

HIT and Healthcare Transformation

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The Crisis

- Suspect Quality/Safety
- Unsustainable Costs
- Poor Access to Coverage and Care
- A Sicker Populace?



The Promise of HIT

- Efficient, Safe, Effective, Equitable, Patient Centered, Timely Care
- Patient "Ownership" and Availability of a Lifetime Medical Record
- Preventive Care
 - Short and Long Term
- Chronic Disease Management
 - risk ID, prevention tracking, remote monitoring, condition specific templates

The Promise of HIT

- Patient Education
- Decision Support
- Tracking Population Health
 - Acute and Chronic
- Comparative Benchmarking
- Value Based Competition
- Health Care Research
 - Clinical vs administrative data base



ASSEMBLY REQUIRED



(INSTRUCTIONS NOT INCLUDED)

The “Incentive Gap”

Providers Invest

Payers/Purchasers Reap Rewards

- In contradistinction to all other developed nations, US health care is a commodity rather than a public good, resulting in:

- a set of perverse financial incentives for health care providers to promote services that do not cost effectively contribute to the health of our populations
- a complimentary lack of incentive to provide services, at the individual or population level, that promote prevention and health maintenance

Disruption of a conservative, over-stretched, and successful system



We attempt to treat chronic illness in a system built for acute care

We invest in medical care in preference to public health

We provide inadequate support for exploration, teaching, and application of new models for the organization and delivery of care

“If physicians were in charge of airports, there would be no radar...just intensive care units all around the periphery.”

Larry Weed, MD

“Lets be realistic: if we didn't do it with aspirin, how can we expect to do it with DNA?”

Claude Lenfant, Director NHLBI/NIH

A Few Ground Level Observations

- No longer if, but how fast
- Don't look too hard for evidence
- Operations, operations, operations!
- Digging deep into the guts of your organization may not be pretty (but don't stop)
- Enjoy the ROI, but keep your eye on the prize: quality (not accreditation)
- The clinicians are ready - demand will exceed ability to deploy
- Empathize but lead
- Be prepared to “give up” some of your best people to the cause

A Few Messages

- To Government: Cheering us on from the sidelines won't do it
 - Need: economic incentives, access to capital, organization of small groups, standards and rules
- To the Private Sector (payers/purchasers): Put your economic shoulder to the wheel. Push!
- To Vendors: Support implementation, utilization, decision support, population health, chronic disease management R&D.
- To all: Be our partners in improving health

A Few Exhortations

- Be passionate
- Be capable
- Be durable
- Create systems that make it “inescapably easy to do the right thing” - D. Berwick

Medicine won't be transformed by technology, by a vision of what we wish to be


