

Technology Innovation Changing the Face of Healthcare Delivery

On Thursday, August 27th, the American College of Healthcare Executives (ACHE) and the Healthcare Financial Management Association (HFMA) hosted their 2015 Summer Institute. Motivated by the need to deliver higher quality care at a lower cost, a panel discussion featuring Dr. Andrew Masica, Chief of Clinical Effectiveness, Baylor, Scott & White, Mike Millard, Executive Director of Innovation and Commercialization, Seton Healthcare Family and Dr. Bill Rice, Senior Vice President of Clinical Innovation, was moderated by Dr. Roy Smythe, Chief Medical Officer, AVIA.

Kicking off the discussion, Dr. Smythe asked the panelists to define innovation relative to the pursuits within their organizations. According to Dr. Masica, population health, care coordination, team and individual chronic disease management represent the initiatives that they are currently working on. In lieu of a clinical context, Mike Millard's responded that the Seton Family of Healthcare intent was to deliver a value proposition for the patient by significantly improving patient access and navigation. Lastly, Dr. Rice stated that St. David's remains focused on the innovative blood, antibody stewardship, quality and safety programs that are core tenets for their Baldrige program.

With a firm understanding of the organizations' definition of innovation, Dr. Smythe pressed further to understand how each had determined which projects to implement? Dr. Masica responded that capturing/extracting EHR data, improving care coordination, implementing predictive analytics and studying socio-economic impacts represented Baylor Scott & Whites' current strategies. In contrast, Mike Millard's view of linking strategy with vision includes reducing complexity and cost of navigating the current healthcare system through improved patient engagement. St. David's current innovation strategies, according to Dr. Rice, include healthcare safety and privacy issues, which tend to be complex and challenging to implement.

And speaking of implementation, Dr. Smythe, next inquired about how each organization funds their evolving healthcare delivery models. While Dr. Masica mentioned that infrastructure must exist within the organization, he also referenced external partnerships with innovation groups. Mike Millard seconded the need for internal resources and suggested that solving operational issues can reduce spend, that, in turn, can be used to fund new innovations. Lastly, Dr. Rice agreed that innovation should be viewed as a cost of being in business, as well as, an opportunity to find more efficient, less costly means of delivery care.

Bringing the discussion to a close, Dr. Smythe posed a final question regarding what happens to innovation when it is outcomes versus revenue and market share based. In response, Dr. Masica stated that the focus should be what matters to the patient. In a similar vein, Mike Millard reiterated that healthcare organizations should get to know their customers and the means to optimize their wellness. While Dr. Rice agreed that predictive analytics and monitoring offer the

opportunity to learn more about patients, he also sees the need to further expand the definition of clinical outcomes.

With special appreciation for the event co-sponsor, Healthcare Financial Management Association, the Central Texas ACHE chapter would also like to thank the presenters for sharing their insights and best practices regarding healthcare innovation. For more information on future events, please visit us at [ww.centraltexas.ache.org](http://www.centraltexas.ache.org) or send us an email at info@centraltexas.ache.org.