



Big data? Not yet. At HIMSS, time moves slowly

By Chelsea Rice | March 2, 2017

When it comes to health IT, time moves slowly.

Approximately 42,000 attendees descended on Orlando last week for the 2017 HIMSS Annual Conference & Exhibition, the nation's largest health IT showcase. Ginni Rometty, the CEO of IBM, launched the conference with a speech about artificial intelligence, data analytics, and the potential for emerging technologies to "change the game" in healthcare.

But despite the big talk about innovative transformation, the conference floor was filled with examples of far more gradual change. Three major themes emerged from a week of speeches, sales pitches, and conversations:

1. Interoperability is a long process

The central theme of last year's HIMSS conference was the government-driven promise of interoperability. Yet from booth to booth this year, it was clear that interoperability still means different things to different companies — and that the work is incomplete.

In his closing keynote, Kevin O'Leary, an investor and host of the ABC reality show "Shark Tank," scolded the room for failing to deliver enough meaningful information sharing.

And, he said, lack of progress is keeping many investors on the sidelines.

"The amount of money that wants to come into this sector is unbelievable," O'Leary said. But "it makes no sense that my [medical] image can't get from L.A. to Boston...You've got to have standard APIs. It's kind of ridiculous that you don't."

But some attendees noted after the keynote that data exchange is not rewarded in a reimbursement environment that continues to pay for volume of procedures and tests. As John D. Halamka, M.D., MS, the chief information officer of Beth Israel Deaconess Medical Center noted in his post-HIMSS recap: "information flows best when there is a business case for doing so."

Others argue that the industry needs to think about interoperability in a much more creative way. In an age of collaborations such as the CommonWell Health Alliance, the emerging

issue with interoperability isn't access to data, but usability – making sure the information physicians receive reduces costs and improves outcomes.

2. What repeal and replace?

Despite rhetoric from Washington, D.C. about the “repeal and replace” of the Affordable Care Act, many HIMSS vendors weren't predicting that changes in healthcare policy would lead to immediate changes in their products or their work.

Since MACRA and MIPS aren't likely to go away, vendors continued to advertise solutions to help clients manage value-based care and achieve in a risk-based environment.

And according to Politico, Mike Leavitt, former HHS secretary and advisor to the Trump transition team, told a HIMSS session that he does not anticipate that new policies will change much about healthcare on the ground.

“The problem is, we don't know what ‘repeal and replace’ means,” Leavitt said. Congressional Republicans are “going to have to keep in mind their commitment not to let 20 million people lose insurance.”

In a separate session, former U.S. House Speaker John Boehner agreed that any changes to the ACA would be incremental.

“They're basically going to fix the flaws and put a more conservative box around it,” he said. “In the 25 years I served in Congress, Republicans never agreed one single time on healthcare. When they started shouting ‘Repeal, repeal, and repeal, and then replace,’ I started laughing. Because, honestly, if you start with repeal, anything you pass after that is yours; you broke it.”

Boehner joined the stage with former Pennsylvania Governor Ed Rendell for a conversation that also touched on innovation and the promise of telehealth.

“Many small communities have lost their primary care physicians altogether, and telehealth has done

an enormous job” making up for those access gaps, Rendell said. He noted that the ACA “left a lot of things off the table in reducing the cost of the delivery system” – and that innovation and technology could play an instrumental role in curbing spending.

3. Patient engagement heads for social networks

Patient engagement was a major talking point on the exhibit floor, as vendors proposed solutions to match patients' modern-day habits. But some observers noted that not many solutions offered at HIMSS truly suited the needs of patients as consumers.

“It's like herding cats, trying to get docs to behave in a way that produces population health-based outcomes,” said Zubin Damania, the rapping hospitalist known as ZDoggMD. “But it's time to enable the patient with the technology so that they can be true partners in their own care and doctors can continue to have that human relationship.”

In a “fireside chat” conversation at the athenahealth booth, Halamka said consumer-facing health IT products are the next frontier for tackling population health and patient engagement.

“The next moonshot will be examining how you layer social networking groupware on top of your existing electronic health record and back it with the decision support and analytics to redesign population health,” Halamka said. “Essentially, American healthcare innovation is like an indoor cat that needs to learn to go outside.”

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