

# Health Information Technology and the Patient-Caregiver Relationship

## Executive summary

At a recent gathering in New York City, medical practitioners and industry thought leaders tracked the growth of health information technology (HIT) and its effect on patients. The result is a series of best practices for harnessing data to improve clinical interactions, reduce costs, enhance treatment and create more successful outcomes.

June 2014

## Contents

Introduction . . . . .	2
How HIT can enhance the patient-caregiver alliance . . . . .	2
HIT: the challenges . . . . .	3
What patients want . . . . .	4
Models of excellence . . . . .	4

## Introduction

Health information technology (HIT) is bringing profound changes to the American healthcare landscape, with transformational effects on everything from healthcare access to the management of patients with chronic conditions. What does the increased use of HIT mean for both patients and physicians?

Bank of America Merrill Lynch and the Schwartz Center for Compassionate Healthcare convened a panel of healthcare experts to address this important question at a thought leadership breakfast entitled “Health Information Technology and the Patient-Caregiver Relationship.” The Schwartz Center is a Boston-based nonprofit that works to strengthen the patient-caregiver relationship and preserve the human connection in healthcare.

Introducing the program was Lynn Wiatrowski, executive vice president at Bank of America Merrill Lynch and chair of the Schwartz Center board of directors. She opened the program by framing the question that is central to the dilemma today’s healthcare providers face: “How do we ensure that patients continue to receive compassionate, patient-centered care in a healthcare environment that is becoming increasingly technology-driven?”

The panelists addressed the question in a lively discussion that revolved around four major themes: the potential of HIT to enhance the patient-caregiver relationship; the challenges HIT presents; the expectations patients have for HIT; and potential models of excellence to guide practitioners as they navigate this complex new world. Highlights of the discussion are presented below.

## How HIT can enhance the patient-caregiver alliance

HIT offers physicians critically important information they need to provide better care for their patients, the panelists noted. By expediting the flow of data among clinicians, patients and care facilities, it is speeding treatment, reducing costs and saving lives. Among the benefits:

- **Better patient visits.** Technology’s potential for enhancing the patient experience begins in the exam room and at the bedside. Physicians must not lose sight of the fact that the use of computers has the potential to improve care and strengthen relationships, noted Neil Calman, president and CEO of the Institute for Family Health. In the future, he said, “supporting the patient-caregiver relationship will require more, not less, technology.”
- **How is technology best incorporated into an office setting?** The goal, said Eugene Heslin, lead physician at Bridge Street Medical Group, is to avoid making patients compete with the computer for their doctor’s attention. For example, using semicircular tables in exam rooms so that physicians and patients can view the computer together, is one way to ensure that patients feel heard and respected.
- **Remote monitoring.** Technology also has the potential to improve the way data flows from patients to doctors. A new wave of remote monitoring devices, or “telemonitors,” has evolved, which allow patients to send metrics such as blood pressure and glucose readings, oxygen saturation levels, and even electrocardiograms directly from their cell phones to their doctors’ offices.

## Opening Remarks:

**Lynn Wiatrowski**

Executive Vice President  
Bank of America Merrill Lynch;  
Chair, The Schwartz Center  
Board of Directors

## Moderator:

**Carol Raphael**

Chair, New York eHealth  
Collaborative; Former CEO,  
Visiting Nurse Service of  
New York; Board Chair, AARP

## Panelists:

**Neil Calman, M.D.**

President and CEO  
Institute for Family Health;  
Chair, Department of Family  
Medicine and Community  
Health, Icahn School of  
Medicine Mount Sinai Health  
System

**David Cohen, M.D.**

Executive Vice President;  
Clinical Affairs and Affiliations  
Chair, Department of  
Population Health, Maimonides  
Medical Center

**Eugene Heslin, M.D.**

Lead Physician  
Bridge Street Medical Group

**John Santa, M.D.**

Medical Director  
Consumer Reports Health

- **Smarter hospitals.** Hospitals, too, now have the capability of sharing a patient's medical records and vital data electronically—a capability that can save lives—noted Carol Raphael, chair of the New York eHealth Collaborative. “If any of you were in Albany and you were brought to the emergency room at a medical center there, the clinicians could instantly receive your full medical history from New York City,” she told the group.
- **Quality care for the chronically ill.** As David Cohen, executive vice president, Maimonides Medical Center, noted, HIT is particularly beneficial in the treatment of patients with chronic conditions who often see numerous doctors and whose care accounts for 75% of healthcare costs. HIT improves continuity of care, reduces errors and redundancy, identifies patterns and problem areas, and helps improve healthcare quality for these vulnerable populations.
- **An antidote for overwhelming complexity.** Healthcare professionals must keep abreast of some 13,600 diagnoses, more than 6,000 drugs and 9,000 procedures. Some 800,000 journal articles are published each year. HIT helps providers stay on top of the latest information and research in their fields.
- **A more expansive role for patients.** Technology offers patients the opportunity to write their own narrative accounts of their symptoms and medical histories in their own voices, and adds a new dimension to the medical interview. “Doctors’ notes are very sterile,” said Calman. “They often do not reflect patients’ feelings and emotions.” Including patient narratives in the electronic health record (EHR) could add a more human touch and uncover issues important to the diagnostic process.

## HIT: the challenges

While HIT has tremendous upsides for both patients and care providers, it can create challenges for both groups. As Wiatrowski noted, “[HIT] can distract clinicians from what matters most to patients: the desire for a deeper human connection.” Among the potential hurdles:

- **Checklist-driven office visits.** Some computer programs designed to make doctors’ visits more efficient have also made them more impersonal. With the growing popularity of checklists, clinicians are prompted to ask standard questions (“When did your problem start?” and “At what time of day is it most severe?”), while steering physicians away from more personal issues that could shed light on the source of a patient’s condition (“Is there anything going on in your life that might be making you feel more stressed?”) The danger, noted the panelists, is that caregivers can become so focused on their computers that they become slaves to, rather than masters of, technology.
- **The learning curve.** Healthcare providers need to be trained to incorporate technology into their practices. But effective training depends on the cooperation of every staff member, and working around the technical glitches can be trying. A 2013 study by the Rand Corporation and the American Medical Association indicated that electronic health records were a major contributor to physician dissatisfaction.
- **The generational divide.** Young, technology-savvy clinicians who have never known a world without computers have been early adopters of HIT. Older practitioners who are unaccustomed to using technology in their practices are sometimes less enthusiastic. Heslin recalled an older colleague who was reduced to tears when it was announced that an electronic records system was being introduced in the office where they both worked.

Technology offers patients the opportunity to write their own narrative accounts of their symptoms and medical histories in their own voices, and adds a new dimension to the medical interview.



## What patients want

What parts of the patient-caregiver relationship are working for patients? What do they value when they visit the doctor's office and how does HIT fit in? At the top of the list:

- **Positive interactions with care providers.** During a series of focus groups conducted by the Schwartz Center around the country, consumers were asked how they want to feel in a doctor's office. "The words that consumers used most frequently were: comfortable, safe, heard, important, cared for, and respected," said Wiatrowski. "More than a few mentioned the inhibiting influence of computers in the exam room."
- **Attention to the whole person.** When patients are at their most vulnerable, they want comfort and recognition that they are more than the sum of the entries on a medical chart. Raphael related the story of Brad Berk, CEO of the University of Rochester Medical Center, who underwent a lengthy hospital stay after being seriously injured in a bicycle accident several years ago. The hospital experience that most restored his spirits? A caregiver who noticed the disheveled state of his normally well-kept hair and took the time to offer him a shampoo.
- **More patient-friendly electronic communication.** Raphael shared the results of a consumer survey conducted by the New York eHealth Collaborative, a nonprofit organization working to improve the healthcare of New Yorkers through HIT. Among the things that patients would most like to see are online scheduling, email communication with their care providers, and email reminders for appointments.
- **Greater accessibility.** It's one thing to adopt electronic health records. It's another to make sure that they can be universally accessed. As Raphael noted, "It is important to realize that, by design, current EHRs, which are now used by 90% of hospitals and 40% of providers, don't communicate with each other the way a Verizon subscriber can talk to an AT&T subscriber. Patients want to know that when they are treated at a new facility, their records will follow them."

## Models of excellence

Several of the conference panelists have played leading roles in programs that are redefining the standards of excellence in HIT. The following are some of the initiatives they described that are at the forefront of innovation.

Based on consumer focus

groups conducted by

the Schwartz Center for

Compassionate Healthcare in

2013-2014, this word cloud

graphically displays how

patients want to feel in a

doctor's office.

- *The Institute for Family Health*: Neil Calman

The Institute for Family Health was one of the first community health center networks in the country to implement a fully integrated electronic medical record system, a move that has improved both preventive and chronic care treatment at its more than two dozen locations in New York State. The Institute's HIT achievements include:

- A computer portal that allows patients to make appointments, view test results, request medication refills, send a message to their provider, and find reliable consumer health information on their conditions
- Data-driven health registries that identify patients with chronic diseases such as diabetes, congestive heart failure, and HIV, conditions for which good outcomes depend greatly on whether a patient is receiving the right services
- A program that, in 2013 alone, provided HIT-related training to more than 1,300 healthcare workers
- Online access to high-quality consumer health information through MedlinePlus Connect, which links patients' electronic medical records to relevant sections of the MedlinePlus.gov website. Former Health and Human Services Secretary Kathleen Sebelius recognized the program as a healthcare innovation.

- *Maimonides Medical Center and the Brooklyn Consortium for Coordinating Physical and Behavioral Healthcare*: David Cohen

For patients with chronic conditions, such as mental illness, navigating the healthcare waters can be particularly treacherous. People with mental illness often have physical illnesses as well, but the providers who treat them may not talk with one another. In too many cases, the result is substandard care and higher healthcare costs.

The Brooklyn consortium brings together Maimonides and some 50 other New York healthcare facilities that use advanced HIT to share clinical information. The goal is to better coordinate and manage physical and mental healthcare and other support services for this vulnerable population.

To build the consortium, Maimonides team members selected patients based on diagnosis codes that indicated severe mental illness. They then built a kind of "clinical dashboard" that allows the providers to communicate with one another. The dashboard allows clinicians to see what is being done for each patient and by whom, and to receive alerts indicating any status changes. For example, an alert might be triggered when a patient is discharged from an emergency room or outpatient department, admitted to a psychiatric hospital or evicted from his home.

Funded by the state of New York, the program has already resulted in a substantial increase in patients treated in an inpatient setting rather than in emergency rooms or hospitals. "What we've learned here is that when you build programs around the actual needs of patients, most organizations really do respond quite well," noted Cohen.

- *The New York eHealth Collaborative*: Carol Raphael

The New York eHealth Collaborative (NYeC) is a not-for-profit organization whose goal is to improve healthcare for New Yorkers through better HIT.

The goal of NYeC is that no patients, wherever they may need treatment within the state of New York, are ever without fast, secure, accurate and accessible information.

The Institute for Family

Health was one of the first

community health center

networks in the country to

implement a fully integrated

electronic medical record

system, a move that has

improved both preventive and

chronic care treatment at its

more than two dozen locations

in New York State.

The organization's mission includes:

- Helping providers to exchange healthcare records securely, especially in situations where patients require complex treatment from multiple providers
- Helping patients access electronic healthcare records
- Educating both the healthcare industry and those needing treatment on how HIT can improve care
- Achieving its goals by bringing together providers, public and private payers, consumers, technology enterprises and investors

- *Kaiser Permanente Northwest OpenNotes Initiative:* John Santa Kaiser Permanente Northwest in Oregon/southwest Washington recently announced that it will join nine prominent health systems and medical groups in the Northwest in providing its nearly 500,000 members with online access to the notes written by their clinicians and included in their medical records. Now, on any particular day, 10,000 Kaiser patients can easily see their healthcare providers' notes.

OpenNotes was piloted at Boston's Beth Israel Deaconess Medical Center, the Geisinger Health System in Pennsylvania and the Harborview Medical Center in Seattle, all of which are aggressively adopting this practice.

The rationale behind OpenNotes is to help patients better remember what was discussed during visits, feel more in control of their care, have greater understanding of their medical conditions, be more likely to take their medications as prescribed, and better communicate with their caregivers.

OpenNotes is also designed to aid care providers. By sharing their notes, doctors and other clinicians can take better care of patients, help patients' other caregivers optimize care, and meet patients' desire for more information about their conditions.

A recent survey showed that fewer than 20% of doctors using OpenNotes reported taking more time writing notes and just 8% reported that the approach caused them to spend more time addressing patient concerns outside of visits. Meanwhile, more than 77% of patients using OpenNotes said that it helped them feel more in control of their care. While doctors were skeptical initially, noted Santa, "none of the problems that were once feared have materialized."

The Schwartz Center for Compassionate Healthcare is a national nonprofit organization dedicated to strengthening the relationship between patients and caregivers, and preserving the human connection in healthcare. Its programs to advance compassionate, patient-centered care have been adopted by more than 400 hospitals and other healthcare institutions in the U.S. and UK. More information is available at [www.theschwartzcenter.org](http://www.theschwartzcenter.org).

Kaiser Permanente

Northwest in Oregon/

southwest Washington

recently announced that

it will join nine prominent

health systems and medical

groups in the Northwest in

providing its nearly 500,000

members with online access

to the notes written by their

clinicians and included in

their medical records.