Tech helps patient-doctor partnerships thrive

By Olivia Rybolt | August 8, 2017

As doctors and patients take on new roles in the changing world of healthcare, the days of physicians directing and patients obeying are fading fast.

Today, patient-doctor partnerships are the name of the game, a relationship that John D. Halamka, M.D., believes can be enhanced with technology.

As the chief information officer at Beth Israel Deaconess Medical Center (BIDMC), Halamka blends his experience as an emergency physician, Harvard professor, healthcare IT expert, and — interestingly — a farmer, to develop a new approach to optimizing the patient-physician relationship.

A self-proclaimed "geek doctor" (he was part of the push to bring lifesaving Google Glass technology to BIDMC), Halamka is helping to lead the effort to present actionable and accessible health information to patients and to streamline the clinical experience by connecting patients, doctors, payers, and communities.

Jessica Sweeney-Platt, executive director of research at athenahealth, sat down with Halamka to unpack his vision for healthcare IT and healthcare in general.

Q In the patient-physician relationship, should the physician's role revert back to something that existed before documentation became so linked to pay, or should we be aiming to create something new?

A We're going back to an earlier time with more patient contact and family involvement, but there will be better tools that help us with decisions for evidence-based quality or safe implementation of care sets and management. It's just a different mindset for physicians.

Q How would you define the job of the patient in the healthcare system?

A Patients in many ways become stewards of their own lifetime medical record, their history, and their care preferences. In the United States, as opposed to Canada or the U.K., we don't have a 'healthcare system,' we have many disconnected organizations. Even though there is health information exchanged between them, the doctor doesn't really know where the gaps are, but the patient does.

For example, when you leave a visit at Beth Israel Deaconess, your medical record appears in the HealthKit app on your phone, including the note the physician wrote about you, the care plan, and the next steps. We're just finishing up an app that will allow the patient to be a contributor to that documentation and voice agreements and disagreements. That's where patients and families who are engaged and involved are part of shared decision-making and not just passive participants in a doctor's visit.

Q That suggests a different set of skills for physicians as well. Working with the patient as a partner is very different from working with a patient as a passive recipient. Do you see training and education for physicians beginning to incorporate that set of skills?

A Imagine now that every note I write as an emergency physician is read by every patient I treat. It takes a different documentation skill. I know this is probably not appropriate, but I once saw a patient with asthma, and I wrote, "The patient presented to the emergency department with SOB." Now I know that means shortness of breath, but the patient who read that note thought I was referring to her husband. Oops! Got to be careful.

Q What do you see as the implications of the changing roles of physicians and patients for systems of care?

A There are two major IT changes that you need to implement. The first, as I said before, is to engage the patient and families in different ways, with different tools than we've ever given them before — mostly mobile apps that allow far greater degrees of interaction.

The second is care management: gathering the data across the community and making sure a cohort of patients receives a guidelines-based set of care. We define a cohort based on some criteria, say diabetes, and coordinate care across the community to ensure they're getting the care they need, not just at one hospital or doctor's office.

Q What is the next moonshot for you?

A If I were to ask you to coordinate care across a distributed team of people using either your EHR or Facebook, what would your answer be? Facebook would be far easier. So the question is how do you layer, not Facebook, but some social networking groupware on top of your EHR so team-based care coordination and communication is easier.

Q In addition to everything you do, you and your wife also have a farm and farm animal sanctuary in Sherborn, Mass. Are there lessons learned through farming life that you can apply to healthcare IT or vice versa?

A Recently we started rescuing horses. I don't know the first thing about horses. We took a risk, and after about a month, my wife and I learned how to achieve a better quality of life for them. Now that we've developed a pattern, we can keep more horses.

Similarly, healthcare IT sometimes requires you to travel outside your comfort zone. In the United States we have become indoor cats. We are so afraid to go outside — because there are coyotes out there — that we don't take educated risks. I've learned from my farm that educated risks are okay, and in healthcare IT, I try to do the same.

Olivia Rybolt is a staff writer at athenaInsight.

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