eHealth week

11 - 13 MAY 2015
RIGA, LATVIA

ORGANISED BY

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PERSPECTIVES ON HEALTH INFORMATION TECHNOLOGY

Connected Digital Health For Patients, Clinicians, And Health Systems
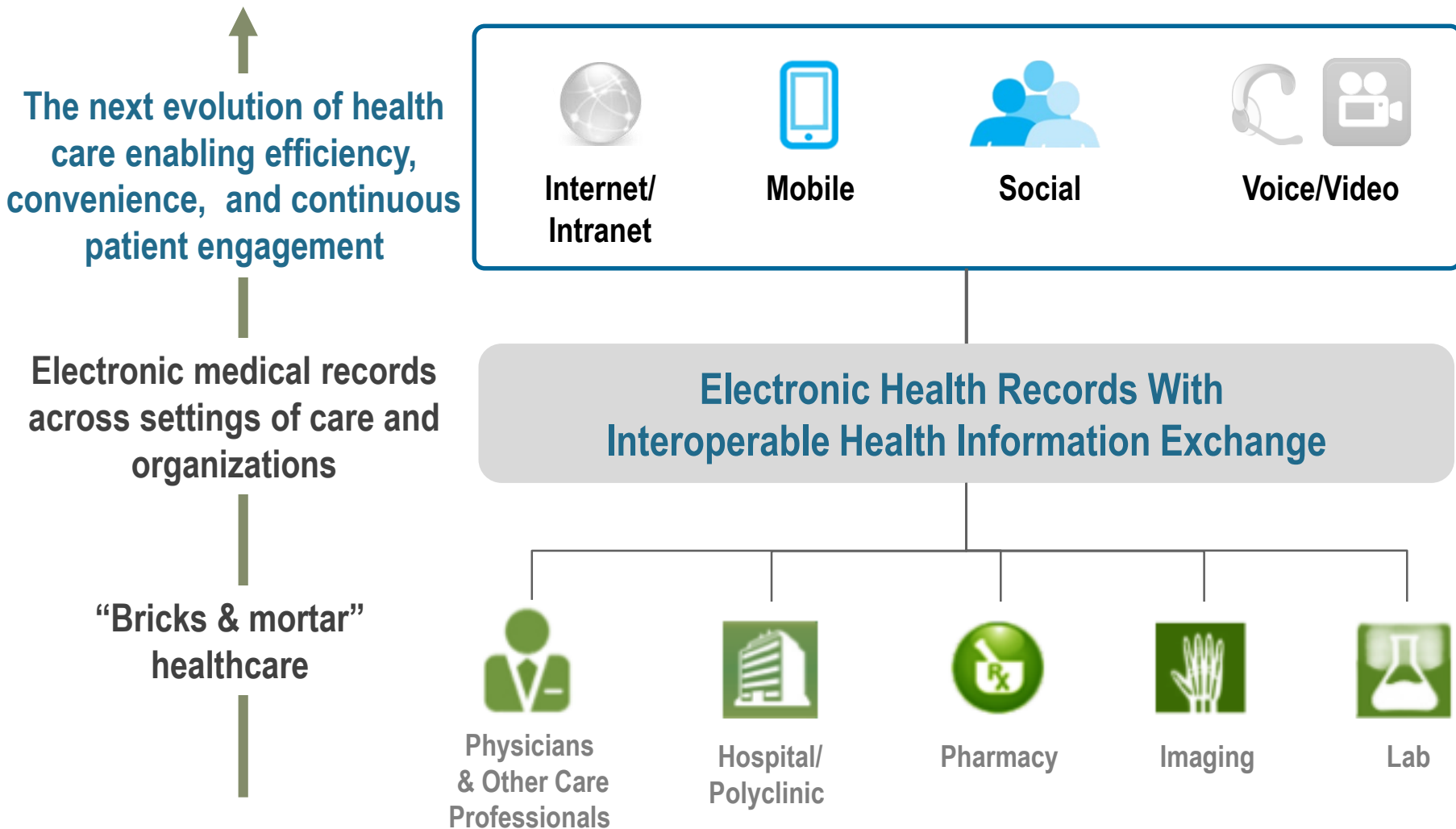
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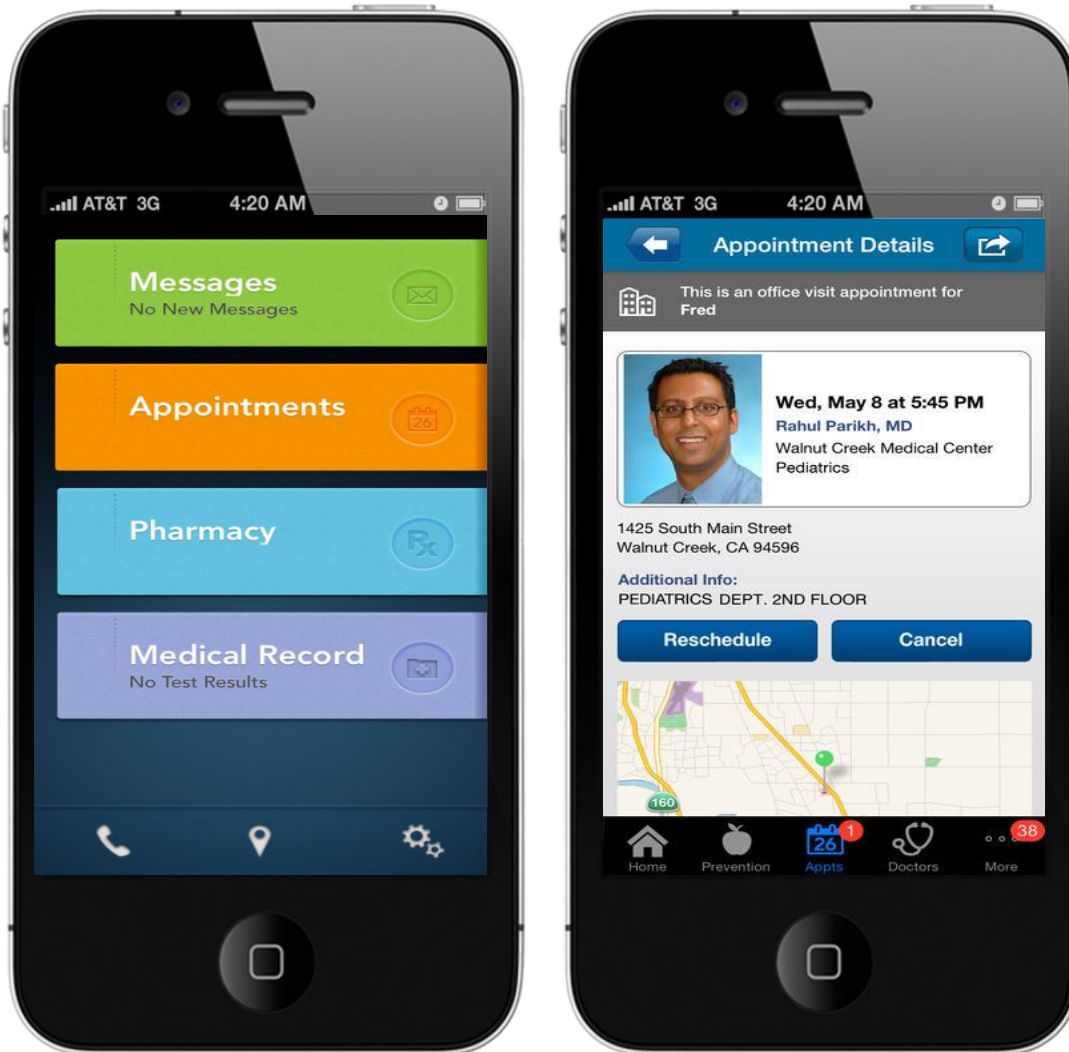
Kaiser Permanente Overview

- USA's largest non-profit health plan and hospitals

- Integrated health care delivery system

- Over 10 million members

- Over 17,000 physicians and over 45,000 nurses

- Over 180,000 employees

- 38 hospitals

- Over 650 outpatient surgery centers and other medical offices

- KP HealthConnect$^©$ is the world's largest private electronic medical records system

- Our personal health record, My Health Manager on kp.org, is a shared record for the patient, their family, and all members of their care team

The Connected Digital Health Agenda

Connected digital health represents a convergence of capabilities that empowers individuals to manage their health on their own terms, further redefining the patient / care giver relationship

The next evolution of health care enabling efficiency, convenience, and continuous patient engagement

| Internet/ Intranet | Mobile | Social | Voice/Video |

Electronic medical records across settings of care and organizations

Electronic Health Records With Interoperable Health Information Exchange

"Bricks & mortar" healthcare

| Physicians & Other Care Professionals | Hospital/ Polyclinic | Pharmacy | Imaging | Lab |

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Anytime, Anywhere Access

58% of U.S. adult cell phone owners have smartphones (as of January 2014).

37% of online visits on kp.org use the mobile device application.

With the KP app, members can:
- locate facilities
- access medical records
- refill prescriptions
- make appointments
- email caregivers
- view test results

Digital Is Meeting The Needs Of Individuals Today
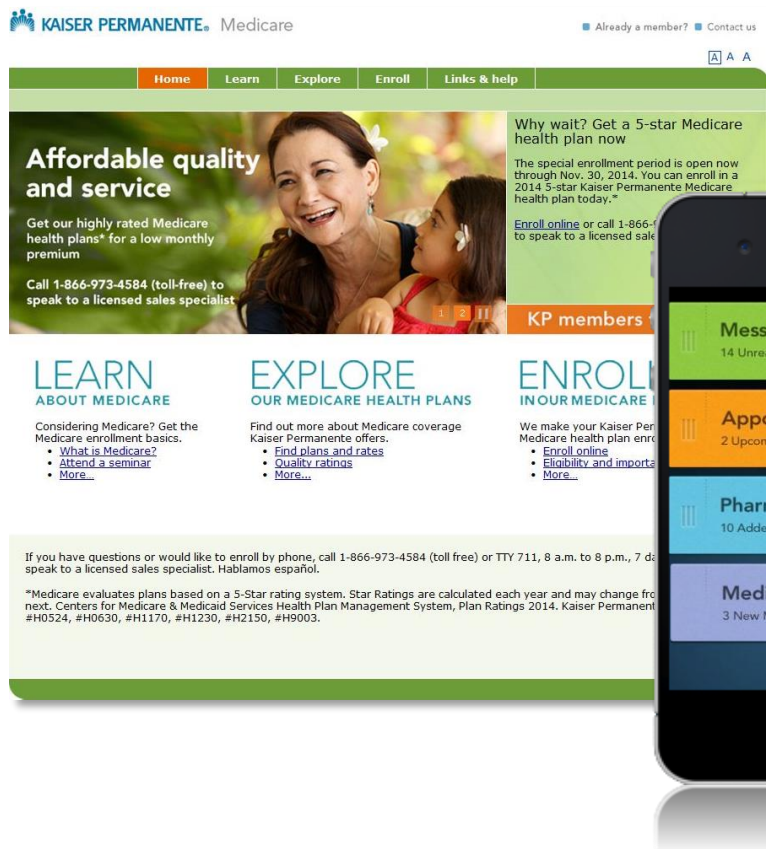
In 2014:

- **43 million** visits through kp.org
- **16 million** visits through mobile app
- **38 million** test results viewed
- **20 million** secure emails to doctors
- **18 million** prescription e-refills
- **04 million** office visits scheduled

4,900,000

Registered Users

1,570,000

Mobile Application Downloads

100,000,000

Mobile Interactions

Consumers and care teams decide together when to visit live or virtually

- **ACCESS**
- **CONVENIENCE**
- **QUALITY**
- **AFFORDABILITY**
- **HEALTH & WELLNESS**

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The New Normal ... Virtual Care

The New Faces
Of Our Members

Patient-physician Relationship Still Paramount

Clinician Role Changes

Industrial Age Model of Care

- One patient at a time
- Only know about patients who appear in your office
- No use of IT
- Limited use of "physician extenders"

Information Age Model of Care

- Safety and efficiency in an evolving environment
- Accountability for panel/population
- Transparency
- Use of EMR, registries, internet
- Team care (including patient)
- Moving care out of doctor's office

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Clinician Considerations

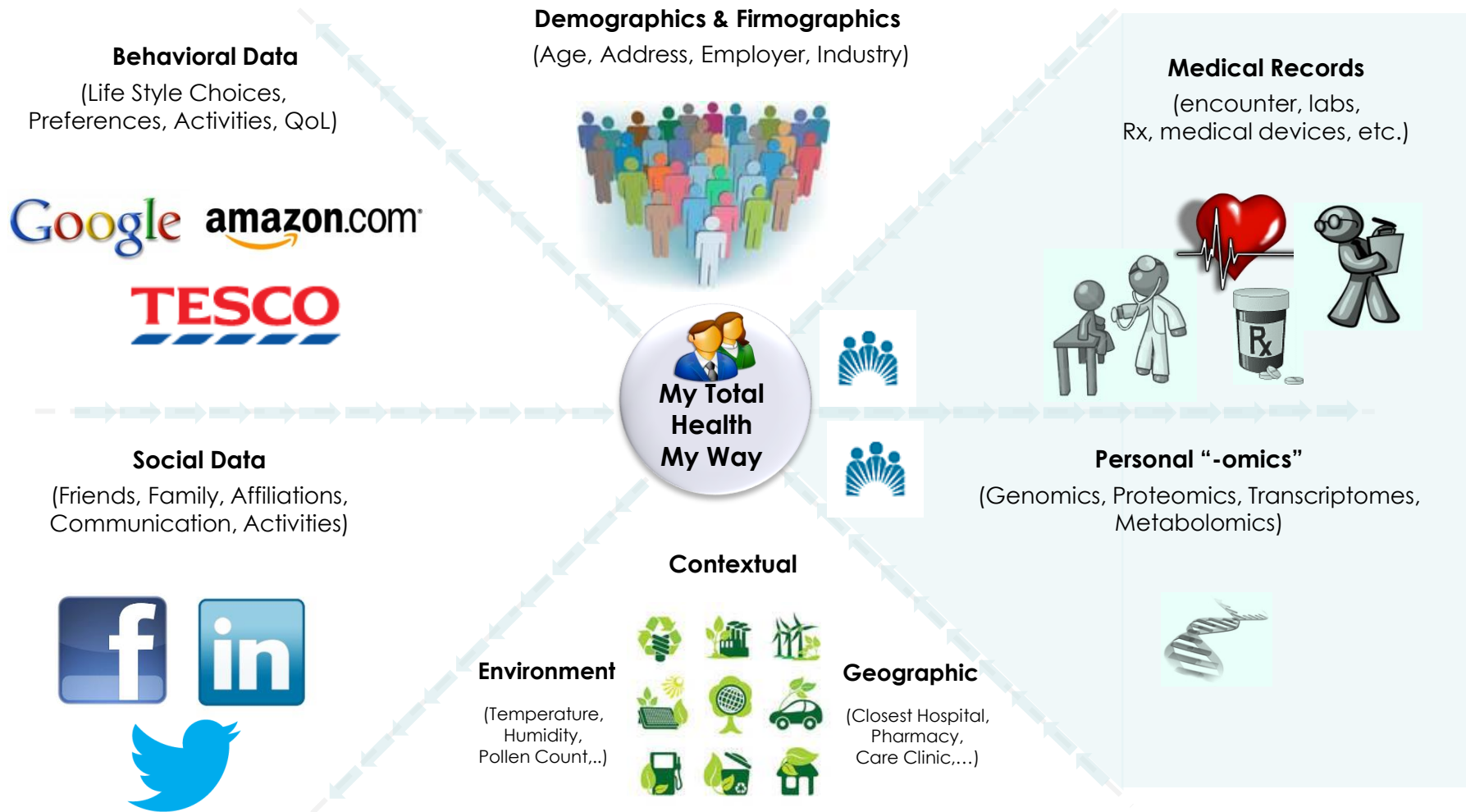- Virtual care tools must strengthen the **relationship** between the patient and the health care team, not replace it

- Virtual care should not be just moving the same care into a different channel

- We need to use virtual care tools to provide care in **entirely new ways** that leverage appropriate technologies

- We need to use virtual care tools to enable **self care and self confidence** for individuals

What Do Clinicians AND Patients Need?

- More complete data, analyzed and transformed into **visual,** easily **understood** and **actionable** information

- Connect with individuals according to their goals, preferences and needs

- Engage the patient and their community

- Less clerical work – automate the routine

Personal Information Is Increasingly Complex

Behavioral Data

(Life Style Choices, Preferences, Activities, QoL)

Demographics & Firmographics

(Age, Address, Employer, Industry)

Medical Records

(encounter, labs, Rx, medical devices, etc.)

My Total Health My Way

Social Data

(Friends, Family, Affiliations, Communication, Activities)

Personal "-omics"

(Genomics, Proteomics, Transcriptomes, Metabolomics)

Contextual

Environment

(Temperature, Humidity, Pollen Count,..)

Geographic

(Closest Hospital, Pharmacy, Care Clinic,…)

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Chevron Richmond Refinery, 6 August 2011
Photo: US Chemical Safety and Hazard Investigation Board, Regulatory Report, 6 August 2012

Key Policies for Health IT and Information Exchange

Pillars of Health Information Policy

Trust

- Data use agreements and privacy adherence, including security

- Prohibit unanticipated use and commercial gain from aggregated patient records

- Use national and international accredited standards

Transparency

- Sunshine for policy development, decision-making

- Fair fees and costs that do not change financing arrangements

- Qualified parties free to choose technical and organizational solutions

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Interoperability Is A Means To An End,
Not A Goal In Its Own Right

- **Goal:** Comprehensive person-centered information available when and where it is needed to inform patient and clinician decision-making

- **Multiple means to this end – different tech best fits different models:**

  – Copies of data extracts transactionally exchanged between entities (**Trillium Bridge** is a good example of this means to the end)

  – Access to data which resides in authoritative systems e.g. via APIs

  – Multiple models of data aggregation with shared access to data

  – Single systems and databases shared among multiple entities

- **All** these means of achieving the end should be enabled equally

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THANK YOU

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