Getting Ahead

By Barry P. Chaiken, MD, FHIMSS

The recent release of the Meaningful Use Stage 3 guidelines signifies the waning influence of the HITECH Act on the direction of healthcare information technology (HIT). As organizations finalize implementation of their EMRs, they can finally look ahead to strategies and HIT tools that will help them reap the benefits of the millions of dollars they have invested in HIT to date. Beyond the resources invested, professionals wonder about their own reputations now that the EMR behemoth is in motion: "Will the decisions I made under the pressure of HITECH Act incentives prove worthy? What will be the impact on patients? Will I ever get another job?"

Although decisions of the past cannot be changed, realization of near-term trends and opportunities provides a roadmap for where to turn our attention next.

Move to the cloud. Fear about applications living anywhere except on the premises decreased substantially over the last year. Several factors led to this shift in thinking. As more CIO positions became filled by strategy-focused business leaders—replacing more technically trained professionals—interest in maintaining large data centers and banks of HIT engineers transitioned to a philosophy of outsourcing services to obtain economies of scale.

Cloud-based applications maintained by vendors offer significant advantages in cost of ownership by eliminating the cost of upgrades and providing immediate access to the latest versions of and reducing the costs associated with maintaining hardware. In some situations, the cost of moving to the cloud is covered by the cost savings associated with upgrading hardware alone.

For those organizations fear putting their data in a public cloud, a private cloud environment provides similar advantages while keeping data control inside the firewall of the organization. Of course, savings associated with reducing the size of the data center do not accrue.

For vendors, a cloud environment significantly reduces support costs and ensures that clients have immediate access to the most stable application versions offering the greatest functionality.

Maximize interoperability across the continuum of care. With provider organizations paid to manage patients for their entire illness journey, access to a patient's entire medical record and clinical information becomes critically important. Repeating tests for no reason other than the inaccessibility of the test results due to their storage in another EMR quickly stresses the economic assumptions on which these "capitated" plans are based.

Lines of service that include both inpatient and ambulatory care require seamless exchange of patient information to allow for efficient and effective care delivery. Since the viability of regional exchanges remains suspect, organizations must develop their own interoperability strategy, engage their market competitors when necessary, and build a model that increases the probability that they can successfully compete in the marketplace. The battle should no longer be fought by withholding patient information from other providers. Instead, economic opportunities exist only where the free exchange of patient information allows organizations to compete fairly for patients in the healthcare delivery arena.

User-focused analytics. "You can't manage what you don't measure." This sounds like wise advice any first year MBA student can provide, yet the situation is much more complicated. In this age of supercomputers baked into every smartphone, measuring does not present the real problem in managing.

Similar to clinical care, managers struggle to take meaning from the enormous amount of information provided to them in dashboards and analytics formats.

Although analytics forms the basis of what provider organizations need to embrace, those analytics must closely support organizational goals. In addition, the information presented must conform to and support a manager's workflow so that the information becomes meaningful and immediately actionable.

A focus on the user experience is top priority for any analytical tool, as anything else solely ensures the generation of dazzling reports that fail to move the needle of quality and cost.

Evidence-based clinician workloads. Over the past half century, medicine moved from a profession built on intuition and individual experience to one driven by scientific discovery and proven facts. Best practices created and proven in one institution are now shared with others who proceed to reproduce the same high quality results.

The delivery of consistent, high quality care depends on the orchestration of professionals in a highly specific way. HIT provides a means to assign professionals to patient care based on patient needs rather than a less specific, subjective method performed by individuals.

The rich, patient-specific data within EMRs can drive physician, nurse, and other clinician assignments by linking physician orders, vital signs, lab results,

and other patient data to evidence-based instruments that evaluate the amount of care required by each patient and the time required of each clinician to deliver it.

Linking workloads to clinical guidelines forms a basis for consistently delivering patient care to achieve specific clinical and financial outcomes.

Clinically driven supply chain. Focus on the supply chain without considering patient needs and clinical care pathways limits the impact HIT can have on both financial and clinical outcomes. Allowing the clinical pathways to expand the reach of the areas a supply chain touches offers provider organizations ways to impact care in both inpatient and ambulatory settings.

For example, a patient scheduled to receive knee replacement surgery has supply needs during both the hospital stay (knee implant, surgical kits) and in the ambulatory setting (wound dressings, exercise devices). Linking all these supply needs and staging them appropriately during the patient's entire episode of care offers a more effective way to utilize supply chain management tools to impact healthcare costs and quality outcomes. Are drones delivering patient supplies to the home that far away from reality?

With the end of the era of HITECH, provider organizations must look ahead and decide where to invest next to improve outcomes in a value-based reimbursement world. As a first step, organizations need to evaluate ways to leverage their existing EMRs to meaningfully obtain value from that investment. The cloud, interoperability, analytics, workloads, and the supply chain provide five useful places to begin taking action in the post-HITECH era. ▮

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