





Health Care Transformation From Hospital Care to Home Care

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Enabling better health through information and technology.





Health Care Transformation From Hospital Care to Home Care



It's a whole systems approach....



- Whole systems respond to influence, but are not susceptible to control, thereby demonstrating that we must strengthen leadership in preference to management.
- Whole system leaders tend to focus externally rather than internally.
- They use power wisely
- The more power they have the more they give away
- For years we have trained, encouraged and rewarded organisational leaders
- Whole system leaders collaborate rather than compete
- Care transformation is entirely dependent on the right kind of leadership



The "Do How" moment......



Leadership & Management

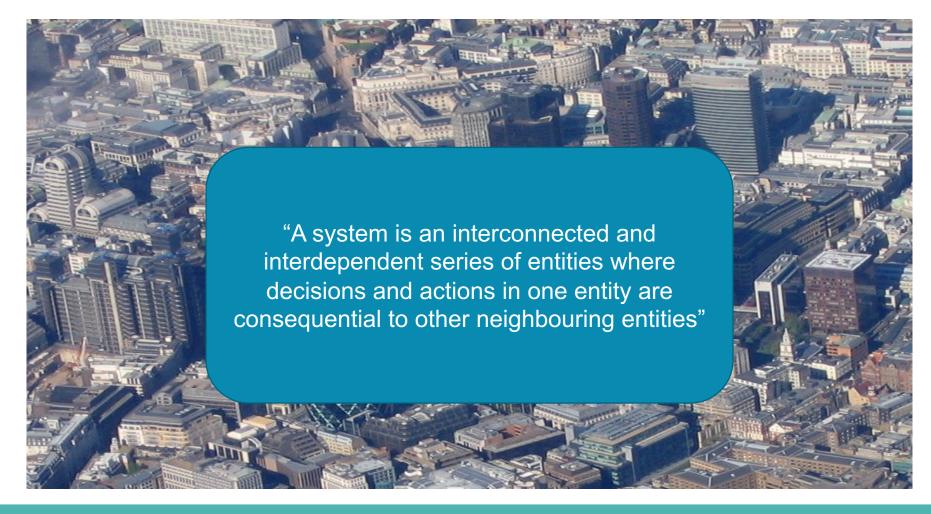
Instilling an inspiring vision

Getting important things done

Instilling good operational processes

Whole systems.....

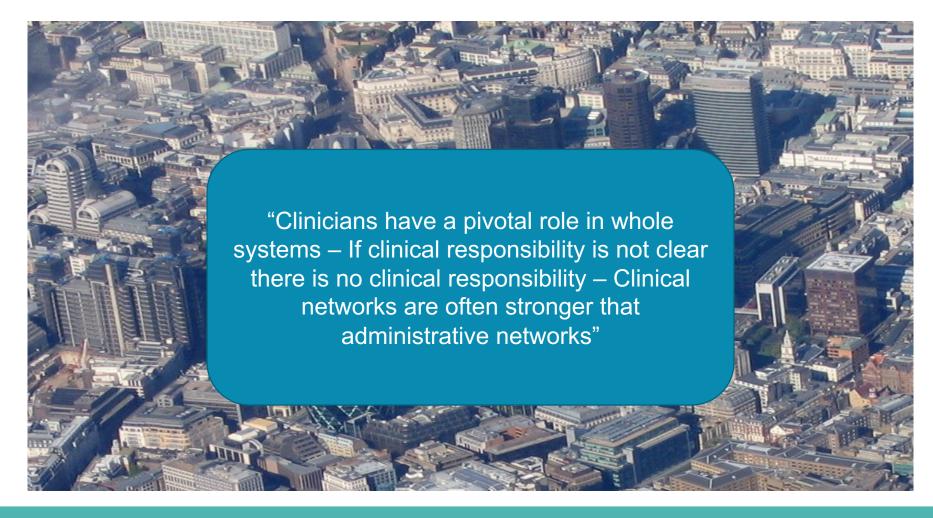






Whole systems.....







Whole systems.....







No single solution

- Presented by

 Himss

 Halls

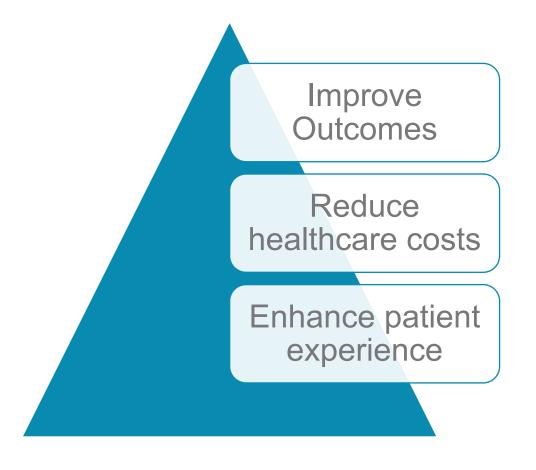
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- Changing patient flow and pathways
- Rapid recovery programmes
- Early discharge initiative
- Preventing the crisis points
- Relaxing the medical model
- Remote monitoring
- Tele-health hubs
- Admission avoidance and reducing length of stay
- Right care, at the right time for the right patient



Why hospital at home?







The facts....



- While countries with strong primary care have better health outcomes and less health inequality, overall costs of health care may be higher.
- When the patient is actively involved as a co-producer in their own health care outcomes appear to improve.
- Europe's strong primary care systems are linked to better population health but also to higher health spending.
- In most countries demand for acute hospital care is increasing.
- Changing patient flows and pathways could deliver clinical, financial and operational improvements in a local health economy.



And some opinions....

- Presented by

 Himss

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 Missiry of Health
- Local schemes will only lead to health economy-wide savings if they
 consistently divert enough patients from local acute hospitals to allow beds
 and wards to close.
- The cost saving is then only realised if providers and commissioners have the will to close down capacity that is freed up.
- Although these schemes will be important in addressing longer term needs, they may not be able to address more immediate operational challenges.
- Addressing flow challenges in acute hospitals through better triage and discharge processes to ensure that patients with less severe needs who are safe to return home without extra support can do so as quickly as possible.
- Many studies found that patients treated at home had the same clinical outcomes as patients treated in inpatient hospital care.



Measuring Digital Maturity in Whole Systems...







Continuity of Care Maturity Model

Prese	nted by
Papardic of Turkey Ministry of Health	Himss

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STAGE	Himss Analytics CCMM
	Continuity of Care Maturity Model Cumulative Capabilities
7	Knowledge driven engagement for a dynamic, multi-vendor, multi- organizational interconnected healthcare delivery model
6	Closed loop care coordination across care team members
5	Community wide patient record using applied information with patient engagement focus
4	Care coordination based on actionable data using a semantic interoperable patient record
3	Normalized patient record using structural interoperability
2	Patient centered clinical data using basic system-to-system exchange
1	Basic peer-to-peer data exchange
0	Limited or no e-communication

Seamless patient record with automated care support capabilities

Patient Engagement

Care Coordination possible through structural and semantic interoperability

Resolve ID issues, enable Health Information Exchange



Focus Areas



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Patient Care

Coordination

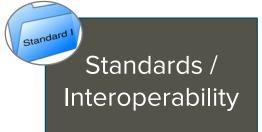
















Stakeholder Perspectives



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Administrators CEO/COO/CFO/CSOs

Forge agreements, policies, and standards that allow and enable progress

Governance

Information Technology

Clinical

Technology Leaders CIOs

Build out Information &
Technology that facilitates key
strategies

Clinical/Medical Leaders CMIO/CNO/CNIOs

Drive clinical activities that enable and enhance coordinated care,

pop health





P	Define Care Population
þ	Define Care Settings
þ	Define Stakeholders
þ	HIMSS distributes survey
þ	Completion Phase
þ	Quality Assurance
þ	On-Site Workshops
þ	Report
þ	Results Presentation

Responsible

Client

Objective

• Define the population who's continuity of care is being profiled (e.g. all citizens in a certain geographic region, only citizens with chronic diseases, only citizens >65 years etc.)





Responsible

Client

Objective

- · Define the care settings that should be profiled.
- Currently proposed:
 - Primary Care
 - Acute Care
 - Emergency Care
 - Social/Home Care
- → Please add a definition (or examples from facilities/tasks) for each of those care settings.

Please note:

HIMSS accepts a maximum of 3 different responses per capability requirement from within each care setting (e.g. you could have multiple hospitals within your Acute Care Setting that might have different capabilities in terms of Continuity of Care. HIMSS accepts to survey a maximum of 3 hospitals from this Acute Care Setting. The same applies to Primary Care, Long-term care, Home care etc.).







Responsible

Client

Objective

- Ideally each care setting nominates a representative from each stakeholder group (Clinical, IT, Governance) that completes the survey.
- HIMSS accepts a maximum of 3 different responses per capability requirement from within each care setting.





9	Define Care Population
þ	Define Care Settings
þ	Define Stakeholders
ø	HIMSS distributes survey
þ	Completion Phase
þ	Quality Assurance
þ	On-Site Workshops
þ	Report
þ	Results Presentation

Responsible

HIMSS







Responsible

Client

Objective

- Completion of CCMM Checklist by relevant stakeholders
- Ideally each care setting nominates a representative from each stakeholder group (Clinical, IT, Governance) that completes the survey.
- HIMSS accepts a maximum of 3 different responses per capability requirement from within each care setting.

Duration

Maximum 3 weeks

Administrative requirements

Each respondent needs to have access to MS Excel





9	Define Care Population
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¢	Quality Assurance
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þ	Results Presentation

Responsible

HIMSS (with support from survey respondents)

Objective

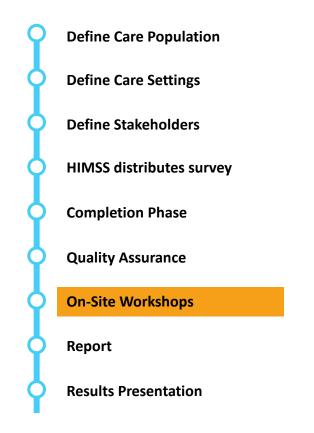
- Merge all data into 1 "database" containing relevant responses from all 4 care settings and all 3 stakeholder groups.
- If multiple facilities within 1 care setting have participated (e.g. 3 hospitals for the Acute Care Setting) HIMSS will consolidate different responses so that only one ("average") response is left per capability item.

Duration

 Maximum 2 weeks (depends on how quick responses to clarification questions will be provided by participants)







Responsible

HIMSS and Client

Objective

- Discuss current status and challenges with relevant stakeholders.
- Clarify open questions from the survey process and achieve consensus about responses with all relevant stakeholders.
- Workshops will be separated by the 3 key stakeholder groups: Clinical, IT and Governance.

Duration

2 hours (per Workshop), i.e. 6 hours in total (plus breaks).
 To be done in 1 day

Audience

Stakeholders from the different care settings assessed.
 Ideally have at least 1 representative from each care setting, separated by focus area.





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þ	Quality Assurance
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¢	Report
þ	Results Presentation

Responsible

HIMSS (with support from survey respondents)

Objective

 Calculation of final Achievements (Scores) and preparation of Executive Summary, incl. recommendations.

Duration

Minimum of 1 day



9	Define Care Population
þ	Define Care Settings
þ	Define Stakeholders
þ	HIMSS distributes survey
þ	Completion Phase
þ	Quality Assurance
þ	On-Site Workshops
þ	Report
þ	Results Presentation

Responsible

HIMSS

Objective

- Present the findings of the CCMM assessment to relevant stakeholders and enable a discussion around those findings and conclusions.
- Depending on the discussion HIMSS will make some updates to the final report.

Agenda

- Review of methodology
- Facts & Figures about the organization
- Achievements & Recommendations overall, by stakeholder group and by care setting
- Wrap-up, discussion, next steps

Duration

• 2 hours



Care Community - Scoring Overview



	Overall	Primary Care	Secondary Care	Community Services	Social Care	Mental Care	Ambulance Services	
Stage Achievement	0	0	1	0	0	1	0	Highest Stage achieved
% Accomplishment	42%	44%	49%	29%	39%	46%	32%	% accomplishment against entire CCMM
Stage 7	13%	12%	20%	7%	3%	14%	17%	
Stage 6	21%	20%	29%	11%	17%	23%	17%	
Stage 5	29%	36%	34%	19%	28%	30%	13%	% accomplishment by Stage
Stage 4	33%	39%	38%	19%	34%	31%	19%	% accomplishment by Stage 70%+ to achieve a Stage
Stage 3	41%	46%	52%	26%	28%	47%	30%	70% to achieve a Stage
Stage 2	61%	59%	65%	50%	61%	65%	53%	
Stage 1	68%	67%	74%	49%	66%	75 %	59%	



Clinical Stakeholders – Scoring Overview



	Overall	Primary Care	Secondary Care	Community Services	Social Care	Mental Care	Ambulance Services	
Stage Achievement	0	0	0	0	0	0	0	Highest Stage achieved
% Accomplishment	26%	30%	37%	13%	17%	28%	19%	% accomplishment against entire CCMM
Stage 7	13%	12%	23%	5%	0%	15%	20%	
Stage 6	16%	16%	25%	5%	12%	15%	13%	
Stage 5	15%	26%	23%	5%	7 %	12%	0%	% accomplishment by Stage
Stage 4	18%	18%	30%	1%	7 %	17%	17%	% accomplishment by Stage 70%+ to achieve a Stage
Stage 3	26%	35%	39%	16%	11%	27%	13%	70% to acmeve a Stage
Stage 2	41%	40%	53%	30%	32%	45%	36%	
Stage 1	50%	54%	63%	25%	44%	60%	39%	



Governance Stakeholders – Scoring Overview



	Overall	Primary Care	Secondary Care	Community Services	Social Care	Mental Care	Ambulance Services	
Stage Achievement	2	1	1	0	0	2	1	Highest Stage achieved
% Accomplishment	61%	62%	59%	55%	65%	67%	59%	% accomplishment against entire CCMM
Stage 7	25%	25%	25%	25%	25%	25%	25%	
Stage 6	50%	50%	50%	50%	50%	50%	50%	
Stage 5	59%	59%	57%	50%	62%	62%	62%	0/ a a a a man li a la ma a net la v. Ceta ma
Stage 4	49%	58%	42%	54%	55%	45%	37%	% accomplishment by Stage 70%+ to achieve a Stage
Stage 3	57%	58%	55%	41%	62%	66%	54%	70 %+ to achieve a Stage
Stage 2	71%	66%	69%	66%	7 6%	80%	63%	
Stage 1	70%	70%	71%	59%	68%	78%	78%	



Info Tech Stakeholders – Scoring Overview



	Overall	Primary Care	Secondary Care	Community Services	Social Care	Mental Care	Ambulance Services	
Stage Achievement	2	2	3	1	2	3	2	Highest Stage achieved
% Accomplishment	60%	64%	63%	45%	66%	64%	40%	% accomplishment against entire CCMM
Stage 7	0%	0%	0%	0%	0%	0%	0%	
Stage 6	27%	33%	25%	33%	33%	33%	0%	
Stage 5	39%	45%	37%	31%	48%	37%	15%	% accomplishment by Stage
Stage 4	47%	58%	47%	25%	59%	44%	11%	% accomplishment by Stage 70%+ to achieve a Stage
Stage 3	63%	67%	80%	40%	48%	78%	56%	70% to acmeve a stage
Stage 2	86%	87%	85%	68%	96%	87%	75 %	
Stage 1	92%	85%	96%	78%	100%	100%	71%	



Overall Achievements by Care Organisation



	Overall	BSOL CCG	South Doc	UHB HGS	UHB QEHB	ROH	BWCH	WMAS	вснс	BSMHFT	ВСС	Adult - SMBC	Child - SMBC
Stage Achievement	0	0	1	0	3	0	2	0	0	1	1	0	0
% Accomplishment	42%	34%	55%	37%	74%	33%	50%	32%	29%	46%	47%	37%	34%
Stage 7	13%	3%	21%	21%	42%	3%	14%	17%	7%	14%	4%	3%	3%
Stage 6	21%	7 %	32%	20%	62%	11%	22%	17%	11%	23%	17%	20%	13%
Stage 5	29%	24%	49%	27%	61%	18%	30%	13%	19%	30%	28%	31%	24%
Stage 4	33%	33%	44%	27%	68%	20%	36%	19%	19%	31%	41%	32%	29%
Stage 3	41%	31%	61%	35%	75%	37%	61%	30%	26%	47%	50%	18%	17%
Stage 2	61%	50%	69%	53%	90%	48%	70%	53%	50%	65%	68%	58%	59%
Stage 1	68%	56%	77%	58%	92%	66%	79%	59%	49%	75%	72%	66%	62%



Stakeholder Achievements by Care Organisation



Clinical	Overall	BSOL CCG	South Doc	UHB HGS	UHB QEHB	ROH	BWCH	WMAS	BCHC	BSMHFT	ВСС	Adult - SMBC	Child - SMBC
Stage Achievement	0	0	1	0	2	0	1	0	0	0	0	0	0
% Accomplishment	27%	11%	50%	19%	74%	20%	38%	19%	13%	28%	25%	16%	10%
Stage 7	13%	0%	25%	25%	55%	0%	15%	20%	5%	15%	0%	0%	0%
Stage 6	17%	0%	33%	11%	66%	11%	13%	13%	5%	15%	11%	17%	7 %
Stage 5	15%	0%	53%	8%	60%	8%	16%	0%	5%	12%	5%	15%	0%
Stage 4	18%	3%	33%	12%	71%	12%	25%	17%	1%	17%	15%	7 %	0%
Stage 3	26%	16%	53%	18%	68%	20%	50%	13%	16%	27%	30%	3%	2%
Stage 2	42%	21%	60%	33%	91%	26%	61%	36%	30%	45%	43%	26%	28%
Stage 1	51%	29%	79%	29%	100%	52%	70%	39%	25%	60%	55%	45%	35%

Governance	Overall	BSOL CCG	South Doc	UHB HGS	UHB QEHB	ROH	BWCH	WMAS	ВСНС	BSMHFT	ВСС	Adult - SMBC	Child - SMBC
Stage Achievement	2	1	0	1	3	0	2	1	0	2	0	0	0
% Accomplishment	61%	60%	64%	55%	68%	49%	66%	59%	55%	67%	66%	64%	64%
Stage 7	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%
Stage 6	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Stage 5	59%	56%	62%	50%	68%	43%	68%	62%	50%	62%	62%	62%	62%
Stage 4	49%	62%	54%	37%	50%	33%	50%	37%	54%	45%	50%	58%	58%
Stage 3	57 %	50%	66%	50%	70%	37%	62%	54%	41%	66%	70%	58%	58%
Stage 2	71%	61%	72%	61%	80%	61%	75%	63%	66%	80%	80%	75%	75%
Stage 1	70%	71%	68%	71%	75%	62%	78%	78%	59%	78%	68%	68%	68%

Info Tech	Overall	BSOL CCG	South Doc	UHB HGS	UHB QEHB	ROH	BWCH	WMAS	ВСНС	BSMHFT	BCC	Adult - SMBC	Child - SMBC
Stage Achievement	2	2	3	2	4	3	3	2	1	3	3	2	2
% Accomplishment	60%	65%	63%	61%	78%	51%	62%	40%	45%	64%	73%	62%	62%
Stage 7	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Stage 6	27%	33%	33%	33%	33%	0%	33%	0%	33%	33%	33%	33%	33%
Stage 5	39%	53%	37%	46%	53%	18%	31%	15%	31%	37%	53%	46%	46%
Stage 4	47%	61%	55%	44%	77%	25%	44%	11%	25%	44%	66%	55%	55%
Stage 3	65%	59%	75 %	65%	93%	78%	84%	56%	40%	78%	89%	28%	28%
Stage 2	86%	90%	84%	84%	100%	75 %	81%	75%	68%	87%	90%	100%	100%
Stage 1	92%	85%	85%	92%	100%	96%	96%	71%	78%	100%	100%	100%	100%









Thank you

John Rayner

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