

Bridging Healthcare and Health IT

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Abstract: Health IT (Information Technology) is new to the healthcare industry, even though the term surfaced in 2008 the true meaning of what it is and how data aggregation, evaluation, and validation of patient data and information drives a successful quality healthcare organization. Understanding of key factors, what quality is and how it is measured, helps bridge together healthcare and technology for an organization to be successful in reporting quality measures for the best patient care.

Key words: Health information technology, accountable care organizations, office of national coordinator, data aggregation, cybersecurity.

1. Introduction

Health IT (Information Technology) is new to the healthcare industry, even though the term surfaced in 2008 [1]. Understanding of how data aggregation, evaluation, and validation of patient data drives a successful quality healthcare organization remains a disconnection for a majority of providers [2]. The importance and effectiveness in measuring quality for demonstrable improvements in patient outcomes helps bridge healthcare and technology and emphasizes the need for an organization to successfully report quality measures [3]. The Federal Government and the Office of National Coordinators have placed a model measure to help with the gap of healthcare and technology [4]. ACOs (Accountable Care Organizations) were also designed to demonstrate that high quality care can be a result of technology implementation, also implement of Health IT for data reporting can lead to incentives to be obtained [5]. Although healthcare technology is continually evolving, it's important to understand and build a vision for 3, 5, and 10 years in the future [6]. Being clear of a mission, setting goals, and understanding technology can empower clinical staff to integrate new processes, this leads clinic leaders to bridge the gap to improved patient experience and overall quality

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and safety [7].

Health IT is becoming increasingly important in healthcare in order to track the quality of healthcare and facilitate patient outcomes, using Health IT helps improve the patient experience of care, population health, and reduce cost [8]. Physician training on the EHR (electronic health record) is now included, but baby boomer generation physicians will need additional training; the migrating physician license recertification to a computer based testing model is one way to help baby boomer become more comfortable with IT [9]. Physicians who enter an ACO are more likely to adopt IT, but the healthcare workforce requires training in health IT [10]. As strategies for improvements are increasing more measures and Health IT standards are being considered as met quality is shown through data, adapting to Health IT is a must for physicians as it is part of healthcare and is increasingly becoming part of the healthcare landscape as it drives analysis and meets the Triple Aim [11].

2. Methodology

Participants include Family and General Practitioners nationwide. Practitioners nationwide were broken into use of Health IT to identify any trend. This is a quantitative approach measuring and analysis of Health IT adoption among practitioners nationwide.

Bar graph (Fig. 1) of the 2011-2014 Bureau of Labor Statistics 29-1062 Family and General Practitioners nationwide and the Medicare Shared Savings Program: Publicly available ACO data were analyzed. The data were analyzed using Excel Version 15.25.1 and SPSS version 24.

3. Results

Analyses by years show that providers nationwide increase annually. EHR incentive nationwide increased as well from years 2011-2014. ACOs using IT from 2011-2013 increased, but decreased from 2013 which had 1,127 active providers and went to 758 active providers in 2014.

The physician community needs to understand the importance of Health IT and speak with their staff and

colleagues about the data which have driven improvement in patient care.

4. Discussion

Overall, Health IT adoption has not reached 50% nationally. The trend is improving slowly and more physicians are adopting Health IT nationwide, based on the EHR incentive given nationwide. With outreach and communication, the physician community can increase the use of Health IT for improvement in the patient experience of care, population health, and reduction of costs. Physicians need to be able to store, share, and analyze health information to communicate and learn about a patient's best healthcare outcomes. Technology is the future of healthcare due to the fact that data can show

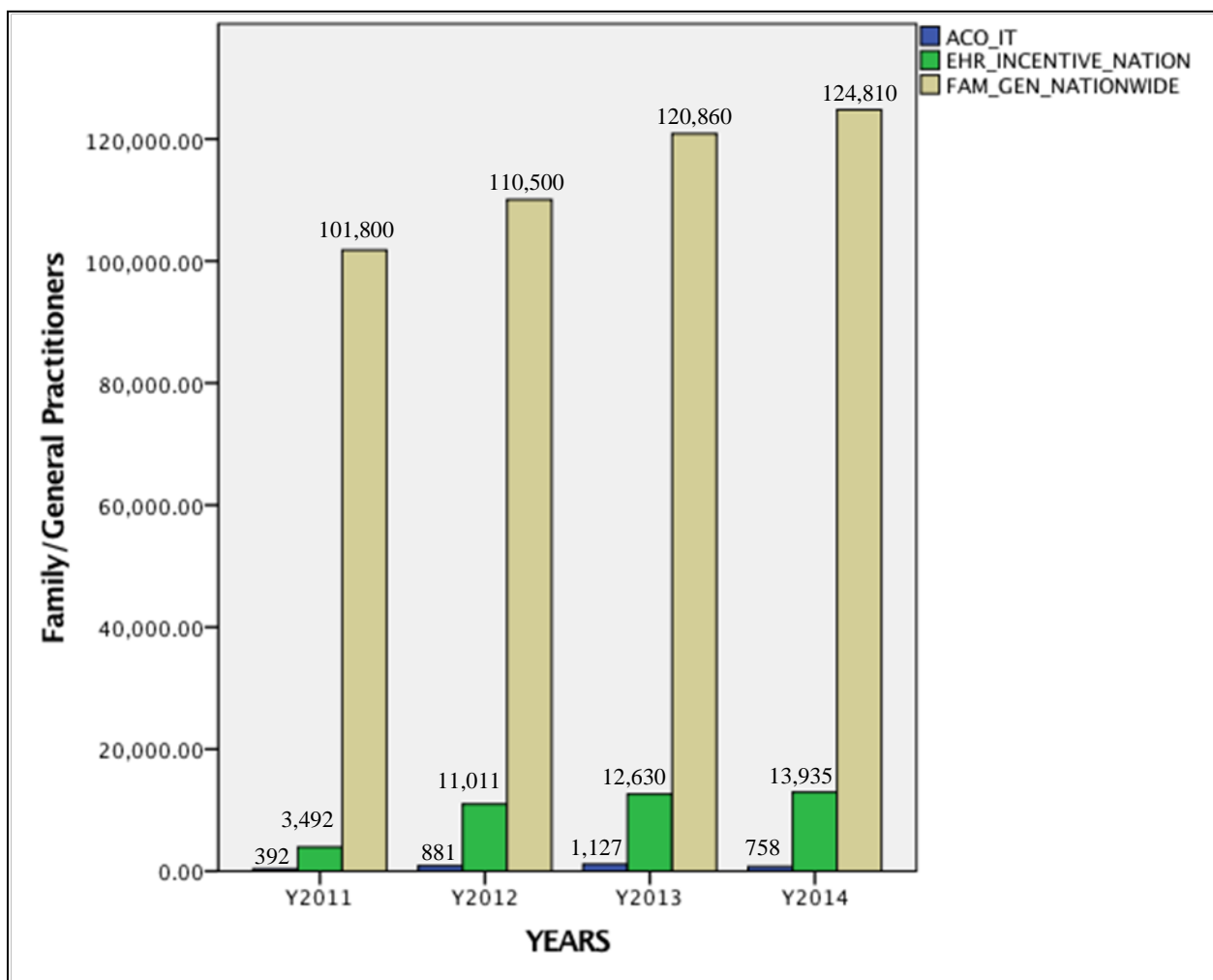


Fig. 1 Provider information technology usage.

gaps in care for a patient's best outcome.

5. Conclusion

The understanding of three major core focuses will help physicians accomplish bridging healthcare and Health IT. First, identify how to measure data in healthcare and implement a plan to maximize quality improvement using data. Second, access and implement the national benchmarks set for quality measures. Third, be able to access appropriate organizations to turn for guidance in healthcare information technology and for cybersecurity.

References

- [1] Rice, J., Justus, M., Kadrie, A., and Waruingi, M. 2015. "Healthcare Information Technology: A Correlational Study of Governance Maturity and Patient Costs." ProQuest Dissertations and Theses.
- [2] Sirkin, J., Thomas, C., Garnick, D., Halamka, J., Kammerer, N., and Shepard, D. 2015. "On the Road to Meaningful Use of Electronic Health Records." ProQuest Dissertations and Theses.
- [3] Schwartz, S. 2016. "Silicon Valley's Vision to Transform Healthcare." *Medical Economics* 93 (1): 40-3.
- [4] Schwartz, S. 2016. "Silicon Valley's Vision for Healthcare: Better Care, Outcomes; Lower Costs." *Ophthalmology Times* 41 (2): 38, 40.
- [5] Jennen, J., Olson, D., and Smith, J. 2014. "The Triple Aim: Health Care and Delivery Reform." ProQuest Dissertations and Theses.
- [6] Blackstone, E., and Fuhr, J. 2016. "The Economics of Medicare Accountable Care Organizations." *American Health & Drug Benefits* 9 (1): 11-9.
- [7] Yphantides, N., Escoboza, S., and Macchione, N. 2015. "Leadership in Public Health: New Competencies for the Future." *Nick Frontiers in Public Health* 3: 24.
- [8] Vest, J., and Kash, B. 2016. "Differing Strategies to Meet Information-Sharing Needs: Publicly Supported Community Health Information Exchanges versus Health Systems' Enterprise Health Information Exchanges." *The Milbank Quarterly* 94 (1): 77-108.
- [9] Lim, R., Hisung, B., and Hales, D. 2006. "Lifelong Learning: Skills and Online Resources." *Academic Psychiatry* 30 (6): 540-7.
- [10] Koslov, S., Trowbridge, E., Kamnetz, S., Kraft, S., Grossman, J., and Pandhi, N. 2016. "Across the Divide: Primary Care Departments Working together to Redesign Care to Achieve the Triple Aim." *Healthcare* 4 (3): 200-6.
- [11] Hrickiewicz, M. 2016. "Pursuing the Triple Aim." *Health Facilities Management* 29 (6): 31.