

Report on Patient Privacy Volume 19, Number 12. December 04, 2019 Henry Ford Health System Builds Organizational Risk Approach

By Jane Anderson

Detroit-based Henry Ford Health System is preparing for a future in which virtual visits replace office visits and patient data collected by smart devices is ubiquitous, and has crafted an organizational framework for its compliance and risk activities it hopes can see it through to that future, even as the details of the technology evolve.

“We have a system used to manage risk,” said Christy Wheaton, Henry Ford Health System’s vice president and chief information privacy and security officer. “We put risk in the system. We can do gap assessments and health assessments in the system. We want to take it to the next level. To increase the maturity of our program, we want to make sure we are having a discussion with the people who can assess risk. In that way, the quality of our risk management program and understanding of the risk will be greatly increased.”

Wheaton and Elizabeth Callahan-Morris, vice president and deputy general counsel for hospital operations at Henry Ford Health System, spoke at the recent conference sponsored by the HHS Office for Civil Rights and the National Institute of Standards and Technology about how their large health system uses an organizational risk approach to current and emerging threats and opportunities in health care.

104-Year-Old Henry Ford Eyes Future

Founded in 1915 by auto pioneer Henry Ford, nonprofit Henry Ford Health System is comprised of hospitals, medical centers and one of the nation’s largest group practices, the Henry Ford Medical Group. It has around \$5.8 billion in annual revenue and has around 115,000 inpatient admissions plus 3.7 million outpatient services per year. Henry Ford Health System also owns an insurer: Health Alliance Plan is a wholly owned nonprofit subsidiary with some 570,000 members.

Henry Ford may have deep roots in the past, but the future of health care is virtual, Wheaton said. As of this year, there are projected to be a total of 930 million office visits and 120 million virtual visits for wellness and prevention, chronic disease management and urgent care, she said. By 2025, projections call for 600 million office visits and 1.15 billion virtual visits.

“Tomorrow’s office visit will increasingly take place everywhere but the office,” she said. “Patients want to be seen in their way, in the comfort of the home. In Michigan, we often have snow days, which can create a lot of cancellations or put a patient at risk. If it’s a follow-up visit, why should an elderly person risk walking on the ice to get to their car [in] traffic to get into the office? There’s a lot of opportunity here—we are trying to embrace it and be ready.”

In addition, virtual care will help the medical system cope with shortages of physicians, Wheaton said. “We are fully expecting more serious doctor shortages in the future,” she said. “It’s important for Henry Ford to think about these projections and think about the drivers, so we can make sure we are there and we can embrace technology to care for more people through technology.”

Virtual care is accelerating: Henry Ford providers had more than 7,500 virtual patient encounters in 2018. For

2019, the health system had upwards of 9,100 virtual patient encounters by August, including more than 5,000 video encounters, Wheaton said. The health system has more than 39 specialty services and nearly 600 specialists available for virtual visits, she said. In the area of remote patient monitoring, Henry Ford had 1,787 new installs in 2018 and 23,067 teleradiology readings in 2018, she said.

Meanwhile, by 2020, projections call for around 1.7 megabytes of data to be collected per person per second from electronic devices such as watches and phones, Wheaton said. “We are using less than 5% of that data today. Think about the possibilities if we were to use more.”

Henry Ford is “thinking about the maturity” of artificial intelligence and is rallying behind new ways to use patient data that can include population health, precision medicine and other research, she said. “We can anticipate these things. We can partner with technology. We can think about the risks before they are here and start to develop a new approach,” Wheaton said.

Patient safety is the paramount concern Callahan-Morris said, but “we’re also concerned about business operations—what if they are interrupted? How do we continue to keep patients safe? We are concerned about reputational damage if something goes wrong. How do we recover from that? That will likely involve revenue loss. There is, you know, exposure of penalties and enforcement action. What will it cost to get us back up and running? What if we are sued? What if there’s a class action lawsuit? It’s related to reputational damage.”

Wheaton added: “When you think about innovation and all this change, we think about how do we get our arms around this and manage risk?”

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