

Focus 2017: Top 3 Opportunities for Canadian Healthcare

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My last article focused on strengthening Canada's innovation backbone and finding ways to embed innovations into the healthcare ecosystem. It also noted that innovation abounds within Canada's health system and I see evidence of that every day.

I would also note that healthcare organizations that embrace innovation do not necessarily see scaling that innovation as their purpose. And why would they? Scaling innovation is not the focus of health practitioners. But, I would assert that it is ours. The digital health sector can play an immense part (and I would go as far to say we have an immense responsibility) in federating, scaling and delivering technologies that can transform healthcare into a truly sustainable patient-centric, community-based delivery system.

Let's make health personal

In a health system that has no shortage of opportunities for improvement, we need to ask ourselves where to focus? I think it's about making health personal; making it consumer centric. Patient portals, smartphone apps, even smart wearables have a role. But, making health personal is also about enabling patients to be part of the care team and to play a larger role in managing their own health.

Global research shows that patients who are less engaged cost the health system from 8 to 21 percent more than those who are engaged.¹ So, let's help engage them. This is where personal health records, home health monitoring and video consultations and the like come into play. And, personalized medicine also applies here – making sure the right medication is provided to the right individual at the right time.

Canadians want a connected, digital health ecosystem

According to IDC research, citizen awareness of digital health is high in Canada. This echoed by research commissioned by TELUS Health that

found 8 in 10 Canadians are comfortable with digital health and that nearly 9 in 10 Canadians are comfortable sharing medical history between healthcare providers.²

While this may not be surprising in and of itself – after all, we are living in a digital age – it does exert a new pressure on the healthcare system. As IDC notes: the shift to a patient-centric model – in effect, consumer-driven healthcare – will force healthcare providers to build competencies that align IT with business performance measurements, including more than health outcomes, but overall satisfaction rates.³

In the context of 2017 – a new year ahead, a new Health Accord to be completed, a new federal government building momentum into its second year – I propose the following top three areas of opportunity for Canadian healthcare.

Opportunity 1: Integrating primary care with community and home-based care.

It is well understood that the health system needs a better way to ensure equal access to care and improved continuity of care outside of hospital walls, particularly for those in rural and remote communities. At the same time, physicians need a better way to coordinate patient care with community services and specialists. And patients need a better way to manage their health at home and pre-empt adverse events that would otherwise see them hospitalized.

Technologies, such as home health monitoring, video consultations for primary and mental healthcare, as well as platforms that connect the full care ecosystem and enable contiguous care are important pieces in solving the puzzle of rising healthcare costs – particularly for a growing aging population that must manage multiple chronic conditions, at great cost to the current hospital-centric system. When primary care is better connected to home and community care, patients can be discharged sooner,

are more likely to avoid readmission to hospital or ER visits. Furthermore, they receive care from the comfort of home, which also happens to be the lowest-cost setting.

Opportunity 2: Creating consumer-oriented healthcare delivery 'hubs'.

Patients expect to be proactive with their own care and the health system needs to address this. Physicians need a complete view of a patient's history and a safe and easy way to share patient information with other care providers. Personal health records (PHR) can be the hub for personalized, guided care. In Canada, Saskatchewan has embraced this philosophy. Saskatchewanites can use PHRs when travelling, or when working with physicians who are unfamiliar with their health history. They can also grant family members permission to their PHR, so that loved ones can be monitored from a distance. In Alberta, PHRs have been piloted since 2013 and final preparations are now underway to launch the system to the public in early 2017.

PHRs can give Canadians the ability to self-monitor chronic conditions and follow self-guided care plans. They can be linked with a primary care provider's EMR so that patients can share information with their primary care team and vice versa. In addition PHR-based health apps – like diabetes, asthma or mental health management – allow patients to collect and record important measures, such as activity level, nutrition, as well as physical measures like weight and blood pressure and wellness measures, such as mood. These apps can also be linked to a health analytics engine that can work from an individual's data points to develop personalized plans to reduce risk and improve health and wellbeing. Yet, perhaps the greatest insight gleaned from the experience in Alberta and in Saskatchewan is that both family members and patients want the comfort

of knowing that a care provider is readily accessible.

Opportunity 3: Tackling medication management.

The opioid crisis has shone a spotlight on the need for more rigorous medication management; rigor that can reasonably only be achieved through a suite of digitally enabled services.

Canada is the world's second largest per capita consumer of opioids.⁴ In Ontario between 2005–2006 and 2010–2011, there was an almost 250% increase in the number of emergency room visits related to narcotics withdrawal, overdose, intoxication, psychosis, harmful use and other related diagnoses.⁵ Prescription opioid-related deaths doubled in just over 10 years in Ontario, from 13.7 deaths per million in 1991 to 27.2 per million in 2004, more than double the mortality rate from HIV.⁶

We can have dramatic impact on this tragic reality, and quickly. ePrescribing, commonplace in numerous countries worldwide, is the fundamental. Today's largely manual prescribing processes

are not conducive to maximizing patient safety or medication adherence. ePrescribing can eliminate forgery associated with paper prescription pads because, instead, prescriptions are transmitted directly from prescriber to the pharmacy using secure networks and authenticated users. When combined with the ability to check benefits coverage online at the point of prescribing, it can also reduce the number essential medications that go unfilled simply because patients cannot afford them. ePrescribing can also minimize doctor shopping whereby patients consult multiple doctors to obtain prescriptions. In New York State, ePrescribing is mandated and, with government monitoring programs, has reduced doctor shopping from just under 400 individual cases to approximately 50 within months after launch.

When opportunity knocks; mobility, cloud and agility answer

As we collectively move to develop these opportunities, there are some positive indications that health IT is moving in the right direction. According to IDC's

report, Status of Canadian eHealth 2016, many healthcare applications are now being developed with mobility in mind, forcing IT departments in healthcare organizations to shift to a 'mobile-first' strategy. They also note that the allure of cloud computing as a means to reduce operating costs, create more agile IT that allows for faster and iterative innovation, and offer better service levels is starting to take hold. At the same time, privacy worries with regard to digital adoption, and security concerns in the context of cloud computing, are receding.

All encouraging signs that will aid in tackling some of Canada's most pressing health IT challenges.

¹Hibbard J H, Greene J, Overton V (2013)

²Patients with lower activation associated with higher costs; delivery systems should know their patients' "scores". Health Affairs, 32, no (2013): 216-22. (Quoted in KPMG, 'Creating new value with patients, carers and communities')

³Digital Life Survey, prepared for TELUS Health by Edelman, June 2016

⁴IDC Health Insights, Perspective: Status of Canadian eHealth, 2016

⁵International Narcotics Control Board, 2013

⁶Expert Working Group on Narcotic Addiction, 2012

⁷Fischer & Argento, 2012

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