Just as the great masters required unique conditions to create timeless art, physicians require a specific set of conditions to perform most effectively in providing the very best care to their patients. Among these conditions are:

- Timely access to all relevant clinical data regarding their patients
- Processes and technologies that promote collaborative communication with their peers
- Hospital operations and processes that permit a flexible approach to patient care, enabling the physician to strike the proper balance between autonomy and a team approach

Disruption of these conditions compromises peak performance, which is why most physicians buffer themselves from unnecessary interruptions and create elaborate safeguards against inefficiency.

Additional safeguards will become even more important with the advent of the electronic health record. With the staggering rate at which new clinical evidence is accumulating and with the increasing complexity of patient care, it is difficult for physicians to stay abreast of all clinical knowledge, much less incorporate it into their daily practice. To continue providing the very best care, physicians know they require new processes and enabling technologies that furnish workflow solutions to these challenges. Well-designed processes and enabling technologies can reduce complexity and deliver evidence at the point of care.

I recently spoke with Dr. Jeff Kerr, family practice physician and physician leader for clinical transformation initiatives at Baylor Health Care System (BHCS).

“Physicians practice medicine one patient at a time,” said Dr. Kerr. “We understand intuitively that in order to provide our very best to patients, a number of complex and fragile conditions must be met. Unfortunately, these conditions are not widely known outside physician circles. I am involved with clinical transformation because I want to help ensure that the inevitable introduction of technology and new processes does not disrupt these unique conditions and requirements. In fact, I believe that physician-led design efforts can actually safeguard these requirements and enable individual physicians to practice successfully in the rapidly changing environments in which they work.”

“Ultimately, what is transacted between a patient and a physician is a sacred thing and is vulnerable to many disruptive forces. I am working with, and seeking to involve, others who recognize the opportunity BHCS is giving us to influence the future of patient care by leading in the design of processes and enabling technologies that we will rely on more than ever before. It may not be obvious at first, but clinical tools like standard order sets and protocols, evidence-based practice advisories, and the ‘look and feel’ design of the electronic health record are all expressions of this effort/line of reasoning. We are seeking to ‘design in’ evidence, efficacy, and safety while ‘designing out’ risk, waste, and needless delays in care.”

In conclusion, I see physicians playing a key role in the dynamic processes that are unfolding. Here at BHCS, we have undertaken the role of cultural, as well as clinical, transformation. As we continue to roll out enabling technologies to assist care providers throughout the system, the physicians at BHCS are setting the standard for the future of health care. This journey continues to be a marathon, and we must remember this as we deal with these exciting changes.

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