

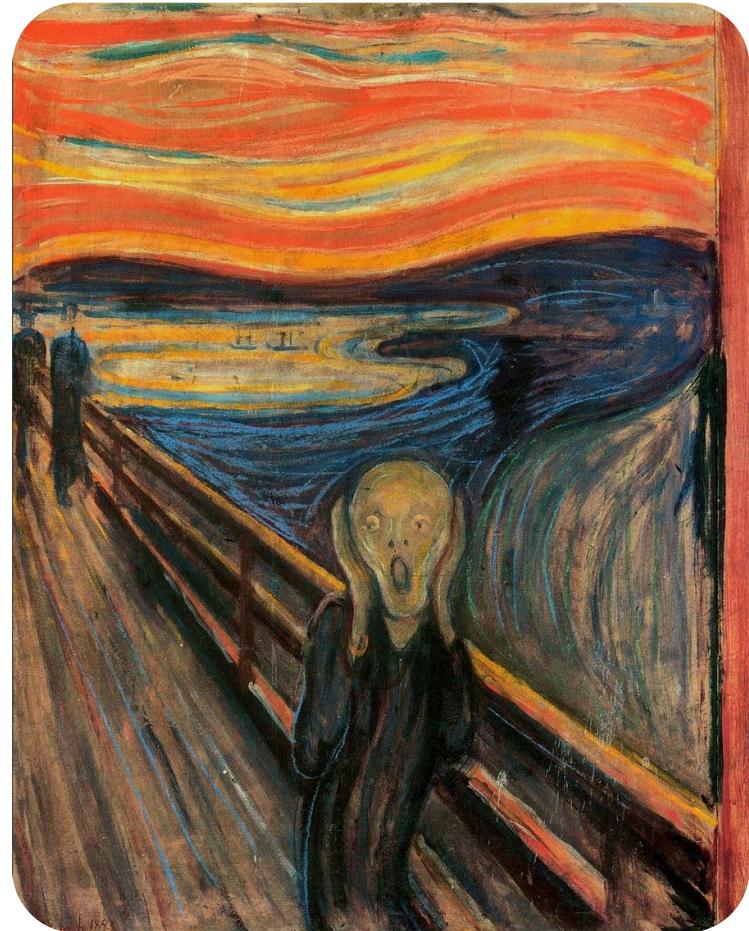
Better to Light a Candle than Curse the Darkness

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My Experience – View From the Other Side



Terri Schiavo: Technology without Trust

- Tampa Bay's famous patient (circa 2005)
- Brain scans clearly showed she was in a persistent vegetative state, but advocates simply didn't believe the science and blocked husband's request to remove feeding tube.
- USF faculty member appointed by court as her legal guardian reviewed 30,000 pages of medical and legal documents and rendered report. Judge Greer orders tube removed.
- **Bottom line:** Technology can't help patients or their families if they don't trust and/or understand it.
- Case illustrates the growing communication disconnect between patients and our ever more complex health care delivery system.



Digital fatigue: Medical knowledge & technology overload

- Publications & Journals
 - New drugs
 - New technologies
- Have been multiplying at dizzying rates over the last 50 years.





Total MEDLINE Citation Counts (1966-2014)

20M

19,053,039

15M

10M

9,005,769

5M

2,377,521

3,231,209

4,438,541

0

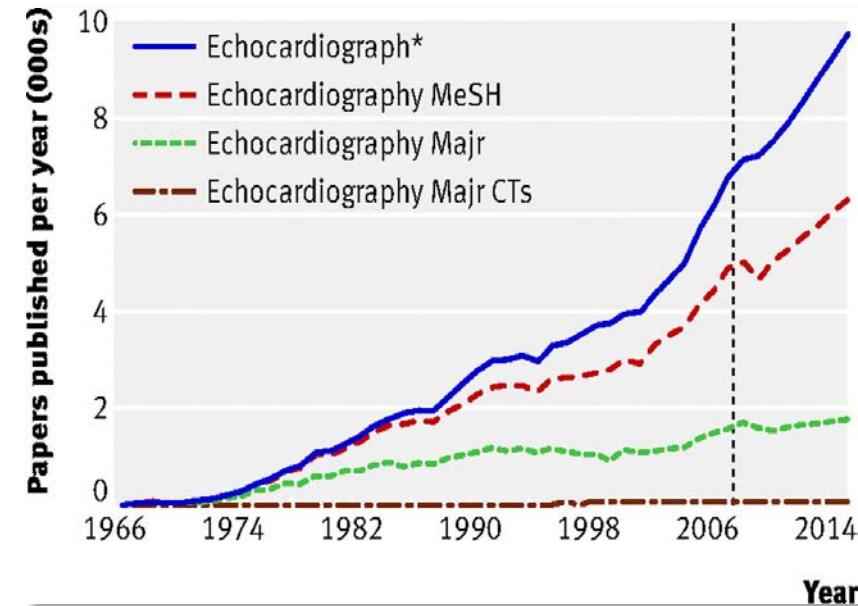
Now

TOTAL

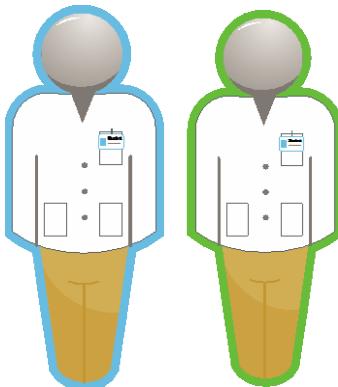


With so much information, can we keep pace?

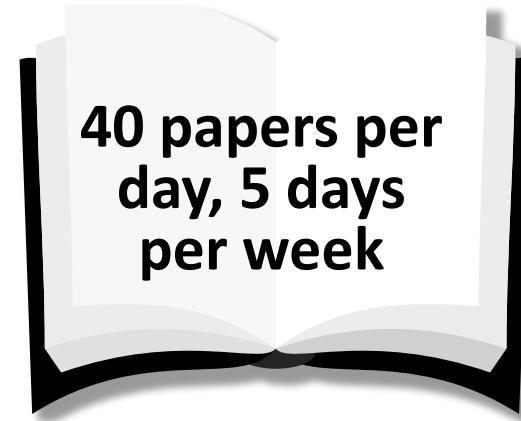
- Take a look at just one subspecialty: **diagnostic imaging in cardiology**
- Fraser and Dunstan examined gap between generation of medical information and human capacity to keep pace.



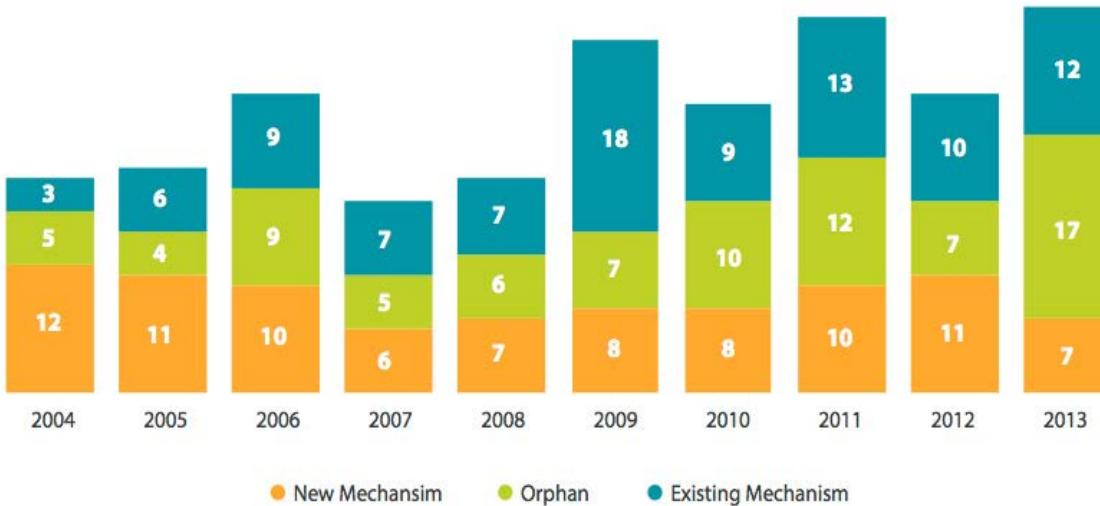
* Source: Fraser AG, Dunstan FD. [On the impossibility of being expert](#). BMJ. 2010 Dec 14;341.



By time of completion:



New U.S. Drugs launched in 2013; greatest number in last 10 years

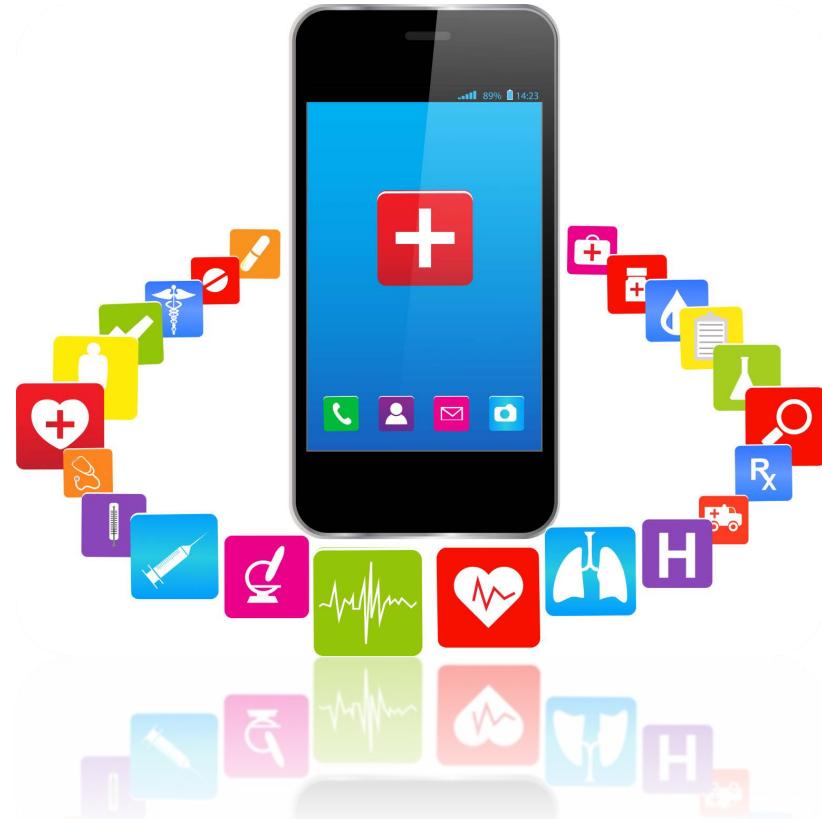


- 53 orphan drugs have been launched in last 5 years, including the **17 in 2013**, compared with 29 in the prior five years.
- Americans, on average - including healthy, untreated – are prescribed **12.2 different meds per year**

Source: *Medicine Use and Shifting Costs of Healthcare: A Review of the Use of Medicines in the U.S. in 2013*, IMS Institute for Healthcare Informatics, April 2014

Explosive Growth in New Technologies

- **142 million** downloads of mobile health care apps by **2016**
- Mobile Health revenue is forecast to reach **\$15 billion in 2015**



* Juniper Research

* Mobile Health Market Report 2011–2016

Electronic Medical Records (EMR)

- Over **half** of physicians use EMRs
- ER physicians spent **43%** of their time entering data into a computer, compared to **28%** of their time spent talking to patients
- Medical residents spent just **12%** of their time talking to patients, or about **8 minutes a day per patient**, but more than **40%** of their time on a computer filling out electronic paperwork

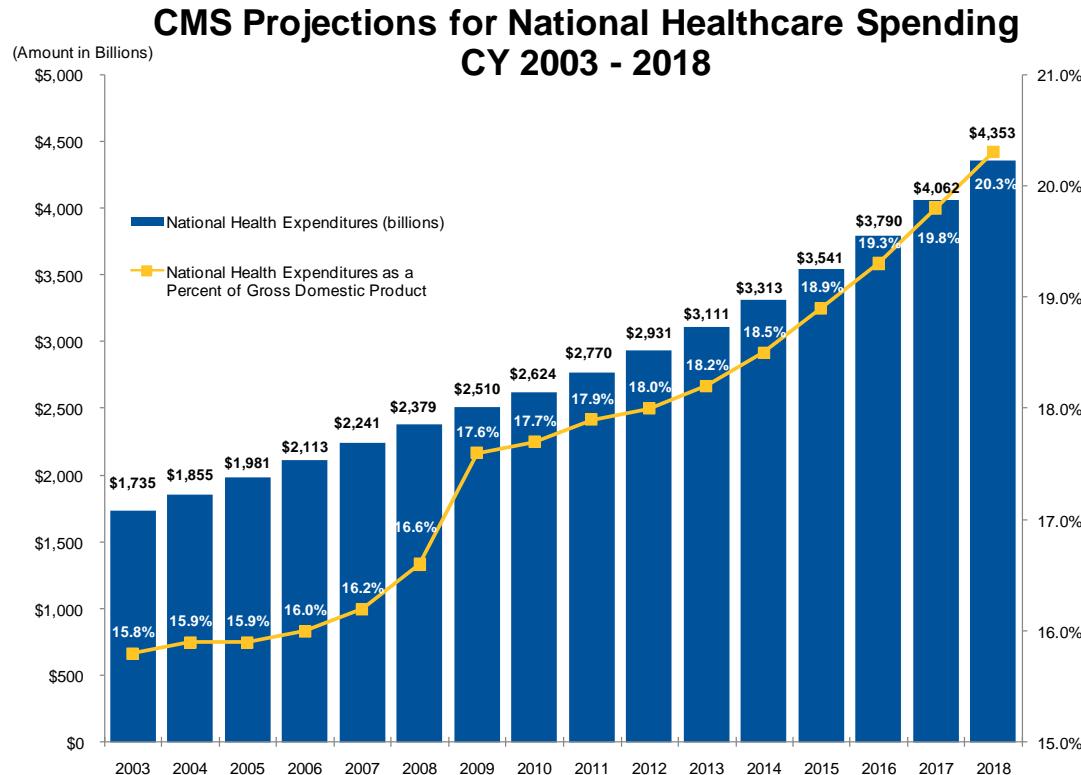


- * Rand Health Corporation & AMA, *Factors Affecting Physician Professional Satisfaction*, 2013
- * Hill, MD, Sears, MBA, Melanson, MD, *4000 Clicks: a productivity analysis of electronic medical records in a community hospital ED*, *American Journal of Emergency Medicine*, 2013 10 Sept
- * Johns Hopkins University School of Medicine: *Doctors-In-Training Spend Very Little Time At Patient Bedside, Study Finds*

Is all this new information and **technology** really helping?

- *Soaring health costs*
- Growing physician dissatisfaction
- Declining patient satisfaction (perceived threat to privacy, loss of human “touch”)

U.S. health costs **higher** than any other country



Cost Curve is **Unsustainable**



But is all the **technology** helping?

- Soaring health costs
- *Physician dissatisfaction*
- Declining patient satisfaction (perceived threat to privacy, loss of human touch)

Physician dissatisfaction

- ✓ Rand Corp survey found hassles with **EMRs were 1 of the top 2** areas of dissatisfaction among doctors
- ✓ Prominent Sources of dissatisfaction:
 - Poor usability
 - Time-consuming data entry
 - Interference with face-to-face patient care
 - Inefficient and less fulfilling work content
 - Inability to exchange health information between EMR products
- ✓ Physician burnout impacts nearly half of all seasoned physicians in practice and up to 75% of resident physicians in training



Rand Health Corporation & AMA [Factors Affecting Physician Professional Satisfaction](#), 2013

But is all the **technology** helping?

- Soaring health costs
- Physician dissatisfaction
- *Declining patient satisfaction (perceived threat to privacy, loss of human touch)*

Time and Patient satisfaction

- Patient satisfaction drops when they spend less time with their physician
- Improved patient satisfaction is correlated with higher quality care
- Patients are happier with their care when their doctors are happy too
- As the practice of medicine changes, physician burnout has become an issue as it will lead to progressive patient disenchantment with their care



* Camacho, Anderson R, Safrit A, Jones AS, Hoffmann P., *The relationship between patient's perceived waiting time and office-based practice satisfaction*, PubMed, 2006 Nov-Dec

* Dugdale, MD, Epstein, MD, Pantilat, MD, *Time and the Patient–Physician Relationship*, Journal of General Internal Medicine, Jan 1999

When patients lose trust, care **suffers**

- Think of Terri Schiavo – conflict and erosion of patient-doctor relationship
- Vaccine refusers are creating upsurge in preventable – and deadly – diseases because **they don't trust us**





Solution:

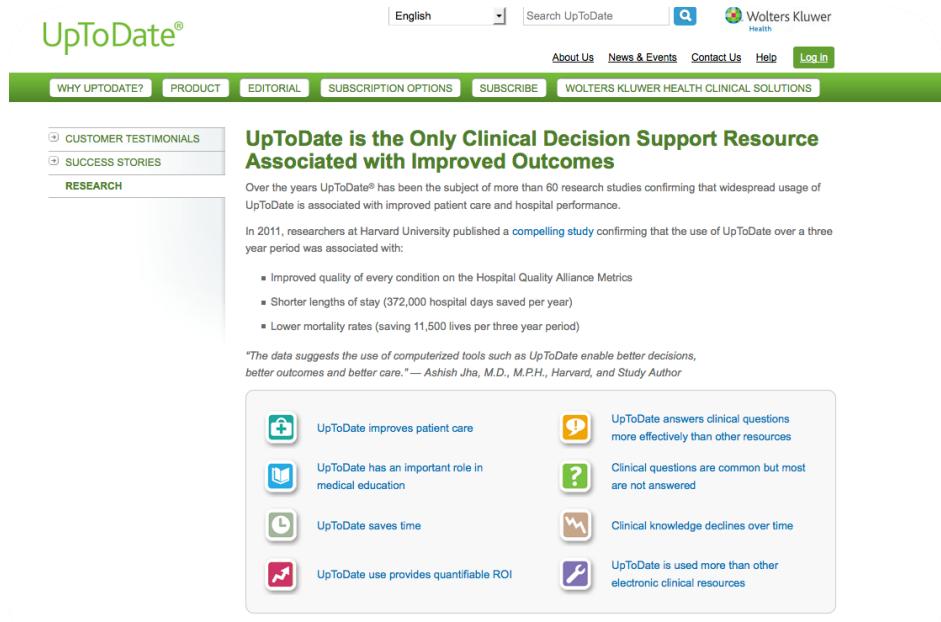
Put Technology in its Place

- Putting relationships with our patients and their families before technology
- Technology supplements care of the patient, it doesn't become the care of the patient
- Building and sustaining valuable lifetime patient relationships and loyalty instead of single transactions



Solution: Streamlining Technology Use

- Use resources to manage technology:
 - UpToDate
 - Dynamed
- Choose journals wisely
- Don't feel guilty when you are stumped on rounds!



The screenshot shows the UpToDate website homepage. At the top, there's a navigation bar with links for English, Search UpToDate, Wolters Kluwer Health, About Us, News & Events, Contact Us, Help, and Log In. Below the navigation is a green header bar with links for WHY UPTODATE?, PRODUCT, EDITORIAL, SUBSCRIPTION OPTIONS, SUBSCRIBE, and WOLTERS KLUWER HEALTH CLINICAL SOLUTIONS. On the left, there's a sidebar with links for CUSTOMER TESTIMONIALS, SUCCESS STORIES, and RESEARCH. The main content area features a section titled "UpToDate is the Only Clinical Decision Support Resource Associated with Improved Outcomes". It includes a paragraph about research studies showing improved patient care and hospital performance, followed by a bulleted list of outcomes: improved quality of care, shorter lengths of stay, and lower mortality rates. A quote from Ashish Jha, M.D., M.P.H., Harvard, is provided: "The data suggests the use of computerized tools such as UpToDate enable better decisions, better outcomes and better care." Below this is a grid of icons and text boxes highlighting various benefits of UpToDate.

UpToDate®

English Search UpToDate Wolters Kluwer Health

About Us News & Events Contact Us Help Log In

WHY UPTODATE? PRODUCT EDITORIAL SUBSCRIPTION OPTIONS SUBSCRIBE WOLTERS KLUWER HEALTH CLINICAL SOLUTIONS

CUSTOMER TESTIMONIALS

SUCCESS STORIES

RESEARCH

UpToDate is the Only Clinical Decision Support Resource Associated with Improved Outcomes

Over the years UpToDate® has been the subject of more than 60 research studies confirming that widespread usage of UpToDate is associated with improved patient care and hospital performance.

In 2011, researchers at Harvard University published a compelling study confirming that the use of UpToDate over a three year period was associated with:

- Improved quality of every condition on the Hospital Quality Alliance Metrics
- Shorter lengths of stay (372,000 hospital days saved per year)
- Lower mortality rates (saving 11,500 lives per three year period)

"The data suggests the use of computerized tools such as UpToDate enable better decisions, better outcomes and better care." — Ashish Jha, M.D., M.P.H., Harvard, and Study Author

 UpToDate improves patient care	 UpToDate answers clinical questions more effectively than other resources
 UpToDate has an important role in medical education	 Clinical questions are common but most are not answered
 UpToDate saves time	 Clinical knowledge declines over time
 UpToDate use provides quantifiable ROI	 UpToDate is used more than other electronic clinical resources

Show All - Collapse All

Get off the **treadmill**

- Providers and Health systems need to move away from frenetic environment of fee-for-service
- focus on outcomes not procedures
- Shift to value from price
- Move to risk-based care for the entire community



Create **Focus Factories** for patients w/ critical needs

- **USF Health Byrd Alzheimer's Institute**
- Brought our Alzheimer's researchers under one roof
- Clinicians caring for patients, researchers exploring drug targets, helping advance the fight against Alzheimer's faster than ever before



Teaching **humanism** in medical schools

- Teaching/practicing compassion in medicine
- USF programs include a 40-hour concentration in medical humanities to nurture skills of observation, empathy, self reflection; another is a leadership program that teaches emotional intelligence skills
- White Coat Ceremonies, now popular around the country, start medical students on a path that stresses humanism, importance of patient trust



USF Health BRIDGE Clinic

- Student-run medical clinic provides free care for underserved patients
- An interprofessional initiative training health teams, including students in social work, physical therapy, public health, pharmacy, nursing and medicine
- Educating systems-based physicians



Returning to Our Roots

“The good physician treats the disease; the great physician treats the patient who has the disease.”

- Sir William Osler

Making time for the **Human Side of Care**



Being the Anchor When Patients Need You

- How you position yourself with the patient is important.
- You have to be the pillar of strength for patients dealing with these complex situations and the overwhelming dehumanization they face.
- Taking time for the patient's story shows respect for the person as a whole.