Discussion outputs from DIGITAL HEALTH LEADERSHIP SUMMIT, March 2021

Topic 18: How do we deliver a better patient experience through digital?

This topic was discussed by a group in Auckland.

Auckland delegates' responses

Definition	• Safe and comfortable • Digital triage for items and issues for doc prep • Clinical and care for • Listened to • Questions answered
Goals	• Preserving the great things about seeing your doctor • Keeping it personal and caring • Feeling of personal care and attention • Extended patient carers (family etc.) • Closing the loop in a timely manner • Patients being empowered to drive • Cost-effective service • Patient experience more inclusive of whanau • Patient ownership • Ask what experience they want • What outcome do you want? • Health providers to collaborate for me. GP, specialist, physio (tack!) • D.R.Y. principle • Choice! • The experience begins early when they start looking • Knowing the right process of seeing clinician? • Less waiting time

	• I want to live longer, with a better quality of life • Own my own data. It should travel with me • I understand the information and can update it • Clarity of process. Opportunity to give feedback. Listen to me! • I want to update my information • Manage my own appointments • I've got the best working for me • Continuous record of care – birth to death (continuity of care) • Patient owns their information and shares it with caregiving parties • Single source • Measure patient experience over time – CX • See "patients" as "consumers" and measure metrics • Reduce duplication • Reduced time in front of clinician – self-managing • Information follows me in my healthcare journey • Integrate all social services in and outside of health system • Have patients involved more up-front (engagement) • Embrace indigenous models of healthcare (holistic) • Equitable outcomes and experiences for everyone (success is individual) • Life coaching model. Capabilities, strengths, gap, how to help gap → track progress as you go – feedback loop → mentoring for each individual from childhood (feedback)
Barriers/challenges	• Appointment: ○ ✓ appointment ○ ✓ prescription ○ ? the actual appointment • Older demographic – tech? • Incentives? • No incentives to improve • Measurement

	• Staffing issues – digital to help? • Aging GP population? • Waiting room! … 15 minutes … • Increase “the 1 hour’ per year • Use technology to recreate and elevate the experience • Pushing admin jobs to them (clinicians) • Right access • Patients must own their own knowledge and experience • Controlling the right information, dissemination • There’s no urgent need to drive P.X. • Changes: barriers to access/learning • Better connectivity • Upskilling clinicians on digital • Lack of access to records • Cultural - healthcare system • Clarity of clinician – start → stop? • Access to preventative, information, etc. • Siloed nature of healthcare industry • Funding under-resourced • Funding doesn’t follow the patient • Census completion! • Funding structure is out of date • Not measured – lack of KPIs • Health literary and access to technology • Getting care – I want where I want, when I want it • Getting care out of hours – my hours • Siloed nature of care – repetition – no code sign-on at systems level • Ask “what matters to me” (not just what’s wrong with me – outputs) • Output rather than outcomes focused

	• ‘To’ rather than ‘for’ ‘with’ • ‘outputs’ (metrics) are not ‘outcomes’ • Health system is not built from a consumer’s experience. Still on post WWII model • Current system rewards duplication • Patient ‘experience’ shouldn’t be what we’re gunning for. Should be ‘patient engaging them’ • ACC funding is based on more cases = more funding (no incentive to solve problems) • Current talk about ‘mind/body and ‘wellness’ is new • System focused on ‘disease’ rather than ‘wellness’ • A portion of population limited access to digital services (geographical, age, socio-economic) • Many people do not want to take responsibility for own healthcare
Solutions/ideas	• Questions answered, empathy • Regular low-fi check-ins • Simple, remote monitoring • Create feedback loops. Measure the experience • Families working together better • Patient journey + notifications • Free ‘open source’ technology • Automated notifications, feedback • Opportunities four improving digital literacy • NPS standardised • Doctor “traffic” and triage app • Matching demand with supply • Set your own goals/outcomes app • Health wallet $$ • Cross regions • Giving feedback! • Shared access to medical records – across departments, clinics. Support person or family member access as well. • Health prevention – as a service • Whole view of my healthcare: Provider and end user

	• Giving patients a voice • Digital literacy – whose responsibility is to it meet a certain ‘level’ of literacy • Patient needs to repeat themselves • Siloed information, e.g., GPs, hospitals • Platforms and systems not talking to each other • Getting notes, history • Should patients have the right to add to their notes? → ManageMyHealth is doing some of this • Often, we don’t get correct or full patient history. Need one place, on history • Cohorts not able to release information • Legal restrains for sharing information • Privacy laws, legislation • Old technology • Test and other data, e.g., prescriptions, drug issues, not shared between regions • Not all DHBs have systems – still quite paper-based • A lot of information is in PDF format and can’t extract/search the information • Tertiary institution (e.g., university) care is unpaid • GP to GP transfer data goes into a central database, but not from DHB • Funding does not follow the patient (e.g., from hospital to GP) • Pushing care out to the community is not funded • Admin overhead • What do patients think? • Patients think that systems talk to each other, but they don’t • Ministerial responsibility – where do the $$ come from? • Central repository of data (single source of truth) • Lifetime history of medical care • Self-service style of digital channel • Patient able to determine when they receive care • Systems integration • Portal? App? Cloud-based

	• Fit for purpose system • Reduce # - DHBs to reduce duplication • Apps and teleconsultation are leading the way • To be empowered, need access to information • If single source not feasible, then let the consumer be the system – integrated • Invest $ in helping people access digital services • A design that is seamless and feels like “magic” • Already a wealth of wellness apps – could bring all information together • Encourage people to live their best life (would people even know what that would be?) – people who would be most likely to do this area are already doing well in health system • Improving the health system may not be an ‘exiting’ digital solution. Low tech engagement • Co-design solution with communities • Encourage ‘hope’ • Digitally enabled health advocacy/literacy • Digital tool to help community connection, advocacy