

How do you begin an eHealth journey when the destination is unknown?

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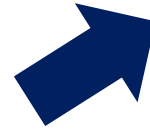
What's Wrong with Chocolate?



E-Health, Use Cases and Chocolate

Problems Defining E-Health Projects

- E-Health Platforms need to last 10+ years, how do you know requirements (Use Cases) for 5, 10 or 20 years time?



Problems Using Use Cases

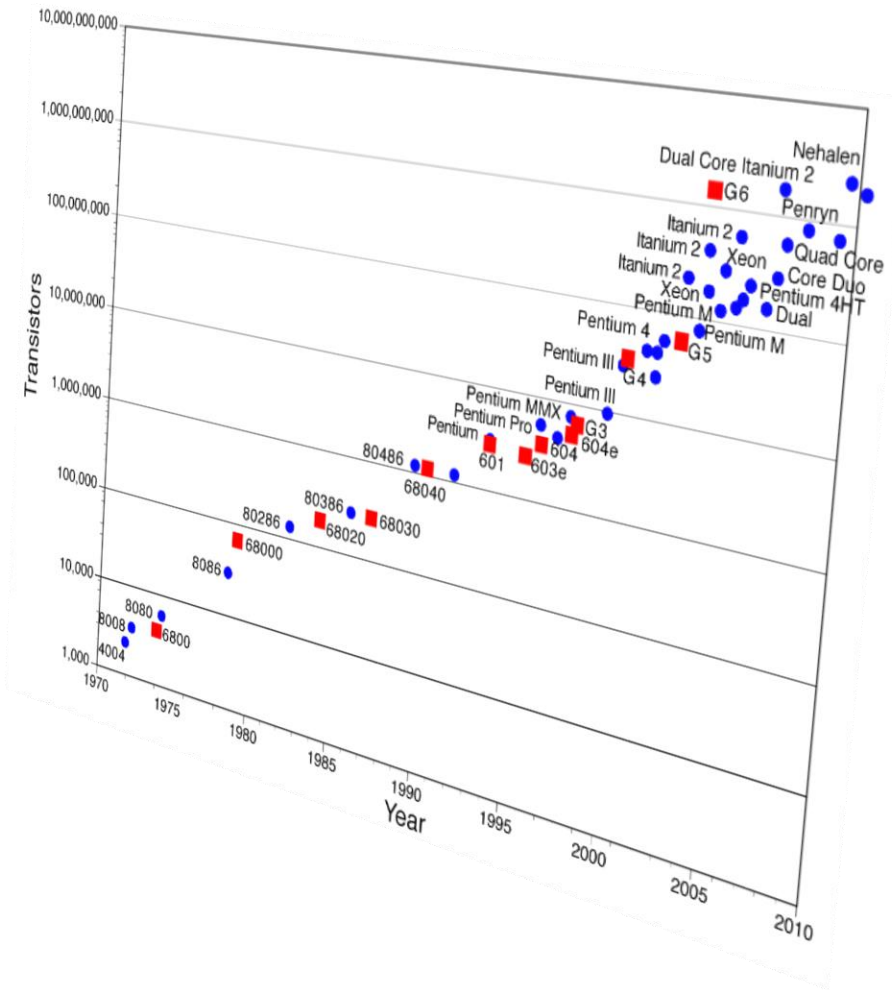
- Use Cases are simple to understand by technologists and non-technologists alike
- **Like chocolate, they are seductive and addictive**
- Use Cases do not include all the information required to develop a long lasting e-Health Platform
- **Like chocolate, they are nutritionally deficient**



The Road Taken Is No Less Important Than The Destination



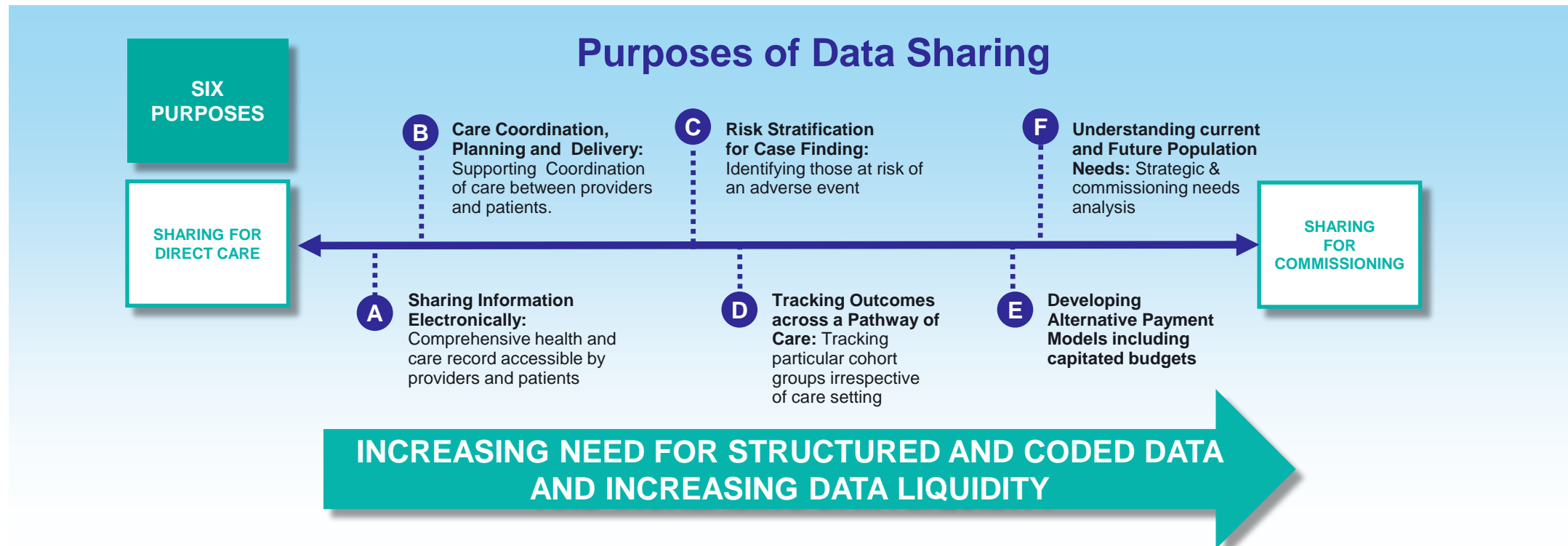
Moore's Law
“The number of
transistors in
integrated circuits
doubles approx. every
2 years”



The Road to e-Health

Where is Health and Care Going?

What is the Future of e-Health?



- Achieving the **Triple Aim** for the whole population with finite budget
- Doing this at scale requires automation → need to increase the Digital Maturity of Health and Care Organisations
- Assess the information that needs to be shared most urgently to drive the greatest value
- Making this useful requires that the solution possesses a “critical mass” of data
- Focus must be on **Interoperability** and **Data Liquidity**



Interoperability and Data Liquidity



- Data liquidity is the ability of data to flow throughout the healthcare system easily and securely
- It is predicated on Interoperability
- Interoperability is the ability for information to be exchanged between systems and for the receiving system to reason on that data
- Clinicians increasingly want data delivered into their primary system
- Data liquidity will increasingly drive a health system's health, as well as the health of its patients.



Why Are Interoperability and Data Liquidity at the Heart of E-Health?



E-Health Driver

New Models of Care



Interoperability and Data Liquidity Driver

To support reconfiguration of Health and Care delivery; new organisations, new MDTs working with existing IT applications

Doing More With Less



Automatic Notifications, Decision Support, Care Co-ordination requires (near) real time reasoning on structured and ideally coded data

Population Health



Stratification, Cohort Identification, Cost v Outcome analysis using structured and coded data across the Care Continuum

New Payment Models



Sharing Risk, Value-Based Health and Care requires clinical, administrative and financial data that flows across the Care Continuum



Summary

- E-Health Strategy requires knowing the questions you want to answer in 5-10 years time
- Use Cases have their place (like chocolate), but it is more important to focus on building a platform with Interoperability and Data Liquidity at its heart as these are constant and predictable
- Think about how the platform will handle your big e-Health Drivers:
 - New Models of Care
 - Doing More with Less
 - Population Health
 - New Payment Models
- E-Health today is not just about supporting professionals at the point of care



The power behind what matters.



Thank you.

