

Examining the Health IT Vendor's Perspective

Lessons learned as a physician working for a health IT vendor

Ryan Mullins, MD, CPE

Quick Bio

Ryan Mullins, MD, CPE

- Family Medicine Physician
- Physician Solution Executive, Strategic Growth, Cerner Corporation
- Credentials
 - Medical Doctorate: UTMB at Galveston, TX
 - Lean Six Sigma Black Belt
 - Certified Physician Executive

Primary Areas of Expertise

- Practice Management
 - Clinical quality improvement
 - Coding/documentation
 - Risk adjustment
- Clinical Informatics
 - Clinical decision support
 - Risk models
 - Clinician workflow translation

Disclaimer

- Dr. Mullins is employed by Cerner Corporation.
- This presentation represents the views of Dr. Mullins and should not be interpreted as representing the views of Cerner Corporation.

EHR Development Experience

- Cerner (2016 – Present)
 - Primary: Product development using Cerner's Big Data platform (HealthIntent)
 - Direct oversight of Cerner's HCC product since 8/2017
 - EHR: Work frequently with the problem list team as SME
- Epic (2012 – 2013)
 - Direct development: Forms, CDS
 - Advanced Physician Builder Certification
- GE Centricity (2004 – 2012)
 - Direct development: Forms, CDS
 - Extensive use of MEL programming language and Visual Form Editor (VFE)
- Amazing Charts (2002 – 2003)
 - Solo practice supporting all aspects of practice.

Common Health IT Vendor Challenges

- Very long back-log of requested items by clients
- Prioritization methodology
- Variation in regulations, payer and client requirements
 - State-to-state and regional requirements
 - Quality measures with same target but varying specifications
 - Global considerations:
 - Health IT companies are increasingly asked to support clients around the globe.
 - Regulations and other requirements often vary significantly from those found in U.S.

Consistency and Standardization

- HL7 has played a major role in advancing health IT standards.
- Most vendors look to such standards with any new development. Cheaper to support fewer options.

Challenges

- Retrofitting existing system to use standards-based models → Expensive short-term but usually cheaper long-term
- Common mapping issues
- Data element discrepancies (e.g., EHR > FHIR)

How can physicians and health practitioners best influence EHR products?

1. Improve consistency of clinician needs and prioritize these needs.
 - A single physician can provide multiple and often competing recommendations.
 - When multiplied by thousands, it can feel very inconsistent to non-clinicians.
2. Maintain priorities.
 - Be careful about chasing the next “shiny object.”

Thank you

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