SHARPC: Past, Present, and Future

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How did SHARPC get started?
Excelsior Physicians Group
Challenges in EHR Adoption & Meaningful Use

- Financial
- Cognitive
- Standards
- Privacy/Security
- Technology
- Workforce
Good cognitive support

User

Function

User Interface

Workflow

Poor cognitive support

User

Function

User Interface

Workflow
HIT Gaps

User ≠ User

Personalized

One size fits all
HIT Gaps

Function

All essential functions and
Only essential functions

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Function

Overhead functions;
Missing essential functions
HIT Gaps

Intuitive, direct, transparent, structured ≠ Confusing, indirect, memory-based, scattered
HIT Gaps

Workflow ≠ Workflow

- Safe, effective, efficient, work-centered
- Disconnected, redundant, unclear, interruption-laden
Automatic Clinical Summarization

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Hypertension (2/23/99): BP: 128/80 today (145/100 in 1 mo.) on Atorvastatin 50 mg QD +
Hydralazine (25 mg QD)

Conditions: | Uncontrolled 10 mg QD | 100: High Blood Pressure

Type 2 DM: HbA1C 8.6% (4/20/99) (4.2% in 6 mo.): 100: Hyperglycemia (4 mg QD)

Hypertensive crisis: 50 mg hydrochlorothiazide (HCTZ) 50 mg QD

Cardiac Risk Factors: Total cholesterol 215 mg/dL. HDL 44 mg/dL (12/20/99). AP: Arterial Pressure 100: 35 yr risk of MI or death: 22%

EHR Usability: The Emotional Stages

Some time in the past...

We are here...

Some time in the future...
The Near Future
Heart rate: Door handle sensor

Blood pressure: Door handle sensor
An Advanced View of the Eye

Normal Healthy Eye