

Special Commentary

Living Through the Potentials of “Digital Health Care” in the Current Crisis

The systematized application of digital health has the potential to become the great equalizer in our collective response to the COVID-19 pandemic. Health care administrators and clinical leaders are at the confluence and convergence of decades of collaboration between information technology, health care operations, and care delivery teams in the aim of stemming the tide of this virus. In the United States, the legislative and administrative groundwork laid in HIPPA, the ACA, and even as recently as the Interoperability and Patient Access final rule provided the guide rails, while COVID-19 provided the catalyst. The pandemic has activated a number of mechanisms that had previously only been theorized in academic literature and debated in health system board rooms.

At the precipice of the unknown, information is currency - we are witnessing data visualization becoming a standard across a multitude of mediums (traditional as well as digital) and has served as an effective method of communicating the once abstract (e.g. ‘flattening the curve’) in a manner easily digestible by the general populous. Vast amounts of quantifiable datasets are being run against predictive models by local, state, federal, private, and international entities on a globally sourced, publicly available universe of patients in near real-time.

From an operations standpoint, it comes as no surprise that the unique challenge of COVID-19 would produce unique results in the context of digital health, from which it is clear that rapid response no longer only applies to clinical delivery: Teams of IT professionals have been rallying to produce high availability, enterprise grade solutions to enable a suddenly remote/mobile workforce; Clinical guidance has been rapidly digitized and deployed into electronic medical records, resulting in revised procedures and symptom identification; in addition, the field of tele-health is seeing the most significant demand/adoption curve in its history.

This is the truest application of the oft-cited term “Population Health” - a system that leverages information to produce health outcomes measured in real-time, with prevention and pragmatism taking hold and with all facets of the health care system working together from the same set of data. The convergence of these factors will equate to the wealth of our collective response being measured not just by virtue of the number of patients treated but in the number of lives saved.

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Phillip Rowell is vice president, clinical and business intelligence for the Carle Health system and Health Alliance Medical Plans. Joining Carle in 2019, he focuses on process improvement and strategic growth supporting a shift toward value-based healthcare.

With his team, Phil works closely with the teams at Carle and Health Alliance to enable advanced data analytics, facilitate clinical quality initiatives, support financial analysis, advance clinical research studies, and provide data for key business and market decisions.

Prior to joining the leadership team at Carle, he worked as a director in PriceWaterhouseCoopers' global healthcare practice, where he worked with and advised health plans, providers, and government associations. Phil has also held leadership roles at Cerner Corporation and brings a depth of business analytics, solution architecture, and IT project management experience. Phil has led and supported over 40 projects, across 11 countries, on four continents to support clinical transformation and patient care.

He received his Master of Jurisprudence in Health Law and Bachelor of Business Administration in Economics from Loyola University.

