Texas A&M Health Equity Innovation Summit Impact Statement

THE PLAN

An in-person Health Equity Innovation Summit was held on October 17-18, 2022, in Austin Texas with major sponsorship from Genentech and Texas A&M Heath in collaboration with Health Tech Austin.

Summit goals were to:
1) Stimulate discussion on how new technologies in clinical research/clinical trials can impact health equities and improve population health care;
2) Spotlight the opportunity for genomic registries to support enhanced patient care and engagement in clinical trial opportunities;
3) Seek input from researchers, clinicians, community members, and policymakers on how innovative technologies around such registries can improve health care and health policy;
4) Understand how new technologies for genomic registries could be made both available and acceptable to underserved populations; and
5) Explore the gaps and solutions in policies and legislation to ensure patients have control over their health data and especially individual genetic information

See the Summit website for details: HealthEquityInnovation.org

THE AUDIENCE

The planning committee generated a list of potential speakers and attendees. 85 Thought Leaders were contacted and invited to the summit. About 50 were able to participate in person. The attendees represented academia, community and clinical perspectives, technology and innovations, biotechnology and pharma, and government leaders and policymakers. All were concerned with one or more of the Summit's major themes: health equity, precision medicine, clinical care, and research, technological advances, and policy and legislative issues.
See Bios HERE for a representation of thought leaders. See Pictures HERE of attendees.

Also see highlights from **Innovation Lightning Talk Speakers**

Michael O'Reilly, Founder @ Genomics Personalized Health

David Franklin, CEO & Founder @ Knowrx Health

Adrianna Cantu, CEO & Founder @Revealix

Steve Popovich, President/CEO @ Clairvoyant Networks

Janis Powers, CEO & Founder @ Know Thyself

Adam Hansen, PhD, CEO & Founder @ Geneial

Don Fowler, President @ Echo IQ USA

KEY DISCUSSION TOPICS

The day-long Summit was organized around different panel sessions as indicated in the Agenda. See HERE

Highlights were the mayor’s introduction where he challenged the thought leaders to be risk-takers and think of new ways to reverse current health disparities. This was amplified by the keynote speaker from NIH, Dr. Martin Mendoza, who spoke about their 4 innovations—reaching out to more diverse populations, having inclusive engagement strategies, connecting different types of data, and including persons across the US. This topic resonated with academics, clinicians, community leaders and advocates, biotechnology representatives, and government leaders--and each had ideas about breaking down silos and best practices for reaching underrepresented populations and framing precision medicine as an achievable goal to improve population health. Several people in the audience were concerned about the inoperability of data and addressed thorny legal and ethical issues from the perspective of data producers, data analyzers, or end-user. Technological entrepreneurs provided a glimpse into the range of innovations and their impacts.

Each session included a graphic illustration of major points. See HERE. These were summarized at the end and can be seen on website. Additional key takeaway points are summarized by thought leader quotes. See HERE

IMPACTS FROM SUMMIT

1) This initial Summit had about 50 onsite participants, but the impact is much greater through the many others who were contacted about the summit and received Summit materials but unfortunately could not attend on the summit date. In this way, the Summit is a force multiplier by having diverse stakeholders appreciate current health disparities and understand what is needed to bring more underrepresented populations into clinical research/clinical trials.
2) The Summit helped reframe precision medicine from “boutique” care to care that should be more widely available to help reduce versus exacerbate health disparities. It also helped stakeholders understand that precision medicine wasn’t just for curative medicine—but could be applied to preventive health too.

3) Having stakeholders from different areas of expertise (e.g., academia, community, government, elected officials, biotechnology) helped reinforce the importance of breaking down traditional silos and getting out of one’s comfort zone to address the bigger issues of how health disparities could be reduced by innovations in health care and supportive technology.

4) Bringing scientists and practitioners together helped provide needed synergy to help policymakers better make their case about the importance of better data coordination to identify and track the benefits of coordinated care for improving population health.

5) Most of the invited attendees want to continue being involved—an indicator that summit topics were seen as valuable and timely.

Two summary panels highlight major takeaway points | Lessons Learned HERE | Next Steps HERE

NEXT STEPS:

1) The Summit was built upon a thought piece that was discussed at the meeting and will be widely shared via a lay-oriented executive summary.
See HERE

2) The Summit website will serve as an online space where conference materials will be placed, and follow-up activities posted.
HealthEquityInnovation.org

3) A post-summit survey was distributed soliciting feedback on the next steps and concrete actions different attendees intended to take. Major themes were:

- the reiteration of the importance of health equity as a major issue to be addressed in order to improve health for all;
- the recognition of both barriers and facilitators to embedding clinicogenomic registries into clinical practice;
- the importance of working with personal networks to spread the word about the potential of precision medicine for reducing health disparities; and
- the expressed enthusiasm about future activities—e.g. virtual summit and another in-person event where there could be more in-depth discussion given basic introduction presented at October Summit.

4) The below was relevant feedback on the role of different groups in establishing and supporting clinicogenomic registries and health for all.

Federal government can shape macro practices and policy incentives. State governments would be the beneficiaries of bending the cost curve on chronic disease in the young and the indigent. Health care systems arguably have a moral obligation to contribute access and patient agency to the data ecosystem where there is a clear line of sight to better care. Big pharma is increasingly under pressure to save the payer from costs in addition to ameliorating disease- they need data to do this and thus are inevitable investors in the public health infrastructure. Patient advocacy groups are powerful catalysts of trust and consequently key players in the engagement->knowledge->wellness continuum. Researchers have a moral obligation to understand patient-facing dynamics in order to be an effective steward of the data and knowledge they seek to use and that which they contribute to the public commons.

5) The planning group met for a debrief in December 2022 and to discuss plans for a virtual summit in 2023.

6) A follow-up virtual summit is planned for March 2023 to review the highlights of the October in-person summit and plan for future activities.

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