

e-Health Innovation Meets Administrative Simplification

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HDX Compliance Officer**

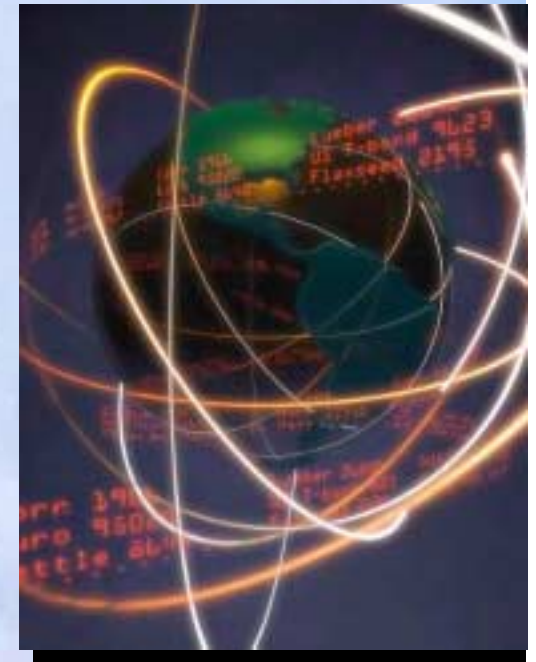
Agenda

- The Obvious
- The Not-So-Obvious
- The Big Observations
- Where Does It Hurt & Why?
- So, Where Are We?
- Relevance
- Recommendation



The More Things Change....

- Government Funding
- New Telecommunications Devices
- Venture Capital Pours In
- New Capabilities and Bandwidth Established
- More Venture Capital
- Over Capacity, Lack of Clear Value, Lack of Adoption
- Retrenching
- Sound Familiar?



The Telegraph Industry of the 1840's and 1860's

Obvious: e.Health is Business in Health

- e.Health is Your Business Processes using Inter-Networked Technologies
- e.Health is all about Business Value
 - ◆ Revenue, Cost, Quality, Risk
- Leverage Your Assets
- Adapting to and Integrating with Workflows Drives Success



Integrate – Extend - Prepare

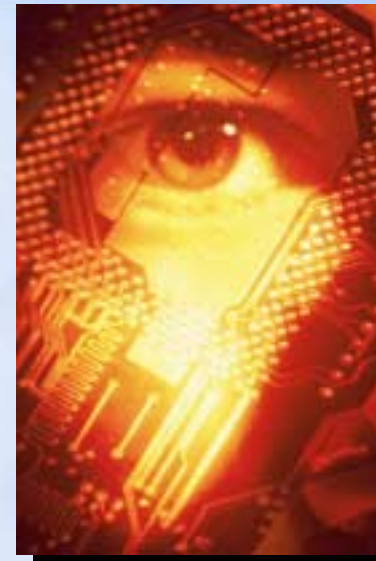
Myths and Realities*

■ Myths

- ◆ The Internet Will Change Everything
- ◆ Information Technology = Data Systems
- ◆ New Systems Replace Old Systems
- ◆ HIPAA's Dead

■ Realities

- ◆ It Already Has
- ◆ Everything is a Data Systems
- ◆ Nothing Replaces Everything
 - Components Get Swapped In and Out
 - Bridges Are Needed
- ◆ Many Payers are Getting Ready to Test



* [The CEO's Guide to Health Care Information Systems](#)

HOME

EXIT

Obvious: Pressing Healthcare Issues

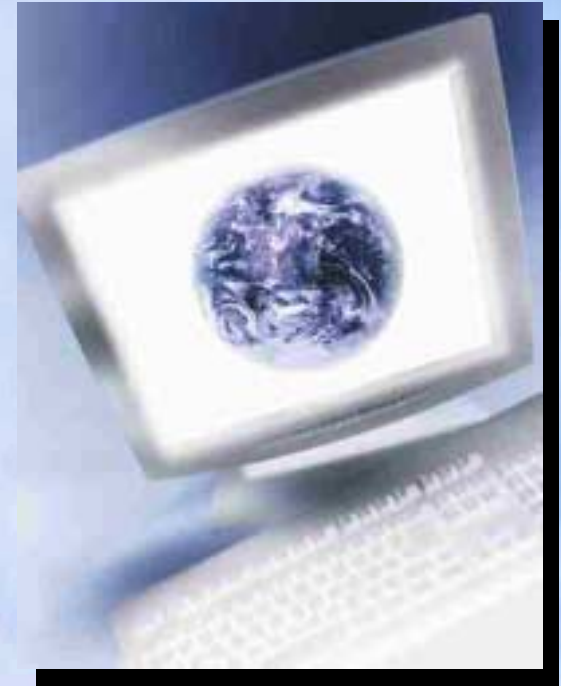
- Rising Premiums, Receding Confidence
- Shrinking Reimbursements
- Growing Regulation
 - ◆ HIPAA, FDA, Medication Management @ States.....
- Labor Shortage
- Drug Spend Rising
- We're All Getting Older
- **Need:** Innovation Balanced With Operations
 - ◆ Pure Innovation is Just a Dream
 - ◆ Plain Operations is the Path to Obsolescence



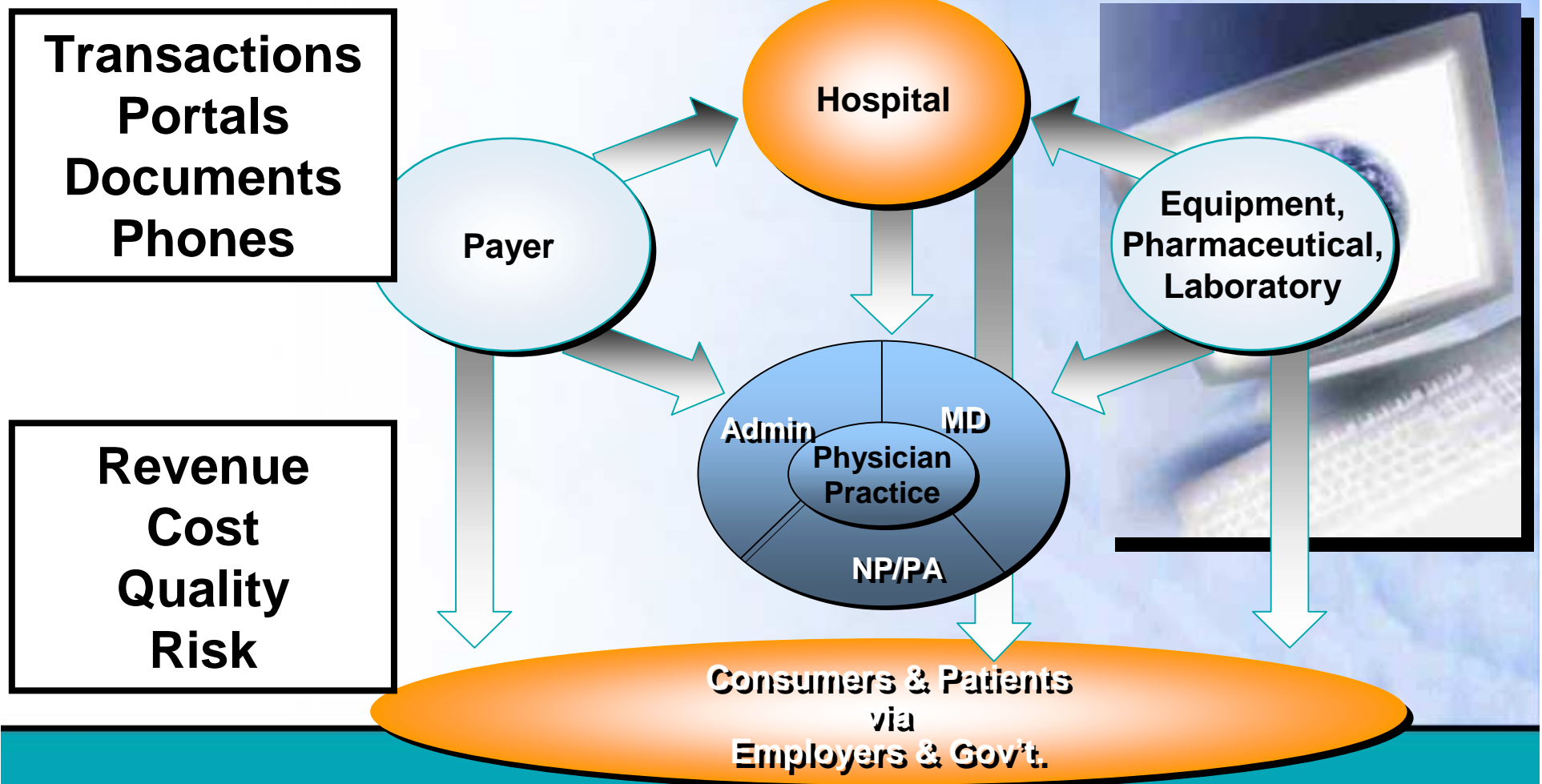
Too Many Dollars for Care are Spent Caring for a Broken System

Not-So-Obvious

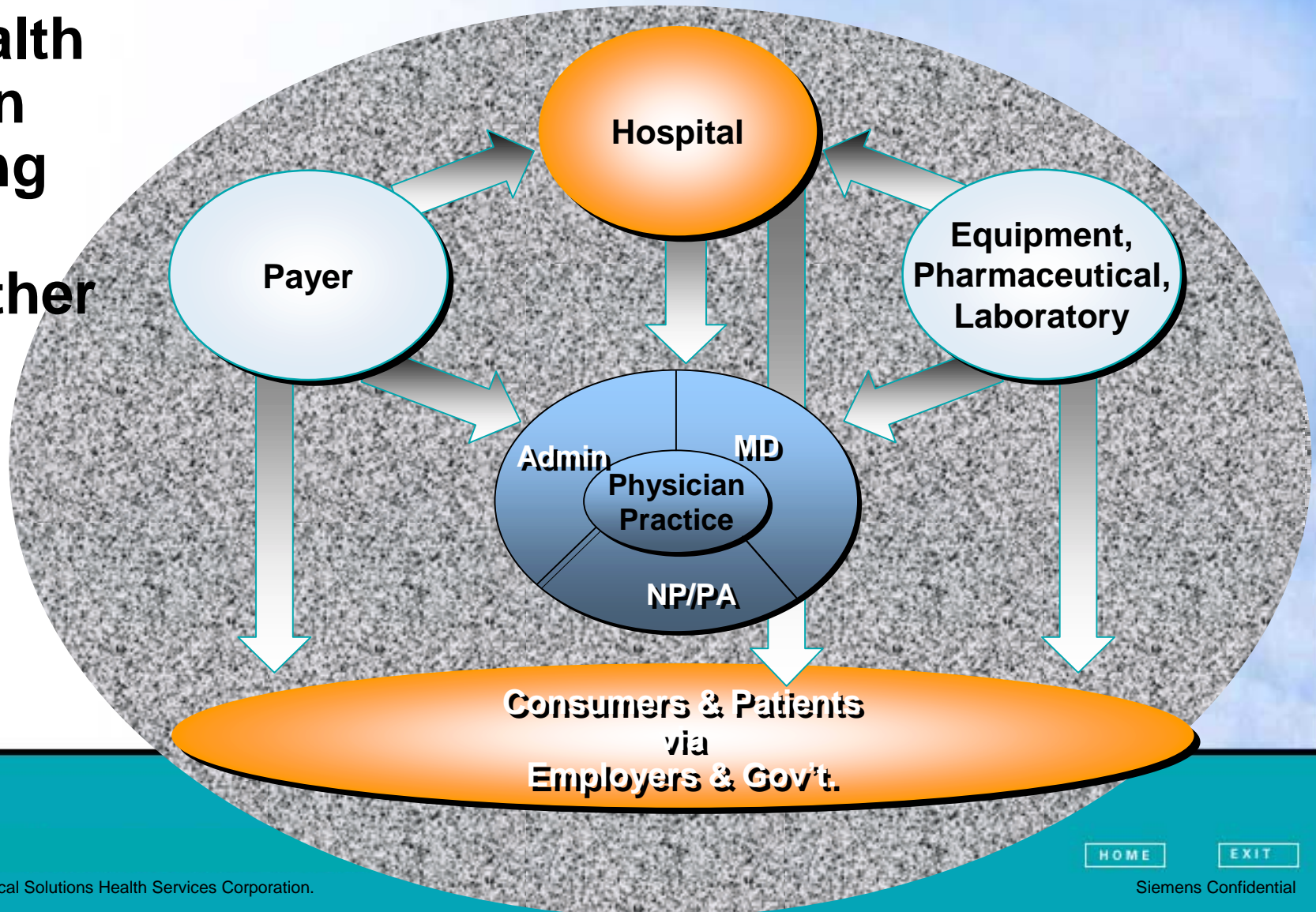
- Technology Doesn't Matter
- As much as:
 - ◆ Standards
 - ◆ Language
 - ◆ Process
- Standards Breed Meaningful Innovation
 - ◆ DICOM, HL7, IEEE, HTTP, HTML, X12, XML
- We're All in this Boat Together



The Big Observation: Drivers & Initiatives



e.Health Can Bring It Together



So...Where Does It Hurt



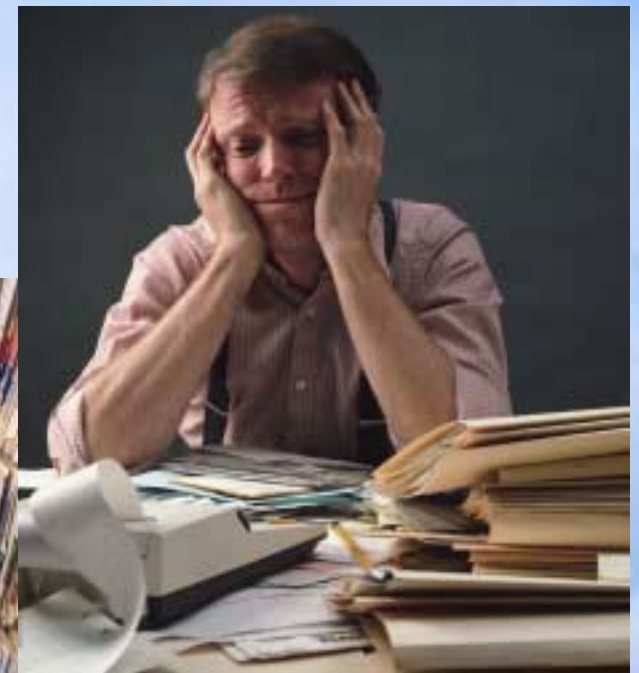
Inefficient Communication Processes

- Registrations
- Admissions
- ER
- Paper
- Phones
- Rework
- Delays
- Losses



Information Still Trapped in a Paper Workflow

- Trust
- Copy
- Updates
- Exchange
- In the Hospital
- In the Payers, for...
 - ◆ Patients
 - ◆ Physicians
 - ◆ Employers.... All of us



Data Not Consolidated at Point of Care

- Reports
- Lists
- Coverage
- Rules
- Siberian ATMs
- Not Longer Me getting to Data, it is Data Getting to Me
- Right Data, Right Place, Wherever I Am, Right Now



Islands of High-tech Automation

- Great Data Capture Capabilities
- Disconnected islands of high-tech automation
- Electronic Pulse Ox, CO2, telemetry and BP data
- But all of the results are entered by hand
- Digital cardiac cath, GI endoscopy data but if I want the results or the image I typically go to paper or take a walk to Medical Records
- Can/Must be Connected



Information Overload: Decision-Making Harder

- 50 Major new drugs a year
- Who remembers all the indications and doses
- Whole new ways of treating patients
- Doctors and Admin Would like Help
- Need Context
- Need to be Connected to Logical Flow of Work
- If Not, Just Painful Noise, Barrier to Efficiency



Medical Best Practices Must Be Applied

- Hospitals, doctors, nurses seek best practices
- 35,000 guidelines in 1997
- Look at everything taped to the walls,
 - ◆ the preprinted order sets
- Rarely used
- Sad that Valuable Research not Used
- Needs to be Distributed Better
- Must Assist, not Disrupt



Information Must Be Easy to Access On-line In User-defined Formats

- It has to be Easy & Convenient
- Want it like the Internet – no Manuals
- Single Sign-on (and off)
- Want to Minimize Reading, Scrolling
- Want What I Need Right in Front of Me
 - ◆ ***“Work at a Glance”***
- System Needs to Anticipate
- System Needs to Know Me, Not Me Know the Systems
- **Customers are Smart and Fast, Want Us to Keep Up**



“The Revenge of the Me Generation”

No Margin – No Mission

- Can I afford this? Can I Not?
- Will it Work? It Better!
- Can I Get the Benefits?
- Don't Want to Start from Scratch
- But...Progress Has its Price
- Gain Increments of Value from Leverage
- So Much Waste, we Must be able to Apply Innovations



What Are All These People Doing?

■ Care is labor intensive

- ◆ Average 10 employees per bed
- ◆ Labor is becoming more difficult to find and retain

■ And that care is inefficient because computers do not fundamentally alter the way nurses, doctors or hospitals do their jobs



Isn't It All About The Patient?

- What About the Patient?
- All the Phone Calls, Paperwork, and Data Disconnects
 - ◆ Delays at so many steps
 - ◆ Rework
 - ◆ Expense
 - ◆ Errors
- Help Healing Faster, Better, and Less Expensively
- It's also About the Member and the Family
- Katy, The Practice and The Payer
- A Leap Forward for All of Us



We Need a Way to Synchronize Workflow!

- HIPAA is a Great Start.....
- The Care Processes Need Attention Too
- Bio-Terrorism Defense / Alert Might Accelerate Progress
- The Industry Needs Rapid Progress
- The Technologies are Ready
- The Standards are Ready (Enough)
- Are We Ready?
 - ◆ Who's Going to Do This for Us?
- We're Plenty Ready!



Relevance – WEDI Helps Make It Work

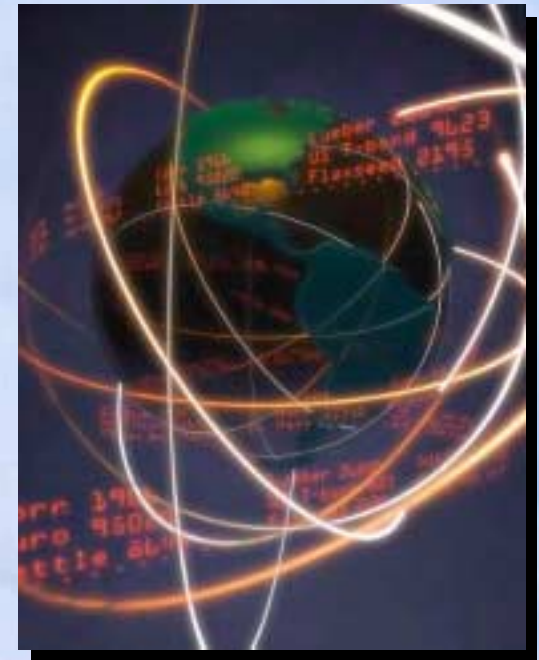
- Regional SNIPs Working with WEDI
- Applying Standards
- In a Meaningful Way
- With Lasting Benefits
- Inclusively
- To Put More \$\$\$'s Toward Care
- For Fostering More Collaborative Innovation
- For Continuous Improvement



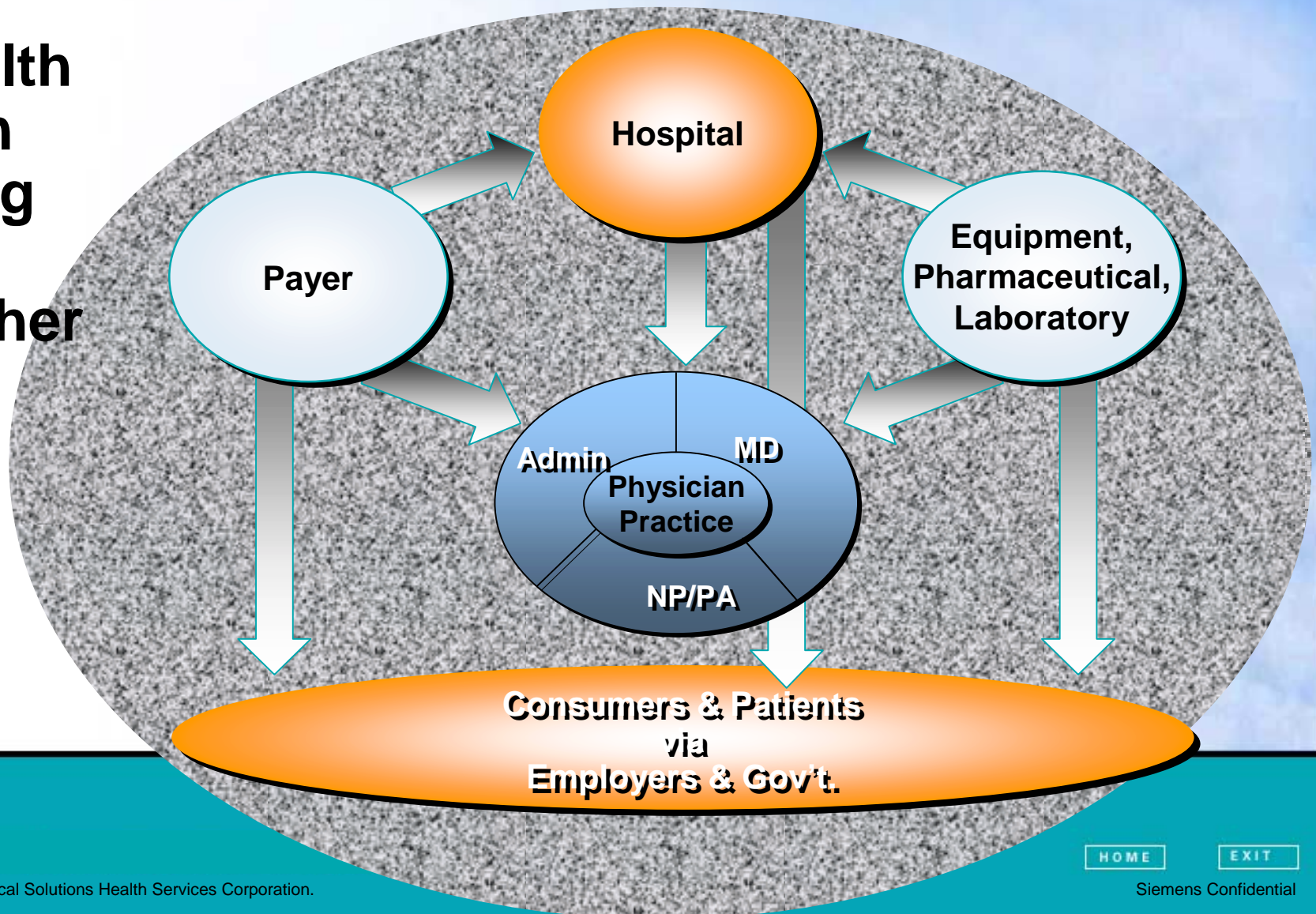
Summary

- The Journey Continues
- Let's Capitalize on Momentum
- Let's Leverage Experience
- Let's Wisely Apply Innovation
- Not For Just the Best Health Care....

For the Best Health Care System



e.Health Can Bring It Together



**Thank You For Your Time Today
Thank You For What You Are Doing!**