

Thinking Out Loud... I Met the Leader, and It's Us

"...the medical revolution of our children's lifetimes will be the application of information technology to healthcare."

—Secretary Thompson, U.S. Department of Health and Human Services

Elizabeth A. Evans

Elizabeth Evans is CEO of Health Informatics, Inc., Richmond, Virginia, the parent company of AMI Healthcare Systems Group, which has been providing clinical and financial software solutions for dialysis facilities and physician practices since 1981, and of HMG, which provides outsourced billing capabilities to dialysis facilities, physician practices, and emergency rooms.

Stop the world!... I want to get on and see the view! That view is a veritable epidemic that is spreading quickly throughout health-care delivery systems all over the world. It is heading toward electronically standardized, structured, and ubiquitous data that information-enables medical care, frees the meaning stored within its data, and imbues it with data-driven knowledge, reinforced by evidence that is measurable because its underpinnings—the data—are comparable.

The phrase “the data are comparable” is as lovely to my mind as an ocean scene is to a skilled marine artist, and as sweet to my ear as music is to a talented musician.

What is spreading this epidemic? Leadership.

Leadership is moving health-care delivery systems to the data center of clinical care so that we can almost watch the paradigm of care drawing closer to the practice of information. We can almost observe the centrifugal power of leadership connecting the health-care dots among private institutions, government entities, and political organizations.

We see private institutions—such as ASTM International, the Health-

care Information and Management Systems Society, the Massachusetts Medical Society, the College of American Pathologists (SNOMED), the Renal Physicians Association, the American Society of Nephrology, and many more—leading the way to embed information technology into the process of clinical care.

We watch the U.S. Department of Health and Human Services (HHS), the Institute of Medicine, and others forge the path toward electronic health records, sometimes doing so with impatience. “Look, guys, if the VA [Veterans Affairs Department] can do it, why can't you?” recently asked CMS Administrator Tom Scully.¹ As importantly, HHS Secretary Tommy Thompson recently stated that he believes “the medical revolution of our children's lifetimes will be the application of information technology to healthcare.”² We hear individuals such as Tom Scully, Tommy Thompson, Don Berwick, Paul Tang, and David Nash urging us to endorse quality medical care so that excellence is consistently at its core. The year 2003 was a watershed year, and it was leadership that made it so.

The former Secretary of the Treasury, Paul O'Neill, delivered a speech

on “Leadership in Quality” to the University of Minnesota's Carlson School of Management 20 months ago, on June 25, 2002. Twenty months in information technology is almost a lifetime ago. But, what he said then is still valid today. In fact, he made several statements that hit my mental heart.

The first statement defined his pursuit of quality as a “lifelong quest,” not a recently acquired taste, almost a part of his genetic structure. This, I believe, is characteristic of those who perform with excellence: Those who excel almost always want to do their best. Think about someone in your field who has performed exceedingly well and ask yourself whether they characteristically stumbled onto their excellence or whether they advanced with purpose. Most likely, they consciously pursued their goal and intended to achieve the excellence they ultimately reached. It was not without a sense of purpose.

The next statement Secretary O'Neill made was actually a series of three statements that he believes are essential components of leadership, namely:

- ♦ people wish to be treated with dignity and respect;

THINKING OUT LOUD

- ♦ people give meaning to their lives by making a contribution to their world;
- ♦ people want others to notice what they have accomplished.

If these statements are true and valid—and I believe they are—then leadership is everyone’s responsibility and not reserved for those at the top of an organization. In order for this to occur, every individual within an organization—from the nephrologist to the medical technician, from the dietitian to the registered nurse, from the administrator to the unit secretary—must understand their goals within the context of their organization’s mission and vision and have the skills to achieve them. When they do, they can then act with purpose and demonstrate leadership, neither waiting for those at the top to direct their action, nor imposing limitations on what they can do.

This is especially important today, because universally distributed elec-

tronic data have the potential to transform caregivers into dynamic leaders, leaders who do not have to guess what the previous caregiver did for the patient because they have the right data to make informed decisions at the point of need. They do not have to guess the patient’s status because they can read the most up-to-date medical notes about the patient, including assessments, allergies, and diagnoses.

Data empowers leadership and makes everything possible. We are on the cusp of a medical revolution and we are pleased that our company’s (HII’s) TIME System has been and continues to be part of it. HII has waited a long time for 2003, the year of change, and for 2004, the year of achievement.

The Future Is Us

In January 2002, I wrote in this journal that a friend had asked why I would spend my time writing a

monthly column. Would it produce wider recognition for AMI or HMG? Would it produce more sales? I replied, “Probably not” to the last two questions. My response to the first question was longer. I explained that I was writing this column to redirect my energies away from a personal sense of helplessness while acting as my mother’s caretaker, to a more constructive use of these energies. To dissect ideas, not resolve issues. To do a walkabout. To investigate and question that which exists now despite the fact that there may be no alternatives... *at least not now.*

Leadership creates its own future. Let us all—caregivers, patients, and information professionals—create a better day every day for medical care, because the future really is us.

References

1. Morrissey J. Out to set the record: A special report by John Morrissey. *Modern Healthcare* October 20, 2003, p 30. **D&T**

