

Discussion outputs from DIGITAL HEALTH LEADERSHIP SUMMIT, March 2021

Topic 2: Preparing to face an uncertain future: Accelerating business transformation with digital tools

This topic was discussed by groups in Auckland, Wellington and Christchurch.

Auckland delegates' responses

Issues	
	<ul style="list-style-type: none">• Pandemics:<ul style="list-style-type: none">○ New ways of delivering services○ Inequity○ Consumers○ HSR/system change – funding challenges○ Changing tech○ Workforce challenges – aging, lack of training○ Aging population• Strategy:<ul style="list-style-type: none">○ Business model changes – “stepped” change, ecosystem○ “disruption”○ “not working”○ “data”○ Risk model – services• Digital tools:<ul style="list-style-type: none">○ “Boundaryless”○ Not about the digital tools○ Capability○ Digital strategy○ Data insights○ Innovation○ Equity○ Health digital• Uncertain future:<ul style="list-style-type: none">○ Lack of adoption

	<ul style="list-style-type: none"> ○ PHO future: <ul style="list-style-type: none"> ▪ Speed of advancement ▪ MOC ○ Demand → supply → workforce → capacity challenges ○ Integrated care (mental health, COVID-19) – role of “trust”, data sharing ○ Use of research (mental health, COVID-19) ○ More of the same: <ul style="list-style-type: none"> ▪ COVID-19 ▪ Funding model ▪ Services model ▪ Fragmentation – T + R ○ HSR impacts ○ Workforce challenges – burnout ○ Lack of data management - quality ○ Lack of joined-up planning ○ Aging tech/moderation ○ DHB paralysis ○ PHO ○ Lack of national direction ○ Funding ○ Risk of remote working – workforce challenges → maintaining social licence ● “Business” transformation: <ul style="list-style-type: none"> ○ “Operate model” → services delivery ○ “Infrastructure”: <ul style="list-style-type: none"> ▪ Facilitation ▪ IT: <ul style="list-style-type: none"> ● Medical devices ● Smart health systems ○ Innovation and the edge ○ Changing societal norms – reinforcement ○ Service delivery → more ○ What is the business model? <ul style="list-style-type: none"> ▪ Transform
--	---

	<ul style="list-style-type: none"> ▪ Current → future ○ “dirty word” “business process” ○ Different ways of working → different results ○ Working in partnership: <ul style="list-style-type: none"> ▪ Motivation ▪ New ways of working ▪ Constraints • Health and wellness: <ul style="list-style-type: none"> ○ New Zealanders ○ Business ○ Clinical ○ Digital
Challenges/barriers	<ul style="list-style-type: none"> • Technology: <ul style="list-style-type: none"> ○ Lack of clear vision and strategy ○ Not user-friendly solution ○ Under investment in digital ○ Seen as a cost ○ Tech repurposed without a plan ○ Focus on modernisation ○ Seen as a cost ○ Lack of strategic direction from MoH • Policy: <ul style="list-style-type: none"> ○ Lack of clear business strategy, strategic funding and planning ○ Challenging MoH and treasury processes ○ Lack of service alignment – P, P, T ○ Funding constraints • People: <ul style="list-style-type: none"> ○ New Zealanders resistant to change and to see benefits ○ Lack of collaboration ○ Lack of change management capability ○ Managing egos in health ○ Unwilling to share ○ Lack of clinical leadership in digital

	<ul style="list-style-type: none"> ○ Lack of health IT workforce ○ Lack of consumer empowerment ○ Industry structure – provider centre ○ Incentivised by money ● Process: <ul style="list-style-type: none"> ○ Not invented here ○ Lack of speed and agility
Ideas/solutions	<ul style="list-style-type: none"> ● Technology: <ul style="list-style-type: none"> ○ Shared collaborative IT working ○ Focus on CX ○ Data transportability ○ Fast, ubiquitous connectivity and systems ○ Mobile enabled apps ○ Common, verifiable identity for patients and caregivers ● Policy: <ul style="list-style-type: none"> ○ Incentivise new models of care ○ Share government investments ○ Clear privacy and consent frameworks ○ Cross agency working ○ Clear regulations for IT and medical devices ○ Standardised tools for scoring ○ Outcomes based contracts ○ MoH driven information standards ○ Balance implementation of data standards: <ul style="list-style-type: none"> ▪ Carrot ▪ Stick ● People: <ul style="list-style-type: none"> ○ Build digital literacy to enable participation in solution design ○ Broad governance, diverse ○ Strong digital governance and leadership ○ Clinicians involved in service design ○ Empower consumers via digital channels ○ Improve health literacy

	<ul style="list-style-type: none"> ○ Give consumers access to their records ○ Health navigators in community ○ Digital health training capability ● Process: <ul style="list-style-type: none"> ○ Consumer driven change ○ New models of care – Healthcare Home ○ Digital is a value add ○ Focus on innovation ○ Steal with pride ○ Be a great fast follower ○ Natural innovation network
--	---

Christchurch delegates' responses

Solutions/ideas	<ul style="list-style-type: none"> ● Ability to access information across health systems ● Ability to quickly transfer or share data across DHBs, NGOs, PHOs – “Follow them on their journey” ● Agree on workflow across departments through collaboration. Include whole of strategy ● Allow access to relevant patient information to NGOs ● Be clear on system investment to join NZ health system ● Be clear that it is tech, people and processes, especially for a new model of care. Be clear on why it matters ● Bring all pharmacies together in digital world to bring them up to speed, includes community pharmacies and GPs ● Can focus on the tool – not the reason for change ● Collaboration tools but understand the workflows ● Create competitive tension for vendors ● Design our health system around our communities ● Digital connectivity across regions ● Digital tools to make user experience easy then flows to the clients ● Digitally enable back-office processes ● Engage with enough clinical users to ensure functionality can be met ● Explain to CFOs that I.T. is an enabler ● Gain buy-in of stakeholders and people using the tools
------------------------	---

- Health sector review – show how to innovate faster
- Help new start-ups to get/stay in the game (revenue assurity)
- Increase efficiencies
- Integrate national infrastructure, remove silos, better flow of data, integration of systems
- Introduce AI to help constrained resources
- Investment: Invest in NZ tech companies, invest to meet the standard, investment of digital tools and change management, upfront investment to enable the client/patient to give ROI, vendors' investment in keeping relevant (Cloud)
- Mandate – tools and systems as easy to use
- Mandate a connected standard from MoH
- Partner with vendors to accelerate functions
- Platform layer for client experience – chance for disruptor
- Proactive planning for pharmacy
- Resource enough for technology
- Secure interoperability across platforms and systems
- Sharing of digital journey and what is working well
- Smarter design upfront to provide easy process and user experience
- Sustainability of platforms with interoperability so data is not lost
- Technology outcomes and drive for change should sit with the clinician
- Use digital tools to get feedback
- Use systems that focus on client/patient journey
- User interface and workflow to be presented to each group. Technology sits underneath it
- Vendors to continually engage to keep improving journey
- View change in a holistic view
- View I.T. as an enable vs. a cost → ROI
- Vision and leadership
- Work with the sector (collaborate)

Wellington delegates' responses

<p>Issues</p>	<ul style="list-style-type: none"> ● Business transformation: <ul style="list-style-type: none"> ○ Change management – change fatigue ○ Digital strategy – underpinning programme ○ Digitally enabled ○ Disruption coming – clinicians not part of ○ Do we celebrate success? ○ Have the conversation, who should I talk to? ○ How do consumers interact with us? ○ How do we accelerate? How do we get to yes? ○ It needs to happen ○ Learning from failures ○ New models of care ○ No shortage of systems ○ System change ○ Technology the easy bit ○ Telehealth at local surgery – GPs advanced not secondary – why? ○ Understand the workforce ○ Ways of working – MoH behind ○ What is the outcome? ○ Why are we doing it? ○ WiFM
<p>Challenges/barriers</p>	<ul style="list-style-type: none"> ● Adoption of new technology ● Aged care systems – fix these before bringing in new systems ● Aged infrastructure and process ● Are we digitally led? ● BAU – gone back to old ways ● Budget ● Bureaucracy/politics ● Capacity of clinical staff to learn digital tools ● Change management, resistance to change, appetite for change, and change fatigue

	<ul style="list-style-type: none"> • Comfort with technology • Cultural change • Data • Digital illiterate populations • Digital systems can be perceived as slower than paper based, as people are used to existing ways of doing things and the benefit of data is not realised by those that collect it. • Don't make a fuss – clinicians, unions, public • Equity challenges • Frontline connected tools • Funding model related to a business case • Getting to the start line • Government procurement • Investment: Huge investment up front, investment doesn't always equal good • Inequity • Inertia – the larger the organisation, the harder to get decisions • Interoperability • Lack of email address and access • Lack of resource to move things forward • Upskilling : Learning new skills, motivation to learn new skills and the time to do it • Network availability • No control vision • No formal way of forums for improvement • Not allowed to be imperfect • Protection of patient pathway • Prove the value • Resources, time pressures • Risk adverse culture, too afraid to take risks or fail quickly and learn • Security concerns for modern platforms • Service design – what is needed for older platforms? • Systems: Systems not being designed for outcomes, tension = surgeries vs. IT investment, trust with systems and digital services
--	--

Ideas/solutions	<ul style="list-style-type: none"> • Agility • Bar quite low – opportunity is big • Change funding models • Consistency and reliability of technology for end users • Culture • Data standards • Deliver a programme of work – small pieces of work • Digital learning systems e.g., touch typing • Do decision making differently/more quickly, do it SMARTER – not harder, don't reinvent – use others' learnings • Education • Ensuring new systems provide meaningful value by demonstrating better outcomes • Focus on the RIGHT outcomes not solutions • Fundamental principles – basics in place • Give people permission to do things • Goals of the solution need to be well understood • Good business analyst work to design • Guidance on business case – system that they are entered into • How do we prepare GPs and pharmacies? • Identify those that need support • Interoperability • Investment: Invest in change leadership, invest in platforms, confidence in investment process, funding in secondary and primary – needs changing • Involve workforce in selection process • Keep abreast of healthcare and technology • More modern ways – Agile • MVP – do it quick • Participation in change – free people to do this • Process • Rich structured data • Show benefits of technology and build up on the technology with improvements • Sort out business practice
------------------------	---

	<ul style="list-style-type: none">• Standards based solutions delivered by multiple vendors• Time of motion studies of clinician's day and then sharing with others• Trust and audit for those who may be a "security issue"• Use cloud risk assessments – done once• User input into ideas/solutions and training• Valuing the clinician's time• Visibility of decision making• We can do it mentality – platforms• What is the business outcome that we are trying to solve?
--	--