



Despite rapid uptake, digital health transformation must synergize people, processes and platforms to overcome challenges

IT leaders came together in a virtual think tank session to share best practices and lessons learned in deploying digital health solutions

“Necessity is the mother of invention.” This ancient proverb became especially relevant as healthcare leaders realized they had no choice but to innovate to meet the demands of the COVID-19 pandemic. Healthcare organizations (HCOs), however, are facing the next challenge: finding a way to propel their digital journeys forward.

On November 2nd, 2021, healthcare technology company Philips partnered with HIMSS to deliver the virtual Executive Think Tank, Leading the Journey to Digital Health Transformation. The session brought U.S. IT leaders together with facilitator Lisa Caplan, Executive VP, Technology and Innovation, HIMSS, and guest speaker Shez Partovi, MD, Chief Information & Strategy Officer, Philips, to offer expert insights on how far their organizations have come – and, more importantly, how far they need to go.

COVID-19 quickens the pace

The leaders shared how they launched new projects or accelerated existing initiatives to meet the demands created by the pandemic.

“COVID-19 put innovation on steroids because we really had to find new ways of doing things,” Caplan said. “HCOs went from 1,500 video visits a week to over 200,000 during COVID-19 because it was really the only way, other than emergency care, that we could continue to see our patients.”

The pandemic also prompted HCOs to shift into high gear. “We spun up essentially a fully functioning COVID-19 dashboard within an afternoon, because that’s what the organization

needed,” said the CMIO of a Pennsylvania-based health system. The dashboard is specifically designed to collect more mature data assets that enable the HCO to better serve COVID-19 patients. With a more sophisticated data approach in place, the HCO now can draw on useful insights to better direct care.

The CMIO believes using this data enabled the organization to move beyond the “kitchen-sink” approach healthcare systems around the world were forced to adopt early in the crisis: “With better data, we could have discovered that hydroxychloroquine is completely ineffective [early on] rather than muddling through some of the travails that we went through.”

COVID-19 prompted another large health system to improve existing digital vaccination processes. “We immediately challenged ourselves to be able to give a patient a vaccine within two minutes in our electronic health record and we are now actually able to do that in about one minute, 30 seconds,” the CMIO at the Pennsylvania-based provider organization added.

The health system also developed an IT tool that makes it possible to manage staff and supplies to meet vaccination needs and is now looking at creating both an electronic digital vaccination card and a health pass that will enable patients to easily view personal health information. “Patients would then



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LISA CAPLAN | Executive VP, Technology and Innovation | HIMSS

become more conscious about the spread of viral diseases, and we would see fewer common colds and cases of flu,” the CMIO pointed out.

Finally, a New York-based healthcare system transitioned from descriptive to prescriptive analytics to address readmissions. “We were surfacing all this information, but to what end? It’s not just [assessing] the risk or this person coming back, but what are the things most likely to impact that person?” said the system’s VP of Population Health, who noted that the new prescriptive approach ultimately reduced readmissions.

Tech adoption in three stages

These HCOs are representative of the overall move toward increased digital innovation in the COVID-19 era. In fact, according to a recent HIMSS Market Intelligence study, most health systems now offer digital programs, with nearly one-third employing targeted, high-impact tactics that track key performance indicators and outcomes. The quandary: 52% of providers have not progressed these initiatives beyond pilot stages, according to the 2,743 healthcare professionals surveyed.¹

That challenge weighed heavily on the minds of the think tank participants. Partovi offered counsel, explaining that transformation doesn’t occur in one fell swoop but instead requires three distinct “lifts.”

Lift one optimizes current processes to make them more efficient or cost-effective. “The first lift is the most basic lift. It is the one that ends up on all the spreadsheets for ROI calculations,” Partovi said.

Consider digital photography as an analogy. Lift one made it possible to take and store an unlimited number of pictures on a hard drive – as opposed to taking, printing and then storing a finite number of photos in a shoebox.

Lift two transforms current processes by making it feasible to accomplish things that were formerly possible but not practical due to technology limitations or costs. For example, it was possible, yet onerous and expensive, to send pictures to other people through the mail with analog photography, but digital photography made it easy to send pictures electronically.

Lift three disrupts current operations. “This is where real transformation, in my humble opinion, occurs,” Partovi said. “In health systems ... this is where you begin to do things you

never dreamed of. These are not the things that end up on the spreadsheets for ROI, but when you talk to people, these are the things that actually gave the greatest ROI.”

Digital photography’s third lift, for example, led to a never-before-thought-of social media genre, which includes platforms such as Instagram and TikTok.

Addressing obstacles along the way

While the transformation journey requires three lifts, the healthcare leaders pointed out that it is also riddled with challenges such as:

Gleaning knowledge from voluminous data. Dealing with large amounts of information emanating from digital technologies has created an information asymmetry challenge for HCOs. “There’s data out there that actually can answer the questions that we want to have answered, but it’s just hidden ... which makes those knowledge insights difficult to access,” said one CMIO.

Engaging executive leaders. “As much as we have gone down this digital route, the people at the very top are still thinking paper,” the Pennsylvania-based CMIO observed. “I will produce some really sophisticated data tools for some of the executives and they say they don’t know what to do with it. They ask if I can print it out on paper and put it on their desk. That is a hurdle that we all need to overcome.”

To confront this challenge, IT professionals should strive to change leaders’ perceptions. “They need to understand that it’s not just about creating a pretty picture on a computer screen, but now you can dynamically interact with the data and answer questions that you did not know that you even had when you looked at an initial report or dashboard. That’s where you’re going to get transformative change,” said one of the event’s participants.

Maintaining momentum. While COVID-19 prompted HCOs to deliver care digitally, more in-person care is occurring as the pandemic shifts. “Everyone on this call is very digitally minded. When we are seeing the future, [digital] is where we want to push healthcare and yet there is a backslide to more in-person care,” said a healthcare leader from a multi-hospital system. The challenge is to create a new normal that continues to incorporate those digital technologies that improve care and operations.

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SHEZ PARTOVI, MD | Chief Information & Strategy Officer | Phillips

Moving from quantity to quality. COVID-19 prompted HCOs to adopt technology en masse – but now they need to take a step back and evaluate just how this digital transformation is affecting outcomes. “We did a million telehealth visits, and we just now are getting to the qualitative patient experience on the other end of that. How are we evaluating the quality? What are the outcome metrics with those visits?” the leader asked. “We need to look at how likely it is for a virtual visit to result in a better management of the blood pressure or a better score on the patient experience card.”

Focusing on interoperability. A CIO from a health system in the Midwest noted that his organization implemented several technologies to meet the need for virtual care during the pandemic. “We had to essentially ‘Frankenstein’ systems together that would work with our telephones, our EMR and our patient AP [accounts payable] systems. All those things took some time to get there and it's still pretty inefficient,” according to the leader.

Another leader had a similar experience. “We didn't really consider connectivity enough. So we had to retrench a bit and look at how to really manage all of these systems together,” the IT professional noted.

Taking time for security. As HCOs move toward more digital care, the need to address cybersecurity issues becomes greater than ever before. “Cybersecurity will always take three times longer than you anticipate. We were going to release

our video connects module three quarters before we ended up actually releasing it,” a CMIO at a government health agency said. “That cybersecurity piece took a bit more time than we anticipated. I'm not saying it shouldn't, just saying we significantly underestimated the amount of time.”

People, processes, and platforms. While HCOs need to cope with myriad challenges during the digital transformation journey, leaders must move forward with the right strategic approach.

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“Many organizations start with the platform and that's not the answer. You've got to start with the people who are going to lead the transformation and the processes that you are going to re-engineer,” he said. “And that's exactly how we partner with our organizations because we know the people and processes are what will carry the day and ultimately lead to digital transformation.”

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Reference

1. HIMSS. 2021. State of healthcare report: Uncovering healthcare barriers and opportunities. June 15. <https://www.himss.org/resources/state-healthcare-report-uncovering-healthcare-barriers-and-opportunities>.

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