

# Inside Perspective

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## **Resetting Our Expectations – IT's Role in Patient Care Calls for a Resetting of Priorities**

Jim Fitzgerald, Chief Technology Officer

I have been privileged to participate in multiple user forums over the last four weeks. At International MUSE in Orlando, I got a strong sense of the community's interest in RHIOs and LHINs as a panelist in the CIO Executive Institute's "Building Blocks to a RHIO." As a presenter on various topics including Backup and Recovery, Healthcare Operational Continuity, and Preparing for MEDITECH Scanning and Archiving at MUSE, JJWild's own Healthcare Optimization Workshop (HOW), and the MEDITECH CIO Forum, I heard some insightful feedback on concerns Healthcare IT Managers have with regards to security, data management, compliance, availability, and recovery. This massive input of data points left me searching for a common thread. What do we name this Tsunami that appears headed for the IT Beach, and how do we prepare for it? The clarity that emerged was that the oldest, most essential unifying theme in Healthcare – Caring for the Patient – has finally emerged as the key imperative for Healthcare Information Systems – and that the Tsunami is called "Advanced Clinical Systems".

I realize that statement is bound to elicit a wide range of reactions from "well, duh, Fitzy, that's what we do" to "gee, I've been too close to managing the day-to-day IT battle to really do anything about that." In the interest of the later group, let's explore a bit more. The recent (some would say overdue) participation of IT in clinical workflows is neither an indictment of Healthcare IT Professionals nor the administrations that support them at various levels, but is rather an indicator of the necessarily slow pace of change in the way patients are treated. From one philosophical perspective, this slowness is a good thing; changes in workflows which impact patient care must be made with careful monitoring and a great deal of humility – after all we are treating *people*, not manufacturing a product – and must be proven to actually improve the patient care process in a consistent, reliable, measurable fashion. One healthcare consultant from Gartner described this as the emergence of Healthcare IT from an "assistant role" (pay the bills, send the bills, track the inventory, communicate the results, etc.) to a "colleague role" (assist in diagnosis, suggest courses of treatment (evidence-based medicine), preserve patient safety, and inform on best practices). The same report suggests that the HCIS will be cemented in this role by 2010.

Thus it is that we find ourselves at a crossroads. Healthcare Information Systems no longer merely *support* the patient care process; they are rapidly becoming an *essential component* of the patient care process. It only takes a small amount of future vision to confirm the notion that this generation of Healthcare IT leadership will be remembered as the one that cemented information systems into their permanent and growing role in patient care, elevated them to a new level of availability, and inculcated management disciplines around IT process that enhanced professionalism. As we try to get a managerial grip on the forces behind this wave of change, it may be worth summarizing some of the fundamental differences between IT in a support role and IT in a colleague role.

IT Supporting Patient Care	Core IT Process	IT Essential to Patient Care
Strategic planning is nice but not necessary; may be adequate to respond to automation needs of specific departments as they arise.	Strategic Planning	Almost mandatory as a tool to align IT priorities with the organization's strategic vision and to drive resource allocation.
Change management typically relies on skillful project management and workflow realignments driven by departmental champions.	Change Management	Increasingly complex as new software alters workflow at multiple levels in affected departments. Specialized change management may be required.
Planned and some unplanned downtime expected and tolerated. Recovery efforts primarily focused on compliance.	Healthcare Operational Continuance	Expectation by the consumer and provider that IT-based healthcare process will be engineered for resilience and only go down in the most severe of conditions.
Data viewed as ancillary to applications – focus on meeting needs of applications and managing compliance.	Information Lifecycle Management	Awareness of data as a component of the EHR and as a corporate and public trust that will outlive generations of IT applications and IT management.

As we examine these IT “megaprocesses”, one theme that emerges is our need to reset expectations about the role of IT in healthcare delivery. This begins with our own expectations. We are no longer merely the guardians and facilitators of technology enablement, but a fundamental component of the care delivery process. Healthcare CIOs and staff should expect to be an integral part of planning the update of care delivery mechanisms and administrative process at an enterprise level. Your IT organization’s role as an “internal outsourcer” of business process will begin to be recognized, and you may even find yourself needing to make some difficult decisions about which processes to own within your organizations and which processes to outsource. Change management will become a coveted skill in your organization and your team may have an opportunity to be viewed as leaders in this critical area.

To be viewed as successful, you will need to reset the expectations of the board and senior management with regards to IT funding. Healthcare IT at 1-2% of overall budget will not produce the highly connected, seamlessly-process-integrated, bulletproof IT environment demanded by the future of healthcare. We are not being asked to *match* what is routinely done in IT in corporate America; we are being asked to *exceed* it, but generally with less capital and less staff than what is required for a successful outcome. This is certainly one of the many areas where an IT Strategic Plan becomes a powerful tool for aligning expectations and internal support.

You may also find an unexpected ally in the consumer and provider members of your board. Whether because of their experience with online banking, or from watching *Star Trek* in the past, you will find that many of them already believe you have been funded and empowered to implement comprehensive Healthcare Operational Continuance and Information Lifecycle Management. When you gently introduce them to the current state of affairs, you may find them to be of great help in getting you additional support and funding. One attendee of our HOW conference put it extremely well during a panel discussion: “these are no longer strictly IT issues; they are healthcare delivery issues being facilitated by IT process. It is our responsibility to raise the issues and illustrate the gaps, but it is the board and the clinical department’s responsibility to ensure we have the funding and organizational support to implement these changes.”

Finally, you may have to reset the expectations of your own staff with regards to the role of IT in the organization. For your team to succeed, they will need to transcend their normal roles of technology, application, and help desk management and learn to become an organic and reliable component of the care delivery process. This will require gentle prodding and clear leadership from IT managers at every level. A step back to clarify and document the role and purpose of your IT group may be a good start.

For our part at JJWild, we are in the process of re-envisioning and enhancing our own internal processes, lines of service, and integrated solutions to meet the evolving needs of healthcare IT. We aspire to walk beside you in an empowering role. We are managing our own efforts using the *balanced scorecard* methodology and a carefully chosen set of metrics that are collected consistently and closely monitored. Please let us know how we are doing, and how we could better assist you. I would love to hear your feedback which comes to me via [editor@jjwild.com](mailto:editor@jjwild.com).

*Jim Fitzgerald is Vice President, Chief Technology Officer at JJWild. He used up six months worth of his alleged sense of humor in one day at our 2006 HOW event. We'll share some of the fun in our next issue.*