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HEALTH IT & QUALITY

Reflections on Troubled Times: Go to It!

These are truly troubled times. Perhaps we are seeing the most difficult challenges across our country and our world that any of us will ever see. These challenges are both professional and personal. They impact our good work, our personal aspirations, and what we hope for our families.

For us in healthcare, they take on a very intimate face. Illness and disease do not decline during tough economic times. Our friends and neighbors continue to get sick and require care irrespective of the level of healthcare benefits provided or resources available in indigent care funds. These are truly frightening times.

In 1933, almost four years after the start of the Great Depression, a new president, Franklin Delano Roosevelt, spoke these words on Inauguration Day, March 4:

This is pre-eminently the time to speak the truth, the whole truth, frankly and boldly. Nor need we shrink from honestly facing conditions in our country today. This great nation will endure as it has endured, will revive and will prosper.

He went on to say these famous words:

So first of all let me assert my firm belief that the only thing we have to fear…is fear itself…nameless, unreasoning, unjustified terror, which paralyzes needed efforts to convert retreat into advance.

Taken out of context, Roosevelt's use of the word "fear" can mistakenly be thought to mean fear of bodily harm. Clearly, Roosevelt was referring to fear of failure. When faced with the prospect of failure, fear prevents taking action.

No Fear

As healthcare providers, we are not very familiar with the fear of taking action. Our mission is to do what it takes to help sick people. Inaction is not an option. Physicians and nurses work extra hours, technicians exactingly run and rerun tests, and administrators find a way to fund the care for one more uninsured patient. Yet, these tough times will test our ability to be steadfast in our work.

Almost 50 years ago, another president, also in very dangerous times, energized the country with a simple challenge that also is often quoted. On Inauguration Day, January 20, 1961, John Fitzgerald Kennedy challenged America with these words:

To those peoples in the huts and villages across the globe struggling to break the bonds of mass misery, we pledge our best efforts to help them help themselves, for whatever period is required—not because the Communists may be doing it, not because we seek their votes, but because it is right. If a free society cannot help the many who are poor, it cannot save the few who are rich.

Kennedy later spoke this inspirational request:

And so, my fellow Americans: ask not what your country can do for you—ask what you can do for your country.

What We Can Do

These words resonate today, particularly as they relate to healthcare. The problems of the uninsured, escalating healthcare costs, access to care, and medical errors continue to demand our attention. These challenges will only deepen as the worst of these economic times washes over us. Nevertheless, healthcare workers are innovative problem solvers by nature, therefore our focus must remain on finding solutions to these most difficult problems.

The Uninsured. As more laid-off workers lose their healthcare coverage and join the ranks of the uninsured, they may seek care at new sites that do not have their medical records. Health data exchanges and interoperability play a key role in allowing pertinent patient medical information to be transferred among treating organizations. Personal health records and linked electronic medical records are more important than ever in helping to ensure continuity of care. Patients will be moving, and their medical information must move with them. Failure to do so will increase costs, decrease quality, and threaten lives.

Escalating Costs. As noted previously, facilitating the exchange of patient medical information helps to reduce inappropriate and redundant care. Clinical decision support also holds great promise in reducing unnecessary and wasteful tests, procedures, and therapies. The medical literature is robust in its detail of evidence-based medicine—the scientific documentation of what works, what does not, and why. Clinical decision support at the point of care can proactively provide that critical information and guide physicians and other caregivers to proven therapies that deliver desirable clinical and financial outcomes. In these challenging times, wasteful care robs available resources from those may also need it.

Access to Care. Although the new administration and Congress indicate support for expanded healthcare coverage, it is questionable whether funds are available for such programs while the Federal deficit grows toward $1 trillion. State governments are experiencing similar fiscal constraints as revenue from income and property taxes decline. As companies try to reduce benefit costs, employees are required to pay for more of their care through increased deductibles, co-pays, and, shared plan premiums. Others will lose their healthcare benefits coverage entirely.

Changes in the roles and responsibilities of healthcare workers can provide a means to expand access to care while reducing the costs of providing it. This requires the redesign of care processes to effectively employ healthcare information technology tools. Computerized provider order entry and electronic medical records coupled with intelligent, context sensitive clinical decision support allow for healthcare profession-

als at all levels to expand the breadth of their capabilities and leverage existing skill sets. This helps keep the cost of care down while expanding the number of professionals who can provide it.

Medical Errors. Although it is almost 10 years since the publication of the IOM report *To Err Is Human*, medical errors continue to plague our healthcare system. Difficult financial times may lead to elevated patient-nurse ratios, shortages of technicians, and slower upgrading of clinical equipment. These realities pose a danger of making matters worse as investments in systems to combat medical errors are delayed or cancelled.

When deployed correctly, healthcare information technology can significantly reduce medical errors through clinical decision support embedded in computerized provider order entry tools, pharmacy databases, and medication administration systems. In addition, utilization of information technology tools within a newly designed clinical workflow oriented toward patient safety can lead to both a reduction in medical errors and wasted resources associated with treating avoidable illnesses.

There is no doubt, our nation will get through these troubled times. It will be painful and difficult. Nevertheless, we will get through it. How our healthcare sector, our communities, and our institutions get through it is up to us. By rejecting fear and asking what is needed is the only way I know we can and will respond. So, go to it! **❙PSQH**

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