



## UHIMSS MAY 2014

BLIND CORNERS, CROWD SOURCING AND WINNING THE LOTTERY

# The Domino Effect of Emerging Trends in Healthcare Technology

To improve Healthcare  
Technology delivery by honestly,  
accurately, and impartially  
measuring vendor performance  
for our *provider partners*.

# BLIND CORNERS, CROWD SOURCING AND WINNING THE LOTTERY

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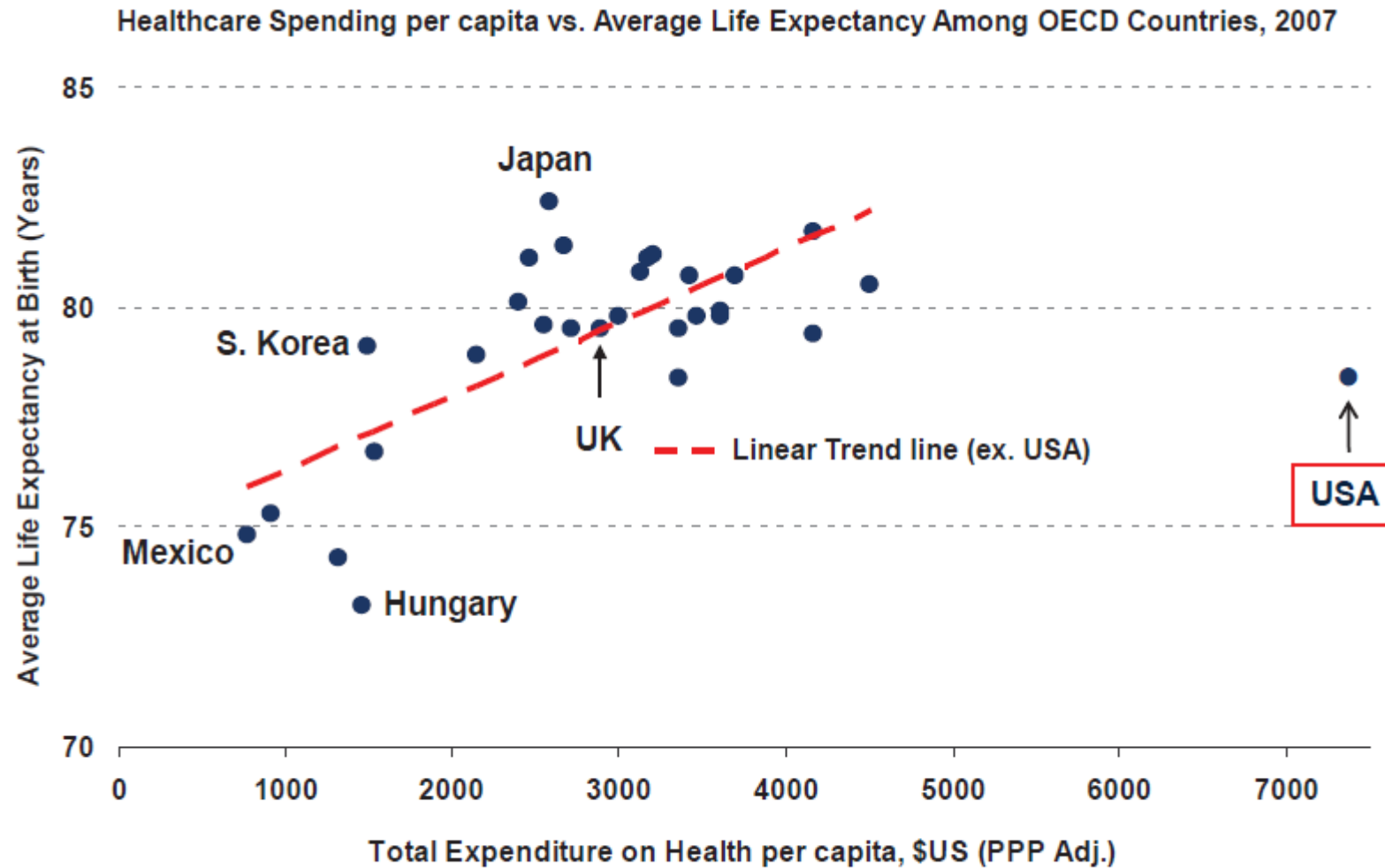
## A quick look at:

- What is working and what isn't?
- What is hype and what is reality?
- The wisdom of the crowd versus running with the lemmings, the difference.

## Let's explore:

- Business and Clinical Analytics (BIG DATA.....OOOOOH!)
- Population Health (The ACO Jets)
- Clinical Usability
- Telehealth
- DOSE Tracking
- Image Exchange

# THE HEALTH CARE PROBLEM



# THE SHIFT TO VALUE

From...

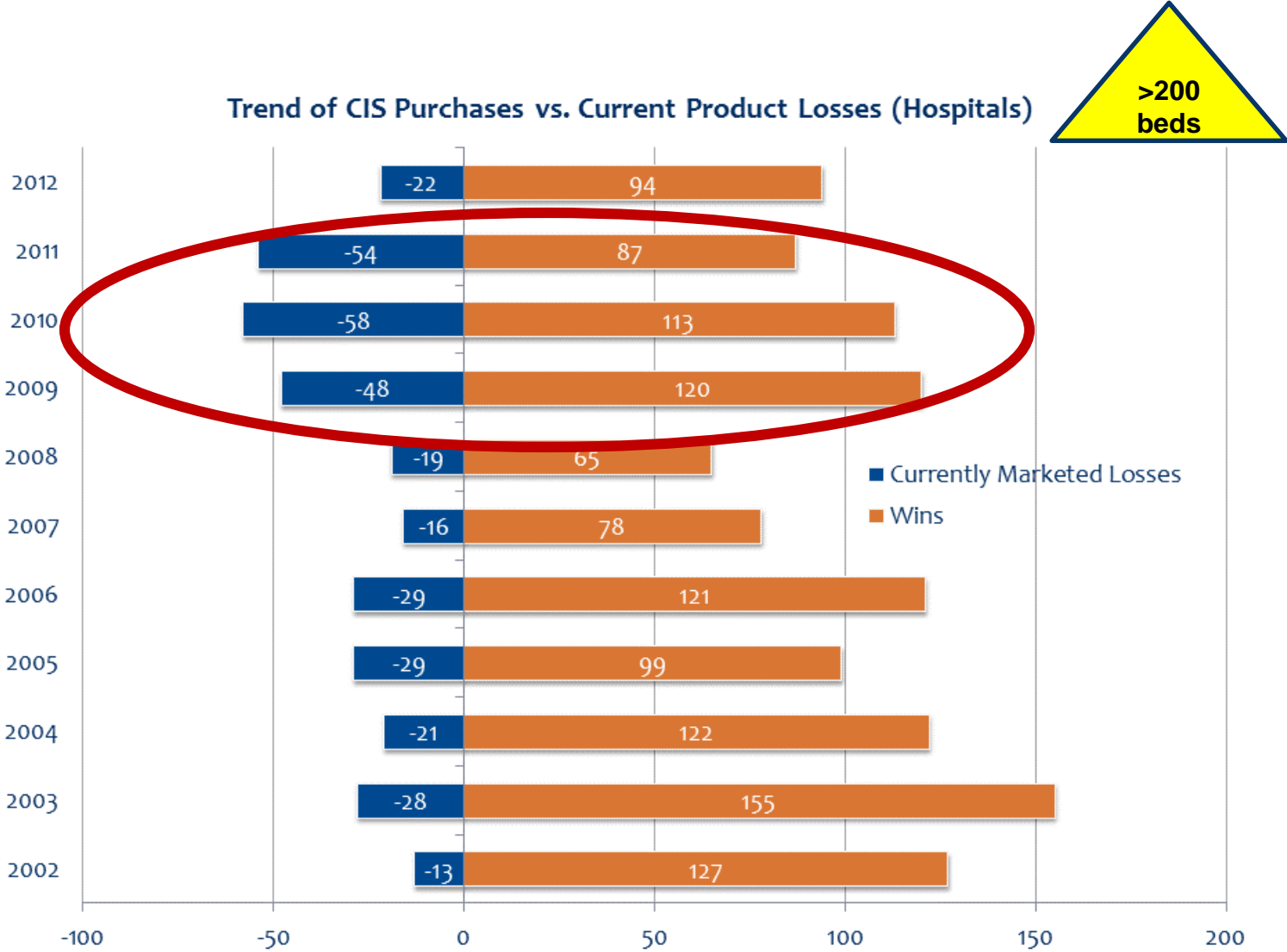


Move to  
Meaningful Use

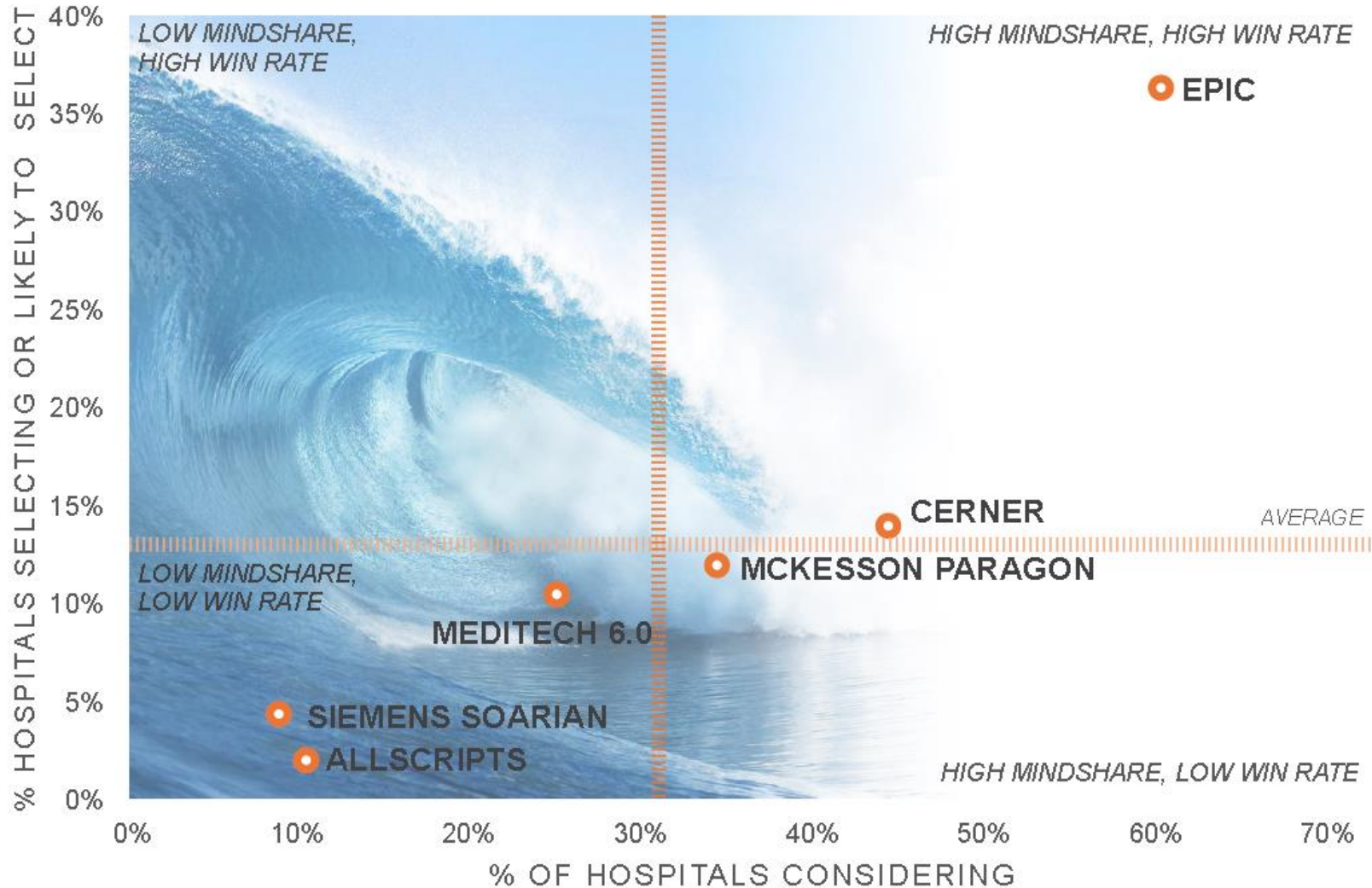
To...



# A PROD FROM MEANINGFUL USE



# WHO IS CATCHING THE WAVE?



# THE DOMINO EFFECT

## Payment reform's cascading effect on HIT





# ACCOUNTABLE CARE

**KLAS conducts hundreds of interviews and partners with Leavitt Partners for initial study**

# A DAUNTING CHALLENGE FOR CLINICIANS

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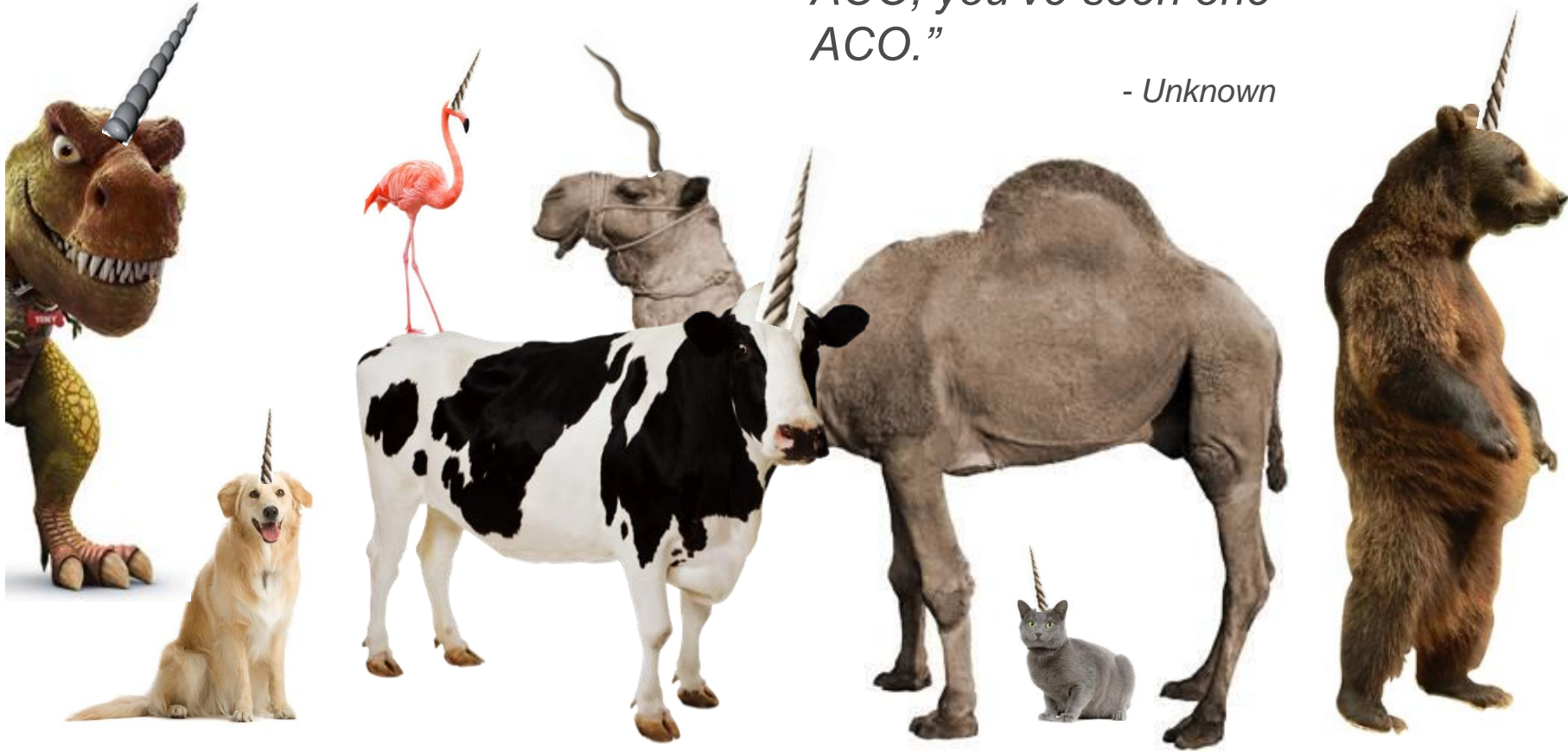
- More work, less pay?
- HIT no longer optional
  - A productivity hit?
- New care processes
  - Different ways of thinking
- Where do we start?



# WHAT DO ACOS LOOK LIKE TODAY?

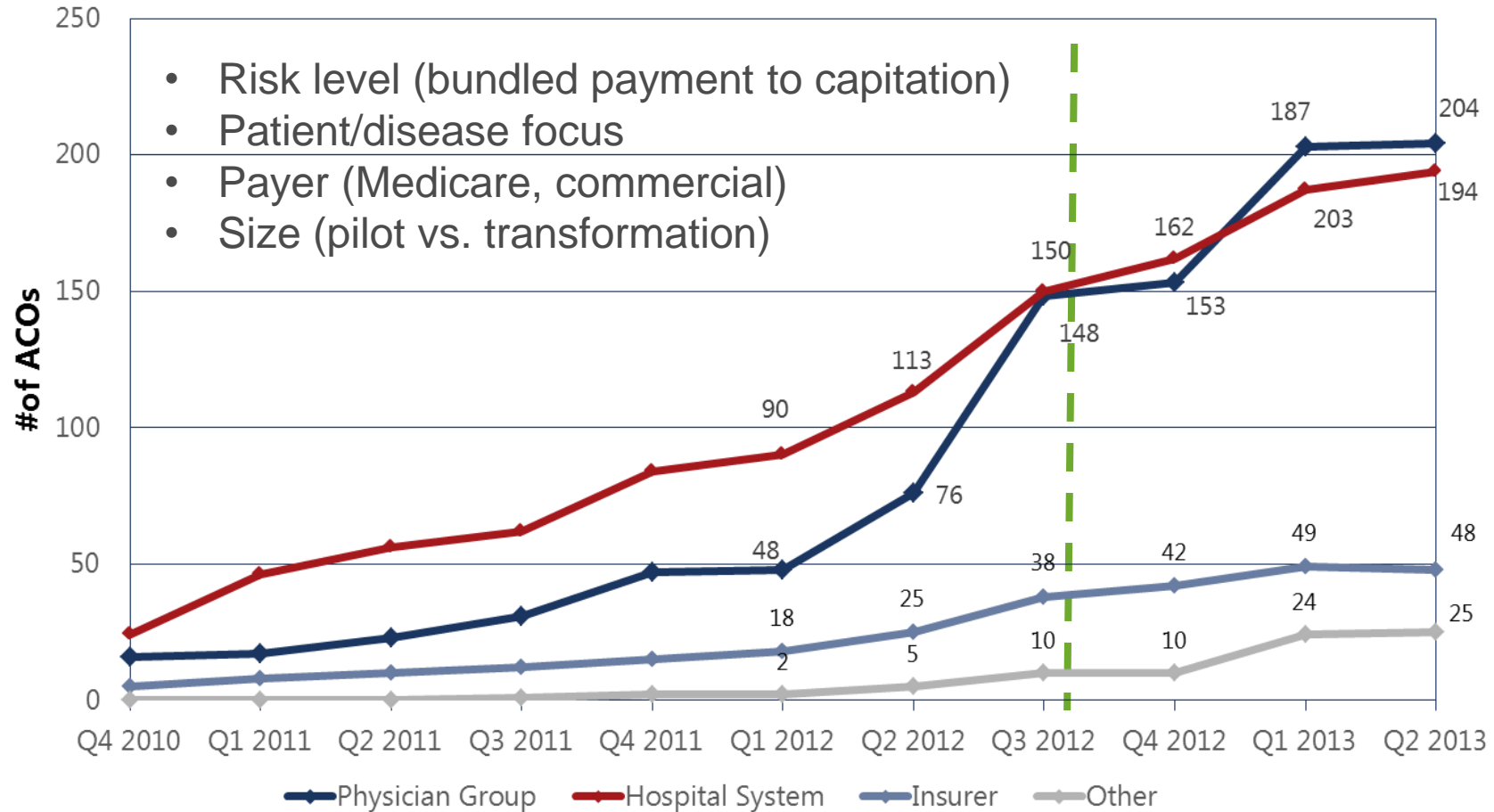
*“If you’ve seen one  
ACO, you’ve seen one  
ACO.”*

*- Unknown*



# ACO TRAJECTORY

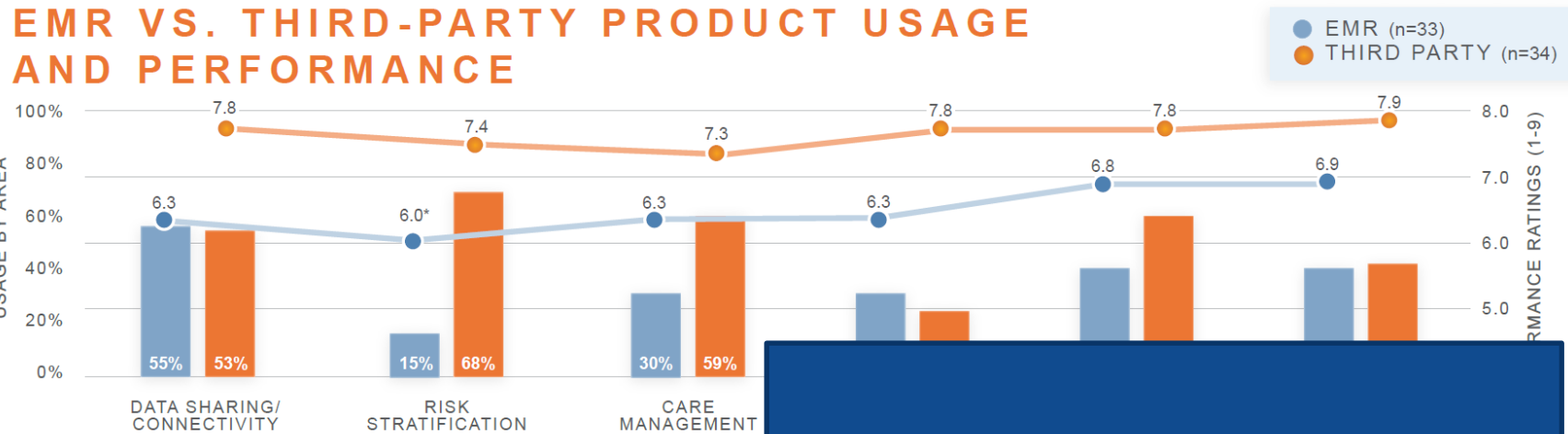
## Organizations in Accountable Care



Source: Leavitt Partners, LLC

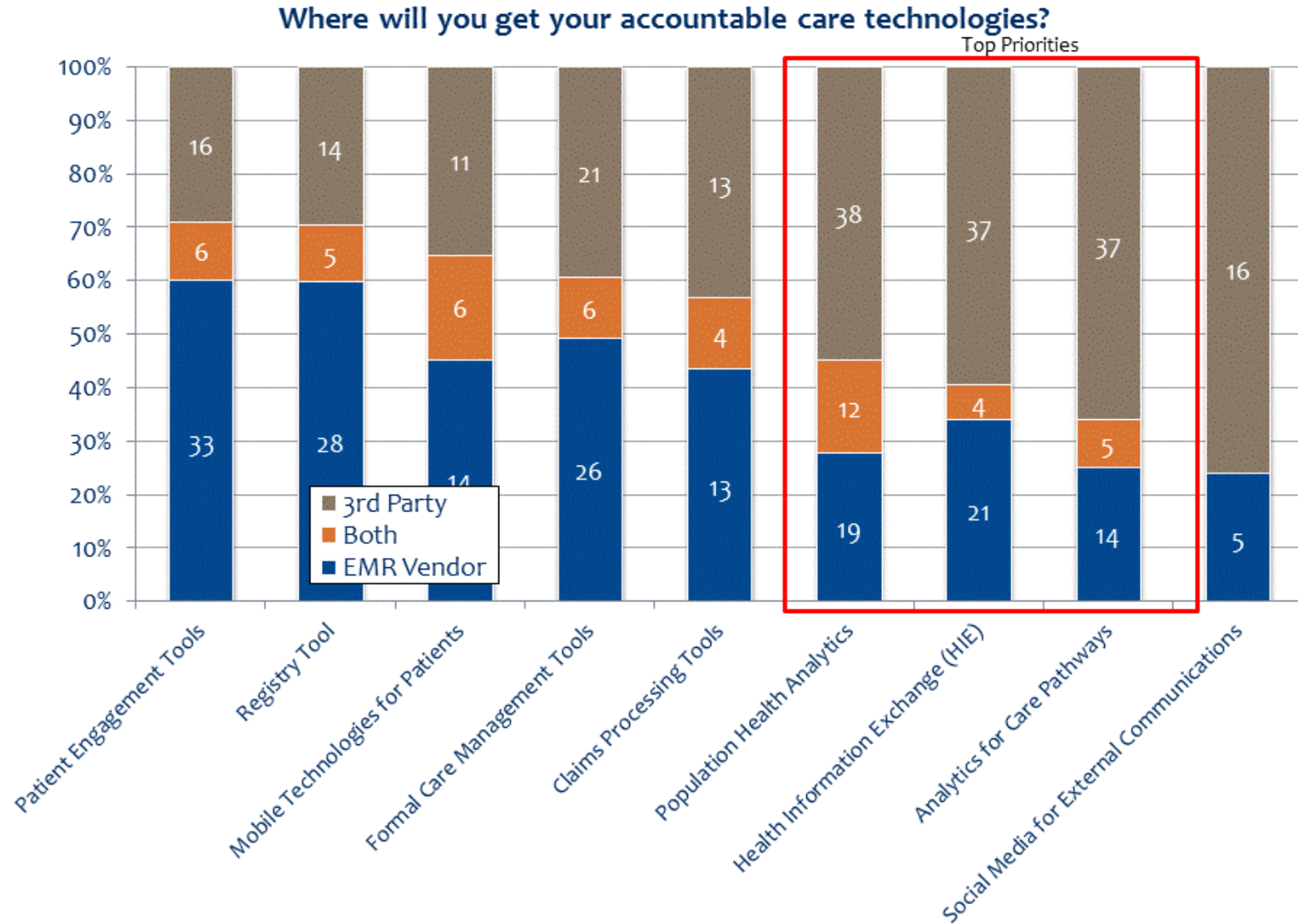
# WIDE OPEN FIELD FOR AMBULATORY ACO

From the 2014 KLAS Physician Led ACO Report



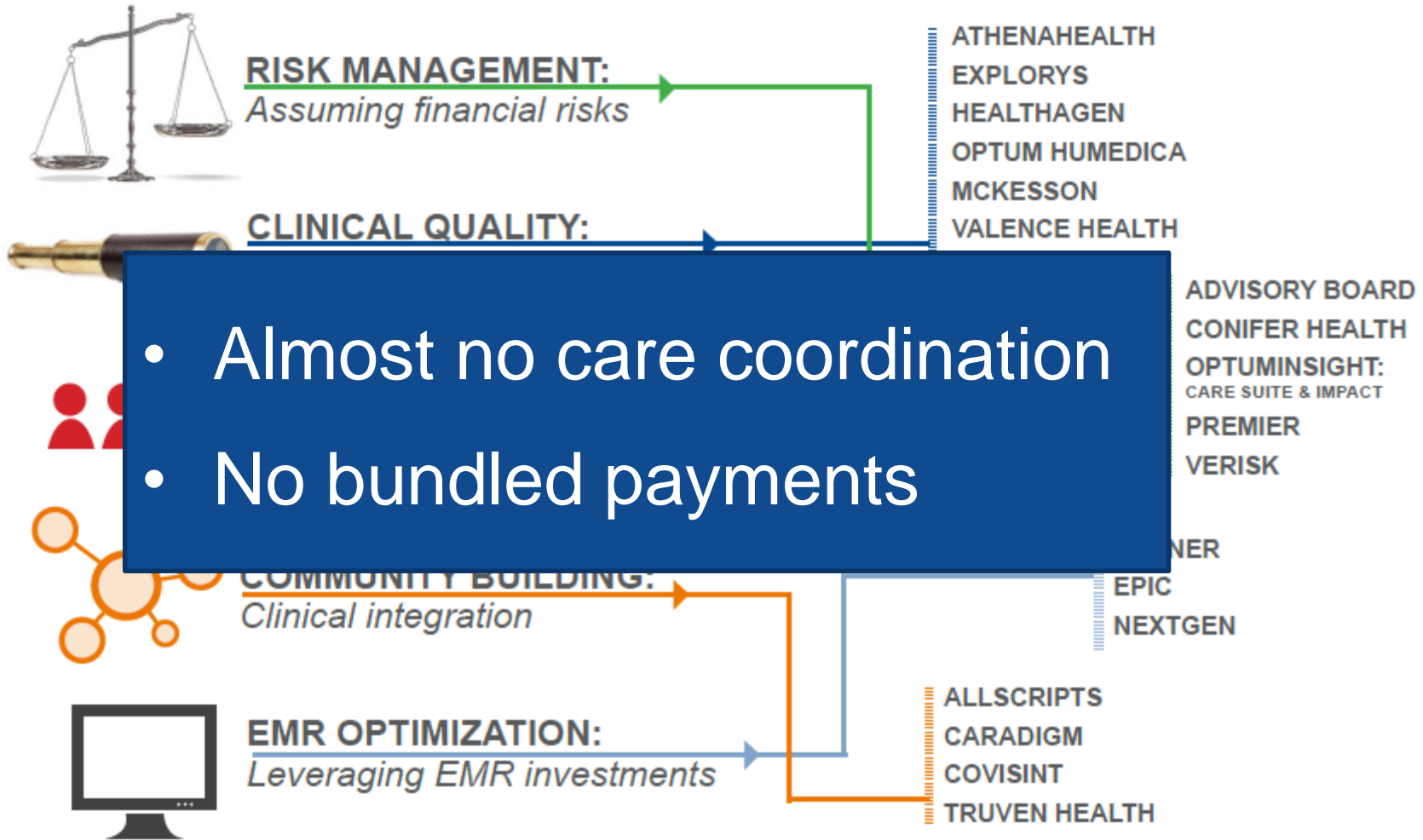
None of the EMR vendors perform well at this point!

# SOURCE OF ACCOUNTABLE CARE TECHNOLOGIES



# MEETING ACO NEEDS?

## PROVIDERS' LEADING PRIORITIES IN VENDOR SELECTION





# TODAY IT DOES NOT EXIST



*ACO in a box* 

*Almost everything we have done to  
get where we are has been custom  
to our organization.*

-CIO

Accountable Care Leading Organization

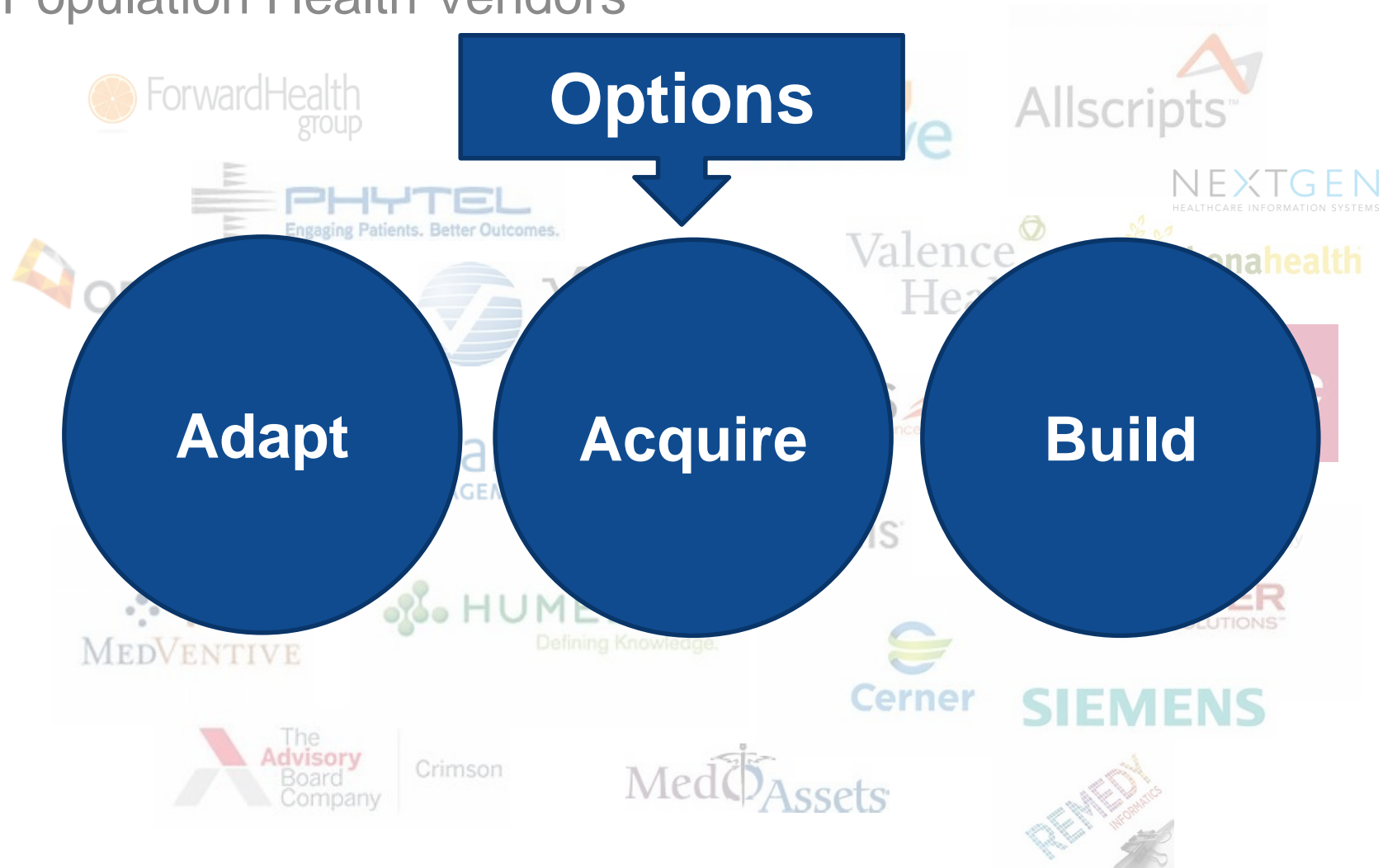


# ACO CONVERSATION TRIGGERS PHM PRODUCTS

## What is the landscape?

# A BEST OF BREED COMEBACK?

## Population Health Vendors

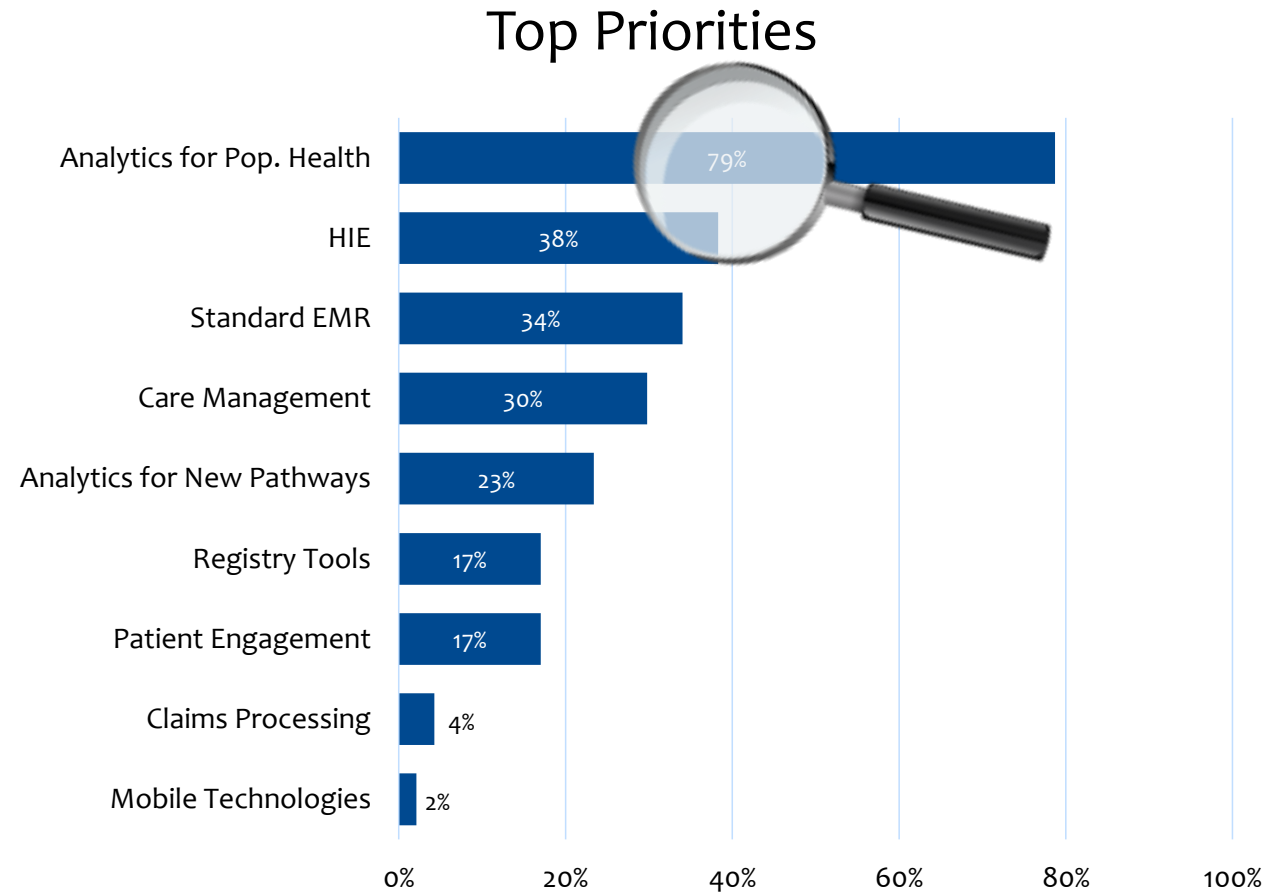


# POPULATION HEALTH CAPABILITIES

Aggregation	Aggregating, reconciling and transforming patient data from a variety of sources into a single usable file	<ul style="list-style-type: none"> <li>• Most common capability</li> <li>• Low expectations (EMR or claims)</li> <li>• HIE, data warehouse alternative</li> <li>• Speed to value</li> </ul>
Analysis	Stratifying patient populations and risk levels	<ul style="list-style-type: none"> <li>• Second most common capability</li> <li>• Prepackaged intelligence/reports</li> <li>• Various scoring/risk models</li> </ul>
Coordination	Guiding clinicians and care coordinators in meeting patients' individual care needs	<ul style="list-style-type: none"> <li>• Third most common capability</li> <li>• Mainly reports for case managers</li> <li>• Outside clinical workflow</li> <li>• Not yet decision support</li> </ul>
Engagement	Driving patient participation in care plan through various types of outreach initiatives	<ul style="list-style-type: none"> <li>• Least offered/used/automated</li> <li>• Patient reminders</li> <li>• Patient portal</li> </ul>

# POPULATION HEALTH - IT'S ALL ABOUT THE DATA

Very little ambiguity



# THE BI DOMINO IS FALLING

## Is BI now BD = BIG DATA

# THE BI PUZZLE IS... PUZZLING

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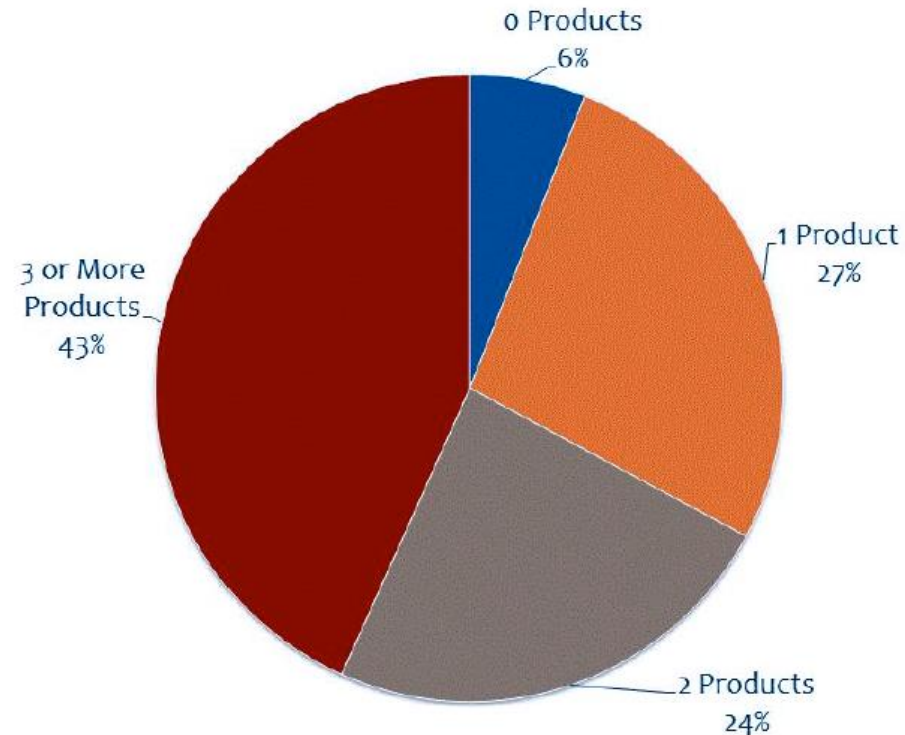
# MULTIPLE BI PRODUCTS? THE NORM

(BI PERCEPTION RESEARCH, 2013, FOCUS ON HOSPITALS WITH 200+ BEDS)

“There is not one vendor that stands out. . . . The functionality and expertise [of BI vendors] are so different and fragmented that there will never be an ERP vendor for enterprise analytics in healthcare. There might be, but it is a number of years down the road.”

-VP Business Intelligence,  
Large Health System

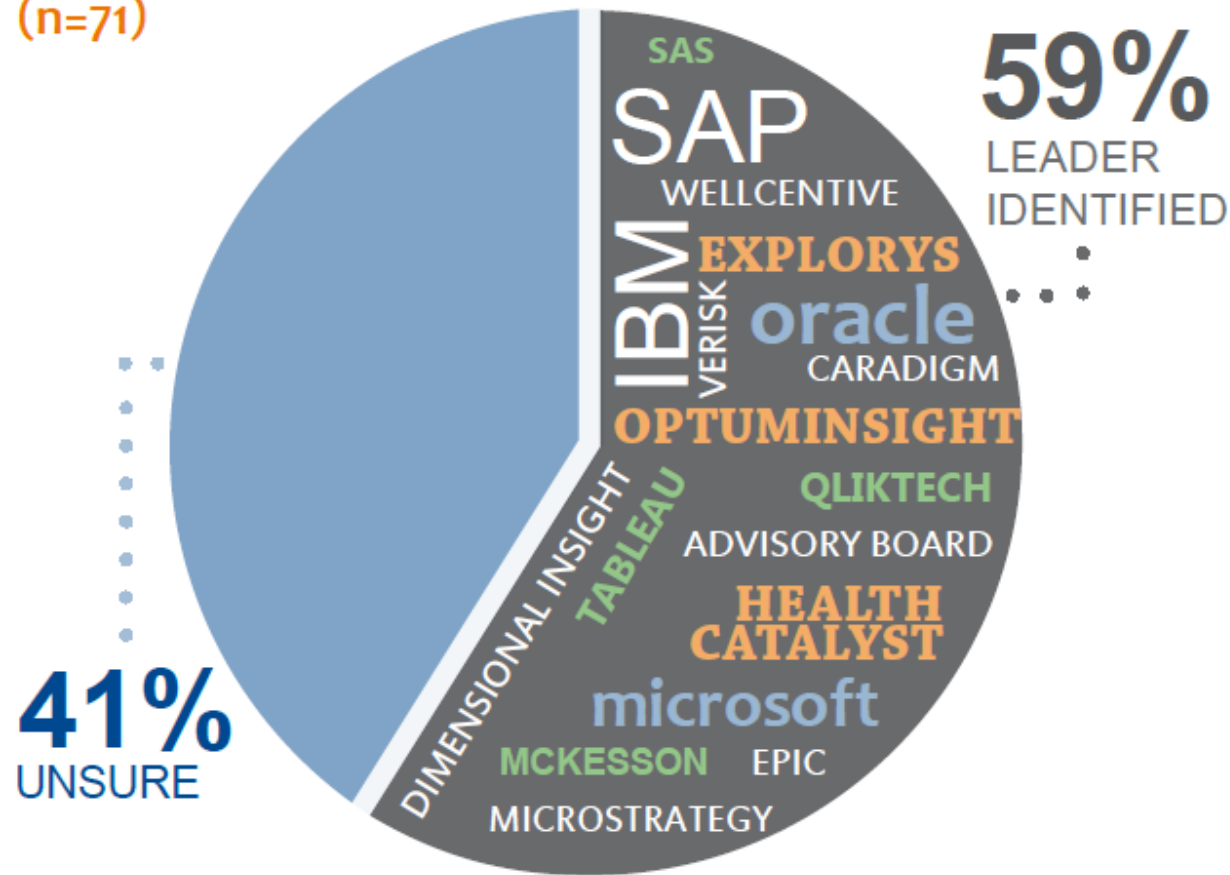
How many BI products are currently in use at your organization? (n=67)



# BI PERCEPTION RESEARCH (JUNE 2013)

WHAT VENDOR DO YOU EXPECT TO STAND OUT AS THE MARKET LEADER IN ENTERPRISE ANALYTICS?

(n=71)





# A PICTURE IS WORTH A THOUSAND WORDS..

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# VENDOR PERFORMANCE - ENTERPRISE

## Ranked Vendors



## Key Criteria for Ranking

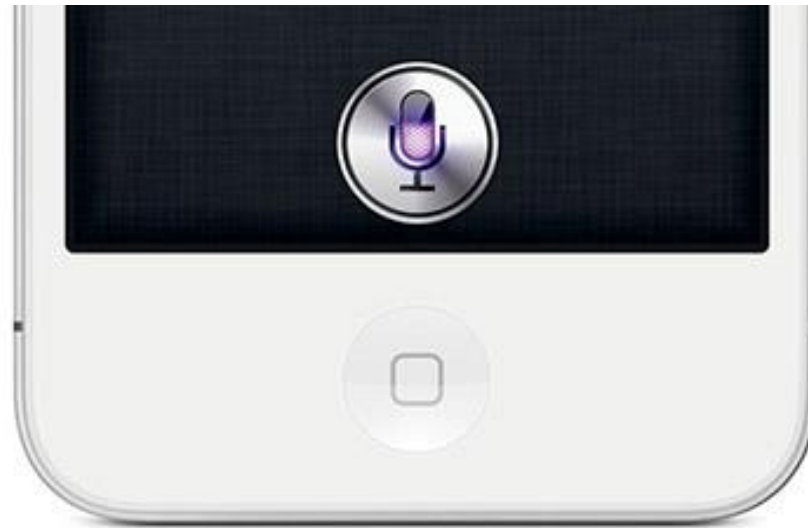
- Note: Achieving a ranking isn't easy...
- Minimum 15+ validated *unique* organizations where product is live
- Enterprise use (i.e. organization-wide)
- Confirmed use for both clinical and financial analytics
- Commercially available and supported product(s)

# SIRI, HOW DOES SHE RELATE TO BIG DATA?

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What is the population of Wisconsin? Utah?

- All pieces will magically fit together so end users get what they need
- Today it looks like Legos or Lincoln Logs or Tinker Toys- Yikes!
- Today, each organization is building their car from a kit



# TELEHEALTH

**Another way to deliver patient care.**

# TELEHEALTH: MORE THAN JUST A TECHNOLOGY

22%

stated that developing a telehealth strategy is a key challenge



*“Buying the system is more like 5% of the work. We have a telehealth project coordinator here . . . [and] she is spending time developing flow charts, care protocols, and sort of the standard work instructions for the people who will be handling different parts of this service.”*

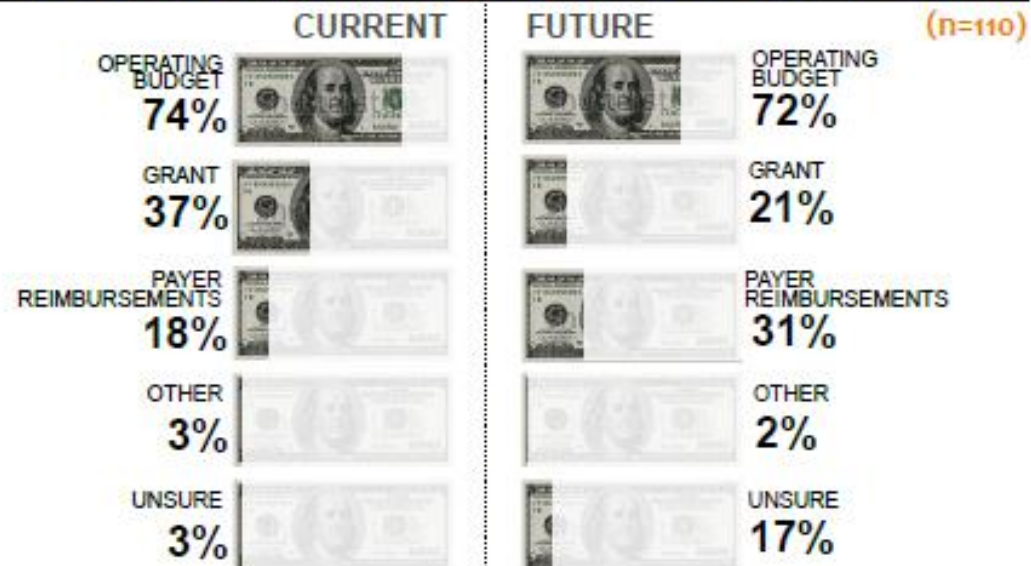
# CURRENT ADOPTION VS. FUTURE INVESTMENT OF TELEHEALTH DISCIPLINES (110 INTERVIEWS)



# FUNDING: THE KEY TO THE FLOODGATES

*“Telehealth could be much more successful if CMS and others would just make it a billable consult. . . . It won’t grow at the rate it has to grow at until this reimbursement model is fixed.”*

## HOW ARE PROVIDERS PAYING FOR TELEHEALTH?



“Other” includes government funding, donations, and partnerships.

# PHYSICIAN USABILITY

**Where the rubber meets the road!**

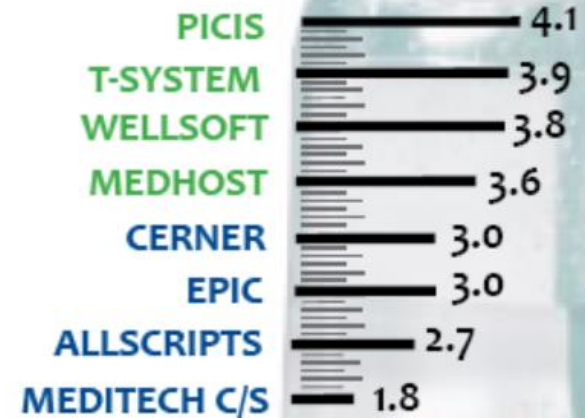


# THE PROBLEM IS...

*“The problem is that these programs are not being developed for the end users, which are the physicians. They are being developed for IT departments in hospitals so they can say they are using technology to get their meaningful use money. That is the inherent problem with all of this.”*

## QUALITY OF PATIENT CARE RATINGS\*

(N=156)



● Best of Breed Vendors  
● Enterprise Vendors

\*Combines physician ratings for:  
1) Clinical Decision Support  
2) Avoiding Errors  
3) Facilitating Communication

# DO VENDORS IMPACT USABILITY?

How effective was your vendor at guiding you through the process?



# PATIENT PORTALS

Opens the door to what?

# PATIENT PORTALS

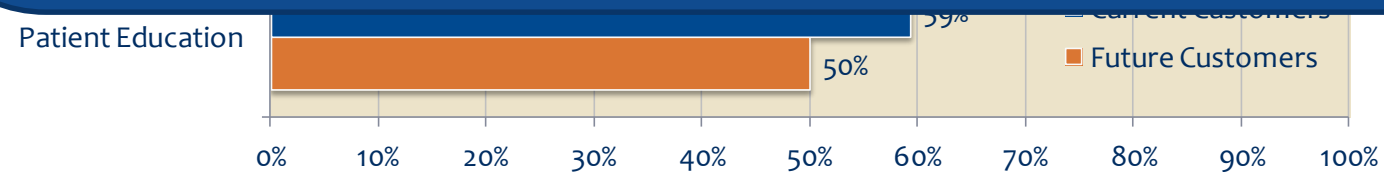
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Providers are taking the easiest route



# PATIENT PORTAL FUNCTIONALITY

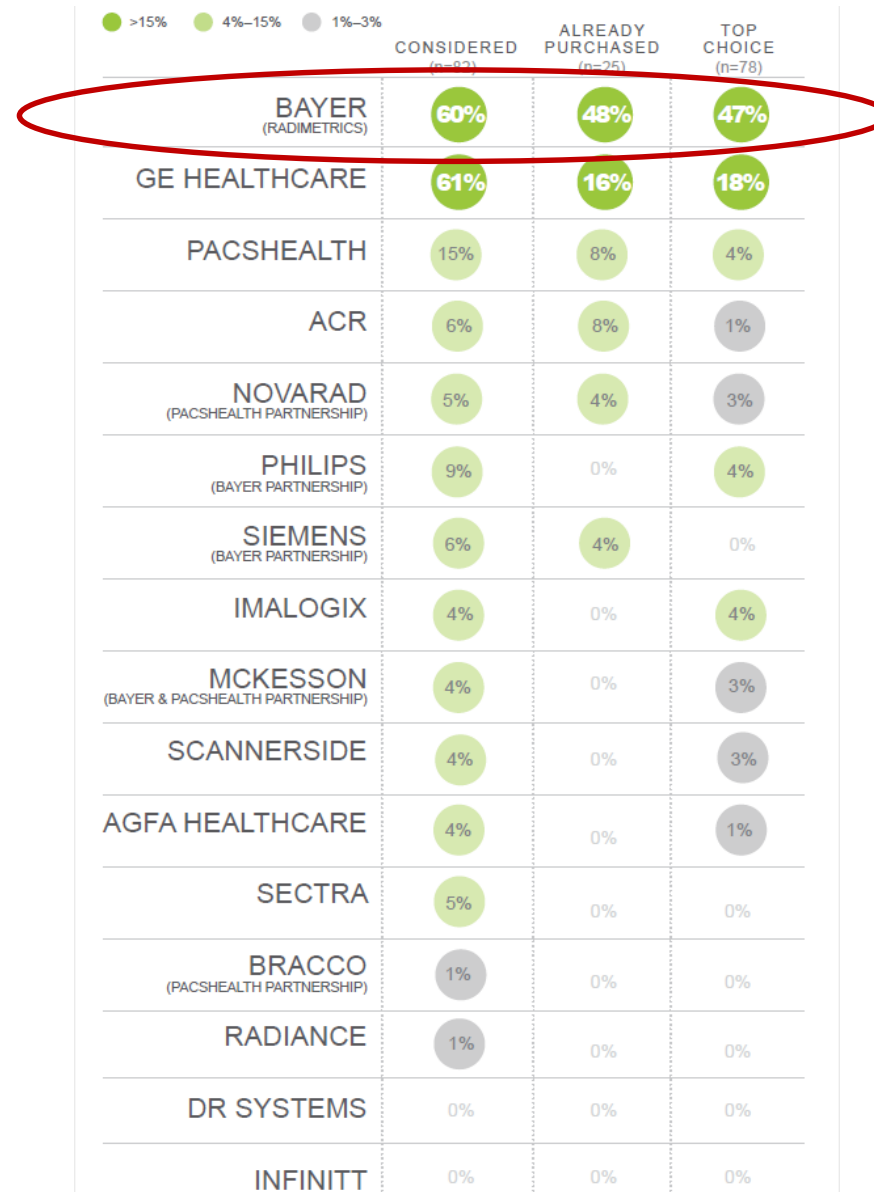
How many of you have Patient Portals in active use?



# DOSE MONITORING

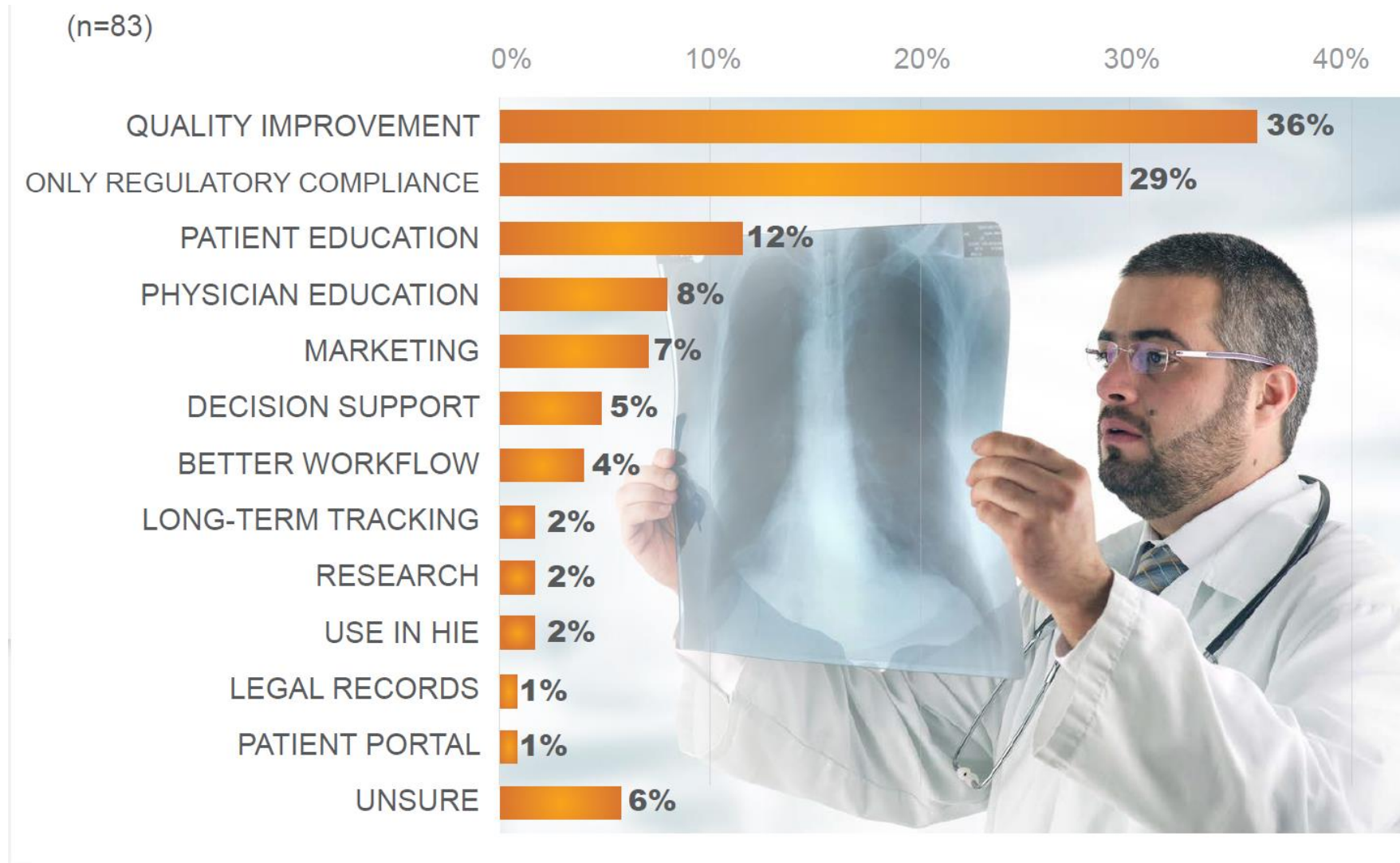
Gaining mindshare but end goal is fuzzy!

# WHO CONTROLS PROVIDER MINDSHARE?



NOTE: OTHER VENDORS CONSIDERED THAT DON'T CURRENTLY OFFER DOSE MONITORING SOFTWARE INCLUDE EPIC, FUJIFILM, INTELERAD, MERGE HEALTHCARE, NUANCE, PACSGEAR, PRIMORDIAL, TOSHIBA, AND VIZTEK.

# HOW DO YOU PLAN TO USE THE DOSE DATA YOU COLLECT?





# IMAGE EXCHANGE

Matching the patient visit, the doctor and the image

# WHO'S OUT THERE?

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Nuance (Accelerad)

Merge Healthcare

Philips

DR Systems

GE Healthcare

DICOM GRID

Siemens

ETIAM

eHealth Technologies

lifeIMAGE

Intelerad

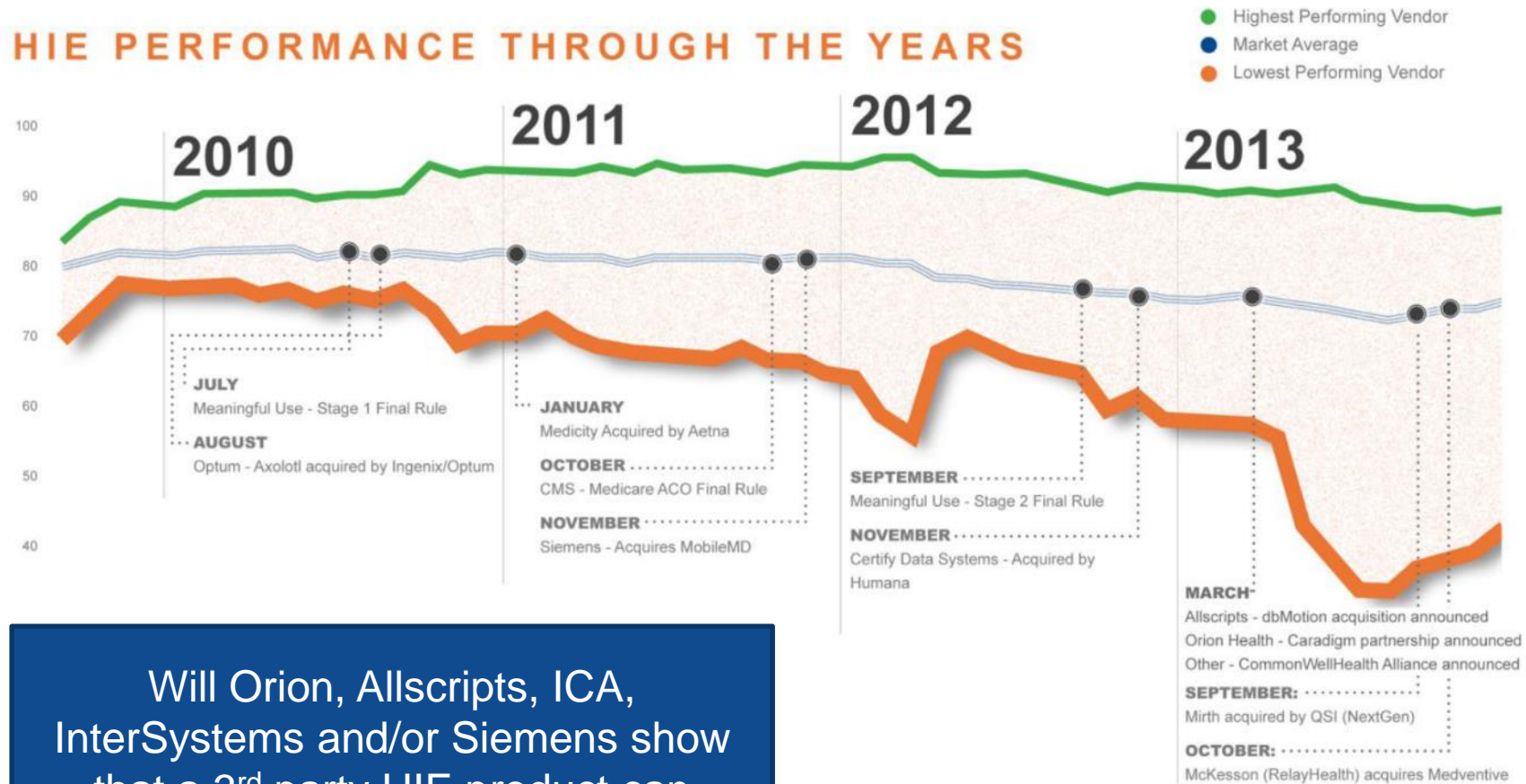
PACSGEAR

FUJIFILM

OneMedNet

# HIE'S. THE HOLY GRAIL?

# IS THE HIE MARKET CATCHING ON?



Will Orion, Allscripts, ICA, InterSystems and/or Siemens show that a 3<sup>rd</sup> party HIE product can deliver?

**NOW, WHAT IS YOUR HOLY GRAIL?**

**NE Questions????**