The Wachter Review of Health IT: Update and Insights

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Why I Decided to Explore Health IT
“Well told and eye opening . . . I kept thinking, ‘Exactly!’ while reading it.”
—Atul Gawande, author of Being Mortal

THE DIGITAL DOCTOR

Hope, Hype, and Harm at the Dawn of Medicine’s Computer Age

ROBERT WACHTER
Context of our Review

- NPfIT mostly failed to meet goals
- GP sector digitisation has gone well
- Five Year Forward View demands another effort aimed at digitisation and interoperability
- Preparatory work, £4.2 billion allocation in England: ready to go at it again
- SoS for Health, NHS wanted to learn from past experiences to increase odds of success
- US has had recent experience with digitisation
Members of the National Advisory Group on Health IT

**US Members**
- Julia Adler-Milstein, PhD
- David Brailer, MD, PhD
- Dave deBronkarkt
- Terry Fairbanks, MD, MS
- John Halamka, MD, MS
- Christine Sinsky, MD
- Robert Wachter, MD (chair)
- **Denmark:** Christian Nohr, MSc, PhD

**UK Members**
- Mary Dixon-Woods, MSc, DPhil
- Crispin Hebron
- Tim Kelsey (now Australia)
- Richard Lilford, PhD, MB
- Aziz Sheikh, MD, MSc
- Ann Slee, MSc, MRPharmS
- Lynda Thomas
- Wai Keong Wong, MD, PhD

*Harpreet Sood, MD, MPH (Staff)*
Our Process and Charge

- **Charge**: focus on IT implementation and benefits realisation in trusts, secondary care
  - But be mindful of everything around it

- **Process**
  - ~Ten 2-hour conference calls
  - One two-day meeting in England
  - Visits to four trusts
  - Five forums (including at King’s Fund)
  - Interviews with over 100 individuals

- **Release**: originally mid-June, now Sept 7th
The Big Picture: Two Transformational Trends

Pressure to deliver high-value care

The digitization of the U.S. healthcare system

The Dominant Issue Today

Prediction: The Dominant Issue in 2025
Richard Baron on the Trauma of Computerizing His Philadelphia Office Practice

“The staff came to work one day and nobody knew how to do their job.”
The Demise of Radiology Rounds

“The man who ruined radiology”
– Paul Chang’s dad
Residents’ Room Vs. The Ward
A 7-year-old Girl’s Depiction of her MD Visit

Toll E. The cost of technology. JAMA 2012
Arizona General Hospital will be coming to The Grand Canyon State later this year!! Located in Laveen, Arizona, a suburb of Phoenix, Arizona General Hospital is a 40,000 square-foot boutique general hospital.

Services offered include:
- Emergency Room
- Radiology Suite inc. CT, X-Ray, and Fluoroscopy
- Two State-Of-The-Art Operating Rooms
- Outpatient Surgery
- 16 Inpatient Rooms
- NO Electronic Medical Record
What Have We Learned?
Health IT: The Mother of all Adaptive Problems

“... problems that require people themselves to change. In adaptive problems, the people are the problem and the people are the solution. And leadership then is about mobilizing and engaging the people with the problem rather than trying to anesthetize them so that you can just go off and solve it on your own.”

– Ronald Heifetz, Kennedy School of Government
The Productivity Paradox of Information Technology: Review and Assessment

Erik Brynjolfsson

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Center for Coordination Science
MIT Sloan School of Management
Cambridge, Massachusetts

“You can see the computer age everywhere except in the productivity statistics.”

-- Nobel Prize winning economist Robert Solow, 1986
The Two Keys for Unlocking the Productivity Paradox

Improvements in the technology

Reimagining the work itself
Ten Findings/Insights Relevant to Our Review

1. Purpose of digitisation is not to digitise, it’s to improve quality/safety/efficiency/pt experience
2. Clinician buy-in & engagement is absolutely essential
3. In U.S., a national programme that offered $s to subsidize local purchases of IT systems meeting national standards led to high level of implementation
4. That said, advantages of UK national system (Spine, single ID) should be leveraged
   - Don’t *overlearn* the lessons of NPfIT
5. Govt’s tendency to overregulate IT should be resisted
6. Interoperability is crucial for many reasons, so bake it in early (hard to do later)
7. User-centered design must be a core value
8. Go-Live is just the start: systems need to evolve/mature... need workforce (including CCIOs) to do that, and some tolerance for messy early days
‘My authority comes from my clinical and technical expertise rather than directly as a consequence of the title and position in trust hierarchy. Not holding any budget or having anyone report to me leaves me somewhat as an advisor rather than leader.’

‘Yes – [need] some training to bring all CCIOs up to a level. Yes, needs national recognition that this is really important for an NHS to be fit for 21st Century. My organisation feels a CCIO is a 'nice to have', not a mandatory role that requires time, resource and investment.’

‘Huge opportunities and risks. As full time clinician NHS is not releasing me enough to maximise my contribution to this. Difficult job to do 'winging it'. Too important. But clinical credibility is key too, the balance needs to be better though.’
Ten Findings/Insights (cont.)

9. The IT system is just the backbone—must have culture, people, flexibility to innovate/reimagine people/processes on that backbone (adaptive change)

10. Be careful about overpromising: remember the Productivity Paradox