

DIGITAL HEALTH:
“THE GOOD THE BAD AND THE UGLY”

Madison Literary Club

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Perspective on technology:

1. CT scan emerged during med school (originally EMI scan; appendectomy)
2. MRI Proposed by Professor Raymond V. Damadian
3. HIV/AIDS
4. Simple country lung doctor to Administration: healthcare 15 years behind banking in IT
5. Carnegie Mellon 1999 Prof LaTonya Sweeney

The Good:

1. EHR-HITECH Act-Epic, Nordic, BlueTree, etc.
2. EHR database-Epic-Cosmos, “Look Alike Patients”
3. Interoperability-Sen. Lamar Alexander US Senate HELP Committee
4. Research-Parkview Research Center-manual to digital
5. GTE (now Verizon)-otoscope, ophthalmoscope
6. Laparoscopic/Robotic (\$1.7mm + disposables), interventional GI, pulmonary, Neurosurgical stealth station
7. Personal-2018-19- SSM Health/Dean/UW/Mayo
8. Remote monitoring-VISICU (Philips) (UW Old University)
9. Telemedicine-telestroke, telepsychiatry/therapy, derm
10. Apple Watch
11. Operation Warp Speed-COVID vaccines (Dennis Maki)

The Bad:

1. Privacy loss
2. Data breaches (Ascension, Change Health, HSHS, Cyber insurance Shannon)
3. Administrative burden
4. Burnout-FFS churn, documentation (not new, just different)
5. Ignoring Human Factors (bar code scanning for medications, 7/5/06 tragedy at St. Mary’s despite it all)

6. Are surgeons trained to respond if they have to open, if things go wrong, or there unexpected findings? (Recent liver removal by accident instead of spleen)

The Ugly

1. Cost (of healthcare overall, and the technology)
2. Outmoded payment systems-Fee for Service hamster wheel, documentation/coding
3. Best of breed-ACC database for cardiology, NSQIP for surgery, niche applications.
4. Medicare Advantage-UHG et al sending nurses to your home-to uncover additional co-morbidities, not to help you.
5. Medicare Supplement-only guaranteed if you sign up when first eligible; otherwise can be rated and excluded

WHERE DOES AI FIT IN?????