



Healthcare and Government: Policy, Pragmatism, and Predictions

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Life at the ONC – from private sector to public service

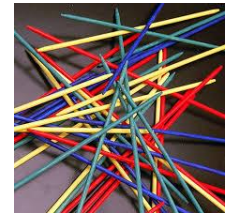


**and back to
private sector**

Quick Scan of the Current Environment

Complexity of the Current Environment

- ***New models of payment***
- Mergers/acquisitions/closures
- Shift in care settings
- Care coordination
- Talent shifting
- ***ICD-10***
- ***ACOs***
- ***SSP ACOs***
- ***Health Insurance Marketplace***
- ***MU 1***
- ***MU 2***
- ***2015 Proposed Rule***
- ***Understanding MU 3***
- ***Beyond MU***
- ***Post-ARRA ONC (termination of grants programs)***
- ***Post-ARRA HIT deployment***
- ***HIPAA Regulations***
- ***Cybersecurity***
- ***Biodefense***
- ***Payment Audits***
- ***Security Audits***
- Business Continuity
- Patient Engagement
- Patient Matching
- Mobile
- Telehealth
- BYOD



and...

Complexity of the Current Environment

- ***All Other Federal and State Regulatory Requirements, e.g. SGR, quality reporting***

- All Other Internal HIT Initiatives
- Post-Implementation Optimization
- Safety

- **EcLetic Data**

- Data (value) Analytics
- Talent Shortage
- Focus

- Genomics
- Proteomics
- Precision Medicine
- Nanotechnologies
- Health literacy
- Global competition
- Climate
- Global financial health
- The Value Proposition
- Accelerating Speed of Change
 - Information Technologies
 - The Healthcare Environment



Best Way to Describe Our Situation

Opportunity



<http://www.signingsavvy.com/sign/OPPORTUNITY/1977/1>

Primary Skill Needed

F O C U S



Primary Challenge



Priority
Priority
Priority

Primary Quality Required

Perseverance

*“On particularly rough days
when I’m sure I can’t
possibly endure, I like to
remind myself that my track
record for getting through
bad days so far, is 100%
and that’s pretty good.”*

~ Author Unknown ~



The Impact of Meaningful Use

A problem has been detected and windows has been shut down to prevent damage to your computer.

DRIVER_IRQL_NOT_LESS_OR_EQUAL

If this is the first time you've seen this Stop error screen, restart your computer. If this screen appears again, follow these steps:

Check to make sure any new hardware or software is properly installed. If this is a new installation, ask your hardware or software manufacturer for any windows updates you might need.

If problems continue, disable or remove any newly installed hardware or software. Disable BIOS memory options such as caching or shadowing. If you need to use Safe Mode to remove or disable components, restart your computer, press F8 to select Advanced Startup options, and then select Safe Mode.

Technical information:

*** STOP: 0x000000D1 (0x0000000C,0x00000002,0x00000000,0xF86B5A89)

*** gv3.sys - Address F86B5A89 base at F86B5000, DateStamp 3dd991eb

Beginning dump of physical memory
Physical memory dump complete.

Contact your system administrator or technical support group for further assistance.

Impact of MU Policy Thus Far

Achievement

- Significant EHR market penetration:
92% of Ehs
70% of EPs
- Major segments participating
- Substantial change is happening

Concern

- Is the EHR being used meaningfully
- What about the rest of HIT
- Where was (and is) behavioral health
- Will rural be able to keep up
- What will happen post-REC
- Where is the patient **and family**
- Is transformation happening
- Who's teaching change management
- Is there enough time to optimize

Impact of MU Policy Thus Far

Achievement

- HIE standards created
- Stage 3 regulations released
- Policy makers really are sincere and energetic

Concern

- Will interoperability really work
- Should governance be prescribed at the national level
- Will ONC be too prescriptive about patient identification methodology
- Why so little focus on outcomes measures – deeming
- Are they relevant
- Is too much squeezed in
- Do the markets now really require regulatory “lever”age

Impact of MU Policy Thus Far

Achievement

- Patient Engagement is a goal
 - VD and T
 - Electronic messaging
 - Patient specific education
 - Clinical summaries
 - Blue Button is very popular (500+ pledges)
- Many e-measures are being collected, and used once throughout government agencies

Concern

- Nothing specific to or for the family
- Data is not delivered in real time
- Calculation of measures difficult and not necessarily complementary to workflows
- Body of evidence thus far producing sometimes conflicting results

Impact of MU Policy Thus Far

Achievement

- Stimulated the economy
 - United States
 - Global
- Created jobs
- Raised awareness of the importance of HIT
- Started meaningful conversation
 - In the boardroom
 - In all provider spaces
 - Among the general public
- Created the opportunity for discovery

Concern

- Where is experienced talent
- Can we manage expectations
- Can we manage expectations
- How do we learn and get talent from other industries

The Downside to Health Information



Pragmatism

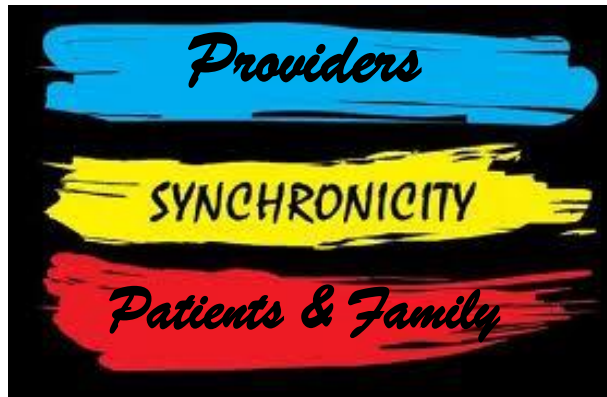


You, change the system.

Work simultaneously at the micro and macro level.

Focus – Physician or Patient and Family?

Today



From Google: the simultaneous occurrence of events that appear significantly related but have no discernible causal connection.

Tomorrow



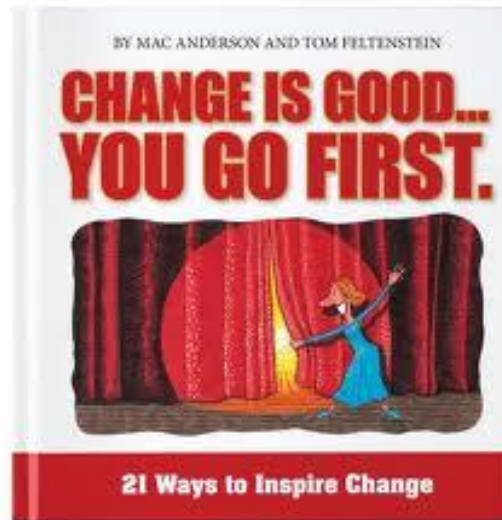
True Synchronization

Provider Adoption Is Not Enough - We Must Have Patient and Family Engagement



Change Management

- Workflow
- Lifeflow



“...the next frontier in healthcare value”

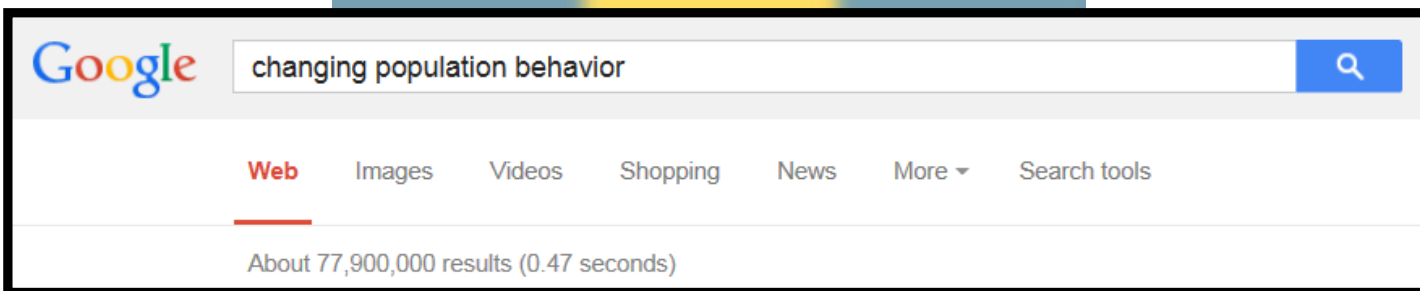
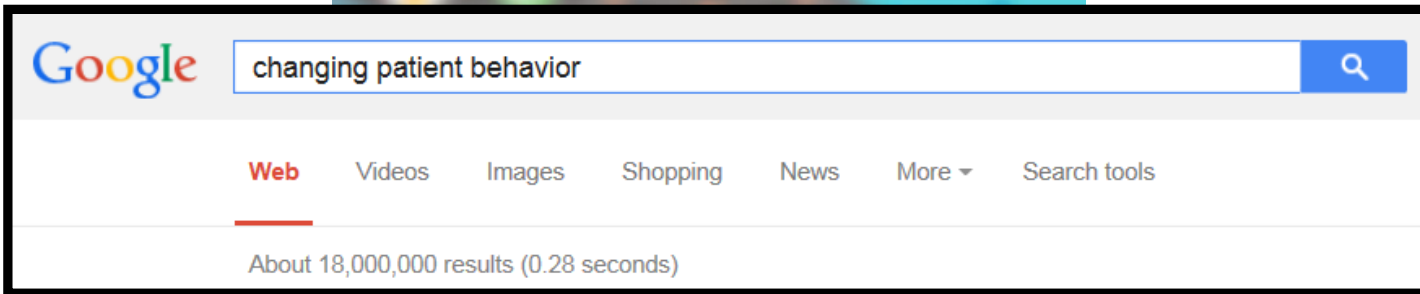
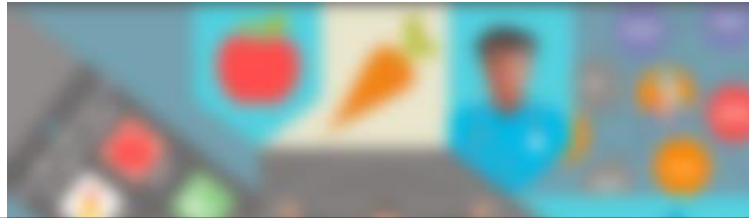


Changing patient behavior: the next frontier in healthcare value

To address the rising cost of chronic conditions, health systems must find effective ways to get people to adopt healthier behaviors. A new person-centric approach to behavior change is likely to improve the odds of success.

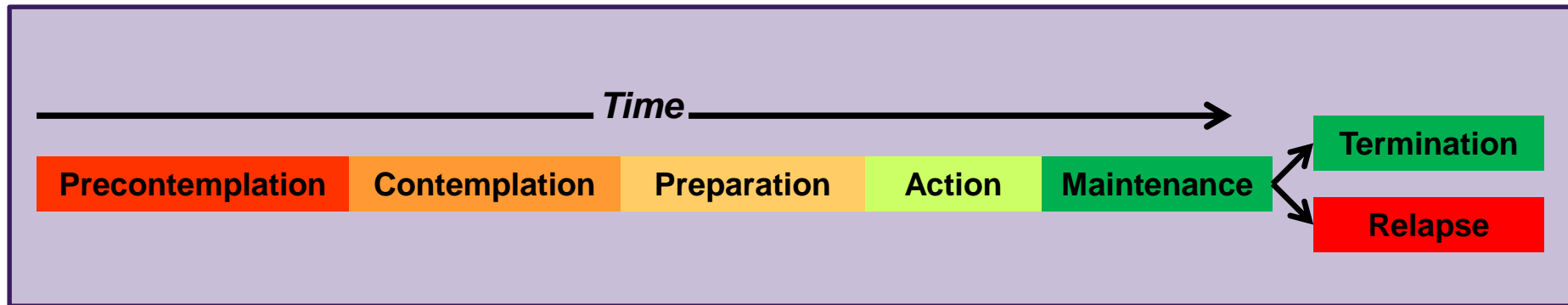
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There a lot of information. How much is useful?



(as of May 2014)

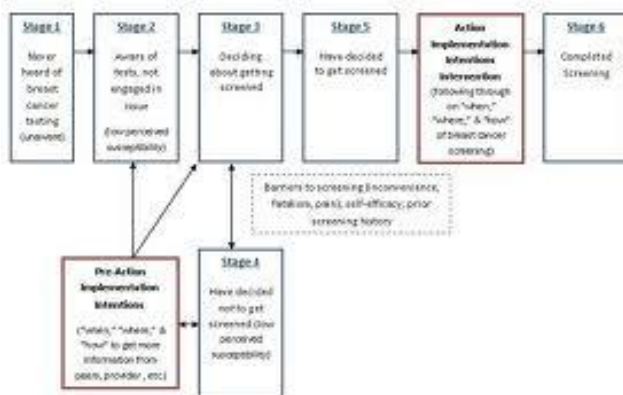
Choose a Change Management Approach



From the Transtheoretical model described by Prochaska and DiClemente 1997

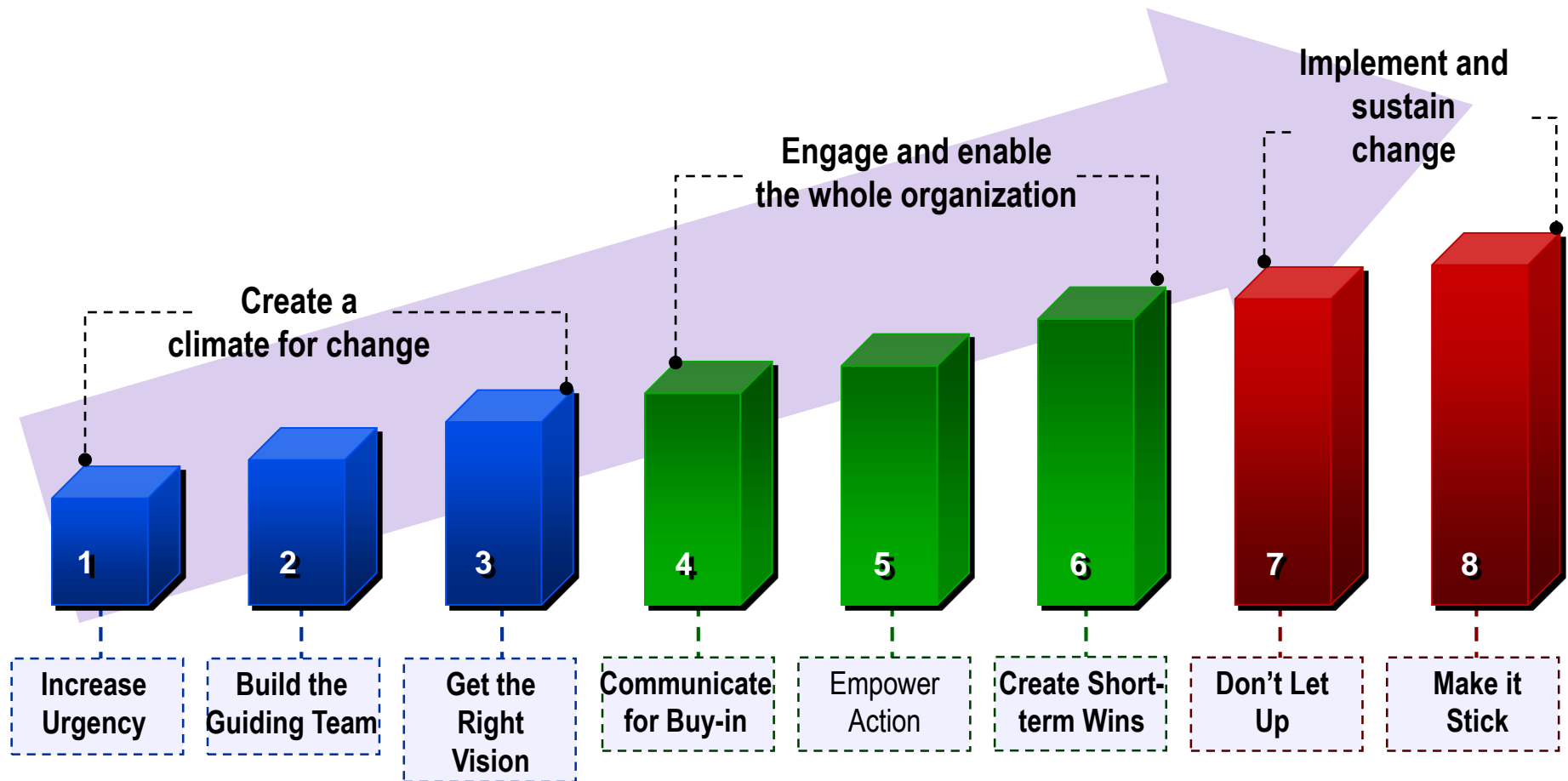
Precaution Adoption Process Model (PAPM)

- Stage theories and changing behavior
- Stages of Inaction
- Criteria for applying stage based interventions



Janis & Mann (1977)

Kotter's 8 Step Model of Large Scale Change



Kotter, John P. and Cohen, Dan S. The Heart of Change. Boston: Harvard Business School Press. 2002.

Engaging Patients: Four Stages



- Believing the patient role in care is important
- Having the confidence and the knowledge necessary to take action
- Actually taking action to maintain and improve one's health
- Staying the course even under the stress of adverse life condition

JH Hibbard, "Moving Toward a More Patient-Centered Health Care Delivery System", 2004

Making the Case for HIT

Many C-suite Executives and Boards are Skeptical of the Value of HIT Investment

“Some healthcare CEOs refer to IT as that black hole you pour money into... never seeing results.”

- Healthcare CEO

“I estimate that about half of our IT investment generates value . . . I just can't figure out which half.”

- Healthcare CEO



“While [the system] has helped [us] boost patient safety and medication administration processes, [we have] put quality of care and improving safety ahead of ROI and time savings.”

- VP of Quality and Care Management

Change the Conversation

VOI

Value of the Investment

ROI = Co\$t + Benefit\$

Flexibility

Intangibles

Risk of Not Getting the Value

Predictions

Megatrends – underway, unstoppable

Miniaturization

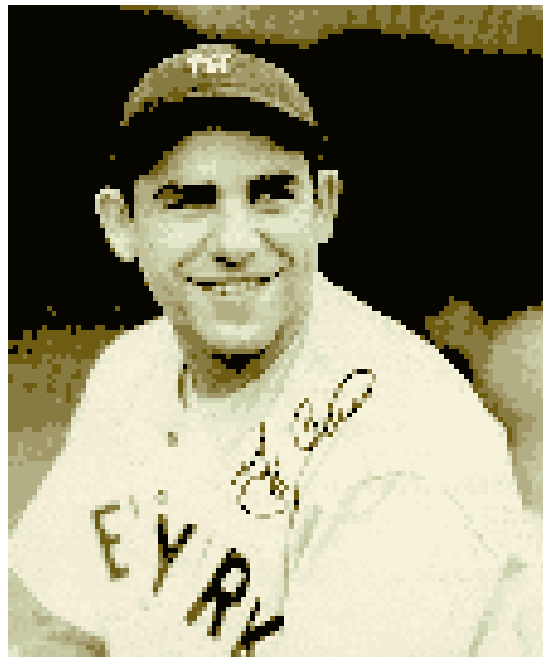
Consumerism and Massive Personalization

Consolidation

Globalization

***Predictions are dangerous,
especially when you are talking
about the future.***

- Yogi Berra



A computer for patient care?

“That it will ever come into general use, notwithstanding its value, is extremely doubtful because its beneficial application requires much time and gives a good bit of trouble, both to the patient and to the practitioner because its hue and character are foreign and opposed to all our habits and associations.”



from The London Times in 1834
Commenting on...the “stethoscope”

Policy – What I Hope to See

- Expand the use of Telemedicine to encourage virtual care
- Create the equivalent of National Transportation Safety Board
- Establish a common usability “yardstick” and/or user driven methodology
- Support community security credentialing for providers
- **Fund RECs** (Regional Extension Centers) for the long term
- Complete the work of FDASIA to clarify certification of HIT products
- Offer more ONC certifications
 - Behavioral Health
 - Long term acute care
 - Renal treatment centers
 - Rehab standalone
 - LTC facilities including prisons
 - Home health
- Encourage ONC to focus more on coordination of federal activities of HIT and less on policy levers
- Extend date for Stage 2; create more aggressive exemptions
- Constrain standards to facilitate interoperability
- **Create a National Voluntary Patient Identifier**

Optimism is essential to achievement
and it is also the foundation of
courage and true progress.

-- Nicholas Murray Butler



As Long as I Have the Floor

Muntz's Laws of Health IT Dynamics

- **Newton's First law:** When viewed in an [inertial reference frame](#), an object either remains at rest or continues to move at a constant [velocity](#), unless acted upon by an external [force](#).^{[2][3]}
- **Muntz's First law:** the law of eMotion: Anyone who observes an HIT body at rest will exert all possible forces to excite the HIT body into action.
- **Newton's Second law:** $F = ma$. The [vector sum](#) of the [forces](#) F on an object is equal to the [mass](#) m of that object multiplied by the [acceleration](#) vector a of the object.
- **Muntz's Second law:** The vector sum of the forces on an HIT project increases with the addition of any interested party sometimes creating opposing forces with different measures of success. This can be summarized as $F=ma$. Failure means *my a*..



Newton information source: Wikipedia

Muntz's Laws of Health IT Dynamics

- **Newton's Third law:** When one body exerts a force on a second body, the second body simultaneously exerts a force equal in magnitude and opposite in direction on the first body.
- **Muntz's Third law:** When an IT governing body without proper representation and adequate planning exerts a force on any body of healthcare professionals, the healthcare professionals will exert a resistance more than equal in magnitude and opposite in direction on the first body.



- **Newton's second law of thermodynamics** states that the [entropy](#) of an [isolated system](#) never decreases, because isolated systems always evolve toward [thermodynamic equilibrium](#), a state with maximum entropy.
- **Muntz's Fourth law:** The hecticcy of the world is increasing. In HIT, there is no such thing as an isolated system. Eventually everything must be connected to a network and interfaces must be developed.

Get involved with policy.

- Personally.
- Professionally.
- Locally.
- Regionally.
- State-wide.
- Nationally.



Well-behaved women rarely make history.

- Laurel Thatcher Ulrich



**Consumers, patients and their families
deserve everyone's help!**



**Help an individual.
Help a family.
Help the population.**

Thank you

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