Podcast episode transcript: Mike Ristau and Yaser Abuhajjaj

Michael Ristau: Hello everyone. My name is Michael Ristau with Solventum Health Information Systems. I head up marketing and the international business for Solventum HIS. I'm here today with Dr. Yaser Abuhajjaj from the Emirates Health Services (EHS) in the United Arab Emirates. We've had several interesting conversations over the past few years and an excellent project implementation at EHS that we're here to talk about today.

So, Dr. Yaser, can you talk a little bit about your current role and what you've been working on the past two years?

Yaser Abuhajjaj: Thank you for having me with you today. As you mentioned, I'm Dr. Yaser Abuhajjaj. I'm a physician by background and holding a master degree in health informatics from Sheffield University, the UK. My current role as a health informatics consultant at the Emirates Health Services clinical sector, and mainly I manage the implementation of the clinical systems across EHS hospitals, especially the clinical one. And in the previous two years, I've been engaged actively in Fluency Direct implementation at EHS.

Michael Ristau: Great, thank you for that summary. I know you have a long history of working with 3M, now, Solventum, in coding and a variety of applications in the UAE. So tell me a little bit about the strategy in EHS or maybe even across the Emirates and how technology comes into play and how that led to this project.

Yaser Abuhajjaj: Actually as a federal entity, Emirates Health Services align with the government strategy about the digital transformation. So there is an eight dimension for UAE government related to the strategy to digital transformation. We drive our strategy from the government strategy.

One important pillar of UAE government strategy is the infrastructure and digital transformation. So here in health care as an operator for 17 hospital, 65 health care centers, we focus on digital health and the decision to go with, for example, the Fluency Direct system is to implement the emerging with AI and machine learning, which again aligned with the UAE government strategy. So from there we take this particular project, it's an area of interest, to be implemented within our facility.

Michael Ristau: Thank you. So it's quite clear how the strategic orientation for the federal government informed your organization's priorities and how you looked at it.

Let's take a look at it from another side. As you thought about your role and your experience within EHS, the problems that you were seeking to solve, so the workflow problems, the physician documentation problems, how did you identify this project? I mean, how did you view the problems in your organization and how this project could then through technology and AI address them?

Yaser Abuhajjaj: Yeah, this is a great question, Michael. Actually, let's go back a little bit in previous years. In 2018, there is one report published in Medscape related to depression and anxiety and burnout among physician. It shows in this report 52% at that time in 2018, almost 52%, they were burned out

due to bureaucratic tasks including paper charting or documentation, as well as 24% due to increase in EHR computerization, the use of electronic medical record.

So we take it from there. So this is a global report, so it is a global crisis that been out among physicians and the clinicians. So then we have done internally at the EHS a survey and we found that almost 53% of the physicians, they spend more time after working hours to complete their documentation and up to 70% of the physicians, they feel burned out due to documentation.

We started looking how we can help our clinicians. So we go and listen to them how we can help in reducing the burnout related to documentation tasks. And unfortunately then, the pandemic hit so everything went in pause, but immediately after the pandemic, we started actively again looking to this particular area, especially the recent reports from the Medscape that the increase of the physician who said that they're burned out due to bureaucratic tasks increase up to 62% in 2024 reports and 60% in 2023. So nearly we can see increase in the negative impact of the bureaucratic tasks among physicians. So we decided and we decided to help the clinicians by technology, a recent emerging technology that use artificial intelligence, machine learning, natural language understanding to be seamlessly integrated within their workflow.

Michael Ristau: Very good. So informatics, listening to physicians and their workflow and their frustrations, tremendous burnout, and it's a worldwide problem. It's something that we hear in markets all over the world, so no different in the Emirates. So you've got a problem, you've identified a project. And so how did you go about choosing a solution? So what was the next step for you all? I mean, you've chosen a technology approach towards this issue and so now you have to choose the path forward.

Yaser Abuhajjaj: Yes. What we have done actually, we set down together the team, we gathered the team and we put the agenda of our improvement plan of reducing the burnout among physicians, especially related to clinical documentation. We visited the different hospitals and the primary health care center. We discuss with the clinicians their pain points.

So the most important message that I would like to share today is listen to your physician more than talk. Usually we go... For example, this behavior is happening in different organization. We go from the corporate level, everybody's sitting in the meeting room. The senior person who come from corporate, he talk, talk, talk, talk and the doctors only listen. So they are not contributors, they are recipients. So in our case, we make it vice versa. We are the recipient and the doctor is the contributor. So we listen to the physicians, to their pain point, to their suggestions. So we made them as part of the team who will give the solution, not us. So we listened to the physicians, listened to their suggestions. Some of them they came up with, "Oh, we need more resources. We need reduce the workload, transcribers, medical security." The suggestions came different, different, different. Maybe one or two they discuss about technology, but they were not in favor of technology at that time.

So this is how we started actually. Then we engaged the physicians in building the RFP. So we did not build the RFP and publish it to the market and that's it. No, actually. So we drafted the RFP, shared it with the key clinicians that they are oriented to the technology and the new advancement. They reviewed the RFP, they put their comment and we adopt their comments actually. So we did not discuss with them, "No, this is not possible, this is not doable." No, we took their words, we put it in the RFP and we published the RFP.

Once it comes to the point of evaluating the proposals from different partners, again, we invited the physicians to evaluate the proposal, to attend the demo that presented by different partners. They have the scoresheet, they do the scoring. And at the end, after we finish the evaluation process, we wrote down our final report. For example, in this case, the final report was towards Fluency Direct selection. And actually, this is aligned with the physician's selection. So here, the physician evaluation towards the Fluency Direct was high score, so we adopted whatever physician selected. And the project was awarded to 3M at that time, now Solventum, and we could kick off the project implementation.

Michael Ristau: Yeah, thank you. I mean it's a very deliberate process. I mean listening to your customer, the physician, and really involving them in the entire process to procurement.

So we know that Solventum and EHS embarked on this project. Tell me a little bit about the start of the project, the KPIs, the way you framed the project, not necessarily with Solventum, but within your own organization. We've talked prior about the cultural rollout and what it takes to demonstrate to your organization your deliberate intent to change the workflow, to implement technology. So talk about how you manage that change within your own organization and then we'll maybe come back into how you were communicating that to Solventum.

Yaser Abuhajjaj: Yeah, this is a great question actually. Everybody is looking for KPI's. They are setting the KPI's actually before they have a plan. This is wrong actually because there is nothing yet. Yeah, for sure that this project should be implemented within the project management charter that will be agreed with our partner, which is here Solventum, that training to be done on time and this all of the project KPI's. But how to market this project before we start, this is the key message, how to make the positions on suspense and excitement. And they are waiting the new technology that will reduce their burnout, that will help them be more productive would mean at the same time reduce their burden from the clinical documentation. Even the physical exhaustion from typing, shoulder pains, neck pain, headaches because they focus on screen. They feel like their mental well-being is important because sometimes they feel like they don't give the patient their time, adequate time to listen to their patient because they are overwhelmed with notes that they have to write on the EMR.

So we started communicating and sending key messages, impulses to our stakeholders, which is the clinicians, "Be tuned, a new era is coming at EHS" announcement. Make them excited, suspense that they waited for the system. So then when I was working in one of the hospitals, they said, "Come on. When we will start using the system? We are excited." So everybody speak about the AI voice recognition system that's coming to our facilities. And "Oh, hospital A is lucky because they aren't the first to start using the new solution." So we created an environment of suspense and excitement in our facilities. Then we set with the project management team from Solventum to write down the actual project plan and the milestones for each step that we will do across the project timeline.

Michael Ristau: Excellent. Just talking about the culture, an important step to set the table before implementing the plan.

So in our last few minutes, give me an example of a part of the project that you would consider to be a best practice during its implementation that others might be able to borrow from. We can jump to the outcome, but you had a very high adoption rate. So were there things that your organization had done or Solventum had done to help improve the awareness of the program of the project? Or did something, and particularly interesting in your opinion, to help adoption happen so greatly?

Yaser Abuhajjaj: This is very great question, Mike. The ownership of the project, transferring the ownership of the project from corporate level to the facility, decentralize the project. So each facility that we enter to it, that this is your project, it's your baby, so you have to raise it up. So we transfer the ownership to the medical director in each facility. The champions, the selected champions, doctors who were certified as a trainer on the solution, now they are the owner. We are not the owner anymore. We just oversee and support them.

Sharing the know-how and the knowledge on the usability of the system to our clinicians transfer the ownership to them. So when the trainer stands in the training room and do the training, he feel a moment of pride, let's say, that he's proud, that he's doing this, and teaching or conduct a training to his colleague. So we ensure that the correct message reach to the training because the trainer is their colleague, so they will pay attention to him or her. And they enjoyed actually the training sessions. So the ownership of the project transferred to them and they feel like, "We are the owner. This is our baby, and we should raise it in a good way." So this is the key of the project success actually.

Michael Ristau: Great example. A year and a half ago, I had the opportunity to tour with you several of your facilities. And it was very interesting to watch your teams and your local project managers and trainers share with us their experience and very energized. That was still quite early in the rollout. So maybe in closing, if you could share with me the results, the overall adoption rates and some of the metrics that you've been tracking.

Yaser Abuhajjaj: Okay, this is a really very, very nice information or we have a good results. And at EHS we are very happy in what we have achieved so far, and even we are eager for more. As quarter 2, 2024, the overall adoption rate reach up to 74%. 74%, we have 1,800 active trained user. So 74% of the users are actively using the system, the Fluency Direct.

In quarter 1 2024 was 70%. So this is the sustainability that we are looking for. So there is no decrease in the adoption. It's always increased. And as a strategic project, that is monitored by the BMO office. So we are looking for this project carefully as well as the good things. We have one hospital, which is in Ras Al-Khaimah. I would like to mention the name of the hospital in Ras Al-Khaimah, Emirates. The name of the hospital, Abdullah Bin Omran Hospital, which is the maternity hospital in Ras Al-Khaimah. Since they go live until now, they never been below 94% adoption.

We have only three hospitals below our target, which is the 65%. Our target actually, as a KPI we set, is 65%. As a new project, we set a target of 65%. Out of 17 hospitals and 64 or 65 health care centers, we have only three hospitals below 65%. And actually they are not away from the 65. It's 62, 63. They are around 62, 63%. I'm sure in the next quarter all our facilities will be above the 65%. We have couple hospitals in '80s and '70s. There is one or two hospitals fluctuating between 88% to 94% then become back to '88. But Abdullah Bin Omran Hospital, since they go live one year ago or more, they never been below 94%. So this is, I consider it, a big achievement of sustainability of using the new technology.

Michael Ristau: That is impressive. As far as I'm aware, those are the highest health system results of adoption that I've heard. So are you happy with the Fluency Direct solution in your facilities as a product?

Yaser Abuhajjaj: For sure. We surveyed our clinicians to rate the system and the satisfaction was 88%. For a new product, I've been in health informatics for the last 15 years now, it's hard to get 88%

satisfaction for a new technology introduced to our clinicians. Usually you will have a big challenge and dissatisfaction, but in the case of Fluency Direct, CDI Engage actually, they respond very satisfactorily. This is the level of the physicians.

Actually, moreover, a lot of the physicians, they responded that it gave us more time to care. I can't recall the percentage exactly, but it is a high percentage of the physicians. They mentioned that it gives us more time to care and give us more time to give to the patient. So now we have a time more with the patient rather than just type and document in the EMR. So which is here is the goal, is the quality of care provided to our patients as well as reduce the burnout and give more quality and healthy life to our physicians as well. So we have to be balanced between that, yes, we are looking for giving a high quality services to our customers as the patient, but in the meantime, we should not forget the physicians. At the end of the day, they are a human being, and my life and my beloved life is between their hand.

So we should take care of our clinicians, not only doctors, nurses, ancillary health care services, physiotherapist, nutritionist. The entire health ecosystem within any organization should be taken care of. And this is what we are trying by introducing a new technology.

Michael Ristau: Okay, last question. What's next for EHS and Solventum?

Yaser Abuhajjaj: Actually next, now we need to look after more than the dictation. Like for example, the auto generation of the clinical note. For example, we know that Solventum, now they have the new technology, the ambient device for example. I think this is an area of exploration. We would like to explore more with Solventum.

Moreover, there is some suggestions from the physicians that actually during our different visits in the facilities, for example, why there is no clinical decision support, for example? So the clinicians, at the end, they are smart and they now become more oriented. And when they like the solution, they give valid suggestions and nice suggestions. It may be an area that Solventum, in the future, they will explore it.

I will give an example that if for example, a physician, he would like to prescribe a dose of Augmentine or any medication and he dictates the wrong dose that it's out of the formulary, that why the system not to correct the, "Hey, our clinical, this dose is not available in the formulary." This is an example for example that we receive from the clinicians.

And one more thing, the Arabic language, the multi-language, they were asking actually about the multi-language. Currently, Fluency Direct does not support the Arabic language. You know that for example, the social worker in our mental health hospital, they do their notes in Arabic, not in English, not like the psychologist. Psychologists, they do it in English, the clinical psychologist. But the social worker, they do it in Arabic. So they said, "We write too much, we type too much in the EMR. We hope that if the Fluency Direct or the voice recognition can support Arabic." I think this is another area of exploration. This is what I'm thinking. And I'm sure there is other technology, like you have 360 in campus, have the clinical risk group where there is different interesting advanced technology. It'll be an area of interest as well.

Michael Ristau: Well thank... Go ahead. One more thing. Go ahead.

Yaser Abuhajjaj: Yeah, one more thing, Michael, that I have a special message actually from their excellencies. The leadership of EHS, we have the director general, His Excellency, Dr. Yousif Al-Serkall, Her Excellency, Ms. Mubaraka Ibrahim, and His Excellency, Dr. Essam, the CEO of the clinical service sector that actually they send their regards and sincere appreciation of this successful partnership between EHS and Solventum.

Actually, the success that we made, it is a collaborative successful actually. We all were in the same boat and we reached to the dock safely and with successful. So this is important. We need to highlight this and send the regards because they send the regards with me to the team here in the US.

And I would like to thank all Solventum team, the Middle East team, especially that who were with us day and night actually, providing the support, the local team wherever they were in Saudi or in the United Arab Emirates, we have the support team, the United Arab Emirates as well. And your team in Saudi, they support them as well in Saudi Arabia. So really we would like to thank the entire team for their efforts and their support to EHS. And thank you again for having me with you, Michael, and I am looking forward to the next step.

Michael Ristau: Well, thank you. It's our honor and our pleasure. Thank you for your partnership and your business. Thank you for your words and the story of the journey that you've been on with Fluency Direct in EHS. Thank you.

Yaser Abuhajjaj: You're welcome.