What the Plan and Framework mean for Patient Care

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Better Together for Digital Health Conference.
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Discussion points

- Brief Current State

- Policy data needs

- Information Access

- Care Access

- Quality and Patient Safety

- Building Trust and Confidence

Current Data Ecosystem

It can still be difficult to share health data, even in emergencies. This is because health stakeholders such as hospitals, general practitioners or researchers collect data in many different formats which are incompatible with one another.

- Paper charts (multiple)
- Electronic systems
- Uncertain identity
- Data Silos
- Linkage capability very low

Reduce complexity and simplify

10 systems to get to here

Patient journey

Symptoms identified and referral sought → Diagnosis → Treatment choices → Therapy cycles and regime changes → Survivorship / Disease progression

Healthcare professionals along the patient journey

Nurse | GP | Nurse | Oncologist | Pathologist | Radiologist | Nurse | Oncologist | Surgeon | Nurse | Oncologist | Nurse

Integrated information for integrated care

Value Based Healthcare

Traditional Care

- Organized around specialties and interventions
- Duplication across sites/facilities
- Sites provide care for multiple acuity levels
- Limited Integration
- Siloed Data and IT systems

The current health service environment

Slaintecare

- Multidisciplinary teams managing full care cycle with the patient
- Clinically Integrated Care Delivery System
- Allocate services to sites based on complexity, risk and patient convenience
- Incorporate all modalities of care
- Use Formal systems to allocate patient care to most appropriate site

Dependency – Enabling Health Data & Information

- "A healthier Ireland, with improved health and wellbeing for all, and with the **right care** delivered in the **right place** at the **right time.**"

- **Key enablers** -**data, technology, and digitisation,**
  - "advancement in health systems <u>information</u>, is vital in underpinning policymaking that is **person-centred and delivers on strategic priorities".**

  DOH Statement of Strategy 2021-2023

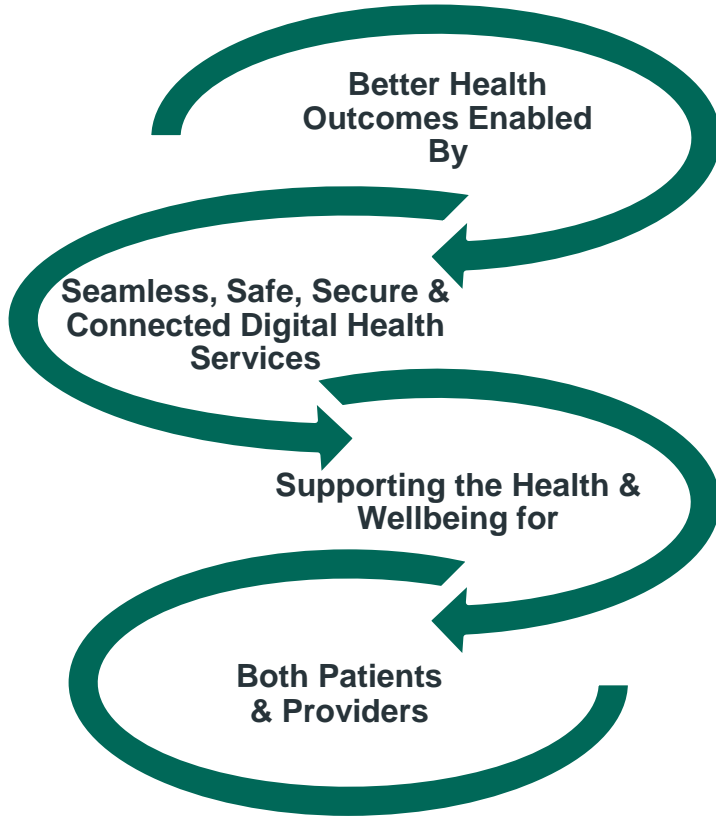- Integrated care is only possible with free flow of Data and Information – Right Data and the Right Staff.

"There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they're falling in"
-- Archbishop Desmond Tutu

Where will we Impact patient Care?

Enhanced Access to Information

Managed Health Information

- Comprehensive service Information
- Accurate sign posting
- Clinically approved health guidance
- Self-assessment and self-management tools
- Automatic and people based communication channels
- Targeted messaging –health promotion

Personal Health Data & Information

- Access to our own healthcare record
  - *The data about me - used and shared between the healthcare professionals who take care of me,*
- Input to our own health data
- Raise concerns if we see errors
- Direct access to our appointment schedule
- Make/cancel appointments
- Interact directly with the care team

Principle 1

Improved Access to Care

Access to care options:

- Available health record
- Use staff to full scope
- More appointment slots
- Closer to home
- Virtual Care in your own home

Access to consultation options:

- In-person

- Virtual consultations

- Combined in-person and virtual with specialist

- MDT consultations – directing appropriate care and avoiding duplication

Principles 1, 2, 3, 4

Access to marginalized communities

- Support care at centres people attend with mobile devices – health checks, vaccinations, etc.

- Language and translation supports through digital tools

Improved Access to remote communities

- Telehealth – consultations/combined consultations

- Remote monitoring centres

- Online therapies

Barriers:

Digital Literacy

Health literacy

Privacy Concerns

Social circumstances

Principles 1, 2, 3, 4

Patient Centred Care

Access to the single patient Record

- Stops repetitive requests for the patients story

- Patients who are ill - often not able to provide the full story

- Full access to the medical chart:

  – Ensures earlier diagnosis

  – Leads to earlier treatment

  – Reduction in duplication

  – Better value care

Principles 1, 3

Collaborative care

Paternalistic care   →   Patient – centred care

Traditional care   Integrated care

Achieved through:

- Empowerment
- Self-management
- Personalization of care

Principles 1, 2, 3, 5

Personalized Care

- Preventative Health and Wellbeing
- Personalized care and therapies
- Disease prediction and prevention
- Genetics and genomics
    - Personalized treatments
    - Impacting rare diseases – diagnosis, treatment, quality of life
- Precision medicine

Principles 1, 3, 4, 5

Academic Health Service – EHR and Remote monitoring

- Reduction in ED visits   25%
- Reductions in admissions   38%
- Decrease in costs   17%
- Preventable re-admissions   52%

- Medication compliance   13%
- Earlier diagnosis/detection
   of recurrence   22%

- Empowerment and Meds compliance   89% relationship
- Empowerment and disease management   80% relationship

Avoidable patient Harm (1:20)

- Medication Errors (50%)
- Patient misidentification
- Unsafe surgical procedures
- Diagnostic errors
- Patient falls
- Unsafe Blood transfusion
- Venous thromboembolism
- Pressure ulcers

Patient engagement can reduce the burden of harm by 15%
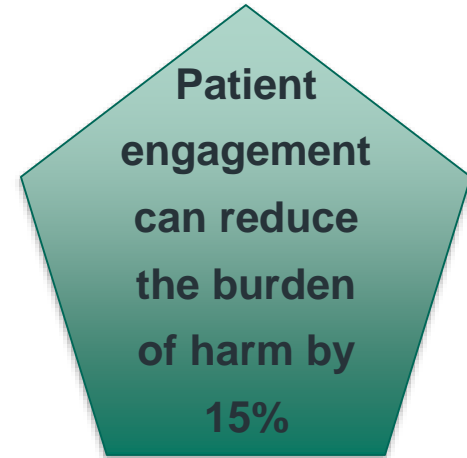
Patient Safety – World Health Organization (WHO)

Quality and Patient Safety

- **Accurate identity**
    - Right information – right patient
    - Reduced data breeches
- **Improved communication**
- **Significant clinical risk - early identification**:
    - Sepsis
    - Imminent collapse
    - Risk of falls
- **Reduce medication errors**
    - Allergy alerts
    - Drug interactions

Principles 1, 2, 3, 4

Trust and Confidence

Through:

- A trusted, secure health and care ecosystem where data in managed, shared and stored securely, consistently and transparently

- Full rights to their data for patients/citizens – involved partner in their health

- Consent around data access and use - for data owners

- Protection of sensitive health data

- Protection of data rights with evidence of compliance

- Transparency on data use though audit, including anonymized data

Principle 1

Participatory Design

A collaborative design approach that involves end-users in the design process. Its aim is to create products and services that better meet the needs and expectations of users by applying their knowledge and experiences.

Principles 1, 2, 3, 5, 6.

The key areas of consensus - IPPOSI citizens jury (2021):

We need a connected, quality, digital health information system

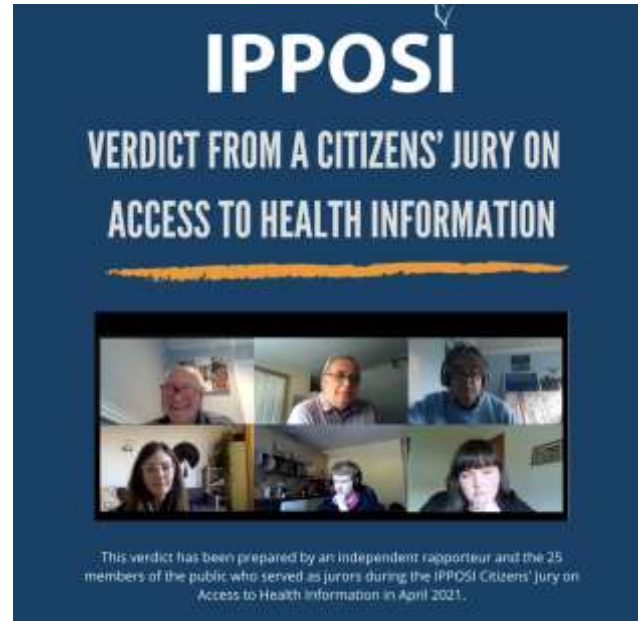We need citizens to be the owners of their own information

We have a collective responsibility to do the right thing

We need to be supported to grow trust and confidence in the State

We need to partner with citizens to design our health information future

We need to treat data as a national resource

We have to make consent the cornerstone of everything we do

IPPOSI

VERDICT FROM A CITIZENS' JURY ON
ACCESS TO HEALTH INFORMATION

This verdict has been prepared by an independent rapporteur and the 25 members of the public who served as jurors during the IPPOSI Citizens' Jury on Access to Health Information in April 2021.

Health Service Executive

Digital Health Strategic Implementation Plan 2024-2030

Thank you for listening

Empowering Health, Connecting Lives