Hvorfor er det så vanskelig å lykkes med IKT-prosjekter i helsesektoren?

Teknologiperspektivet

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In Second Look, Few Savings From Digital Health Records

By REED ABELSON and JULIE CRESWELL

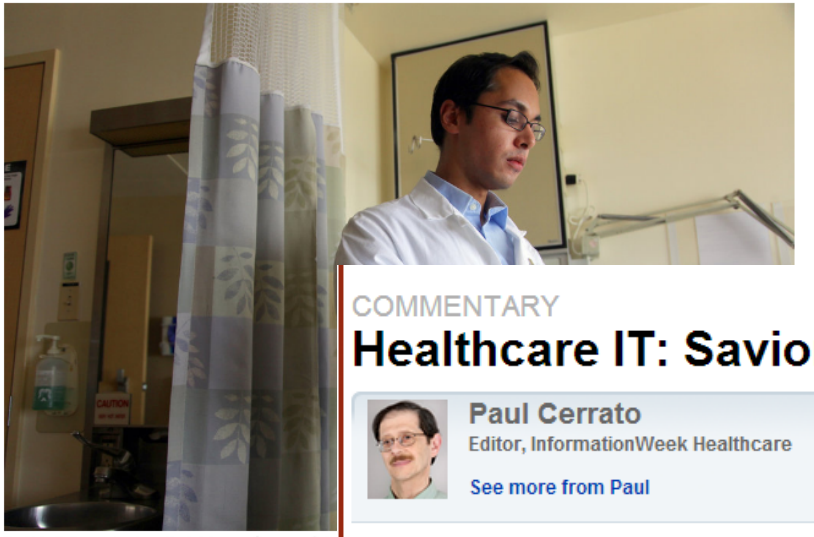
The conversion to electronic health records has failed so far to produce the hoped-for savings in health care costs and has had mixed results, at best, in improving efficiency and patient care, according to a new analysis by the influential RAND Corporation.

Optimistic predictions by RAND in 2005 helped drive explosive growth in the electronic records industry and encouraged the federal government to give billions of dollars in financial incentives to hospitals and doctors that put the systems in place.

"We've not achieved the productivity and quality benefits that are unquestionably there for the taking," said Dr. Arthur L. Kellermann, one of the authors of a reassessment by RAND that was published in this month's edition of Health Affairs, an academic journal.

RAND's 2005 report was paid for by a group of companies, including General Electric and Cerner Corporation, that have profited by developing and selling electronic records systems to hospitals and physician practices. Cerner's revenue has nearly tripled since the report was released, to a projected $3 billion in 2013, from $1 billion in 2005.

The report predicted that widespread use of electronic records could save the United States health care system at least $81 billion a year, a figure RAND now says was overstated. The study was widely praised within the technology



Dr. Alvin Rajkomar tracks patient data on a Samsung Gala
costs. JIM WILSON/THE NEW YORK TIMES

industry and helped persuade Congress a
the Obama administration to authorize bil
of dollars in federal stimulus money in 20
help hospitals and doctors pay for the
installation of electronic records systems.

"RAND got a lot of attention and a lot of
with the original analysis," said Dr.

COMMENTARY

Healthcare IT: Savior Or Sinkhole?

Paul Cerrato
Editor, InformationWeek Healthcare

See more from Paul

Connect directly with Paul: Bio | Contact

Latest RAND report suggests we might be throwing taxpayer dollars away on EHRs and other healthcare IT systems.

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Paul Cerrato | January 11, 2013 03:43 PM

The Office of the National Coordinator for Health IT (ONC) has done an outstanding job of promoting EHR technology through Meaningful Use financial incentives, and it has fostered a spirit of cooperation among IT stakeholders. But ONC sometimes sounds more like a cheerleader than an objective observer on the extent to which modern informatics can transform healthcare.

The jury's still out. A RAND Corporation report in 2005 predicted that the

7 Big Data Solutions Try To Reshape Healthcare


MANDAG 21. JANUAR 2013 | LØSSALG KR 30,– | ÅRGANG 22 | NR. 17
Finansavisen
SIDE 26 OG 27
serit
Sikter mot milliarden
Norges største IT-investorer
SE STOR OVERSIKT SIDE 22, 23 OG 24
Personlig økonomi:
Svinedyre iPhone-forsikringer
SIDE 16 OG 17
Norsk satsning på e-journal:
Har sløst bort 1 mrd.
Etter 13 år er Norge fortsatt ikke ferdig
Estland kom i mål for 82 millioner kroner
SIDE 28 OG 29
Informasjon og Råd
Kampanjer
Førstehjelp
Finn Apotek
Mer
Lindorffs råd til europeiske bedrifter:
Veldig fornuftig å stramme inn
SIDE 12
Norsk oljepolitikk vil ikke bli mye endret
HEGNARS LEDER PÅ SIDE 2
SALG
40 50 %
SALG!
Salget fortsetter.
Velkommen!
FERNER JACOBSEN
www.fernerjacobsen.no

£11bn NHS IT 'failure' to be scrapped quickly

22 September 2011

After damning criticism over wasted money and failed objectives the government has confirmed it is to accelerate the end of the multi-billion pound NHS National Programme for IT, with ministers blaming predecessors from the previous Labour government.

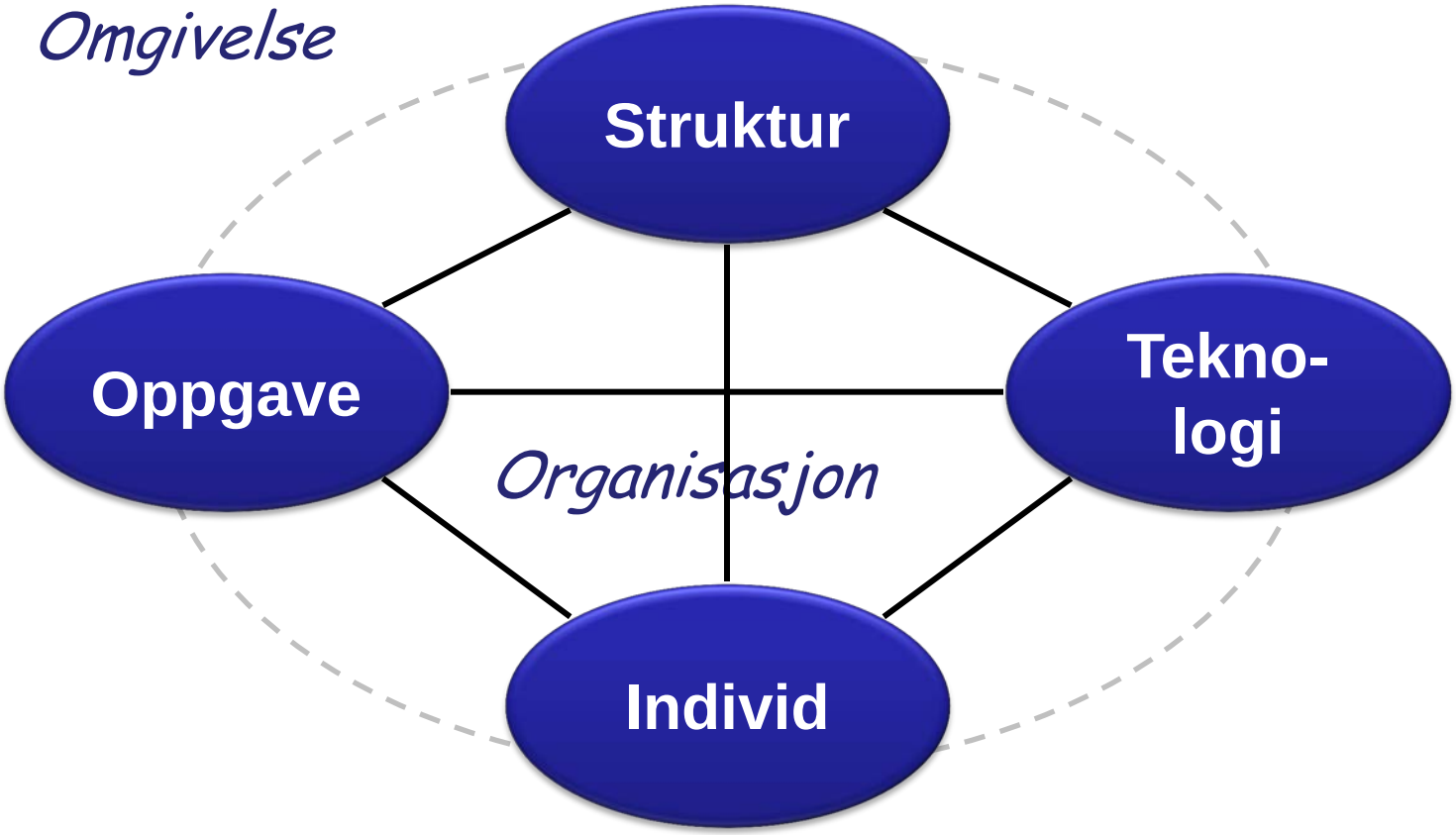
David Cameron pledged in May that the government's Major Projects Authority would review the heavily criticised IT programme.

The MPA concluded that the NPfIT has not and cannot deliver its original goals, despite what were labelled "substantial achievements" from two thirds of the £6.4bn already spent.

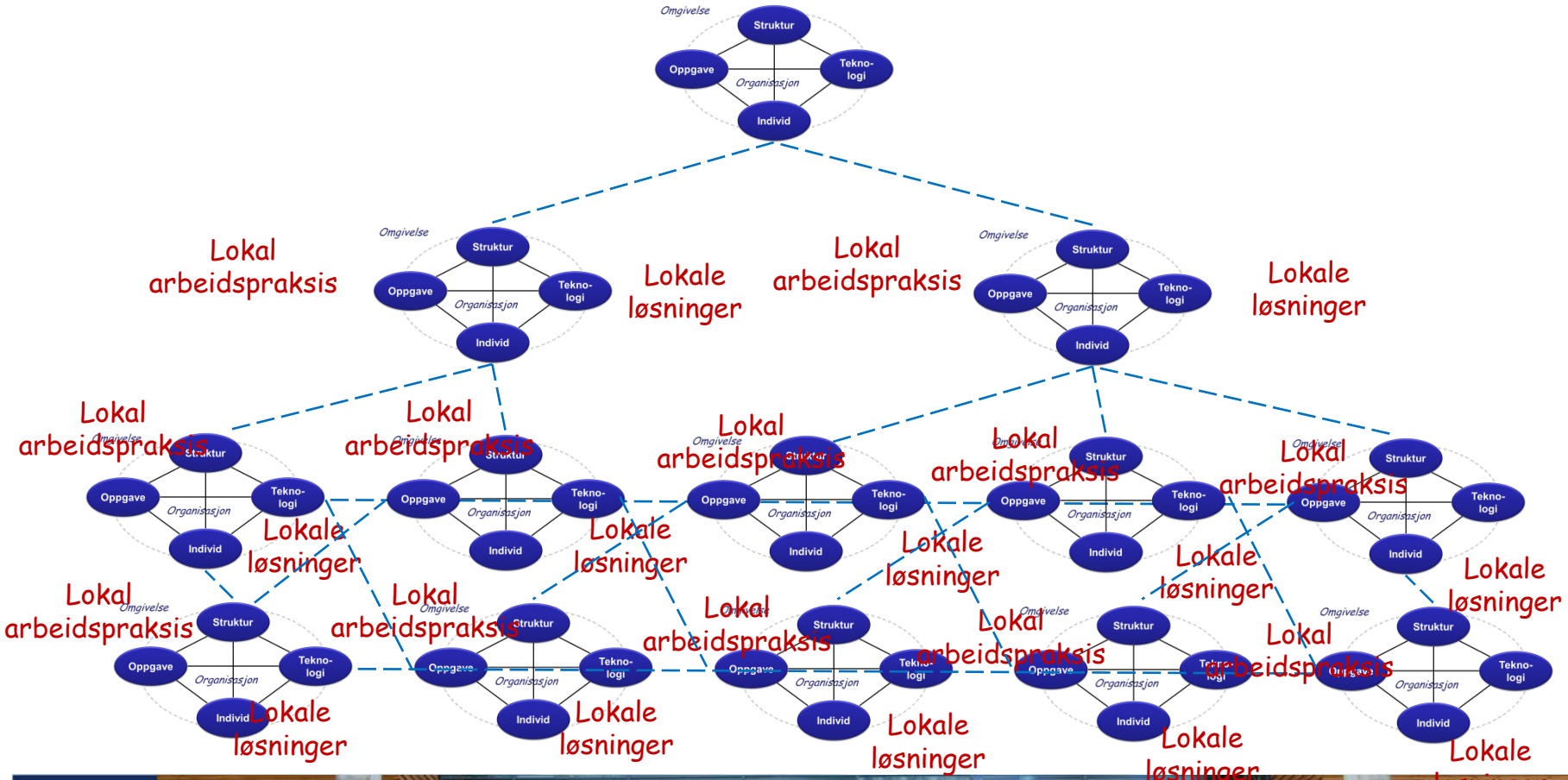
The government said it was no longer appropriate for a centralised authority to make decisions on behalf of local organisations in a modernised NHS "which puts patients and clinicians in the driving seat".

"We need to move on from a top down approach and instead provide information systems driven by local decision-making," the Department of Health said. "This is the only way to make sure we get value for money and that the modern NHS meets the needs of patients."

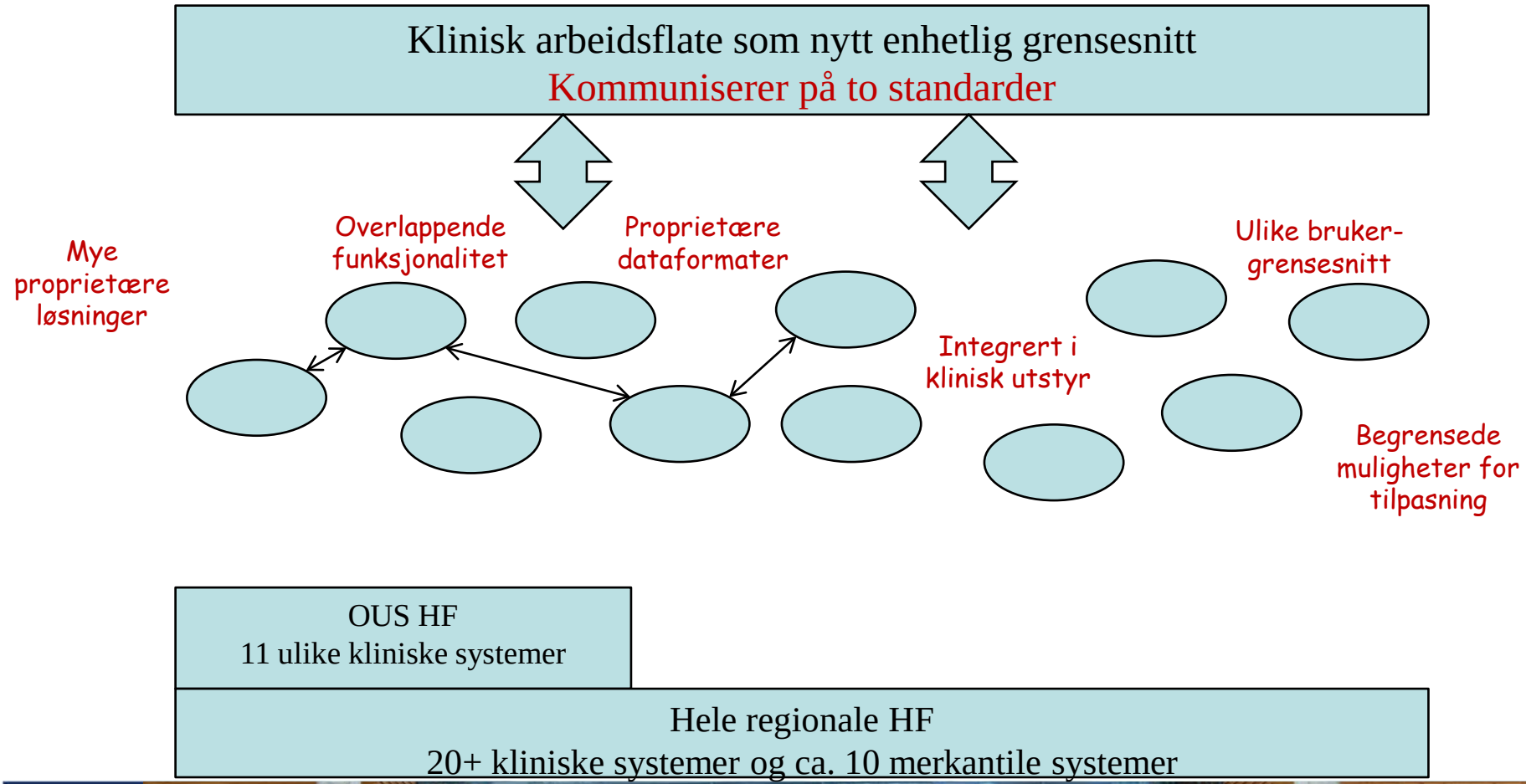
Leavitt's Diamant:
Organisatorisk og teknologisk kompleksitet



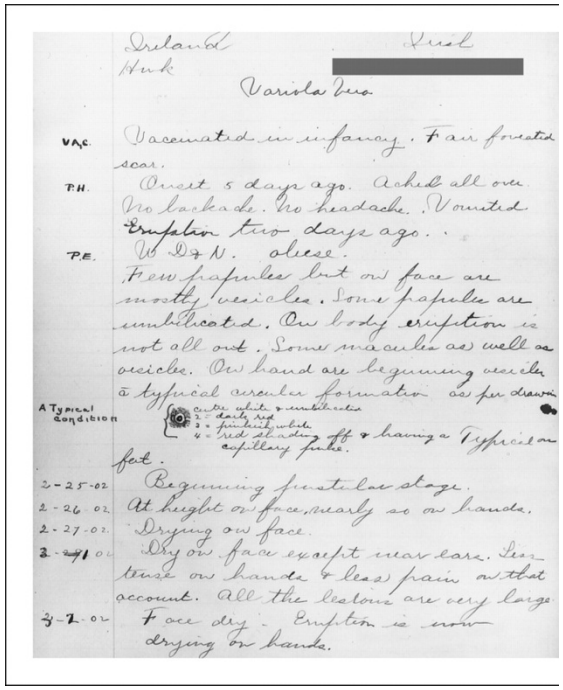
Organisatorisk og teknologisk kompleksitet i HFene

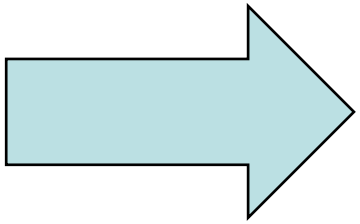


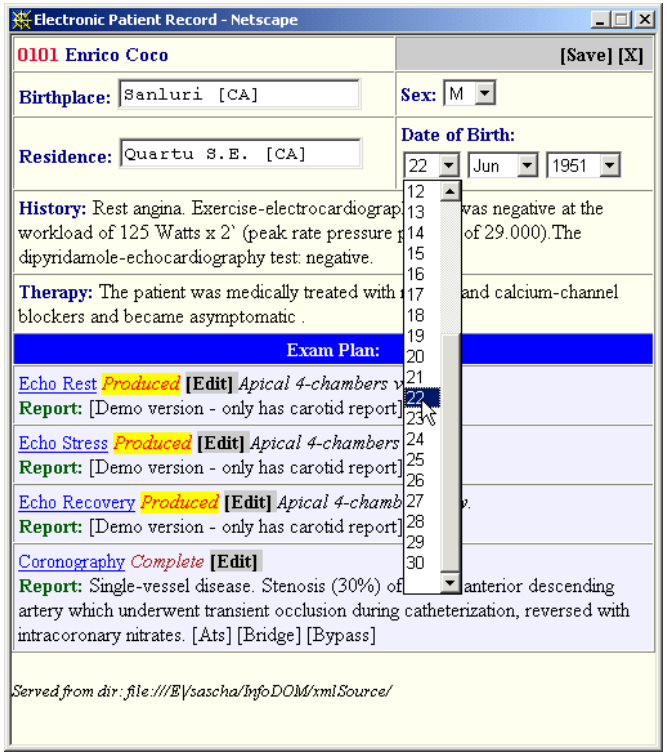
Organisatorisk og teknologisk kompleksitet: Klinisk arbeidsflate



Utfordringer med informasjonskvalitet







Betydningen av Kognitiv ergonomi

SAINT FRANCIS
Hospital and Medical Center

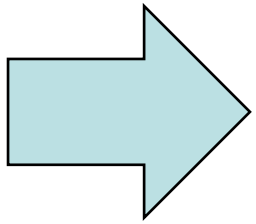
Addressograph

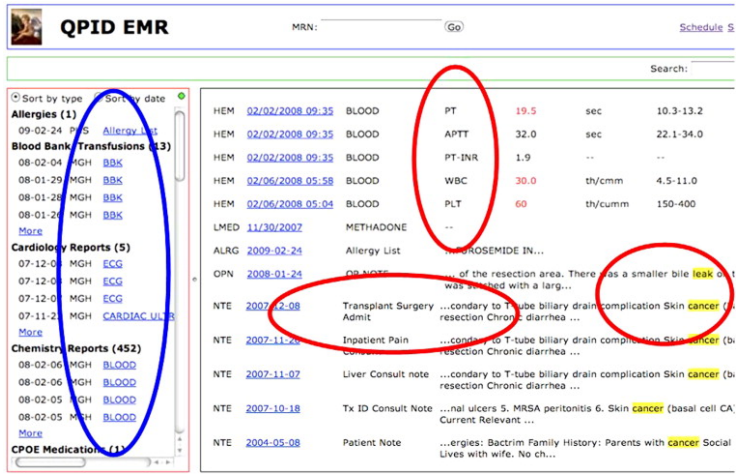
DAILY PATIENT CARE RECORD
CARDIOVASCULAR RESPIRATORY NURSING

		7-3	3-11	11-7
EDEMA	NOT PRESENT			
	PRESENT *N			
PERIPH-PULSES	ALL PRESENT & ADEQUATE			
	OTHER *N			
CALVES	NO TENDERNESS			
	TENDERNESS *N			
ABDOMEN	SOFT			
	NON-TENDER			
	FLAT			
	BOWEL SOUNDS PRESENT			
	OTHER *N			
OPERATIVE SITE	SITE - INDICATE			
	INTACT			
	FLAT			
	NORMAL SKIN COLOR/TEMP			
	INCISION CARE			
	OTHER *N			
DRESSING CHANGE	SITE - INDICATE			
	DRY			
	INTACT			
	ODORLESS			
	CHANGE - INDICATE TIME			
	OTHER *N			
DRAINAGE TUBES	CHEST TUBE INTACT			
	GRAVITY			
	SUCTION PRESSURE MM H_2O			
	NASOGASTRIC TUBE INTACT			
	GRAVITY			
	SUCTION - INTERMITTENT/C ONSTANT			
	OTHER *N			

CODES *N - REFER TO NURSING NOTES

RESPIRATORY RHYTHM	LUNG SOUNDS	HEART SOUNDS	EDEMA
BECE - BILATERAL EQUAL CHEST EXPANSION	FSR - FINE SCATTERED RALES	RUB - FRICTION RUB	BAE - BILATERAL ANKLE EDEMA
TCP - TACHYPNEA	BBR - BIBASILAR RALES	M - MURMUR	P - PITTING
CS - CHEYNESTOKES	CR - COARSE RHONCHI	MUF - MUFFLED	SCALE - 1+, 2+, 3+, 4+
KM - KUSSMAL	W - WHEEZE	DIST - DISTANT	GENERALIZED - GENERALIZED BODY EDEMA
NL - NORMAL	T - THROUGHOUT 1/3, 1/2, 2/3 WAY UP	S3, S4 - 3RD & 4TH HEART SOUNDS	





Fravær av kompetanse om teknologi og endringsprosesser - på alle nivåer!

- Politisk nivå: Storting og Regjering
- Embetsverk: Departement og direktorater
- Styrene i regionale og lokale HF
- Ledelse i regionale og lokale HF
- Nøkkelkompetanse i regionale og lokale HF

Prinsipper for reduksjon av organisatorisk og teknologisk kompleksitet

- **Samle enheter med:**
  - Lik funksjonalitet (tilby samme tjenester → like behov)
  - Høy informasjonsutveksling (stort behov for tilgang til samme informasjon)
  - Høy avhengighet (integrasjon, mange overleveringer)
- **Skille enheter med :**
  - Lav funksjonslikhet (ulike behov)
  - Lav informasjonsutveksling
  - Lite avhengigheter
- **Standardisere**
  - Arbeidspraksis (prosesser, rutiner) for enheter med like prosesser
  - Klinisk utstyr og løsninger for like oppgaver
  - Systemportefølje, redusere til et minimumsantall av varianter
  - Grensnitt for datautveksling samt formater for datautveksling

Utvikle løsninger som

- **Gir optimal nytte på lokalt nivå, i lokale arbeidsprosesser**
  - Brukervennlige og nyttige løsninger
  - Integrert i arbeidsoppgaven
- **Understøtter effektiv integrasjon**
  - «Sømløs» integrasjon mellom enheter (prosessflyt)
  - Transparent tilgang til data på tvers av enheter (og systemer)
  - Omfordeling og reorganisering av arbeidsoppgaver (tid og sted)
- **Utnytte teknologiens muligheter der det er hensiktsmessig**
  - Lar pasienten eie egne data og gi tilgang ved behov (med regler for overstyring)
  - Lar pasienten ha ansvar for kvalitet på egne data (men ikke uten hjelp og støtte)
  - Lar pasienten være ansvarlig for egen behandling (egnet for en del langvarige diagnoser)
  - Gir pasienten kvalitetsdata og reell valgfrihet

Bruke teknologi til å utvikle og forbedre

Measurement	• Big data, nano data, generated data • Business intelligence and analytics	Kvalitetsdata
IT-based experimentation	• Test of designs/solutions • Measurement and evaluation	Pilotering og utprøving av nye løsninger og metoder
Sharing	• Sharing of data and insights - microinnovations • Knowledge dissemination and problem solving	Kunnskapsdeling, erfaringsutveksling, samhandling
Replication	• Replicate and scale up innovations and busines processes	Effektiv spredning av «beste praksis»

Brynjolfsson, MIT