The Thrill is Gone

Adaptation, Flexibility and the Future of Innovation

We are all reminded of the late, great blues singer BB King this week. His songs speak to us through a universal struggle of compromise and conflict; the life and death of living. During the last ten years physicians, hospitals, vendors and patients sang along with BB in hits like:

* “Im Putting All My Eggs In One Basket”
* “Worry, Worry”
* “Im Sorry”
* “The Thrill is Gone”

So how do we take the lessons learned, and turn our conflict into compromise? What matters most in healthcare technology as we enter the future of innovation?

1. Adaptability

There is no “One size fits all”. No one vendor can create the perfect mechanism for capturing, sharing and reporting patient data. We must support multiple functions, in multiple systems, without altering the underlying architecture. We need to adapt to new, different and changing requirements within the systems we use today.

2. Flexibility

A flexible platform can adjust to its surroundings. It doesn’t care where it lives. It has the ability to support feature and functionality in competing environments. A flexible system can be securely accessed from any device. It is portable, lightweight and responsive to the end user.

3. Scalability

According to Wikipedia: “An algorithm, design, networking protocol, program, or other system is said to scale if it is suitably efficient and practical when applied to large situations (e.g. a large input data set, a large number of outputs or users, or a large number of participating nodes in the case of a distributed system). If the design or system fails when a quantity increases, it does not scale”. Enough said.

Who’s Providing New Technology Now?

* Clinical Decision Support Engines: LogicNets, a Washington DC - based tech company that places the end user in control. Clinicians can visually navigate, interact, and comply with their organization’s critical decision-making guidelines, from any device. They can use their own workflow to gather data and visually check it against system-recommended pathways. Dynamic protocols enable real time “sync” within the IT “stack” used today. It’s new, its emerging and its vendor agnostic.
* Medication Adherence Capability: Medication non-adherence affects 50% of the patient population, according to a Mayo study. This cost is staggering. Over 200 billion dollars annually. Apps are great, but we must have the ability to queue the health system, provider or caregiver in the case of non-compliance, without relying on the patient to use the app. That’s the issue. Health systems must address non-compliance as an integral extension of care management.
* Telemedicine: The future of healthcare will include more mobile devices and extended videoconferencing capability. For hospitals, skilled nursing, home health, aging and community health centers. Strategies to expand connectivity across acute, post-acute and community care is the future of medicine.

As we remember BB King and his ability to tie together conflict and compromise, balancing struggle with idyllic moments of surrender, we need to remember that technology and innovation are a balance. A give and take of lessons learned, and our ability to embrace creative ideas from a wide array of platforms, people, and organizations, without destroying the underlying architecture.