Where's the Urgency for the Emergency?

All I know is what I read in the papers. A recent issue of the *AARP Bulletin* had as its cover story, "Digital Medical Records Could Save Your Life—So Why Don't We Have Them Yet?" We seem to experience digital data everywhere—even my JiffyLube just swipes my license to pull up my vehicle's history, something like its medical record.

But healthcare continues to fumble around with this management basic. In another story, Intel CEO Craig Barrett voiced industry's frustration with healthcare's slowness to adopt systems that will cut costs and improve efficiency. "Employers should demand that hospitals select standardized record systems to lower costs, or take their company's business elsewhere," he said. "The [healthcare] system is out of control, it's unstable, it's basically bankrupt, it gets worse each year, and all we do is tinker around the edges when what we need are major fixes. Every other industry has adopted this technology, and [the healthcare] industry continues to sit here and debate."

And all that talk is costing lives, literally a million-person death march. Do the math: The Institute of Medicine's 2000 report of 100,000 unnecessary deaths occurring in American hospitals annually, repeated for the 10 years we wait for electronic records. While we're at it, let's compare timelines. We won WWII in four years and got to the moon in eight years, but it takes 10 years to develop a patient record? Sometimes the word bullshit just isn't enough.

From a management perspective, the troubling question is why healthcare hasn't responded more quickly. Why is there so little urgency within organizations that

sponsor emergency room services? Where is the 911 response? There's no question that previous executive generations shoulder part of the blame—the CEOs with the fanciest PCs in the building didn't know how to turn them on. Their IT illiteracy retarded investment in this needed area, putting today's leaders behind the change wave.

C. Northcote Parkinson famously observed, "Work expands to fill the time allowed." That's why when a college professor gives students 12 weeks to do a term paper, they do it the night before it's due. She could have assigned it as due in one week—it still wouldn't have been done until the last minute. That's why effective managers always give people short timelines—unless you push the agenda, the results won't be there.

Some countries aren't waiting. Finland's Turku University Hospital, along with every other hospital in that country, finished this job in 2007. Oh yeah, Sweden and Australia, too, and a whole lot of other places that aren't supposed to be as good as American healthcare. We've all heard the spin on how lousy the UK National Health Service is, but their patient records have been up since 2006. Finland might make a nice benchmarking visit for the decade-from-now standards idiots that are giving the US a bad name. Thankfully, some American hospital leaders aren't waiting and already have patient records up and online, like the VA. When the rest will be ready is anyone's guess, given the laissez faire approach too many management teams take and that useless standards groups permit.

Our healthcare industry needs some new approaches for how it's going to manage both present work and future innovation:

- We need a real standard-setting process, not the minimalist crap the Joint Commission puts out. A real standards process requires aggressively higher standards of performance and shorter timelines for completion and specific work plans. Best practices and protocols now, or close providers down.
- We need a real R&D function—the proverbial Manhattan-Project approach to major disease entities, not the fragmented farming out of research grants spread hither and yon with little or no synergy.
- We need an open-source framework for the pro-bono benefit of every hospital in the country. Leaving the framework for IT standards, programming, and clinical operability in the hands of consultants who install their limited views on a one-by-one custom basis is too costly in both dollars and time. We need plug-and-play stuff that works right out of the box.

Perhaps we need to refocus on what healthcare is all about—lives are at stake. A patient died in the time it took you to read this column because management didn't do its job, and 274 more will perish unnecessarily in the next 24 hours each and every day this year. But don't worry about accelerating your development schedule. They wouldn't want to inconvenience you. Ξ

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