HIMSS18 The leading health information and technology conference

WHERE **THE WORLD** CONNECTS FOR HEALTH

Conference & Exhibition | March 5–9, 2018

Las Vegas | Venetian – Palazzo – Sands Expo Center

Lessons around the world

Session 234, *March 8, 2018*

Dr Charles Alessi, Senior Advisor, Public Health England

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Conflict of Interest

Charles Alessi , LRCP, MRCS.
Senior Advisor, Public Health England

No real or apparent conflicts of interest to report.

Agenda

- More similarities than differences
- Common pain points
- Shared challenges
- Towards shared solutions

Learning Objectives

- Health systems are more similar than is apparent and share common ‘pain points’
- All are struggling with increasing demands , increased costs, and managing challenge of personalization
- There is increased benefit from us all learning from each others successes – and avoiding potential pitfalls

Shared Challenges - Common themes

- Struggling with demographic and financial challenges
- Struggling with marrying “medicine by body part” with the person
- Struggling with containing “medical errors” and never events
- Struggling with provision of a workforce that is fit for purpose
- Struggling with aligning existing health systems with the ”consumer”
- Struggling with where “digital practice and extenders” meet clinical practice

Shared solutions

- Health and care systems inexorably moving towards Person centred population health accountable care
- Much greater emphasis on the non-health determinants of outcome which is at least as relevant
- Requirements for achieving “line of sight” around an individual to be better able to manager health and care needs
- Implementation of common digital GS1 standards to implement a safety driven culture
- Increasing relevance and importance of digital solutions both fulfilling a role as a “clinical extender” and also aiding self care and self management

Payment reforms and incentives

- All systems seem to exhibit elements of cognitive dissonance to some extent – metrics often activity based and direction of travel towards better and more personalised outcomes
- The rise of value based health care solutions – “moving from volume to value”
- Shared aspiration towards developing metrics capturing individual person centred outcomes, rather than purely activity
- Increased importance and presence of bundled payments for integrated full cycle of care within systems

Implications

- There is more that is similar than different in diverse health systems
- All face similar challenges around data integration and data governance laws, and all are adopting data driven solutions to drive better outcomes for people
- The emphasis of common standards in data systems is increasing and likely to increase even further
- Systems are sufficiently similar to allow for meaningful comparisons. This makes learning around common digital pitfalls and routes of delivery possible, allowing us to take the best and avoid the worst of solutions.

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Creating Healthy Incentives to Improve Integrated Care: Lessons Learned from around the World

Session 234, March 8, 2018

Dorothy Keefe, MD, Professor of Cancer Medicine,
University of Adelaide

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Conflict of Interest

Dorothy M Keefe, MD

No conflicts relating to this presentation

Agenda

- Australian Healthcare funding system
  - Positives and Negatives
- South Australia's recent ICT program
  - Funding
  - Perverse incentives
  - Lessons
- Future

Health in Australia

- Outcomes among best in World
- Mixture of Public and Private
  - Funding by governments (Federal and State),
  - Individuals,
  - Health providers and
  - Private health insurers
- Blurred lines of jurisdictional responsibility
- Variety of regulatory regimes

Australian Healthcare

- Primary Care
  - GPs self-employed, gate-keepers
  - Medicare (Federal) provides free or subsidised benefits for most medical, diagnostic and allied health services
- Acute Care
  - Public hospital treatment free for public patients (may be long waiting times)
  - Private hospitals
    - Choice of doctor and private wards
    - Medicare pays 75% of scheduled fee; insurance the rest.

- Community Health
  - Free/low-cost
    - Immunisation
    - Mental health services
- Residential Aged care
  - Mix of Not for profit/private/government
- Medications under Pharmaceutical Benefits Scheme

Spending on Health

- 9.5% of GDP
  - 70% is spent by Government
  - Out of pocket on gaps/medication/dental
  - Rest paid by private health insurers and compulsory third party motor vehicle insurance

- All adds up to ’pretty good’, Universal Healthcare

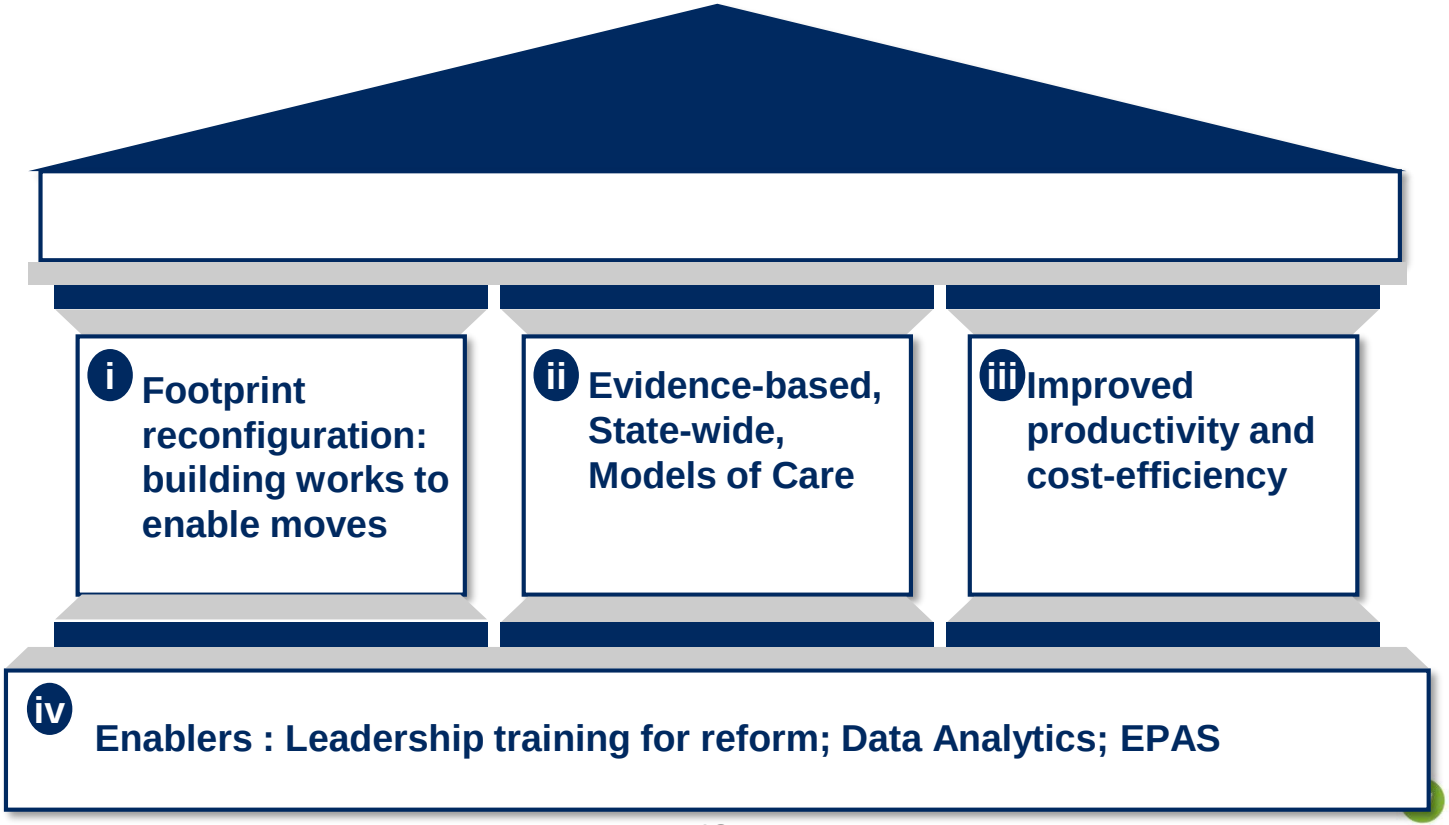
The bad news

- Overweight/obesity among highest in world
- Mammographic screening rates not good
- Post-operative infections 2nd highest OECD
- Very bad outcomes for indigenous Australians

Perverse incentives

- Medicare is a fee-for-service system
- The more patients you see, the more you earn

The Transforming Health Program



Best Care. First Time. Every Time.

Improving clinical outcomes

Delivering enhanced models of care and ensuring compliance with quality of care standards such as stroke mortality.

eHealth Record

Patient Focused

Clinician Led

Productivity improvements

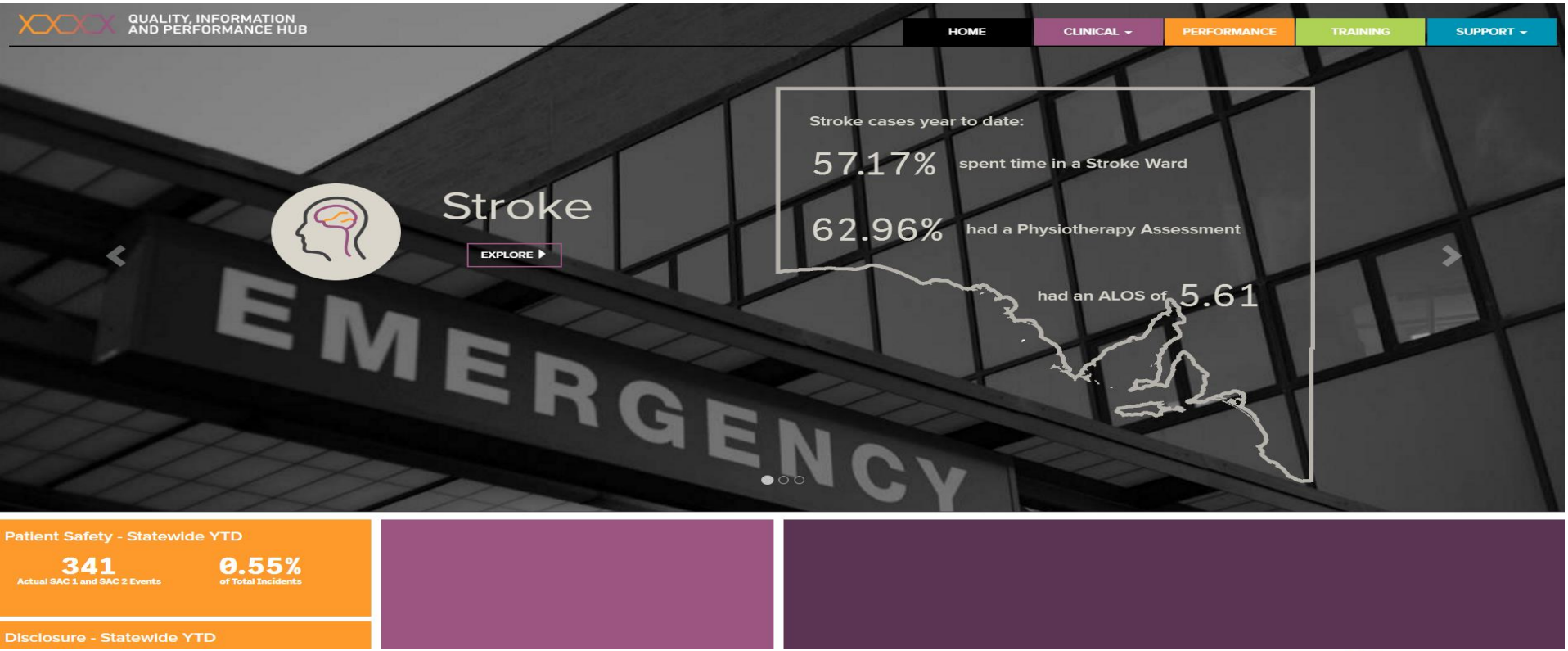
Focussing on reducing unnecessary bed days and optimising workforce.

Evidence Based Care

Data Driven

ICT innovations in SA

- Enterprise
  - Electronic Health Record
  - Pathology solution
  - Medical Imaging solution
  - Breast Screen solution
  - Chemotherapy prescribing solution


QUALITY, INFORMATION AND PERFORMANCE HUB
HOME
CLINICAL
PERFORMANCE
TRAINING
SUPPORT
Stroke
EXPLORE
Stroke cases year to date:
57.17% spent time in a Stroke Ward
62.96% had a Physiotherapy Assessment
had an ALOS of 5.61
EMERGENCY
Patient Safety - Statewide YTD
341
Actual SAC 1 and SAC 2 Events
0.55%
of Total Incidents
Disclosure - Statewide YTD

Lessons learned

- An ICT solution is only as good as the governance surrounding it, & execution of the implementation and sustainability plans
- New systems may slow things down but they make them safer
- Don’t fiddle with the system unnecessarily
- Interconnection is not as easy as it sounds

Future

- Still dreaming of a fully integrated e-world
- Funding linked to quality outcomes
  - Individual and population
  - Plus cost-efficiency
- I may go home to interview our CIO about the cohesion of our Digital Strategy!

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Lessons around the world

Session 234, Date of Session *March 8, 2018*

VADM (Dr) Raquel Bono, Director, Defense Health Agency

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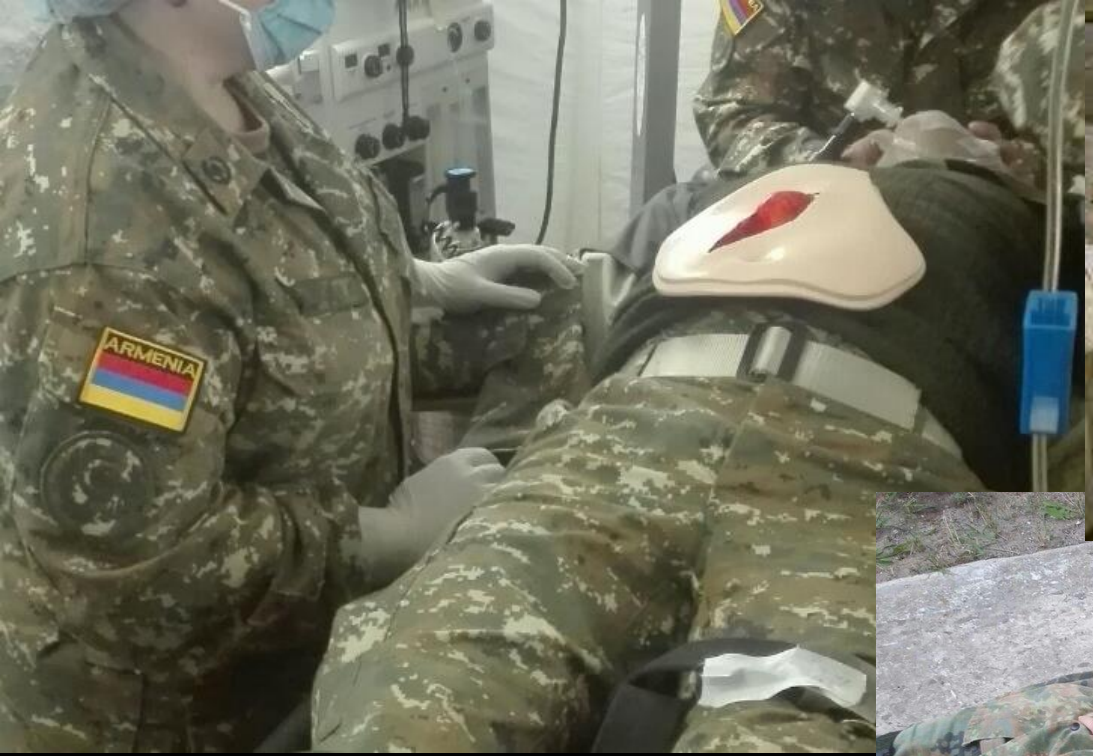
Conflict of Interest

Raquel Bono, MD
Director, Defense Health Agency
U.S. Department of Defense

No real or apparent conflicts of interest to report.


LANDSTUHL
REGIONAL
MEDICAL
CENTER
EMERGENCY ROOM
EMERGENCY ROOM



“…The exercise gave NATO evaluators an opportunity to observe the hospital’s procedures during a mass casualty event, ensure its interoperability with European

9.4M
Beneficiaries

1.5M
In Uniform

2.4M
Families

5.4M
Retirees/Families


Outbreak of Ebola is Ongoing Overseas
海外的埃博拉（伊波拉）疫情持續
Passengers from Ebola-affected areas
來自埃博拉（伊波拉）受影響地區的旅客
Guinea
幾內亞
Liberia
利比里亞
Sierra Leone
塞拉利昂
Nigeria
尼日利亞
Democratic Republic of the Congo
剛果民主共和國
Go to Health Surveillance Questionnaire Counter
請前往健康監察問卷櫃檯
Fill in the Health Surveillance Questionnaire if
請以下人士填寫健康監察問卷
✓ you have been to the above Ebola-affected areas in the past 21 days
過去21日曾到訪上述埃博拉（伊波拉）受影響地區
OR 或
✓ you are holding travel documents issued by the above Ebola-affected areas

Mission Check …

… What have we done for them today?