Health IT: TIGER, Leadership and Education for Emerging Change

Patricia Hinton Walker, PhD, RN, FAAN, PCC
Vice President for Policy and Strategic Initiatives
Uniformed Services University of the Health Sciences

Thomas Jefferson University
Informatics Symposium - 2012

TIGER'S ROLE IN CULTURE CHANGE

- Can Contribute to Organizational Development:
  - Significant changes at Point of Care
- IS Contributing to Innovation as Social Disruption
  - Nurse Led Interdisciplinary Care
  - Consumer Led Health and Health Care
- **Is Contributing through Diffusion Theory**
  - **Continued success and impact through VLE**
- Is Contributing to Education of Current/Future Providers
  - Changes in Faculty Development, Staff Development with Interdisciplinary focus
- Can Contribute to Research & Development:
  - Comparative Effectiveness Research (CER)
  - New User-Friendly Point of Care Technologies
  - Other technologies linked to EHRs and PHRs

Initial TIGER Vision & Phases

- **Allow informatics tools, principles, theories and practices to be used by nurses, other interdisciplinary providers and consumers**
- **Interweave enabling technologies transparently into practice, education and research to improve outcomes, patient safety and reduce costs of healthcare**
- **Better preparing workforce to use technology and informatics for improvement of patient care**

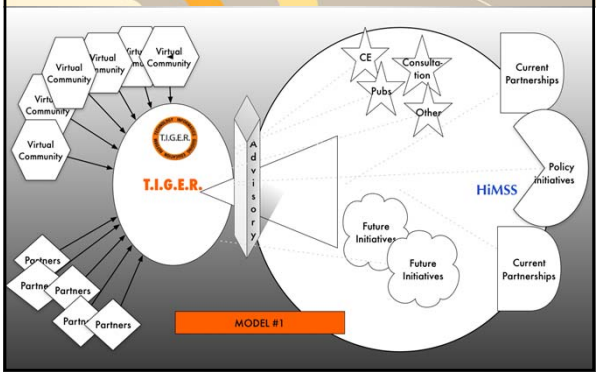
- **TIGER Phase I**
  - Engaged practice, education, industry, organizational and federal stakeholders to create a common vision of Health IT enabled practice, education, research and policy in an Invitational Symposium in 2006
- **TIGER Phase II**
  - Facilitated collaboration among participating organizations to achieve the vision and strategic plan through development of nine collaborative reports involving over 1500 nurses nationally bringing expertise from all types of practice, education, research and policy.
- **TIGER Phase III -**
  - Integrate interdisciplinary & allied health professionals into efforts, disseminate results, and develop a Virtual Learning Environment to enhance widespread adoption of Health IT
- **TIGER Phase IV –** The TIGER Initiative Foundation – Furthering TIGER I, II, III and Next Steps!

2009 -2011 Phase III

- Published 8 of the 9 Collaborative TIGER Phase II Reports;
- Conducted Organizational Assessment to determine the need for future structure of the TIGER Initiative.
- Conducted Webinars to over 50 specialty nursing and interdisciplinary organization to enhance participation in the TIGER Initiative.
- Developed Business Case for development of a TIGER Initiative Separate 501c3 Foundation connected to a nationally visible organization.
- Celebrated the inclusion of a significant number of informatics nurse leaders at national policy levels including the Office of the National Coordinator (ONC).
- Longer term implications of use of EHRs and PHRs in future Best Practices Decision-Support such as: Comparative Effectiveness Research and Personalized Medicine; and
- Submitted abstracts (now accepted) to INIA meeting in Montreal, Canada for TIGER International roll-out!

LAUNCHED THE TIGER INITIATIVE FOUNDATION in collaboration with HIMSS in July, 2011!!!

Structure: TIGER AS 501 C3 FOUNDATION
Now: The TIGER Initiative Foundation



TIGER Initiative Foundation (Technology Informatics Guiding Education Reform)

TIGER Initiative Foundation Board

Patricia Hinton Walker, Senior Advisor
Dana Alexander
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Carolyn Padovano
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Carol Petersen
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Charlotte Weaver
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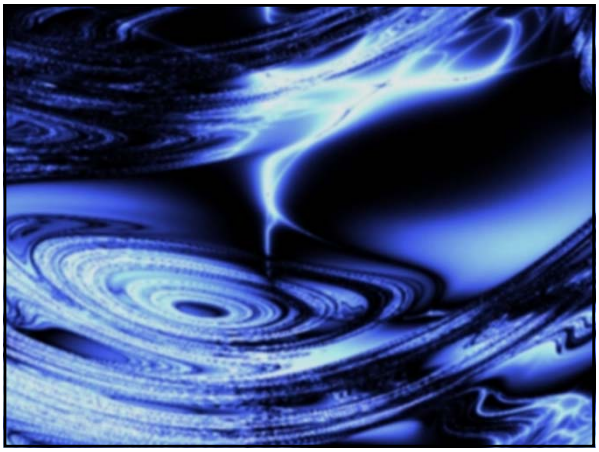
TIGER AND YOU: Strategies for Getting Involved!

New Vision Statement -February 2012

To enable nurses and interprofessional colleagues to use informatics and emerging technologies to make healthcare safer, more effective, efficient, patient-centered, timely and equitable by interweaving evidence and technology seamlessly into practice, education and research, fostering a learning healthcare system.

New Mission Statement

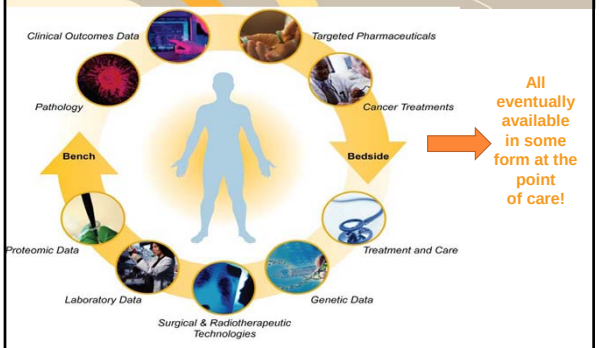
Advancing the integration of health informatics to transform practice, education and consumer engagement™



Changing World . . . Creating Need for Changing Health Care Culture

- Demographics
- Aging & Chronic Illness
- Global Diseases/Awareness/Globalization
- Knowledge Explosion
- Genomics, Proteomics & Epigenetics
- Data vs. Intelligence (best evidence)
- Social Networks/Technology
- Consumerism

21st Century Biomedicine: Requires Competency and Culture Change



All eventually available in some form at the point of care!

Adapted from Presentation by Ken Buetow, Ph.D. , Associate Director, Bioinformatics and Information Technology National Cancer Institute

21st Century Biomedicine: Requires Competency and Culture Change

Personalized, Predictive, Preemptive, and Participatory

- Unifies discovery, clinical research, and clinical care (bench-bedside-bench) into a seamless continuum
- Results in improved clinical outcomes for individuals and populations
- Accelerates the time from discovery to patient and consumer benefit
- Empowers consumers in managing their health over a lifetime

Enables a *Learning Health System with Providers using Just-in-Time Evidence from CER and Patients and Consumers using Real-Time Information from PHRs and Mobile Health Devices*

Adapted from Presentation by Ken Buetow, Ph.D. , Associate Director, Bioinformatics and Information Technology National Cancer Institute

ePatients and Their Contribution to Health Care Research

Equipped	Patient-generated research questions
Enabled	Patient-adapted protocols
Empowered	Patient-facilitated recruitment
Engaged	Patient participation and retention
Educated	Patient-focused policy agenda
Expert	
Electronic	

Adapted from NLM Presentation by Donna R. Cryer, JD

Personalized medicine: the ePatient and eProvider

Adapted from NLM Presentation by Michael J. Ackerman, Ph.D. Assistant Director
High Performance Computing and Communications National Library of Medicine

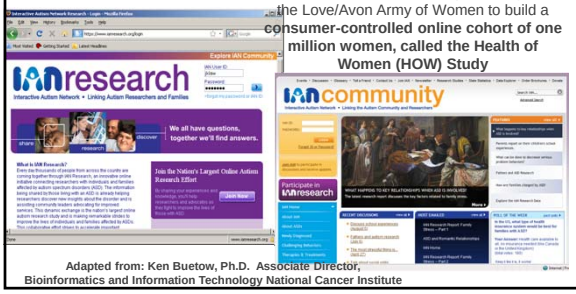
The Love Army of W

caBIG

army of women

LOVE/AVON Going Beyond a Cure

National Cancer Institute is partnering with the Love/Avon Army of Women to build a **consumer-controlled online cohort of one million women, called the Health of Women (HOW) Study**



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Bioinformatics and Information Technology National Cancer Institute

Technology & Informatics: Strategies for Changing Culture

- **Through organizational development**
  - Changing climate/culture for new knowledge, innovation, improvement
- **Research and New Evidence for Practice/Systems**
  - Comparative Effectiveness Research (CER) Personalized Medicine (PM) and Technology-Related Research
  - Provider, Patient and Consumer – Usability and clinical design
- **Innovation as Social Disruption**
  - Social media for healthcare, education
- **TIGER Initiative Foundation**
  - **Roger's Diffusion Theory…TIGER initiative**
  - **T**echnology **I**nformatics **G**uiding **E**ducation **R**eform
  - **Through education, staff development, and CE**
  - **Again the TIGER Virtual Learning Environment**

Influencing New Knowledge, Innovation and Improvement

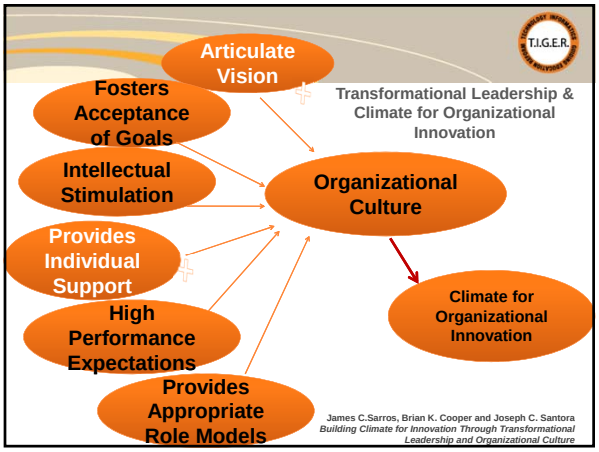
Transformational Leadership

+

Organizational Culture/Climate

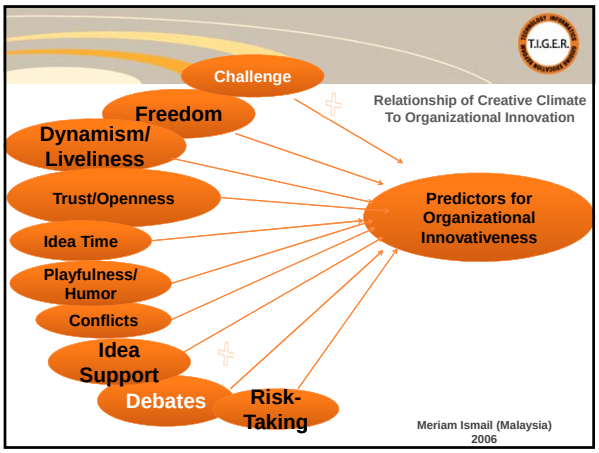
↓

New Knowledge, Innovation and Improvement With Technology and Informatics



Ekvall's Creative Climate Dimensions (Sweden 1983)

Dimensions:	Description:
Challenge	-Emotionally involved in operations, goals
Freedom	-Independence in behavior
Dynamism/Liveliness	-Eventfulness of life in organization
Trust/Openness	-Emotional safety in relationships
Idea Time	-Amount of time for elaborating new ideas
Playfulness/Humor	-Spontaneity and ease that is displayed
Conflicts	-Presence of personal/emotional tensions
Idea Support	-Extent new ideas treated constructively
Debates	-Occurrence of clashes: views, ideas, etc
Risk-Taking	-Prompt response to arising opportunities



LEADERSHIP FOR CULTURE CHANGE . . .

- Organizational Development:
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- **Innovation as Social Disruption**
- **Nurse Led Interdisciplinary Care**
- **Consumer Led Health and Health Care**
- Research & Development:
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Innovation as Social Disruption

New Competencies Needed

For Culture Change

In Health Care

New Competencies Required

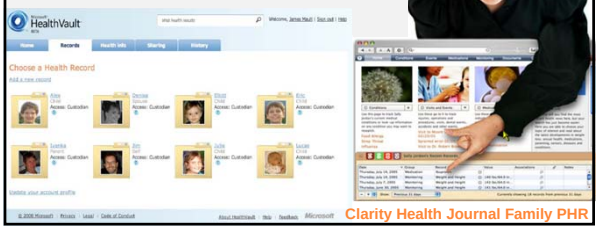
Computer Literacy
Information Literacy
Information Management

Still Relevant - TIGER Competencies Collaborative
Categorized Three Levels of Competencies

(c) Maria Kjaergaard, 201

Consumer Empowerment & Personal Health Records Collaborative

PHR's are tools that support the patient's and families' engagement in their own healthcare:
•Healthcare professionals and patient advocates need to become familiar with technology and
•Innovations support patient/family decision-making . . . Examples:



Clarity Health Journal Family PHR

Consumer & Patient Engagement/Empowerment

FIVE Myths:

Consumers and Patients are interchangeable

Field of Dreams (if you build it they will come)!

Patient's oppose sharing of data for treatment and research purposes

Provider-controlled EMRs is the only way to control and have data integrity

Health IT only serves small segment of privileged society and is not for underserved, less educated, etc.

Patient (Person) Activation Measure (PAM)

The **Patient Activation Measure (PAM)** is a 22-item measure, valid reliable scale measuring four stages: that assesses patient knowledge, skill, and confidence for self-management.

(1) **believing the patient role is important**,

(2) **having confidence & knowledge necessary to take action,**

(3) **actually taking action to maintain & improve one's health, &**

(4) **staying the course even under stress.**

First, measurement: Focus on patient, including patient experience and patient outcomes,

Second measurement: integrated into care delivery process to improve care of the patient,

Final measurement: Longitudinal, capturing what happens over time, measuring capabilities for self-management, quality of life, health, and ability to function. (Institute of Medicine 2004).

Consumer and Patient (Person) Use of Health Information Technology

Easy, secure access for patients to Health IT in real-time (or near real time).

Health IT tools make information meaningful & useful to patient based on specific health needs.

Ability to have two-way communication

Ability of patients to contribute key info to health records

Availability of: online appointments, prescription refills; securing information for decision-making and screening.

Links to reliable resources for additional information and/or help!

mHealth . . . Headlines Tell the Story

Cell Phones Manage Diabetes: With Wireless Blood Sugar Monitoring

Pilot Study Success: Adolescent Diabetes Management Through Personalized Text Messages

Electronic Medical Records Accelerate Genome-Driven Diagnosis and Treatments

Consumers SMS their ECG to ER: Portable Heart Monitors Send Emergency Alerts and ECG as Text Message using Bluetooth Heart Monitor!

SENDING SCIENCE DOWN THE PHONE: Mapping Research with Consumer 's Engaged!

Microsoft HealthVault Connections Allow self-Management for Health and Chronic Conditions through Device Connections ! (Mayo Clinic)

TINY SENSORS tucked in Cell Phones Map Airborne Toxins in REAL TIME!!!

Project funded by Dept. Homeland Security

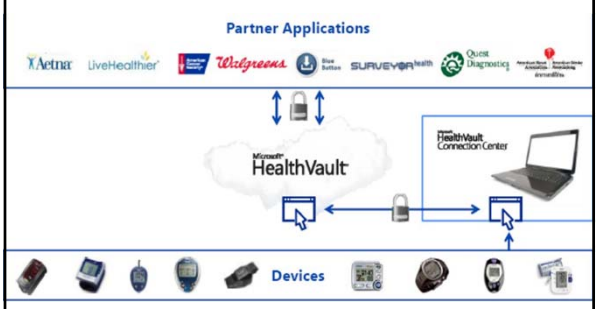
PHRs and mHealth Devices– Key to Health-care Management and Cost Reduction!

Important Contents also include:
From Patient/Consumer Centered Mobile or Home Devices:
- Health and Prevention data such as:
  - Diet and Nutrition
  - Exercise
- Data re: Chronic-Care Management
  - Blood Sugar Monitoring
  - Blood Pressure Monitoring
  - Weight in context of fluid retention/diuretics
  - Heart rate and regularity
  - Other relevant indicators

PHRs and mHealth Devices– Key to Health-care Management and Cost Reduction!

Important Contents such as:
- Identification sheet
- Discharge Summary
- Problem list – List of illnesses, etc.
- Medication Record
- History and Physical
- Progress Notes – Evidence/progress of health issue
- Consultations/ specialists report
- Physician's Orders
- Online or printable education resource materials

ONE Example: How Health IT Data can Inform Consumers, Patients and Providers



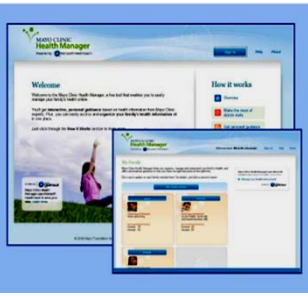
ONE Example: How Health IT Data can Inform Coaches, Patients and Consumers

Users (with physician participation) can **easily import** test results into their HealthVault account.

They can order commonly used diagnostic tests online, and **share test results** with additional providers.

Those with chronic conditions can more **closely track** their health status.

ONE Example: How Health IT Data can Inform Coaches, Patients and Consumers



Mayo Clinic Health Manager, offers people the ability to **organize** and **manage** their family's health, offering personalized condition and wellness guidance developed by the experts at Mayo Clinic—based on compatible health information shared from people's HealthVault record such as data from labs and pharmacies, as well as personal monitoring devices.

The Mayo Clinic Health Manager **helps people track progress** towards recommended and personal goals, assess risk, monitor vital health stats like blood pressure, weight, and cholesterol, and get the most out of medical appointments.

Chronic Condition Management Application

(American Heart Association Heart 360)

This **online wellness center helps people track and manage risk factors for heart attack, heart disease and stroke**. Tracks blood pressure, cholesterol, blood glucose, weight, physical activity and medications.

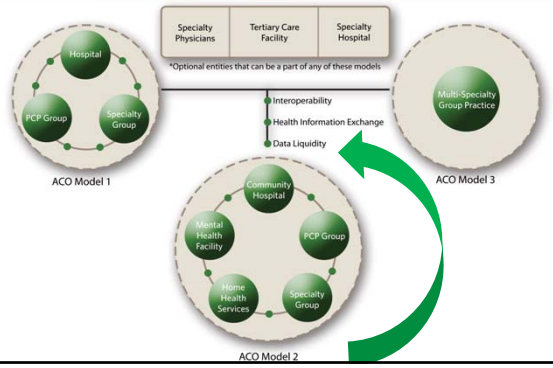
Can receive information from HealthVault-enabled devices and applications and share that data with the caregiver.

"The ability to monitor weight, blood pressure and activity levels of heart failure patients on a regular basis ensures more timely provider visits and avoidance of more expensive interventions."

-

Randall C. Starling, MD, Cleveland Clinic

Accountable Care Organizations: Regardless of Model Requires New Roles



More Headlines Tell the Story

Health Coaching Services Change Health Care Utilization and Expenditures for Medicaid Members with Chronic Conditions (Academy Health Annual Research Meeting)

Health Coaching: Hot New Focus of Employment

Patients as Partners in Care: Engaging through Coaching and Health IT (Research Triangle International)

Geisinger's GMP: Interactive Voice Response (IVR) + Care Coordination cuts readmits by 44% Health Finance News 02/2012

"Study: Telephone-Based Health Coaching May Save Money (Wall Street Journal – 09/22/2010)

"Health Coaching via Portal for Primary Care Patients with Chronic Conditions" (Medical Care, 01/2009)

Health Coaching Vs. Traditional Approach of Patient Education

Health Coaching is practice that:

Enhances the well-being of individuals and

Facilitates achievement of health-related goals.

Motivates behavior change through a structured, supportive partnership between participant & coach

Should not try to solve the problem or issues for the patient

Validate patient's feelings and capacity to deal with the problem

Ask powerful questions to lead patient to their own solutions and conclusions

Empower patients and family with support and guidance to make progress toward health-related goals and self-management.

Health Coaching & Chronic Care Management

- 85%-89% of chronically ill individuals manage their chronic condition through 'self-management'.
- Can effectively self-manage with Personal Health Records (PHRs) with disease management strategies.
- May need for educational resources and clinical decision-support.
- Need capability for dynamic data communication and real-time education at the point of care
- Consideration of consumer or patient 'lifeflow' in design, implementation and availability of Health IT systems
- Choices and self-management are frequently based on:

  Determining what is important to the client

  What the client wants to accomplish

  The most relevant to the disease or condition

  How active the person is in caring for self

Health IT + Health Coaching = Solutions to Quality, Safety and Cost

Health Coaching Survey of Healthcare Organizations

About 71 % of responding healthcare organizations offer **some form of health coaching.**

87 % say telephone is the most popular delivery method for health coaching.

Nearly 75 % incorporate **motivational interviewing** in their coaching.

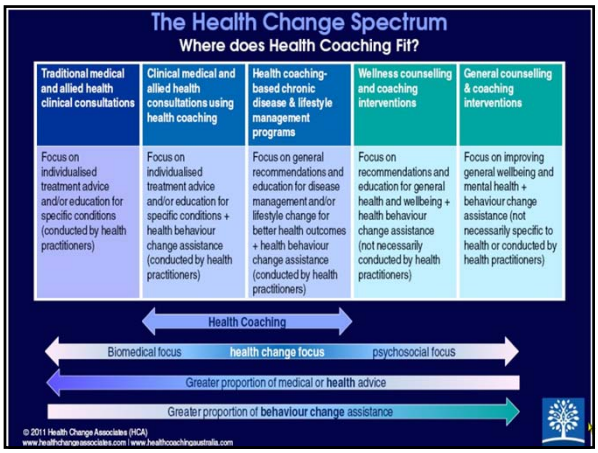
About 66% use **a health risk assessment** (HRA) to qualify individuals for program participation.

Nearly 75% say **health coaching** promoted via word of mouth.

33% **make health coaching available** to both the covered individual and his or her dependents.

30% report **ROI from health coaching between 2:1 and 3:1.**

Survey Responses from 161 Health Care Organizations



Trends Influencing Increase in Health Coaching & Care Coordination

- The components of the Health Reform Act that involve health promotion.
- Validated studies that prove the efficacy of health coaching for improved outcomes.
- Increasing levels of health risk factors in the population.
- Greater public acceptance of getting help with health from someone other than a doctor.
- Growing interest on the part of individuals in their own health status.
- More employers want health coaching, fewer employers want to pay for health coaching.
- The Medical Home & Accountable Care Organizations
- The BOOMERS – tech savvy and focused on health – willing to self-pay and want 'shared decision-making'! ! !

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Technology Informatics Guiding Education Reform (TIGER)

Education Related to Research Goal(s)

Educate Nurses & Other Providers About: Implications for Practice & Research Related to Health IT and Other Health Policy Changes

Comparative Effectiveness Research (CER) and Personalized Medicine (PM)

- **Comparative Effectiveness Research**
  - To determine which healthcare intervention works best for a given healthcare problem
  - Usually oriented toward evaluating treatment effects across study populations
  - Evaluates two or more healthcare interventions to determine which are most effective for patients in 'real-world' settings

"What works best for the most"

- **Personalized Medicine**
  - 'The right treatment to the right patient at the right time'
  - Can guide disease prevention strategies and facilitate smarter use of therapies based on someone's genetic characteristics
  - Focuses on using individuals' genomic information and other personal traits to inform decisions about their healthcare

"What works best for whom"

TIGER Future Goal: Educate Providers about Research Benefits of Health IT Adoption

Comparative Effectiveness Research

Nurses, physicians and other interdisciplinary providers need to:

- Understand more about Comparative Effectiveness Research (CER)
- How EHR data can be used for research purposes
- How EHR data in the future can inform practice through CER

Nurses and Other Health Care Research Scientists need to become familiar with and develop expertise in:

- Research Methodologies used in CER
- Privacy Requirements related to use of clinical data
- Possibilities of the changes in Evidence-Based Practice with increase of CER

More clearly identify clinical and other relevant data that should be captured to inform future CER research

TIGER Future Goal: Educate Providers about Research Benefits of Health IT Adoption

Comparative Effectiveness Research

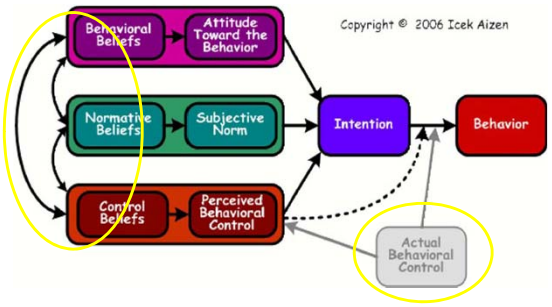
Potential scenarios relevant to the creation and use of clinical evidence using EHRs:

- Facilitating RCT's in Practice
- Facilitating Practical Clinical Trials (PCT's or Practice-Based Research
- Retrospective Analysis of EHR Data
  - Improving Diagnostic and Treatment Effectiveness
- Testing of Self-Sustaining Health Services Models
- Real-time use of Clinical Decision Support from patient data which may inform treatment of patients with co-morbitities
- Randomizing Uncertainty in Real Time

Nursing's Agenda for Health IT Related Research for Just-In-Time Evidence?

- What is documentation relevant to Nursing (and other non-physician disciplines)?
- How is it available for use in Accountable Care Organizations and the Medical Home?
- How is non-physician data going to be available across the continuum of care for emerging health care roles?
- How can strategies from 'Tipping Point' Invitational (VA and Kaiser) inform next steps linking Health IT to research to practice!

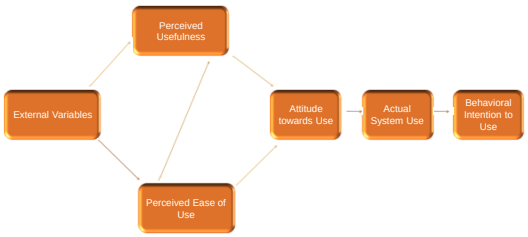
Theory of Planned Behavior



Relevant to Provider, Consumer, and Patient-Related Research in Midst of Significant Culture Change in Health Care!

http://www.people.umass.edu/aizen/pdf/tpb.intervention.pdf

The Technology Acceptance Model



Relevant to Clinicians and Challenges with: Usability, Clinical Design and Other Issues related to Digital Immigrants in the health care workplace!

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TIGER Initiative Foundation and it's VLE: Forerunner of New Art & Science of Collaboration

- **'Wikinomics' Based on four powerful new ideas:**
  - **Being Open**
  - **Peering**
  - **Sharing**
  - **Acting Globally**
- **Key Benefits of Peer Production for Businesses/Organizations**
  - **Harnessing External Talent**
  - **Keeping up with Users**
  - **Boosting Demand for Complementary Offerings**
  - **Reducing costs**
  - **Shifting the Locus of Competition**
  - **Taking the Friction Out of Collaboration**
  - **Developing Social Capital**

TIGER Community: Forerunner of New Art and Science of Collaboration – 'Wikinomics'

Keys Re: Platforms for Participation:

- Exciting New Business Opportunities
- Collaboration and 'Wikinomics' Principles
- Become Open Platforms
- Age of Modularity, open architectures, value constantly changes
- Intellectual property is widely dispersed
- Organization into loosely coupled networks of firms, organizations, and products
- Focus on Continuous Learning from Examples and Partners
- Creation of transparent and Egalitarian Ecosystem
- Sharing of Costs and Risks
- Stay focused on the Future and Changing Needs

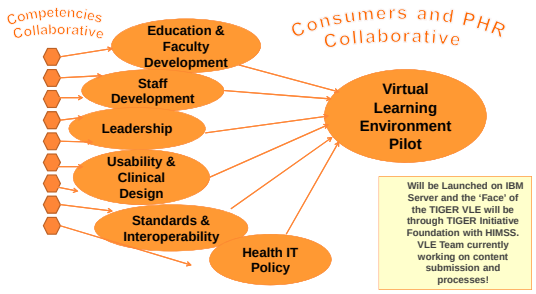
Technology Informatics Guiding Education Reform (TIGER)

Phase III Initiative

Virtual Learning Environment and Strategic Collaborations

TIGER VLE: Linking Outcomes of Phase II Collaboratives

Integration of Nine TIGER Collaborative Content



The Challenge

Without access to health IT tools such as: EHRs, PHRs, CPOE, and other health IT related technologies to enhance learning, there are distinct challenges for:

- Educators in universities and community colleges cannot prepare the workforce of the future unless they learn new health IT technologies
- Staff development educators in hospitals and other care delivery settings cannot prepare the current interdisciplinary workforce
- Minority populations do not have equal internet access for learning
- Small rural hospitals cannot afford training materials and educators to teach staff new health IT technologies
- Individual providers in small practices and/or rural settings do not have access enough to know which systems to purchase to meet goals of 'meaningful use' or how to use the systems when purchased

55

One Solution: TIGER Virtual Learning Environment (VLE)

Developed from TIGER Phase II Collaborative Reports

- -Addresses TIGER Competencies
- - Will incorporate content from individuals and TIGER partners, and resources in the public domain
- -Integrate Content from HITRECs from HIMSS
- -Integrate content from nine TIGER collaborative reports

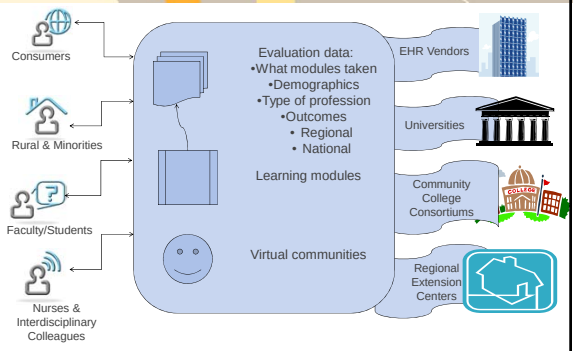
Designed through interdisciplinary collaboration serving nurses, other interdisciplinary groups, rural health and minority populations

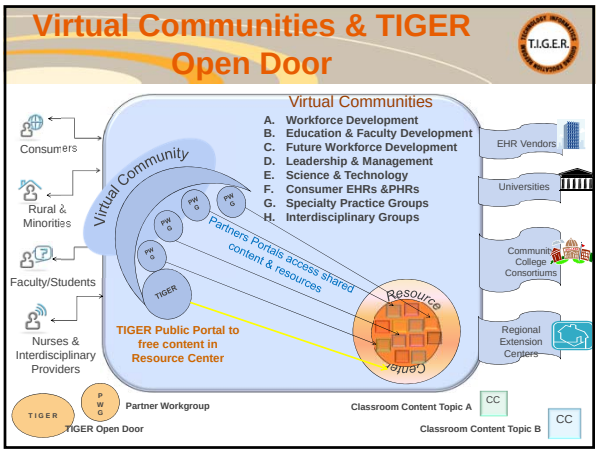
Designed to address traditional and futuristic instructional design through technology-enhanced learning including:

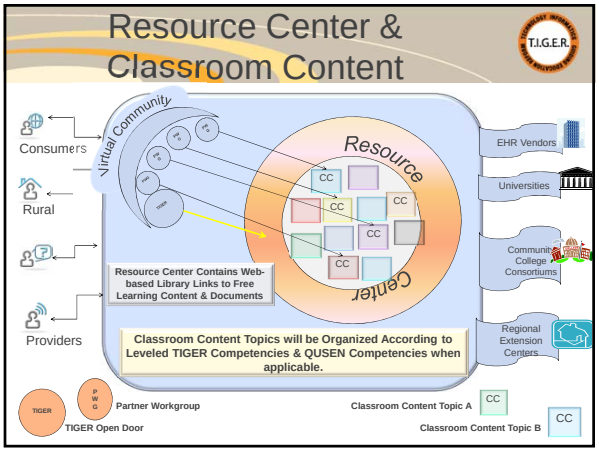
- -Tutorials
- -Scenario-based learning including pre-post tests
- -Traditional online learning
- -Second Life and Educational gaming/modules/scenarios in the future

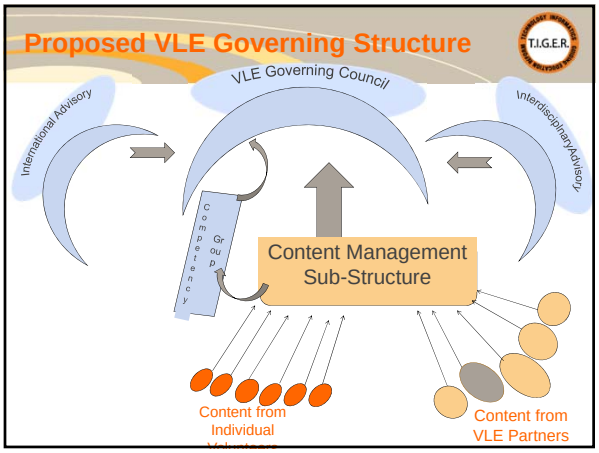
Now will be hosted through HIMSS educational infrastructure(s) and the IBM Server at UPMC Center for Connected Medicine with to ensure it belongs to the current and future providers, patients, consumers, educators and researchers!

Conceptual Design of TIGER Virtual Learning Environment




Virtual Communities & TIGER Open Door
T.I.G.E.R.
Virtual Communities
A. Workforce Development
B. Education & Faculty Development
C. Future Workforce Development
D. Leadership & Management
E. Science & Technology
F. Consumer EHRs &PHRs
G. Specialty Practice Groups
H. Interdisciplinary Groups
Consumers
Rural & Minorities
Faculty/Students
Nurses & Interdisciplinary Providers
Virtual Community
Partners Portals access shared content & resources
TIGER Public Portal to free content in Resource Center
Resource Center
EHR Vendors
Universities
Community College Consortiums
Regional Extension Centers
Partner Workgroup
TIGER Open Door
Classroom Content Topic A
Classroom Content Topic B
CC


Resource Center & Classroom Content
T.I.G.E.R.
Consumers
Rural
Providers
Virtual Community
Resource Center
Resource Center Contains Web-based Library Links to Free Learning Content & Documents
Classroom Content Topics will be Organized According to Leveled TIGER Competencies & QUSEN Competencies when applicable.
EHR Vendors
Universities
Community College Consortiums
Regional Extension Centers
Partner Workgroup
TIGER Open Door
Classroom Content Topic A
Classroom Content Topic B
CC


Proposed VLE Governing Structure
T.I.G.E.R.
VLE Governing Council
International Advisory
Interdisciplinary Advisory
Competency Group
Content Management Sub-Structure
Content from Individual
Content from VLE Partners

VLE Governing Structure (explanation)

A Governing Council will be established to be the final approval of content and learning experiences in the Virtual Learning Environment to ensure educational integrity including:

- Members from Academic Communities such as University of Kansas and University of Minnesota and University of Colorado
- Members from the Staff Development Community (for providers)
- Members from the Nursing Student organization to ensure relevance to youth and other representative groups (such as minority populations)

A Content Management Subgroup will contact and work with both TIGER Partners and TIGER individual volunteers to obtain content and learning experiences:

- These will be evaluated for relevance and meeting pre-established criteria – then to the Governing Council for review and posting to TIGER VLE Server.
- For VLE Pilot II, a competency-review will take place to determine which competency the learning experience addresses – then will be sent on to VLE Governing Council for final decision.

Interdisciplinary and International Advisory Groups will review to determine if content needs to be 'tweaked' to meet international and interdisciplinary needs.

TIGER VLE Environment

The New TIGER Initiative Foundation:

- Contributes to Organizational Development:
  - Significant changes at Point of Care
- Contributes to Innovation as Social Disruption
  - Nurse Led Interdisciplinary Care
  - Consumer Led Health and Health Care
- **Is Contributing through Diffusion Theory**
  - **Continued success and impact through the VLE**
- Is Contributing to Education of Current and Future Providers
  - Changes in Faculty Development, Staff Development with Interdisciplinary focus
- Contribute to Research & Development:
  - Comparative Effectiveness Research (CER)
  - New User-Friendly Point of Care Technologies
  - Other technologies linked to EHRs and PHRs

LEADERSHIP FOR CULTURE CHANGE . . .

•Organizational Development:
•Significant changes at Point of Care
•Research & Development:
•New User-Friendly Point of Care Technologies
•Other technologies linked to E HRs and PHRs
•Innovation as Social Disruption
•Nurse Led Interdisciplinary Care
•Consumer Led Health and Health Care
•TIGER Initiative Foundation
•Continued Success with Diffusion Theory
• Changes in Faculty Development, Staff Development with Interdisciplinary focus

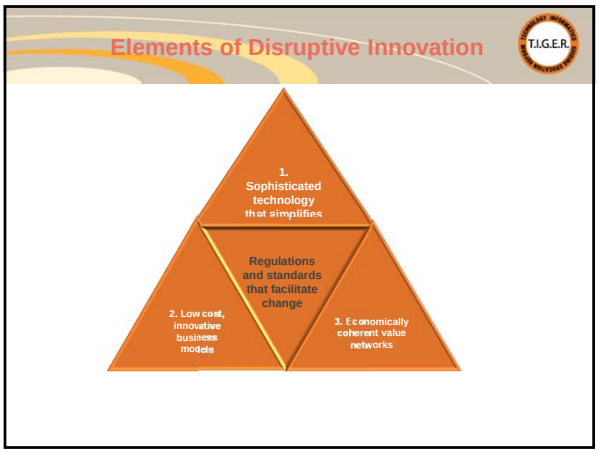
Truly - No Longer a New Direction!

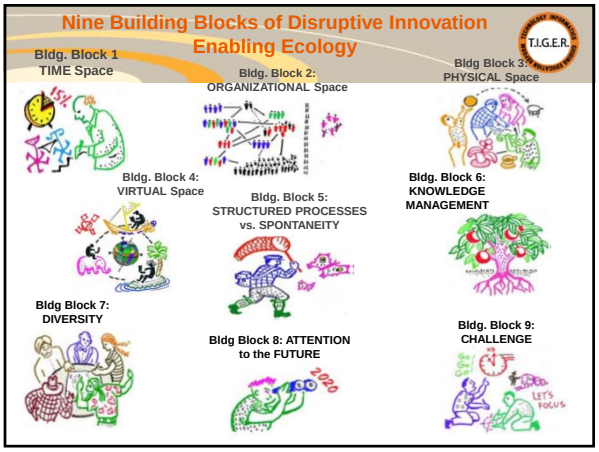
The Digital AGE Has Arrived & Health Care Must Be Integrated into ALL OF HEALTH CARE!

Creating a Climate of Disruptive Innovation Ecology

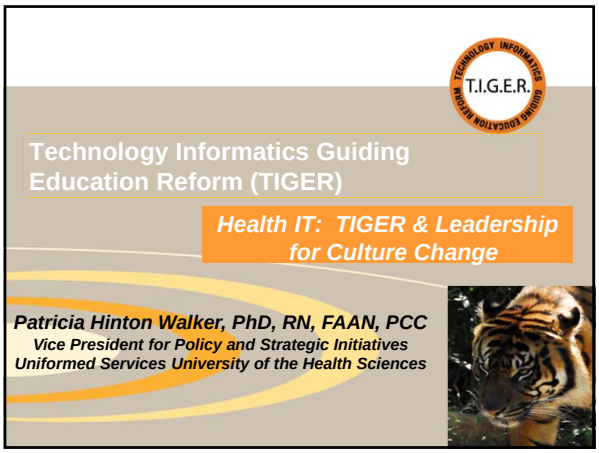
- **Disruptive innovation ecology is about interactions between the different elements of the system**, it is about(organizational) climate, it is about the delicate balance between conflicting forces, it is about the conditions which might lead to renewal or stagnation.
- It **integrates many disciplines together** to produce a dynamic, holistic view of the workplace and its relationship to its environment.
- It addresses all elements that make up **today's high velocity, rapidly changing workplace,** especially the way they interact in the form of work to produce the outcomes needed by the enterprise and its stakeholders".

http://www.innovationecology.com/papers/disuptive%20innovation%20ecology.pdf
Creating the Climate – Disruptive Innovation Ecology


Elements of Disruptive Innovation
T.I.G.E.R.
1. Sophisticated technology that simplifies
Regulations and standards that facilitate change
2. Low cost, innovative business models
3. Economically coherent value networks


Nine Building Blocks of Disruptive Innovation
Enabling Ecology
T.I.G.E.R.
Bldg. Block 1
TIME Space
Bldg. Block 2:
ORGANIZATIONAL Space
Bldg Block 3:
PHYSICAL Space
Bldg. Block 4:
VIRTUAL Space
Bldg. Block 5:
STRUCTURED PROCESSES
vs. SPONTANEITY
Bldg. Block 6:
KNOWLEDGE
MANAGEMENT
Bldg Block 7:
DIVERSITY
Bldg Block 8: ATTENTION
to the FUTURE
Bldg. Block 9:
CHALLENGE

Take Time to Reflect, as Leaders in Education and Practice on Opportunities with These Emerging Culture Changes!


T.I.G.E.R.
TECHNOLOGY INFORMATICS GUIDING EDUCATION REFORM
Technology Informatics Guiding Education Reform (TIGER)
Health IT: TIGER & Leadership for Culture Change
Patricia Hinton Walker, PhD, RN, FAAN, PCC
Vice President for Policy and Strategic Initiatives
Uniformed Services University of the Health Sciences