

Longwoods.com presents

# Breakfast with the Chiefs



Dialogue  
on eHealth

Denis Protti & Dr. Michael Guerriere



April 12, 2012

Longwoods.com



accenture

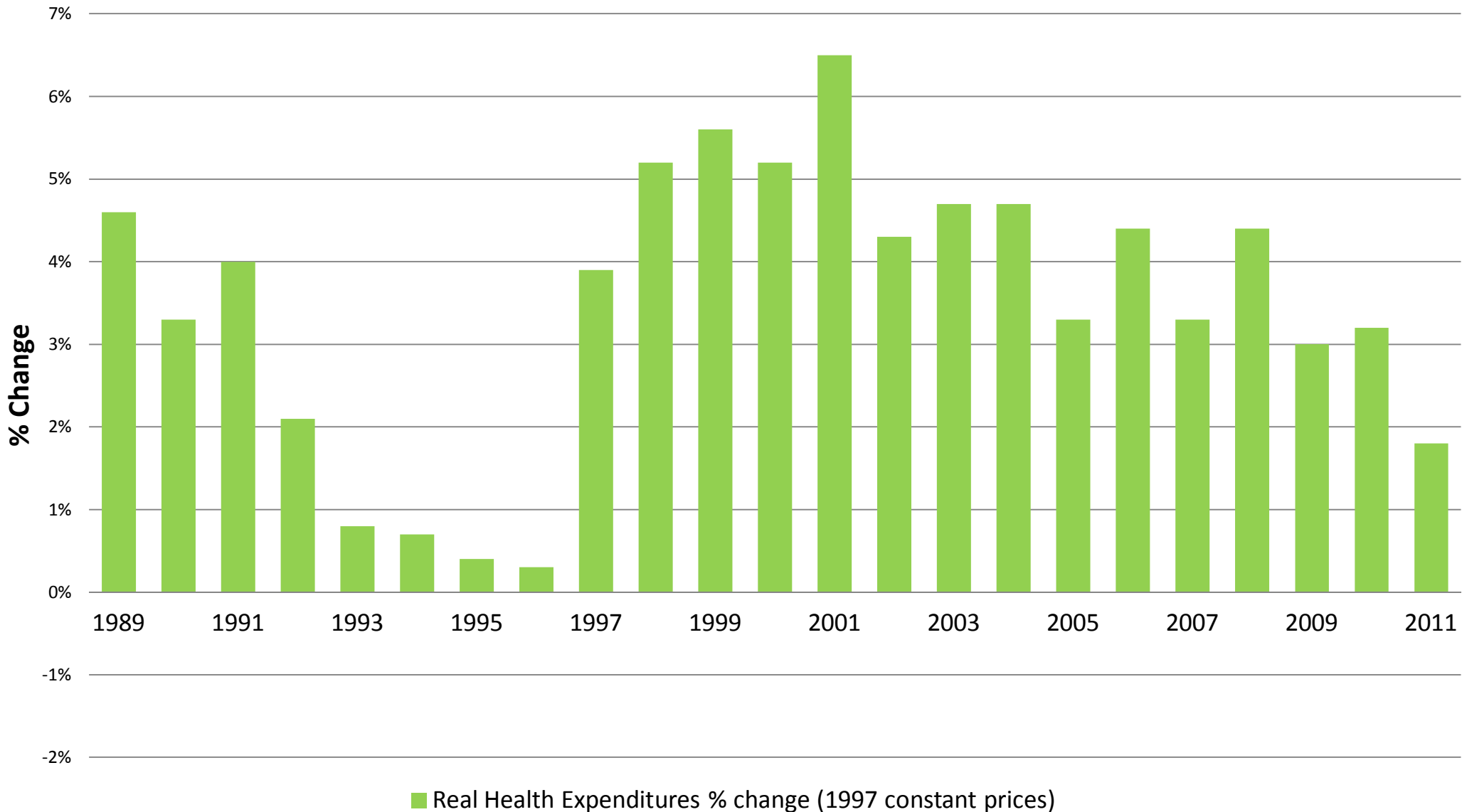
**Baxter**

## Projected Agenda:

- “ Health costs and sustainability
- “ Opportunities for bending the cost curve
- “ Sustainability and HIT
- “ Primary care developments
- “ What is required to get value from ICT?

Questions, comments and interruptions are encouraged!

# Real Health Expenditure Growth Canada 1989 - 2011



# Real Health Expenditure and GDP Growth Canada 1989 - 2011

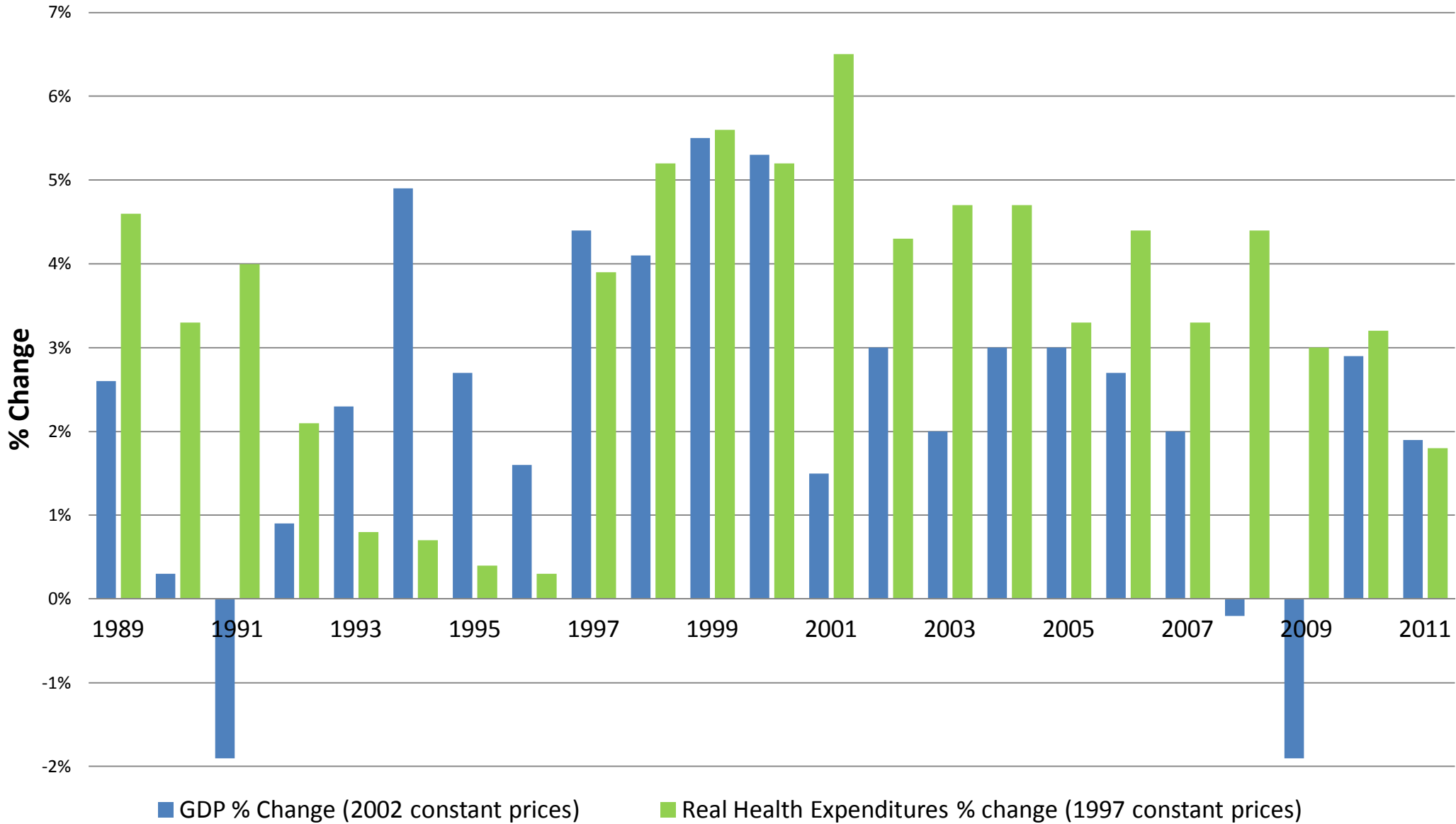
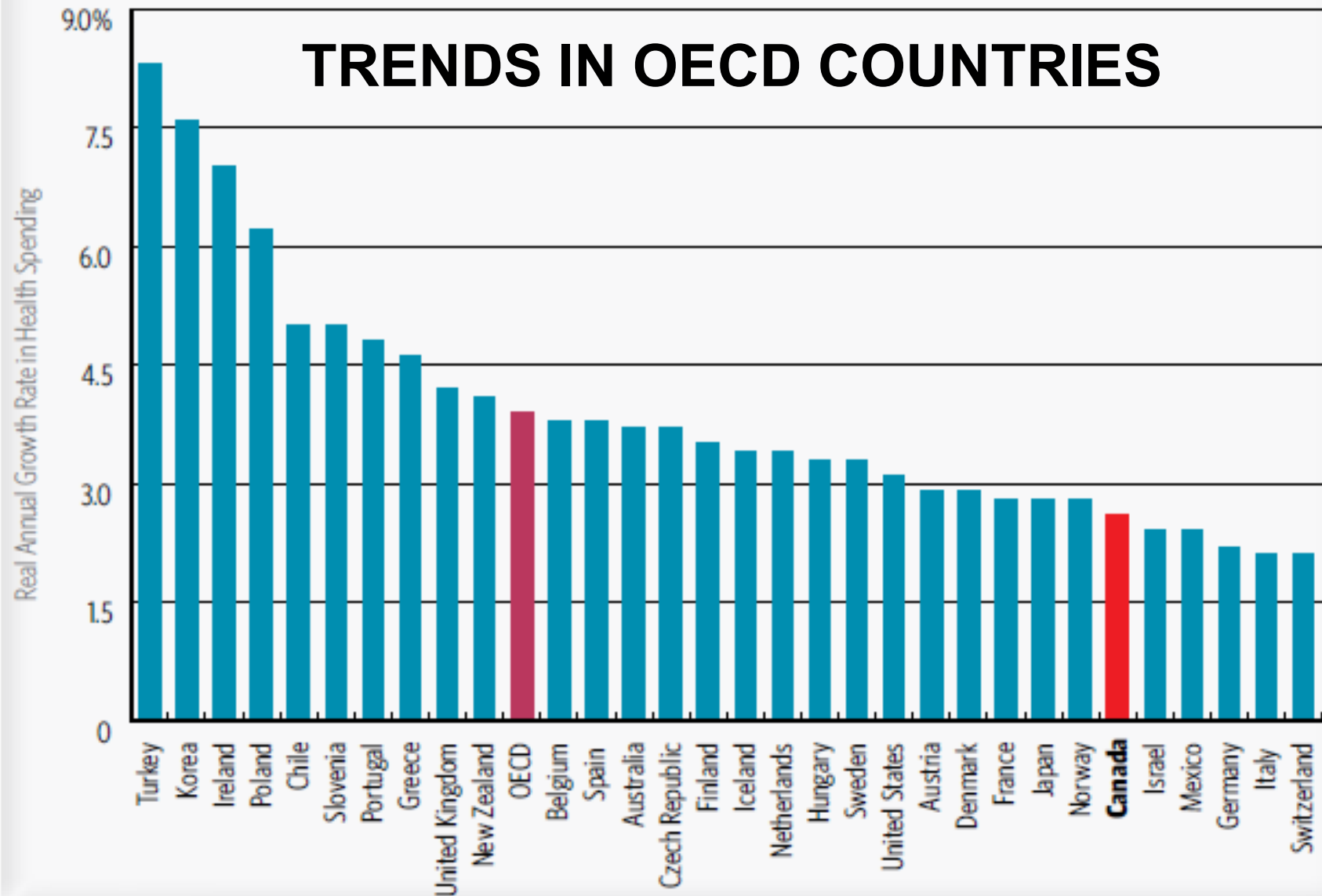
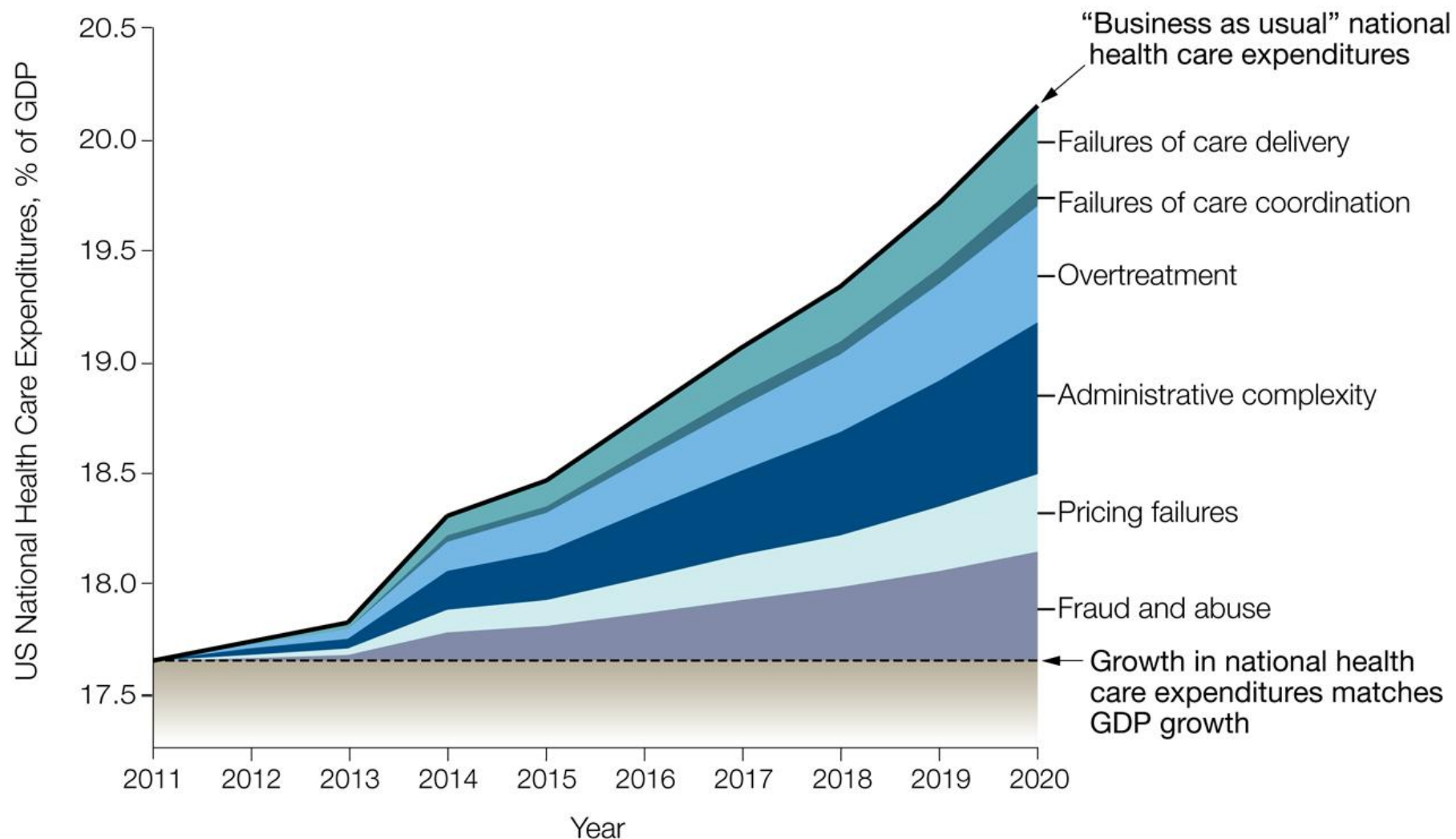


FIGURE 3 Annual Growth in Per Capita Health Expenditure, 1993 to 2008



SOURCE: OECD 2010

# Figure. Proposed “Wedges” Model for US Health Care, With Theoretical Spending Reduction Targets for 6 Categories of Waste

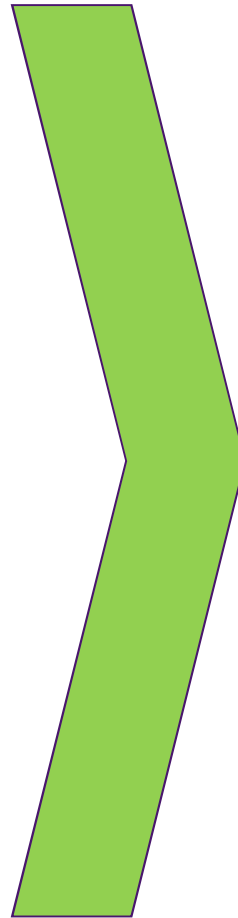


Berwick, D. M. et al. JAMA doi:10.1001/jama.2012.362

**JAMA**

# Sustainability requires new capabilities

- “ Registries
- “ Lab
- “ PACS
- “ Drug
- “ HIAL
- “ Clinical History
- “ Data about patients



- “ Care process
- “ Relationships  
(especially between  
provider and  
consumer)
- “ Standard clinical  
protocols and  
enrolment
- “ Protocol exception  
handling and  
reminders
- “ Continuous monitoring

# Evidence that sustainability can be achieved

## CBO TESTIMONY

Statement of  
Allison Percy  
Principal Analyst

### Future Medical Spending by the Department of Veterans Affairs

before the  
Subcommittee on Military Construction,  
Veterans Affairs, and Related Agencies  
Committee on Appropriations  
U.S. House of Representatives

February 15, 2007

*This document is embargoed until it is delivered at 10:00 a.m. (EST), Thursday, February 15, 2007. The contents may not be published, transmitted, or otherwise communicated by any print, broadcast, or electronic media before that time.*



CONGRESSIONAL BUDGET OFFICE  
SECOND AND D STREETS, S.W.  
WASHINGTON, D.C. 20515

By 2000, the VHA had:

- “ 10,000 fewer employees than in 1995
- “ a 104% increase in patients treated since 1995
- “ managed to maintain the same cost per patient-day while all other facilities' costs rose by 30% to 40%

## CBO Report Findings

The key factors driving VHA performance improvement included:

- “ Organizational restructuring designed to share decision making authority between officials in the central office, regional managers and key personnel at dispersed medical facilities
- “ Performance measurement targeted toward improving the quality of care
- “ Extensive use of HIT systems

# CBO Report Findings

The VHA reforms had an even more significant impact through a dramatic improvement in quality and an increase in the value per dollar of health expenditure because of their effective use of HIT to help:

- a) clinicians to work in virtual teams to deliver patient care across care settings
- b) clinicians to deliver protocol-driven, population-based chronic care across care settings and disease conditions
- c) clinicians and managers to generate increasingly complex information to drive outcomes measurement and research
- d) make the patient experience seamless across the care continuum

# Changing practice in the USA



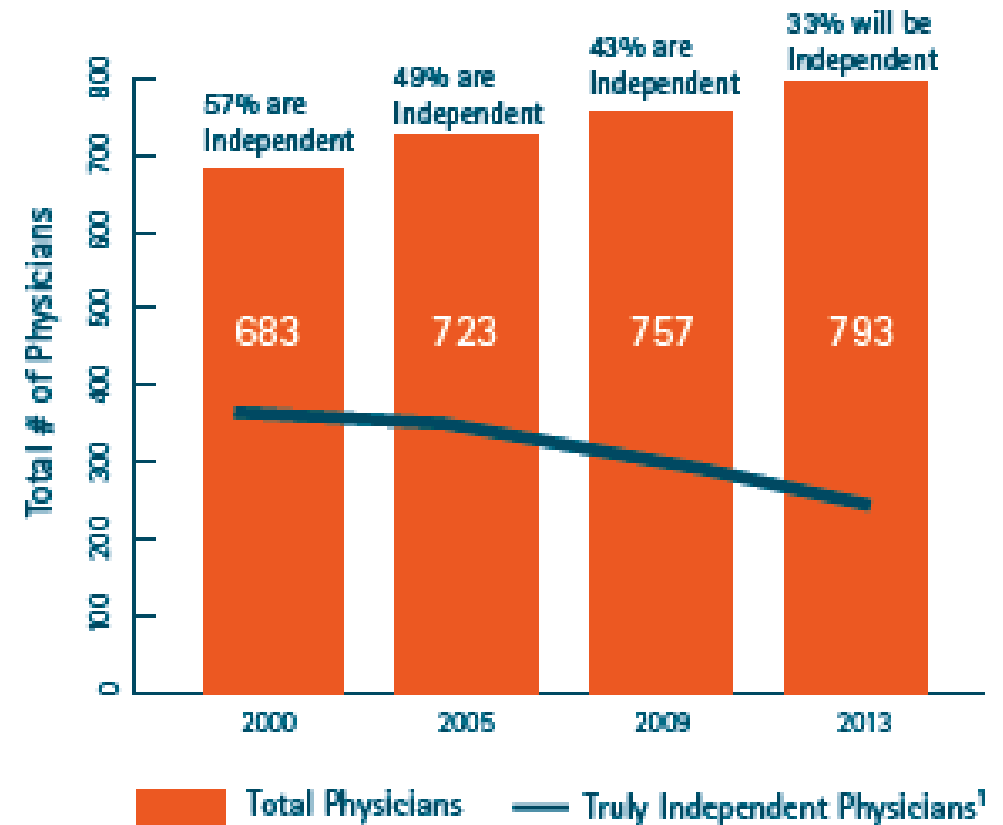
## Less Independent

Total number of physicians, and estimated percentage who own their own practices



Source: Accenture, with data from Medical Group Management Association and American Medical Association

## Total Physicians vs. Truly Independent<sup>1</sup> – Projected Change, 2000-2013 (000s)

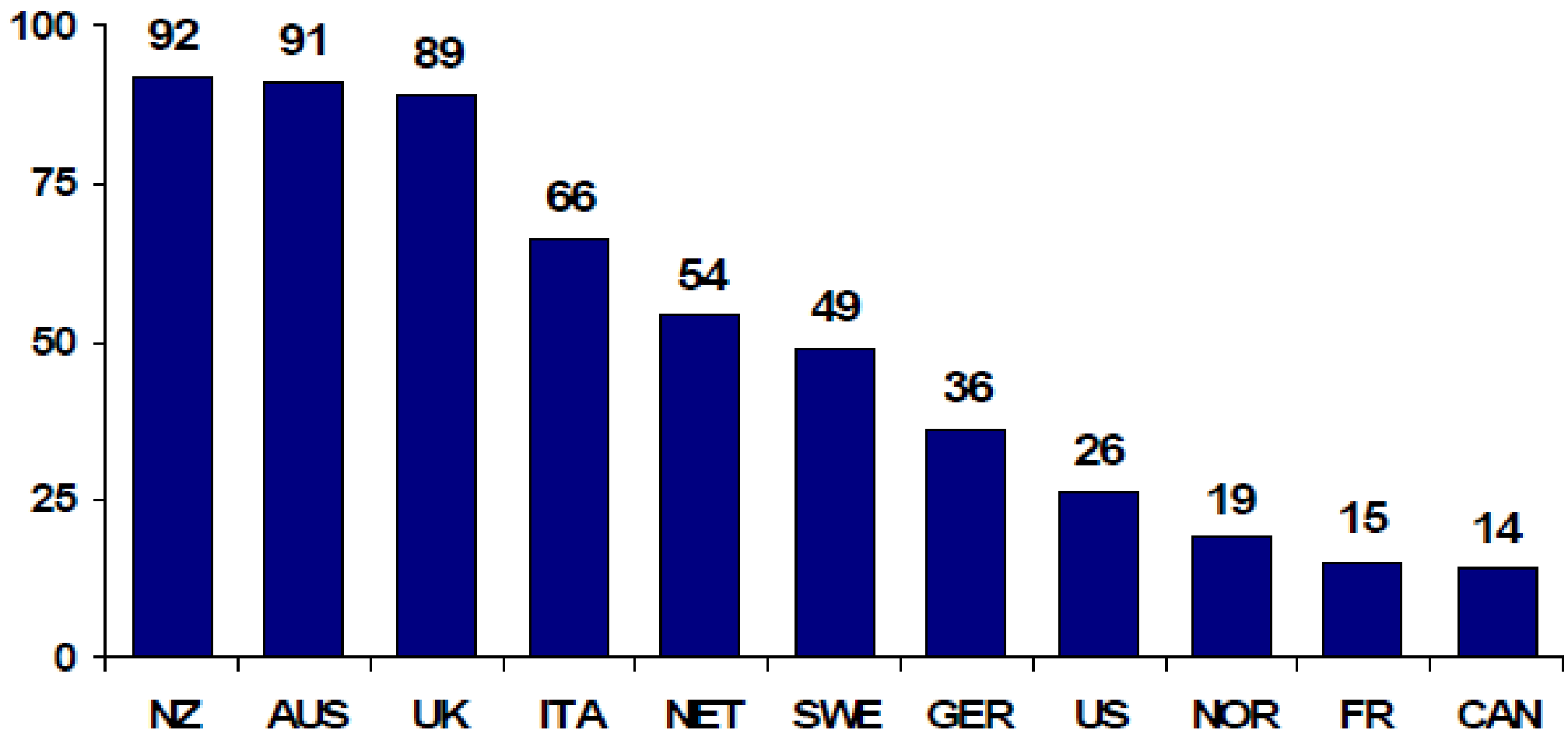


1. Estimated

Sources: Accenture Analysis, MGMA, American Medical Association

# Practices with Advanced Electronic Health Information Capacity

Percent reporting at least 9 of 14 clinical IT functions\*



\* Count of 14 functions includes: electronic medical record; electronic prescribing and ordering of tests; electronic access test results, Rx alerts, clinical notes; computerized system for tracking lab tests, guidelines, alerts to provide patients with test results, preventive/follow-up care reminders; and computerized list of patients by diagnosis, medications, due for tests or preventive care.



Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



AUGUST 2010

# Issues in International Health Policy

## **Electronic Medical Record Adoption in New Zealand Primary Care Physician Offices**

DENIS PROTTI

PROFESSOR, HEALTH INFORMATICS, UNIVERSITY OF VICTORIA,  
BRITISH COLUMBIA, CANADA

TOM BOWDEN

CEO, HEALTHLINK, NEW ZEALAND

The mission of The Commonwealth Fund is to promote a high performance health care system. The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. Support for this research was provided by The Commonwealth Fund. The views

# New Evidence of EMR Efficacy

*The* NEW ENGLAND JOURNAL *of* MEDICINE

N ENGL J MED 365;9 NEJM.ORG SEPTEMBER 1, 2011

SPECIAL ARTICLE

## Electronic Health Records and Quality of Diabetes Care

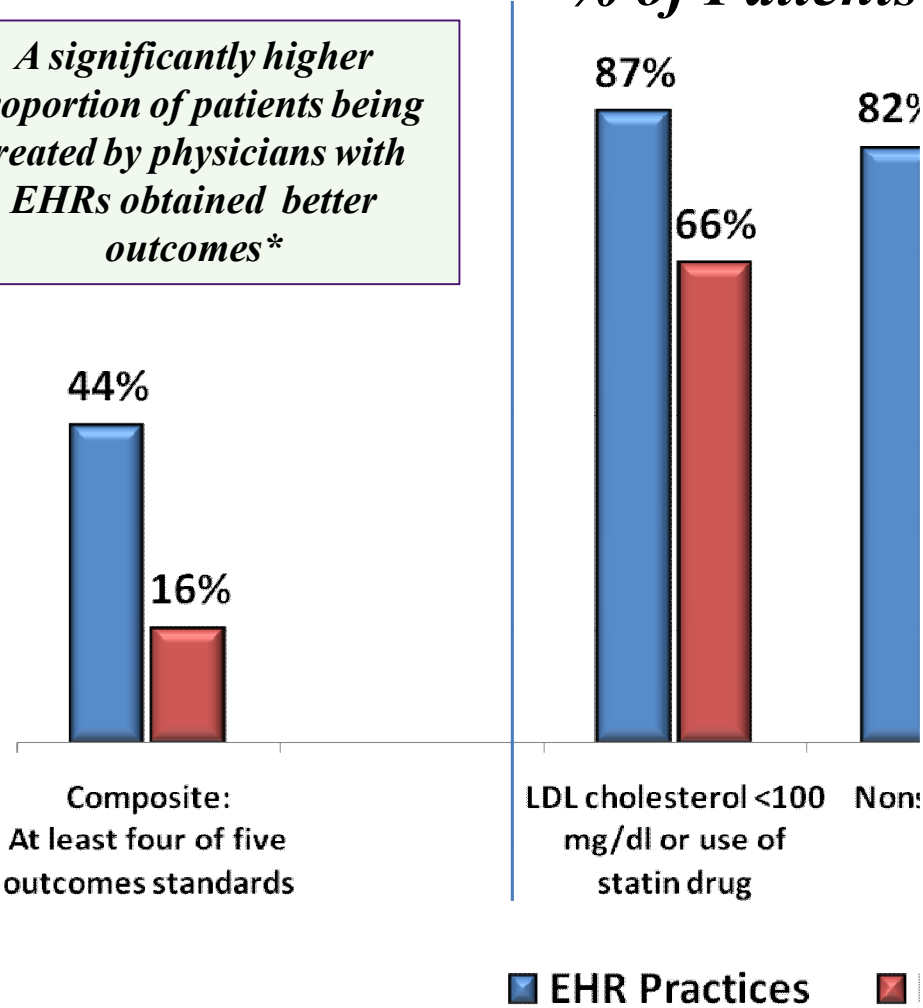
Randall D. Cebul, M.D., Thomas E. Love, Ph.D., Anil K. Jain, M.D.,  
and Christopher J. Hebert, M.D.

- “ GPs that use EMRs provide better chronic disease care
- “ Better chronic disease care reduces demand for acute care services

# Health Outcomes for Diabetes Patients: Physicians using EHR vs. Paper Medical Records

*% of Patients Obtaining Outcome Standards*

*A significantly higher proportion of patients being treated by physicians with EHRs obtained better outcomes\**



\* Even after adjusting for patient demographic characteristics and insurance type, differences remain significant; p<0.005

## **In Conclusion:**

### **What is required to get value from ICT?**

- “ Economies of scale
- “ Analytics and business intelligence
- “ Relentless and merciless focus on achieving performance benchmarks
- “ Protocol management and decision support
- “ Incentives
  - “ Based on value, not volume
- “ Integrated Care
- “ Primary care reform
- “ Customer (patient) self service
- “ Etc.?