

The Future of Healthcare Information Technology

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A Brief History of Time

- The US Experience good and bad
- Interoperability
- Patient/Family Engagement
- Big Data Analytics
- Cloud/Mobile

Assessing Our Progress

- EHR - 80% adoption of EHRs but with 453 clicks to admit a patient , 140 structured data elements per encounter to support clinical quality measures, 40% of clinicians feel burned out (C+)
- Interoperability - we've made reasonable gains with pushing payloads from place to place, but have not built the enabling infrastructure to support pull (C+)
- Patient/family engagement - we're making reasonable progress with portals but we need an app that enables true patient stewardship of data (B)
- Big Data analytics - many products compiled in Powerpoint (B)
- Cloud/mobile - we need to accept that risk can never be zero (B)

We Can Do Better

- EHR - my wife's recent experience and the need for Facebook/wikipedia
- Interoperability - my mother's recent experience with a hip fracture
- Patient/Family engagement - my recent experience with hypertension
- Big Data Analytics - my wife's cancer experience
- Cloud/Mobile - my current journey with multiple vendors

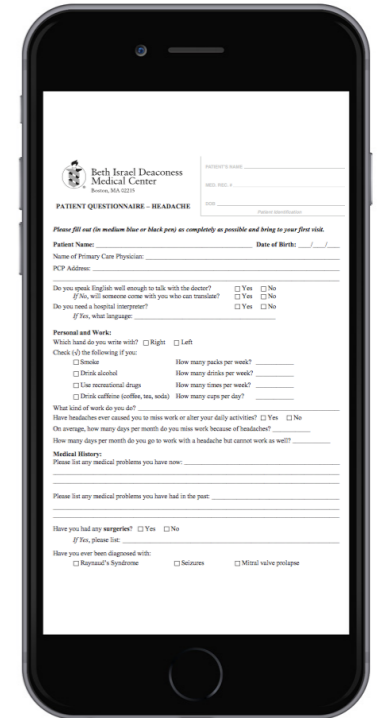
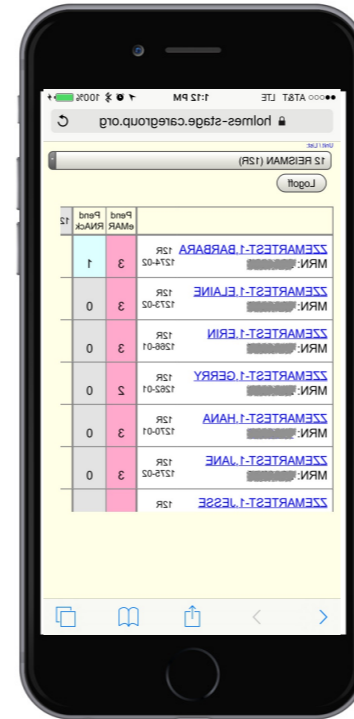
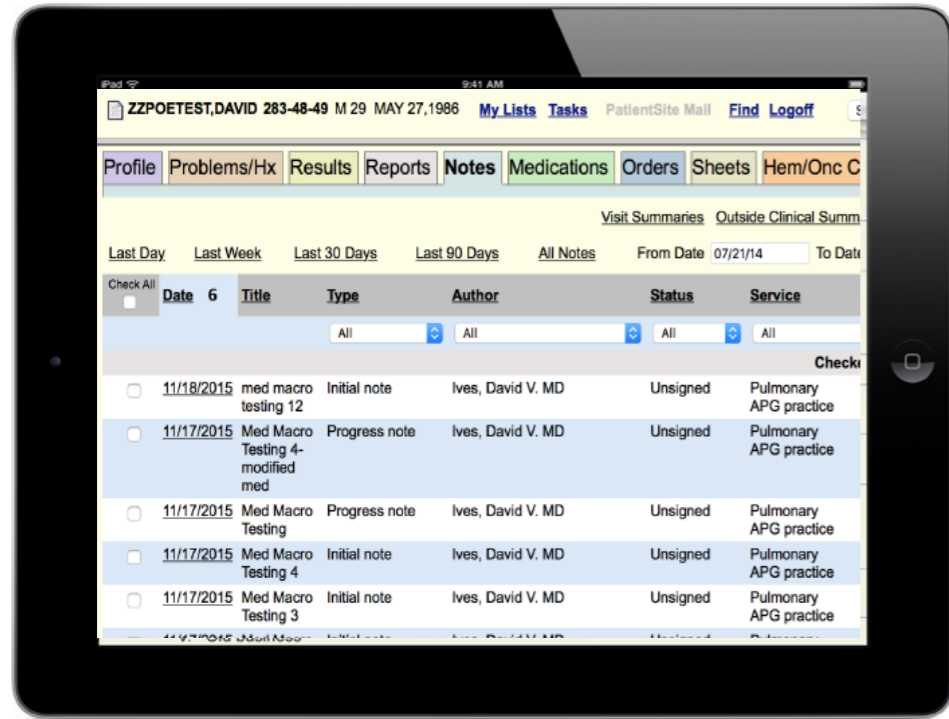
Mobile Applications Currently Available

Patient Questionnaires

Inpatient Med Lists

PatientSite

Clinician Apps



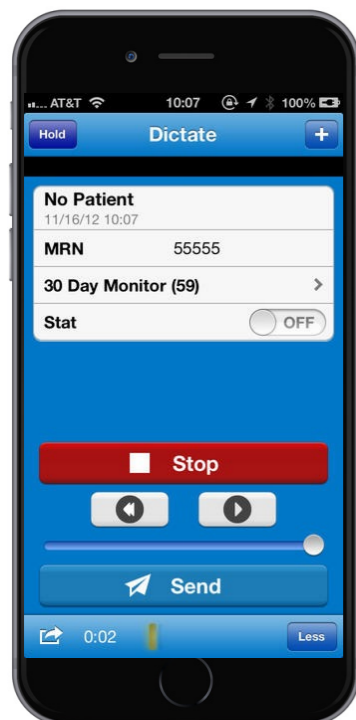
Dragon

Lifeline Mobile

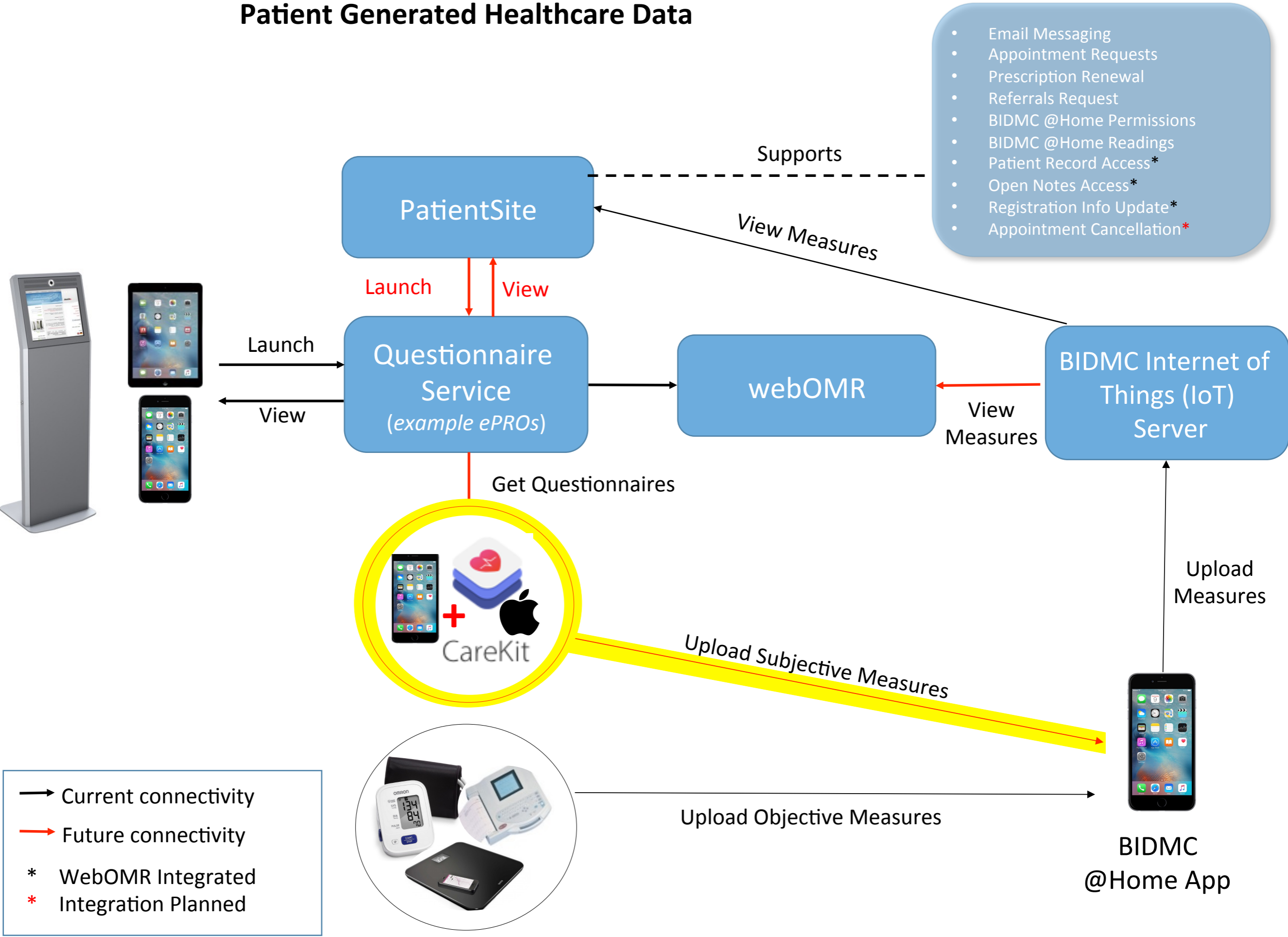
Medical Recorder

eyeRad

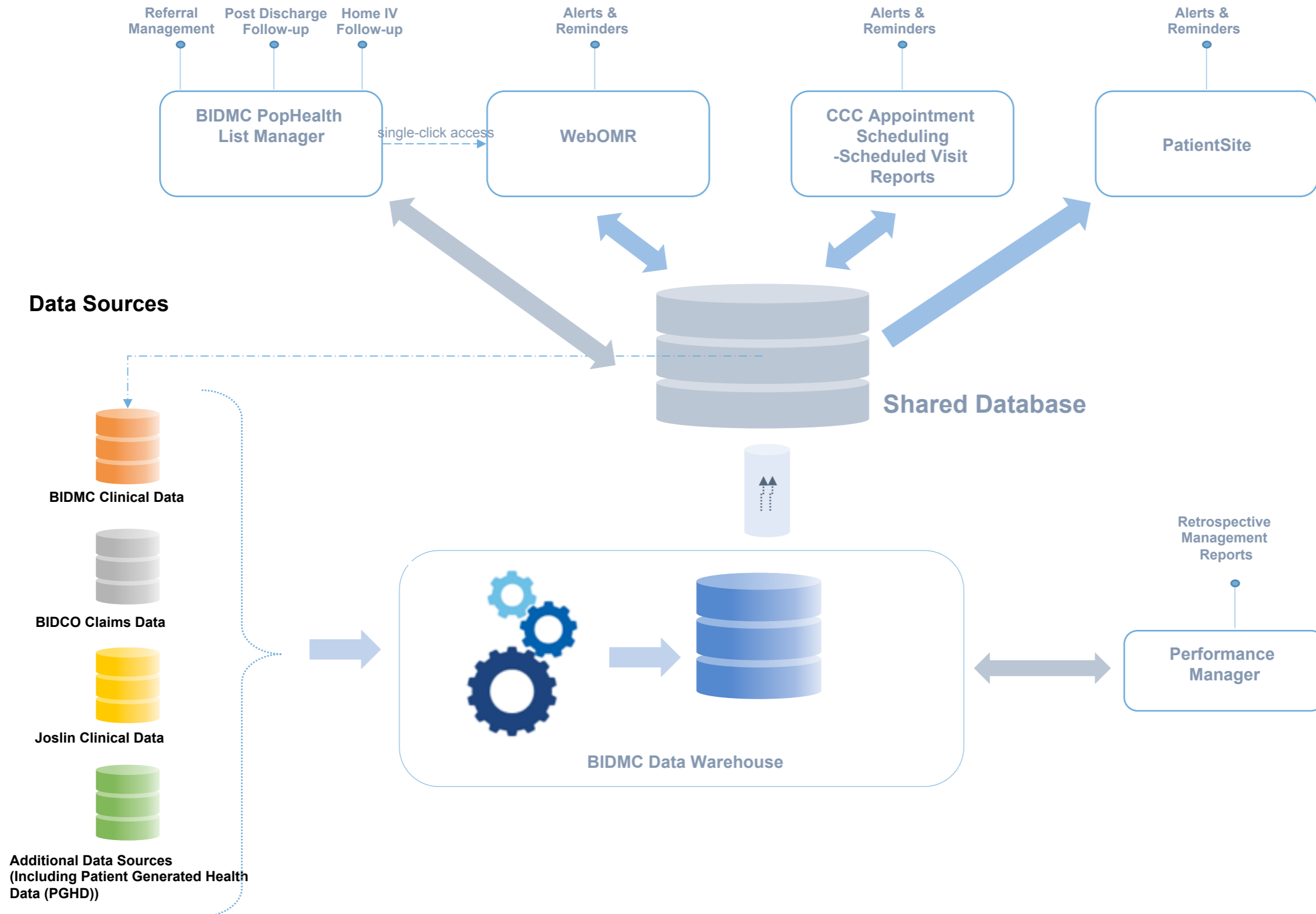
MyICU



Patient Generated Healthcare Data



Population Health and Care Management



Security Concerns

- Risk Management
- Identity Management
- Logging and Monitoring
- Policies, Procedures, and Governance
- Logging and Monitoring
- Managed Security Services
- Data Classification
- Physical Security
- Configuration Management
- Third Party Auditing

Next Steps

- Now is the time to innovate with social, mobile, analytics, and cloud approaches
- We must move to a quality and outcomes focus and not government specified functionality
- We need supportive infrastructure and policies
- We must reduce clinician burden
- IHTSDO and SNOMED-CT have an unprecedented opportunity

Questions?

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