The Role of the Public Health System in the Age of an Engaged Patient

Facilitated by: Lindsay Kislock, Assistant Deputy Minister, Health Sector IMIT
Ministry of Health, Province of British Columbia

Reboot 2014 Conference

June 26, 2014

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Meet the panelists !

Samantha Liscio, Managing Director, IT Strategy, Accenture

David J. Mosher, Director, RelayHealth, McKesson Canada

John Reeves, SVP Pharma Sales, NexJ Systems Inc.

Tracy Wasylak, Senior Program Officer, Strategic Clinical Networks, Alberta Health Services

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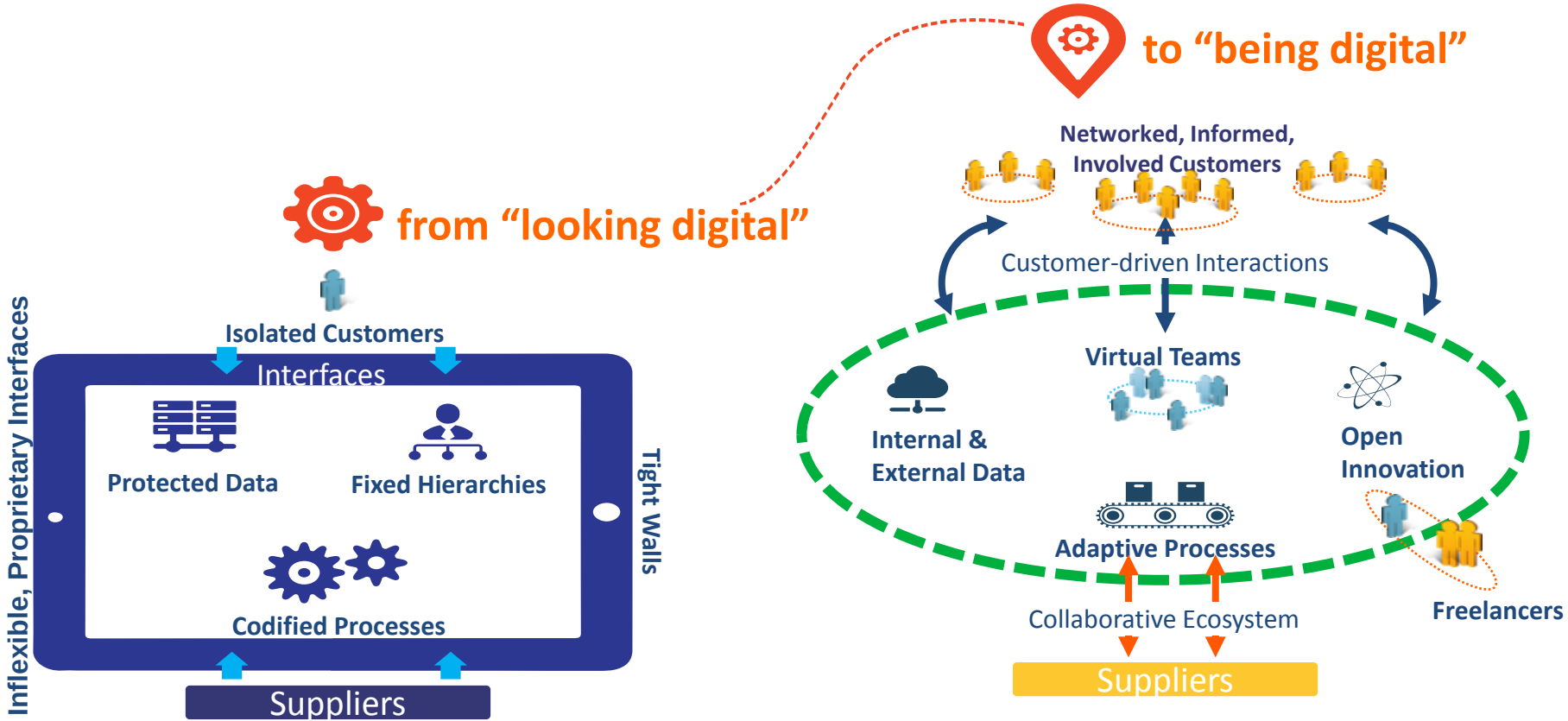
Insight Driven Health
The Role of the Public Health System
in the Age of an Engaged Patient

How Commercial Organizations are Adapting to Digital



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Engaged Patient Expectations of the Public Health System

Simplified: Tell us your needs/intentions once, we connect the dots

Responsive: Keeping you informed; service delivery and situation awareness

Connected: Seamlessly interacting within and outside the public health system to coordinate your service

Engaging: Seeking help and input on your terms, making it worth your while

Trusted: Safeguarding privacy, asking permission to share

Local: Tailoring services to your local needs

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The Role of the Public Health System
in the Age of an Engaged Patient

Patients expect technology supported healthcare value AND outcomes

This is not a technology problem, but a fundamentally broken business model.

Health care needs to move from *looking* digital to *being* digital

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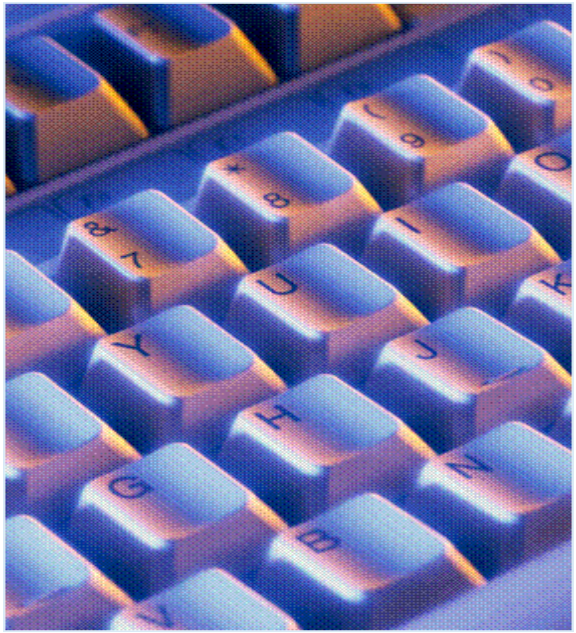
McKESSON Canada

The Argument for Public Health Investing in Patient/Caregiver Access to Information



Dave Mosher,
Director, RelayHealth

June 25th, 2014

RelayHealth

Our Paternalistic System is at Odds with Patient Engagement

"The system is still stuck in a model from the past, in which providers made the rules and controlled all decisions."

"We need to halt the paternalistic approach that assumes we know what patients need and shift to involving them as active participants in the redesign process."

The Inconvenient Truths About Canadian Health Care

by Daniel Muzyka, Glen Hodgson, and Gabriela Prada, 2012

Rise of Caregivers

"Chris Boldt of the B.C. Retired Teachers' Association noted that the decline in home support and home services in British Columbia over the last 10-15 years has placed **increased pressure on family caregivers** and made it increasingly difficult for seniors to stay in their homes."

Informal caregivers are a vital part of the health care system, both for seniors at home and in institutional care. They provide about **80 percent of all home care to seniors** living in the community and up to 30 percent of services to seniors living in institutions.

Canada's Aging Population: Seizing the Opportunity
The Honourable Sharon Carstairs, P.C., Chair, The Honourable Wilbert Joseph Keon, Deputy Chair, April 2009

We Live in a Contradictory Time

- Paternalistic health system
- Health system is asking for patients and Caregivers to do more

Yet we do not give patients or caregivers the knowledge or the tools

Bad News Since our System Relies on Verbal Communication

40-80% of medical information provided by healthcare practitioners is forgotten immediately

Roy Kessels, PhD, "Patients' memory for medical information", Journal of the Royal Society of Medicine, 2003

Dave Chase
Contributor

FOLLOW

I power/cover disruptive innovators reinventing healthcare.
full bio —

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EY*Voice*: How Bush's Baked Beans Cooked Up An Entrepreneurial Family Business

CONFERENCES AND MORE

PHARMA & HEALTHCARE 9/09/2012 @ 11:14AM | 17,878 views

Patient Engagement is the Blockbuster Drug of the Century

+ Comment Now + Follow Comments

The insight of the year goes to Leonard Kish, a health IT strategy consultant, for making that statement regarding patient engagement. The corollary to this statement is a game changer: What happens when effective patient engagement becomes the Standard of Care?

> Used to determine whether a doctor is liable for medical malpractice. The standard of care is important because it determines the level of negligence required to state a valid cause of action.

It's hard to overstate the implications of doctors being held to the Standard of Care. Many argue that the basis of unnecessary and duplicate procedures is the fear of malpractice. Doctors understand that in a malpractice case one of the key items that is analyzed is whether they met the Standard of Care. [Otwebhers argue that the "do more, bill more" reimbursement model has been at least as big of a driver. Regardless, malpractice concerns related to the Standard of Care are a big driver]

[Disclosure: My patient relationship management company,

Challengers never rest.

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* Acritas Global Elite Law Firm Brand Index 2013.

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Patient Engagement Requires Communication and Shared Understanding

Supporting patient engagement means fostering a fruitful **collaboration** in which **patients and clinicians work together** to help the patient progress towards mutually agreed-upon health goals.

Leslie Kernisan, MD, The Healthcare Blog

Care Coordination is the Foundation of Patient Engagement

Now let's take a look at a 2009 Kaiser study of coordinated cardiac care. Compared to those not enrolled in the study, **coordinated care "patients have an 88 percent reduced risk** of dying of a cardiac-related cause when enrolled within 90 days of a heart attack, compared to those not in the program."

Can you imagine if a drug reduced the need to go to the hospital by this amount? Again, it would be considered **malpractice *not* to use it**.

Dave Chase, "Patient Engagement is the Blockbuster Drug of the Century", Forbes, 2012

How to Create Engaged Patients

Provide tools for Patients and Caregivers to:

- See their healthcare records on-line 24/7
- View all labs and reports
- Book appointments via the web
- Ask routine clinical questions on-line

Time for a Change in Strategy

- Engaged patients are critical to the future of our system
- Caregivers are becoming more critical
- The public health system must invest in providing tools to empower patients and caregivers

Dave Mosher
Director, RelayHealth

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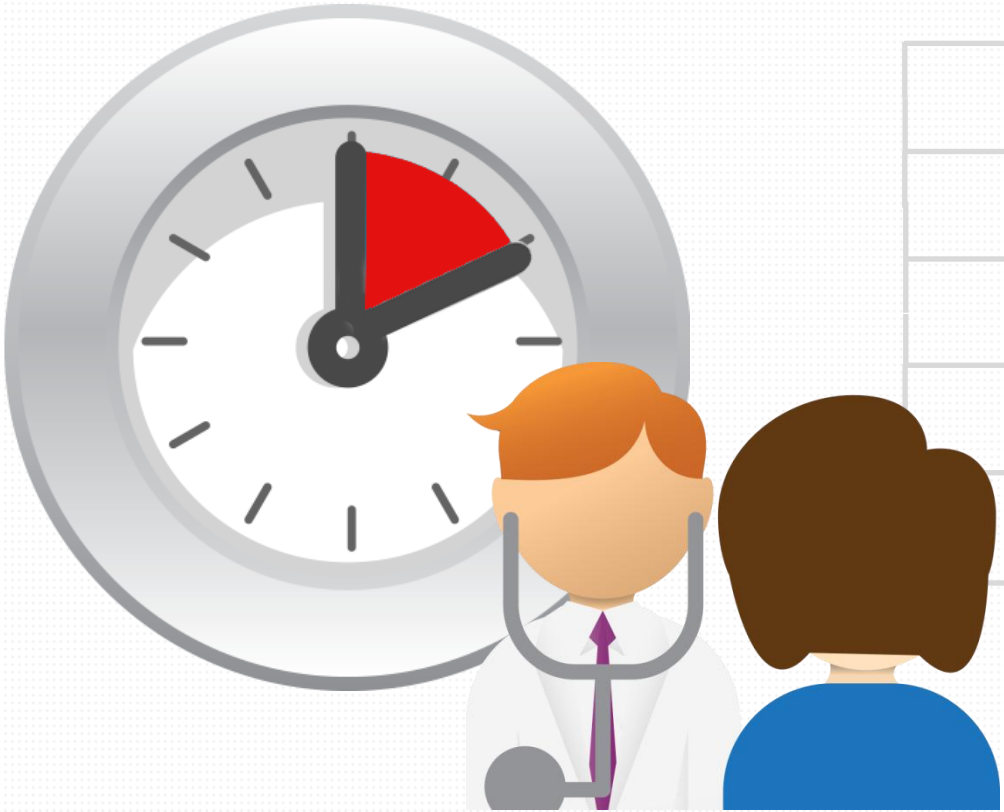
Dr. John Reeves MD
NexJ Systems
Connected Wellness
john.reeves@nexj.com

Point of Care



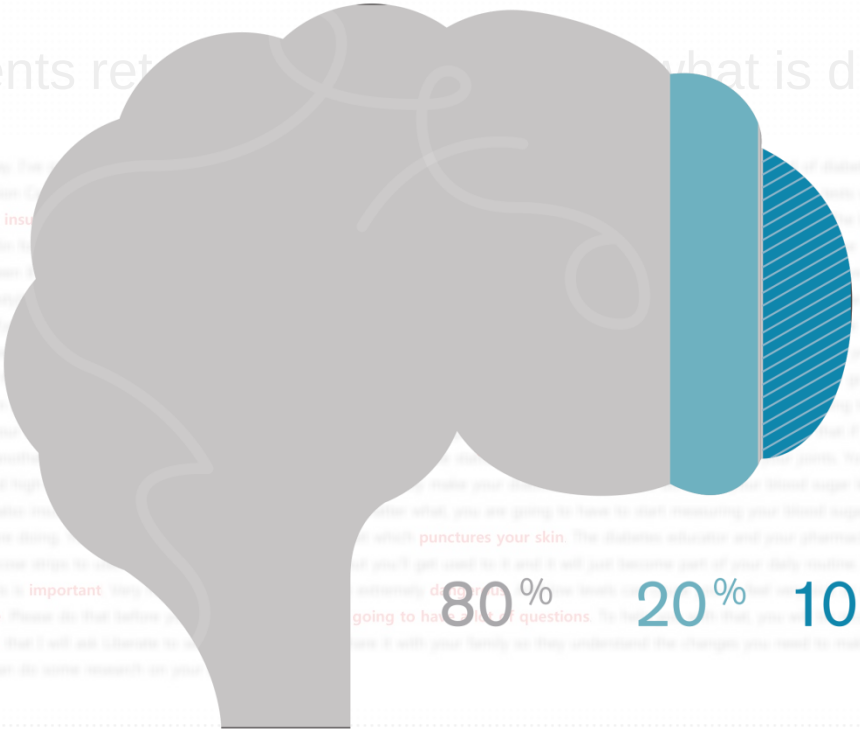
- HISTORY
- PHYSICAL
- LAB / TEST RESULTS
- DIAGNOSIS
- CARE PLAN
- EDUCATION

POC CONVERSATION > WHAT IS REMEMBERED

patients retain less than 20% of what is discussed

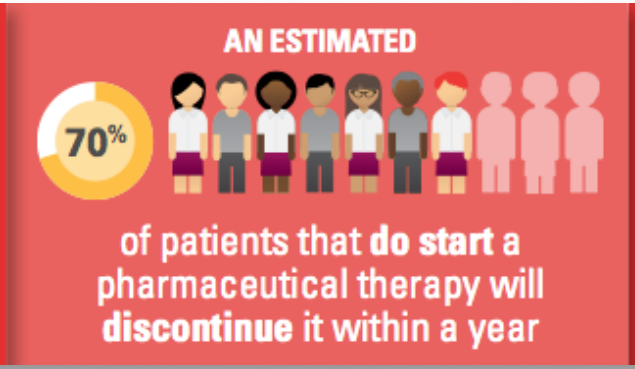
Hi Joe. I'm glad you were able to come in today. I've got the results of your blood glucose tests. As we suspected, **you've got Type 2 diabetes**. That is the kind of diabetes that people develop over time – not the kind you are born with. It is quite **common** – over nine million Canadians have diabetes and 90% of them have Type 2 – but it is definitely something to be **worried** about. The tests we did show that your **blood sugar is too high**, either because your body either isn't making enough **insulin** or it doesn't use the insulin it makes properly. Insulin is made in your pancreas and is released when you eat. The blood stream moves the sugar in your blood that you have from eating into your cells, which use the insulin for energy. Your diabetes means your body isn't getting enough energy to function properly and that is going to cause **damage** to your body over time. A normal blood sugar level should be 6, but your A1C test level was between 8 and 9 when we tested you. That doesn't sound like a big difference but it is pretty **serious** so you are going to have to make some changes in your lifestyle and you may need medication and insulin **injections**. We'll try lifestyle changes first and if you are successful with that, we may be able to hold off starting you on drugs and insulin. I know you are probably upset, but you should consider yourself lucky, because one third of people who have Type 2 diabetes don't know they have it so they don't know what to do to protect themselves. There are a lot of things we can do to slow the progression of your diabetes to try to protect you from the complications of the disease, like **heart disease, stroke, kidney disease, blindness, amputation, erectile dysfunction and nerve damage**. I want you to look out for signs of **depression**, too, because 25 per cent of people with diabetes have depression. You are going to have to manage your diabetes for the **rest of your life** and we will start off with lifestyle changes. Our goal is to make some pretty significant changes to **what you** eat and how much you **exercise** so that we can get your blood sugar level back into the healthy range – an A1C level of 7 – within two or three months. You are going to start by changing your diet and losing weight. Our diabetes educator is going to teach you and your wife what you need to eat **from now on**. I also want you to get 150 minutes of exercise each week. You can do that if you just have a brisk half hour walk every day. If walking is difficult because of your arthritis, we will find another exercise you can do more comfortably. Some people like stationary bikes because they are easier on your joints. You really should try to **stop smoking**, too. All of those changes will help your high blood pressure and high cholesterol, too, which is very important because they make your diabetes worse. If we don't get your blood sugar level down, we'll prescribe drugs and possibly insulin. You can use an insulin **pen** or a **syringe** and there are also insulin **pumps** so you have lots of options. No matter what, you are going to have to start measuring your blood sugar levels one to **three times a day** and tracking it in a journal so we can review it together to see how you are doing. You will need to draw blood using a lancet which **punctures your skin**. The diabetes educator and your pharmacist will teach you about it – where and when to draw blood, how to use the lancet, what type of blood glucose strips to use, and so on. It sounds like a lot, but you'll get used to it and it will just become part of your daily routine. You will also learn the symptoms of blood sugar that is **too high** and **too low** and what to do about it. This is **important**. Very high blood glucose levels are extremely **dangerous**. And low levels can cause you to feel very sick or even faint. Our receptionist will book you an appointment to see the diabetes educator **as soon as possible**. Please do that before you leave. I know **you are going to have a lot of questions**. To help you with that, you will be receiving an email from liberatehealth.com. You will register there and get **lots of really good information** that I will ask Liberate to send you. You should share it with your family so they understand the changes you need to make. You will also receive information on the best websites, apps, videos and online communities so you can do some research on your own.

POC CONVERSATION > WHAT IS REMEMBERED

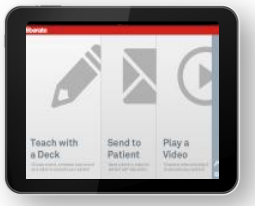


Effects of Existing POC > Poor Patient Activation

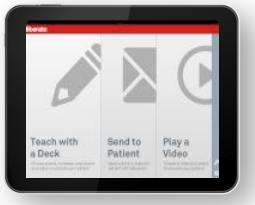
patients retain less than 20% of what is discussed



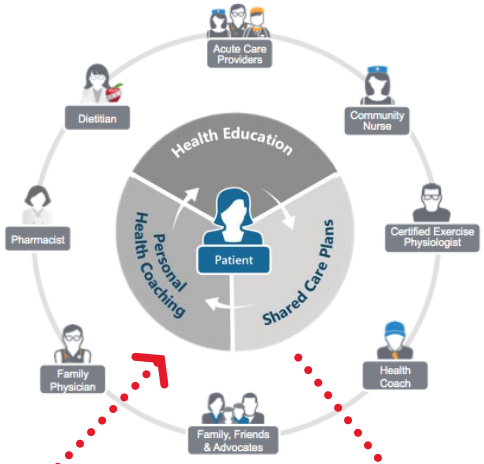
Capture POC Conversation, Decisions, Plans

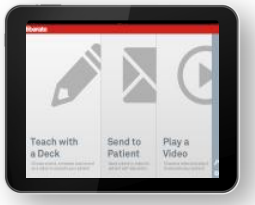


Storage on CW



Patient Access / Sharing / Activation





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Strategic Clinical Networks & the role of Patient Engagement Researchers

14th Annual Healthcare Summit

June 26, 2014

Tracy Wasylak

Senior Program Officer, Strategic Clinical Networks

Alberta Health Services

Alberta Health Services

- One health care delivery system for an entire Province
- Largest health care system in Canada - 3.7 million people
- Budget $14B, 100,000 employees, 7500 doctors
- Formed in 2008, 5 Zones added in 2010, Networks in 2012
- 10 clinical networks launched to date – CVS, DON, AMH, BJ, Seniors, CC, ED, Surgery, Respiratory, Cancer
- Up to six more planned – Primary Care, Women & Child, Kidney

Goals of Strategic Clinical Networks:

- Achieve the best outcomes
- Practice the highest quality of clinical care
- Seek the greatest value from resources used
- Engage clinicians in all aspects of this work

SCNs need to align ‘top to bottom’

Sustainability requires balance of needs, perspectives and incentives

Patients

Administrators

Policy Makers/Payers

Providers

How can we meaningfully engage patients across the entire continuum of care to ensure we design services based on Patient need?
Where do patients get most value?
SPECIALIST CARE TREATMENT
LOCAL AMBULANCE
HOSPITALS
COMMUNITY NURSING
DIRECT ACCESS
HOME
PHARMACY
MENTAL HEALTH
LEARNING
THERAPY & REHAB
EXERCISE
WELL BEING
24/7 URGENT CARE CENTRE
GP
SERVICES
LIBRARY
HEALTH WOF
EXPERT PATIENT
PATIENT CENTRED
SUPPORT
1
2
3
ATED HEALTH AND
AL SERVICES CLUSTER

Goal and Approach

The overall goal was to test an innovative training approach to engage and involve patients so that planning for health service delivery includes the patient voice.

- ***The introduction of Patient Engagement Research*** **(PER)** as an innovative model of engagement (based on *Grey Matters* success),
- Deploy PER's on **SCNs**
- **Training** completed through the Institute of Public Health, at University of Calgary (**Community & Disability Studies**)

Patient Engagement Research (PER)

Patient engagement researchers (PERs) are trained to collaborate with health professionals and researchers, engage other patients, capture and articulate perspectives and ideas through valid research methods, and offer findings to support collaborative, interdisciplinary decision making. Training involves specific methods of qualitative research: field work, questionnaires, focus groups and narrative interviewing.

Insights on the PER's work:

•5 Manuscripts – through the eyes of patients begin to Identify system transformation shift:

- How to:
  - •understand and manage chronicity over the lifecycle
  - •reduce the gap between service providers
  - •reduce the Acute Care burden?
  - •help patients make choices based on their individual needs?

• 10 active Research Projects in progress – measuring the impact for patients on System Improvement – i.e. Impact of Safe Surgery Checklist on Surgery Experience

•PER's on 10 networks – working groups, etc

• 2 trained cohorts (22) & 1 class underway (18)

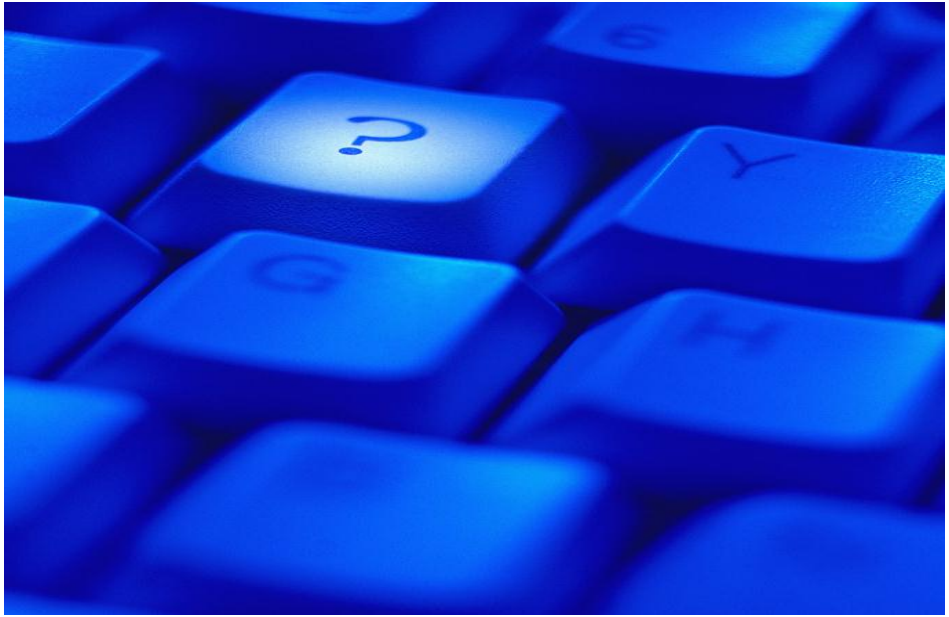
THE IMPACT:

"*We provide a constant reminder that patients live their illnesses every day of their lives, as compared to the relatively short periods they are engaged in acute or rehabilitative care providers*" - PER's

"*Patients get information from other patients & ask questions that professionals just don't think about*"

- Providers

Questions



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The Age of the Engaged Patient

14th Annual Healthcare Summit, Kelowna, BC

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The patient engagement ecosystem is broad

Physicians/Primary Care Clinics

- Secure Messaging/ Reminders
- Rx Renewal
- ePrescribe
- Appointment scheduling
- Referral Tracking
- CDM QIP

Clinic tethered Portal

- Connected Home Health Monitoring

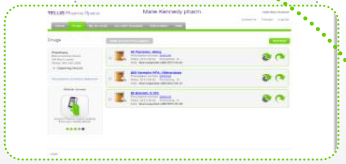
- Self-Monitoring
- Wellness

Citizen Health Portal

- Health Information “Front Page”
- Patient Journal
- Messaging
- Comprehensive Personal Health Record
- Sharing with Family/Caregivers
- Collaborative Care Plan

Community Pharmacies

- Med Profile
- Prescription Refill
- Secure Messaging
- Rx Renewals



Pharmacy tethered Portal

Provincial eHR Viewer

Lab / Meds / Discharge Summaries / Immunizations

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What we (and the market) have learned

It is not about the technology

That abounds, just read the eBlasts you get daily

It requires leadership

Perhaps even a leap of faith

Clinicians need to be involved to stimulate adoption…and utilization

- Users are seeking proactive feedback from their caregiver/coach
- Align incentives, payments – reward them

The user experience has to be positive and specific

- Seamless, integrated into the patient and the clinician workflow
- Patients want to get in, get out and get on with their lives

It needs to be sponsored

- Patients (consumers) are not willing to pay

the future is friendly®

Lets Discuss

Thank you

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