

Blending of Health
and Human Services.

Roundtable 4
Summary Report

INNOVATING
health

creating a new conversation

INNOVATING health series

hisa
AUSTRALIA'S DIGITAL HEALTH COMMUNITY

accenture

About the Series

HISA is delivering a new thought leadership series - *Innovating Health. Creating a New Conversation.*

Through a series of roundtable events and other activities, we aim to lift and support the digital health innovation agenda in healthcare. To create a new conversation, we seek to bring together health leaders with industry experts, challenge current thinking with new and different perspectives, harness our collective knowledge and ideas, and ultimately share topics and discussion with others to stimulate sector change. The series is in collaboration with and supported by Accenture.

Never has there been a time of such pressure on the healthcare system. The need to transform is vital.

Conjointly, the conditions and promise of innovative change are tangible through the development and application of new digital technologies, rapidly changing business models, Government policy reforms, the rise of health consumerism, and service led reform.

“Many of the ways we go about improving health and care were designed in a different mindset for a different set of circumstances.

Given the radical and complex nature of our transformational challenge, these 'tried and tested' methods increasingly won't deliver what we need to deliver for patients.”

Helen Bevan and Steve Fairman NHS UK

Event 4 – Blending of Health and Human Services

Canberra 1 September 2016

Overview

As service design thinking focuses on the consumer and data blends across multiple service providers, data capture and information exchange are critical to success in addressing rising costs and future sustainability in health and welfare. There are significant opportunities for the health and welfare systems to innovate as emerging technologies, consumer expectations and business models demand we think differently about joined-up services, linked data and consumer participation.

This roundtable explored the question: ***How can we innovate by blending data across health and human services?***

We welcomed [Jason Potts](#), Professor of Economics at RMIT as our discussion guide bringing challenging perspectives on innovation and the economics of new technology as it applies to current and future health and welfare services.

The session acknowledged efforts to date in health and human services service reform including approaches to engage consumers, connect services, leverage capability, and link data. However, it also posed questions on the institutional and cultural barriers that still restrict innovation and change. Traditional business models still perpetuate centralised services and data, with a general lack of incentive for integrated solutions in a sector full of complexity and multiple stakeholders.

From a purely economic point of view, it can be argued that health and welfare sectors can be innovative and transform if we start thinking differently about data, data ownership, and permission to use information differently. For example, technologies are now being used in the financial services industry that supports distributed data sharing such as [Blockchain](#). The rapid societal changes triggered by digital access to mobile services through smart phones and the emerging data governance models facilitated by new technologies combine to offer alternative ways of handling and sharing information in a secure, open, linked and distributed way that would not previously have been possible.

While these technologies allow for different ways of operating and thinking about system innovation and joined-up services; the question posed by roundtable attendees was, “How do we seize the opportunities that new business models and technologies bring so that we are able to transform consumer services?”

The discussion was active, exploratory and informative with a number of views and positions expressed which revolved around the topic posed. Whilst the discussion centred mainly around healthcare services in terms of examples, key points discussed were relevant to the broader scope of health and welfare. It was the start of a conversation which will definitely continue.

Highlights and Take-Away Points:

1. Speed of digital change cannot be underestimated

The digital economy, new technologies, evolving business models, and emerging data governance models are all on the immediate horizon. The speed of change and the level of activity has never been witnessed before in history. People are gravitating to new ways of thinking and these changes are occurring across industry sectors.

The reality is that we can change or be left behind by competitors. When discussing the importance of community and providing people access to the health and welfare services they expect and need, we cannot afford not to engage with societal changes and innovations.

“Health and welfare systems are dealing with a human problem – not a data problem. Online technology is increasingly allowing us to transact on a person to person basis.”

Professor Jason Potts

2. Need to better link social welfare with health

Health and welfare services systems collect a lot of data already and the majority of that data is locked-up and centralised within funders or provider organisations. Whilst there are efforts to create better data linkage for administrative and research purposes, there are continual challenges with sharing transactional data between groups because of legal and privacy concerns, and the increasing, ever-present (and generally poorly understood), cybersecurity threats.

Whilst acknowledging these perceived barriers, it was clear that a lot more can be done in the short to medium term, starting with data linkage of administrative systems within and between organisations, and then moving onto doing better with unstructured data. There are a growing number of examples of good data linkage and open data sharing across both health and welfare, and this should be a continual improvement approach whilst ensuring that we do protect and maintain the confidentiality of data that we collect and are responsible for.

When discussing innovation, should we be looking at system innovation in terms of linking up a health and welfare continuum? There are things we can do better now and opportunities through emerging technologies to approach this differently in the future.

*“Finally, a discussion about health and human services!
We need to link into the social welfare side and
connect the multiple systems up.”*

Innovating Health Roundtable Attendee

3. Engaging the workforce on digital change

Making more data available potentially increases complexity for practitioners challenged with ever increasing service demand, complexity in care management and support needs, and associated legal requirements. More data has the potential to create more complexity rather than reduce and our workforce are not trained in how to manage data to optimise quality of care and efficiency of service provision.

The barriers of cultural change in both the health and welfare sectors can work against system innovation. Practitioners are generally over-worked and time poor, and do not have the time, skills or knowledge to contribute to system innovation and change on their own. They work in systems that are not designed to maximise quality and productivity and often the tools they have to manage data and information are outdated and not fit for purpose. As a result, the sectors can be reactionary to demand and interventions with little focus on system innovation.

There is an increasing trend of patients and consumers driving service innovations and improvements. The consumer is better informed and will increasingly apply more scrutiny towards individual practitioners, 'interviewing' them on their services and advice. When rising client expectations are combined with diagnostic and analytical advancements in artificial intelligence tools like Dr Google and Dr Watson, the sectors will see fast paced and radical changes to medical information asymmetry which will change the nature of the medical consultation and the way patients engage with health systems.

Clinicians need to co-operate more with other clinicians and increasingly with those in human services, but that requires the exchange of information and data. Questions were posed on topics such as: How do we assist clinicians to better understand and use data? How do we influence the education of the next generation of health and care practitioners? How do we engage the health and welfare workforce to be ready for digital change?

“There needs to be better ways to integrate data to assist front-line service delivery to make system change”

Innovating Health Roundtable Attendee

4. Addressing the tolerance for failure

An oft stated and applied mantra of innovation is that fostering innovation requires that we allow for the ability to fail, and to have a culture that provides the opportunity to fail often and fail fast and learn from those experiences. However, the reality is that there is no tolerance for failure in healthcare. The recent ABS Census debacle resulting in public outcry was raised as an example. A method which allows for government and large service providers to innovate within organisational constraints has been a continual theme in the *Innovating Health* series.

“If we can accept that to innovate we need to be able to fail, - fail often and fast. However, there is no tolerance for failure in healthcare”

Innovating Health Roundtable Attendee

5. Shifting the focus to above-the-line innovation

“We do a lot of below-the-line innovation digitising things we already do. We need to shift our focus to above-the-line innovation which can redefine how we deliver those services”

Innovating Health Roundtable Attendee

Are digitising the activities we already do innovative? New technologies, data exchange and associated governance models allow us to think differently about system innovation and the provision of services in the digital age.

If we reflect on governance structures and how we engage with consumers in the light of societal change, we have the ability to redefine our services. There are many opt-in examples that demonstrate when people are in control of their own information, they are happy to do the linking on their own behalf e.g. Service NSW users can share identity information across government agencies. We don't have to ask their permission - they provide it. If we focus on putting people in the driving seat, we can focus on above-the-line innovation.

Above the line innovation allows government health and welfare services to move valuable resources away from people who have the skills to manipulate the system for their benefit and to get resources to the vulnerable people we need to service who are unable to manipulate the system.

6. There will be consumer driven change

There was a general acknowledgement that the accelerating pace of change will be driven by the consumer, and those funding and delivering services need to innovate to meet consumer needs or be left behind. Wider societal change and the digital economy is consumer driven. Technology adoption and emerging governance and business models are allowing for better connectivity. Health and welfare sectors are still slow to adapt and apply these changes, but they are occurring and will continue to become more relevant.

“How we can leverage and take advantage of consumer-driven changes will be a measure of how innovative we can be.”

Innovating Health Roundtable Attendee

In a health and welfare sector which is increasingly becoming unsustainable, and at a higher cost to deliver for funders and service providers, particularly as people come towards the end of life, consumer-centred thinking poses interesting policy questions.

How can we empower and enable people to better manage their own health so that they don't have to interact with government funded services as regularly as they do now? With increasing knowledge, technology advancements and data that allows the health system to provide better treatments to disease and extend life, should we be asking how much healthcare is enough?

Do we as consumers want to live longer if we have multiple chronic conditions that cause a poor quality of life, constant medical interventions and higher support needs? Should this be a conversation that society should have?

“Change will be driven by the consumer...”

Innovating Health Roundtable Attendee

Conclusion - HISA Reflection on the Event

The level of discussion and thought-sharing at our fourth **Innovating Health Roundtable** was great to see and we thank the attendees for their participation. We also thank Professor Jason Potts for leading the discussion and providing his expertise and thinking in this area.

Our key take-away as participants and observers at the event were:

- The speed of digital change and emergence of new business models is significant. The digital economy is consumer driven and the speed of change cannot be underestimated.
- There are new governance models and enabling technologies such as Blockchain which can link data person-to-person and allow trusted transactions and information exchange.
- Innovative system change in a conservative and traditional health and welfare sector can occur if we start thinking differently about data ownership and permission to use.
- As we become more consumer focused and data blends across health and welfare boundaries, we need to take action to link social welfare structured and unstructured information silos to the health continuum so we can empower consumers to manage their own care better.
- The importance of working with our health and welfare workforce to increase digital awareness and understanding in a sector which is increasingly becoming digitised and which they are generally not trained.
- The need to shift to above-the-line innovation to make change – not just digitising what we already do.

We look forward to our next instalment in the Innovating Health series.

Innovating Health – Health Leaders in attendance:

- Prof Jason Potts, School of Economics, Marketing and Finance, RMIT (Guide)
- Dr Deborah Kuchler, Chairperson, Hospital IP Group
- Marcus Dawe, Board Member, National Health Sciences Centre
- Barry Sandison, Director, Australian Institute of Health and Welfare
- Bettina McMahon, Executive Director, The Australian Digital Health Agency
- Prof Frances Shannon, Acting Vice Chancellor, The University of Canberra
- Annette Panzera, Senior Policy Officer, Catholic Health ACT
- Tam Shepherd, Deputy Secretary, Department of Social Services
- Gaylene Coulton, CEO, Capital Health Network
- Angeline True, Director, Capital Health Network
- David Paull, A / Executive Director, The Australian Digital Health Agency
- Ian Manovel, Principal Innovation, Accenture Australia
- Gina Catica, Assistant Secretary, Department of Health
- Nicole Jarvis, Assistant Secretary Department of Health
- Sandra Cook, Acting CIO, ACT Health
- Shannon Roper, Managing Director, Accenture Australia
- Phillip Browning, Founder, Guild of SF & K
- Ian Bull, Manager National eHealth Program, ACT Health
- Anton Kuruc, CTO Aspen Medical
- Dr Louise Schaper, CEO, HISA
- Greg Moran, Host, HISA

Innovating Health Series website resources -

<http://innovatinghealth.org.au/roundtables/healthhumanservices/>