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)
  • 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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