
- **Healthy People 2020:** Disability and Health
- FCC [Broadband for Health for people with disabilities](https://www.fcc.gov/consumer/services/broadband-health-care/accessibility)
- AHRQ [Health IT and Disabilities](https://www.ahrq.gov/it/)

### KEY Questions

**4/15 Session 2**

1. How could/does this technology/policy affect the behavior/actions of this stakeholder?
2. What are the (potential) benefits of this technology/policy for this stakeholder?
3. What are the (potential) risks of this technology/policy for this stakeholder?
4. How would this stakeholder evaluate the risk vs. risk dilemma?
5. How much influence does this stakeholder have for the potential success of this policy, or use of technology? What are the implications of this stakeholder group’s influence for the success of this policy or technology?

**Stakeholder Signup**

**Case: Health IT “solutions” for people with disabilities**

- National Health Law Program:
- Valdez Rupa S, Courtney C Rogers, Henry Claypool, Lucy Triesmann, Olivia Frye, Claire Wellbeloved-Stone, Poorna Kushalnagar. Ensuring full participation of people with disabilities in an era of telehealth,
[Doi:10.1093/jamia/ocaa297]

<table>
<thead>
<tr>
<th>WEEK14</th>
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</tr>
</thead>
<tbody>
<tr>
<td>4/20</td>
<td>Last Day</td>
<td>Wrap Up Discussion</td>
</tr>
<tr>
<td>4/25</td>
<td>ANALYTIC Paper 2</td>
<td>Complete and upload to CANVAS either the Policy Brief or Health Technology Assessment Assignment</td>
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</tbody>
</table>