

# **Harnessing the Power of EHRs & Health IT to Improve Care, Health, and Efficiency: *The Next 20 Years***

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# I WILL DISCUSS THE FOLLOWING HIT *TWO-DECADE IMPACT AREAS*

- The evolving *digital health milieu*
- The *health data-economy* shift
- The challenges of *interoperability*
- The new *e-patient / e-clinician* dyad
- HIT as an enabler for *population health*

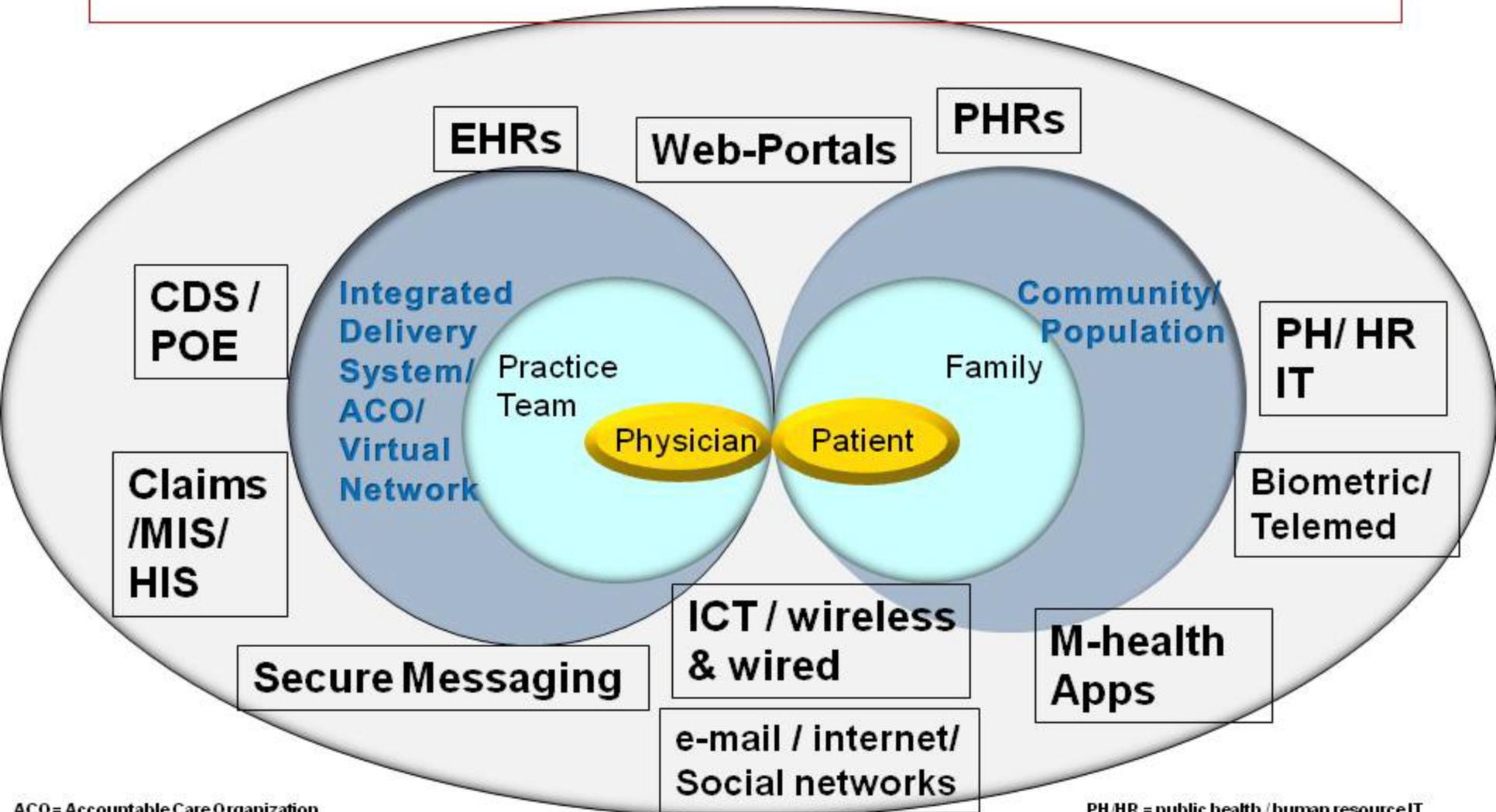


# THE DIE IS CAST

**HEALTH IT AND E-HEALTH  
ARE RAPIDLY BECOMING THE  
“VIRTUAL GLUE” OF THE  
HEALTH CARE SYSTEM**



# The new Digital Health Care Milieu



ACO = Accountable Care Organization  
EHR = electronic health record  
PHR = personal health record  
CDS = clinical decision support IT systems  
MIS/HIS = Management/Health IT systems  
POE = provider order entry IT systems

PH/HR = public health / human resource IT systems  
Telemed = telemedicine/ remote patient monitoring-  
M-health = mobile health applications  
ICT = information / communication technology

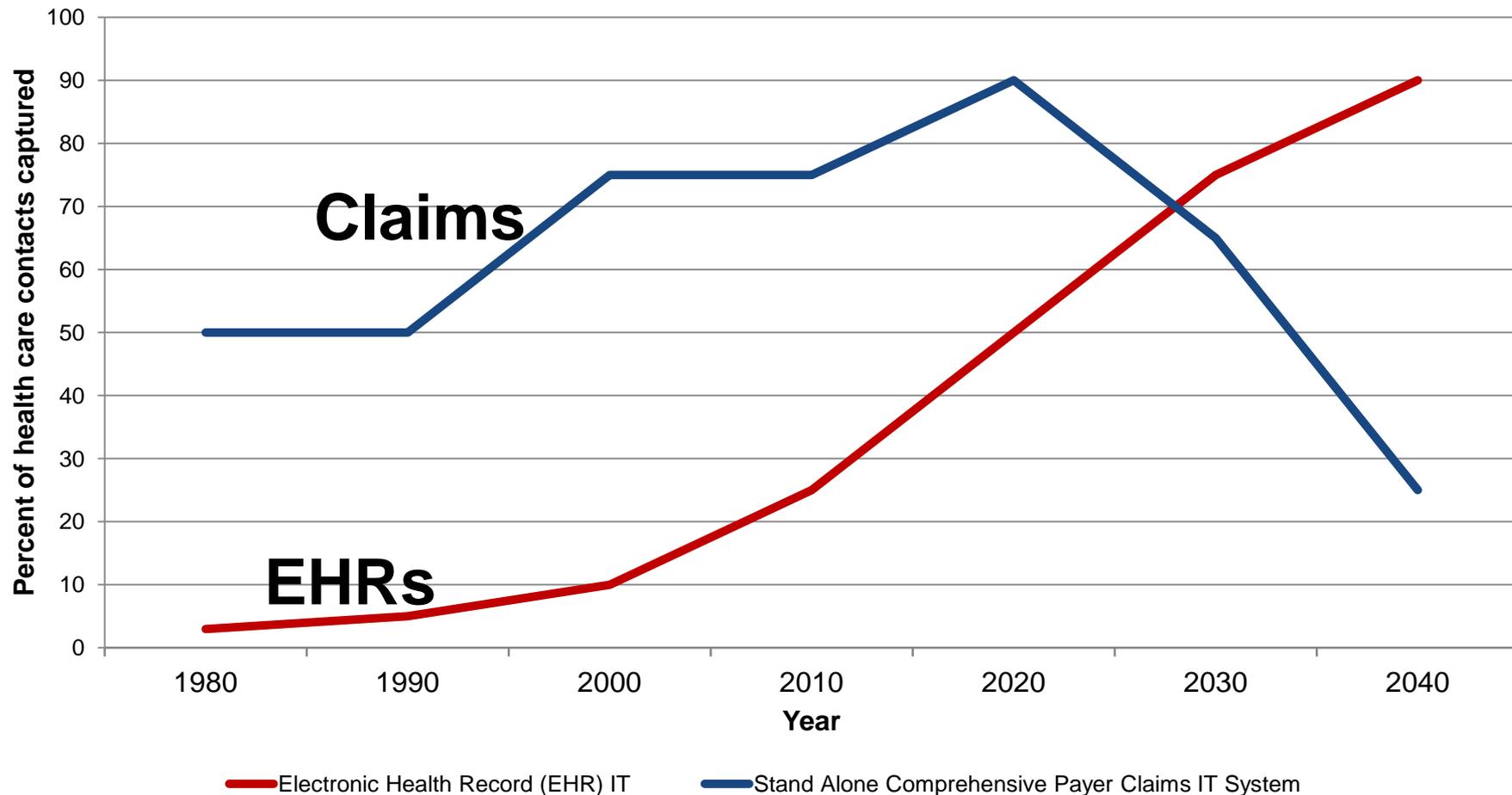
**FOR 5 DECADES, GETTING PAID  
HAS BEEN THE MOTIVATION FOR  
MOST HIT**

**FROM HERE ON, SUPPORTING  
THE CLINICAL CARE PROCESS  
WILL BE HIT'S RAISON D'ÊTRE**



# The shifting US “data economy” – the transition from claims to EHR systems

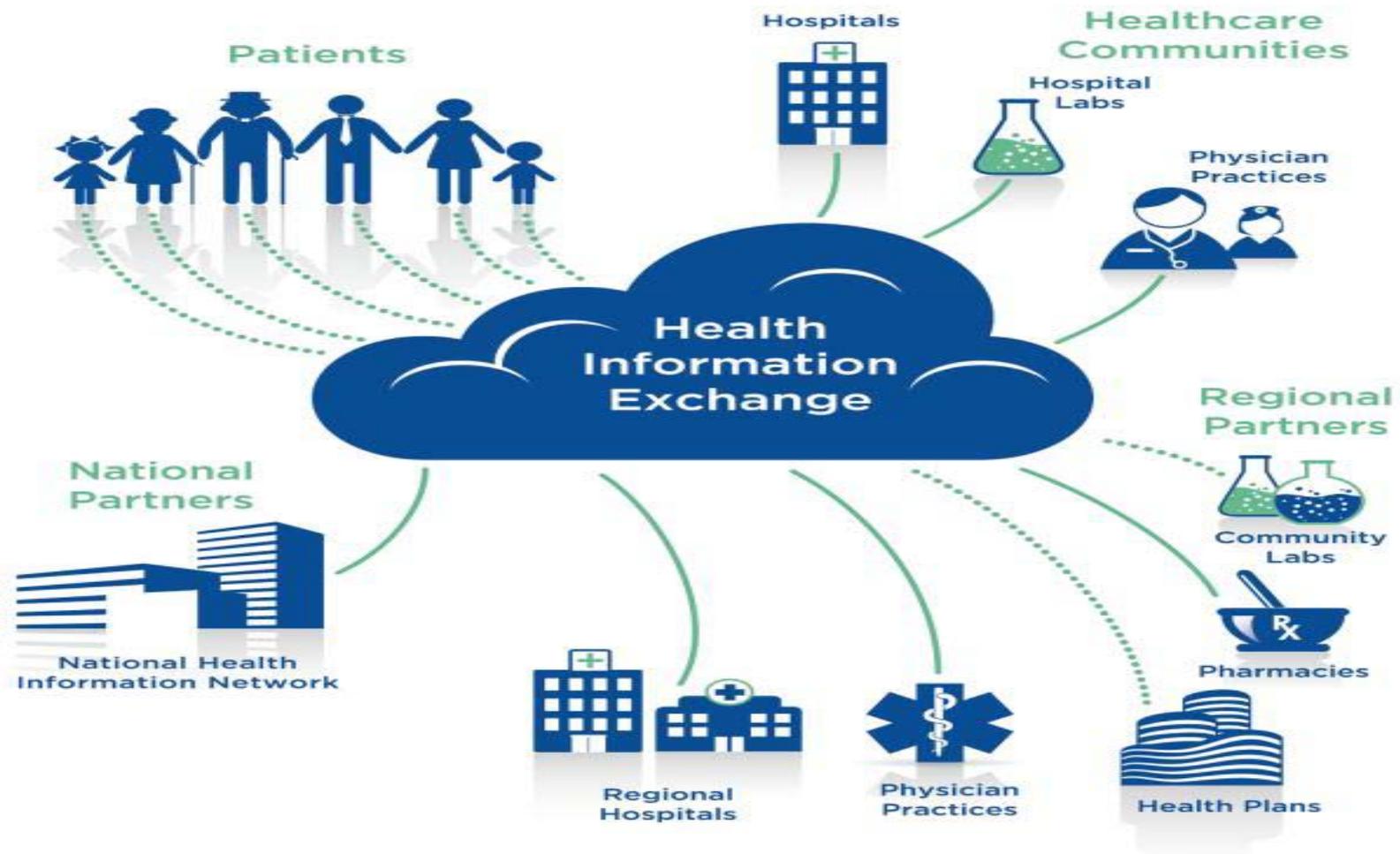
## Estimated % of health care contact information captured primarily by claims vs. EHR systems, US 1980-2040



**TODAY, LESS THAN 5% OF US  
EHR / HIT SYSTEMS ARE FULLY  
INTEROPERABLE**

**BRIDGING THESE HIT SILOS WILL  
BE THE CHALLENGE OF THE  
DECADE**





Source of Graphic: New Orleans Beacon Exchange



# HIE “Deliverables” by Constituency

## Hospitals:

- Clinical messaging
- Medication reconciliation
- Shared EHR
- Eligibility checking

## Physicians:

- Result reporting
- Secure document sharing
- Shared EHR
- Clinical decision support
- Eligibility checking

## Laboratory:

- Clinical messaging
- Orders

## ■ Public Health:

- Needs assessment
- Biosurveillance
- Reportable conditions

## ■ Consumers:

- Personal Health Records
- consumer health apps

## ■ Researchers:

- De-identified longitudinal data

## ■ Payers:

- Claims adjustment/payment
- Quality measures / P4P
- Secure document transfer

*Adapted from: HiMSS*

**AS HIT / E-HEALTH SUPPORTED  
INFRASTRUCTURE BECOMES  
THE NORM**

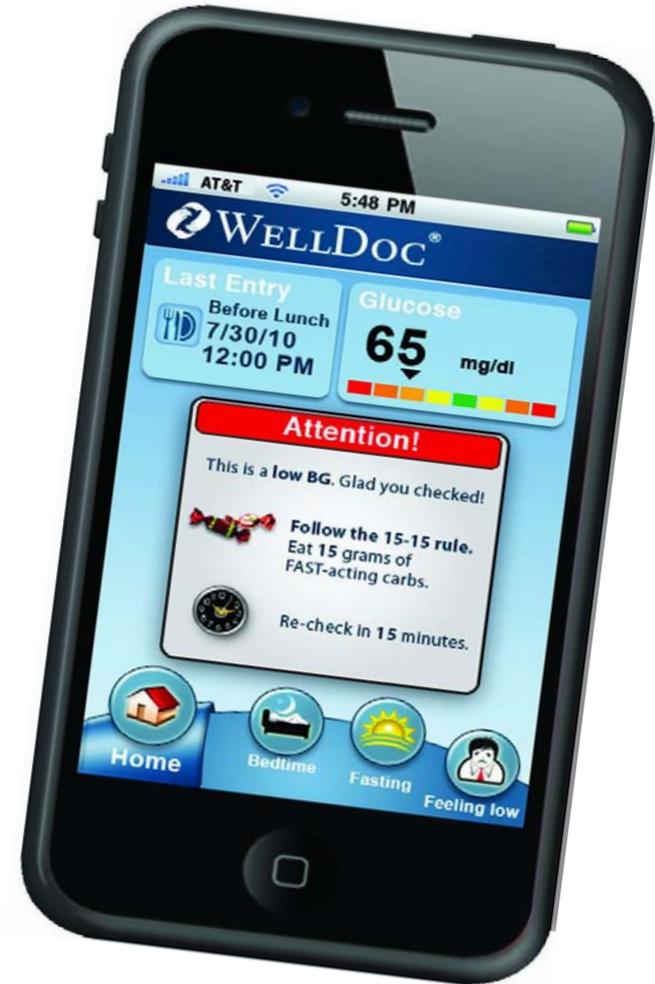
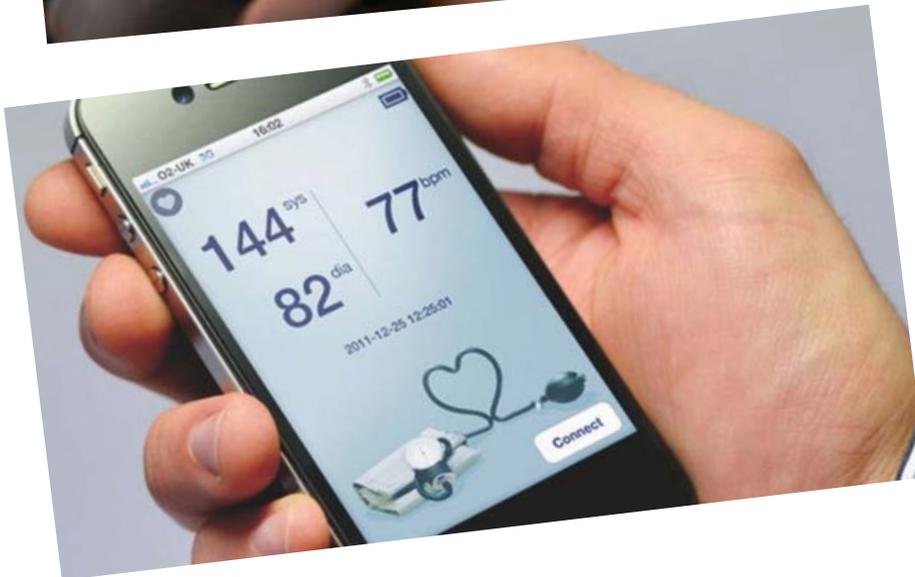
**REAL-TIME IN-PERSON PATIENT /  
DOCTOR INTERACTIONS WILL  
DECREASE SUBSTANTIALLY**



# 15% or more of care will soon be real-time but “remote,” using telemedicine and “e-referrals”



# Mobile health apps and biometric devices will increase exponentially as care alternative / adjunct



By Jonathan P. Weiner, Susan Yeh, and David Blumenthal

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# The Impact Of Health Information Technology And e-Health On The Future Demand For Physician Services

- **10-25% Gains in Efficiency**
- **10-20% NP/PA Delegation**
- **5-15% Specialist to PCP Delegation**
- **5-15% “Remote” Care**
- **10-20 “Asynchronous” Care**



# **MAXIMIZING HEALTH (AND VALUE) FOR POPULATIONS**

**HIT WILL MAKE IT FEASIBLE ...  
AND INEVITABLE**



# HIT WILL ALLOW GREAT ADVANCES IN POPULATION HEALTH

- Ways to integrate disparate “numerators” & “denominators” to define true populations and communities.
- Models and tools to help medical care systems move towards “population value” perspectives.
- Advanced tools for extracting and analyzing unstructured data from many sources.
- Standards and frameworks for integrating across EHR / IT vendors to achieve true community standards.

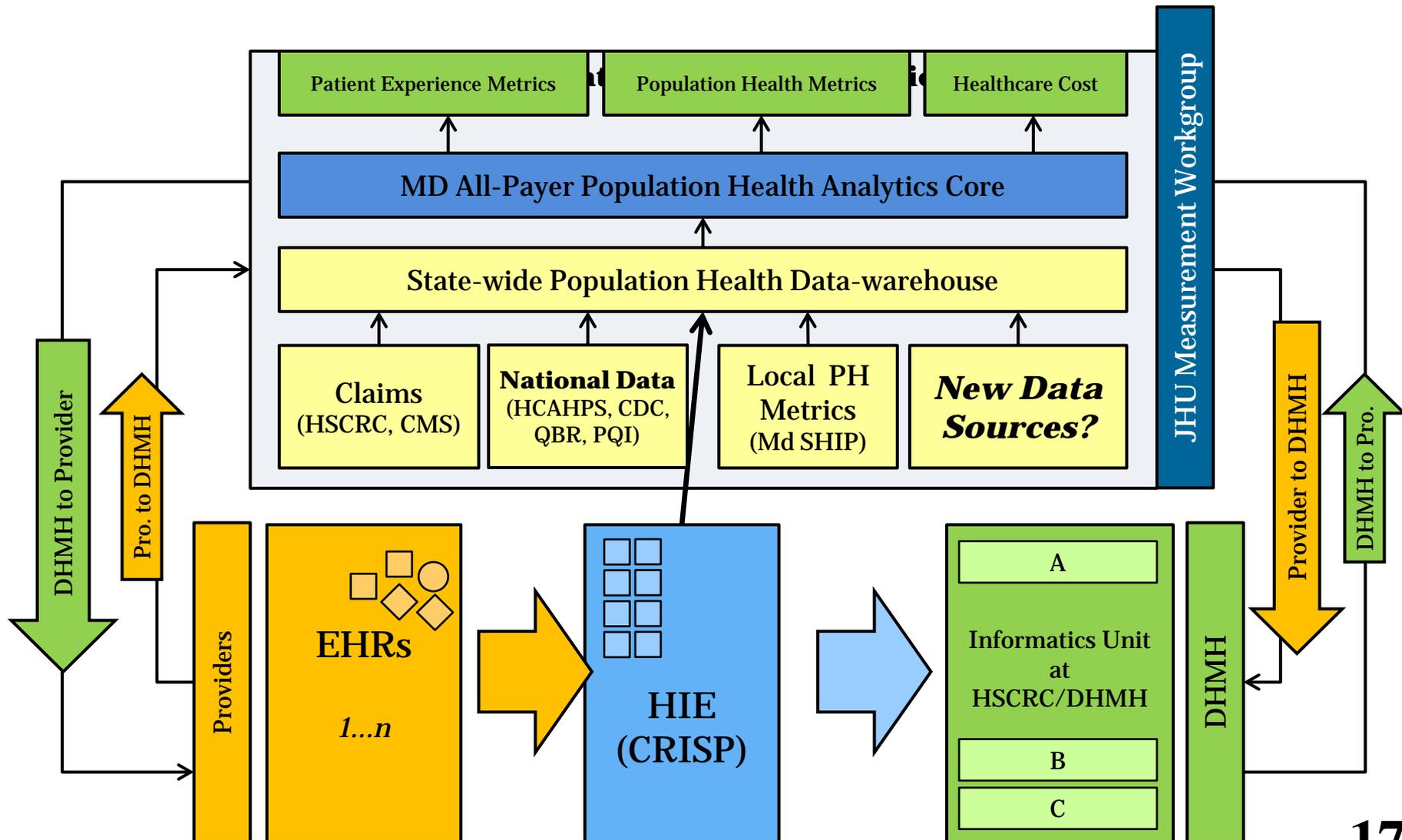


# Hot-Spotting Baltimore Hospitalizations Using HIE Data



Source: CMS Innovation Planning Grant Received by the Maryland DHMH

# Conceptual model for the “Maryland Population Health Information Network” (M-PHIN) in Support of the new All Payer Population-Based Global Budget Hospital Payment System



# IN CONCLUSION

**THE NEXT TWO DECADES WILL  
BE THE MOST DYNAMIC AND  
EXCITING TIME EVER IN THE  
FIELD OF HEALTH IT / E-HEALTH**



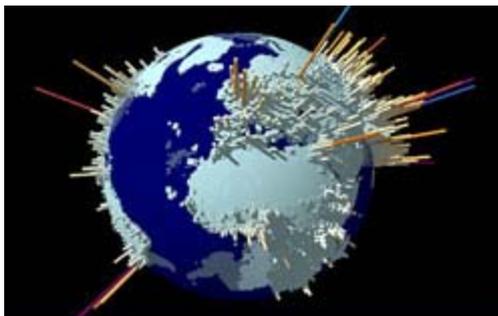
# Questions / Further Information

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