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Raison d'Être

What is the purpose of health information technology? Why are we spending all these billions of dollars on this "thing" we struggle to understand, implement, and use? Is it achieving the goals of its purpose?

The French elaborated on the concept of "*raison d'être,*" suggesting that once the reason an object exists is defined, criteria to measure the object's value can be developed and applied. Now that the Office of the National Coordinator for Health IT has finally released the definitions of "meaningful use," it is worthwhile to step back and re-examine the reason health IT exists. Only then can we judge the measures we are putting in place to evaluate its raison d'être.

Wikipedia (2009) provides some thoughts on raison d'être that can be used to think this through. Here are some excerpts:

The French concept [of rasion d'être*] is more elaborate than a simple statement.…When measurable criteria are known, gaps can be identified that show where the particular object fails to meet the prototypical object's reason for being. When gaps have been fully identified, strategies can be implemented to close the gaps and bring the object closer to the true fulfillment of its* raison d'être.

In the truest sense of raison d'être, *French philosophers lay an elaborate road map of descriptive text that contrasts the current status of an implementation of a prototypical object with the purist view of perfection that the object should achieve without the hindrance of imperfections. The philosophical road map brings to a crescendo the imperative urgency that motivates participants to immediately take the steps necessary to achieve all the intended qualities that an object was designed to exemplify.*

Raison d'Être's Four Key Items

The *raison d'être* of health includes four key items: 1) enhance patient safety, 2) improve quality of care, 3) foster greater accessibility, and 4) facilitate a reduction in medical costs. In addition, all of these items must occur simultaneously and in cooperation with each other. There is no "zero sum" game in achieving these goals, as failure to advance one brings failure to all.

Considering the current state of healthcare delivery in the United States, the four aspects of *raison d'être* for health IT, as defined above, seem appropriate and timely. While our healthcare costs per capita are the highest in the world, we endure worse outcomes, poor accessibility to care, high rates of uninsured and under-insured, and unacceptable levels of medical errors. Few can deny the poor value we obtain from the resources expended on care.

Although investment in health IT has exploded in recent years, there is limited evidence suggesting that our effort to leverage health IT is delivering benefits. A recent article by Himmelstein in *The American Journal of Medicine (2009)* sadly concluded that "hospital computing might modestly improve process measures of quality but does not reduce administrative costs."

Such studies with discouraging conclusions should not dampen our enthusiasm for health IT. Our industry, and we as leading professionals, are in learning mode, figuring out how best to use these new tools to obtain the results we seek.

Malcolm Gladwell coined the term "tipping point" to describe how change, whether the use of new technology or style of shoes, grows slowly until it reaches a "tipping point" where the growth accelerates exponentially. In the last 100 years we have seen this happen in the use of telephones, mobile phones, and email. There are clearly hundreds of other examples, as there are examples of those new things that never reached a tipping point.

Healthcare IT will reach a tipping point, and its use will become common

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and natural. At that "tipping point," the true benefits of the technology, the realization of its *raison d'être,* will be fulfilled. Our current investment in health IT is a down payment on the future benefits the technology will afford us. For some, this investment seems ill placed, especially considering the alternative uses for these funds at a time of serious economic unrest. In spite of these other demands, investment in health IT must continue, as the rewards will be great.

Reaping the Benefits

So how and when do we reap these rewards of health IT? Those that embrace flexibility, creativity, and tenacity will be most successful.

Flexibility. Health IT is nothing more than a tool. It is how the person that wields that tool acts that delivers real value. We are at the stage where our understanding of the health IT tool is just beginning. Therefore, we must be flexible in how we use that tool, wielding it in different ways to discover how to achieve greater and greater value.

Creativity. It is not enough just to be flexible. Flexibility has value only when it is utilized by creativity, the development of new and innovative approaches to problems. Creativity is needed in the design of processes and workflows that utilize health IT tools in a flexible manner, allowing these new approaches to be tried, reworked, and reapplied. It allows for the evolution of the use of health IT.

Tenacity. Clinical care is complicated and uniquely personal. This latter

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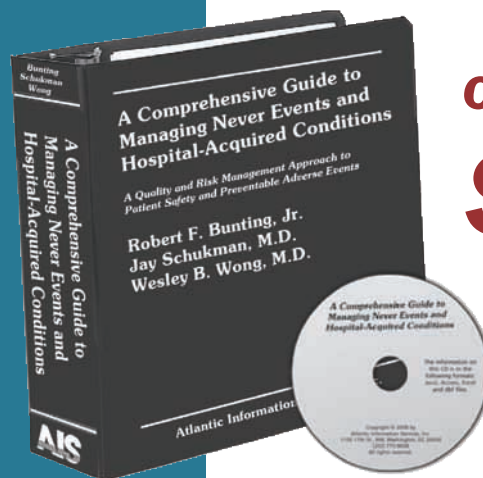
characteristic separates the use of IT in the healthcare industry from its use in other markets. This personal, and therefore human, factor makes what is very complex even more so. The complexity requires a level of tenacity, "stick-to-it-iveness," that can carry us through challenges, problems, and failures until we are able to get the technology, processes, and workflows blended synergistically together, delivering our expected benefits.

As we consider all that has occurred in the past year, including the raucous effort to reform healthcare, the $19+ billion earmarked for health IT, and the debate on meaningful use, we must remember our need to be flexible, creative, and tenacious. No single effort or event can make health IT valuable. Only through our dedicated work, application of our professionalism, and our keeping focused on the *raison d'être* can we achieve the benefits we seek from health IT. ∎PSQH

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