The Path to Successful Health IT

HHS’ Beth Killoran said it requires more industry-government partnerships.

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The rapid advances in both medical science and IT are on a collision course, and for those progresses to collide in harmony, government and industry need to work together.

That’s how Beth Killoran, chief information officer of the Health and Human Services Department, described the course of success for health IT. “We have to provide the capabilities and the technology and data that moves the information and capabilities to the citizen,” Killoran said at AFCEA Bethesda’s 10th Annual Health IT Day on Jan. 16.
But the interaction between HHS and citizens right now is more of a pull: When a citizen needs information, he or she pulls it from the department through a call center, website or individual engagement.

“We’re not proactively giving them that roadmap by which they have the most up-to-date information around their own individual health needs, and particular services and capabilities that would be most advantageous to them as an individual,” Killoran said.

And rather than categorize health in brackets, HHS looks to customize the experience for all citizens — by health need, insurance type, travel scenarios or particular courses of action. These capabilities will come with the harmonious integration of health IT.

Each of HHS’ operating divisions work together to reach that integration of IT, and the department also balances the value of what its citizens needs with the privacy and security of the information they expect.

“At HHS, we have one in three Americans’ personally identifiable information,” Killoran said. “In one of our organizations alone, we have over 500 million cyber attempts a week.”

So, how does HHS balance the protection of data with the ability to share information between citizens and caregivers, while still providing the best quality care at the lowest local level? While each operating division continues to explore these capabilities, the department as a whole focuses on infrastructure, shared services, the IT workforce and industry partnering.

**Infrastructure**

This doesn’t mean taking the best and newest technology and putting it on old systems. “If we have very large systems, that are built on very old capabilities, how can I then just say, ‘yup, going to put it in the cloud,’” Killoran said. In other words, you can’t take an old thing and put it in a new wrapper.
So, HHS is determining how to better leverage its investments to enhance its infrastructure. The department is figuring out how technology is going to work within its existing environment, and how capabilities can help to build that environment up so it’s not just putting new capabilities on old systems.

**Shared Services**

HHS is discovering where individual organizations are doing things well.

“Which organizations are focused on identity management or which organizations are working on cloud brokerage,” Killoran said, “What organizations are looking at building data links?” From there, how can HHS take that basic capability within a particular organization and build a model for pricing and space to investment, considering the federal funding model?

“We don’t tend to have investment technology dollars,” Killoran said, but rather Operations and Maintenance funds that essentially, keep increasing IT spending as it fills the potholes of legacy systems.

“If you continue to keep using infrastructure without the needed investment of enhancements, eventually, it will break, and the citizen suffers,” she said. So, Killoran is asking industry to work with the department to foster investment and bring new capabilities that can modernize, not just fix.

“We have to look at our investing to propel us forward,” Killoran said.

**IT Workforce**

And along with technology, HHS focuses on workforce inside and outside of government, and specifically, how to bring that workforce to bear. It’s important for government to outsource where needed, but government needs internal capabilities for strategic visioning and for understanding the nuances of its own environment by which current and new technology have to work side by side.

The government needs skilled individuals who can help agencies make those decisions.

“Our need for IT individuals remain high, as well as our vacancy levels,” Killoran
said. And so having creative ways within the current constructs and working with your lobbyists and others on how we can fix that model is beneficial to all of us because it helps us to leapfrog IT forward.”

Re-imagining Government

Right now, most agencies have a particular path forward with companies they’re working with for technologies.

“But what I’m challenging all of us to do is, how can we have that unified vision?” Killoran said. “Because if [HHS] has a vision, but the CEOs of major companies in health have a very different vision, that clash is not going to be harmonious.”

Take the opioid crisis, for example. There is so much data, and a number of different organizations at the state, local and federal levels working to combat the problem — but each from a different perspective. How can HHS create a community of shared information and bring those individuals together to solve these problems?

“I think health IT is at that pivotal point,” Killoran said.

She challenges industry and government to determine the right way to partner and become a part of the path to the future of health IT.

“If each of us can build products that our citizens need, that our citizens expect, we will all be able to be valuable, profitable and relatable to the citizens of this country,” she said. This unification can help the health industry to better understand and improve the totality of health care.