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Reframing innovation and technology for healthcare: A commitment to the human experience

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Abstract

This latest special issue of *Patient Experience Journal* focuses on the role of technology and innovation in patient experience. The articles included in this issue help us think about the ideas of innovation and health information technology (HIT) in some new and interesting ways. They also have us push the boundaries of what has framed what innovation and technology application look like in healthcare today. With this perspective, we explore the idea that HIT is not simply a process improvement tool; it is a means to elevate the human interactions at the heart of healthcare. Simultaneously in healthcare, innovation has been an essential focus in creating a safer, higher quality, more reliable and even more comfortable care experience. It has driven the capacity to ensure better care and positively impact the lives of those whom healthcare serves. At the same time, innovation as an idea has faced a challenge, for in the push to expand innovation itself, there exists the risk of diluting the concept. In addressing the opportunities we have with both HIT and innovation, we must also recognize they will forever be essential to our capacity to care for all in the care process. HIT and innovation, both distinctly and in conjunction, will drive the ability of healthcare globally to look to the future and create not only better tomorrows, but better today's. HIT and innovation at their very core support the work of healthcare, of treating illness, supporting health, creating efficiency, ensuring easier access to information and broadening knowledge. In applying HIT and pushing for innovation with the foundational idea that in healthcare we are human beings caring for human beings, those tackling these opportunities can move beyond just execution to purpose. This is the opportunity found in a reframed view of HIT and innovation and the possibility it affords; to support a growing commitment to the human experience in healthcare.

Keywords

Innovation, health information technology, HIT, patient experience, human experience, patient engagement

An opportunity for health IT and innovation

Welcome to Volume 6, Issue 2 of *Patient Experience Journal*, our special issue on the role of technology and innovation in patient experience. The articles included in this issue help us think about the ideas of innovation and health information technology (HIT) in some new and interesting ways. They also have us push the boundaries of what has framed what innovation and technology application look like in healthcare today.

In the United States, the Department of Health & Human Services describes HIT as a process that “involves the exchange of health information in an electronic environment. Widespread use of [HIT] within the health care industry will improve the quality of health care, prevent medical errors, reduce health care costs, increase administrative efficiencies, decrease paperwork, and expand access to affordable health care.”¹ This is a broad and audacious goal, one worth striving for, and one that aspires to go beyond the simple application of electronic medical records to greater electronic interfaces, touchpoints and efficiencies that are found in the digital world.²

This is further exemplified in the application of technology to patient engagement and a focus on access points such as patient portals, applications that allow access to records or appointment scheduling, and more. Yet the reality is that many patients still remain skeptical of how technology can or if it truly does help with an already confusing and complicated healthcare system.³ This issue also extends to how technology is used and applied. Technology for technology's sake in healthcare does not bring value to either those delivering or receiving care, but consumers who have experienced positive use of technology tend to find it more useful both in what they experienced and what they see as potential in engaging with additional technologies.⁴

What this reinforces is that the use of health IT is not just something organizations should do, but rather in understanding all it encompasses and all the value it can bring, it needs to be translated both in how it will help those delivering care realize efficiencies, while those receiving care see and experience the benefits. It is also clear that with a perspective of the patient experience being the sum of all interactions a patient encounters⁵, the

application of technology must be considered in this context. Health IT is not simply a process improvement tool; it is a means to elevate the human interactions at the heart of healthcare. And the opportunity that still exists in connecting to this idea is evident.

In the recently released findings in The Beryl Institute's State of Patient Experience 2019⁶, those looking to apply a digital strategy and technology to their overall efforts to address patient experience are at the very early stages. A total of 83% of respondents said they were using digital tactics somewhat to improve patient experience in their organization. The top items of use by those applying a technology strategy were to obtain feedback, provide general information, and access medical records. Based on these responses, it seems the use of health IT remains more transactional in nature. If we are to look at the possibility of what technology can bring in elevating the human experience in healthcare, we will need to push to the relational opportunities it creates and supports.

In a similar light, innovation has remained a word in healthcare that sounds nice in practice and has even led to the rapid spawning of innovation centers in healthcare organizations across the care continuum and around the world. But again, much like the opportunities discovered in looking beyond application for application's sake, in healthcare must begin to look at innovation with even simpler and more human eyes. In a recent paper from The Beryl Institute, *Innovating the Patient Experience: Trends, Gaps and Opportunities* which highlighted the innovations shared by participants in the Institute's [Patient Experience Innovation Awards](#), I offered some ideas on how we can begin to look at innovation through an experience lens.⁷

In healthcare, innovation has been an essential focus in creating a safer, higher quality, more reliable and even more comfortable care experience. It has driven the capacity to ensure better care and positively impact the lives of those whom healthcare serves. At the same time, innovation as an idea has faced a challenge, for in the push to expand innovation itself, there exists the risk of diluting the concept. In striving for innovation and broadening a focus on innovation, there is a risk of greying the space in which innovation truly lies, understanding from where it emerges and ensuring a clear recognition of what it is. In a way, the concept of innovation has been elevated to the extent that perhaps only the "big" things, the bright, the new, the flashy are seen as innovations. This potentially undercuts the very value of innovation itself and offers an opportunity to explore three thoughts on how innovation may be reframed overall.

1. **We need to strive for the big and the new, but we cannot overlook that innovation can occur in all places, at all scales** and sometimes rather than being the most complex idea, they are truly

the simplest of solutions. What I also believe is that innovation is active versus passive, and we must look at it as such. Innovation is an action that leads to value and positive change for both those who apply the innovation and those who are impacted by it. James Toddhunter defined innovation as "the process through which value is created and delivered to a community of users in the form of a new solution."

2. **We must refocus the concept of innovation especially as it relates to the patient experience.** For all the big talk of innovation in healthcare, we cannot overlook the innovations happening on all points of the care continuum on every given day. I am not suggesting we should not push for the "big" innovations in healthcare, in science, technology and even process that take investment, people and resources. These big ideas have supported the blossoming of innovation centers in many healthcare systems noted above and a growing number of conferences and meetings to highlight and celebrate these ideas, and this is needed.
3. **We need to recognize that where change happens, where value is created, where new solutions are shared are not always those big drops in the pond, but rather the small pebbles that create growing ripples of change for healthcare.** For example, when we looked at the powerful ideas submitted for The Beryl Institute's *Patient Experience Innovation Awards*, we saw just that. When the power of the human potential and spirit is unleashed with the intent of doing something better, great things can and do happen, regardless of size. And size may even be a misnomer, because for many of these ideas the innovation might be simple, but the spread through our community of users is broad and the overall impact significant.

That is why we have an opportunity to reframe innovation, to be not one of scope in so much as one of value, not just one of the singularity of an idea, but one that permeates and evolves further within a community. We must not let this level of innovation slip away in the shadows of the big things we know healthcare does and will need to do in the future. By ensuring that we recognize that innovations can come from where we least expect them and from the thoughtfulness, spirit and courage of people at all levels of healthcare, we should have nothing but great hope for our capacity to evolve healthcare for the better.

With these ideas, it is evident that both HIT and innovation will forever be essential to our capacity to care

for all in the care process. They both distinctly and in conjunction will drive the ability of healthcare globally to look to the future and create not only better tomorrows, but better today's. HIT and innovation at their very core support the work of healthcare, of treating illness, supporting health, creating efficiency, ensuring easier access to information and broadening knowledge. In applying HIT and pushing for innovation with the foundational idea that in healthcare we are human beings caring for human beings, those tackling these opportunities can move beyond just execution to purpose. This is the opportunity found in a reframed view of HIT and innovation and the possibility it affords; to support a growing commitment to the human experience in healthcare. This is exemplified in the pieces that comprise this issue.

A look at Volume 6, Issue 2

As we look at this special issue, the authors help us push the idea of elevating the human experience forward. With a wide range of contributions, the authors help add breadth and depth to the way in which innovation and HIT are both viewed and applied. We must also acknowledge with the wide scope of innovation and technology in healthcare today, this issue cannot and would not attempt to cover every potential subtopic. Rather, the intention was to touch on these ideas in ways we may not have traditionally considered, all while ensuring we elevate the conversation on the humanity at the heart of healthcare and how it is impacted by these concepts.

Shaped by the guidance of and anchored by the insights of our guest editors, Cynthia Sieck and Timothy Huerta, both from The Ohio State University, the issue begins with a call to action and a recognition of an opportunity that in healthcare we are moving beyond just HIT to Patient-Facing Health Information Technology (PFHIT).⁸ PFHIT will call technology developers and healthcare organizations to design and implement technology in new and innovative ways. This shift will address some of the very opportunities people first saw with the arrival of HIT alone, and this realization will call these organizations to think about HIT and what it is, what it does, how it is implemented and who is engaged in very different ways going forward to be most effective. This is complemented by the insights from Rasu Shrestha, MD, executive vice president and chief strategy officer at Atrium health who through our conversation⁹ raised the very point that innovation and technology are not just “things” we do, but a critical part of a process to ensure better outcomes for all in healthcare.

This idea was reflected in the very practice of bringing the digital era to the patient experience presented by Trenchard et al. from Northwell Health¹⁰. This practical

look at the means by which technology and innovation can be applied and the lessons shared as a result offers a powerful complement to the call to action offered by Sieck and Huerta. It reinforces that the effort to engage technology in the work of healthcare is not just an inside out proposition, but one that connects us to the healthcare consumer, the patient and the communities we serve.

The issue continues in balancing technology application such as the application and acceptance of patient portals¹¹ to innovative practices that bring the voice of all who engage in the healthcare process through a powerful narrative on co-production¹² by Rosemary Caron and the personal experiences she faced with her daughter and an insightful practice case on the application of co-design, specifically experience-based co-design (EBCD)¹³ in New South Wales, Australia by Dimopoulos-Bick et al. A critical takeaway from this case that closes the issue is that we must find a way to engage the voices of those we serve. This is an innovation that healthcare must continue to work on to ensure that we have opportunities to continue to build this skill, for as much as healthcare acknowledges the need to listen to those it serves, there is still a significant opportunity to ensure it happens.

This issue covers items at the core of healthcare's commitment to address the human experience such as understanding of patient feedback and input. An insightful analysis of an organization's response to online feedback through the example of applying Care Opinion¹⁴ – a powerful resource for patient voice found both in the United Kingdom and Australia – provide a sense of the simple power of innovation I suggest above and reinforces the importance of hearing all voices in positively impacting and improving healthcare overall. This idea of patient voice is complemented as well by the quickly emerging idea of natural language processing (NLP) and the power that artificial intelligence (AI) will bring to our ability to listen to what people say, analyze patterns and then make improvements that really matter.¹⁵ Turpen et al. help us see that in innovating with technology through NLP, we can honor the words patients, families and staff share and turn those words into actionable and impactful data. That is the essence of all I hope we take from considering what innovation and technology mean to the patient and human experience in healthcare. If we look for what innovation and technology can do and the impact it can have beyond simply what it is or that it is something healthcare just needs to do, then we are shifting our perspective on this topic to one that is about the experience it ensures healthcare provides.

A Commitment to the Human Experience

While we could undoubtedly spend pages talking about what innovation is and all the amazing things that innovation is bringing to healthcare and/or what

technology is doing to improve quality and safety, efficiency and outcomes, what we looked to do in this issue is to bend the arc of our thinking. We must never take our eyes off how innovation can help us spur healthcare forward or how technology can help us make it better, but we must also never take our eyes off the ultimate opportunity in bringing innovation to bear or implementing technology with purpose. Each of these concepts alone is critical and valuable to what we do, but they can and must never ultimately stand in isolation from what healthcare ultimately does. That is to care for the human being in front of us and for those that ensure that care is delivered in a respectful and reliable way. If we do not address the potential for innovation or design in the next and greatest technology without understanding the human experience at the heart of healthcare, we will, without question, miss the mark. But if we use the experience we look to create as a true north, the desire for quality and safe outcomes, the ability to provide access and reduce cost, to increase efficiency and bring new ideas to positively change lives, then we give a context to innovation and technology that it truly needs in healthcare today. This idea permeates the words of our authors, but more so it is what is being asked for from those delivering care and expected from those receiving care each and every day. The idea that we can innovate with that in mind and apply technology with that as the ultimate goal may be the most critical opportunity we have in a healthcare world that needs new ideas and new ways of making those ideas a reality. It's time to take that next step.

References

1. HHS Office of the Secretary, Office for Civil Rights. Health Information Technology. HHS.gov. <https://www.hhs.gov/hipaa/for-professionals/special-topics/health-information-technology/index.html>. Published April 19, 2019. Accessed July 12, 2019.
2. HHS Office of the Secretary, Office of the National Coordinator for Health Information Technology. What is Health Information Technology. <https://www.healthit.gov/sites/default/files/pdf/health-information-technology-fact-sheet.pdf>. Accessed July 12, 2019.
3. Heath S, PatientEngagementHIT. What Is the Future for Patient Engagement Technology, Health IT? PatientEngagementHIT. <https://patientengagementhit.com/news/what-is-the-future-for-patient-engagement-technology-health-it>. Published July 31, 2018. Accessed July 12, 2019.
4. Feldman SS, Bhavsar GP, Schooley BL. Consumer perceptions of health IT utilization and benefits. *JAMLA Open*. 2018;2(1):99-106. <https://doi.org/10.1093/jamiaopen/ooy049>.
5. Wolf J, Niederhauser V, Marshburn D, Lavela S. Defining Patient Experience. *Patient Experience Journal*. 2014;1(1):7-19.
6. Wolf JA. To Care is Human: Elevating the human experience at the heart of healthcare. *Patient Experience Conference 2019*. April 2019.
7. Christensen T. *Innovating the Patient Experience: Trends, Gaps and Opportunities*. The Beryl Institute; 2019.
8. Sieck C, Huerta T. Transformations in health information technology and the impact on patient experience. *Patient Experience Journal*. 2019;6(2):5-8.
9. Wolf J. Technology, innovation and transforming healthcare faster, smarter and together: A conversation with Dr. Rasu Shrestha. *Patient Experience Journal*. 2019;6(2):9-11.
10. Trenchard E, Semlies L, Gierlinger S. Trenchard. The digital revolution will see you now: Transforming patient experience in the digital era. *Patient Experience Journal*. 2019;6(2):12-15.
11. Kornacker D, Fitzgerald K, Elder S. A patient portal push toward acceptance and utilization of the technology. *Patient Experience Journal*. 2019;6(2):20-27.
12. Caron R. Co-producing healthcare in a value-based healthcare system: Perspective of a parent of a patient and a health professions' educator. *Patient Experience Journal*. 2019;6(2):16-19.
13. Dimopoulos-Bick T, O'Connor C, Montgomery J et al. "Anyone can co-design?" a case study synthesis of six experience-based co-design (EBCD) projects for healthcare systems improvement in New South Wales, Australia. *Patient Experience Journal*. 2019;6(2):93-104.
14. Ramsey L, Sheard L, Lawton R, O'Hara J. How do healthcare staff respond to patient experience feedback online? A typology of responses published on Care Opinion. *Patient Experience Journal*. 2019;6(2):42-50.
15. Turpen T, Matthews L, Guney S. Beneath the Surface of Talking about Physicians: A Statistical Model of Language for Patient Experience Comments. *Patient Experience Journal*. 2019;6(2):51-58.