

HIT Think 3 ways to improve the return on IT investments

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This past February, the President announced that the delivery of healthcare to America's 300 million residents embraced more complexity than he previously realized. Only a few days before, at the annual HIMSS conference in Orlando, former Speaker of the House John Boehner cast doubt on the ability of the President and Congress to repeal the Affordable Care Act (ACA) because of the disruption such a repeal would bring to the healthcare delivery system.

The ACA evolved from tough negotiations among all healthcare stakeholders, including physicians, provider organizations, life science companies, payers and technology vendors. Such negotiations led to rules and incentives, both intelligent and imperfect. In turn, the stakeholders adjusted their business models to optimize their revenue while working under the provisions of the ACA.

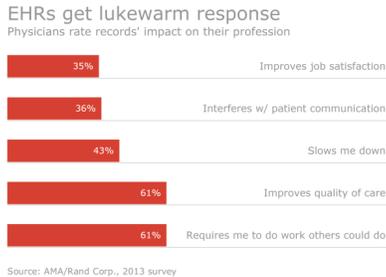
Since its implementation, the ACA facilitated the healthcare coverage of more than 20 million Americans who previously had none. Although the ACA legislation greatly improved access to services, healthcare costs continue to rise at unsustainable rates. In addition, the HITECH Act, the ACA's "sister" legislation that was enacted to speed the adoption of healthcare information technology, has not delivered the quality improvements and cost savings it was initially expected to bring about.

With the introduction of any new technology, initial visions of impact and benefits almost always fail to materialize exactly as envisioned. Instead, unforeseen obstacles, incentives, and consequences intervene to deliver a dose of reality.

For the healthcare industry to obtain meaningful value from its investment in healthcare IT while addressing some of the financial shortcomings of the ACA, healthcare IT leadership needs to focus on three areas—processes and workflows, user experience/user interface (UX/UI) and analytics.

Processes and workflow

Most providers struggle with their electronic medical record (EMR) systems. These systems were developed to optimize billing through enhanced documentation capabilities rather than serving to promote workflows focused on delivering high-quality care. Currently, EMR implementations facilitate documentation targeted at satisfying billing requirements to optimize revenue, and fail to satisfy the needs of clinicians.



To obtain clinical workflows that impact care, we must better leverage the inherent power of healthcare IT. This includes workflow pathways that guide clinicians through their tasks in the most efficient manner while eliminating human activities that the technology can automatically handle.

These improved workflows represent clinical best practices or pathways, delivered in a more detailed, exact, coordinated and consistent manner. They enable all the activities inherent in a best practice for disease treatment to be distributed intelligently across a team of caregivers, eliminating duplicative or unnecessary activities while ensuring patients receive all the care they require.

UX/UI

Smartphones and the way we use them best represents the impact of UX/UI on technology. This ease of use comes from strong UX/UI, how the user interacts with a technology and what the personal experience is for the user during the interaction.

Rather than echoing the simplicity of use inherent in most consumer IT products, our current healthcare IT software largely represents the design shortcomings of the early Windows era. This failure to optimize the UX/UI for clinical users decreases their ability to effectively utilize the healthcare application. Features and functions that, in theory, offer significant advantages for clinical care delivery fail to be deployed in effective ways.

Analytics

Measuring processes and outcomes enables the proper management of workflows to achieve desired results. Although analytics applications are attractive to provider organizations, little evidence exists that these programs have significantly impacted clinical processes and, in turn, clinical outcomes.

To achieve those results, performing analytics on existing data and producing snappy charts and graphs represents just a small step in using analytics to impact outcomes. As valuable as analytics can be, these untargeted reports can undermine efforts to change processes and workflows.

Organizations need to be careful not to focus on the task of generating reports rather than on the end goal of impacting clinical care by effectively using analytics.

Proper use of analytics requires a sharp focus on organizational goals coupled with a smart approach to the creation and distribution of reports. Useful reports are role based and narrowly focused on the work responsibilities of the managers using those reports and tied to the clinical and financial objectives of the organization.

Before our political leaders consider modification or replacement of the ACA, perhaps we need to better understand what care we are providing and how we provide it, so we can educate them on the changes needed. Our IT tools have untapped potential to improve quality and access to care while reducing costs. Whether the ACA is repealed and replaced, modified, or left unchanged, we cannot succeed in improving how we deliver care without also bettering our use of healthcare IT. After all, it's complicated.



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