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Health Information Exchange

A PERSONAL LOOK AT USING INDIVIDUAL INFORMATION (LAB TEST RESULTS, CLINICAL FINDINGS, PRESCRIPTIONS, ADMINISTRATIVE DATA, ETC.) TO IMPROVE INDIVIDUAL CARE, ENHANCE POPULATION HEALTH, AND MAKE HEALTH CARE SAFER, FASTER, CHEAPER AND MORE EFFECTIVE.

Monday, October 20, 2008

Is the Revolution Upon Us?


Amar Gupta, the Thomas R. Brown professor of management and technology at the University of Arizona, writes in the [Wall Street Journal](#) that the revolution in IT that transformed banking, manufacturing, media and many other aspects of American business is finally about to descend upon the health care industry. Setting aside that this is the same promise I heard from my medical school graduation speaker in 1979, and that Prof. Gupta doesn't provide a time line, he does provide a nice analysis of three potential modes of health care:

In the future, there will be three often overlapping modes of delivering health-care services: services performed in person by humans, services that can be performed by people at a remote location, and services performed by computers without direct human involvement.

Services at remote locations are a no-brainer and already here: mail order pharmacy, off-shore transcription, tele-radiology, tele-medicine, tele-surgery. Computer-only services are going to be the real revolution. Automating the clinical laboratory made it one of the most reliable aspects of health care. Electrocardiograms that come with their own interpretation have long made cardiac care better everywhere. The [Vermedx® Diabetes Information System](#) currently uses IT to replace the failing human reminder and decision making systems in one small aspect of primary care.

Perhaps what's notable about these examples is not the pure processing aspects (although interpreting an electrocardiogram is pretty remarkable), but the connections to the human systems. Figuring out how to send a computer-generated message to a human doctor, nurse, or patient is not easy. It required literally years of tinkering and adjustment to get Vermedx® to work. Although our experience is valuable, there are no rules for how to do this in the next setting.

So, yes, I think the revolution is coming, but maybe not as fast as the Professor suggests.

posted by ben littenberg 

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