INTEGRATING TECHNOLOGY INTO PATIENT SELF MANAGEMENT: THE CHALLENGES

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Electronic Health Records and Information Technology
- Alert and reminders
- Guidelines
- Clinical knowledge
- Templates

Population Management
- ID population of individuals
- Performance feedback
- Planning services for subpopulations

Self Management
- Personalized care plan
- Personal health record
- Online goal setting tools

Delivery System Redesign
- Set optimal health goals
- Primary care team
- Open access
- Care coordination

Decision Support
- Alert and reminders
- Guidelines
- Clinical knowledge
- Templates
IT Project Failure

Standish Group, 2006. Successful projects were completed on time, on budget, and met user requirements.
11 Reasons for HIT Adoption Failure

- Lack of alignment with business strategy
- Weak executive-level sponsorship
- Underestimating impact on organization
- No readiness assessment for change
- Unrealistic expectations
- Lack of an effective, cross-functional implementation team
- No definition or measures for progress or success
- No organized mechanism for communication and feedback
- Lack of formal training plan
- Lack of effective physician leadership
- HIT does not meet core provider needs
Barriers to HIT Adoption

- Cultural
- Structural
- Technical
- Financial
- Systemic
Technical Barriers

- Healthcare data and processes are complex; IT systems still fail the functionality test
- Fragmented IT market with immature standards, interoperability
- Inadequate technical support available to most practices and patients
- Inadequate data exchange without established QA processes
- Labor-intensive customization
- Potentially overwhelming system selection process
- Security and privacy concerns
Financial Barriers

- Reimbursing for **volume** – not quality, safety, or service
- Costs for IT typically paid by providers; financial benefits go to purchasers and government
- High up-front costs for implementation
- Uncertain return on investment
- High initial physician time costs
Healthcare’s Business Case for No HIT

- **Health insurers**
  - Pass costs onto someone else
  - Reduce short-term expenses
  - Please shareholders

- **Provider organizations (hospitals, medical groups)**
  - More volume = more revenue
  - More tests, more procedures = more revenue

- **Physicians**
  - Investment in HIT = lost personal revenue, reduced billable services
  - Improved quality = decreased volume

- **Patients and Consumers**
  - Little purchasing power or influence over care processes
  - Do they care?

ARRA Stimulus Dollars?

“Meaningful Use”

You
Structural Barriers

- Migration from paper tracking systems
- Staff training
- Technology integration with practice workflow
- Potential paradoxical barrier to physician-patient communication
- Inadequate governance structures in place for shared decision-making among multiple providers
- Concerns about legal and regulatory compliance
- Contractual relationships with IT vendors
Systemic Barriers

- Fragmentation among purchasers, payers, providers – no leadership or critical mass
- Malpractice climate penalizes transparency, accountability
- Unclear regulation may hinder patient-provider telehealth relationships
- Competing or conflicting local initiatives
Cultural Barriers

- Patients acceptance is uncertain
- Clinicians may not trust the IT tools
- Attitudes and culture of office and providers
- Technical competency within the practice
- Inadequate clinical leadership
- Patients (and clinicians!) may not be computer-literate
- Tools may not meet the needs of the chronically ill
- Natural resistance to change
1497: 100/160 sailors on Vasco de Gama’s voyage die of scurvy.

1601: Capt. James Lancaster conducts the first randomized controlled trial.
- On 1 ship all sailors get lemon juice and none die of scurvy.
- On 3 ships, no lemon juice and 110/278 die halfway through the voyage.

1747: James Lind publishes similar evidence.

1795: British Navy adopts citrus policy.

1865: British Merchant Marine adopts same policy.

Will your implementation take 264 years?
Your Turn

What barriers do you anticipate in your own setting?

What resources and tools can you use to overcome them?