



# CRITICAL SUCCESS FACTORS FOR HEALTH IT INNOVATION

Thursday, November 10, 2016  
SC HIMSS Conference  
Columbia, SC

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# LEARNING OBJECTIVES



- Discuss the systemic nature of transformational change and the implications for how effective leaders approach innovation
- Identify strategies for leveraging technology to solve clinical problems
- Explore approaches to creating a culture of innovation
- Identify Factors (CSFs) common to successful innovation

# Now That We Have EHRs, What Else Has Changed?





# THE TRANSITION TO DIGITAL DATA

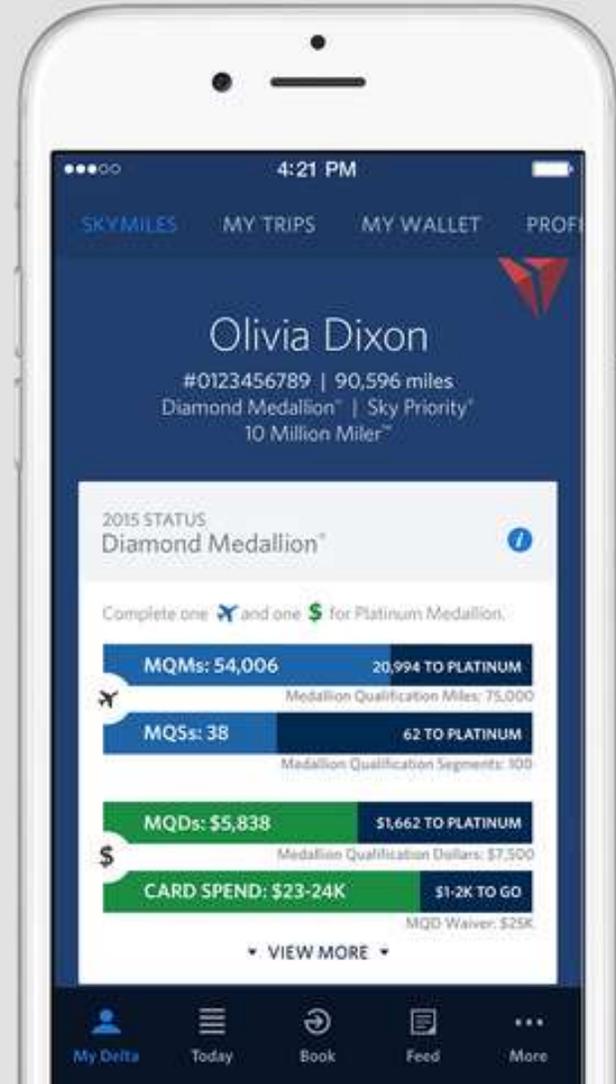
- As we make the transition to digital data, the focus is shifting from capturing the information to using the information to improve the way we deliver care.
- As we do, we are gaining new insights into the new opportunities
- We can also gain valuable insights by looking at examples in other industries.

# THE POWER OF DIGITAL DATA





My Delta houses all of your account and trip information.





Today gathers everything you need for your day of travel.



# PATIENT EXPECTATIONS

- Why would I, as a patient, expect anything less from my healthcare providers? If Delta can do it, (or AMX, or Macy's or Walmart) why can't my healthcare provider?
- Why isn't the medical community embracing the new opportunities more eagerly?

# REALIZING VALUE REQUIRES MORE THAN NEW TECHNOLOGIES

- ***U.S. Healthcare System is perfectly aligned to get the results we are getting.\****
  - the best healthcare in the world for those who can afford it, BUT with the highest cost in the world and 200,000+ deaths annually from medical errors, long waits, lack of access for many. Basically, we are on a trajectory that is not sustainable—or, many would suggest, desirable.
- **Implication → If we want different results, we need to do things differently; we need to change the system**
- **PERFORMANCE is much more dependent on the system than on individual ability or effort.**

*\*Dr. Harvey Finberg, IOM*

# CHANGING CARE REQUIRES CHANGING THE SYSTEM

- The healthcare system is highly complex: people, process, technology
- Today's system operates largely in silos – resulting in lack of continuity for patients
- Two powerful cultures: clinical and the operational (especially financial)
- It is important not just to align, but actually INTEGRATE to improve continuity of care
- This is the power and opportunity of information technology

# MAKING INNOVATIONS THE NEW NORMAL

- Today's healthcare system is out of step with current patient needs: an episodic care model trying to meet chronic care needs.
- Challenge:
  - How to make sense out of the growing clamor for change?
  - How to determine the right direction for ourselves, our institutions, and our patients?

# THE CHALLENGE

“If I had asked them what they needed, they would have said faster horses.”

Henry Ford

Andersen-  
Gardner Museum  
Boston



## INNOVATION IS A JOURNEY

- U.S. journey to EHRs started in early 1960's with early innovators such as Beth Israel Deaconess (Boston), Kaiser Permanente, Mayo Clinic, Intermountain Healthcare and others.



- Issue: We can't wait another 50 years to solve today's problems!

# THE PATH FROM TECHNOLOGY TO VALUE IS NOT A STRAIGHT LINE

Health IT



# HEALTH IT IMPLEMENTATION: ON WHICH SIDE OF THE EQUATION IS YOUR ORGANIZATION?

## EHR Results

- Adds work
- Slows things down
- Decreases face-to-face time
- Interferes with provider/patient relationships
- Doctors doing clerical work
- See fewer patients
- Usability issues
- New errors

**OR**

## EHR Results

- Saves time
- More face-to-face time
- Empowers patients
- Improves care outcomes
- Reduces costs
- Reduces errors
- Allows seeing more patients
- Better management of patient treatment plans
- Better addresses patient issues

# WHAT DO SUCCESSFUL INNOVATORS DO DIFFERENTLY?

- **Key question:** Do organizations that achieve significant improvements in healthcare delivery and outcomes approach the use of health IT differently than those that fall short?
- **To Answer That Question:** We systematically studied research reports, case studies, award winners, as well as successful innovation in other industries.



# 10 CRITICAL SUCCESS FACTORS FOR REALIZING VALUE

- 10 themes common among successful innovators.
- Not WHAT but HOW that makes the difference.
- People and organizational dynamics have major impact
- Must change the SYSTEM, NOT just isolated factors.
  - Complex organizational interdependencies must also be addressed to align desired changes with institutional priorities, policies, practices, and reward systems.

# #1 ENGAGED CEO LEADERSHIP

- Visible leadership
- Sets a clear vision for future direction.
- Builds strong buy-in.
- Creates a compelling case for change aligned with organizational mission and direction.
- Aligns change initiatives with clinical improvement goals and individual self-interest.
- Views their organization as a complex interdependent system
- Walks the talk – Connects the dots.

## #2 PATIENT-CENTERED CARE AND PATIENT ENGAGEMENT

- Put patient safety first
- Views IT as an opportunity to improve interaction between patients and clinicians
- Focus on two-way interaction rather than information push.
- Views health holistically rather than as episodic treatment of problems.
- Transition from task-focused, provider centric processes to a more patient-centric, integrated team approach to care.

## #3 FOCUS ON EXECUTION WITH CLINICAL BENCHMARKS FOR MONITORING SUCCESS

- A culture of quality that starts at the top
- Policies and benchmarks aligned with goals
- Focus on process improvement rather than cost cutting
- Clinical improvement goals collaboratively developed, explicitly defined, widely shared
- Transparent tracking against benchmarks for success

## #4 WORKFLOW (PROCESS) INTEGRATION

- Workflow redesign focused on improving continuity of care, increasing efficiency, better outcomes.
- Workflow design—not technology—seen as key to achieving value.
- Leadership resided with physicians and nurses.
- Projects well planned, **orchestrated**, and resourced.
- Workflow redesign ongoing from Go Live
- Focus on integrating old silos to provide better continuity of patient care.
- Innovation viewed as an **iterative**, learning process.

## #5 STRONG LEADERSHIP OF CLINICAL PROFESSIONALS (PHYSICIANS & NURSES)

- Strong, visible physician leaders with clear vision for how IT could help transform care
- Effective “missionaries” in enlisting buy-in of peers
- Strong nurse leadership equally as vital
- Closer partnership between physicians and nurses in delivering care (team-based care)

## #6 ENGAGEMENT, TRAINING, ON-GOING SUPPORT

- Clinician buy-in and engagement critical
- Training both initial and ongoing
- Training viewed as a means of engaging staff members in implementation
- Training used as an opportunity to reinforce best practices

## #7 SUPPORTIVE ORGANIZATIONAL CLIMATE FOR INNOVATION

- Supportive culture (or climate) for innovation cascaded from the top and clearly aligned with institutional mission
- Technology and organization transform each other
- Flexibility essential
- Innovation is **iterative**—feedback, dialog, interventions, activities
- Tolerance for failure (psychological safety)

## #8: COLLABORATIVE CULTURE (TEAMNESS)

- Buy-in to change comes through engagement
- Teamwork is a major pillar
- Broad consensus about importance of effective and efficient care
- Bridging the many silos of care to reintegrate care for patients
- Collaboration essential to get a 360 degree look

## #9: SYSTEMS PERSPECTIVE ON CHANGE

- Achieving Value from IT is directly related to the breadth of integration it provides across all parts of the healthcare delivery system.
- Strategic focus on improving the healthcare SYSTEM rather than implementing isolated projects.
- Realignment of clinical practice from perspective of continuity of patient experience
- Eliminating gaps in care
- Employed multidisciplinary approaches that recognized the interdependencies among units and functions

# #10 TECHNOLOGY RELIABILITY, RESPONSIVENESS AND INTEROPERABILITY

- Usability
- Reliability
- Security and Privacy
- Local technical support
- Importance of fitting system capabilities with institutional practice and priorities
- Inadequate training often misdiagnosed as a usability issue.
- Interoperability—essential for information sharing within systems, across systems, and among institutions.

# SUMMARY: 10 FACTORS THAT DIFFERENTIATE SUCCESS FROM FAILURE

#1 Engaged CEO leadership

#2 Patient-centered care and patient engagement

#3 Focus on Execution with clinical benchmarks for monitoring success

#4 Workflow (process) integration

#5 Strong clinical leadership

#6 Training and involvement

#7 Supportive organizational climate for innovation

#8 Collaborative culture (teamness)

#9 Systems perspective on change

#10 Technology reliability, responsiveness and interoperability

# SUMMARY

- Patients will drive change as they embrace innovations that better meet their needs and expectations for:
  - Immediacy (convenience)
  - Choice
  - Personalization
  - Affordability
- The 10 critical success factors give us insight into navigating the complex process of realizing value from the transition to digital information.
- It is not just one factor; it is the combination (systemic)

## TAKE AWAYS

- View Innovation as a journey (process); not a project.
- Begin with the end in mind: focus on desired outcomes and then create the map to get there.
- Think systemically (focus on interdependencies).
- Engage all stakeholders.
- Assess, learn, modify (iterative).

# QUESTIONS?

Thanks for the opportunity to share this research and perspective on successful innovation.

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# TWO KEY QUESTIONS

- **What goes wrong?**
  - Why is innovation such a rocky road?
  - Why aren't we yet seeing the value of our \$35 billion investment in health IT?
- 
- **What to do about it?**
  - What accounts for the disparity in results?
  - How do we make sure we get it right this time?
- (Realize the value from IT investments)



# FOCUSING ON THE WRONG THINGS FOR ACHIEVING VALUE

- Value does NOT  come from capturing information digitally
  - Value comes from  how we use and share patient information at the point of care
- It turns out that the transition to electronic health information is just the FOUNDATION for building value—NOT the goal.

# FOCUSING ON TECHNOLOGY INSTEAD OF CLINICAL PRACTICE

- Value does NOT come from customizing technology to fit how we have always done things.
- Value comes from  using the technology to improve the way we do things and from discovering new opportunities.

# FOCUSING ON REIMBURSEMENT VERSUS MEANINGFUL USE

- Changes in Thinking do NOT lead to changes in behavior.

➔ Changes in behavior LEAD TO changes in thinking.

- The purpose of Meaningful Use is NOT to pay for technology

➔ The purpose of Meaningful Use is to incentivize behavior change.

# ENGAGING PHYSICIANS, NURSES, AND OTHER CLINICAL STAFF

- Buy-in does NOT lead to engagement
- Engagement  LEADS to buy-in

# THE MATH OF INNOVATION

- Cost cutting does **NOT** lead to streamlined processes or better care;
- Streamlining processes (integrating workflows & improving outcomes)  LEADS TO lower cost.
- Cost cutting is an **OUTCOME**, NOT a strategy.

# MAKING TECHNOLOGY INVESTMENTS ADD UP

- Individual projects do **NOT** necessarily add up to improved outcomes or reduced cost. Silo projects are difficult, if not impossible, to sustain.
- Value comes from  changing the entire **SYSTEM**—not from changing isolated pieces.

# LAYERING ON TOP INSTEAD OF TRANSFORMING

- Adding technology to existing processes ONLY makes for expensive old processes. 
- Using technology to integrate workflows and improve the continuity of care  reduces cost and improves outcomes.

# TURNING HIPAA INTO A ROAD BLOCK INSTEAD OF A FACILITATOR

- Patients are ~~NOT~~ concerned about the appropriate *USE* of information by clinicians.

➔ Patients are concerned about potential *ABUSE* of their health information

- Tradeoffs of Patient preferences versus privacy and security of PHI.

# MYTH OF RESISTANCE TO CHANGE

- People do NOT naturally resist change: Change is a natural process.
- People RESIST → having changes—especially those they don't understand—forced upon them.

# FOCUSING ON STRATEGY VERSUS EXECUTION

- **Strategy** is  NOT the same thing as **Execution**.
- In the healthcare world, 60% to 90% of strategies are never executed.
- Strategy focuses on WHAT
- Execution focuses on HOW