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Medical Information Technology

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The Forgotten Stakeholder:

Will Our Patients Demand For Accessible and Affordable Healthcare Drive Necessary Change?

We are currently witnessing a fundamental paradigm shift in the healthcare delivery process. The exorbitant increase in the cost of healthcare drives the change towards quality and outcome oriented healthcare utilizing state of the art technology tools. The change will permeate each and every healthcare sector ranging from the small physician practice to large hospital systems.

The goal is to create a seamless dataflow across the horizontally and vertically oriented healthcare delivery process involving electronic health record systems interfacing with health information exchanges.

The collection and management of digitalized healthcare information will be driven by financial incentives. Reimbursement of medical services will shift from volume towards value-based criteria providing incentives for those physicians who participate in this process. These incentives will be based on the meaningful use (MU) of certified electronic health records (EHRs) whereas the exact definition of those terms is still pending final approval. Nevertheless, the move towards the application of medical information technology tools has begun and many physicians are concerned that they will bear the brunt of the costs and investments necessary to play the game. The concerns are valid because nobody can promise that the Return on Investment (ROI) is worth the effort in time and money. Some even think that the time has come to bail out of medicine all together. Furthermore, hospitals and other large healthcare delivery entities (IPOs etc.) consider health information exchange as the biggest threat to their business model because it forces them to collaborate with other non-contracted business entities. As a result we may create a digital healthcare environment in which the multiple stake holders insulate their databases, making them inaccessible to information exchange and meaningful use of healthcare information required for population based care.

Unfortunately, the current discussion and implementation strategies omit the major and critical stakeholder in this process: our patient(s).

Our patient's attitude towards healthcare is changing. They expect customer service including online appointment scheduling, automatic laboratory and imaging results retrieval, 24/7 access to and control of their own medical record. They do not want to be only the recipient of medical care but an active participant in the healthcare delivery process. Our patients already have learned to appreciate the benefits of a digitalized modern society including online banking, online travel reservation and online shopping.

They often do not understand why the healthcare system is lagging behind other industries. They will soon demand the same from us! Therefore, we should not only incentivize doctors but also reward patients to use health information technology tools and to collaborate with their doctors to exchange information. For example, a diabetic patient can receive points for providing the physician with regular updates regarding blood sugar, weight and blood pressure values. This updated information can be automatically uploaded into the doctors EHR and be used for medication adjustment and other treatment decisions. Thereby, the physician can improve the treatment outcome of his patient population.

Physicians and patients should reap the financial incentives and rewards of improving treatment and reducing costs of care. Once our patients realize the benefit of their participation they will drive the change towards the increased utilization of medical information technology tools. It can be done but we must have the will to change!

I look forward to reading your comments and suggestions on our blog at:

<http://miamimedblog.blogspot.com/>

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Disclosure: The author is a practicing family physician, addiction specialist and computer consultant. In addition, he is a founder and managing partner of a medical IT company and a member of the SFREC Steering Committee.