AMIA 2015 – What does the future look like?

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Current initiatives

- EHR 2020 report
- Clinical informatics board diplomates
- Policy engagement
- Shaping the future
Report of the AMIA EHR 2020 Task Force on the Status and Future Direction of EHRs


Over the last 5 years, stimulated by the changing healthcare environment and the HITECH Meaningful Use (MU) EHR Incentive program, EHR adoption has grown remarkably, and there is early evidence of benefits in safety and quality as a result.¹,² However, with this broad adoption many clinicians are voicing concerns that EHR use has had unintended clinical consequences, including reduced time for patient-clinician interaction,³ transferred new and burdensome data entry tasks to front-line clinicians,⁴,⁵ and lengthened workdays.⁶,⁷,⁸ Interoperability between different EHR systems has languished despite large efforts.⁹,¹⁰ These frustrations are contributing to a decreased satisfaction with professional work life.¹¹,¹²,¹³ In professional journals,¹⁴ press reports,¹⁵,¹⁶,¹⁷ on wards and in clinics, we have heard of the difficulties that the transition to EHRs has created.¹⁸ Clinicians ask for help getting through their days, which often extend into evenings devoted to writing notes. Examples of comments include “Computers always make things faster and cheaper. Not this time.” and “My doctor pays more attention to the computer than to me.”

Ultimately, our goal is to create a robust, integrated, interoperable health system that includes patients, physician practices, public health and population management, and support for clinical and basic sciences research. EHRs are an important

Much of the focus of the last decade, via MU and other incentives, was to encourage providers and other health professionals to implement EHRs and use them to capture and share data important to quality and cost. The work now ahead is to ensure that these systems are designed and implemented in a way that yields promised benefits to efficiency, quality and safety with fewer side effects.²⁵ While cost, usability, and other considerations are important, patient safety and quality of care need to guide how we optimize these systems.

There can be a tension between efficiency and safety. Medication reconciliation is a good example—medication errors at transitions of care are a significant safety concern and represent a rationale for adding safeguards despite the impact on time and process.²⁶ EHRs now include detailed processes to reconcile medications that some providers feel add to their workload and slow them down. Informed by careful studies,²⁷,²⁸,²⁹ tradeoffs do need to be made to strike the right balance. However, there are many ways to optimize both safety and efficiency and this is the goal of the recommendations of the AMIA EHR 2020 Taskforce.

As the professional home of health informatics professionals, AMIA is well qualified to address many of the health IT challenges from a wide range of perspectives. AMIA members
Simplify documentation
Focus Regulation
Increase transparency
Encourage innovation
Keep the patient at the center
CLINICAL INFORMATICS BOARD SUBSPECIALTY
Clinical Informatics Diplomates

Year 2013 vs 2014

- Pathology
- Diplomates

2013: 500
2014: 800

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POLICY ENGAGEMENT
Patients will receive better care if we can improve the exchange of information so that a patient’s health record can be accessed by physicians and pharmacists in an efficient and reliable way, the term industry experts use for this exchange of information is interoperability.

We’re fortunate that a report was published May 28, 2015, by the American Medical Informatics Association offering immediate strategies to the challenges in electronic health records that I’ve been detailing. The report was written by a task force of experts from all aspects of Health IT: physicians, researchers, vendors, patient advocates, and others.

We know that improvements need to be made to these programs, and they need to be done quickly. One of the things I like about this report is that the recommendations are targeted for the next 6 to 12 months and could make improvements quickly.

The report makes recommendations in these five areas:

1. Simplify and speed documentation – that means using technology to help doctors spend less time taking notes and more time taking care of patients.
2. Refocus regulation—that means the government requirements should be clear, simple, and streamlined towards better patient care.
3. Increase transparency and streamline certification, such as using detailed tests for records systems to receive certification, so purchasers can easily judge performance and compare products
4. Foster innovation – The brilliant minds working in Information Technology should be allowed to innovate new ideas, not just react to satisfying government ideas for Health IT. Standards are important, but they should support and enable innovations—not stifle them.
5. And “support person-centered care delivery” Today, with a click of a mouse or a swipe on a smart phone, one can see the prices for airplane tickets from competing airlines or, mortgage rates from hundreds of banks. But, in health care, Information Technology has not made much difference to the patient experience. Patients still fill out paper forms with clipboards at every doctor appointment, call multiple offices to make appointments, and piece together their health information one doctor office and one hospital visit at a time. Electronic health records could change that experience for all of us so that when an individual visits a doctor, his care team can access his information no matter where the patient has been or which doctors he’s seen in the past and deliver more accurate and higher quality care for the patient.
FUTURE TRENDS THAT WILL SHAPE AMIA
EHRs will not be the most important Health IT

The Physician’s Automobile

Its Advantages and Disadvantages.

A DISCUSSION OF CARS, TIRES, MOTORS, ROADS, CHAUFFEURS, AND REPAIRS.

PROFITING BY THE OTHER MAN’S EXPERIENCE.

ROLANDUS G. WALKER, M.D.

DENVER.

BUY a car proved good by others’ experiences. Do not buy a machine that was worn out by a previous owner, or one that was built to sell cheaper than a good, substantial automobile can be sold. My car has proved a great satisfaction to me. It is a well-made, four-cylinder runabout (102*), 20 h. p., easy access to all working parts, plenty of space for satchels, rides easily and is operated economically.

Advantages of Automobiles.

The advantages of automobiles as compared with all other vehicles are, in brief, their speed, absence of fatigue, ease of control in not running away, in not starting unbidden, in being safely left unintended, in excellence of brakes, economy in requiring less stable room, less immediate attention on return from a journey, and less lengthy attention before starting one, the access they give to beautiful scenery, the access to a large circle of friends when living in the country, and the access to the country when in town, the health they bring with fresh air, all united with an absorbing pursuit, distraction from work, ease of traveling, and perfect harmlessness in broadening, we commend an auto trip. Not a cut-and-dried affair, where the details have been arranged in advance, but a go-as-you-please, with no definite route in view. Just go when and where the spirit moves you. Don’t hurry. Take things easy, and if you come to a broken bridge, don’t swear, just consider it one of the experiences, back up and find another way around. It is these unexpected things that bring the best recreation. Let down the top and give the sun and air a chance to get at you. They are both great gifts and ought not to be shut out. Stop at every town, talk with its people, compliment them if you see anything worthy, and carry home with you added knowledge of human nature and a sense of satisfaction that will do you good.

The Auto a Time Saver.

The automobile is a great time saver, which is an item of great importance to the physician. The auto enables the physician to spend more time in his office, which can be profitably employed in reading and studying or recreation, the value of which can not be computed in dollars and cents. The saving of time, the fresh air, the forgetting of little annoyances, the absorption in the car in motion, and the possessing of a hobby which one enjoys while actually doing his work, bring the doctor home at night fresh and ready for his reading.

Study Your Car.
Patients will be first order participants in health, healthcare and research

- PCORI
- Precision Medicine
- Consumer devices
- Information-empowered Patients
Non-health data will become bigger than health data
Payment reform will increase the need for informatics skills and data analytics.
Interoperability will be a journey, not a destination

- Interoperability is
  - The \textit{exchange} of information
  - The \textit{use} of the information that has been exchanged

- Standards need precise descriptions of
  - The “what” (ie, data definitions)
  - The “how” (ie, care processes)

- So that the systems can collect information in ways that can be used by other systems
Properability will be a journey, not a destination

- But it’s not just within an enterprise, but across multiple systems
- Will need standards for
  - Meaning
  - Structure
  - Transport
  - Security
  - Services (APIs)
- PLUS
  - Context, workflow and policy awareness
Ultimately, health care is an “ultra large scale system”. The problem is one of city planning rather than enterprise architecture. We won’t get there in one step—but...
Knowing is not enough; we must apply. Willing is not enough; we must do.

Leonardo da Vinci

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