Changing the Record

If the Electronic Health Record (EHR) really is going to transform US healthcare, it’s time for all stakeholders to play a different tune.

February 2015
The health spoken here™ series is a thought-leadership platform seeking to engage customers and companies in the healthcare conversations that matter. The fact is, the healthcare landscape is continuously evolving, and all players involved are seeking ways to address the new paradigm.

Central to the health spoken here™ series are events tailored to address issues of healthcare and its primary stakeholders—consumers, payers, healthcare professionals, and the overall healthcare community. The events, ranging from panel seminars to innovation sessions, offer a comprehensive platform to address the key issues, challenges, and opportunities within the shifting healthcare landscape. Hosted by ghg, the health spoken here™ series allows us to learn about and speak about health in new ways. This keeps our stakeholders abreast of the topics that matter the most to them, while delivering meaningful engagement and impactful opportunities to learn.

This document summarizes the proceedings of a health spoken here™ event held recently at Stream Health, a WPP digital “unconference” in Lake Nona, Florida.
The ongoing development of electronic healthcare models is a global movement. As the wholesale transformation of the communications paradigm continues at pace, healthcare systems across the developed world are battling to leverage technology to improve health and well-being. And the US, once again, finds itself in the vanguard of change.

At the center of the field, the development and deployment of EHR systems continues to spark debate and controversy. Security and patient privacy are long-standing hot potatoes, while the age-old challenge of effecting cultural change within a typically conservative and change-resistant clinical community remains a constant. But as society’s exposure to new channels of communication increases, consumer expectations of electronic healthcare will similarly grow. The patient-physician dynamic is already changing: for perhaps the first time in a relationship that dates back decades, patients are taking greater control. Consumers are increasingly demanding that the physician’s office catch up with the rest of the digital world.

In the latest installment of ghg’s health spoken here™ series, stakeholders from across the healthcare, technology, and life science sectors met at the Lake Nona Medical Community during WPP’s Stream Health “unconference” in Florida to examine the evolution and adoption of EHR in the US, and threw some characteristic sunshine on how future EHR models could revolutionize patient care, clinical engagement, and healthcare communications.

The session, EHR: The Promise Versus the Reality on the Ground, provided wide-ranging viewpoints across a variety of topics related to EHR. Perspectives naturally varied, but participants’ impulses to present the utopian vision of a model that could drive efficiency, transparency, and connectivity through the US healthcare system was tempered by more sobering reflection on the here and now. Virtual reality commonly gave way to the harsh reality: US healthcare is a big ship that’s notoriously—and understandably—difficult to turn.

But turn it must. With the combined cost of Medicaid and Medicare alone predicted to reach $1.8 trillion by 2020—despite apparent savings triggered by the Affordable Care Act (ACA)—there is little doubt that healthcare stakeholders must do more to help deliver value-based care in the US. Their willingness and ability to innovate will be key, and their adoption of technology will provide a clear barometer of progress. Significantly, innovation may need to extend to providers developing more inclusive and collaborative relationships with life science companies, to reflect their often hidden role in the value chain.

Historically, the EHR landscape has been driven by EHR companies, payors, health institutions and organizations, HIT, and government guidelines. To a lesser extent, healthcare providers have had input, while, pharma has had relatively little involvement. Now, as the need to meet Meaningful Use (MU) requirements overlaps with the need to provide better and more timely information about medications in the EHR workflow, a role for pharma is starting to emerge.

If digitally driven healthcare is to make a real difference, it’s time to change the record. Literally.
The definitive collection
The wonderful thing about buzzwords is that people often use them without really knowing what they mean. The same can be said about TLAs; we throw them around like confetti, but don’t always know what they stand for. You get the SMS, don’t you?

So imagine a hot topic that’s got its feet in both camps. It’s not only the buzziest of buzzwords, but it’s also been blessed with a seemingly interchangeable identity. Welcome to the world of EHR. Or should that be EMR? It’s all a matter of definition.

*health spoken here™* at WPP’s Stream Health 2014 opened up the Pandora’s box of electronic healthcare and shone its “un-conference”-like light on all things EHR. With the term itself now mired in the popular healthcare lexicon, the discussion never set out to define exactly what EHR means; consensus suggests that the phrase is commonly understood and requires no explanation. Yet participants’ persistent fluctuation between EMR and EHR throughout the debate indicates that a standard definition, rather like a uniform approach to its development and adoption, has yet to be determined.

The experts will point out that the distinction is simple. Electronic Medical Records, they say, are merely the digital version of patients’ medical charts. And, since we all agree that such electronic communication makes it easier for clinicians to access vital patient data at the point of care, the philosophical argument for EMR has largely been won. EHR, on the other hand, promises a far broader interpretation. It advocates the integration of information that covers a much wider view of a patient’s care and management, and it supports the (secure) sharing of that information with relevant providers from across the entire health economy. By definition, EMR is just one component of EHR, but there remains a blurring at the edges, which means that the confusion of interchangeable terminology persists.

With the combined cost of Medicaid and Medicare alone predicted to reach $1.8 trillion by 2020—despite apparent savings triggered by the Affordable Care Act (ACA)—there is little doubt that healthcare stakeholders must do more to help deliver value-based care in the US.
But perhaps the subtle nuances between EHR and EMR are unimportant. It’s not about defining what the acronyms spell out—it’s about understanding, quite literally, what they stand for.

So what do they stand for? The health spoken here™ collaborative discussion dismantled the traditional model of panel-led debate and Q&A. But it revealed a unanimous belief that, irrespective of whether it’s called EMR or EHR, the overall philosophy stands for a sustained movement toward transparent, timely, and inclusive communications that can enhance interaction at the point of care. Moreover, it reinforced the view that the effective implementation and development of connective systems can not only help drive better patient outcomes, but can also support the incremental shift to a system that focuses on prevention, rather than simply supporting reactive treatment cycles of episodic care.

EHR is indeed just one in a long line of well-worn healthcare TLAs, but its diminutive appellation masks a mammoth objective. The challenge is to transform it from a buzzword to a byword for high-quality, value-based care. And one thing is for sure: Success will be a journey, not a destination.

The records so far
So where are we now? Progress has been incremental. If EMR was the metaphorical first base, EHR is the home run. And though the vendors started pitching some time ago, it’s clear that we are still a long way from home. One major vendor believes we’ve reached “the second inning,” but making the leap from creating the platform to delivering the promise will undoubtedly be a whole new ball game.

A Few Definitions

**EMR:** Electronic Medical Record. Digital version of a patient’s paper chart.

**EHR:** Electronic Health Record. Also refers to the digital version of a patient’s paper chart and includes the capability of being shared with other providers across more than one healthcare organization.

**E-Prescribing (eRx) platform:** A software that allows HCPs to prescribe a product electronically. Some EMRs/EHRs license their e-prescribing features from eRx software companies.

**EHR middleware:** EHR middleware companies provide services and features that can be embedded seamlessly into an EHR. Middleware companies provide a key function in extending the reach of pharma services across the fragmented EHR landscape.

**Meaningful Use (MU):** The American Recovery and Reinvestment Act of 2009 authorizes the Centers for Medicare & Medicaid Services (CMS) to provide incentive payments to eligible professionals (EPs) and hospitals that adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology. The objectives of MU will evolve over 3 stages, and each stage sets specific objectives that EPs and hospitals must achieve to qualify for CMS incentive programs.
The current market is fragmented and reflects a wide variability in capability, maturity, and scale. Estimates suggest that there are in excess of 400 companies across the industry, ranging from specialist EMRs to broader holistic EHR providers. “It’s still a nascent market,” says Darren Brodeur, Senior Director at Allscripts. “Although there are around 420 EHR companies out there, that number includes a lot of smaller players. The top ten represents almost 80% of the market. There is likely to be some considerable consolidation in the future.”

The market variation in purpose, functionality, and model of EHR solutions was visibly underlined by attendees at health spoken here™. The discussion group included a range of companies from across the EHR spectrum. But on examination, although the specifics of each individual offering naturally differed, the driver to bring greater connectivity and information to the patient/clinician interaction proved to be a clear common denominator.

Money for nothing
The scope and functionality of the current range of EHR solutions in the market is broad, but it can be broken down into common components, each designed to improve the quality and efficiency of healthcare delivery. Efficiency, and indeed cost-efficiency, is a clear driver. “Our goal is to be healthcare providers’ most trusted service, helping them do well by doing the right thing and ensuring that every interaction that they have is efficient,” says Meredith Auker, Director, New Product Integration at athenahealth. “We have dedicated account managers who help them optimize their practice and figure out how to bring more patients in using population health data. We also have billing systems that help them build efficiencies into their day and ensure they get paid.”

The concept of financial savings is, of course, mutually beneficial for both providers and patients, and solutions to unlock such savings are being embedded into EHRs. “Physicians are seeing a lot of added value in their ability not only to trigger savings through EHR, but also to pass them on to their patients,” says Dave Harrell, CEO at OptimizeRx. “These financial savings include co-pay assistance programs, free-trial vouchers to get patients engaged, and adherence programs. We also include some patient education components. From an efficiency perspective, the voucher system fits seamlessly into EHR workflows and is much more effective than using samples, which is happening less and less. These programs, along with many of pharma’s adherence programs, are being very well received, and they’re being delivered in a way that pharma companies themselves would find very difficult to do.”
Please note that all individuals quoted in this article are expressing their personal opinions and none of the individuals are quoted on behalf of their company.
Take it to the limit

Addressing the growing problem of medicine adherence is a major challenge—and the size and scale of the issue is significant. In 2005, the New England Journal of Medicine published an article on medicine adherence that reached a simple, if obvious, conclusion: “Drugs don’t work in patients who don’t take them.” The WHO estimates that adherence rates in developed countries average around 50%, with roughly 80% of non-adherence regarded as intentional. The pharmaceutical industry loses an estimated $564 billion each year due to non-adherence. Moreover, the financial impact on healthcare budgets is enormous—almost two-thirds of all medicine-related hospitalizations in the US are caused by poor adherence, leading to around $290 billion a year in avoidable healthcare costs.

Non-adherence to treatment is arguably the biggest problem facing healthcare today. If a patient is more adherent, everybody wins. As such, it’s clear that EHR can help drive incremental gains in this crucial area. In fact, evidence indicates that it already is. “There are tremendous data that show that if a patient redeems a coupon, providers are getting 20% to 30% additional adherence for that particular patient,” says Dave Harrell. “The New England Journal of Medicine and the AMA have both said that one of the biggest barriers to compliance is out-of-pocket costs—and getting patients to start, and stay, on their medication. So combined with the fact that pick-up rates for new prescriptions are also improving, we think these sort of approaches can be a real win-win for every stakeholder, including payers. With today’s tiered co-pay programs, almost everyone that is prescribed a brand is a high-risk patient—so let’s get them on these programs that pharma is willing to offer so that they stay compliant and hopefully manage their disease more effectively.”

In addition to supporting financial savings, revenue-cycle management, and driving adherence, EHR systems are increasingly being used to provide critical information at the point of care. “There are opportunities to do all sorts of things that help address gaps in care, and to provide clinical decisions, support, and patient education,” says Dan Pucci, VP, Life Sciences at Allscripts. “The challenge for vendors is how they can expand and scale. EHR is here to stay, but there is a lot more we can do in this space.”
**Pharma chameleon**

Progression, however, may require taking a more collaborative approach and extending the discussion into previously untapped areas. The question, says Dave Harrell, is how do we get everyone at the same table? “There is a big gap. Of all the stakeholders out there, pharmaceutical companies are kind of sitting on the outside looking in. If we are thinking about the transformation of healthcare into a value-based care marketplace, how do we get a place at the table for them?”

It’s a key challenge, but it is one that begs an equally crucial question: Is the EHR channel mature enough for pharma to add, or indeed derive, value? “If we were to consider the immediate channel, is it too fragmented right now?” asks Lynn O’Connor Vos, CEO, Grey Healthcare Group. “Is there enough consolidation of adopters to encourage pharma companies to get engaged with the medium? Or is it too early?” Consensus suggests that adoption is already sufficient for pharma to be able to leverage the channel.

In fact, pharmaceutical companies are increasingly looking to engage with EHR and are being encouraged to spread the net wide. “Like many EHRs, our relationships with pharma clients are largely mutually exclusive–but we advise companies to develop strategies that engage with multiple EHRs,” says Darren Brodeur. “The bigger players are building, very quickly, at scale–but there are other EHRs operating in specialized areas like oncology and gastroenterology, and these can undoubtedly provide strong additional options in specific therapeutic categories.”
Material girl
One area of opportunity for EHRs that the panelists explored in some depth was Clinical Decision Support (CDS). By providing guidelines-based message alerts to physicians in their workflow, as well as providing physicians the ability to search their patient pool for patients that meet specific medical criteria, CDS offers the potential to 1) help doctors remain aware of key guidelines at the point of patient care, 2) support key Meaningful Use requirements, and 3) improve patient outcomes. Pharma can support the development of CDS programs and protocols, which EHRs may not be able to do quickly and comprehensively on their own.

The ability to communicate educational and branded messages at the point of care has a clear appeal for pharma. But alongside well-known issues around regulatory compliance, the opportunity is also forcing pharmaceutical companies to adapt their traditional marketing approaches to suit the medium. “DrFirst focuses primarily on the point of prescribing. As such, like many EHRs, we are trying to get pharma to look beyond traditional banner adverts and move into the provision of clinical information at the point of care,” says Richard Cohan, General Manager, Patient Innovations at DrFirst.

This is a common approach, but it is not without its challenges for pharma. “Getting into the EHR space is almost a no-brainer for any brand. Financial assistance through electronic coupons and discount vouchers have been very much appreciated by providers. But when it comes to other resources like patient education—another powerful opportunity for pharma—companies need to consider a different approach,” says Meredith Auker. “Marketers need to think about their materials in a very different way. Brand teams are very good at developing web content or handouts for reps, but those are not necessarily the right materials for a physician in front of the patient. In that moment of care, you have just a few seconds to make an impact—materials have got to be in the right format and tailored to patient interaction.”
What’s more, as use of mobile technology grows at a frantic pace, adapting the format to suit smartphone and tablet devices—at the point of care—provides a further complex dynamic. It’s a challenge, but is it really relevant at this stage of EHR evolution? The use of mobile tech is growing across most other business sectors, but is EHR lagging behind? The jury appears to be out. Although companies like athenahealth, through Epocrates, have introduced mobile applications that provide EHR utility, whether the wider EHR community is optimizing the medium, remains open to interpretation. One school of thought is that many EHR systems appear closed to sharing data onto a mobile platform unless that platform is being developed by the carrier. This approach appears misaligned with objectives built around access and connectivity and, given the growing consumer uptake of mobile media, seems at face value to be a suboptimal way to engage patients in the long term.

“This is certainly not the right approach,” says Dan Pucci. “It’s true that there are organizations that adopt very closed networks that focus on creating technology within walls, but the best systems adopt a more open approach. Why? Because that reflects the whole model of care in the US. Patients don’t see just one doctor, they move throughout the network and engage across multiple settings with multiple conditions. For example, our portal, like many other companies who adopt a similar model, is agnostic and can connect to millions of people across the US. That’s the good news. The bad news is that only a few million of them are using it today, so there’s a long way to go in terms of adoption. But the critical thing is that the network, the technology, and the hooks are there. It’s important that we make this open and build from that point upwards.”

Unchained melody
The challenge of scaling toward a skyline of 150 million people brings a back-down-to-earth moment of reality to the discussion. Forget the second inning: We are barely at the second floor of a monumental skyscraper. It’s little wonder that, at such an early stage of the journey, discussion around the relative merits of collecting structured and unstructured data—and similar minutiae—continues to dominate the technical debate.

From a data collection perspective, there’s no doubt that the vendor community would like physicians to key in structured information, and they believe that this is mutually beneficial. But critics argue that there should be a balance and that in focusing solely on capturing structured information in convenient drop-down categories, systems would squander the opportunity of “free text” and lose highly valuable aspects of the patient narrative.
Just a little patients
EHR is data rich, by definition, and leveraging that data to provide value to all stakeholders will certainly remain a driving force in the advancement of electronic healthcare. But amid the excitement of Big Data, more pertinent issues remain: Aside from bringing efficiency to the doctor’s office, helping doctors get paid, and aggregating data that can generate meaningful value-based metrics—where is the patient in all of this?

“The patient is right at the center,” says Dan Pucci of Allscripts. “Yes, EHR can help providers get paid for doing the right thing, but they are paid on achieving an outcome. And achieving that is not just about the data, it’s about communication with the patient. The ACO model puts the primary-care physician at the core of care, and, for them, care coordination is going to be a huge challenge. Physicians are going to have to learn how to collaborate with the patient at the point of care—and this is where EHR will bring real value. For example, all of that granular, structured information in an EHR can remind a physician—who has 5 minutes with this patient and another 25 patients sitting in the waiting room—that the flu-ridden patient in front of him or her is also a type II diabetic who has had other concomitant conditions associated with their diabetes in the past 3 months. That little bit of information, at the point of care, will improve healthcare—and the patient is right at the center of it.”

So, in the same way that drugs don’t work in patients who don’t take them, how can EHR help ensure patients are prescribed the most appropriate treatments at the point of care and get better outcomes? Can EHR make prescribing more effective? And in the long-term, with ACA placing greater emphasis on developing more proactive models of preventative health, should EHR be embedding more information from healthcare companies that can support providers in realizing these goals?

“It’s a good question,” says Lynn O’Connor Vos. “Pharmaceutical and healthcare companies are looking at EHR and trying to figure out how they embed themselves in the workflow. They’re wondering what they can do to help the doctor achieve the desired outcome. But is it too early? And do doctors even want that?”

Almost 2/3 of all medicine-related hospitalizations in the US are caused by poor adherence, leading to around $290 billion a year in avoidable healthcare costs.
Help!
The spotlight reverts to clinical-decision support (CDS) and the challenge of providing access to relevant content at the point of care in a non-sponsored way. “Pharmaceutical companies have to draw the line between programmatic CDS-related clinical programs and marketing,” says Richard Cohan. “They want to get their messages in front of clinicians, but they also need to make them clinically relevant and actionable. That’s the challenge.”

The sweet spot, it seems, is guidelines-based content. “That’s certainly our focus,” says Darren Brodeur of Allscripts. “If it’s evidence-based and validated by a clinically relevant body—for example, the ADA in diabetes—then you have the ability to layer in that integrated, “best-practice” guideline, interrogate a patient’s chart in real time, and potentially flag a gap in care. In the diabetes example, that could be an HbA1c level above 10. It’s a significant opportunity, but EHR companies need to do that very thoughtfully to ensure that it’s seamlessly integrated and non-branded. That’s a very different mindset for life science organizations. These projects are very sophisticated in terms of the approach.”

But could there be alternative opportunities for branded communications at the point of care? EHR vendors are already working with life science companies to include appropriate materials within their systems and are ensuring that information is non-branded until the point a prescribing decision has been made. But could they also facilitate the communication of valuable, functional branded information, pre-decision, to help guide the physician and, in the process, encourage pull-through for pharmaceutical clients?

“Providers assess and accept certain drugs onto their formularies, but they don’t have anything helping them pull those drugs through at the point of care,” says Lynn O’Connor Vos of ghg. “Is this an opportunity to help them? For example, a patient presents with a cholesterol problem—could it be appropriate for the EHR to step in and give a reminder that Brand X, for example, should be their first choice, because it’s the health system’s first choice, too? Could this help them deliver value-based prescribing?”
Clearly, formulary information could potentially become a key component of EHR, and more advanced systems are already set up to communicate eligibility and planning information in real time. This, in turn, leads into the voucher systems that are being used to incentivize patients to maintain adherence. The value and resonance of such financial incentives has certainly found its way onto pharma’s radar and could become a catalyst for further exploration of EHR in supporting medicines’ optimization.

“Pharma companies have realized that coupons and patient education are providing real value for physicians, and many have actually started to go out and talk about it,” says Dave Harrell of OptimizeRx. “It’s rare to hear companies move away from their safety and efficacy messages, but they’ve recognized that coupons are such a value-driver that they are telling physicians that they’re using them as part of a commitment to making it easier for providers to access their drugs in an affordable way. The potential for delivering pull-through messages through EHR could be a natural extension of this and a way for pharma to reinforce the commitment they are making to support their customers’ needs. We’d certainly be willing to embed these pull-through messages.”

Likewise, a fully integrated EHR could provide a platform for more creative applications of technology to support physicians and allied health professionals. For example, there is potential for virtual sales reps that can provide additional brand information, live video chats with KOLs or company medics, and even augmented-reality innovations at the point of care. Some US hospitals have already begun to use Google Glass to access digitally enhanced patients’ charts.

Private dancer
The use of technologies such as Google Glass, along with Apple’s imminent sortie into the healthcare space, once again invites exposure to a long-standing concern: How do we safeguard patient privacy? “The possibilities and benefits of connectivity are significant, but one thing that we have to consider is: What are the boundaries to connectivity in terms of privacy and sharing?” says Caitlin McQuilling, Senior Health Economist at WG Consulting. “We are still not over some of those hurdles of whether a doctor, outside an EHR, can message a patient or whether patients can share their Fitbit data. These are big issues that need to be resolved.”

In addition to privacy restrictions, the Office of Inspector General (OIG) and the Centers for Medicare and Medicaid Services (CMS) are beginning to crack down on how technology can be used and what physicians can do with it. In a highly regulated sector, compliance is a significant challenge and, despite the boundless opportunities technology provides, the industry has a collective responsibility to ensure that information is captured and used in a lawful way.
Talk about an evolution
So once again, the excitement of disruptive innovation is itself disrupted by the sanity check of moral and legislative boundaries. In the here and now of a US healthcare economy that is burdened by increasing demand and diminishing resources, how can EHR help improve medicines’ optimization and the long journey toward value-based healthcare?

The recent health reforms were undoubtedly introduced to help provide greater, more equitable, and affordable healthcare for US citizens. A key component of this is the need to identify providers who are underperforming or failing their patients, and to put in place infrastructure and processes that help them derive the best possible outcomes. Access to information through EHR clearly has a major role to play in turning the ship, but given that medicine is often a key determinant in driving patient outcomes, is it perhaps time that healthcare providers shift their thinking and agree to more open interaction with drug companies? Surely EHR-driven access to high-value content and education could help give doctors a better appreciation of patient needs and solutions, and help underperforming providers improve their ratings.

The answer will most likely emerge through the next evolutionary phase. EHR is currently at a crossroads: the foundations have been laid and the opportunities ahead are promising. In some areas, real gains have already been made. But the next stages of development must see EHR unfold further to support medical decision-making and provide for all of the algorithms that go into care management and coordination, in the long term. The question of how branded and unbranded information from life science companies can contribute to decision-making must soon be answered. But who will be responsible for determining the answer? Is EHR going to continue to be dictated and shaped by providers and payers, or is there going to be an extension of algorithmic decision-making that allows pharmaceutical companies to become part of its development?

“That’s going to be the deciding piece for pharma—getting their seat at the table,” says Dan Pucci. “We’ve already agreed that the biggest problem in healthcare today is getting patients to adhere to treatment. So how do we get there? Is it going to be the payer driving programs? Is it going to be the provider? Or is it going to be the patient saying, ‘you know what, I’ve got to step up and become a healthier person.’ We’re not there yet, but major EHR vendors are trying to make that shift toward patient-driven care. We need to take a look at where the patient is and try to help them, but we’re still some way off. So it leads to a question: Who knows patients better than any other industry stakeholder? I believe it’s pharma. They can bring high quality, knowledge, and capability to the table. When there is an adherence problem, they are arguably the best at understanding how patients act and how we can best help them adhere—and then develop programs to ensure they do that. That’s where I think there’s a huge opportunity to get life sciences to the table.”
And beyond that, there is much more that pharma can contribute to help providers meet their goals. "There is a real opportunity to have an influence across the care pathway," says Dave Harrell. "Up front, physicians can see the formulary status and whether there’s a coupon. That’s important, but beyond it, integrated providers like OptimizeRx can return customized messages that can be highly sophisticated. If it’s a first-time patient we can deliver a message; if it’s an existing patient, we can, for example, deliver a different one around adherence. But, in a patient-centered system, it could go further. EHR could facilitate a process where, rather than sending a patient to the pharmacist, it opens up a concierge service where the patient and physician agree to let pharma in to provide all sorts of relevant, educational resources. That’s a huge opportunity, and it can take huge pressure off what happens inside the doctor’s office and really improve healthcare."

**Together in electric dreams**
It’s clear that EHR can do much to connect stakeholders across the health ecosystem and tidy up the mess of disparate information—thus adding true value to patient/physician interaction. The combined cost of Medicare and Medicaid programs is already a staggering figure, and it continues to rise. Effective EHR can undoubtedly help improve communication at the point of care and, in the process, provide time efficiencies that free providers to focus more on patient care. But to progress, true collaboration is essential. Making it happen is a collective responsibility where all stakeholders must be given a seat at the table. We can no longer afford a healthcare system that’s supported by information systems stuck in the 80s; we must make the move from vinyl to virtual.

It’s time to change the record—together.
About ghg

ghg is uniquely positioned to leverage the new paradigm for both providers and deliverers of healthcare. As a truly integrated matrix of all essential elements of healthcare, from brand strategy to value engineering, ghg ensures that the landscape is optimally navigated.

We speak health... everywhere it matters.

For more information, contact Hudson Plumb at hudson.plumb@ghgroup.com and Caitlin McQuilling at Caitlin.McQuilling@WG-Group.com, or visit www.ghgroup.com.