CRITICAL SUCCESS FACTORS FOR HEALTH IT INNOVATION

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Elizabeth A. Regan, Ph.D.
Dept. Chair Integrated Information Technology
Professor Health Information Technology
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?
GROWING MOMENTUM FOR CHANGE
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

DELTA
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

Value
**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

**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

OR
**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
# 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
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.

- **Elizabeth A. Regan, Ph.D.**
- Department Chair, Integrated Information Technology
- Professor of Health Information Technology
- earegan@mailbox.sc.edu
- 803-777-2286
- [www.sc.edu/hrsm/mhit](http://www.sc.edu/hrsm/mhit)
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.
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