Alignment in Health Care: What is our Strategy?

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In radiology, and all of medicine, are we implementing technology to satisfy mandates without realizing its real potential?

Strategic alignment has historically been discussed in business literature and tends to focus on the integration of business strategy and information systems/technology (IS/IT). “Alignment” is said to maximize return on IT investments, achieve competitive advantage through information systems, and provide direction and flexibility for new opportunities. Alignment has also been referred to as fit, integration, harmony, linkage, and fusion. (The incessant insertion of synonymous buzzwords used to describe this entity reveals the deep secret that “alignment” is difficult to describe, a challenge to depict, and even harder to implement, don’t you think?) Tightly integrate your IS/IT teams with your business’ strategy, and the improved systems efficiency will harness efficiency and leverage core values and skills possessed by your organization!

I don’t know how alignment directly applies to health care. But I do know that the previous paragraph sounds like an IBM commercial.

In all seriousness, the concept of tight integration of IS/IT into health care operations is not new. We’ve been having this discussion for quite some time now. But I wonder if revisiting this concept of alignment (which ran rampant at the turn of the 21st century in the world of business) could offer clues as to how we might contemporarily organize our health care systems.

As I mentioned, alignment can be a difficult concept to describe. Prior authors have used diagrams riddled with a myriad of shapes and arrows to portray alignment. But rarely are real-world businesses, hospitals, and health systems constructed to fit onto such a 2D surface. Our 3D world presents innumerable business interactions, inter-departmental exchanges, and real-life patient variables that render 2D strategic alignment diagrams as useful as Mattel board-games.

Despite this, even though alignment is a challenge to describe, most (nearly everyone) agrees that business strategy and IS/IT should be tightly integrated within our industry. In healthcare, our charge is to become patient-centered and subsequently be reimbursed based on the value of the care we provide. This reform will require increasing patient access to medical records, optimizing information sharing across systems, and allowing patients to use mobile devices for scheduling appointments and getting results. Demonstrating value will require aggregation of large pools of patient and cost data with real-time monitoring of results and patient tracking. IS/IT is absolutely essential for this transformation in health care. No doubt.

But how are we tightly integrating IS/IT with our strategy in health care? How are we aligning the activity of our IS/IT teams with the over-arching goals of our health care system? Meaningful Use (MU) has been a nice attempt at emphasizing the importance of health information technology. But, unfortunately, MU has resulted in an obsessive compulsion to meet fairly random mandates that are required to receive various incentives and avoid payment penalties. MU has become the goal - rather than a means towards building a patient-centered, value-driven health care system. The same can perhaps be said of ICD-10. Are we implementing ICD-10 to improve patient centeredness? Hmmm...
In radiology, we are now faced with a similar situation in that clinical decision support (CDS) software has been mandated by the federal government for physicians ordering advanced imaging beginning in 2017. Will we scurry to purchase and install CDS to meet the mandate, or use it to optimize value? The amount of manpower required to bring our IS/IT systems “up to speed” to meet these legislative mandates is enormous. And it is a colossal distraction. A distraction from allowing our brightest informatics minds to find new ways to provide solutions to our everyday dilemmas in health care. So let’s be honest with ourselves. Beyond federal mandates, how aggressively are we integrating IS/IT into our health care strategies? Are we filling our senior management/leadership positions with informaticists? Are we readily investing in the multitude of vendor-created IT tools built for patient-centeredness and value? Or do we view these investments as costs? Do we view dollars spent on IT as an expense or as an enabler of better business? Some institutions are. But are most? This issue doesn’t just involve radiology departments. This mindset needs to permeate through entire health care org charts. Revisiting the concept of “alignment” may provide a lesson. By truly integrating our IS/IT talent with health care strategy, we can begin using our energy towards discovering new, better ways to achieve patient-centeredness and value rather than simply implementing IT tools to avoid payment penalties.


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