

A COMPELLING CASE FOR HEALTH IT



BY RAY VALEK

As innovative products and services hit the market, more healthcare providers are realizing the value of adopting health IT solutions.

More than 3,000 hospitals and 250,000 physicians and other caregivers have received government incentive payments totaling more than \$6.9 billion (as of June 30) by meeting “meaningful use” Stage 1 requirements for electronic health records (EHRs), according to the U.S. Department of Health and Human Services.

Industry observers expect these numbers to increase significantly within the next few years because the bulk of healthcare providers have not yet reached that threshold. With many potential Stage 1 customers still available—and with Stages 2 and

3 still to come—the health IT industry continues to enhance products and services in an effort to compel even the most skeptical physicians to adopt this promising technology.

“We will never reach where we want to go without technology,” says H. Stephen Lieber, CAE, CEO and president of Healthcare Information and Management Systems Society (HIMSS). “It’s an absolute must to ensure better health outcomes.”

According to Lieber, there are several obstacles to health IT adoption. In addition to cost, which the incentive payments do not entirely cover, the most common objection pertains to workflow disruption. Like anyone else, clinicians are creatures of habit and must rethink how they go about their daily business with health IT

factored into it.

“After they get on the other side, almost universally they say, ‘I’d never go back to a nonautomated environment. But getting to this point was tough,’” Lieber says. “It changes the way you work and the way you see patients.”

In addition to streamlining workflow, health IT can have a positive impact on patient health and a healthcare organization’s financial bottom line. Siemens Healthcare and VMware are two companies that are driving the conversation about how healthcare delivery may change in five to 10 years.

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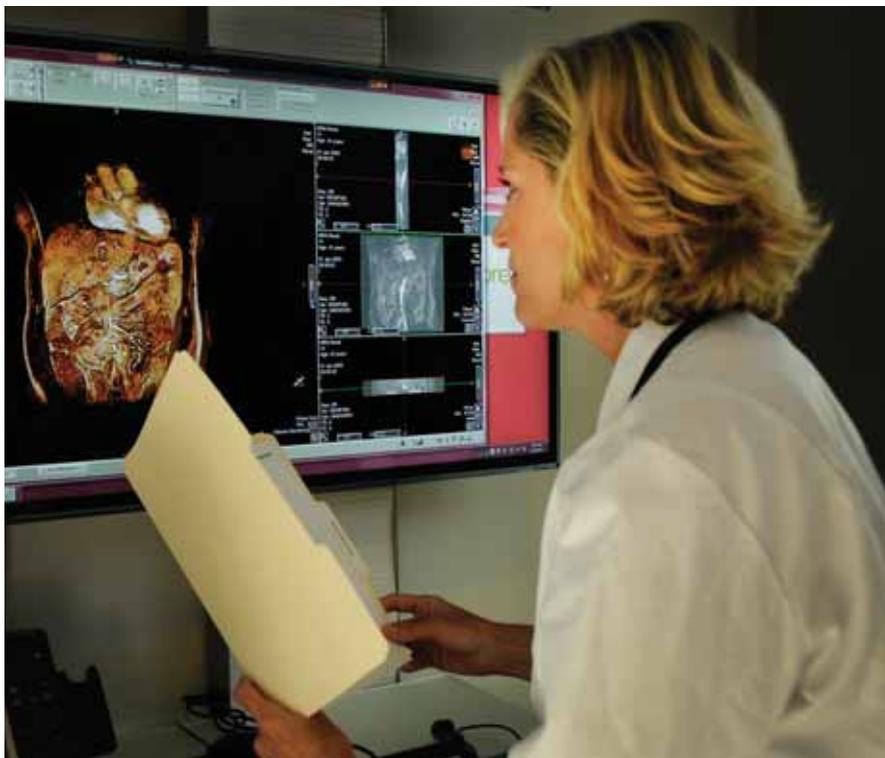
VMware uses a strategy called “desktop virtualization” to encourage health IT adoption. “Desktop virtualization and single sign-on eliminate barriers to clinicians’ adoption of health IT,” says Edward Ricks, a VMware client and Vice President of Information Services and CIO at Beaufort Memorial Hospital in South Carolina. “One physician told me, ‘Finally you’re doing something for us instead of to us.’” By adopting VMware technology, Beaufort has now reached “meaningful use” Stage 1 requirements and has received its incentive payments more quickly.

For example, desktop virtualization enables hospitals to deliver a workspace (or virtual desktop) containing data and programs associated with EHRs traditionally accessed through a desktop computer to any type of device—from an iPad to an Android tablet to a touch-screen monitor—from the hospital’s centralized data center or private cloud.

Desktop virtualization is incorporated into VMware AlwaysOn Point of Care™, through which clinicians can access EHRs and view or enter health information—including high-quality medical images—from a patient’s bedside, physician’s office or wherever the care interaction is taking place.

Frank Nydam, Director, Healthcare Business Development Office of the CTO, points out that this solution was developed to not only increase a caregiver’s mobility, but also ease the adoption of new technology or an application like an EHR.

“Nothing frustrates a caregiver more than technology getting in the way of patient care or, even worse, not being available in critical situations,” Nydam says. “This solution ensures fast, easy access to patient data while also provid-



VMware AlwaysOn Point of Care™ solution allows caregivers to view clinical images using traditional workstations or mobile platforms such as Apple iPads.

ing medical-grade reliability and security.”

With this workflow option, physicians and nurses can now focus more on direct patient care.

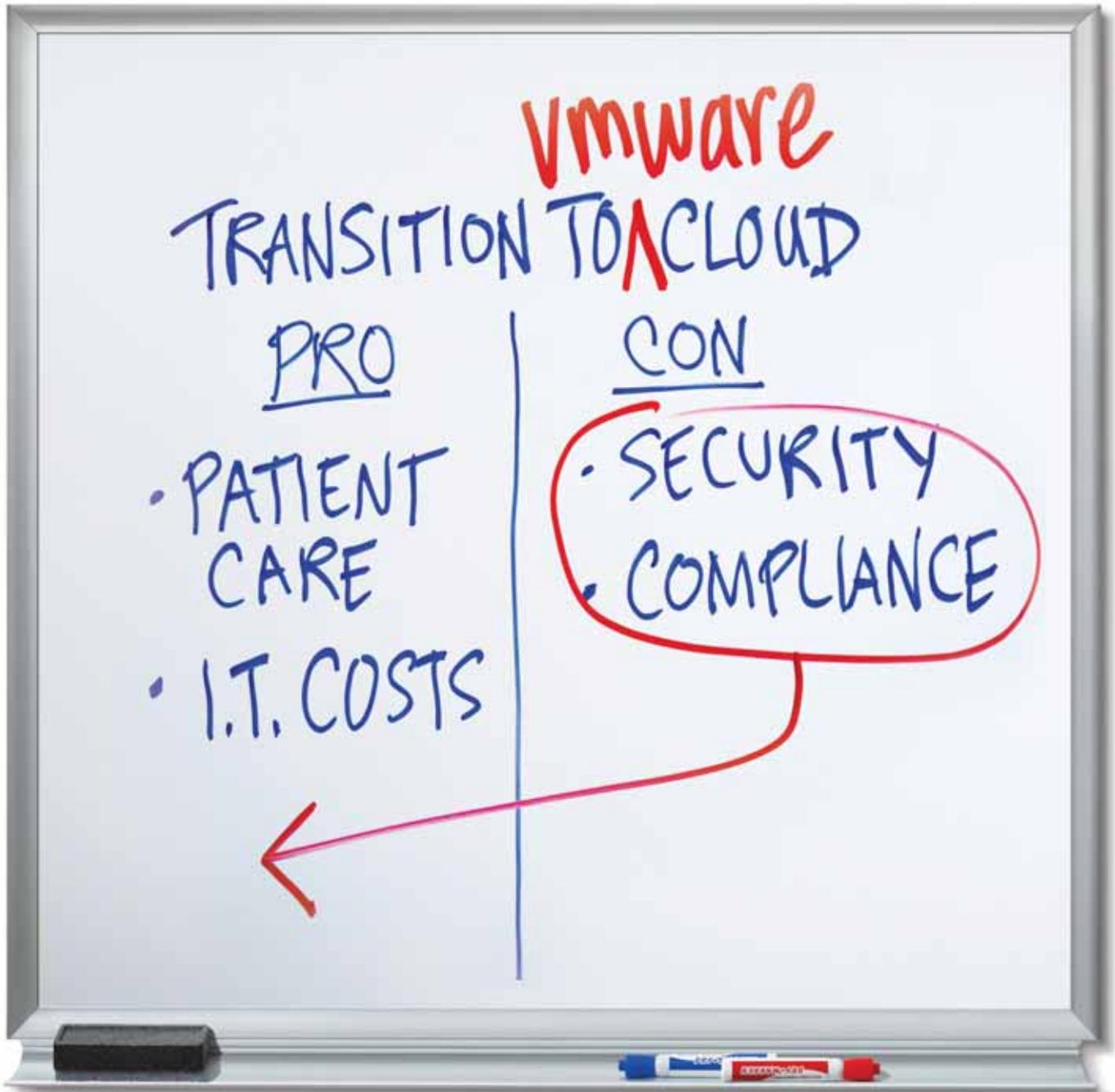
In addition to making EHRs easier to use, desktop virtualization helps keep data secure. It appears virtually on the physician’s device and never leaves the hospital’s data center. As a result, organizations don’t have to worry about losing patient data stored on a stolen or misplaced laptop or mobile device.

“Patient data is federally regulated, and the loss of that data not only incurs steep fines but can create brand-damaging negative publicity as well,” Nydam says.

He envisions extending the reach of care and collaboration through VMware’s Next Generation Clinical Workspace initiative.

“We need to address how care services and applications will be delivered and consumed in the future,” Nydam says. “A tremendous amount of innovation is taking place in the mobile health cloud and collaboration space. Bringing these care tools together at the right time on the right device is going to be very impactful to patient outcomes. We are really excited about that.”

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John Glaser, Ph.D., CEO of the Health Services Business Unit at Siemens Healthcare, Malvern, Pa., says hospitals and hospital-based systems of all sizes are looking to streamline their processes into one EHR that serves inpatient, outpatient and emergency room needs. Additionally, they are looking to create better connections with offsite facilities, such as long-term care and other services.

Healthcare organizations want EHRs that will meet upcoming challenges related to new initiatives, such as pay-for-performance plans, bundled payments and accountable care, Glaser adds. Payers have begun to pressure providers into providing more quality, cost efficient and holistic care. Furthermore, inability to meet these objectives will adversely affect reimbursement.

“Healthcare organizations will have to

have greater and tighter linkage between clinical and revenue cycle data so that they understand changes in care quality and what they mean for the organization,” Glaser says.

A health IT system can turn data into business intelligence. “It has to accelerate and enhance productivity and clinical decision making,” he says. “It has to be able to measure, report quality and ensure that care decisions are following the quality guidelines. And it has to be able to—on both the clinical and revenue cycle sides—aggregate activity across care venues and have them result in one claim to the payer.”

Expanding their role beyond treating a patient within a particular office or clinic and getting paid for this service, providers are being asked to do much more to improve quality and cost efficiency.

“They will have to manage the health of populations,” Glaser notes. “They’ll have to use things like predictive algorithms to determine whether a patient is at risk. They’ll need real-time analytics about the impact of their quality scores on their revenue.”

By embracing health IT, organizations will be able to meet these challenges, he says.

“We’re entering a very complicated and challenging and transformative decade,” Glaser says. “And it needs all of us—those who deliver care and those who provide solutions to help them deliver care—to do a pretty good job if we’re going to come out the other side with care that is truly more efficient and higher quality.” ■

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