

eHealth Ireland Ecosystem

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Keynote: The Challenges and Opportunities of Delivering Healthcare Innovations

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The Challenges and Opportunities in Delivering Healthcare Innovations

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Delivering eHealth Ireland



Office of the Chief Information Officer



Key areas I will touch on:

- Why do we need innovation in healthcare?
- The opportunities
- Current national examples
- Ireland's eHealth Strategy
- Innovation opportunities – the reality
- Challenges
- My thoughts on the path we are on.

Why do we need innovation in healthcare?

- Ageing population
 - Living longer – healthier?
 - Quality of life versus quality of death
- Increasing cost of care delivery
 - Chronic disease
 - Better drugs/procedures - Medical Inflation
 - Taxes versus public expenditure
 - Pressure for greater accountability – HIQA, Courts
- Changing models of care delivery
 - Service area strategy documents – Healthy Ireland, Vision for Change, etc
 - Streamlining services to centres of excellence
 - Shift from Acute to Community Care

Decreased LOS = Increased level of care in the community

 - Self care using technology

Why do we need innovation in healthcare?

- Changing models of care delivery.....
 - Chronic disease management
 - Care pathways
 - Increasing focus on Healthy Living and personal responsibility
 - Increasing use of technology to manage and present data
 - Analytics
- Process efficiencies and VFM
- Patient safety and quality
- All party political policy - Slaintecare
- Standing still in a changing environment means falling behind

The opportunities for delivering Healthcare Innovations

- Appropriate access to the relevant care record
- More effective and assisted clinical decision making
- Real-time monitoring of structured patient care delivery
- Opportunity for patient (and carers) participation in the care process
- Location of care delivery moves from expensive acute environment to cheaper community /home environment
- Stats and management information will be a by product of the care process
- The process of delivering care is quite generic however it is the complexity that varies

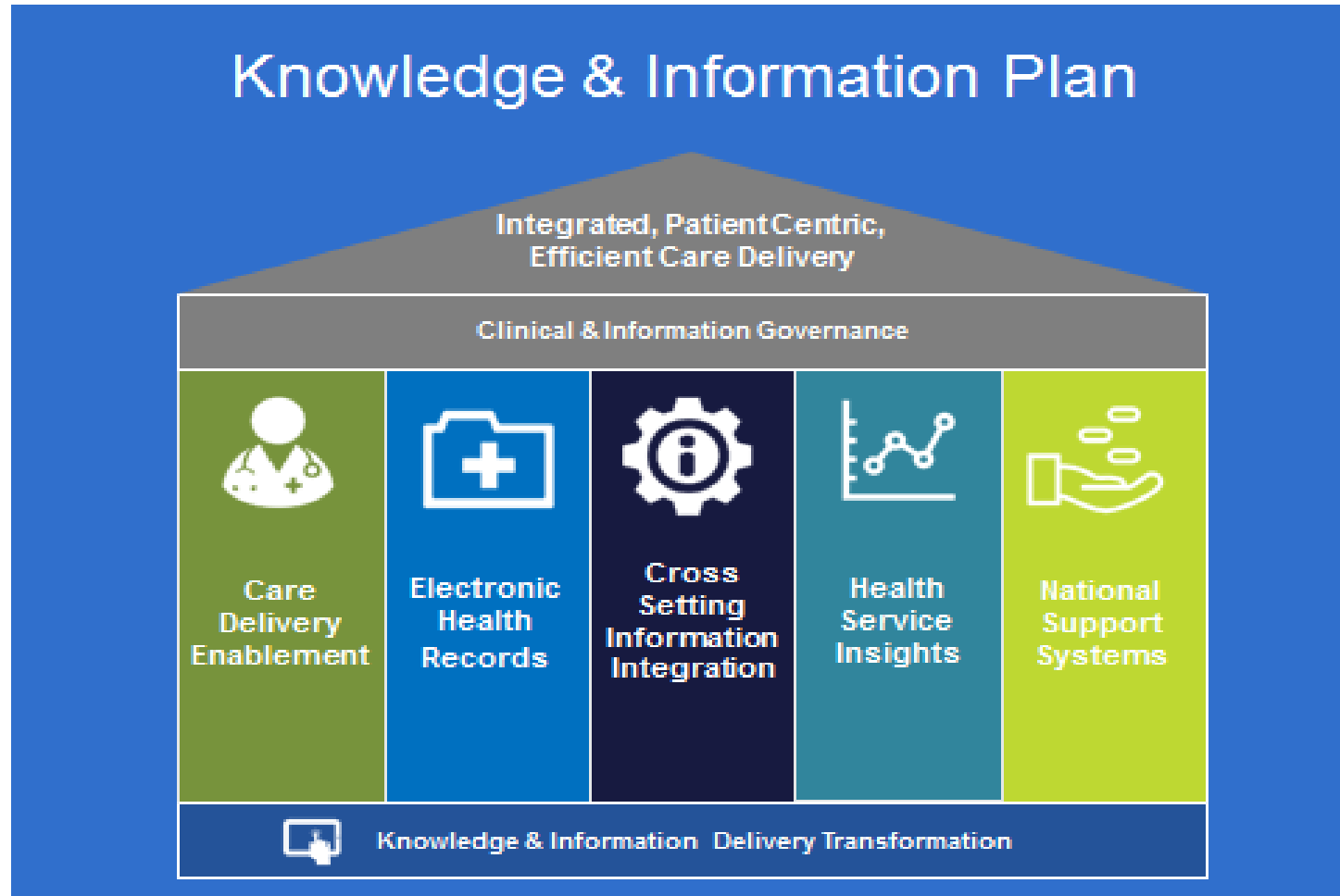
“Technology only provides the tools, the care professional must re-imagine how the care process can be enhanced using these tools.

Technology is the catalyst, leadership creates the desire to transform”

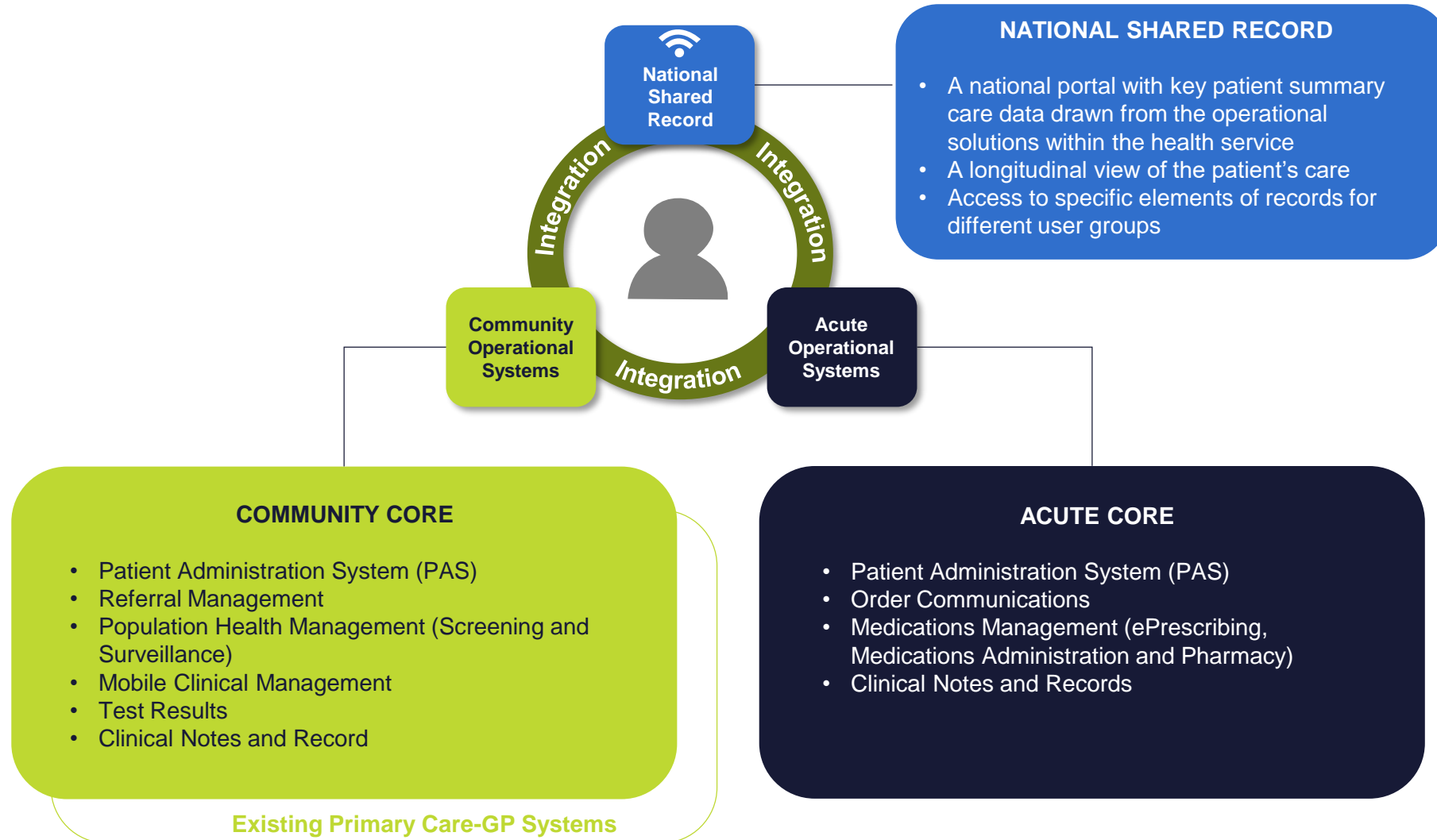
Current Innovation Examples across the HSE

- Are these examples of innovation or just utilising tried and tested technology?
- How much of the new process is actually Lean?
- National initiatives
 - SAP – Financials, HR
 - NHSS – National Nursing Home Support Scheme
 - NIMIS – National Radiology System
 - NM-CMS – National Maternity System
 - iPM Patient Management System at regional level
 - Individual Health Identifier (IHI)
- These are big, expensive, been around a while, systems
- The Lighthouse Programmes – Haemophilia, Bi Polar, Epilepsy
- There are excellent local examples from the next speakers and the workshops

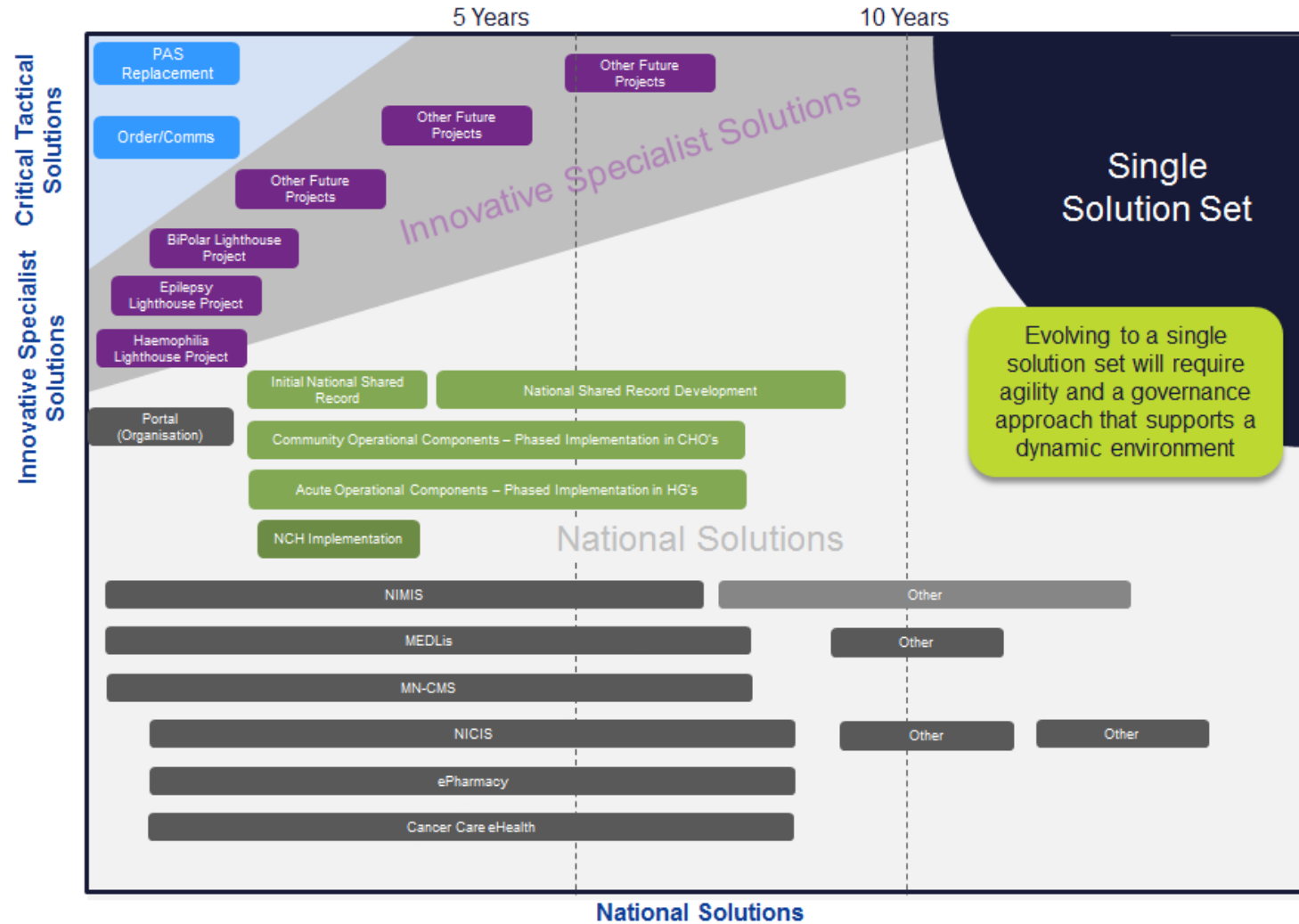
Ireland's eHealth Strategy



Core Elements of the Record



Path to a Single Solution Set



The 'best' Timeframes for EHR Delivery

- Acute System – Target Children’s Hospital Live Oct 2022
 - Strategic Business Case approved in early 2017
 - Acute Business case for sign-off by Leadership next week
 - To DPER by May 18
 - Functional Requirements by end of Aug 18
 - Procurement 14-18 Months by Q1 2020
 - Configuration and Live by 2022
 - Note Peer Review along the way
- Shared Record - one month behind acute system
- Community – business case May/June 18, functional requirements by end of November and to procurement end of 2018

The opportunities from delivering Healthcare Innovations in context of eHealth Strategy

- 3 levels of health related ICT systems
 - **Core Business Systems** – Payroll, HR, Finance, Patient Administration, eCommerce, Office Systems, Patient Billing, etc
 - **Health Records** – Diagnostics, Assessments, Care Plans, Monitoring, Summary Records, coding and costing systems
 - **Patient Interactive Systems** – Apps, Shared Care, Self Care, Education, Service access, Remote care, Telemedicine, Internet of things, active ageing, etc
- Currently we have many business systems in place – Accountants realise the need for ICT!
- The Acute Hospital have a level of clinical systems – Voluntaries lead the way and made investment
- The Community have few basic systems in place – Again Voluntary Agencies are the most advance and with a number of nursing care systems flying under the radar.

Innovation Opportunities – the Reality

- **Core Business Systems** – Established players in the market, opportunity on statutory health specific schemes. Community nurses and AHP being issued with laptops and phones with links to office and current clinical systems
- **Health Records** - Established players in the market but they are not good at everything, Best of Breed still a realistic option. There is a need for some new players with more flexible functionality and more imaginative cost models
- **Patient Interactive Systems** – Lots of opportunity but the challenge is how to get systems implemented in the HSE on sufficient scale. The patient/carer themselves can be a customer. Data ownership, security etc, need to be considered.

Challenges to delivering Healthcare Innovations in the HSE

- Traditionally in the HSE:
 - The procurement process risk adverse and favours larger established companies
 - Procurement and implementation incredibly slow
 - Lots of healthcare professionals with specific functionality needs to be met
 - Everyone wants the perfect system
 - Some ICT systems have not delivered on expectations
 - The business and the vendors often speak different languages
 - Each business are needs a business ICT lead to bridge the business/OoCIO gap
 - We falsely believe that ICT will deliver savings
 - Because we are slow at delivering some business areas are doing their own thing – risky!

Challenges to delivering Healthcare Innovations in the HSE.

- Innovation starts small
 - The presenting business need is often not about technology
 - The incubator environment proves the concept but how to scale up?
 - Create the need, this maybe obvious but not to everyone. Management and clinical leaders need to understand
 - Have a clinical champion – challenge for Community
 - The stats should prove the case quickly
 - Pricing structure should be imaginative
 - Systems should designed to expand organically – ‘if it works I’ll download it myself’
 - Partner with other small innovators to build something better than the sum
 - Voluntary organisations have more flexibility to purchase systems to meet their own needs
 - Align with current HSE ICT developments – IHI, Interoperability, data standards, GDPR
 - Link up with business development and research groups in the health ICT space, eg. ISAX, ARCH, CWAT, etc, and The Sponsors for today.

Thoughts on the Path we are on:

- The EHR will not deliver everything, especially at the start
- The Patient interactive systems are large untapped by the HSE
 - Need to review the QIC programme
- Solutions are needed sooner than later in areas like Community Nursing Units, Home Support Management, Primary Care Management, Hospice Care, specialist hospitals like the NRH and National Forensics Hospital, Child Health.
- ICT investment - money and resources need to shift to the community or the same additional resource be given to the community
- Talk to the OoCIO before entering any contractual relationships with companies.
- Need to engage more effectively with other statutory agencies to support independent living, Smart Homes, Rural Isolation, etc
- Need to develop a model where innovation can be mainstreamed providing opportunity for new responsive start ups.

Innovation is about seeing things differently!



'IT'S ONE WORD GEORGE!'