AbedGraham
Healthcare Strategies

The Wachter Review: A Clinical Analysis

A White | Paper

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The National Advisory Group on Health Information Technology in England was formed in late 2015, to advise the Department of Health and NHS England on its efforts to digitise the secondary care system. Chaired by Robert Wachter, the report "Making IT Work: Harnessing the Power of Health Information Technology to Improve Care in England" was published in September this year. This white paper explores the key findings and recommendations proposed, and highlights key challenges as well as opportunities that health IT suppliers must consider. Given the extensiveness of the report, the focus of this white paper is to highlight what we at AbedGraham consider the most salient points.

Clinician Burnout

"Rates of physician burnout in the US now **exceed 50%**, a 9% increase over the past three years. A 2013 RAND Corporation study commissioned by the American Medical Association found that many doctors cited **EHRs** as a **major** source of **burnout**"

The Wachter Review, 2016

Key Findings and Challenges

Supporting Clinicians through Digital Transformation

The NHS faces complex challenges including an ageing population, austerity measures and a balancing act between improving service quality and meeting ambitious efficiency targets. Digital transformation is considered to be one of the pivotal components to address these issues. The Wachter review underscores the critical role that digitisation plays in the modernisation of the NHS. It states this explicitly in the context of the broader policy objectives of the NHS.

"Trying to achieve the aims of the Five Year Forward View without giving highest priority to digitisation would be a costly and painful mistake."

- Dr Robert Wachter (2016)

Although this is recognised as critical, one must be mindful of the impact that this may have on front-line healthcare staff or end users. With any implementation, all stakeholders must be familiar with clinical workflow and processes, before solutions can be optimised with tangible benefits being realised. Within a rapidly developing clinical environment, it is no surprise that

the introduction of digital systems and processes can be a source of significant pressure and anxiety for clinical end users. The review contextualises the need for digitisation with a priority given to supporting and engaging clinicians throughout the process. One of the important rationalisations for this in the review is that *"EHRs [are] a major source of burnout"*. This is consistent with our experience at AbedGraham when supporting the adoption of major clinical IT solutions in practice.

The Purpose of Digitisation

The term *"Paperless"* has been mentioned numerous times within NHS policy documents and IT transformation projects in NHS trusts, and is most commonly found in business cases and trust strategies.

However, understanding the underlying significance of being paperless, is of paramount importance, which Dr Wachter he quite rightly articulates as, *"digitisation is not the end-goal - it is a means to an end."* The objective should be to improve care, not just become paperless. This requires a comprehensive understanding of what comprises good clinical service delivery. Being paperless is meaningless if, as a result, organisations become less efficient at delivering high quality care. The review constantly reiterates that digital transformation needs clinical leadership, not just technical digitisation. This is a message we strongly ascribe to, and have delivered practically through our clinical business units working with the supplier community.

The Rate of Digital Transformation and Sustainable Growth

The review suggests an amended date (2023) for the implementation of the NHS Digital Strategy (see Fig. 1), again underscored by Dr Wachter's remark that it is *"Better to get Digitisation right than to do it quickly"*. We are also mindful of the lessons learnt from the NPfIT, of which a key failure was *"not engaging with trusts and their healthcare professionals, and trying to accomplish too much too quickly"*.

The Wachter review also recommends that a phased delivery approach should be taken with the most digitally mature trusts commencing first. Successful trusts can provide their model of transformation for less mature trusts at a later stage. One may infer that this may be a guide that should be repeated within trusts rather than a "Big Bang" implementation, though the review did reference Cambridge University Hospital as being more digitally mature despite having weathered a considerable number of challenges. However, a

Learning Lessons

"Failure to gain the buy-in of end users"

"Failure to achieve on-going engagement of end users of the new systems"

"Failure to appreciate that digitisation completely changes the work - the nature of the work, the tasks to be done, and who does them"

The Wachter Review, 2016

repeating theme of clinical engagement is again reinforced, whatever the implementation style. In addition, the on-going optimisation of digital systems is highly dependent on this continued clinical engagement for sustained progress.

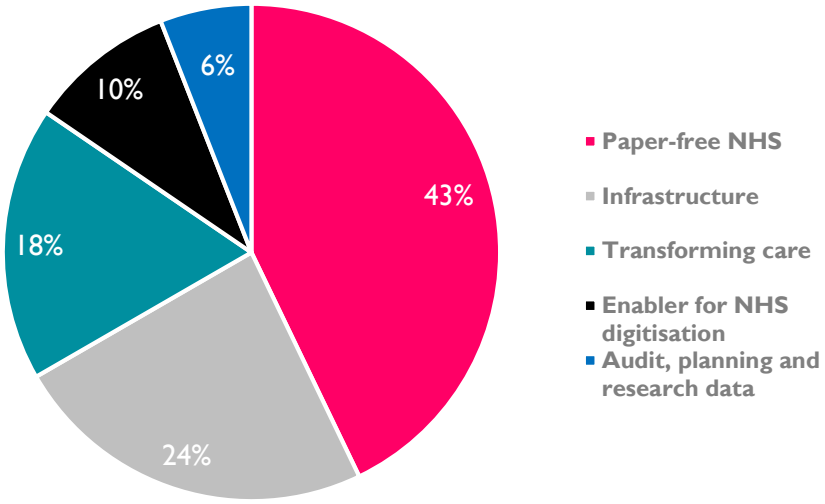

Figure 1: Breakdown of the allocation of £4.2 billion for NHS IT over the next five years (Feb 2016).

Adaptive vs Technical Change

"Great attention needs to be paid to issues of adaptive change from the start. In particular, the predicament of clinicians, especially doctors and nurses, must be deeply appreciated"

The Wachter Review, 2016

User-Centred Design and Clinical Risk

Refreshingly the importance of clinical input on system design is also discussed within the report. Not only does clinical engagement with IT suppliers increase the likelihood of digital systems being adopted but it also impacts care provision and helps address potential patient safety concerns. Interestingly, this highlights the role of the Clinical Safety Officer (CSO) in assessing clinical risk when planning trust-specific implementation, taking into account local environmental factors; *"poorly designed systems to ensure privacy and security may encourage - in some cases nearly require - workarounds by healthcare professionals".*

As well as engaging clinicians in the design process, on-going iterative clinical safety assessments both during and post-implementation are vital to deliver safe and high quality care.

Managing Expectations

The AbedGraham Transformation Arc (Fig. 2.0) is a visual tool, that demonstrates the initial drop in productivity following the implementation of technology. The Wachter Review, re-iterates this point, providing a history

from several other industries where this phenomenon has been observed repeatedly and referred to as the *"productivity paradox"*.

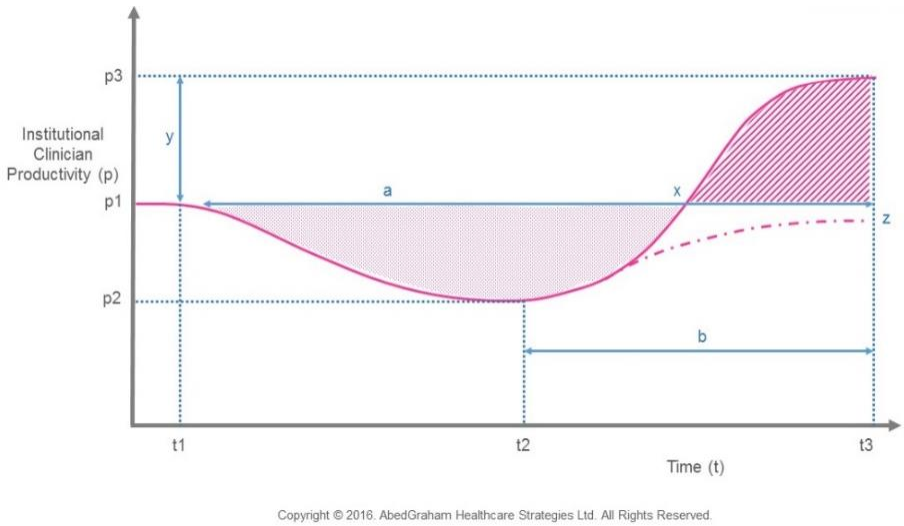

Figure 2: The AbedGraham Transformation Curve

This drop in productivity has been attributed to human rather than technical factors. At AbedGraham we have promoted the idea that a more structure approach is required for the management of behavioural change of clinical end users when implementing new IT systems, since there are often clear frameworks for technical implementation of a solution. This gives rise to the requirement for sustained long-term engagement of clinical stakeholders. The review refers to this as *"adaptive change"* alongside technical change. Dr Wachter quite aptly states *"digitising effectively is not simply about the technology, it is mostly about the people"*. This is a welcome contribution to the conversation for empowering clinicians during the transformation process, reinforcing the methodology that we champion.

Supporting the CCIO

"must have in place a CCIO, devoting at least 75% of his or her time to this task"

"recommends individuals should have at least 25% of their time allocated to IT related work"

The Wachter Review, 2016

Shortage of "Clinician-Informaticians"

The review highlights the importance of having leaders at trusts trained in both clinical care and informatics, and recommends that Chief Clinical Information Officers (CCIO) should devote at least 75% of their work to the latter. It also suggests that for an average sized trust there should be a minimum of five deputies who have at least 25% of their time allocated to IT related work supporting the CCIO. Of the £4.2 billion in funding, it is recommended that one percent is invested in work force development.

This is another welcome recommendation; however, it will be interesting to see whether trusts will be able to provide this level of commitment. There is already a significant mismatch between the size of the existing workforce and the requirements of the patient population that is likely going to be

exacerbated with a push towards a '7-day service'. Therefore, the question remains – will trusts be able to redistribute their workforce to meet the informatics demand? Currently there are many clinicians interested in the informatics related roles, but some are struggling to secure even one full day, once a month. This represents a critical role that IT suppliers can support to fulfil by leveraging their own clinical informatics experts when working with trusts.

Guidance for IT Suppliers

Clinical Leadership at Scale

It is clear that clinical engagement and clinical leadership are vital requirements in enabling IT suppliers to optimise the implementation of their products and services within the healthcare setting. This helps ensure that healthcare organisations are satisfied that IT suppliers are enablers of healthcare service delivery, rather than obstacles. The iterative nature of digital transformation means that it is necessary to establish strong long-term relationships between clinical and IT professionals. In time, this will generate safer and more optimised solution implementations, but also suppliers will deliver bespoke professional services which will support trusts by providing a granular level of insight into end-user needs in both a qualitative and quantitative manner.

However, given the ever increasing demands of clinical service provision, staff shortages and limited resources, finding clinicians with the required skill set and available time difficult. In our view, it is highly likely that external third parties will be required to support existing staff within NHS trusts during digital transformation projects.

Clinical Benefits First

"ROIs are more likely to come in the form of improvements in safety and quality than in raw financial terms. In fact, cost savings may take 10 years"

The Wachter Review, 2016

Realising the Appropriate Benefits

The review discusses the *"productivity paradox"* as a problem, but also notes that some of the first benefits of transformation are related to clinical safety and quality outcomes. In order to create a successful business strategy that delivers a financial return on investment, it is essential to not only have stakeholder buy-in at an early stage, but to continue it throughout the life cycle of a project. A comprehensive benefits realisation process should be in place to manage this. This ensures that healthcare organisations will have a structure in place to realise clinical, operational and financial benefits from their transformation program regardless of any changes to initial plan and strategies.

In past articles we have discussed the importance of IT strategies aligning with clinical requirements, and the Wachter review validates this line of thinking.

Our Recommendations

It is our prevailing view at AbedGraham that the findings of the Wachter Review emphasise the crucial requirement for suppliers to engage the clinical community at scale and demonstrate a strategy that encompasses clinical, financial, operational and governance benefits. In addition, for suppliers to deliver on promises in service improvement, it is vital to have a robust benefits realisation process in place to measure clinical impact quantitatively and qualitatively over time. Consequently, vendors who can adapt their commercial operations accordingly will differentiate themselves competitively in the NHS's evolving digital landscape.

About AbedGraham

AbedGraham is Europe's leading, exclusively clinically based, healthcare IT strategy, operations and risk consultancy. The organisation's combination of clinical and strategic expertise is utilised by global IT infrastructure industry leaders to shape corporate strategies, clinical engagement and leadership initiatives, business case developments, major project bids and project management processes to maximise the positive impact of their solutions for healthcare providers. For more information:

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