



# In the San Francisco Bay Area, a Thoughtful Push toward Digital Health Innovation

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*Leaders at Stanford Children's Health understand the benefits of being close to so much digital innovation, but are taking a cautious approach to deciding what to invest in*

At some point in the near future, clinical and IT leaders at Stanford Children's Health will be embarking on a "digital health and innovation retreat" where they will take a close look at some of the up-and-coming health IT innovations that are being developed in Silicon Valley—just a few miles away from the 312-bed hospital in Palo Alto, California—according to Lisa Grisim R.N., vice president and associate CIO, Lucile Packard Children's Hospital Stanford.

A healthcare organization being right in the heart of Silicon Valley—an area where digital innovation and technology disruption are entrenched in the culture—certainly has its benefits. Stanford Children's Health, for instance, was able to get an early jump on a pilot project with Apple in 2015 around diabetes, in which the organization would use Apple's HealthKit to get continuous blood glucose monitoring from a patient's home glucose monitor uploaded through their iPhones into Epic's MyChart, the patient portal, and then into Stanford's EHR (electronic health record).

Clinical informaticists specifically were able to create a tool, called GluVue, that when linked to a patient's EHR, detects patterns and generates visualizations of glucose values collected from inpatient and outpatient visits, glucometer and continuous glucose monitor devices within a specified timeframe, according to officials at Stanford Children's.

Now with that partnership already established, Stanford Children's could leverage its beneficial geographic location to work with Apple and other tech companies on many more endeavors. In fact, the organization's chief medical information officer (CMIO) told *Healthcare Informatics* [last year](#) that it would indeed be working with Apple again to do something similar with congenital heart disease.

But in a recent interview with *Healthcare Informatics*, Grisim dispelled the notion that being so close to the Valley is a prerequisite for guaranteed innovation success. Sure, it has its clear benefits, Grisim says, but it's also a "double-edged sword because a lot of these startup companies might never make it."

Nonetheless, working or investing with these startups is something that Grisim and her team actively talks about. "How do we address what's going on [in the Valley] and work with some of [the companies there], and what companies do we choose to work with? There is risk inherited with working with a startup. So where do we invest our time, money and resources? We are in frequent discussions about these things," she says. Grisim goes on to note some of the healthcare innovation that she is particularly

intrigued by at the moment, such as artificial intelligence (AI), augmented reality, and virtual reality, just to name a few. “So we are actively looking and talking with companies about these things. But we have to proceed with caution even though we are very interested.”

Referring to the diabetes pilot with Apple, Grisim adds that the collaboration and the work done “only scratches the surface” of the opportunities that could arise in the future. “We [would like to] do something similar with our cardiac patients who are at home,” she says. “In-home monitoring is something we’re really looking at now, and that goes hand-in-hand with virtual visits at the home. How do we better monitor people in their homes [considering] their day-to-day activities? The data we can get from that will be timelier and we’ll be able to treat people more in real time.”

Grisim says that her team will look to soon create a five-year roadmap that will be centered on what digital health areas they should invest in. And at the core of it all is bringing care to the patients. “That’s where healthcare is going. The [idea] is to keep patients out of the hospital; there are just so many value points, from quality of life for the child to the parents not missing work,” she says. “The fact is that we get referrals and see patients from all over the greater [San Francisco] Bay area. Children sometimes have to travel three hours for a hospital visit. So if [care] can be done from the home versus coming in to the hospital, you’re also cutting down on no-show rates, too. It just lowers costs on so many levels.”

Grisim also contends that being an academic medical center, Stanford Children’s has clinicians within the organization who are actually looking to develop a technology tool on their own. Or sometimes tech companies will try to work with a physician, who they might meet at healthcare conference, for instance, on their own innovation, she offers.

“So it’s something that can easily get away from us, but there are clearly some pluses involved, too,” Grisim says. “Being an academic medical center, we do want to innovate and research, and being on the cutting edge is part of what we do at Stanford. But we also have to be thoughtful about resources—both money and people. You can only focus on so many things,” she says.

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