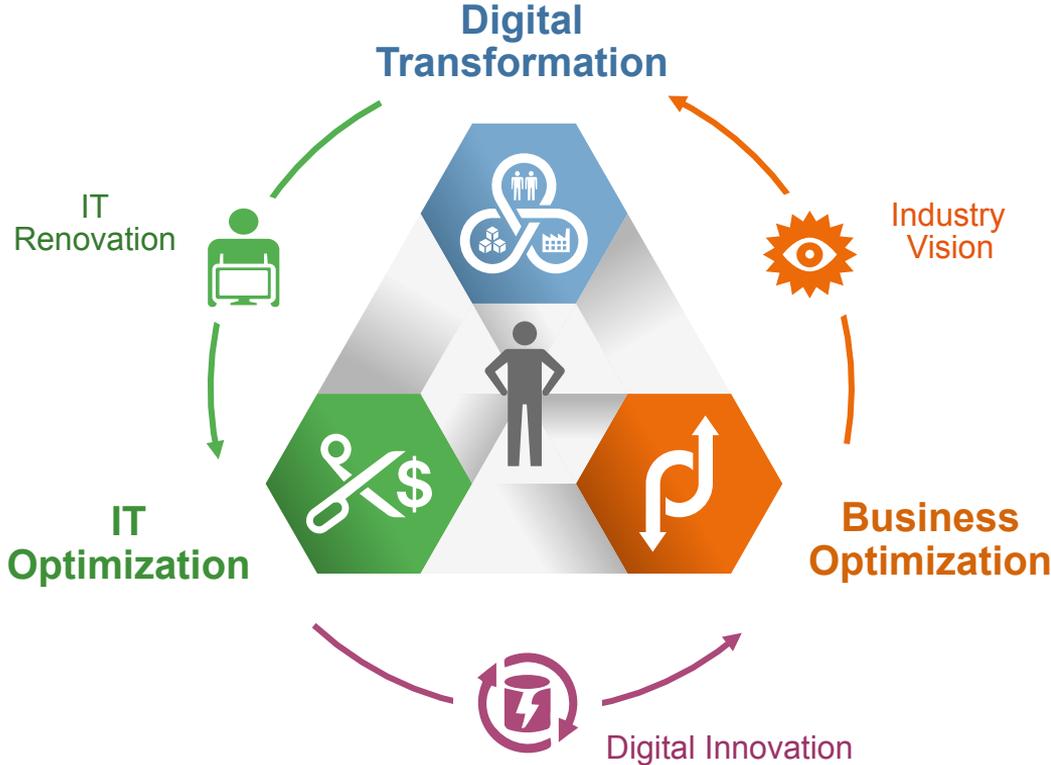


A conceptual image showing a white and black robotic hand on the left reaching towards a human hand on the right. The two hands are positioned as if about to touch, with a bright white light flare at the point of contact. The background is a dark, gradient grey.

# Digitally Enabled Health Transformation

The realization of **new outcomes**  
*by blurring the digital and physical in*  
**societies**

# The Digitalization Cycle of Value



# Today's Discussion:

## What does it mean to be a doctor in the digital age?

1. Is physician burnout real?
2. What are the common causes?
3. IT's Role
4. What top actions will tackle burnout and move value forward?

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# Burnout...and Its Impact

## The Three Dimensions of Burnout Maslach Burnout Inventory

- ✓ Emotional Exhaustion
- ✓ Cynicism
- ✓ Ineffectiveness



Toby Cosgrove, MD  
CEO, The Cleveland Clinic

“It’s a whole new world. The old way of practicing medicine is just that- an old way of doing things....

Many of us got into medicine to be independent..., and now we’re being asked to join group practices, follow protocols, and take advice from a computer.

“We’ve always treated sick people, but now we are trying harder than ever to keep them well. We used to bill for single services, but now we have to look at the whole continuum of care. Things have changed.”

- Toby Cosgrove, MD, CEO, The Cleveland Clinic  
On his Linked-In Blog, 2013

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# Supersize Me!

## Healthcare of Epic Proportions!!

- ✓ Health systems in quest of market dominance, negotiating leverage, and economies of scale
- ✓ Requires “systemness”: new organizing principles and operating model
- For physicians: Loss of traditional independence, power and control  
Younger physicians looking for work-life balance  
Hard to keep up in a small practice

**Patient-Centered  
Medical Home**

**Repeal/Replace  
Obamacare?**

**Accountable  
Care**

**2.**



**and**

**Bundled  
Payment**

**MACRA  
MIPS  
Advanced APM**

**No Insurance Mandate?  
More HSAs?**

**Medicaid Block Grants?**

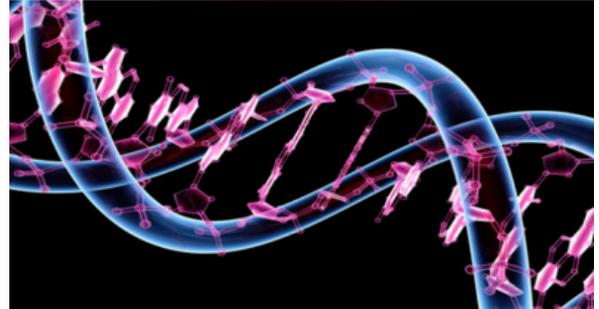
2017: A particularly uncertain environment, with new and mixed messages from Federal government and private insurers, makes it hard to know where to focus.

# 3. The Pace and Scope of Medical Advancement

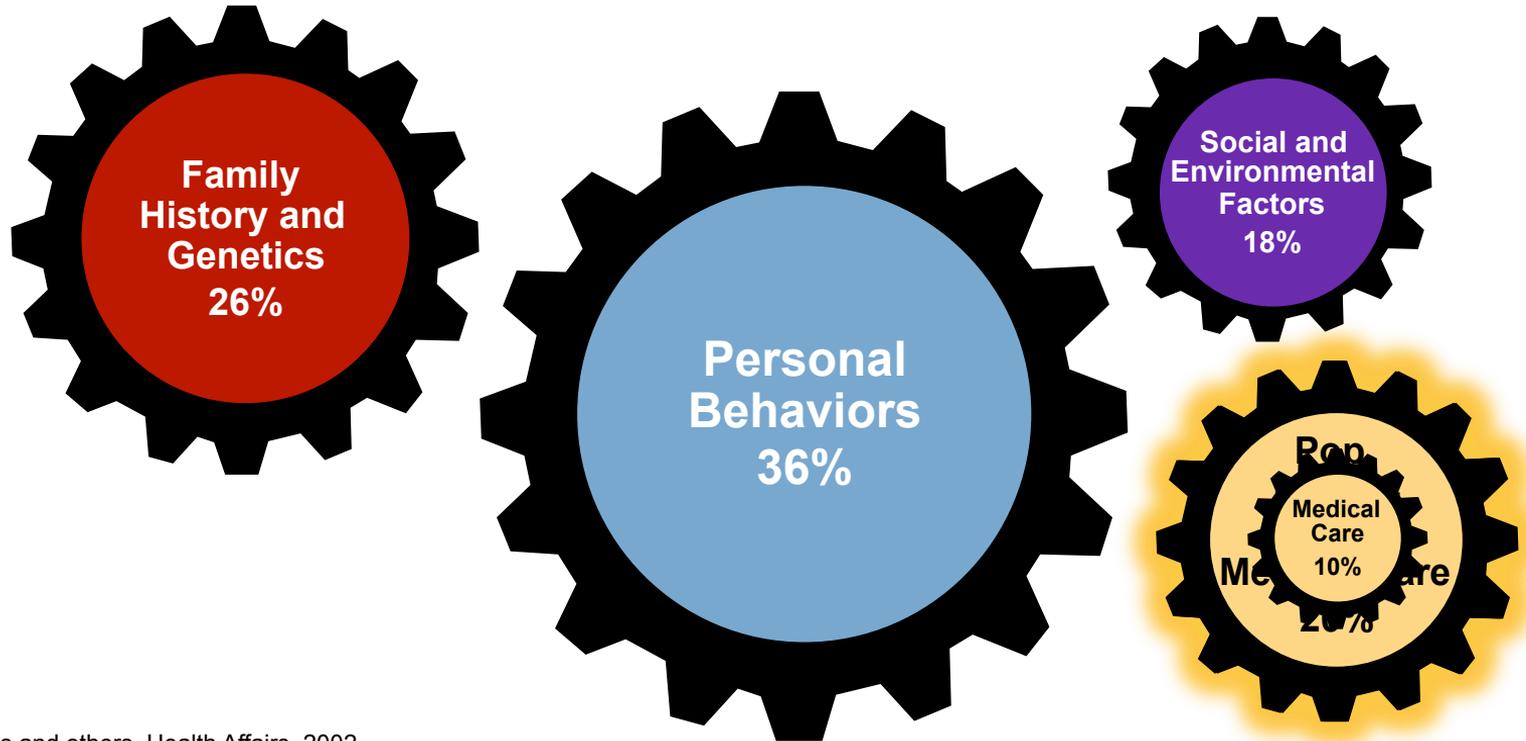
## *Cleveland Clinic Top Ten Medical Innovations for 2017\**

1. The microbiome
2. Diabetes drugs that reduce heart disease and death
3. CAR-T therapy for leukemia and lymphoma
4. Liquid biopsies to find cancer
5. Automated car safety features and driverless capabilities
6. Fast Healthcare Interoperability Resources, HL7 FHIR
7. Ketamine for treatment-resistant depression
8. 3D visualization and augmented reality for surgery
9. Self administered HPV test
10. Bioabsorbable stents

\*Source: Cleveland Clinic Medical Innovations Conference, October, 2016

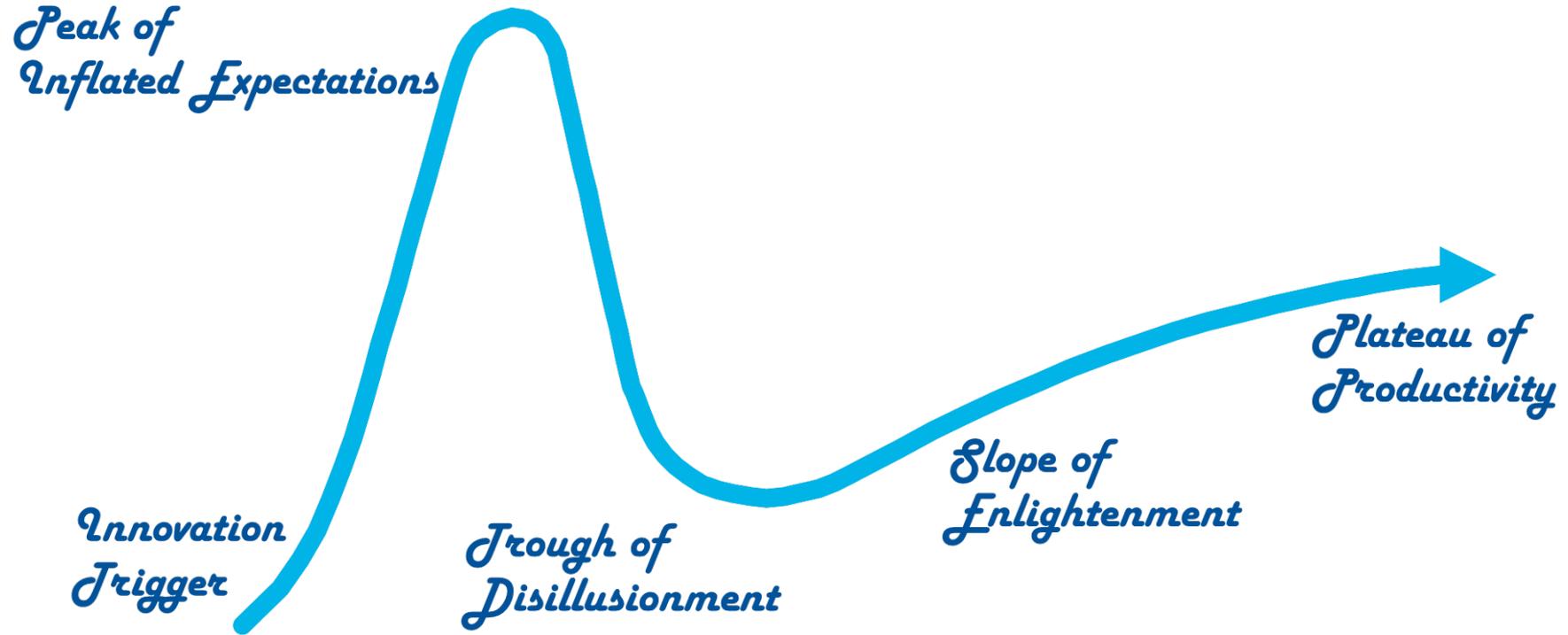


## 4. Broader Purview of Providers – 2027?



Source: McGinnis and others, Health Affairs, 2002

# 5. “Relentless” Information & Communications Technology Innovations



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# Health IT MegaTrends: From Settings of Care to a System for Health

2030: The Ahead-of-Time  
*Health System*

2020: The Real-time  
*Healthcare System*

Peak of  
Inflated Expectation

Genomics Medicine

Smart Machines &  
Cognitive  
Computing

Consumer Engagement  
& Digital Marketing Hub

2025: Precision Medicine

2030: Adaptive Personal  
Health Services

Post-Modern  
Cloud ERP

CRM and Patient  
Engagement  
Portfolios

Operational  
Intelligence  
Systems

Population Health  
Systems, Platforms  
and Point Solutions

High of  
Disillusionment

Telemedicine and  
Virtual Care

Evidence-Based  
Medicine:  
Core Clinicals  
The EHR

Patient  
Access  
Revenue  
Cycle

ERP:  
HRM  
SCM  
FM

BOBs:  
LIS  
RIS  
PACS  
ICU  
ED



# The IT Consequences of Physician Burnout

- “Interested in helping us optimize our strategies and deliverables but the uncertain environment makes it hard to know where to focus.”
- “The attitudes of the staff I work with mean that I have to defend optimizing our current EMR and operations while we wait for the new EMR.”
- “Creates more resistance from Administrative and Medical Leaders to pushing things ahead or, in some cases, even considering mandating things like CPOE. Not holding doctors accountable, as much as they should be, for bypassing or ignoring Clinical Decision Support.”
- “It has led to many revisions in role-out plans and subsequent delays in disseminating and implementing more efficient and effective clinical EHR supported tools.”



# The IT Consequences of Physician Burnout



These new attitudes are becoming increasingly pervasive.  
They prohibit alignment around using technology  
to improve outcomes and the patient care experience.

“Our physicians rebelled.”

# The Changed View of Top ACO Challenges (2016)



Source: Gartner-AMDIS CMIO Survey, 2016

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0% 5% 10% 15% 20% 25% 30% 35% 40% 45%

Gartner®

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# The Only Solution to Burnout is.... Meaningful Engagement

“Physicians are very busy. Traditional engagement strategies are avoided. We have to develop new engagement models to overcome barriers.”\*

“[We’re in] Treadmill Medicine, and we need to get out of it.”\*



\*Source: CMIOs as quoted from Gartner-AMDIS CMIO Survey, 2016

# The Recipe for Tackling Burnout To Gain and Retain Alignment



- ✓ Find time
- ✓ An honorable partnership
- ✓ Engagement is a team sport

# Recommended Actions: Executives

- Overall increase two-way communication and empathy
- Bring high quality, timely, easily understandable personalized feedback to the clinicians
- Identify and tackle top operations/process inconsistencies and frustrations (physician and team views)
- Focus more on physician training and development needs
- Focus on nursing alignment and engagement for its own sake and as a root cause of both physician burnout and variable patient experience

# Recommended Actions: Executives Specific to IT

- Focus on effectiveness of IT steering committee and especially the clinical/clinical IT governing body
- Invest in analytics; Strengthen information governance and data stewardship
- Prioritize IT initiatives more clearly
- Acknowledge joint ownership and accountability for IT-related investments
- Improve specificity/communication/harvesting of value projected from IT investments
- Improve assessment/communication/management of IT investment risks
- Strengthen change management assessment/planning for key initiatives

# Recommended Actions: Executives/CIOs Specific to IT

Consider redefinition, realignment and leadership investments in:

- Clinical Engineering
- Medical Informatics
- Nursing Informatics
- HIM Operations (for both physician productivity and enterprise information management as well as total revenue management)



# Recommended Actions: CIOs and CMIOs: “Adjust, Adapt, and Accommodate”



- Ensure roles, personnel and accountabilities are aligned with business priorities and in sync with each other
- “Consistently work to accommodate the spectrum of attitudes encountered, from trying to meet the demands of the early adopters, to communicating with those who don't read their email.”
- Being respectful of their limited time
- Bringing high quality, easily understandable personalized feedback
- Stabilize/optimize their workflows.
- Work to help more effectively manage their patient panels.
- Find small but meaningful changes
- Look for any way to relieve burdens of documentation and efficiency of computer use
- Rationalize the applications portfolio

# Recommendations: Lead The Digitalization Adventure

## Ways to lead:

- ✓ Invent/Reinvent the innovation center
- ✓ Influence vendor and venture fund decisions
- ✓ Participate in primary research and invention
- ✓ Orchestrate executive, board, leader experiences
- ✓ Be the voice of smart (prudent) expansion

## Ways to play:

- ✓ Use digital health mashups yourself
- ✓ Inventory what your family and staff are using

Thank  
you!

