The Internet promises to fundamentally transform how healthcare information will be processed and exchanged. Are we ready to embrace this revolution?

Seizing the Opportunity

As yet, we really don’t have a clue how the Internet and related technologies will eventually affect healthcare.

Right now we are laying pipes—real big pipes—between the various sectors of the industry. And instead of delivering a dribble of water from the information faucet, these pipes will deliver a waterfall. That’s bound to precipitate change on a fundamental level.

Consider the jet plane. It goes about two orders of magnitude faster than your mountain bike (600 mph vs. 6 mph). Does this mean then that the jet plane is just a fast bicycle? I think not. Recall that the very nature of commerce, and tourism, were changed by the advent of jet travel.

And it’s that same kind of change I see happening in healthcare. Take, for example, one of the most fundamentally flawed processes within healthcare, the referral process—the handing off of a patient from one venue to the next. What happens today? A patient is referred, some clinical hen-scratching is quickly photocopied, maybe a quickie phone call, and then the patient is sent not-so-merrily on his way. Given the efficiencies we’re capable of, that’s something of a disgrace.

So what’s the solution? To build a giant healthcare “web,” of course, to tie all the pieces together. That way when Mrs. Jones gets sent to Dr. Schmirz for a consultation, the process will be transparent to her as the pertinent information moves seamlessly from one healthcare organization to the next. Appointments will be made, transactions will be monitored, and the results of various tests will flow from one doctor to the next—all electronically, of course.

Just this alone, I think, would do quite a lot to mute the public’s antipathy toward managed care. (Just imagine how frustrated with jet travel we’d all be if we had to traipe around from airline office to airline office in order to book a mul-
ti-airline itinerary. Or consider the hassle of having to deal with both banks in a two-bank funds transfer.)

Perhaps you’ve heard the radio ad that asks: What if you had to go to one store to buy shoes for your left foot, and another store for your right? Well, we have all put up with the glaring inefficiency of its healthcare analog for a long time.

Of course, this is more than just a pipeline problem. We also need some really good software. There’s a gaggle of health information networks) and, with few exceptions, they failed miserably. They failed for lack of support, and for lack of capital.

But today, the capacity and capability of such systems far exceed what most CHINs had ever envisioned. This time around, the cost of the technology is much less than it was before. This time around, thanks to the Internet, we can use common pipes, which makes hooking up disparate systems much more practical.

All of which still leaves a series of unknowns. Will the healthcare industry this time around seize the opportunity without an inordinate amount of hand-wringing? Will it use technology to modernize itself? Will it use technology to help defuse the ticking time bomb of public discontent? Will it use technology to create meaningful new “virtual” alliances that operate efficiently?

Or will the train pass us by yet again for reasons that we are all too familiar with: fear, parochialism, and a lack of understanding?

The referrals process is just one area where this new technology can be applied. We can use the same concept to implement telemedical applications as well. We can use it to make some sense out of the current administrative nightmares. We can use it to reengineer other broken processes as well.

We leave it to our healthcare leaders, to the public, and to our elected officials to move this process along. But one thing is clear: We can increase the quality of care, the convenience of care, and the efficiency of care, if we only embrace these technologies with the passion they deserve.

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