

## **A case study of Ironmountain Health Care System**

The ultimate goal of Intermountain Health Care (IHC) was to improve patient care quality with lower cost. The initial adoption of management system was to provide the care providers with the tools and business training so they could manage the clinical operations. While the intention was good, the implementation was not successful. The process failed due to lack of collaboration between the care providers and the business operations team. These two groups worked in silos without communicating with each others - the physicians solely focused on patient care while the business management team focused on the overall operations specifically the finances of the organization. Though both groups share the common goals - high quality and lower costs , yet they had different pathways to achieving them.

The current management system is optimized for more patient and care provider centric as well as investigating the clinical processes and quality improvement. The IHC needs to develop practical metrics that can be used to measure the outcome of current clinical management system. These success measurements should be in accordance with both clinicians and management's standpoints. If clinical outcomes and quality improvement also include financial savings then the system can be a success.

I suppose in some ways this is a cookbook medicine that does not necessarily mean a bad thing. At times, a treatment algorithm can be inappropriate for patients with unique symptoms and diseases. But in most cases, evidence based medicine that demonstrates better patient outcomes should be adopted and practiced at a institution. As the physicians see improved outcomes they will become more comfortable with the system. I think of a physician as a chef, the decision support system provides a list of ingredients as a form of clinical data and recommends directions for putting them together. There may be some variation in the ingredients and this is where the physician tweaks the data and puts it all together.

As the IHC began to implement their clinical integration protocol, there was some apprehension among the care providers. A change in an organization initially faces some resistance from the users, especially when the providers do not see the value of the proposed changes. The physicians and nurses wanted to provide the best possible care to the patients, as did the management. The care providers felt that their autonomy was threatened as they were forced to follow clinical protocols while thinking technology would hamper their decision making process. On the contrary, many studies have shown that clinical outcomes have improved many folds when the care providers adopt technology into their practices.