

## 10 health IT wishes for 2012

# Healthcare IT News

Michelle McNickle, Web Content Producer | January 23, 2012

<http://www.healthcareitnews.com/news/10-health-it-wishes-2012>

It's easy to make predictions about health IT for the year to come, but what if someone asked what your IT wishes were for 2012? What would you like to see happen most in the health IT space?

We asked Wendy Whittington, MD, a practicing pediatrician and chief medical officer of Anthelio Healthcare Solutions, to list her top 10 IT wishes for 2012. From interoperability to telehealth, Whittington outlined what she, and most of her peers, would hope to see come true during the upcoming year.

### 1. A greater emphasis placed on the federal health IT strategic plan.

According to Whittington, healthcare professionals and government officials alike should be paying closer attention to federal health IT strategic plan, and she suggests a revision of sorts could be helpful. "I would like to see that become a working document that we're constantly referring to," she said. "One of our biggest problems is a document comes out and it's good, but what's happening in healthcare is changing – a document needs to constantly be tweaked."

### 2. The emergence of more affordable solutions for healthcare systems and hospitals to attain meaningful use.

Many hospitals and systems have been scrambling to find a fast solution to an EHR, said Whittington, to gain access to those meaningful use dollars. "But what ends up happening is they think to get there, [they need to] buy the biggest and the best," she said. "The total cost of ownership far exceeds the return they'll get back. I'd like to see a lot of the lesser-known providers of EHRs getting more attention." Whittington also added alternatives to EHRs, like open source, could be just as successful for a 100-bed hospital, for example. "I'd put the money into optimizing the less-expensive option," she said.

### 3. Real interoperability and not just "lip service" interoperability of our health IT systems.

Whittington referenced vendors who promise true interoperability, yet, months after implementing the technology, hospitals are still left with communication issues. "[Hospitals] will ask, 'Will this communicate with doctors in the outpatient clinic?' and the answer is 'yes,'" she said. "But years after hearing that answer, you still have the same problem. So interoperability is important, but there's no progress and, in fact, no financial incentives for vendors to play nice." And financial incentives, in theory, wouldn't end with vendors and interoperability – Whittington suggests the same goes for communication among hospitals. "Both technology and health communication," she said. "Less financial disincentive to communicate and more real interoperability."

### 4. A better health IT "roadmap."

Ultimately, Whittington would like to see a healthcare system that's, "patient-centered, evidence-based, efficient, equitable and prevention oriented," she said. The health IT strategic plan, she said, has vision but isn't a "cookbook." "In medicine, we resist cookbooks," she said. "It's taken a long time for physicians to assess protocols and evidence-based medicine order sets, so it's in our nature to not be told how to do things." However, with everyone left to his or her own devices, it's easy for chaos to ensue, so Whittington suggests a more standardized way of implementing required technology.

#### **5. The optimization of EHRs.**

Installing them is just the beginning, said Whittington. "We end up doing what we need to do to get by ... slap in that EHR and meet those standards, when really, there's so much more work that needs to be done." She said not to forget to optimize your EHR, and when it comes to doing so in hospitals, she suggests doing away with commonly held "silos" and working holistically. "[We need to] work more holistically to optimize clinical documentation and ICD-10, and optimize EHRs around those same principles," she said. "Work as one big team rather than little, individual ones."

#### **6. Less whining about going to ICD-10 and smarter planning about how to get there**

Whittington said her point with this wish is simple. "It's like, 'Come on guys, we've known for a long time that we're the last country in the world [to transition to ICD-10] and we need to go there,'" she said. "For a while ... the argument from the AMA was, 'We're too busy and we have a lot of other things going on,' and I agree; there is a lot of change. But we've known about this for years." There's going to be change in how care is delivered for many years to come, she continued, and waiting for things to calm down would take even longer. "Just suck it up," she said. "That's what I tell my kids."

#### **7. More innovation across all of healthcare but mainly health IT.**

EHRs in hospitals just aren't innovative enough, said Whittington. "There's a lot of money being dumped in and all these systems being put in, but doctors are still complaining that it slows them down and is cumbersome," she said. According to her, there needs to be more innovation around ways to get information into the EHR from the beginning. "We're starting to see a little glimmer of hope with transcription work and being able to put info into an EHR, but we haven't begun to realize of the benefit [of EHRs] because we still struggle to get information in and out," she said.

#### **8. A shift to patient-centered care and population health.**

"The way we have our health delivery system set up, with hospitals being the center of the universe and EHRs being the information repository, we aren't necessarily making populations more healthy," said Whittington. She referenced once again the strategic plan, which calls for more attention paid to shifting the center of care out of the hospitals. "As we build out HIT infrastructure, we need to think about where patients need to go to find the right care at the right place at the right time to keep populations healthy."

#### **9. Value out of big data in healthcare.**

Professionals are constantly "throwing data" into their EHRs, but, said Whittington, we haven't even begun to realize the value we can get out of it. "You can even tie in ICD-10 and a lot of other principles into this as we get better at capturing granular data in patients," she said. "ICD-10 helps with that: apples to apples coding, more specifically. We should get better at comparative effectiveness research and knowing what's going on."

#### **10. The expansion of telehealth principles into the wellness space.**

"The way we deliver healthcare today is inefficient, and it's not going to take us into the future if we ever intend to be cost effective and affect the health of more people," said Whittington. She recognized the positive ways telehealth is being used in rural communities, but she said she would like to see it being used more to keep populations healthy. "So if a patient wakes up and checks [his/her] glucose levels, the results are beamed to a case management center," she said. "And if you take that one step further, all of the people who walk into the ER for their strep throats. It's about using the principles of telehealth to keep those folks where they belong."