Diabetes Scenario annual check up
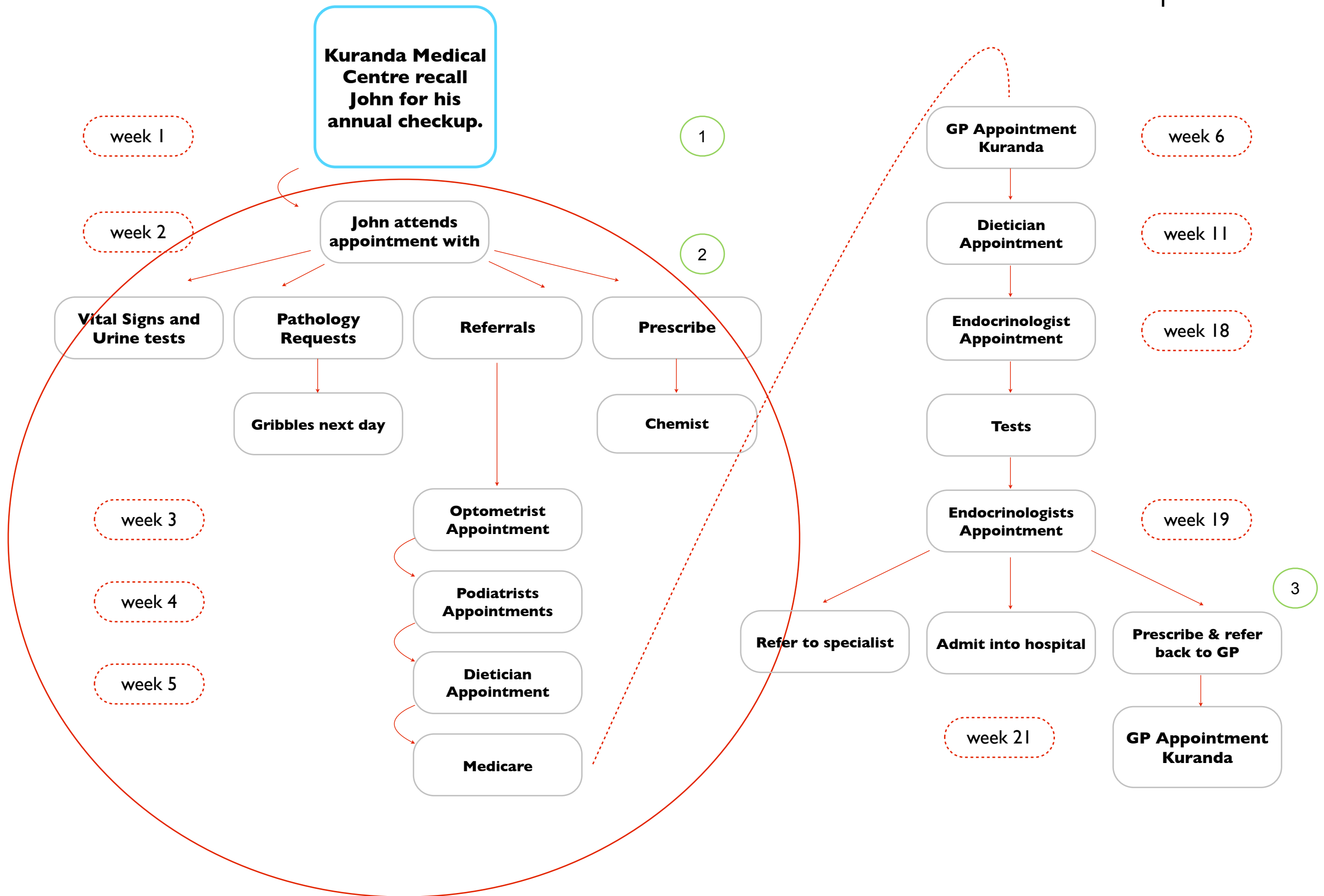
Practice Nurse Pain

Scenario
Day in the life of a patient
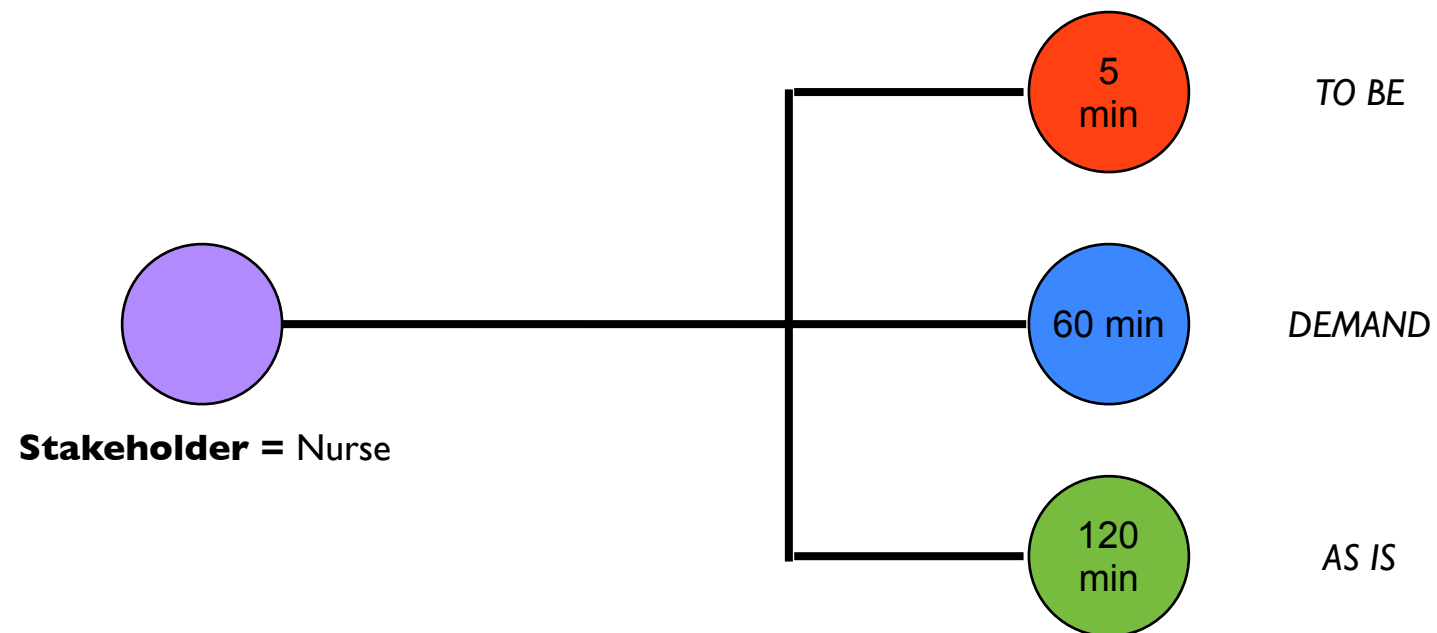(Diabetes annual checkup)

Pain Point
Identifying who requires a check up
and contacting them (per week)

Typically
The practice nurse will spend over
tow hours performing this task &
would like it reduced by 1/2.

It was estimated that if a PCHR
was connected to the practice
software this time could be
reduced to 5 min by automating
the search and messaging activity.

Value Criteria (Pain) = Reducing Time

5 min — *TO BE*

60 min — *DEMAND*

120 min — *AS IS*

Stakeholder = Nurse
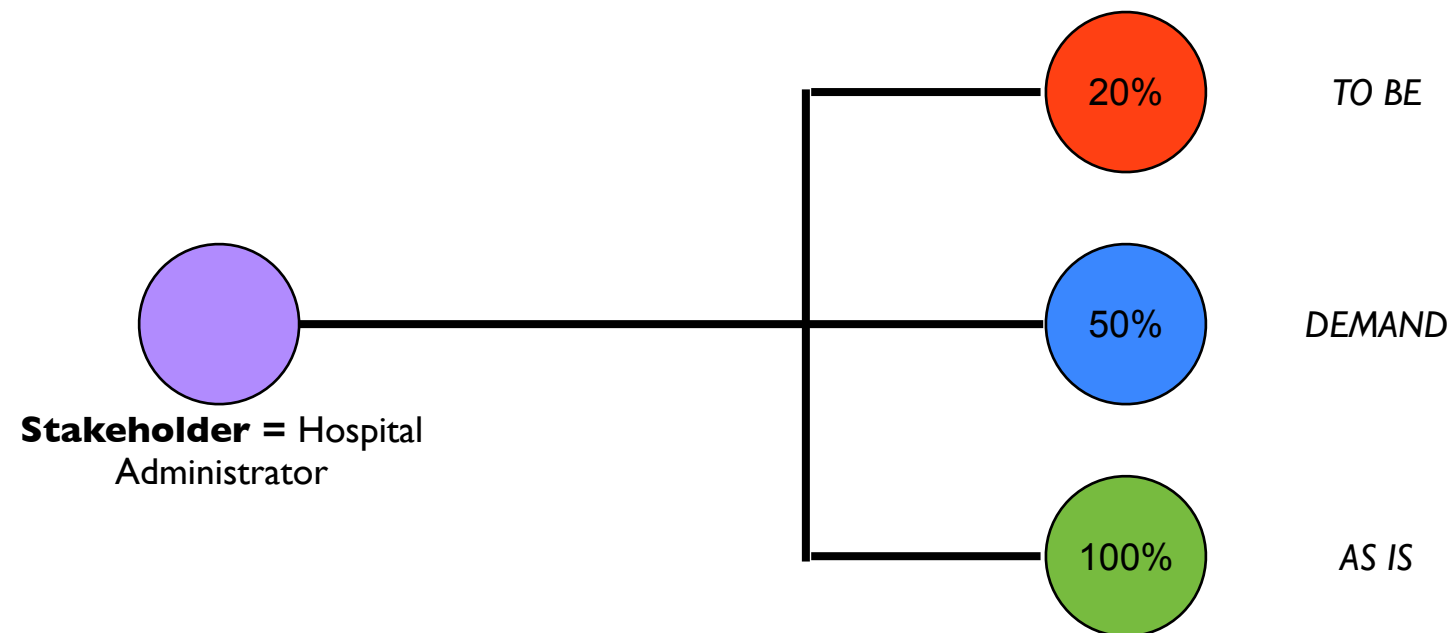
What was the identified pain?

- 40% of the GP's referred appointments to each of the 6 (average) specialists & allied are duplicated, as are the medical tests;

- This is 100% when referred to a hospital;

- 30% of the hospital beds' admissions are due in part to a breakdown in the continuum of care during these annual checkups;

- 2 hours are wasted each week by the practice nurse identifying candidates for a check up and estimated of up to 6 hours a week tracking down patients who have not completed the check up procedure;

- Estimates of up to 6 hours per week for GP's dealing with the consequences of patients not completing the check up.

What was the estimated value of e-Health adoption & collaboration?

◉ Reducing the 40% duplication of allied/specialists appointments and medical testing to 10%.

◉ Reducing the 100% duplication of hospital appointments and medical testing to 20%.

◉ Reducing the avoidable hospital admissions from the 30% of capacity to 10%.

◉ Increasing efficacy of general practice by over 20%.

◉ Reducing the 21 week check up cycle to 8 weeks.

Diabetes Value Overview (higher value at outer edge)

Green = As Is

Blue = Demand

Red = To Be (PCEHR)

Black dotted = Could Be (e-Health)

Role = Hospital out patients
Pain point = Managing appointments, chasing up missing information & duplications
Criteria = Time

Role = Hospital administrator
Pain point = Dealing with consequences of patients not completing procedures
Criteria = Avoidable admissions

Role = Practice nurse
Pain point = Identifying who requires a check up
Criteria = Time

Role = Specialist/allied
Pain point = Chasing up missing information & duplication
Criteria = Time

Role = Patient
Pain point = Setting up & attending multiple appointments plus dealing with duplications
Criteria = Stress

As Is

To Be (PCEHR)

Could Be (e-Health)

Demand

Role = AMS Case manager
Pain point = Managing client, setting up appointments, transport & chasing up information
Criteria = Cost

Role = GP
Pain point = Managing consequences of patients dropping out of program
Criteria = Time

Role = Case manager (age care & mental health
Pain point = Managing client, setting up appointments, transport & chasing up information
Criteria = Cost
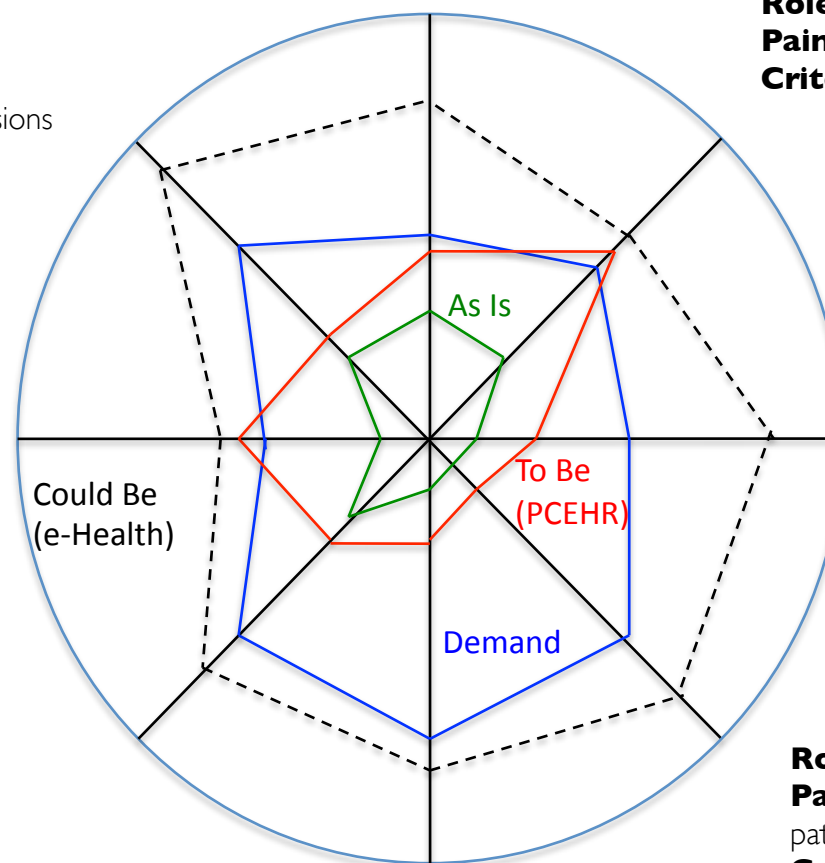
Example of a single value criteria impact on the region (Efficiency)

Why collaboration is required for building an environment for Clinical Excellence to occur in a continuum of care.

HIGH

DURATION OF ANNUAL CHECK UP

21 WEEKS

33% EFFICIENCY GAIN

**DUPLICATIONS
AVOIDABLE ERRORS
CERTAINTY
TIME**

TIPPING POINT

8 WEEKS

LOW

EVOLUTION
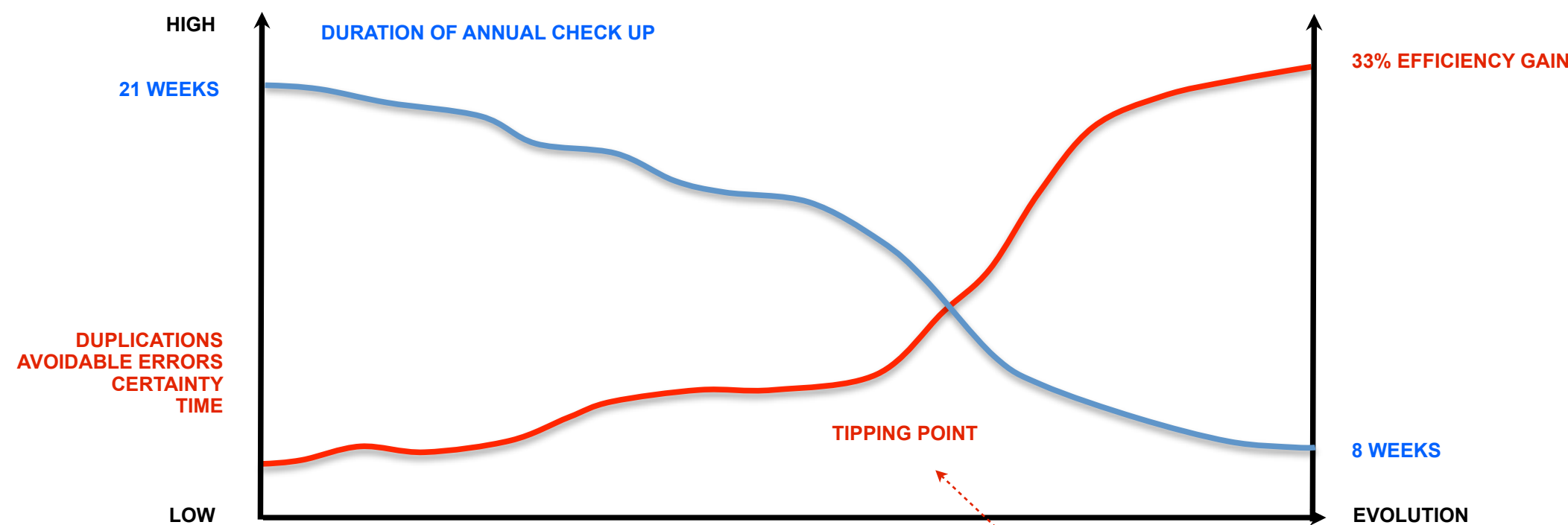
COLLABORATION	NEVER	ONLY IF COMPELLED	ONLY IF REWARDED	**WHEN ITS POSSIBLE**	ALWAYS	CHAMPION
PCEHR ADOPTION	CONSUMER	GENERAL PRACTICE	NURSE	ALLIED/SPECIALIST	**HOSPITAL**	CASE MANAGERS
INTERCONNECTIVITY	NONE	ENTERPRISE	INTERNET	**CORE SERVICES**	ALL SERVICES	MOBILITY
PROCESS AUTOMATION	NONE	ENTERPRISE	**PCEHR**	REFERRALS	CASE MANAGEMENT	ANALYTICS
TRUST	NEVER	NOT YET	JUST A LITTLE	**VERY CONDITIONAL**	JUST SUFFICIENT	ACHIEVED CERTAINTY
VALUE REWARD	NEGATIVE	SAME	**BETTER**	MEETS DEMAND	EXCEEDS DEMAND	DEMONSTRABLE
KNOWLEDGE SKILLS	NONE	READ DATA	DATA ENTRY	**COMPREHEND OVERVIEW**	SELF LEARN	CREATE KNOWLEDGE

VALUE & END-POINT ROADMAP
The projected journey for the whole health region

The tipping points of verifiable value

Aspirational Endpoint

VERIFIABLE (PUBLIC) VALUE

HIGH

38% productivity gain
Knowledge based decision making

Most efficient use of my time

Enabler of community based health care model & shared responsibility

Clinical evidence based decision making

Most effective use of our resources

Measurable improvements of clinical excellence in context of a joined up continuum of care

Automation of processes between core systems and services

X

Clinical excellence in delivery

Reduction of duplications & avoidable errors

Critical mass of region adoption of PCEHR including people

X

Connected analytics feeding

Knowledge based decision making

Broader nurse, ailed, hospital, age-care, specialist, PATH, RAD adoption

X

Stream lining of processes

Joined up continuum of care

GP & patient adoption

X

Integrated with booking systems, regional referral lists

Limited awareness

X

Integrated to existing practice systems

X

Most effective use of our resources

Fair & trusted governance framework

NOW

X

Launch and start to register

Stand alone PCEHR

LOW

EVOLUTION

Tell it once (Enter my details once)

Know me (summary & critical history & my consent)

Look at me (No need to look for all the information when I am with you)

Work as a team for my health outcomes

Treat me with what we all know "works best" (from the collective knowledge & know how)

Predict my treatment requirements (based on analysed knowledge of clinical evidence matched to my conditions

Thursday, 9 August 12

Example from the Mental Health scenario

Scenario
Setting up a care plan in *mental health* setting.

Pain Point
Processing a new case involving case manager, GP, nurse, care giver & others.
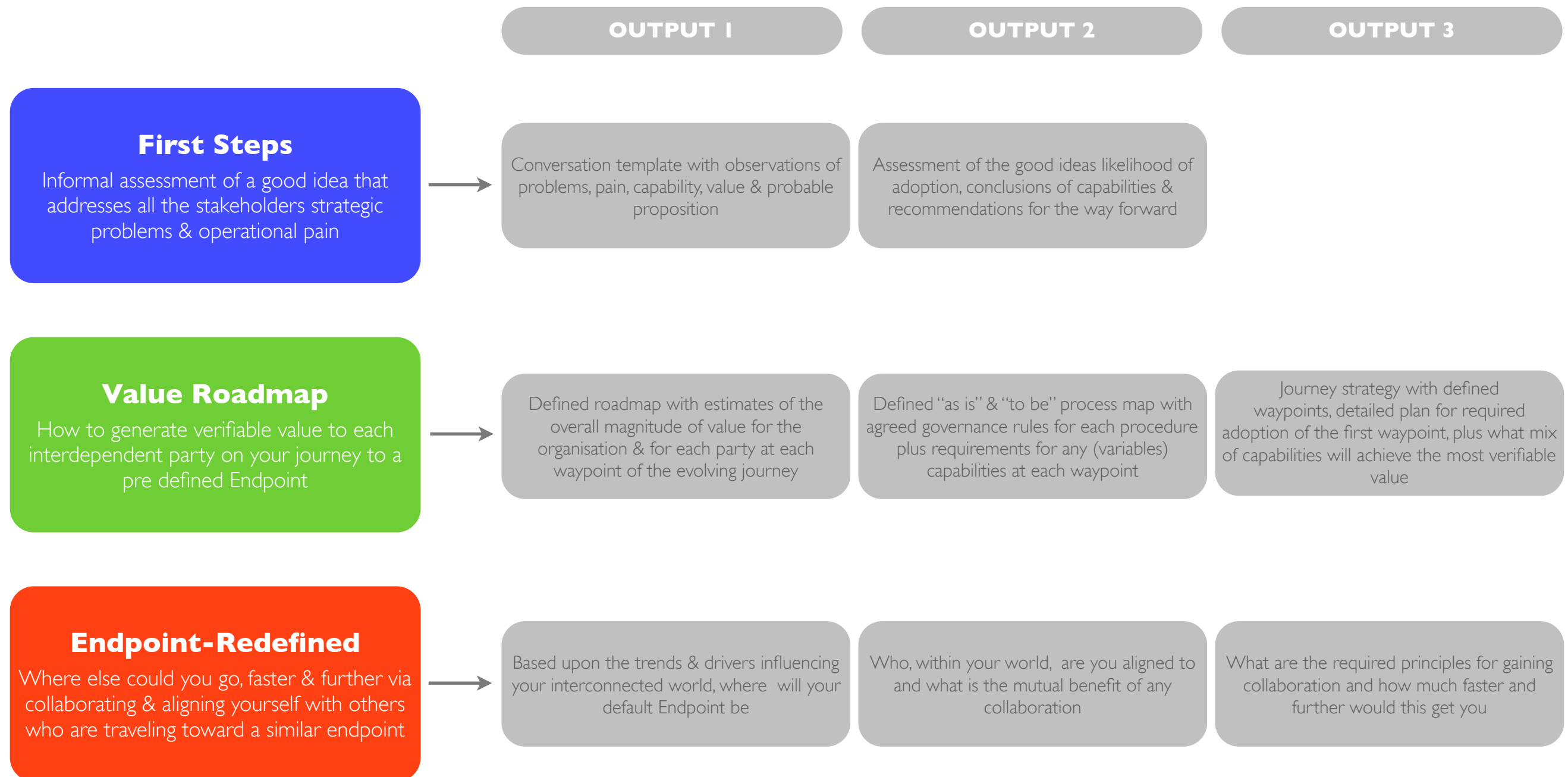
Typically
Have to tell history of events, conditions, medical, medications and personal/family details, plus financial status.

Value Criteria = Time

4/10 — *COULD BE* — Additional eHealth capabilities

7/10 — *TO BE* — Adoption of the PCEHR

6/10 — *DEMAND* — What they want it to be

Stakeholder = Client / Patient

9 /10 — *AS IS* — What happens today
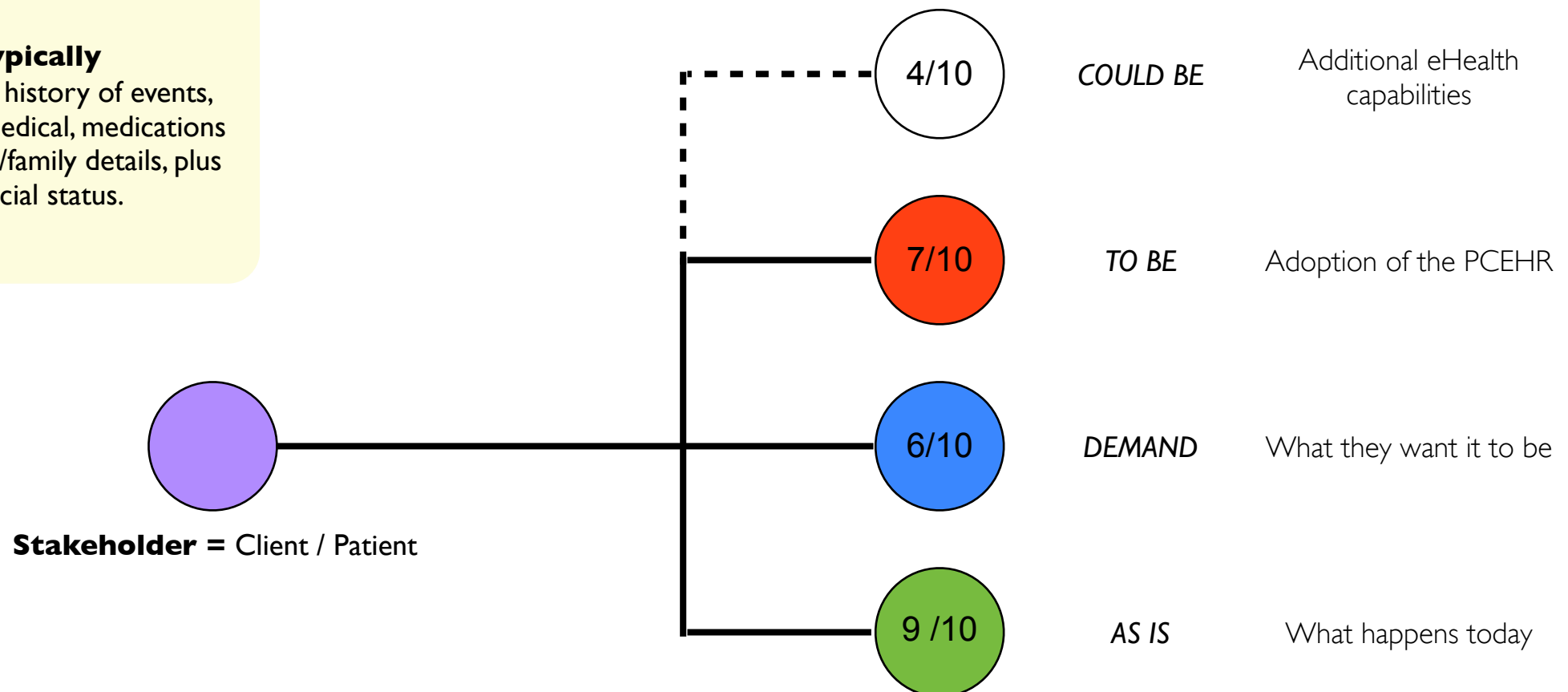
VALUE FRAMEWORK USED TO DEFINE VALUE OUTCOMES

	OUTPUT 1	OUTPUT 2	OUTPUT 3
First Steps Informal assessment of a good idea that addresses all the stakeholders strategic problems & operational pain	Conversation template with observations of problems, pain, capability, value & probable proposition	Assessment of the good ideas likelihood of adoption, conclusions of capabilities & recommendations for the way forward	
Value Roadmap How to generate verifiable value to each interdependent party on your journey to a pre defined Endpoint	Defined roadmap with estimates of the overall magnitude of value for the organisation & for each party at each waypoint of the evolving journey	Defined "as is" & "to be" process map with agreed governance rules for each procedure plus requirements for any (variables) capabilities at each waypoint	Journey strategy with defined waypoints, detailed plan for required adoption of the first waypoint, plus what mix of capabilities will achieve the most verifiable value
Endpoint-Redefined Where else could you go, faster & further via collaborating & aligning yourself with others who are traveling toward a similar endpoint	Based upon the trends & drivers influencing your interconnected world, where will your default Endpoint be	Who, within your world, are you aligned to and what is the mutual benefit of any collaboration	What are the required principles for gaining collaboration and how much faster and further would this get you

Thursday, 9 August 12

Do it yourself value assessment kit

- A conversation based seven staged exercises to determine the likelihood of a good idea having sufficient value for it to work in an interconnected e-Health environment. Normally takes a total of 2 to 4 hours to complete after training which involves assistance with an initial practical exercise.

- A structured model for evaluating what value would be generated for each critical party through the adoption of the proposed new capability within the context of a typical health consumer scenario. Normal ½ day prep & ½ day workshop will provide sufficient evidence for decision making.

First Steps – Discovering the value potential of collaborating & adopting an e-Health community

	Enterprise problems	Eco system problems	Pain Points	A typical scenario	What if ? (capability)	A good idea	Value proposition
Question	What are the problems, who experiences them & at what level do they operate in the enterprise?	How does the problem affect others in the interconnected eco like world & where are they?	Can you give me some idea of the type and magnitude of the pain that this problem causes?	Let's explore how this pain manifests itself in a typical scenario to help better understand what can be done	What sort of capability (solution) would have to be adopted to get rid of this pain & what would the value be?	What good idea would work best to address this whole problem?	What would the likely value proposition be to your client to adopt the good idea?
Why ask this question?	➤ To understand what the overarching problems are and how they are perceived & experienced by each level of the enterprise ➤ To discover if a single root problem exists ➤ To establish if sufficient demand exists by all the parties who are part of the problem to fund a solution if you can find one	➤ To understand the interconnected world that the problem exists within, who it affects, how and if they are willing to adopt any type of solution that your client offers them	➤ To better understand the nature and magnitude of the pain to every party connected to it and to establish the criteria that would be used to define and measure any value outcomes. Plus to understand what specific demands exist for value from the parties, as this serves as a benchmark for "will it work"	➤ To understand the impact of this pain at an operational level and to see where the pain points for each party from concentrated hot spots ➤ To establish where to prioritize any effort to reduce the critical pain	➤ To discover the characteristics of any solution and to start to interoperate what elements would be required in a solution mix ➤ Plus what is the most intelligent, innovative and cost effective solution mix to remove pain and generate value	➤ To form the seed of a good idea that encapsulates the conclusions and findings from the conversation in such a way that your client can start to take ownership and develop the idea towards a value proposition with your support	Once your client recognizes that the solution can reduce the pain and generate value to his or her own customers. Also stakeholders (as well as themselves). They will then start to drive the process of discovery. This provides you with the first value proposition