

# Digital Health: A Stagnant Revolution Despite Ourselves

J. Michael Connors, MD

Connors Consulting, Nashville, Tennessee, USA

Corresponding Author: J. Michael Connors; Email: [jmconnors.md@outlook.com](mailto:jmconnors.md@outlook.com)

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Digital health was once envisioned as the beacon of enhanced access, convenience, and diminished need for physical travel in medical care. However, the anticipated revolution has yet to manifest in improved care quality, patient satisfaction, or clinician morale.

My path as a digital health entrepreneur, unexpected as it may be, was driven by the desire to restore the fading relationships between primary care pediatricians and their patients through a virtual care solution.

My high hopes were based on my belief that the medical community would unite behind the proven importance of doctor–patient relationships for improved outcomes and reduced costs. Technology was poised to be the catalyst for this healthcare renaissance. Yet, what has transpired is a departure from this ideal – inefficiencies, higher costs, and lesser outcomes increasingly mar our healthcare system.

Reflecting on the Commonwealth Fund’s 2013 report,<sup>1</sup> the stark challenges we faced were evident: disproportionate costs failing to equate to quality care, the inefficacy of a fee-for-service model, poorly coordinated care, and exorbitant medical pricing. A decade later, Arthur Kellermann’s 2023 analysis<sup>2</sup> echoes the same concerns, revealing that the US still spends extravagantly on healthcare relative to other developed nations yet lags in outcomes. This continuity of issues underscores that digital health has not been the cure-all it was once thought to be.

The articles from both 2013 and 2023 consistently highlight themes such as the underinvestment in preventive health, systemic inefficiency, and the disproportionate influence of the healthcare industry. They converge on five potential solutions, advocating for:

1. A shift to value-based payment models that prioritize patient outcomes.
2. The reinforcement of primary care to improve health outcomes and cost-efficiency.
3. Systemic efficiency through streamlined processes and standardization.
4. The endorsement of technologies that reduce costs without sacrificing the quality of care.
5. A renewed emphasis on public health initiatives to manage healthcare costs and enhance disease prevention.

Yet, despite these consistent insights and the clarity of recommended solutions, the digital health landscape remains disjointed. Our attention has been skewed towards providing convenience to those with ample insurance coverage, while the most vulnerable and those who stand to benefit most from virtual care remain neglected.

Who is to blame? The problem is multifaceted:

- Tech companies have prioritized technological advancement over user experience, leading to frustration with the complexity of use.
- Tech-enabled service companies have offered workarounds to established healthcare relationships, catering to employer plans rather than the most in need.
- Clinicians have struggled to transition from a fee-for-service model to value-based care, often prioritizing quantity over quality due to systemic pressures of productivity.
- Administrators have sought to leverage technology to reduce staffing, unintentionally burdening physicians with additional tasks and more work.

- Patients, lured by the allure of immediate convenience, often opt for quick fixes over the continuity of care that leads to better health outcomes.
- Policymakers have wavered on payment models, undermining the potential for consistent, continual care that drives value.
- Public health has yet to address digital inequity comprehensively, particularly in ensuring internet access and translation services for all patients.
- Schools, employers, and insurers continue to implement piecemeal virtual solutions that disrupt established care relationships.
- Investors have poured funds into fragmented solutions and quick fixes, often leading to inefficient investment and lost opportunities.

The irony is that almost everyone has ignored “the science.” The evidence on how to truly drive better care and lowering costs is through continuity. Primary care has shown that continuity can drive lower costs and lower utilization.<sup>3</sup>

For digital health to realize its potential, an overhaul of our overall healthcare alignment is imperative. We must champion patient-centric workflows and continual care and wholeheartedly adopt value-based payments. Recognizing the significance of enduring provider-patient relationships, assuring digital equity, and integrating primary care with educational health initiatives are paramount.

As it stands, the opportunities for digital health to improve care for all demographics are immense, but our approach must evolve. Without this pivotal shift, we are doomed to repeat the unresolved issues that have persisted for the last ten years. We must heed the lessons of the past – not solely for the advancement of digital health but for the progress of our healthcare system at large. Otherwise, ten years from now, the 2033 articles can again just copy what has been re-written in past decades.

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### **Contributor**

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### **References**

1. The Commonwealth Fund. Better care at lower cost: is it possible? [Internet]. The Commonwealth Fund; November 21, 2013 [cited 2023 Dec 9]. Available from: <https://www.commonwealthfund.org/publications/other-publication/2013/nov/better-care-lower-cost-it-possible>
2. Kellermann AL. The US spends more on healthcare than other wealthy nations but ranks last in outcomes [Internet]. Forbes; October 24, 2023 [cited 2023 Dec 9]. Available from: <https://www.forbes.com/sites/arthurkellermann/2023/10/24/the-us-spends-more-on-healthcare-than-other-wealthy-nations-but-ranks-last-in-outcomes/?sh=41b8e9967d35>
3. Bazemore A, Petterson S, Peterson LE, Bruno R, Chung Y, Phillips RL, Jr. Higher primary care physician continuity is associated with lower costs and hospitalizations. *Ann Fam Med*. 2018 Nov;16(6):492–97. <https://doi.org/10.1370/afm.2308>

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