Call for Abstracts 2025 Spring Symposium : Entry # 10961

Submit Date

04/23/2025

Submitter Information

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Organization Company

Jefferson College of Population Health

Phone Number (optional)

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Presentation Details

Proposal Title

Unvendor - Innovate Healthcare with a Diverse IT Stack

Brief Summary Description: (150 word limit)

Health systems are dominated by single-vendor IT ecosystems. In this presentation and discussion, we explore how a more diverse health IT stack can promote innovation and flexibility, improve user experience, and reduce the overal IT cost. This presentation is an appeal to health IT leaders to move away from the single-vendor mindset and introduce innovative third-party modules and applications. The presentation is based on the author's book "Unvendor - Innovate Healthcare with a Diverse IT Stack" and will have a book signing following the presentation.

Session Format: (select preferred option)

Best Practice (traditional presentation)

Topic Category: (select preferred option)

Business

Objective #1

Understand how the industry became dominated by single-vendor EHRs and IT ecosystems

Objective #2

Appreciate the advantages and disadvantages of the single-vendor IT environment

Objective #3

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Think about ways to bring third-party modules and applications into the healthcare organization

Objective #4

Identify the role of interoperability methods, skills and teams for a modern connected health system

Objective #5

Imagine the next stage of health IT, the move toward platform systems

Organization: (250 word limit)

Dr. Harm Scherpbier is an independent health IT advisor. He is adjunct faculty at the Jefferson College of Population Health, teaching Health Informatics and Population Health Analytics. He is also the CMIO at HealthShare Exchange. He is the author of "Unvendor - Innovate Healthcare with a Diverse IT Stack" - publication April 2025. The book is based on 30 years work in the health IT industry, in roles working for EHR vendor companies, health systems, and health information exchange organizations.

Background: (500 word limit)

This session will be a presentation followed by interactive discussion and question/answer with the audience. The topic is a thought-provoking idea about the current and future states of health IT, with pros and cons on both sides, and so will lend itself to a lively discussion and conversation.

The background is the current state of health IT: the domination of single-vendor IT environments. Three major vendors dominate the health system IT market, and each of these form a "monoculture" within their client organizations. There are good reasons for this current state. There are also downsides: delayed innovation, lack of flexibility, unsatisfactory user experience, and high cost of health IT.

There are two drivers that compel us to move away from the single-vendor state. First, the rapid pace of technology innovation, driven by AI, but also by the use of smart devices, advanced analytics methods, and modern industry tools such as robotic process automation. Second, the changing business model in healthcare, shifting toward Value-Based Care, and how this affects the care model and the technology support for the care model. These changes happen so fast, that we cannot and should not expect our single EHR vendors to keep up to date with these rapid changes. Incorporating tools and applications from innovative companies prepare us for a rapidly changing healthcare system.

In this session, we will explore:

- how and why we can move out of the single-vendor mindset, and the benefits this can bring about
- a phased approach with many examples: early/easy third-party modules, larger projects bringing in more interoperability challenges, and future large-module replacements, all leading toward a more diverse IT stack.
- the important role of interoperability, and the importance of investing in interoperability for the move toward diverse IT environments

Finally, we will look at the future of health IT. I predict that we will transition from the current single-vendor state, to a platform environment, where a platform system supports core functions and is the basis for many third-party applications riding on top of and next to the platform. This is not going back to "Best of Breed" - instead it's going toward the next stage of health IT. The major EHR firms have this in their strategic plans - wholeheartedly or half-heartedly.

Health systems have an important role to play in the move toward a platform-based environment. That will be the endpoint of this presentation.

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Challenges: (500 word limit)

There are many challenges to the shift toward a diverse IT stack. We will briefly explore the following:

- interoperability - are the EHR firms ready? Are the standards ready? Are health systems ready to implement modern interoperability?
- financing and EHR contracts - can a diverse IT stack actually be less costly than a single-vendor IT system? I'm going to argue that yes it can and it must.
- user acceptance - will users accept a more diverse IT stack? There is current dogma that users should always and ever be in one system - but is that true? We will explore.

Methods: (500 word limit)

In this presentation, I will list a number of examples of third-party modules extending the function of single-vendor environments:

- population health management
- ambient clinical documentation
- robotic process automation
- connectivity from patient devices and at-home devices
- clinical decision support
- and more.

These examples serve as illustrations of how organizations can extend the function of their single-vendor EHRs, and move from a monolithic system toward a platform-based infrastructure.

Results / Findings: (500 word limit)

Similar to "methods" - I will present a number of examples, with the organizations who implemented these methods, and how they are introducing third-party modules into their health systems. Where available, I will present the outcomes - in Return on Investment(ROI) or Value on Investment (VOI).

Conclusions: (250 word limit)

Rather than a "conclusion", I plan to end this presentation with a discussion, a group conversation on how Unvendoring can move our health IT systems into a more dynamic, innovative state. As mentioned before, there are pros and cons, there are opportunities and challenges, which we will explore during the discussion period.

My end-state conclusion will be the anticipated move toward a platform-based environment, which services the core functions of the health system and at the same time serves as the basis for third-party modules. The transition from monolithic environments to platform-based systems requires not only the technical enablement from the vendors, but also the active participation and deployment by health IT leaders. That is the ultimate call for action: see Next Steps.

Next Steps / Followup: (250 word limit)

The next step in the process is to activate health IT leaders to take the initiative to include innovative applications into their environments. Health IT leaders need to start to act as health IT Consumers - demanding and supporting the move toward platform-based environments. We, health IT leaders, need to play a critically important role here to lead our IT systems to the next phase - which will support more innovation, better user experience, and, potentially, lower overal health IT cost.

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After the session I would like to do a book-signing for attendees who would like a copy of the book. I will provide a number of books at no cost to the participants.

Speaker 1 Details

Same as Submitter

- Speaker 1 is same as Submitter

Name

Harm Scherpbier

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Role / Position

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Financial Relationship(s) Disclosure

- Confirm

Conflict of Interest (COI)

- Confirm

Acknowledgements

Ready to Submit

✔ I have reviewed the information requested, ensure the speakers will be able to present on Tuesday, May 13, 2025 at the Spring Symposium, and am ready to submit it for review.

Notes

Admin Notification (ID: 526d779ad5140)
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