

Welcome

Welcome to Future Vision 16. In this issue we traverse a range of topics that are of interest to the health sector both in Australasia and globally. We touch on the perspectives of Microsoft's healthcare practise, from the Director for Asia Pacific (Gabe Rijpma) in terms of future health delivery models and a perspective from Peter Hausmann, Managing Director of Healthcare of New Zealand, regarding the transformation of health service delivery models into the community setting.

We also look at a key driver for enhancing health outcomes, understanding the "stakeholder". Des McGowan, Founder and Director of Insync Surveys provides a perspective on the issues and opportunities for the industry, in terms of measuring and managing stake holder perspectives and anticipated outcomes.

Enjoy this issue and as always, we welcome feedback and comments.



Gavin Wright
Chief Executive
Fraame Solutions

What's Happening in New Zealand? A Vision For Change



Peter Hausmann, Managing Director of one of New Zealand's largest private community health-care organisations, Healthcare of New Zealand (HCNZ), has a practical outlook on our health challenges.

At the helm of a private, profitable, geographically diverse healthcare business, Peter's management is necessarily both big-picture and detail-driven. After considering different countries' health-care models of service delivery, he confronts HCNZ's current reality of around 6000 staff working in "thirty-odd regions; forty-plus offices responsible for anything between two and sixty staff-members."

"Designing an effective community service for thousands of New Zealand's disabled, elderly and chronic disease sufferers is HCNZ's core function", Peter says, with IT capability supporting this from behind. To this end HCNZ has opted to use Fraame's FileVision technology.

"We started in earnest with it about a year ago, with a team strategically designing how we store our documentation so that people right across our distributed network of offices

can access the system in a useful way. Up until then we used the technology slightly sporadically, and more as a storage repository. Now, however, our important documentation is accessible by nearly 200 key people."

The FileVision system allows version control of important items such as HCNZ's contracts with District Health Boards, the ACC and the Ministry of Health.



Peter Hausmann

"We see the IT package as a way of protecting our intellectual property and helping to ensure consistency of practice and procedures, plus total alignment with current policy," Peter adds.

Being able to quickly refer to business and clinical agreements is critical to reducing the "corporate amnesia" which can be a problem surrounding contracts, particularly where staff turnover has been a factor. For instance, Peter says the nature of HCNZ's contractual arrangements varies from one District Health Board to another, so distinctly targeted informational access and workflow prompting is vital. The entire health sector is "transitioning slowly" toward a more integrated, information-sharing model, but not fast enough, in Peter's mind.

However, he says HCNZ staff already routinely "log on from home, co-ordinate their work, and check on their reporting requirements in virtual teams." Therefore providing the ideal tele-health technology for this continues to be a top priority. "Obviously, in the context of an ageing population it's increasingly not going to be cost-effective to have bodies driving around in cars, so having some community clients being able to assess their health status and interact with carers online is the future. There's no doubt about that," Peter says.

He sees such change gathering speed beyond the next decade, as more computer-literate community clients start to replace today's elderly demographic. One of Peter's hopes for New Zealand, and a key strategy for health systems around the world, is the greater integration of primary and community healthcare. "Therein lies the biggest challenge for the future", Peter says.

He says HCNZ places huge emphasis on training and upskilling staff to perform community care in a way that recognises the rights of individuals to live meaningful, non-institutionalised lives. "Our staff are so committed, often beyond working hours and the call of duty. Going forward they need to be paid what they're worth; something I am continually lobbying government about."

The huge ongoing need for informed community care is illustrated, Peter says, by the fact that the national number of self-referred hospital admissions is currently increasing by eight percent annually. As a result, many DHB budgets are routinely running deficits. Such a phenomenon is often a function, research shows, of the elderly receiving medication changes, often in the absence of someone at home who knows about these.

“An elderly or disabled person alone at home, worrying about the doctor’s prescribed new medication regime, will readily hit the ambulance button. If there was informed home-based care, i.e. someone close by with special access to the person’s on-line health data, we could practice great community care and keep the country’s secondary health sector and District Health Boards in better financial shape. So we need to move quickly to use our IT resources in an integrated fashion between primary and community care.”

What’s Happening Internationally? **Microsoft** Microsoft - A New World of Health

In the current economic scenario no stone is being left unturned by organisations to increase efficiency and outputs with what little they have and there are a number of similarities to the healthcare industry. An airline has seats (beds) to fill with passengers (patients) 24 hours a day while rostering the right numbers and types of staff (pilots, aircrew, ground staff/ doctors, nurses, administrators) to provide a safe and effective service while running support services of linen, laundry, food, cleaning, servicing; and buying and maintaining expensive pieces of equipment that need regular maintenance (aircraft/ imaging modalities, healthcare facilities).

You can only take this analogy so far, but it is remarkable how much healthcare does not use technology in such a coordinated manner - even though it embraced technology as a tool to help cure disease and to advance the science of medicine over many years. It has seemingly ignored the advances in information technologies and the value they can add in the delivery of care. At the same time, we know that healthcare is in crisis as a result of rising costs, inherent inefficiencies, and inconsistent delivery of care. So why is it so difficult to integrate information technology into our healthcare systems?

There are some very real, long-standing barriers at the root of this issue. One reason is that healthcare is unlike the insurance and travel industries and has different drivers and market forces. But technology has the power to transform industries. We see examples of this across a wide variety of businesses and organisations but less so in health. For example, two highly visible industries which affect many of us directly as consumers – the insurance and travel industries – have seen massive changes in business practices and productivity as a result of

the effective application of Information Technology. If we look at the insurance industry as an example of successful application of IT, we have seen a revolution in the way claims are processed. Mobile claims facilities can be triggered remotely and customers do not have to wait for inspectors to visit.

The insurance industry can also better understand and more efficiently determine risk today, since the technology model assists in better forecasting and analysis. The result is more accurate underwriting of risks. Similarly, the travel industry has changed fundamentally. It seems almost impossible to remember a time when technology wasn’t an integral part of our travel experience. Today we make our bookings online, our tickets are emailed, we check in online and only need to interact with someone once we arrive at the airport and they need to stamp our passport.

The challenges in health services exist because of a vast, complicated and often unrelated ecosystem that is more like the world’s largest cottage industry, with a variety of levels of regulation, a mixed environment of public and private services, and a variety of business models (and sometimes no business models) that make the design, implementation and operation of integrated “patient centric” healthcare systems both difficult and expensive.

But even this is only part of the story; complexities in relationships compound these issues. Effective healthcare is interdependent upon relationships between physicians and patients; between physicians, administrators and government; and between physicians, contributors and life sciences organisations. These relationships are frequently challenging to reconcile and can be compounded by political drivers. There are also global forces and challenges at work here. The World Health Authority has outlined the biggest challenges to universal healthcare. They include:

Financial constraints – healthcare costs have increased to over 10% of GNP in most developed nations.

Intellectual constraints – The belief in science holding the solutions to all healthcare problems is often no longer accepted.

Medical constraints – 17% of prescriptions and medical diagnostics are wrong.

Operational constraints – In many countries, large segments of the population still have no access to quality healthcare.

Administrative constraints - Healthcare is often over regulated by local authorities, with the industry often held between the limits of an administrative arena, rather than the open,



Gabe Rijpma

competitive areas experienced by other industries.

Workforce constraints – WHO estimates that there is a shortage of 4.3 million health workers around the world. Fifty-seven countries in the world do not have a health worker density sufficient to deliver basic services.

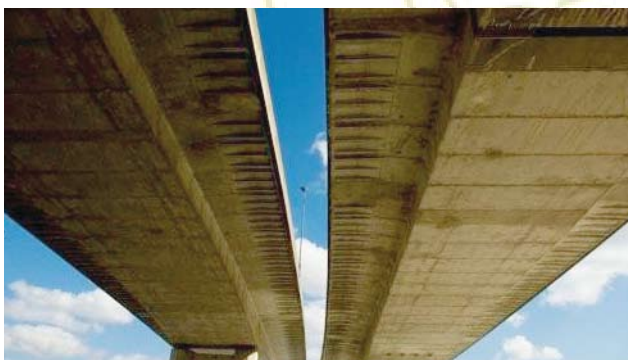
Rise of chronic disease – new issues such as the growth of obesity, diabetes and cardiovascular disease create additional challenges. We have more medical issues along with fewer trained professionals, treating an ever-increasing number of patients. Add to this the fact that healthcare provisioning is increasingly driven by globalisation, consumerism and demographic shifts and one begins to realise that more pressure is placed on our health systems everyday in the midst of a difficult economic climate.

Healthcare systems that don't address this new environment will fail and this will put increasing pressure on their countries' economies. There is hope however, in the form of Information Technology, which holds the promise of addressing many of these complex issues through creating new efficiencies and lowering barriers through effective communication and improved processes. In fact, we have already seen that the committed application of effective IT resources can enhance patient experiences, increase safety, manage workflow and boost capacity while reducing overall operating costs.

At Microsoft, we believe that health is a key ingredient to the stability and success of all nations. Healthcare is a critically important human endeavour, and information technology needs to play a fundamental role in helping to deliver better solutions, reduced costs, and better patient outcomes when properly utilised.

It may not be happening as rapidly as many desire, but slowly the healthcare community will embrace information technology as a core tool in resolving the complex challenges facing the industry. It will be important in the current economic climate to realise what ongoing investments in effective healthcare systems can bring – reduced costs and complexities, increased workflow and capacity, and enhancements to patient safety and the quality of care. These are principles upon which all of us in the healthcare field can agree, as we prepare for a new world of health.

For more information visit www.microsoft.com



Partnership: Fraame and Microsoft Healthcare

What's Happening in Australia? Fraame and Insync Survey work together

Insync Surveys helps organisations improve their performance and the working lives of their people. Executive Director and Founder of Insync Surveys, Des McGowan says: "We deliver a comprehensive suite of benchmarked stakeholder surveys to capture a complete view of an organisation. We provide a full range of surveys with a holistic approach."

insyncsurveys



Des McGowan

McGowan's interest in high performing organisations drove him to find out what made those organisations better than others. After nine years of hard research, practical application and experimental work, he devised an organisation alignment framework that is at the core of the company's comprehensive range of surveys today.

Established in 2004 and now boasting a 20 year data base through an acquired survey company, Insync Surveys measures perceptions of employees, board members, clients, customers, students, members, community groups and even suppliers; all those that have an influence on the organisation. It then compares the data to create a complete view of the organisation enabling both external and internal benchmarking.

By taking care of all the complicated aspects of a research project, including the survey design, statistical analysis, graphical outputs and psychometric sound reporting, Insync Surveys is able to equip any leadership team with simple, insightful and actionable results. Its team features many organisational psychologists who manage a diverse range of research projects for clients.

Once an organisation has completed one of Insync Surveys' surveys, they often work alongside one or more of Insync Surveys' partners to help achieve improvements in organisational performance and the working lives of the client's people. Fraame Solutions partnered with Insync Surveys early in 2008 in a mutually beneficial relationship that enables each organisation to identify third party organisations that may benefit from their respective services.

In the short time that Insync Surveys has been operating, it has worked with a wide range of clients, including Cathay Pacific, Spotless, Massey University, Orica, Foster's, Toll, AXA, Medibank Private, Tenix Alliance, the New South Wales Department of Community Services, the Victorian Department of Primary Industries, Melbourne Cricket Club, many local councils, most university libraries, Mission Australia and World Vision.

For more information visit: www.insyncsurveys.com.au

A Perspective on Health Why the Money Should Listen

Effective healthcare happens as a result of great foundational, ongoing relationships. That's the deeply held belief of Gavin Wright, Chief Executive of Fraame Solutions Ltd, and Deputy Chair of the New Zealand Health IT Cluster.

He's not talking solely about patient-carer relationships, either. Take health-care back a level, to where funder and health-care provider broker their patient-care arrangements. It's this stage of the process that establishes both the tone and path ahead for the specific health-care about to be funded.

What needs to occur, Gavin believes, is a strategic dialogue which is far more than the beginning and end of the funding plan. Funder and provider need to meet together regularly for the purposes of ongoing assessment and evaluation of what's working, or what could benefit from tweaks or more major alterations. This is as much of a cornerstone of effective health-care as applying the newest technology to facilitate the healthcare process, he says.

However, it's important to also take account of IT's modern capabilities. Cutting-edge information technology has recently totally transformed what's possible and achievable in health-care. Ideally tailored IT solutions have the ability to set certain actions in train automatically, and to shed amazing ongoing light on health initiatives and their effectiveness. Quality information about specific healthcare projects becomes much more accessible, increasing transparency exponentially for all concerned.

This has made a three-dimensional healthcare model both possible and desirable. The old world order in which patients were expected to be content for the health system to act as their guardian and 'know what's best' for them should no longer exist, according to health IT industry architects. The same attitude between health-care provider and funder should also quickly become a thing of the past.

"Traditionally, the provider has said to the funder, 'All you need to know is that we completed **X** number of visits and experienced **Y** outcomes.'

I'm arguing that such scenarios are now superseded, in the interests of an efficient system in which patient health is foremost," Gavin says.

"Instead, by making the most of a flexible, engaged partnership between the funder and the health-care provider, outcomes



for patients can be significantly improved." Gavin says the underlying reason for such improved health outcomes is that clinical perspectives on treatments and timing become part of the decision-making process, rather than ignored or treated as a separate entity.

He cites busyness and lack of time as the main barrier to ongoing investment in participative funder-provider relationships. "Whilst being time-poor is a valid obstacle to best practice, the converse clinical perspective is also true - that the main objective, which is to achieve optimal health outcomes, shouldn't be compromised by the price of slightly more time spent."

Funders should be enabled to glean insights about health-care populations at a macro level. If they're kept in the loop they'll obviously have a better understanding of what works, and be able to direct resources toward the greatest, most efficient results. For example, where specific health populations may benefit from a certain treatment programme of longer duration, the engaged funder might see that investing in this group for an extended time period results in far fewer disease recurrences and ultimately, dollars.

So how can recent forward-strides in IT help to nurture the ideal funder-provider relationships? Gavin says funder-provider meetings should set out clear objectives for health status improvement and measurable milestones. Once these are established up-front, current information technology enables not just ideal workflow directives, but bespoke measurement, and automatic assessment of success, for both funder and provider to scan regularly.

CHRISTCHURCH HEAD OFFICE

PO Box 36-478
Merivale, Christchurch 8146
Phone +64 3 377 7632

SYDNEY OFFICE

71 Lombard Street
Glebe 2037, Sydney NSW
Phone +61 410 332 225

Business Partner

