

## Transcription details:

Date: 10-Apr-2016  
Input sound file: Moxie Session Podcast 40

## Transcription results:

- S1 00:02 Hello and welcome to another episode of the Moxie Podcast. This is Episode 40, recorded on the 17th of March, 2016. This is the companion web show to the Moxie Sessions, an Internet economy discussion group held once a month in Auckland, New Zealand. The Moxie Sessions bring together a small group of business thinkers every month, to discuss how New Zealand can take advantage of the Internet to boost its national competitiveness. I'm Andrew Patterson with you here in Auckland. I'll introduce our guest panel shortly. But first, let me tell about our topic under discussion for this session. While the government's healthcare budget continues to increase, technology is proving to be a major force, both in terms of improving efficiency, but also lowering costs for treating patients in healthcare. But what's special about innovation in the healthcare sector? Where does the creative spark come from? And where are the big opportunities for improvements and critical outcomes, service design, or patient interaction? Joining me to discuss this, are Richard Fraser, Vice President of Engage Solutions at Orion Health, an Auckland-based health software company, Stella Ward, who's Executive Leader of Health Innovation amongst other things at the Canterbury and West Coast District Health Board, and Rohan MacMahon is Strategy Director for Crown Fibre Holdings, the government-owned company responsible for rolling out the new ultra-fast fibre network around the country. Welcome to you all.
- S1 01:31 Stella, perhaps to you first. You've been involved for some time in this area of leading change within the healthcare sector, but there seems to be two competing approaches in terms of system design. One involves designing the system around the clinicians, the other around the patients. What have you concluded works more effectively, and how have you gone about designing a system that I understand is now considered to be world-leading?
- S2 01:55 I think it's important that we think about things in balance, but first and foremost, we've designed a system around the patient. That's because ultimately we have three pillars to our strategy, and one of them is around self-management. The other is around care close to the home or in the community, and then freeing up specialist services, so that they only deal with the complex issues. We have the patient in their home at the centre of our system. We also think about how that works for clinicians also. So we've designed it around the patient, but the connections with the clinicians being their general practice teams. So people go and access health initially there. But we also try and provide technology platforms, such as we've got health pathways for clinicians and health info for patients, which are a way of working that. Helps both patients and clinicians understand how we can deliver care better.
- S1 03:04 How challenging has it been to create the system that you have, and why is it being acknowledged and recognised as one of the leading systems in the world right now?
- S2 03:18 Well, it's been a journey, so therefore it has been a challenge, but we worked extremely hard to start the conversation around what's best for patient, and then what's best for system. And that those two things are in balance. The other is that we built it on trust. If you trust everybody to do the right thing, and you continue to enhance trusted relationships, then you can continue to improve. Because everybody continues to understand that if they do their very best, then the system response is going to be a good one also. And why it's been recognised, is because it's actually, ultimately more efficient. We're able to do much more more efficiently, and actually change the demand curve and manage how people are coming into hospitals better, and also preventing them from staying in hospital longer, but also reducing the amount of time people spend in aged care facilities. So that's why we've been recognised in terms of it's a very integrated health system, but it's also extremely effective and of high quality.
- S1 04:36 Richard Fraser from Orion Health, if I can bring you in here. Orion has been at the forefront of designing software that integrates disparate systems. How much of this advance within healthcare could only have occurred as a result of the advance of technology itself.
- S3 04:59 We are-- you're right, and we're working on a strategy which is known as precision medicine. So there's a lot of technology that [relies?] under that to organise electronic versions of health data per patient, to start to add content around that record, which might be environmental or genomic, which is enormous amounts of data and hugely relies on advances in technology to be able to manage, organise, understand that data. Then of course, present that data in meaningful ways to both the patient and consumer, or the clinician professional inside the system. So technology and the advances of technology are paramount in being able to affordably deliver those systems that can cater for such vast amounts of data. Really, I think the question, why are we moving in this direction? Why is precision medicine so important? Is based on the fact that the system itself in the U.S. for example, something like 34% of the spend is waste, so there's a lot of efficiency gains that can be achieved in the industry

through technology advances and through delivering healthcare in different ways. As Stella said, we work with her organisation to present digital platforms to patients to manage their health record, and to clinicians, to assist them with their decisions that they make every day around caring for patients. So technology is everywhere, from the vast amounts of [computer?] required to manage genomic data, all the way through to present health records in a better way to the clinicians and consumers.

- S1 06:48 Rohan MacMahon from Crown Fibre Holdings perspective, what's the take up been like within the health sector to obviously the UFB rollout? Because health and the education sector were seen as two of the most important beneficiaries of this. I know there's been a lot of success in the education space. What's it been like in the health sector?
- S4 07:14 Of course, Andrew, many of if not all of the large public and private hospitals would have had optic fibre broadband prior to the UFB program coming along. Outside of the hospital space, that are looking more at medical centres and primary and specialist care providers, the level of uptake is probably similar to what it has been across the rest of the program. So whereas schools' uptake is very very good and very high, the health sector is more at the average, which is sort of around the one in five type of level at the moment. It is a little harder to measure because we don't have a [?] of health providers that is seen as being unique and entirely complete. But it's been interesting to see the level of engagement we've had from the sector. I think probably four or five years ago, you would have thought connectivity could have been a real barrier to getting some of the types of solutions that Stella is talking about up and running. But I think that's no longer the case.
- S1 08:15 Do you think part of it is simply because people don't necessarily understand the opportunities that the technology drivers can create here, or is it because they're choosing to hold onto legacy systems they don't necessarily want to convert?
- S4 08:33 I think it's probably a range of factors. There are obviously key contracts and key providers out there that may take a little while to run their course. And people may also of course, be on the type of private fibre solutions that I mentioned before, that certainly some of the large urban hospitals are on. Their connectivity is not a problem for them. But I think given the complexity of the supply chain that runs throughout the health sector - various different supply chains for lots of different forms of patient engagement, lots of different specialisations - it will just take a little more time for that uptake to increase of its own accord. And the real question is, what could various different parties do to increase that rate of innovation?
- S2 09:16 I wonder if it's about-- sorry to cut in. I wonder if it's also about people needing and understanding how technology is going to help them. Certainly for us in terms of our integrated health system strategy, underpinning that, we've been talking about an integrated technology platform being fundamental to the delivery of that. Today, we're celebrating the millionth electronic request that is happening from primary care to specialists. So sometimes if the system strategy around it, of which we've had a very clear rationale for the technology, which has seen for one of our innovations, HealthOne, a queue of people in private practice and in the community care, wanting to be part of it and thinking about what their platforms might need to be to support it, because they can see value in the connection and the technology.
- S3 10:21 The other important point to make here to your question and how Rohan phrased his response there, is that it's not just about the hospital being connected. And if you look at what Canterbury has done, it's designing its system around the patient. It is vital that there is access to connectivity for the patient at home. We work quite closely with the clinicians in Canterbury, and one of the great statements and insights we got, was that the care actually starts and ends at the home. So it's not just about having connectivity to the hospital system, but it's also about having connectivity right out into the community. That allows us to build applications, which can help the consumer or patient engage with their health record, interact with the data that's available to them, and even improve the way that they are preparing themselves for an episode or an instance where they do have to come into a hospital facility.
- S1 11:24 Stella Ward, just on that point. In the discussion of the Moxie Session itself, you raised this point that patients can manage their own healthcare more effectively. That's quite a fundamental shift, isn't it, from where we were say 15 or so years ago, where the idea was that it was your doctor that was managing it? While the doctor is an important part of that relationship still, how does this idea of patients managing their own healthcare differ from what it was previously?
- S2 11:58 I think it's being part of the move away from what has been quite a paternal approach to engagement. And what has become clear across the globe, is that patients and individuals have a phrase, Nothing about us without us. So the process of co-design in consumers of healthcare being part of how the change happens, is fundamental to getting that shift. I guess the other is the rising challenge around the non-communicable diseases, and the impact of that on chronic conditions, means that there's been quite targeted interventions around supporting people to manage their condition because it is chronic, and they've got it for a lifetime. So how can they better improve and manage things themselves, so that they feel confident? But also there is more expert support from communities or consumers like me in terms of the technology platforms that are available to support people. The Internet groups and Facebook groups that are out here, also provide that level of support. I think finally, is the opportunity that technology provides in terms of the apps that are now becoming more useful for people, and that we are getting better at thinking about how that technology can part of the health record, and that data can be used to plan and improve services. I think that has helped with the self-management pillar. We've got a long way to go yet.
- S1 13:49 Richard, if we think about Orion, which of course is very much is the fore in this area, is there a range of different

expectations? Obviously, at one extreme, healthcare providers who say, "Yeah, we want it all, and how quickly can you deliver it?" To the other extreme, where there is a lot of reluctance in the space. How's your sense about where the balance lies between those two extremes, and in terms of, I guess, where New Zealand sits against the rest of the world?

- S3 14:26 Now, I think there's a compelling event here, which is the pressure on the system, and that's really where the innovation is starting to come from. To be able to deliver effective, efficient healthcare without a ever increasing budget and spend in the system, is really what we're trying to solve. So there's a realisation that it has to happen. It has to change the methodology around, providing healthcare has to the change. So there's no reluctance. The question is, how do we do that in a way that empowers, I guess, the patient [?] so they can look after themselves, but also provides useful tools that are in line with the way the clinicians think and work either in the community or inside their hospital environments. But for us, what we're trying to do in the engagement area, which is what are the apps that are starting to be sort after for patients and the clinicians? We're trying to think about this from almost a experience economy point of view.
- S3 15:33 There are a number of different industry factors that has changed the the way they deliver their products and services, by thinking about the [energies?] experience. And really, the opportunity in health is to start to think about it like that. To start to think about the individual, their particular individual needs. Precision medicine is about understanding them as individuals, not as a group of people with a type of disease or illness that needs to be treated. And in fact, even thinking about the wellness. So how we manage people's well-being in the community is really the outcome here, as opposed to managing sickness inside of a hospital. But to your question, I think everyone's taking this as a needs to move, and there are some precautions around with every industry, bringing more and more of the [state?] into a digital environment. But the rules and regulations are there to operate within, to keep it safe, secure, and the industry is slower emerging towards this much more experiential way of delivering healthcare, which is very important, so that it can more effective in its outcomes.
- S1 16:49 Rohan, from Crown Fibre Holding's perspective, what else could be done to push innovation along in the healthcare sector?
- S4 16:59 I think from my understanding, you're already seeing quite a lot of clustering type behaviours within the sector. So Stella would be more the expert than myself. But the 20 odd district health boards are organised into four clusters, and they are sharing various projects between them to try to improve efficiencies on their side of things. But where I think it gets really interesting, is that there are parts of primary practice that have been coordinated into, for example, national models, which offer improved processes. Might even offer improved efficiency, and will obviously be using those technology underpinnings that we've talked about. So perhaps Stella might like comment as well.
- S2 17:41 Yes, I think the regional collaboration is showing real benefit, and my point earlier about celebrating the millionth electronic referral for the South Island is significant, because that is how the region has been able to leverage an innovation that works so well in Canterbury, and has now spread across the entire South Island. So those sorts of regional collaborations are really important for encouraging innovation and innovation spread, and then I guess, the other is the minister's announcement with the National Health IT Plan's revamp around what things can happen nationally, and what the expectations are around an electronic health record for all New Zealanders, will help to guide the spread and adoption of innovative technology solutions around that delivery of patients being able to access their own health record, of which in Canterbury, we've been able to provide that.
- S1 18:51 One of the comments in the discussion I note was, "Healthcare innovation needs some love and attention." I'm not sure who made that comment, but what else is going to be required to move things to the next level, and in terms of that point you made, Stella, about clusters, how much of the sharing and sort of that loosely described term of best practice, is therefore being adopted more widely, rather than just being concentrated within one particular DHB?
- S2 19:30 Ooh, tricky to answer. I think the love-- and certainly innovation definitely needs more love and probably more investment. There are components of that happening. There's the announcement, obviously, with Orion and [Inby?] and Waitemata, which is a way for innovation industry and research activity to happen. I think the other is around the sharing of best practice. Well, there are plenty of mechanisms of that, and certainly from our perspective, we have been able to have health pathways adopted pretty much across New Zealand. A few regions haven't chosen to take it up, and certainly across large parts of Australia. So there are stories of that success. I guess the thing is around focussed spread of innovation, but if it's the right thing to do, and actually solves the problems of a pretty stretched health dollar, then I think the adoption can happen.
- S1 20:38 I was also-- one other point that was made in the discussion, and just this quote from the notes, "It's also harder for innovators to get involved in healthcare. Anyone can go and volunteer at a school and get in front of kids. You might get a less positive reaction if you went to volunteer at your local GP. Perhaps there's a higher risk of something going wrong. We know that innovation is based on a process of trying ideas and that whole evolution of ideation itself. Is that another part of the problem? Perhaps Richard, you might to comment on that?"
- S3 21:13 We're actively working - as I mentioned before - with Canterbury, and we've created a clinical user group to get feedback and discussion going around, how technology can assist them. You've raised some interesting points around how difficult it is perhaps to volunteer or get involved with the health industry as to say the education sector or something. But the willingness is

# Transcribe Me!

there. Clinicians and the Canterbury system has been very open and very able to facilitate such collaboration, and I think as Stella said, as per some of our recent announcements, I think it's about bringing various partners across the ecosystem together, to try and solve the problem together. That part of innovation hasn't been that obvious in health to date, and that's clearly what we're trying to encourage. The willingness is there. The understanding of the problem is there within the health sector. It's about the various parties across the ecosystem now, working together and using the clinical expertise that exists to assist in developing the applications and services and workflows that they need to assist them deliver a better outcome. It's sounds a bit cliché, but it really is what we all need to start to encourage.

- S1 22:46 So Stella, just on that point now, because it is a double-edged sword. On the one hand, there is the potential of the benefits that come from innovation, but obviously, there's long pathways involved, and people like you obviously very busy. How much time do you devote to helping somebody innovate an idea, and how much do you kind of wait for that to come through? How do you deal with that innovative practices that might be out on the edge, but could potentially be something that could come out of New Zealand, obviously that has global applications?
- S2 23:21 I think one of the challenges for industry, is that they've had a solution looking for a problem, and they haven't necessarily felt particularly welcomed by the health system in that regard. But if you change the way you engage with industry, which we have done by developing partnerships, but also we've done the same kind of thing that Richard was talking about earlier, around experience-orientated businesses who we've spent time looking at what's happening in banking, and going and finding out what it's like in hotels and services, and what it's like in New Zealand - those sort of things. So that we can think about how other industries are [attempting?] in solving these problems.
- S2 24:10 The other in terms of time and devotion for ideas to develop. We have a number of different mechanisms that we have in place for that. So sometimes we have the user group concept. Sometimes, we do it through-- we've got a process called the Canterbury Initiative, which is an innovative methodology in itself. Where a group of people are facilitated in the conversation about what's not right about a particular issue, and then they identify what are the first things that we're going to solve. And they don't meet again until those things are solved. Then you build confidence from there. And then the other is, we have also actively reached out to the wider Canterbury region innovation system, and said, "What's happening in industry? What's happening in the innovation precinct, which has been a development here in Christchurch. What's happening in the research institutes, and how can we adopt those innovative practices together?" I think there's so much more we could do, that if I come back to what we based our system around - trusted relationships. And that is how innovation happens.
- S1 25:28 All right. Just in the time remaining. Maybe a thought from each of you? In fact, I'd like to perhaps get each of you to make a prediction based on your own area about where healthcare will be say in ten years time. If you're optimistic enough to put a flag in the sand about where we'll be going. Richard Fraser, perhaps we might kick off with you?
- S3 25:56 Thanks. It's like trying to predict the outcome of a T20 match [chuckles]. I'd like to think that health has learnt a lot from some of its parallel industries. The idea of the experience economy with health is-- for the listeners to understand it, is that more and more health can be through technology very personalised. And it can, therefore, be much more effective at delivering a care pathway for you as an individual. In order for that happen, a lot more interaction from the consumer and patient on their well-being, on their illness, on various aspects of their life that isn't necessarily a burden on the health system, but in fact, a way of feeding information in. So I see many more apps, many more open systems, which allow apps to read and write data, a reliance on a longitudinal health record that tracks you for life. And you are fully in charge as a consumer of that data. You're able to share it with various clinicians, practitioners, to assist with your healthcare, and you are driving your well-being from that perspective. So that's where I see health going.
- S1 27:16 Rohan MacMahon?
- S4 27:19 Yes, I think it's something I feel pretty comfortable being optimistic about. I think the healthcare experience is probably perhaps similar to Richard. I'd say it's certainly going to get more personalised. It's going to be significantly more online, significantly less paper-based, and significantly more of the treatments and practices will be in the home, compared to where they're currently located. I think the challenges that are in front of the sector are substantial, but I believe the demographics are going to make the sector solve them, and I think the technology community is ready and willing to help.
- S1 27:55 And final word to you, Stella Ward.
- S2 27:59 I guess I see a stronger role for the apps and the mobile platforms to support people wherever they are, interacting and supporting the well-being. I think there will be an opportunity to revisit the wider determinates of health, and ensure that our environmental health, education, are all components that-- and [?] housing. So I think that technology won't just be developed and changing for our healthcare. Instead of it--that the impact of the wider determinates of health and technology will also have an impact. I feel optimistic about a digital health future. I think there will be tools to help people manage themselves, navigate who best they should see. When they get there, know what's going to happen, and they'll probably be much more targeted personal interventions available.

# Transcribe Me!

S1 29:04 Thank you all for joining us for this Moxie Podcast. Speaking to Richard Fraser, Vice President of Engage Solutions at Orion Health, Stella Ward, Executive Leader of Health Innovation at Canterbury and West Coast District Health Board, and Rohan MacMahon, Strategy Director for Crown Fibre Holdings. This has been Moxie Podcast, Episode 40. I hope you can join us again, for another Moxie Podcast in the future. I'm Andrew Patterson. Thanks for joining us. All right.