

## Embi to Lead Regenstrief Institute

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### Ohio State informatics expert to take helm at Indianapolis informatics research organization



Peter Embi, M.D.

Peter Embi, M.D., M.S., an expert in biomedical informatics, has been named the new president and chief executive officer of the Regenstrief Institute Inc., an Indianapolis-based nonprofit organization dedicated to improving healthcare through innovations and research in biomedical informatics, health services, and aging. Regenstrief, a supporting organization of the Indiana University School of Medicine, has several regional partners that include IU Health and Eskenazi Health.

Embi currently serves as interim chair of the Department of Biomedical Informatics and associate dean for research informatics at the Ohio State University's College of Medicine. He will join Regenstrief in December of this year. He succeeds former Regenstrief President and CEO William Tierney, M.D., now chair of population health for the Dell Medical School at The University of Texas at Austin.

Before joining Ohio State in 2010, Dr. Embi was the founding director of the Center for Health Informatics at the University of Cincinnati Academic Health Center. In addition to his interim chair and associate dean roles, Dr. Embi currently serves in a number of roles at Ohio State. Among them, he is director of the division of clinical and translational informatics in the Department of Biomedical Informatics, tenured associate professor of biomedical informatics, internal medicine, and public health, and chief research information officer at the Ohio State University Wexner Medical Center. Dr. Embi has received numerous awards and has been recognized with fellowship in both the American College of Medical Informatics and the American College of Physicians. He currently serves on the board of directors of the American Medical Informatics Association.

"This is a critical time for health care and biomedical research, and the work our investigators do, in collaboration with our healthcare partners, is essential to transforming the way we practice," Dr. Embi said, in a prepared statement. "I am very enthusiastic about the impacts we can have on the health of our patients and communities, and I am honored by the opportunity to lead the Regenstrief Institute into the future."

In addition to his leadership position at Regenstrief, Dr. Embi will hold the positions of associate dean for informatics and health services research and professor of medicine at the IU School of Medicine, associate director for informatics at the Indiana Clinical and Translational Sciences Institute and vice president for learning health systems at Indiana University Health. He will also be named the Sam Regenstrief Professor of Informatics and Health Services.

In September 2015 *Healthcare Informatics* covered a presentation in which Dr. Embi spoke about learning health systems and outlined some of the challenges with the traditional approach to evidence-based medicine: basically that it is a research/practice paradigm where the information flow is unidirectional, and clinical practice and research are distinct

activities, with the research design as an afterthought. “We want to leverage information at the point of care and in engagements with patients so we can systematically learn. That is what the learning health system is all about,” Embi said.

But in the current model, he noted, there is little consideration of research during planning of health systems. That limits the ability to invest in and leverage clinical resources to advance research. Also there are no financial incentives for non-researchers to engage in research. Research as an afterthought also leads to regulatory problems and wasted investments.

Embi and others have been arguing for moving from “evidence-based medicine” to an “evidence-generating medicine” approach, which he defined as the systematic incorporation of research and quality improvement into the organization. Rather than findings flowing only from research done looking back at historical data, this approach creates a virtuous cycle where clinical practice is not distinct from research.

He gave an example from an effort at Ohio State to create a local learning health system, and solve some of these issues at the micro level. In Embi’s own rheumatology department, one of the first steps was to standardize on approaches to collecting data. They had approximately a dozen rheumatologists gathering data in 12 different ways. “It was not allowing us to compare how we are caring for patients with rheumatoid arthritis, much less cull that data for research purposes,” he said.

They pared down the necessary data elements to 50, and 43 of those were already in the EHR. So they added seven data fields and adjusted work flows so that those working at the top of their license, not just physicians, could gather and enter the necessary data. By addressing regulatory and cultural issues, they enabled data collection as an expectation among the team. He said that although each specialty would have different data elements and work flows to consider, the approach his department took could be standardized.

## Topics

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