Healthcare execs ready for disruption

By Tracy Mayor | April 5, 2018

What role should healthcare executives play in combatting physician burnout? What resources and tools should CIOs invest in to prepare their workforce for an industry in turmoil? What technology is poised to disrupt healthcare, and when is it gonna be ready to roll?

These and other weighty questions were on the table as healthcare executives gathered last month at the HIMSS conference in Las Vegas to join a breakfast discussion with athenahealth's newly appointed chairman of the board, Jeffrey Immelt, former CEO of General Electric, and Jessica Sweeney-Platt, athenahealth executive director of research.

athenaInsight spoke with three C-suite healthcare leaders who attended the breakfast to get their take on Sweeney-Platt's research and Immelt's predictions for the industry.

Here are edited excerpts from their observations; add your thoughts to the comment section below or tweet us @athenahealth.

As you build a workforce that can weather industry disruption, what are your primary challenges in nurturing physicians, and where do you see solutions?

Michael Canady, M.D., *is CEO of Holzer Health System in Gallipolis, Ohio.*

Canady: *Burnout happens when physicians' time is being used for nonessential tasks, when they are not working to the top of their license, when they don't feel efficient.*

Step one is recognizing and admitting that there is burnout. I trained in a different era – there were no work-hour restrictions for residents, your hours were never the

same. We were all burned out, all the time. Good or bad, the millennial population has opened our eyes to that a little bit.

***Michael Mirro, M.D., i**s senior vice president at Parkview Health System in Fort Wayne, Indiana, and chief academic research officer at the Parkview Mirro Center for Research and Innovation.*

***Mirro:** I teach medical students at Indiana University, the largest medical school in the country. Burnout starts to show itself as early as residency. The individuals going to medical school now are going into medicine to make a difference, then they find themselves spending all this time being a clerical person. There's a mismatch of what they thought their career was going to be and what it is. Burnout is a real problem. All the medical schools are trying to address it.*

The top-down implementation of EHRs is part of the problem. They were designed by software engineers for other software engineers, designed as a methodology for building storage capture. That's a really significant issue with regards to the clinicians using them, who wind up having less direct contact with their patients and are less efficient in the office.

***Robert Duthe** is CIO of the Cortland Regional Medical Center in upstate New York.*

***Duthe:** Healthcare has requirements and regulations that need to be in place, and of course patient safety, but it's often invasive. Often the EHR doesn't accommodate the thought process of physicians. And there's increasing pressure on physicians around productivity – log more RVUs, see more patients. Physicians say, "We've become documenters. We spend maybe one of the 10 minutes with a patient actually talking to them." There's a lot of frustration.*

Research from athenahealth shows physicians who say they have the tools and latitude to care for their patients are less likely to show signs of burnout.

What tools and resources does your organization prioritize for physicians? Where are you making the biggest investments right now?

***Canady:** I'm old enough to have practiced with pen and paper and a Dictaphone, which worked pretty well. Every study I have read on burnout, the EHR is at or near the top of the list as a culprit. It's the click-and-wait syndrome, when systems aren't intuitive. So one of my main goals as a CEO is to stabilize our EHR platform.*

Another tool is people – providing physicians with adequate staff. And improving revenue-cycle management, so docs are getting credited for their work. That's another of my goals as CEO.

***Mirro:** It's nonsense to ask physicians to be hunters and gatherers of health information. There are two ways to solve that: have the system facilitate searching, and have ancillary personnel pull data forward.*

The EHR should support structured data that you can move around to different parts of the system and pull data in so you don't have to go around searching for things. The technology should bring pertinent information forward for you.

In terms of personnel, empower nursing assistants and other people to construct notes and capture data and to speak with the patient before the office visit to capture their questions electronically beforehand.

***Duthe: I**n our acute care facility, we have rolled out a third-party charting tool on top of our legacy EHR that can be used from an iPhone, a laptop or desktop. The flow of the application mirrors how ED doctors make decisions – it has the mindset of the physician. And they're happy; they like it.*

Immelt said, "This industry doesn't suffer from a lack of tech innovation, it suffers from technology that doesn't match the business processes we're trying to fix."

What innovations give you hope for actually improving care delivery within your organization?

***Canady:** Immelt's comments couldn't be more true – a lot of what I saw at HIMSS was technology in search of a solution. The amount of tech out there is amazing, but we're*

in the process trying to skinny down. We're not purchasing tech without a very good reason.

In terms of innovation, we have niches where we're able to test things. We have a clinic in Athens, Ohio, a university town – it's a block away from the bars and restaurants, so a millennial population. We're testing self-registration technology there, limiting the number of front-line staff we need. We're not ready to try that in our main clinic, but it's working well in Athens, we're getting the patients through.

We're keeping an eye on telehealth, but it's not where it needs to be in from a connectivity standpoint. In rural areas, you don't have fiber everywhere.

Mirro: *For technology, telemedicine will become a big entry point for patient care. Machine learning and artificial intelligence will streamline processes for physicians, and augmented reality will play a major role in certain specialties.*

AI and machine learning aren't going to have a big impact for awhile – we need to grow the data sets and refine the algorithms – but I do think it'll play an increasing role in automating what physicians are doing intuitively, functioning as an advanced decision-support system.

Duthe: In the short term, our physicians are telling us they want clinical collaboration and communication, secure texting, integration into other alert systems in the ED, notifications that get pushed out to them via mobile – we're working on all that now.

Longer term, we're keeping an eye on artificial intelligence. It's a ways out, but eventually we'll see AI aiding clinical decision support. It could help ID a condition like sepsis before it would have become apparent to the doctors, allowing them to order adjustments, diagnostics and treatment much more quickly. The system will be making recommendations to the physician in real time.

Immelt was less optimistic on the topics of payer reform and government regulation. The audience laughed when he said, "I give you hope on the technology side … and give you no hope on the political side."

If you had a crystal ball, what would it be telling us about where healthcare is heading?

Canady: *The health insurance industry concerns me – it's concerning that the Big Five third-party payers had $4.5 billion in profits last year. We're at a point where there needs to be some accountability from payers to patients and providers.*

Interoperability is big theme this year, and it should be. Within our own little system, we continue to create bridges and workarounds to try and connect people.

Honestly, the thing that gives me the most hope for the industry is technology. When I applied to be CEO here, I was told I had been perceived as hating technology. My response was, I love technology, I just want it to work smartly. That's where we have to go, not just having technology for technology's sake.

Mirro: *The Amazon, Berkshire Hathaway, JPMorgan partnership is interesting. If employers form purchasing groups, form networks across the country, they can cut out the insurance companies. All they do is claims adjudication anyway, and I believe [payers] contribute a great degree to physician burnout.*

Duthe: *Immelt predicted we won't see real change from the legislative branch until there's a crisis, and I agree with that. We are in a crisis from a GDP perspective – the numbers are there – we just haven't accepted that fact yet.*

Integration via HIEs, collaboration between payers and providers – those are the types of things we need, but those are not quick changes. I agree with Immelt, it's going to be slow going.

Tracy Mayor is a frequent contributor to athenaInsight.