

Preface

Ideas and trends can be as contagious as viruses. Seemingly unrelated, small events can mount to epidemic proportions, and “the slightest push” in “just the right place” will change everything. This is what Malcolm Gladwell (2000) calls the Tipping Point, a unique moment “when everything can change all at once.”

After decades of changes, health care is approaching this transforming moment—and we want to be among those who deliver the push in the right place, creating a new system, a “virtual health system,” that delivers the greatest good to the greatest number. We believe, as does Gladwell, that “In the end, Tipping Points are a reaffirmation of the potential for change and the power of intelligent action.”

This belief has led us to join with colleagues from both public and private sectors to write this book about HealthePeople, to share the concept of a new health system that places the person seeking and receiving care at its center. The concept is framed to solve the monumental problems health care faces with the smallest possible amount of effort, time, and cost—“to make a lot out of a little.”

Launched as a tightly focused effort within the Veterans Health Administration, HealthePeople stands ready to serve the hundreds of facilities, thousands of providers, and millions of veterans that make up the nation’s largest health system. When deployed, it has worked and will work because it empowers *all* those it serves.

And work it must. Health care is the largest single sector of our economy that has yet to reap the benefits of information technology. In what is arguably the most complex professional service industry, where almost every service is a “custom product” supporting very complex human needs, the stakes are high. We all literally bet our lives that we can access the healthcare services we need—and that those services are affordable, safe, and of high quality.

But are they? In its report, *The Quality Chasm* (2001), the Institute of Medicine says no: “Between the health care we have and the care we could have lies not just a gap, but a chasm.” We spend almost one-seventh of our economy in the United States on health care, with insufficient return on our investment. For us all, even those of us who are insured (over 40 million Americans are not), “the care delivered is not, essentially, what we should receive.”

What we need, the IOM concluded in 2001, is “a system that uses the best knowledge, that is focused intensely on patients, and that works across health care provides and settings.” And what we need to do is create a new virtual health system by “taking advantage of new information technologies” and using them as “an important catalyst to moving beyond where we are today.”

The good news is that there has been progress in the few years since then—progress that brings us to the “tipping point.” Initiatives in the United States, Canada, Australia, and some countries in Europe are using new technologies and new approaches to develop new systems that place the individual at the center of the healthcare universe. These new person-centered systems forge new partnerships between individuals and clinicians. They support the move from episodic care to “seamless” care for the whole person and, ultimately, the world community.

This new view of the healthcare universe represents a profound and massive change—and stands to offer many new opportunities for public and private sector alike. Health care delivery, we believe, will mirror what happened in genomics when new technologies were used to successfully map the human genome. Only now are we beginning to reap the benefits of this new knowledge and use it to treat and prevent disease.

In the words of Alan Kay, who helped develop object oriented programming and the concept of the laptop, and who architected the modern windowing graphic user interface, “The best way to predict the future is to invent it.” We agree. By re-engineering health care to function upon a strong foundation of health information systems, we can better tackle the great issues facing health care.

The contributors to this book represent different disciplines, work in different sectors, and come from different countries. They have joined with us to explain what *HealthePeople* is and what it can mean for the individual and for health care. Some describe the new tools and approaches (many of which are the result of years of effort) that make *HealthePeople* and systems like it possible. Others report on efforts to put person-centered systems in place, sharing their insights on making them functional realities.

The signs are clear: We are at the Tipping Point, on the cusp of change. The time has come to “electrify” health care as we “electrified” the world in the last century. With healthcare costs and needs growing throughout the world, *HealthePeople* can help deliver the promise of better health for all Americans and, potentially, for many others.

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Person-Centered Health Records

Toward HealthPeople

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