

As we mentioned last month, the American Reinvestment and Recovery Act (ARRA) made available \$26 billion for Health Care Information and Technology Systems (HCIT). The advantages to physicians re: productivity of Electronic Health Records and the access to information they create are well recognized. Implementation, as we said, is where the rubber meets the road -- strategy, conversion, integration and new business practices must be planned and executed for success in a physician's office.

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However, challenges arise in exploiting this information for better patient outcomes and enhanced physician-patient partnerships. What happens when the best technical finery is set up for the dance and the partners fail to foxtrot? Recent experience says that patient engagement, a common, secure platform and easy to use and time saving graphical user interfaces are all necessary steps in this new dance.

**Patient engagement and a common platform** -- The recent demise of Revolution Health is a good example of what happens when hundreds instead of millions of patients sign up to fill out their Personal Health Records (PHRs). Founded with great fanfare by Steve Case of AOL fame, the PHR aspect of Revolution Health failed to gain any patient traction. General Manager Marjorie Martin said, "Most patients rely on their physicians to do their record-keeping. Patients don't feel the need to make a change. Electronic record-keeping for patients is still a fairly laborious process." One apparent success is the partnership between Google Health and the Cleveland Clinic. Doctors input patient data into PHRs that patients can import into their own secure Google Health account -- a common platform. Ideally, if patients move away from the Cleveland Clinic, they can take their health records with them.

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**Easy to use and time saving graphical user interfaces** -- According to the American Medical Association, 50% of US physicians are 55 years or older and will be at retirement age in ten years. As these doctors age into retirement, the US could have 40,000 fewer doctors for, according to current demographics, a burgeoning population of 42 million more Americans needing care. The challenge is creating a system and interface that will do more with less. Successful HCIT and EHRs will involve developing access portals for patients and physicians that go beyond checking CPT (Current Procedural Terminology) diagnostic codes and utilizing cutting edge mobile hardware (e.g. iPads and Smartphones). Easy to use and time saving graphical user interfaces are critical -- those that put the physician and the patient at the center will likely be leaders.

**Security of data** -- Revolution Health says (of its terminated service) that it will destroy all PHRs on file. Anyone who has watched television criminal dramas NCIS or Law and Order knows that having electronic records fully expunged is akin to believing that the Tooth Fairy aids good oral hygiene.

Clearly the first step in HCIT is to develop a good business strategy,

and solid conversion, integration, and new business practices. The next critical step is to ensure patient engagement, develop easy, time-saving but robust graphical user interfaces, and provide a common, secure technical platform.

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