It’s Time for a New Kind of Electronic Health Record

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Value-base care is a significant change in the health care business model

- Reactive sick care to proactive management of health
- Rewarded for volume to rewarded for quality, safety and efficiency
- Fragmented, niche care to a cross-continuum system of care
- Clinician centricity to patient centricity
How will the business model transformation affect the electronic health record?
From the record to the plan
The shift to the plan

The movement to value-based care will place an emphasis on creating, sharing, effecting, monitoring and evaluating a plan for health for each person and the plans for a population of people.

This shift requires that the EHR have several plan-centric capabilities

• A library of customizable plans

• Means to combine plans; identify redundancies, conflicts and priorities

• Ability for plan tasks to be assigned across multiple members of the care team including the patient and family
The shift to the plan

This shift requires that the EHR have several plan-centric capabilities

- Tailoring of the plan to address care roles across multiple venues
- Decision support and workflow logic to monitor plan conformance and alert if material deviation is occurring
- Analytics to determine the aggregate effectiveness of plans
- Analytics to identify superior plans
From transaction-oriented to intelligence-oriented
The shift to intelligence-oriented

The movement to value-based care will place an emphasis on applying intelligence to transactions, processes and the plan to help advance the efficiency, effectiveness and safety of care and improve health

This shift requires that the EHR have several intelligence-oriented capabilities

• Guide clinical diagnostic and therapeutic decisions
• Analyze patient data to discover new treatments, uncover safety issues, and identify unusual clinical findings
• Monitor the execution of core clinical processes
The shift to intelligence-oriented

This shift requires that the EHR have several intelligence-oriented capabilities

• Present the clinician with data and potential actions tailored to reflect the patient’s conditions, the physician’s preferences, and the medical evidence

• Support care delivery by teams across venues and types of professionals

• Provide information and decision support to patients and their families
Organize the chart by the clinicians concerns…aka ‘My’ Problem List

-- Where the data came from is secondary
-- My list is not your list
Summarize the relevant data needed to manage that concern... to give the big pictures first, details later.
Manage the concern... not the application

Secondary output to drive:
- Documentation
- Orders / prescription
- Med reconcile
- Billing
- Decision support / analytics
- Research studies
Dynamic plan for asthma
The transition
Banks struggle to modernize their systems

Top modernization fears

1. Information security risk
2. Catastrophic failure
3. Implementation and integration
4. Public damage
5. Dependence on specialized vendor resources

Several types of capabilities will wrap around the EHR

- Population health management
- Health information exchanges
- Patient health management applications
- Big data analytics
- Decision support
- Workflow support
Questions?