

# 2<sup>nd</sup> International Conference on Health Informatics and Technology

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## Incomputable care

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Where's the beef?

Virtually every force acting upon healthcare enterprises, whether clinical, financial, regulatory, or scientific, demands that data from electronic health record (EHR) systems are used in increasingly sophisticated computations and analyses. Yet the very nature, design and mission of EHR platforms make advanced clinical informatics nearly impossible to achieve. So how can the thousands of vendors claiming to have solutions that move the dial on cost and quality improvement be succeeding if the primary data they need to be successful is not computable? Driven by what I call "The four US healthcare market universal laws," every healthcare market actor is currently or will be handicapped by incomputable care data. As a result, the entire market is organizing populations within accountable entities whose progress towards the Triple Aim is up against a wall. Four US Healthcare Market Universal Laws

1. The market is going through a retail transformation.
2. The retail transformation is driving a shift from group insured fee for service to individual insured value based care delivery models.
3. Value based care delivery requires coordinated care.
4. Coordinated care requires real-time analytics for actionable information delivered at the point of decision, sale, and care.

Successful coordinated care requires coordinated data, transformed into information, and information into knowledge. Knowledge then needs to be actionable. To be actionable it must be transactional, integrating in real-time with care delivery workflow in a highly automated and efficient manner. Claims based dashboards, reports, and scorecards do not enable efficient coordinated care.

Obstacles by Design: The central challenge of accountable entities engaged in coordinated care is the ability of their foundational data store to integrate an extremely broad variety of complex computable data from a large number of independent sources and systems. Administrative data, including enrollment, benefits, claims, and payments, is relatively easy to address because it is designed for computation and interchange. Clinical data, on the other hand, is largely maintained for documentation purposes. It is poorly suited for computation and analytic use and is not easily susceptible to standardization and interoperability.

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