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Participant Engagement Committee

February 2026

Agenda

1. Connxus Updates
2. State of the Union for Health Tech
3. Nuna Demo
4. Q&A

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Connxus Updates

Connxus to Support CMS as an Aligned Data Network

Austin-based HIE becomes the only Health Information Exchange in Texas designated as a CMS Aligned Network

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CMS Releases Key ACCESS Model Updates

New payment details and national payer alignment signal strong momentum for outcome-focused chronic care

Connxus is Migrating Our Technical Infrastructure to NextGen

Accountable Health Communities Demonstration Project has Continued Funding from MSDF until 2026

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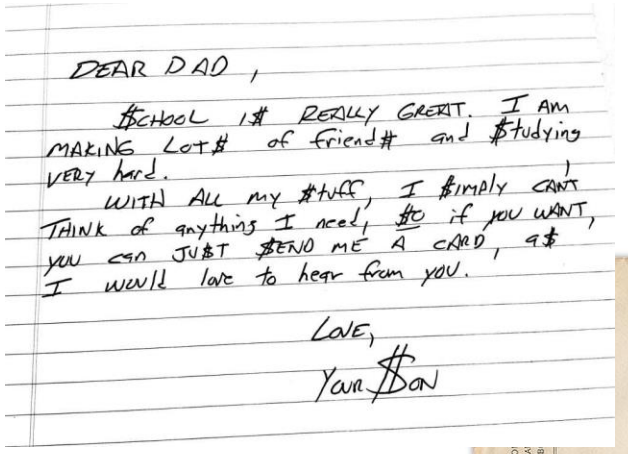
The State of the Union for Health Tech

How CMS, AI, and Patient Access Will Transform Healthcare

Eliel Oliveira, MS, MBA, FAMIA
CEO, Connxus
Member HITAC (Health IT Advisory Committee), ASTP/ONC

Tech Revolution

What the Federal Administration Sees



80s/90s

2000s

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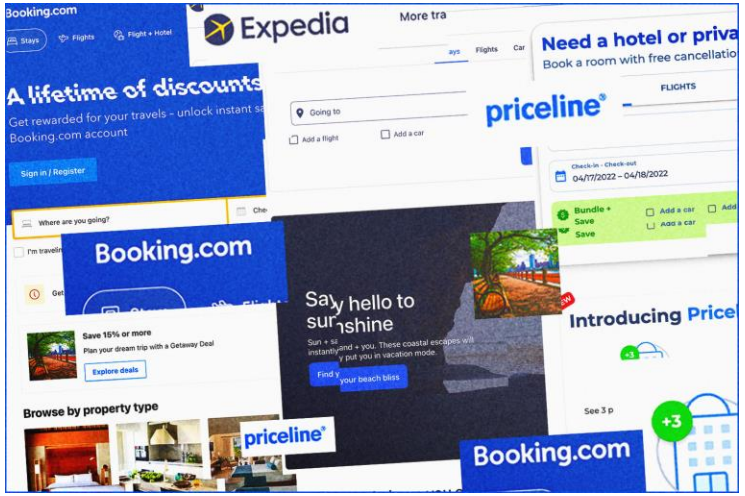
Tech Revolution



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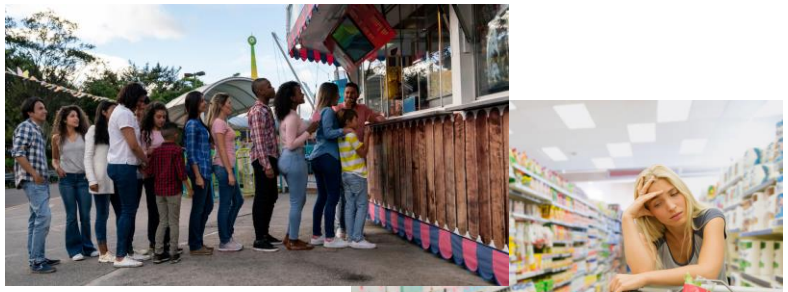
Tech Revolution



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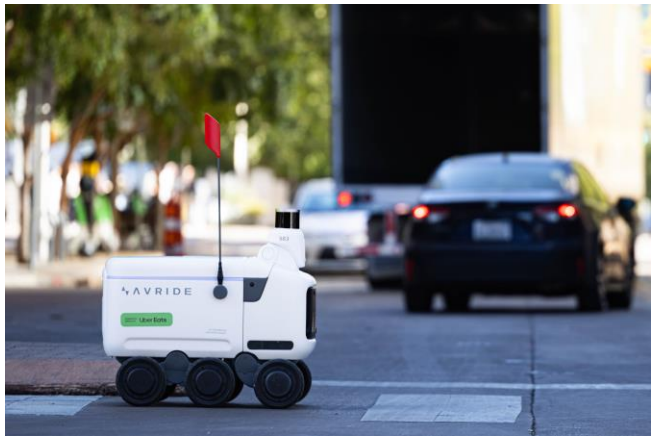
Tech Revolution – Not Stopping There



https://youtu.be/Eu5mYMavctM?si=H2G4TYB12z6DVxej

Where Are We?

- Our lives have been transformed, and the pace of advancement is accelerating
- Healthcare advancements
  - Pharma: Covid-19, GLP, CAR-T, VIZZ/Vuity (presbyopia)
  - Devices: Apple Watch, Inspire (sleep apnea), remote monitoring (sugar, insulin, fetus)

- But…

Where Are We?

"Your appointment's been cancelled. You took too long filling out those forms."

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Where Are We?

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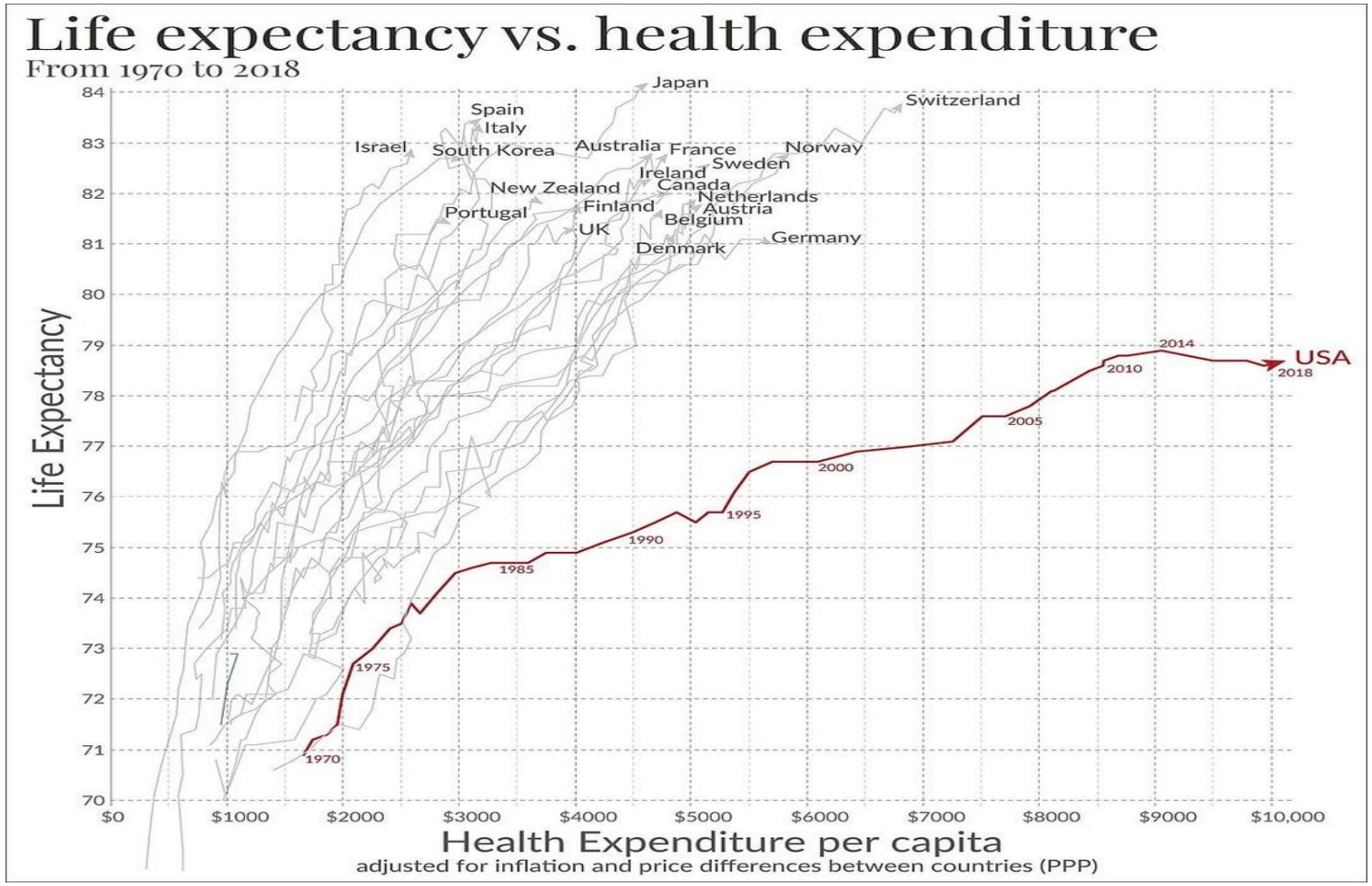
Life Expectancy vs. Health Expenditure



Information Growth and Challenges

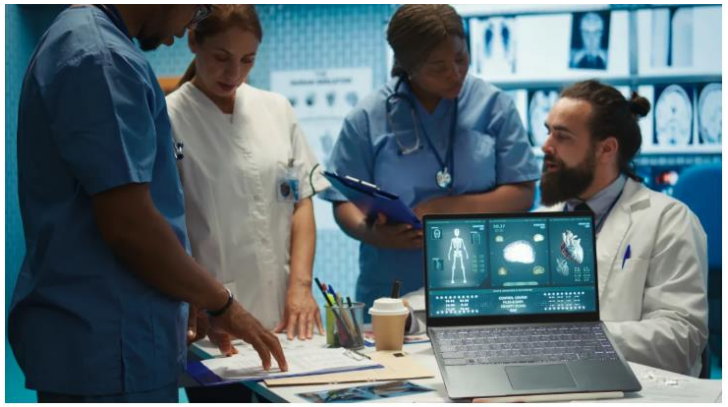


Photo from Envato

Healthcare data projected to grow at 36% CAGR by 2025

However, the sector lags in digital tech adoption.

The healthcare industry generates about 30% of global data, with the compound annual growth rate expected to hit 36% by 2025, according to a McKinsey & Company report.

Despite having vast amounts of data, healthcare has been slower than other sectors in adopting digital technologies, particularly artificial intelligence (AI).

McKinsey said that data is often scattered across multiple systems, making it difficult to fully utilise.

"Whilst healthcare has used some of that structured data for AI, it has had limited success with unstructured sources such as call transcripts," the report said.

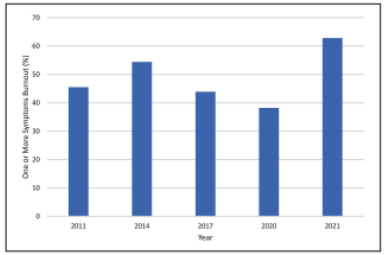


Figure 1. Prevalence of at least one symptom of burnout among U.S. physicians.
Source: From Shanafelt et al.[8]

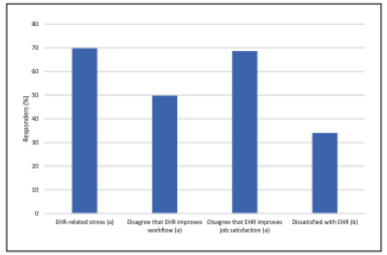
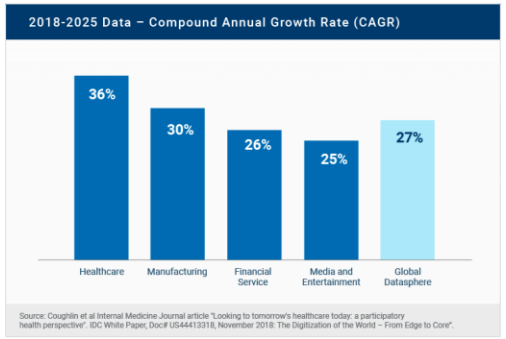


Figure 2. Physician views on EHR use.
(a) Gardner et al.[35]
(b) The Harris Poll.[13]



Review

Burnout Related to Electronic Health Record Use in Primary Care

Journal of Primary Care & Community Health
Volume 14: 1–7

DOI: 10.1177/21501319231166921
journals.sagepub.com/home/jpc
SAGE

Jeffrey Budd[1]

Abstract

Physician burnout has been increasing in the United States, especially in primary care, and the use of Electronic Health Records (EHRs) is a prominent contributor. This review article summarizes findings from a PubMed literature search that shows the significant contributors to EHR-related burnout may be documentation and clerical burdens, complex usability, electronic messaging and inbox, cognitive load, and time demands. Documentation requirements have escalated and have inherently changed from paper-based records. Many clerical tasks have also shifted to become additional physician responsibilities. When considering factors of efficiency, effectiveness, and user satisfaction, EHRs overall have an inferior usability score when compared to other technologies. The volume and organization of data along with alerts and complex interfaces require a substantial cognitive load and result in cognitive fatigue. Patient interactions and work-life balances are negatively affected by the time requirements of EHR tasks during and after clinic hours. Patient portals and EHR messaging have created a separate source of patient care outside of face-to-face visits that is often unaccounted productivity and not reimbursable.

Keywords

electronic health record, electronic medical record, burnout

Dates received: 2 December 2022; revised: 10 March 2023; accepted: 14 March 2023.

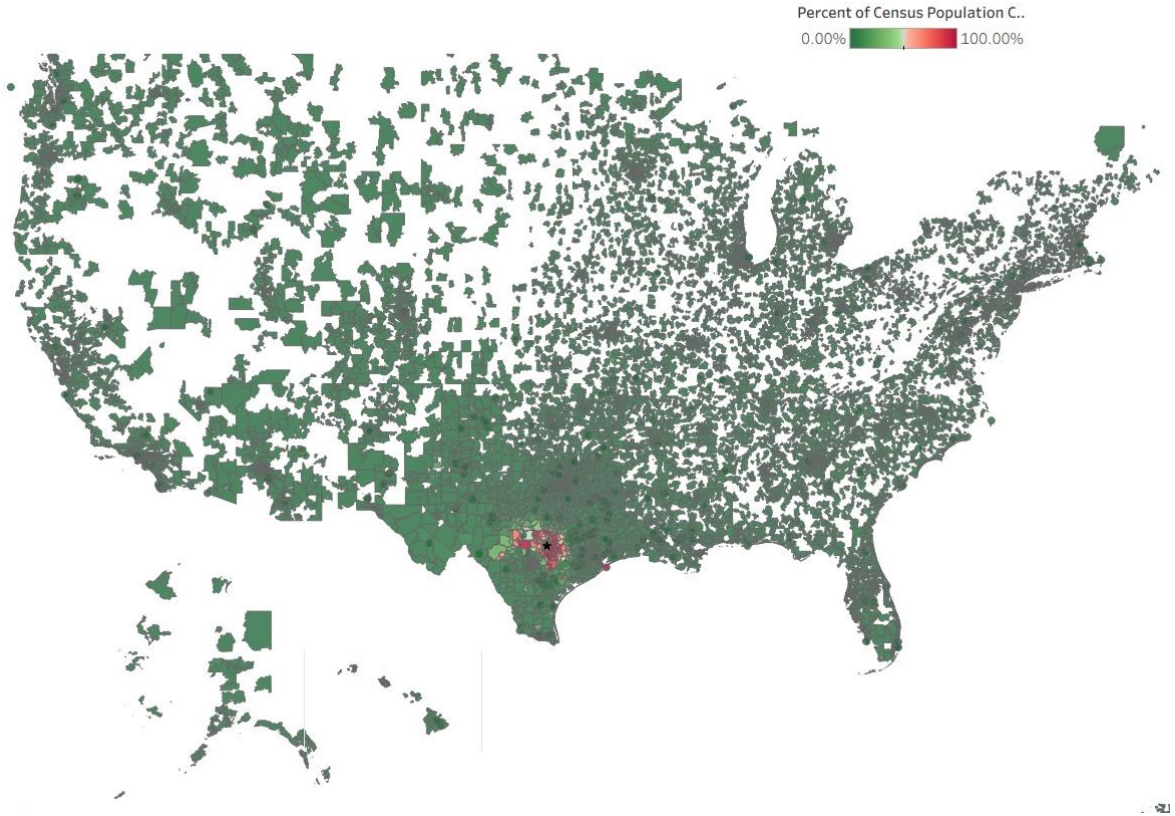
Introduction

Burnout

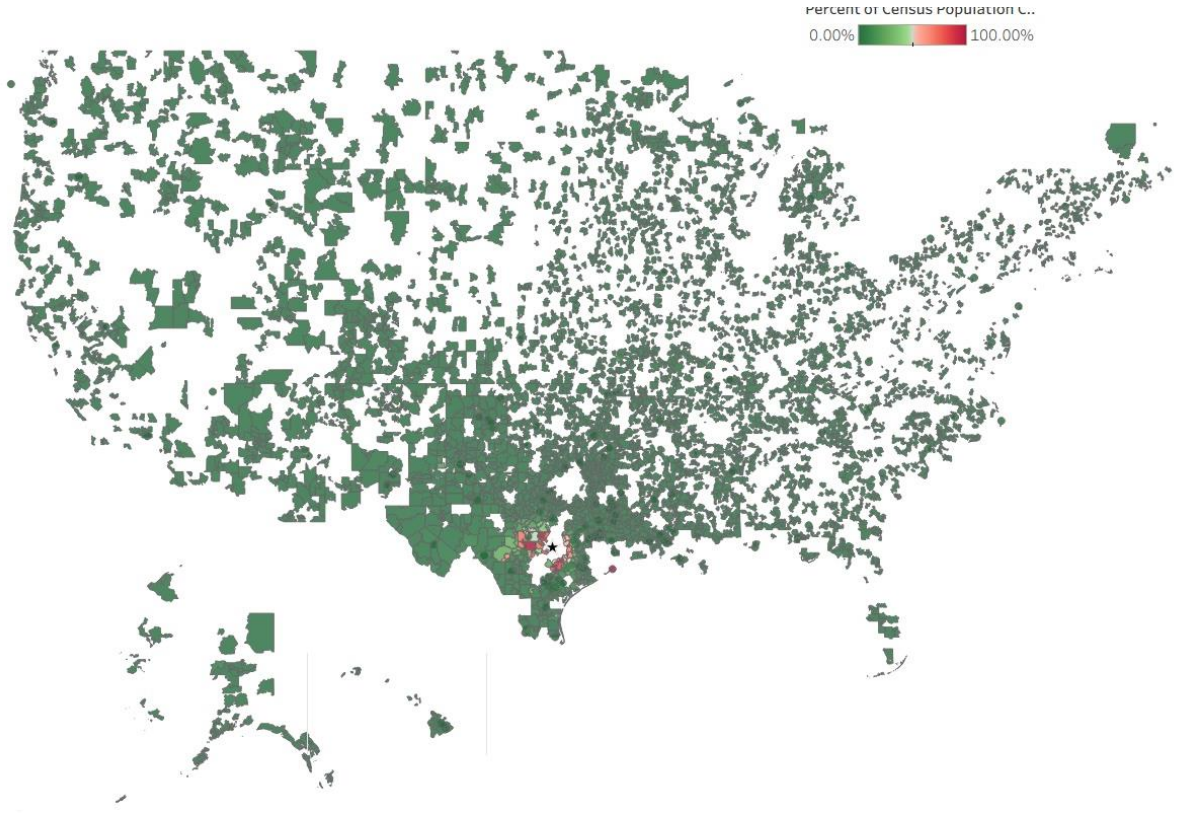
Physician burnout is prominent and manifests as a chronic stress response with components of depersonalization, increased significantly since then. As would be expected, the workflows and dynamics of providing healthcare have changed and will continue to adapt in the transition from paper-based records. A consequence of this evolution has been enhanced stress for providers. In fact, the prevalence

Health Data Fragmentation

HIE/HDU US Population Coverage (percent of census)



Rural Population



Source: David Kendrick, MD, MPH, FACP, University of Oklahoma

Healthcare – Costly, Confusing, Uncoordinated

- Access: scheduling appointments
- Coordination: Patients at the right setting
  - ER, PCP, Urgent Care, etc.
- Cost: No price transparency. No competition. Higher costs.
- Information overload and not consolidated:
  - not even clinicians can figure out how to navigate (meds, supplements, exercise, etc.), current conditions, history
- Should we go back to paper and fax?

- **Healthcare needs to catch up with other industries and allow for tech-enabled innovations – AI taking center stage**

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CMS Roadmap for Digital Health Innovation

Investments:

- Tech-Based Care
- Data Interoperability
- AI and Value

CMS will pay for technology, tolerate risk, and expect measurable outcomes. Thus, align product, evidence, and contracting strategies early.

TMaH – Maternal Health, others...

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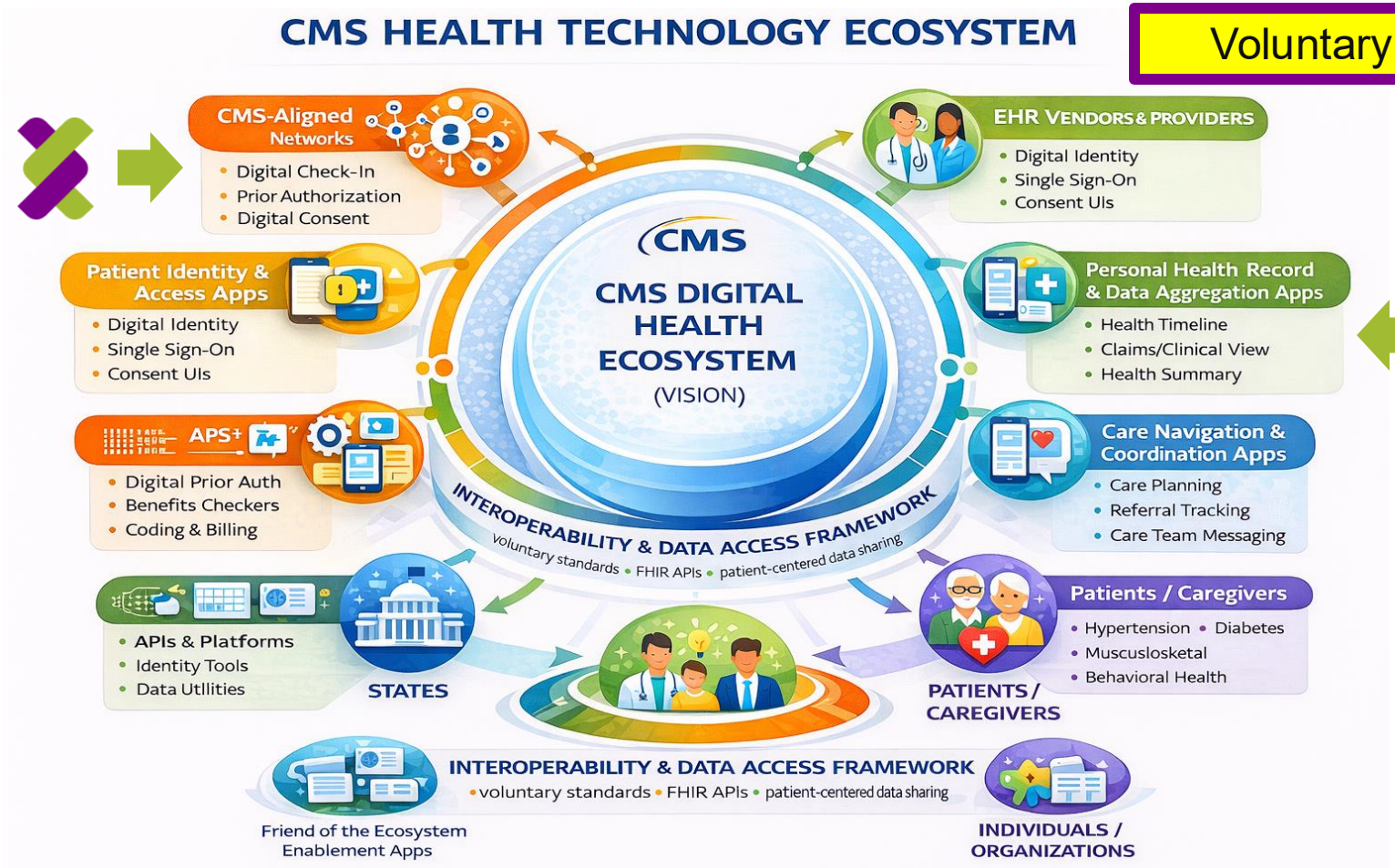
CMS Roadmap for Digital Health Innovation

Patients can easily access and share their health information

Providers and care teams receive the data they need at the point of care

Apps and digital tools deliver personalized support, anytime, anywhere

Payers support outcomes and value-based models through appropriate data exchange



https://www.cms.gov/priorities/health-technology-ecosystem/overview

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CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Advancing Chronic Care with Effective, Scalable Solutions (ACCESS)

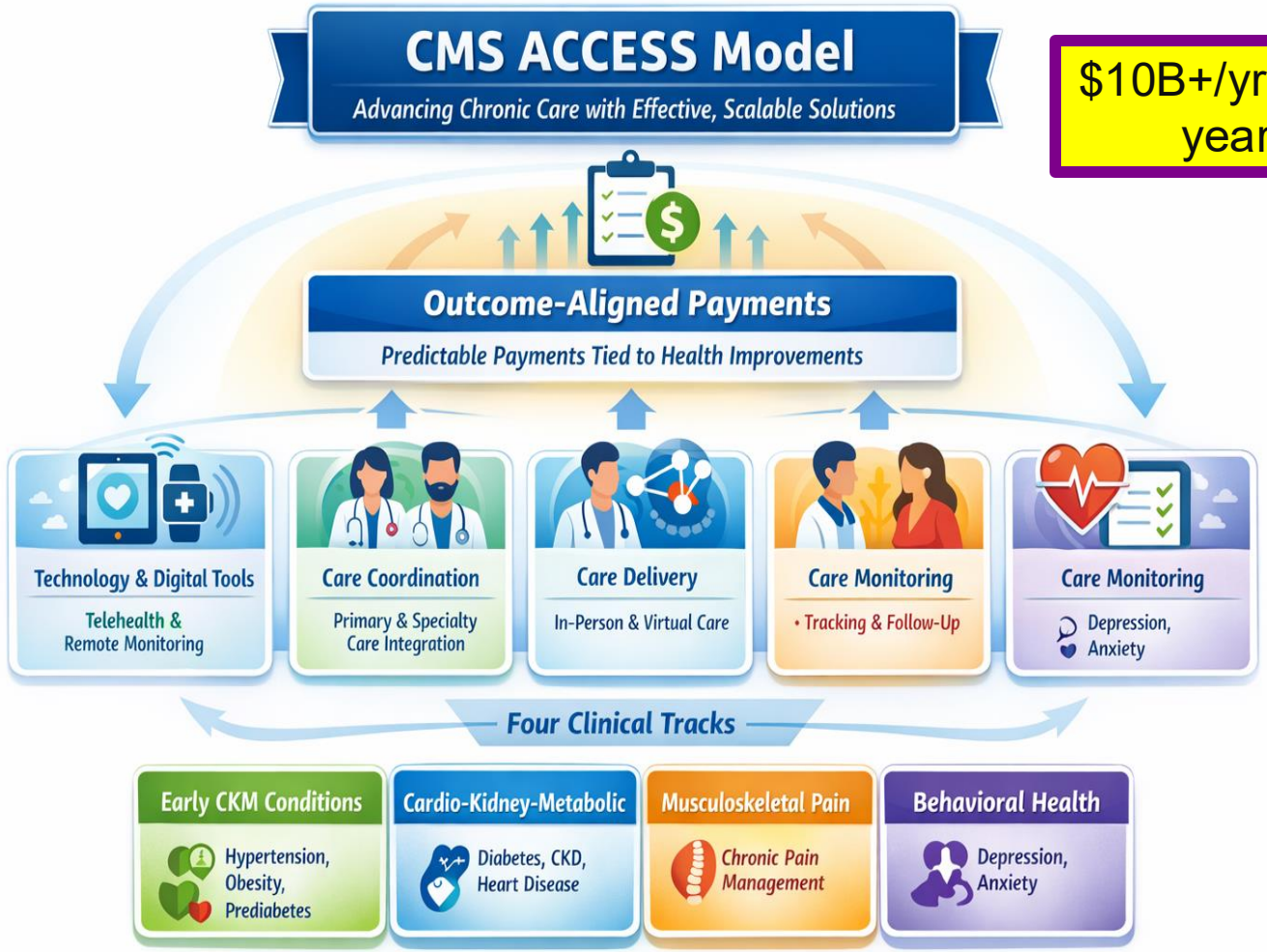
Applications can now be submitted online at this link

First Cohort Deadline: April 1, 2026
Organizations selected from this cohort will begin participation on July 5, 2026

Rolling Applications: Applications will be accepted through April 1, 2033
Subsequent cohorts will begin on January 1, 2027, and quarterly thereafter through July 1, 2033

Applications received after April 1, 2026 but before October 1, 2026 will be considered for participation beginning January 1, 2027

***Key Information: Aligned Payment (OAP) rates have been released**



$10B+/yr for 10 years

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CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS ACCESS

Table 1: Annual Payme

Clinical Track
Early Cardio-Kidney-
Cardio-Kidney-Metab
Musculoskeletal (MS
Behavioral Health (BI

CMS.gov Centers for Medicare & Medicaid Services

About CMS Newsroom Data & Research

Medicare Medicaid/CHIP Marketplace & Private Insurance Initiatives Training & Education

Priorities > Overview > Major Health Plans Join ACCESS Payer Pledge

Major Health Plans Join ACCESS Payer Pledge

February 12, 2026

What's new: Major health payers representing 165 million Americans with Medicare Advantage, Medicaid and private health insurance plans pledged to adopt an outcomes-based payment structure aligned to the Medicare-focused ACCESS (Advancing Chronic Care with Effective, Scalable Solutions) Model.

Why it matters: The pledge is an important step to alignment across Medicare, Medicaid, and commercial payers around payments for technology-supported care that incentivize flexibility in care delivery, coordination with primary care and clinicians and — most importantly — measurable improvements in patient health outcomes rather than volume of services.

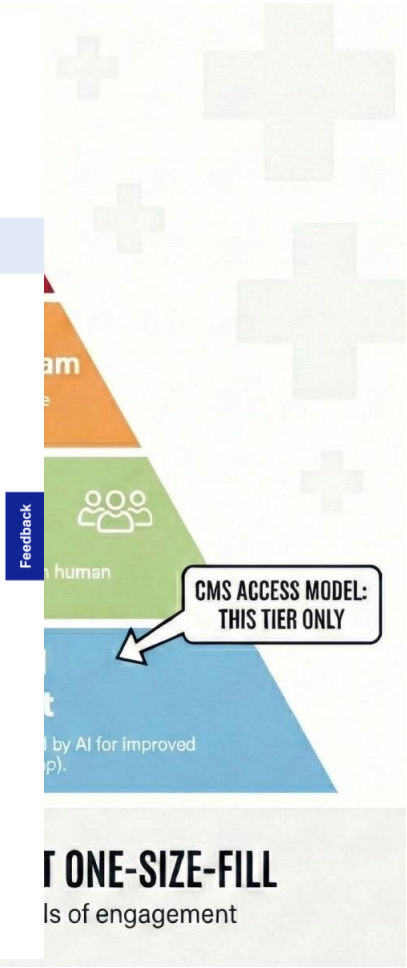
What to expect: The ACCESS Model begins its 10-year performance period in July 2026; under the ACCESS Payer Pledge, payers commit to offering payment arrangements that align with core principles of the model by January 1, 2028.

The big picture: Payers' voluntary alignment to ACCESS builds on earlier support from clinician and patient societies acknowledging the necessity of making technology-supported more accessible to all Americans, empowering them to meet their health goals and prevent or manage their chronic conditions; this is just the latest example of CMS using convening power to align stakeholders towards a common goal.

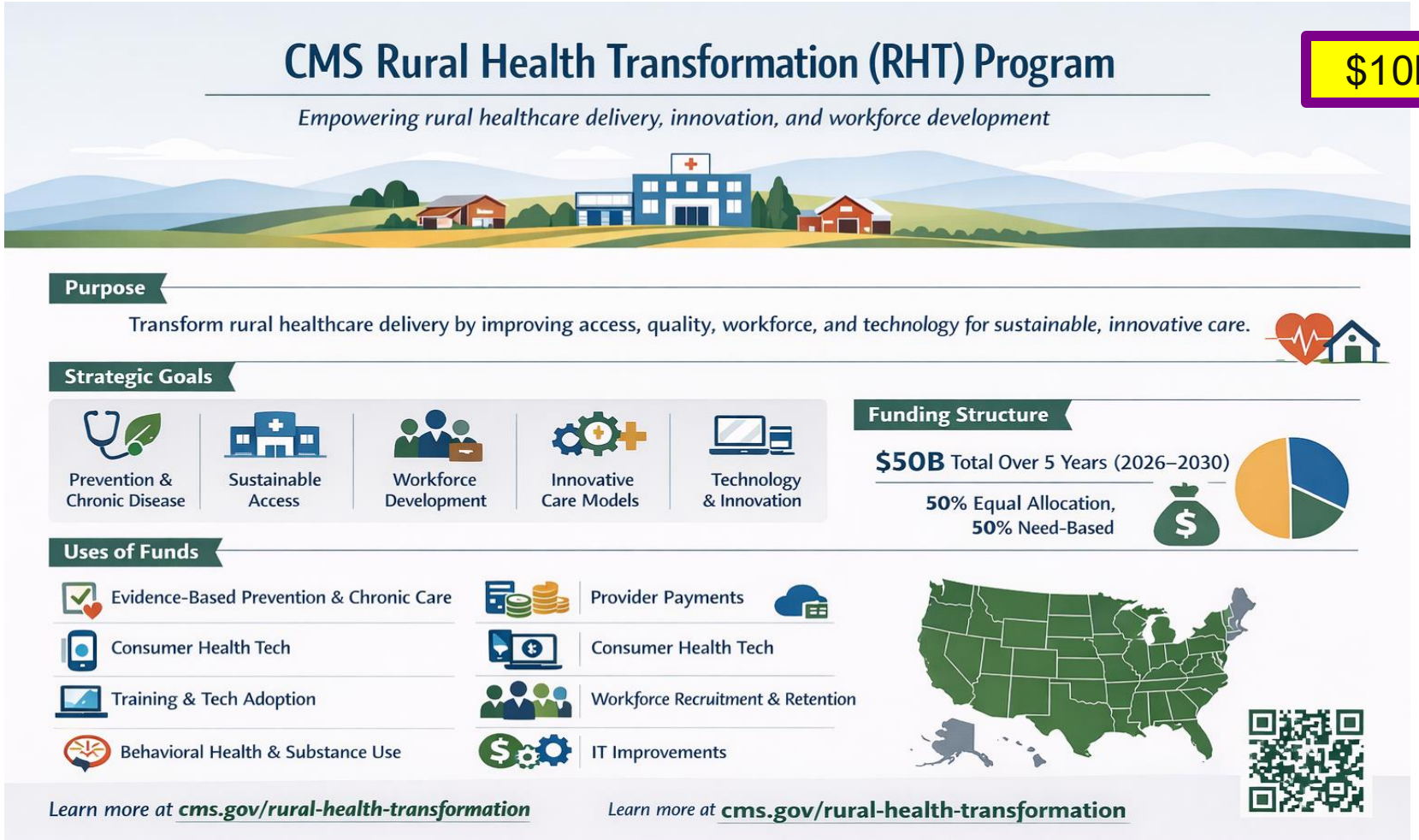
Where Health Care Innovation is Happening

See who's working with CMS to implement new payment and service delivery models.

Select a State Go There



CMS Roadmap for Digital Health Innovation



$10B/yr for 5 years

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

More on CMS Roadmap

- MAHA Elevate - $100M for 30 x 3 yr proposals
  - Pilots for whole-person and lifestyle interventions (nutrition, MSK, etc.)
- LEAD ACO Model
  - Long-term value-based care
- AI Prior Authorization Pilot – Voluntary, Targeting Wasteful Spending
  - AI in utilization management (automation, compliance, transparency, and vendor risk)
  - AR, NJ, OH, OK, TX, WA
  - Six-year pilot starting 1/1/26
- Transforming Maternal Health (TMaH)
  - Whole-person approach to pregnancy, childbirth, and postpartum care.

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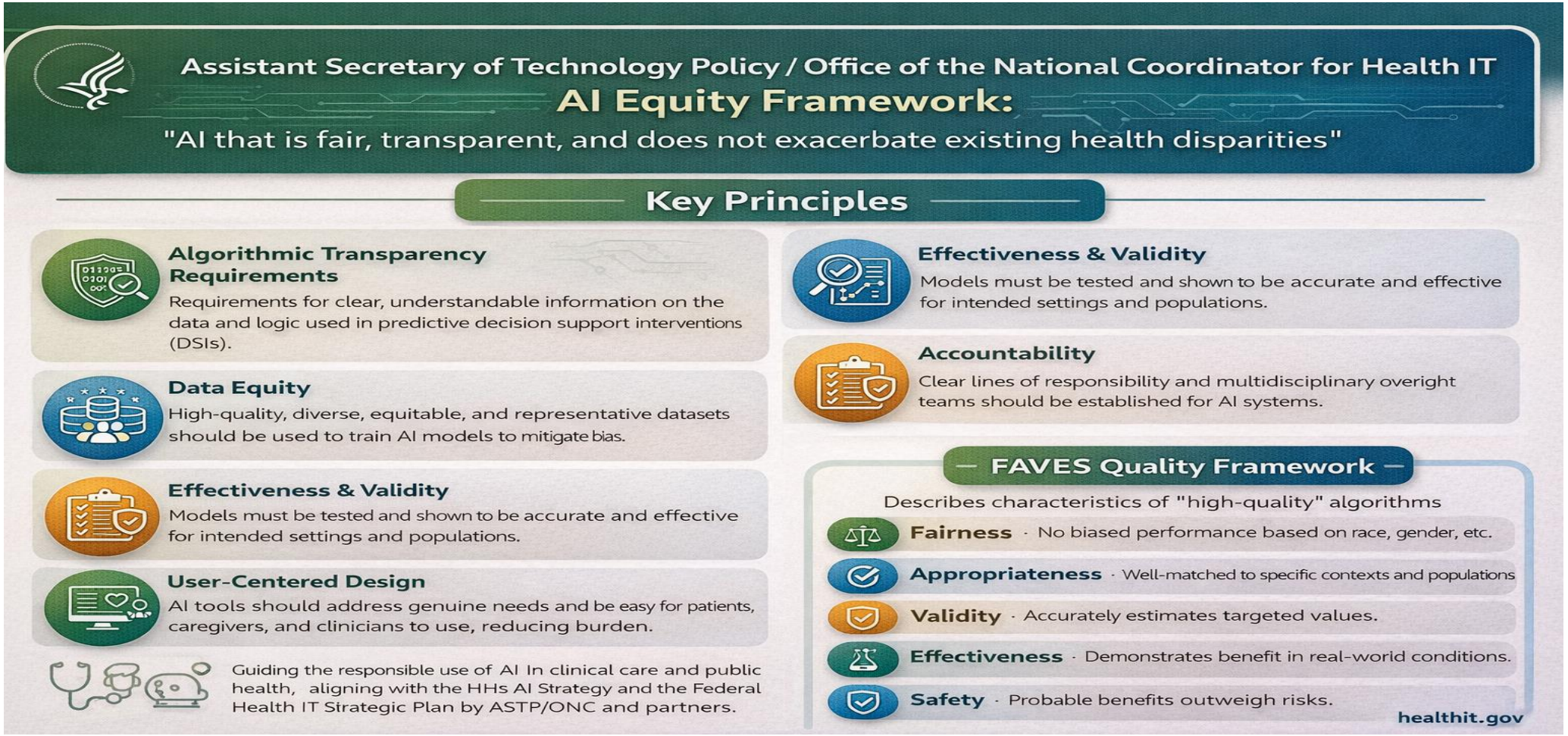
Artificial Intelligence in Healthcare

Different types, Risks and Governance Needs

Not all AI should be governed the same way

AI Equity Framework



Patient Access, 21st Century Cures Act

Significantly Enhanced to their Electronic Health Information (EHI)

- Immediate Access
- No Cost
- Informatic Blocking Prob tion
- Expanded Da
- APIs Standards

- Goals:
  - Empowerm
- Challenge
  - Information over s states, practices, and tech limitations

Without al effort!

The Key for Transformation

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Patient Access, 21st Century Cures Act

- You and your caregivers ultimately know what is best
- Control of your data gives you the freedom to chose the best solutions for you
- Reduces or eliminates liability to providers and other Covered Entities enabling the access to innovation

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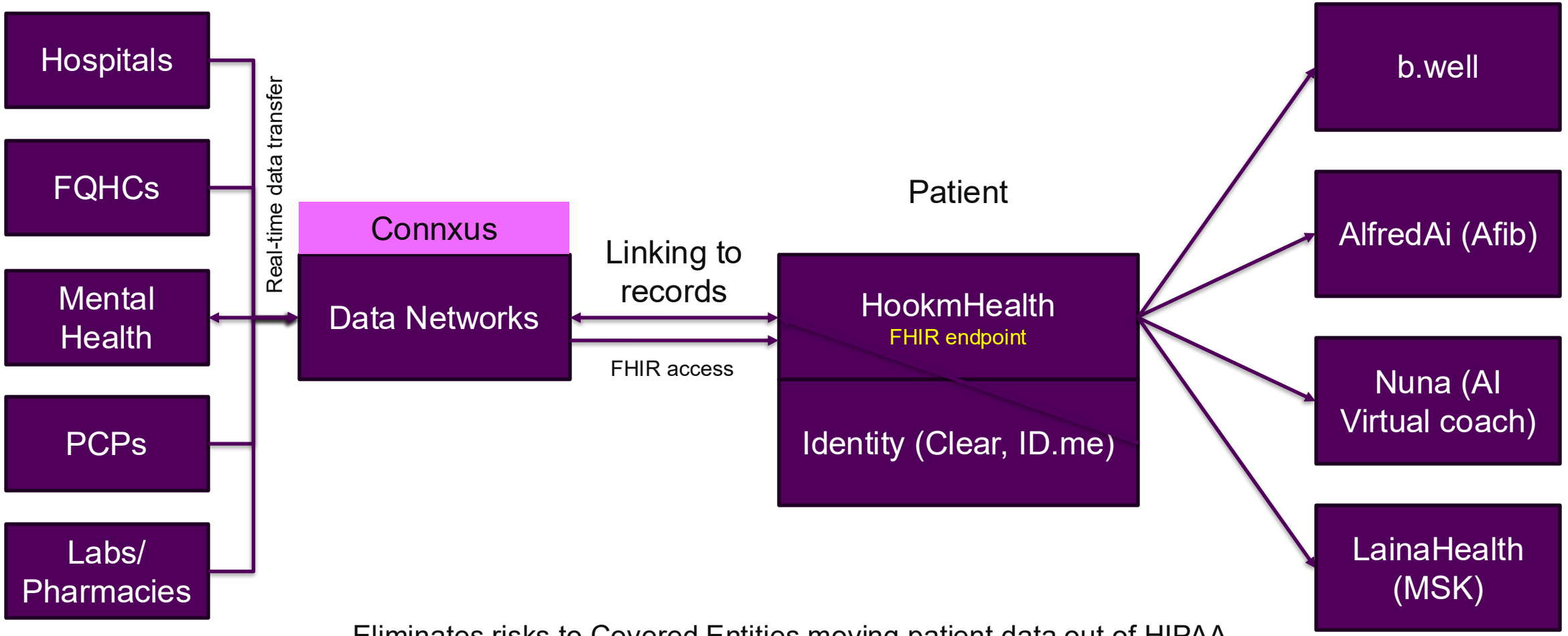
Phase 1, 3/31/26

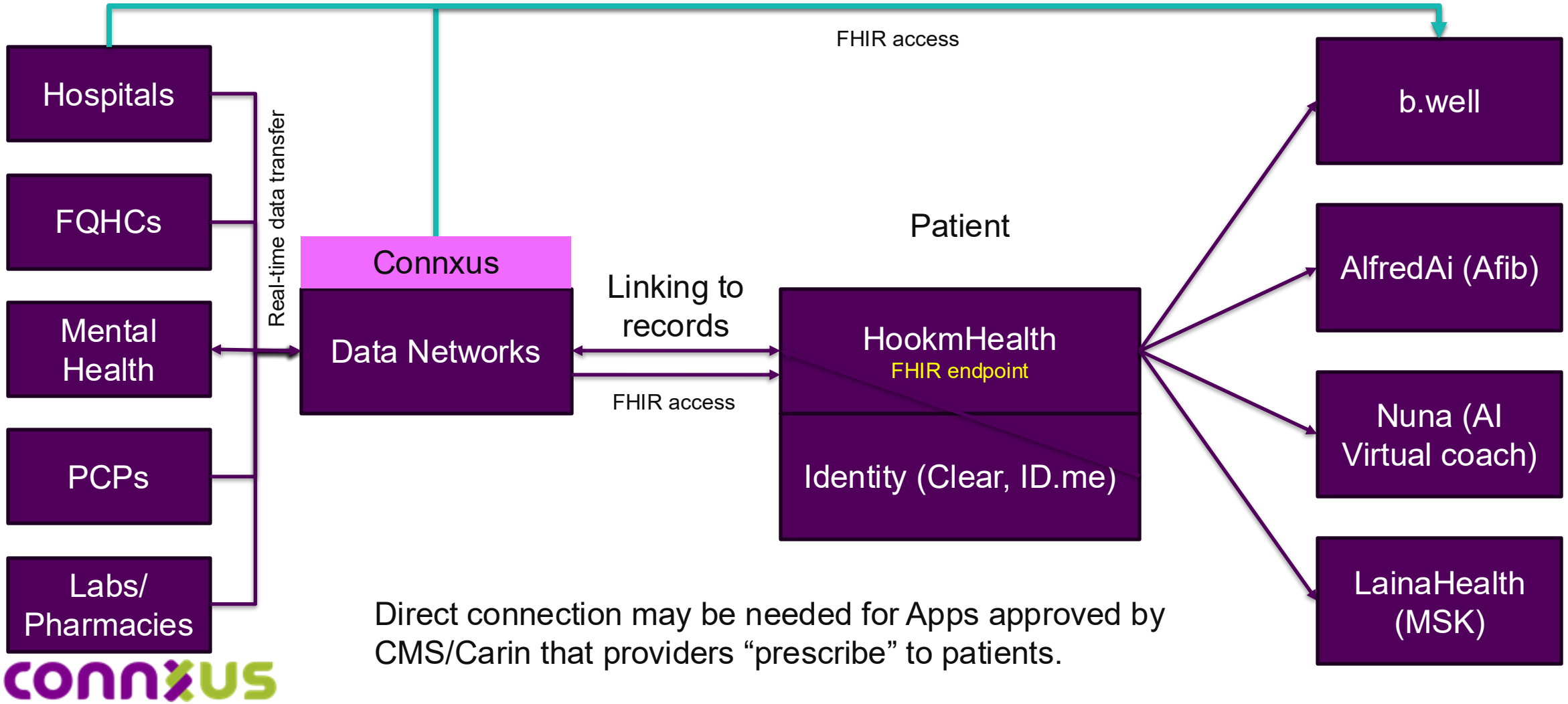
Apps Gain Access to Data Through Patients Directly



Eliminates risks to Covered Entities moving patient data out of HIPAA. Patients gain ownership of their data and HookmHealth helps patients manage their trust layer with Apps.

Phase 2, 6/30/26

Apps Gain Access to Data Through Networks After Contracting and Direct Connection



Direct connection may be needed for Apps approved by CMS/Carin that providers “prescribe” to patients.

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Empowering Healthcare Innovation Through Patient Data Access

Enabling patients to access their own health data is key to driving healthcare innovation.

connexus together.

CMS Health Tech Ecosystem | CMS ACCESS | Rural Health Transformation Program | Rural Health Improvement

Patient Empowerment

Control over their own health information.

Personalized Care

Tailored treatments & better outcomes.

Advanced Health Technologies

Driving digital health & AI solutions.

Rural Health Improvement

Expanding care in underserved areas.

The CMS Health Tech Ecosystem > Innovation & Value-Based Care < CMS ACCESS

Better Health Through Patient Data Access.

Meet The Nuna Team

- Jini Kim, Chief Executive Officer & Co-Founder
- Mihir Mullick, Lead Account Executive

Nuna Demo

Helping Patients Self Manage Chronic Conditions

QUESTIONS?

Thank You