



20 health IT thought leaders speak out: top trends affecting healthcare and what to expect in 2019

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Twenty leaders in the health IT space discuss the key trends of 2018 and make predictions looking ahead to 2019.

Sean Carroll, CEO of Arcadia.io: In 2019, the healthcare market will continue to see significant and potentially disruptive consolidation as well as unconventional partnerships. Healthcare systems will be pushed to innovate and adapt as they take on additional financial risk. These pioneers in value-based care will be faced with problems and challenges that have never previously been tackled. As a health IT community, we will need to be ready to support them with solutions that offer real value. A major 2019 focus will be building on existing investments in machine learning and predictive analytics to help healthcare systems and health plans tackle increasingly complex population management initiatives. However, we will need to ensure we are harnessing these exciting new capabilities effectively to drive tangible outcomes.

What do you anticipate you'll need 3 and 6 months from now?*

Enhanced features for virtual visits

Support for more remote patient monitoring

Infrastructure for remote work and team collaboration

More robotics and virtual communication capabilities from within the hospital

Better population health analytics to detect and deploy resources in the future

More advanced clinical data and analytics

Other

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A 2018 study in the *American Journal of Medicine* suggested that the rate of burnout among physicians outpaced nearly every other profession in the United States. This study joined a growing [body of literature](#) that indicates that frustrations in using an EHR system may be a significant reason that 54 percent of physicians feel a distinct lack of enthusiasm, lack of accomplishment and cynicism about their work. But it doesn't have to be that way. The right EHR, used in the right ways, can help rather than hinder physicians' job satisfaction, by improving workflows and patient outcomes. Doctors know they are using the right EHR when it's so efficient that the doctor is done documenting for the day less than 15 minutes after the last patient leaves, and coding and reimbursements are optimized. The key is intelligent administrative and clinical capabilities that make EHRs a collaborative platform, rather than an obstacle. EHR vendors can help by listening to end users' needs and remaining nimble to address them — often before the doctors themselves know a change or upgrade is needed.

Neil Simon, COO of Aprima: In 2019, several trends that are impacting care delivery will hit providers hard—both in how they practice and their revenue cycle. There will be an increased focus on access to care, which will include a continued rise in use of telemedicine—from 2015 to 2017, there was a [261 percent growth in telemedicine visits](#). One thing that will cause continued growth is that more health plans are including telemedicine visits in benefits, so patients are able to take advantage of the offering without concerns about the bill. We will also see an increase in the focus on chronic care management. Across the industry, providers will focus on managing conditions with ancillary services, including education, care coordination and nutritional advice.

Lastly, with [46 percent of patients who are privately insured now on high deductible plans](#), we will see an increased focus on newer tools and features that enable providers to capture credit card information, verify insurance benefits prior to an office visit or procedure, and implement a workflow that will educate patients upfront about the amount of their responsibility and integrate with a 'credit card on file' policy. Technology is making information about how much insurance will cover and the remaining balance more transparent and readily accessible.

Gurjeet Singh, PhD, CEO and co-founder of Ayasdi:

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Looking back, 2018 was the year of small wins for healthcare AI. What made 2018 so meaningful in this regard was that these wins were sourced by both vendors and the clients themselves, the latter with little fanfare. AI now dominates discussions in the payer universe, and the internal work around fraud, waste and abuse is almost entirely based in these new techniques. On the provider side, the vendor community is still responsible for many of the small wins—in areas like clinical variation management, risk stratification and patient navigators. While many argue (correctly) that AI is at peak hype, the results are starting to take hold, and the industry will never be the same.

In 2019, the key IT trends will involve extracting value from the massive data investments that have occurred over the past five years. This means that providers will turn to building applications that leverage their EMRs, EDWs and other investments. This round of application building will incorporate more intelligence capabilities than ever before and will usher in a chapter that will really begin to take hold in 2020, that of the intelligent application re-write — a phase where every application will get re-written with intelligence.

Harry Soza, CEO, CAREMINDr: A trend from 2018 that will surely gain even more momentum in the next year is remote patient monitoring (RPM), especially mobile-enabled RPM, which leverages mobile devices such as smartphones rather than telephonic monitoring. Medicare added three new CPT codes this year to its 2019 fee schedule focused solely on general physiologic monitoring of chronic conditions. Although the earlier 99091 code, which went into effect in January 2018, already reimbursed providers for physiologic data collection and interpretation, it was limited to what clinical staff were eligible and didn't reimburse for set-up and education time. One of the new codes, however, does reimburse for set-up and education. I believe this shows that CMS recognizes a technology component is essential to RPM if it is to be performed effectively and efficiently. The bottom line is that as the nation's largest health insurer, CMS demonstrated in 2018 that it agrees that effective chronic condition management needs to reach patients in their homes, not just through 15-minute office visits — and providers should be paid for those services.

Looking forward, thanks to widely adopted mobile technology, even among the senior population that Medicare serves, I expect that the new remote patient

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monitoring CPT codes that go into effect in 2019 will spur the launching of several new RPM programs. I anticipate many of these organizations will discover that their RPM programs, if they are mobile-enabled, will not only deliver the data on patient-reported outcomes and social determinants of health they seek, but also patient engagement benefits. That is because mobile-enabled RPM can have the 'nudge effect' of guiding patients toward healthier choices and care plan adherence. This repeated contact, preferably through a mobile device, is also often interpreted by patients as coaching, while also allowing them to take responsibility for their own health. Simply being reminded, inputting data and receiving feedback from a provider can activate the patient's imagination towards what is possible when it comes to their health. It's a valuable outcome that we've seen in many mobile-enabled RPM programs.

Angie Franks, CEO of Central Logic: In 2018, real-time data analysis began making even more of an impact in healthcare. For example, data is being used in new ways to provide patients with easier access to the most appropriate level of care while enabling providers to find efficient and less costly ways to manage transfers and how their patients engage with them.

Looking forward, it's exciting to see the strides the industry is making in terms of how we all use data. In the past, raw data has created stumbling blocks to interoperability, but now technologies are emerging that help providers focus on what is most useful and actionable. In 2019, we'll likely see more providers leveraging technology that helps ensure patients access the most appropriate care sources, helping to avert unnecessary and more costly visits to the ED.

Rob Barras, Vice President, Health Solutions, CTG Inc.: Looking back over the past year, organizations are still struggling to balance today's budget with the work needed to move the needle on value-based care initiatives. CIOs are venting to us that they don't yet have a good picture of the organizational requirements of value-based care. We expect that will begin to change over the next couple of years.

Looking forward, Providers should have a clearer picture of what is needed to support value-based contracts in 2019. As such, the IT implications will also start to crystalize. Enterprise information management fundamentals (to support analytics), ambulatory workflow (optimizing at the point of care) and partial IT

outsourcing (to create internal bandwidth) will likely be high on the priority list for most organizations.

Linda Fischer, VP of Product Strategy, DrFirst: In 2018, providers had to adapt continuously to new regulations that are designed to improve communication between care team members and advance the quality of care. Despite the worthy intent of such initiatives, many of these regulations have failed to solve the targeted problem—and instead created new headaches for providers. The rub is that physicians still want and need certain patient details, especially during transitions of care. But because of the inefficiencies of Continuity Care Documents, physicians often resort to other tried and true methods like phone calls (no matter how inefficient) to obtain background information on their patients. To achieve clinical and financial success under new value-based care models, first we must achieve interoperability success. Systems need to talk to each other and share information accurately and efficiently. Full interoperability will help eliminate most of the communication challenges between care team members and, in turn, advance the cost-effective delivery of quality patient care. While we are making progress, full-scale interoperability between all providers and different EMRs will take several more years. In the meantime, we need to equip providers with solutions that address current technology gaps, without requiring organizations to rip and replace their existing EMRs.

In 2019, value-based care success requires patients to be engaged in their own care and wellness. Secure care collaboration and communication tools between care team members, patients, and their families allow all parties to ask questions, receive updates, and remain continuously engaged while avoiding the inefficiencies of phone tag. When patients are able to communicate directly with their care providers, they are more fully engaged and can make more informed decisions about their own care and treatment. Health IT leaders still have work to do when it comes to maximizing the efficiencies of our systems. However, as we move into 2019, I am encouraged by our success so far and the proliferation of new technology solutions that are helping improve the quality of patient care.

Joel E. Barthelemy, Founder and CEO of GlobalMed: The top health trend is easily the increasing clinical usefulness of activity tracking devices. With over 50 percent of the population now wearing fitness gadgets that track a wide range of metrics, consumers can now

manage their health by tracking steps, heart rate, sleep and hydration, among others, through apps that utilize cloud architectures that make it safe and easy to integrate and share meaningful data with providers.

In 2019, AI will continue to be developed in many and new disruptive ways, including AI-enhanced virtual care, tailored consumer advice, predictive warning signs, potential outcomes, and even payment accuracy that could lead to saving hundreds of millions of dollars from fraud.

Bobbi Brown. Senior Vice President, Financial Engagement of Health Catalyst: Looking back, 2018 was the year of mid-term elections and we all learned that voters value healthcare. This will mean continued discussion and possible new directions with a new Congress. Mergers and acquisitions remain strong for both horizontal and vertical markets. The vertical mergers (such as Aetna and CVS) could add new dynamics to our healthcare market. CMS continues to support existing programs and add new measures to support transparency and interoperability.

For 2019, we should see continuation of the new ideas and increased focus on new players and some business basics. Costs remain high so we need to continually monitor on all levels, including cost and quality of populations. CMS will be pushing downside risk for ACO participants. Consumers will continue to demand more transparency. There are lots of opportunities for all of us in healthcare.

Mike Hoxter. Chief Technology Officer of Lightbeam Health Solutions: Looking forward, CIOs need to be keenly aware of a deep-learning engine, not a rules-based engine, in financial management technology. This next generation feature would be an AI engine that is constantly learning and refining itself through the flow of new data and information. For the technical audience, this healthcare AI framework would begin with a foundation of clinical informatics, combined with AI/ML techniques such as convolutional neural networks and recommender systems. Once patient data is analyzed, the identification model provides a list of patients who are at risk for a certain condition and their probability of being diagnosed within a certain timeframe. This kind of AI would help CIOs and provider organizations identify patients who have a chronic disease and are undiagnosed, as well as help with the identification of patients who are at risk of developing a chronic condition

in the future. Most would agree that there are numerous health benefits for those with chronic conditions such as diabetes to obtain treatment and achieve control as quickly as possible. The alternative is that the patient will be living with this condition, unknowingly, for many months and may only learn about it upon an avoidable ER visit resulting from the condition.

Elizabeth "Liz" Marshall, MD. Director of Clinical Analytics, Linguamatics: In 2018, the promise of artificial intelligence saving the healthcare industry was overstated. Although helpful in many arenas, the promises were too vast. In some cases, the use of AI may not be as efficient as manual review, meaning the use of technology could have a negative impact in that particular instance, and thus the application of AI would be unnecessary. Yet, using AI correctly was never discussed in the hype. In my opinion, a lot of the immediate promises of AI were too good to be true. Sadly, that often overshadowed the times where it provides extreme value, such as the analysis of unstructured data, which simply cannot be done efficiently through any manual processes.

Luckily, augmented intelligence solutions for making workflows more efficient is the next core of adoption in the artificial intelligence realm in healthcare for 2019. This more hands-on approach allows clinicians and payers to be more in control of what they can and cannot see — and when it comes to making decisions about your own health or someone you care about, this approach seems much more acceptable by many.

David Lareau. CEO of Medicomp Systems: Looking back, I am encouraged that, during 2018, federal incentives seemed to be moving towards promoting systems to become more open to sharing data, enabling providers and patients to coordinate care. That progress is a major step towards achieving true clinical interoperability.

In 2019, I hope that the industry increases its focus on improving the usability of EHRs. With all the talk about artificial intelligence and machine learning, I am concerned that health IT leaders are spending more time trying to figure out how computers can use clinical data for analytics and population health, rather than making it easier for clinicians to access and apply clinical data at the point of care — to help the patients that matter most.

Brian Manning. Vice President, Head of Growth at

PatientPing: We're thankful that a general openness to sharing across disparate (and even competitive) provider organizations has increased significantly. We used to hear a fair amount of conceptual reluctance to share relevant patient information with the competition. We almost never hear that now. Health system leaders have really embraced the need to collaborate outside of their four walls — and that's a great thing for providers and patients.

I expect to see quite a bit more consolidation in the health tech space next year. The huge amount of funding for health tech startups over the last several years, the emergence of highly focused applications serving narrow use cases that could benefit from scale, and the saturation of the EHR market are just a few reasons why companies might be more valuable together than they would be independently.

Brett Furst. Chief Strategy Officer of Payformance Solutions: While blockchain has all the promise and attention to drive change in healthcare, it's not ready for primetime. The claims-based adjudication system remains, and we can't take our eyes off the ball. To achieve value-based reimbursement, quality and cost-saving goals, the claims-adjudication process is the real deal.

Looking forward, artificial intelligence will not be successful by taking the 'boil the ocean' approach of some large technology vendors, but by using AI in salient, specific aspects of healthcare, such as predictive genomics, case management and payment integrity. I believe AI will play a major role in value-based reimbursement as we migrate to more predictive payments.

Kevin Mehta. Chief Technology Officer of Payformance Solutions: With doctors far more likely to die by suicide than the general population, it behooves the healthcare industry to take seriously the 'Quadruple Aim' (clinician satisfaction and well-being), with greater emphasis on reducing the administrative burdens that can contribute to clinician burnout. We need to improve outcomes and reduce costs without increasing the measures and metrics that lead to administrative burdens. In fact, we need to reduce the number of metrics while still achieving cost and quality goals.

Matt Sappern. CEO of PeriGen: Looking back, one trend that not only had an impact this year but will continue to have one going forward is the use of artificial

intelligence and machine learning to identify clinical patterns that could lead to an adverse event before those events occur. This has been huge in childbirth in addressing the maternal mortality crisis in particular. The United States currently has the highest maternal mortality rate of all developed countries — by far. But the good news is that 60 percent of those events are preventable if the proper signs are recognized early enough. Applying AI to the huge data sets we now have regarding the childbirth process is helping us identify those trends much earlier and calling them to the attention of nurses to ensure they can use their experience to determine when there is a potential issue, and to support their recommendations when they speak with physicians. AI has the potential to take the United States from worst in maternal mortality rates among developed nations to the best.

Looking forward, I think AI will continue to be a big focus in healthcare IT, but the story itself will shift. There have been concerns in the industry as to whether AI will eventually replace nurses or other clinicians, but I think it will become clearer that AI is an enhancement for clinicians, not a replacement. AI is great at parsing through large amounts of data and recognizing patterns. But it can't look in a patient's eyes or have a conversation with him/her and recognize something is wrong that the data isn't showing. What AI can do is free clinicians from having to perform repetitive but necessary tasks that don't require a lot of expertise so they can spend more time caring for patients and working at the tops of their licenses. I believe we'll see more of an understanding of that, which will help the industry use AI to support clinical decision-making more effectively rather than viewing it as a replacement for it.

Eric Rock, CEO of Vivify Health: Looking back, The Promise of Fast Healthcare Interoperability Resources has not met its full potential with EMR vendors — limiting FHIR's capability to retrieving data only, not receiving data. But the good news is that we believe there is hope for the future as regulatory and consumer (provider and healthcare) pressure will make bidirectionality happen sooner rather than later. The need is truly coming from all directions.

Looking forward, it will be exciting to see the impact in 2019 of CMS's decision to reimburse for delivering care services into the home via technology. We believe that this is where the benefits of value-based care can be most fully realized.

Rhonda Collins, DNP, RN. Chief Nursing Officer of

Vocera: In 2018, there were still gaps in interoperability in hospitals. Clinical, communication and other critical systems remain siloed in many organizations.

Technology providers must be willing to work with each other, and really focus on providing exceptional, integrated solutions to hospitals and health systems, so they, in turn, can provide exceptional care to patients.

Artificial intelligence will be a trend in 2019 and beyond. I think the ability to take everything we know, from every source we have, and aggregate the analysis of that information to provide a complete picture of a patient — physical, emotional, socio-economic and more — will revolutionize the way we approach and provide care.

Kevin Daly. President of Zynx Health: This past year was an exciting one in healthcare IT that included advancements in AI and IoMT. We saw a spike in telehealth in 2018, with an estimated 7 million patient visits occurring via telemedicine. The availability of physicians across digital channels helps to decrease wait times among patients in underserved communities.

Looking forward, 2019 looks to be equally promising. Look for the following trends across 2019 and beyond:

1. Expect telehealth visits to continue to increase in 2019 and beyond.
2. Expect to see an increase in clinical optimization across the industry as more hospital systems transition beyond the EHR and provide clinical staff with recommendations derived from evidence-based best practices to align quality goals of their organizations.
3. Augmented reality systems, once thought of only in science-fiction, have become a reality. Utilizing state-of-the-art 3D rendering software, VR headsets are now being used to aid patients with cognitive impairments and other conditions. Expect to hear more about this emerging technology in the months ahead.

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