



Columbus Regional Healthcare System

Atos



Ed Duryee, Director of Information Systems at Columbus Regional Healthcare System, a not-for-profit community healthcare organization, shares his perspectives on why technology isn't the only transformational challenge on the horizon as his organization advances its digital healthcare agenda.

Founded in 1935, Columbus Regional Healthcare System (CRHS) is a not-for-profit hospital. Based in Whiteville, North Carolina, United States, CRHS is committed to the delivery of innovative high-quality care, outstanding patient experiences and services that measurably improve the health and quality of life for the communities it serves. Alongside 10 outpatient clinics, CRHS recently opened its state-of-the-art Center for Robotic Surgery while a new regional Imaging Center will soon minimize travel for patients who need to attend Columbus Regional for surgery.

The challenge of tech

Like all modern hospitals, technology plays a key role in delivering consistent and sustainable high-quality services - automating and simplifying processes, streamlining the patient journey, and so on. However the rapid acceleration of telehealth programs and virtual clinics in response to the coronavirus pandemic has thrown up some unexpected challenges that go beyond issues like interoperability.

"Our practitioners raised concerns that patients were struggling to accurately report basic health information such as blood pressure, temperature or weight. Other segments of the population found the shift to digital communication a difficult one," says Ed.

This matters. Regardless of how good the technology, the key to building an effective telehealth service requires patient acceptance and adoption. Perhaps more importantly, it requires an inclusive approach to ensure neither patients nor clinical staff get left behind.

Engaging with users

As CRHS adapts care delivery to blend with the 'new normal' operational requirements, the IT team has begun a program to engage with clinicians and community care service teams to evaluate what worked - and what needs to change.

"If we're to move forward with the delivery of digital services that truly make a difference to the patient communities we serve, we can't lose sight of the fact that some patient cohorts will struggle with these changes," he says.

"To address this, we'll need to invest a lot more in community outreach as well as patient and carer education resources - especially as new remote monitoring services come online. All of which will prove a further significant resource burden for our IT and Operations teams," explains Ed.

It's a similar story when it comes to driving up utilization of the patient portal. As Ed puts it, "if I'm a patient trying to access services through a technology, then it has to be easy for me to use. Not everyone has a PC or a smartphone, while others feel intimidated or simply have no idea of how to do it."

During the pandemic, people had no option but to use the patient portal and virtual clinics. However, concerns thrown up by potential patient access inequalities means Ed is now working with the various care delivery teams to ensure acceptable and usable digitally-enabled ways of working reflect healthcare realities on the ground and can be seamlessly embedded into clinician's and people's lives. That includes evaluating the potential for remote procedural diagnostic interventions at a community level as well as continuing to refine and evolve the service models that were rapidly rolled in response to Covid.



Patients not consumers (yet)

The acceleration of digital patient engagement and virtual care enablement prompted by the pandemic has also highlighted a further issue on the horizon – the growing impact of 'consumerism' on the healthcare sector.

"We're not there yet, but I can see it won't be long before patients will expect a say in the platforms and self-help options that we rollout" says Ed. "Similarly, I can see we'll get to a point where healthcare insurance providers will be saying to us 'this is the wearable device our members will be using, and they'll expect to engage with you using this app'", he continues.

For Ed, the long-term issues go beyond losing direct control of decisions about which technologies, tools and systems are introduced into the organization's IT ecosystem.

"It's an interesting dynamic that will have significant implications for us, especially when it comes to the number of integrations to our Electronic Health Record (EHR) system? We'll need to manage, secure and support. Going forward, it is going to become more complex just keeping the lights on," he says.

Insurance, risk and cyber attack

No less concerning is the rising tide of ransomware attacks and the increasing difficulties associated with acquiring and maintaining cyber insurance coverage.

"Insurance premiums have jumped by up to 400% and cyber insurance providers now have exacting compliance checklists – for example, multi-factor authentication and immutable backups have become a standard requirement," explains Ed.

"For smaller organizations such as ours, maintaining compliance consumes a significant amount of staff time and expertise. Ultimately, 24x7 monitoring, maintaining a SOC and undertaking regular vulnerability scans and penetration tests all comes at a price. And that means asking the board for additional budget to cover these costs," he says.

Unsurprising, this can create tensions. Competing priorities and finite resources means CRHS, like many healthcare organizations, now face some difficult funding and business decisions.

"We need to continue to provide board level education on this topic. Not just on why cybersecurity costs are rising but what's involved in maintaining resilience," he says.

A further challenge is the fact that cyber insurance is becoming an increasingly difficult commercial process to navigate. One that is driving organizations like CRHS to weigh up the benefits of outsourcing components of cybersecurity to external managed service providers and then determining the best way to assign and share risk with these providers.

"These types of decisions, and associated investments, are a board-level, not an IT decision. This is why we continue with communication and collaboration programs that will enable our board members to gain the insights and know-how they'll need to address this growing challenge," concludes Ed.