Why healthcare culture must change for EHR/PHR & beyond

Merging the human element with technology

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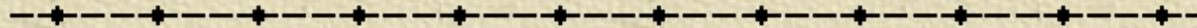
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Why is culture change necessary?

Healthcare is a different type of business. In many ways it does not subscribe to conventional economic laws of supply and demand.

- Most healthcare expense is funded by insurers and government rather than individual consumers/patients.
- Therefore, patients do not have traditional choices for their healthcare services and providers.
- But patients want to have better access to medical information that can help them become more informed and better able to manage their medical conditions.

The "business" of healthcare is changing

- The business of healthcare is trending from delivery of services to <u>focused</u> delivery of services with technology providing immediate access to patient records, labs and treatments for better, informed care.

- Some facilities and providers view the proposed migration to electronic records as a coding mechanism for reimbursement and regulatory reporting.

- Yet, other industries have used standards and enabling technologies to successfully improve margins, reduce costs, and better serve customers.

- Healthcare technology adoption for EHR/PHRs is in its infancy and lags behind other industries in its use of enabling technologies.

- *It remains to be seen when and how a flexible, matured healthcare culture will respond.*

Forces changing the ecosystem of healthcare delivery

- Organizations both public and private are establishing standards through which technologies can support migration from paper-based records to EHR/PHR.

- Software vendors are entering the healthcare industry with automated electronic health records solutions.

- Patients are demanding access to their personal health records and technology giants like Microsoft and Google are providing low-cost solutions.

- Yet, privacy and confidentiality of individual health records remains unresolved and there is much confusion about how to proceed in the marketplace.

Migration to EHR is a **Wicked Problem**

- According to Jeff Conklin, problems are wicked due to social complexities. The four defining characteristics of wicked problems are:

1. **The problem is not understood until after formulation of a solution.**

- Traditional waterfall methods (e.g. like methods used to build a bridge) are outdated because we don't know the exact answer we are looking for.

- Projects take too long and consensus changes over time among stakeholders.

- But, you have to start somewhere.

Migration to EHR is a **Wicked Problem**

2. **Stakeholders have radically different world views and different frames of reference for understanding problems.**

   - Nurses, Physicians, Therapists, and Pharmacists each have unique views of how they deliver patient care and appropriate documentation of such in the health record.

   - Regulatory reporting effects reimbursement changes every 6 months. Core competencies and healthcare audits influence how the technology should be managed and used.

   - So, health information becomes fragmented.

Migration to EHR is a **Wicked Problem**

3. **Constraints and resources to solve the problem change over time.**

   * Availability of healthcare personnel to discuss needs and promote change is, at best, discontinuous.

   * ROI and benefit may take a long time to surface due to the cultural change that must accompany its delivery.

   * It is not well understood how ROI will be measured nor is it well understood how technology should be used for healthcare records.

Migration to EHR is a *Wicked Problem*

4. **The problem is never solved.**

* *There is no right or final solution.*
* Although industry groups are publishing standards and guidelines for EHR/PHR adoption, they are only a subset of the solution.
* It is not the technology itself that provides the answer but how it is used in conjunction with the human element to achieve improvements in patient care.
* Solutions evolve over time as more knowledge is obtained and ambiguity is reduced throughout the process.
* A "solution" for one provider may be completely different from another.

An Approach using the Information Triad

* How do you transform vertical silos of healthcare provision?
* How do you make sense in a fragmented industry?
* How do you "fail fast" in order to succeed? *A concept that is anathema to the profession.*
* Exploring the solution across people, process, and platform is non-trivial and therefore must be done iteratively.
* The **3 Ps** must be considered in a cohesive manner.
* Other industries have used this method with some success, but only after much experimentation.

Information Triad

DATA

PLATFORM
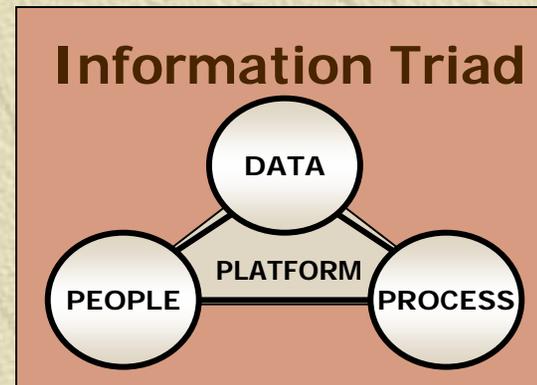
PEOPLE

PROCESS

Bring order to the chaos!

- You don't know what you don't know.
- You must experiment.
- To find out what you don't know, you must *fail fast*.
- Therein lies the crux of wicked problems, especially in healthcare.

- *Tame it and solve it!*
- Gather people, analyze processes, select the platform. Iterate.
- Cut through the red tape, find the real problem and solve it! *(again, and again)*

How do you get innovation? Jump the Curve!

- Migrating from paper-based patient records to electronic health records is a non-linear change.
- People, process, and platform can enable the jump to the next curve of technology changes.
- One of the largest constraints is the "DIP"..the decisions in progress.

To Here

EHR/PMI

Paper Health Records

Getting from Here

**I N N O V A T I O N**

TIME
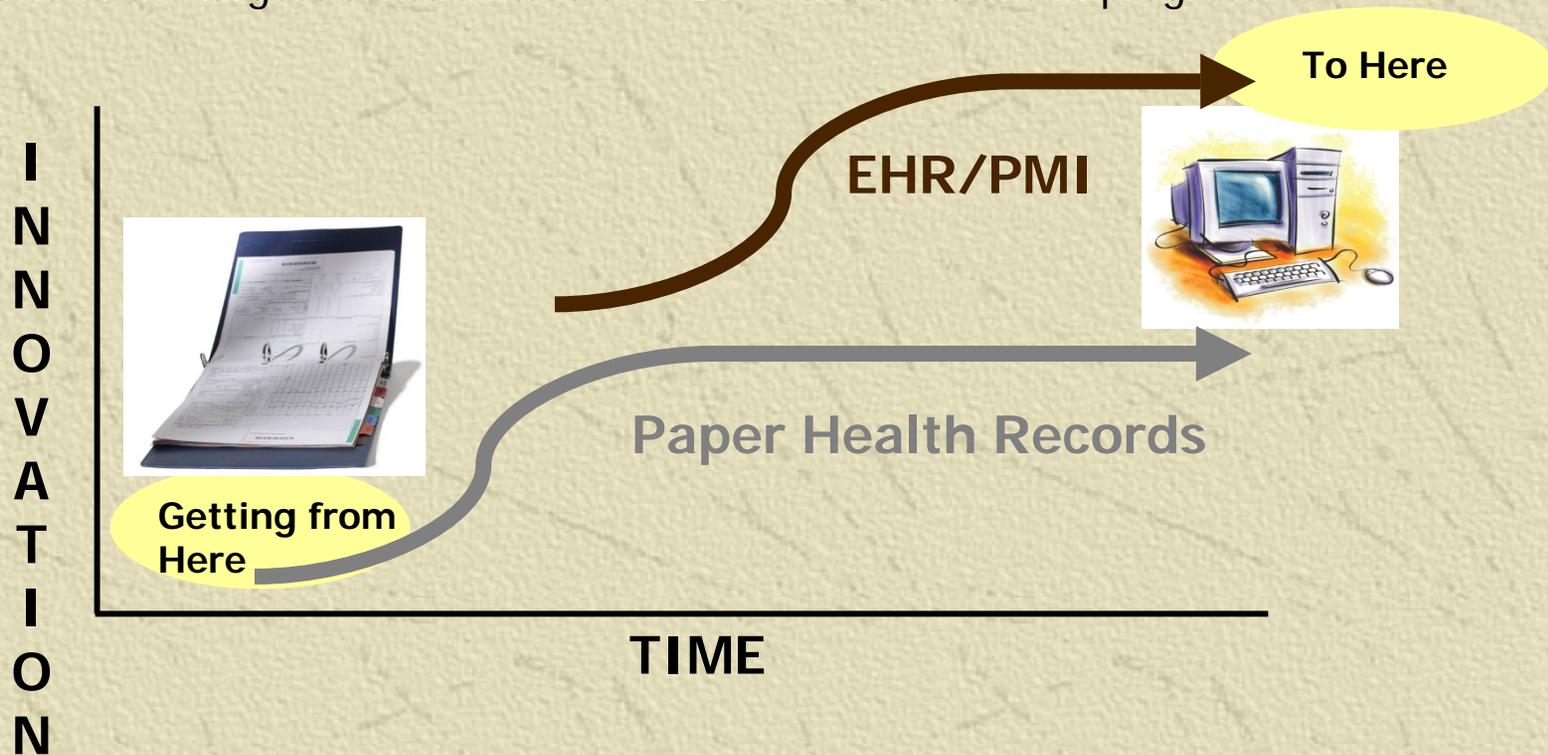
Electronic Health Record Resources

Everything you wanted to know but were afraid to ask…
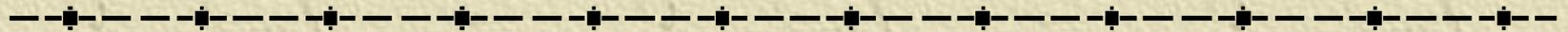
- **Forrester Research** produced a buyer's guide to EMRs.
- **Health Level Seven** (HL-7) developed a set of suggested "essential and desirable" functions for an electronic health record within different care settings.
- The **eHealth Initiative** and **Connecting for Health** are non-profit organizations whose missions are to drive improvement in the quality, safety, and efficiency of healthcare through information technology.
- **Physicians' Electronic Health Record Coalition** (PEHRC) This coalition will assist physicians to improve quality, enhance patient safety, and increase efficiency.
- The **EHR-Lab Interoperability** and **Connectivity Standards** (ELINCS) project will develop a national standard for the delivery of real-time laboratory results from a lab's information system to an electronic health record.

Electronic Health Record Resources

The list goes on....
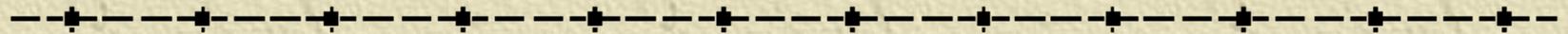
- **Doctors' Office Quality -- Information Technology** (DOQ-IT) The DOQ-IT project is a two-year effort designed to improve quality of services provided to Medicare beneficiaries by promoting the adoption of EHR.

- **Certification Commission for Health Information Technology** (CCHIT) seeks to create an efficient, credible, sustainable mechanism for the certification of healthcare information technology products.

- The **Continuity of Care Record** (CCR) is being developed in response to the need to organize and make transportable a set of basic information about a patient's health care that is accessible to clinicians and patients.

- Keep reading, there's more....

Professional Organizations for Electronic Health Record Advancement

American Medical Informatics Association

American Telemedicine Association

Association of Medical Directors of Information Systems

Center for Health Information and Decision Systems

Center for Health Transformation

Center for Information Technology Leadership

Community Health Information Technology Alliance

AHIC EHR Workgroup

eHealth Initiative

HIMSS EHR Vendors Association

Institute for Healthcare Improvement

Leapfrog Group

Professional Organizations (continued)

National Alliance for Health Information Technology

National Association for Public Health Statistics and Information Systems

National Institute for Health Care Management Research and Educational Foundation

Public Health Data Standards Consortium

Public Health Informatics Institute

VistA Software Alliance

Georgetown University Health Policy Institute

Health Information and Management Systems Society

Healthcare Financial Management Association

Healthcare Leadership Council

House 21st Century Health Care Caucus

Some closing thoughts about how past performance may have predicted the future…

In 1785, a British physician, Dr. William Buchan, published the first home health care book, <u>Domestic Medicine,</u> which sold over 80,000 copies, in 19 English editions, and was translated into all the main European languages before his death in 1805.

"The cure of diseases is doubtless a matter of great importance; but the preservation of health is of still greater. This is the concern of every man, and surely **what relates to it ought to be rendered as plain and obvious to all as possible***."*

Dr. Buchan was a visionary who anticipated the need for medical consumers to become knowledgeable about their health. It seems that migration to EHRs might provide the insight he suggested.

Food for Thought

- With so many organizations placing a stake in the ground for EHRs, the choices become daunting.
- So it now becomes even more important that real, measurable objectives support the migration and investment from paper to circuits.
- What are the next steps?
  - Garner funds and resources
  - Establish initial priorities
  - Assess the "As-Is" picture
  - Develop the "To-Be" picture
  - Iterate, iterate, iterate until the "To-Be" becomes your reality
- The most important step is just to get started.
- Analysis paralysis will lead to the same old destination, nowhere.