

PHC Problem Statement / Opportunity Workshop | Summary & Next Steps

On January 24, CDTS's Bill Tam, Co-Founder and VP Business Development and Partnerships; and Evgueni Loukipoudis, Chief Technology Officer ran a workshop to help frame our needs and opportunities into projects that we can develop and engage industry partners. The information has been consolidated / grouped below along with the next steps.

1. **PROBLEM: Systems assume all patients have a family physician where data is stored/sent to from a hospital/specialist**
 - This is no longer the case: many patients do not have family physicians; they might be referred to a hospital by a walk-in clinic
 - Patients are mobile; they cross health authorities and province boundaries

NEED: Interdisciplinary patient data exchange (incl. cross-authorities and cross-province) rather than keeping it into a specific healthcare service line
2. **PROBLEM: Patients are not actively engaged**
 - Patients expect that the data is flowing seamlessly between disciplines and providers
 - Patients are frustrated in having to repeatedly tell different providers the same things (e.g., allergies, family history, current medications)
 - Patients do not have appropriate means to communicate data back to physicians (self-reporting)
 - Patients have only some access to info (e.g. lab data from LifeLabs)
 - Some patients are not digitally literate enough (the elderly) to manage their own data and need custodians/guardians

NEED: As patients are the natural medium of exchanging data between providers, a patient-centric (and possibly patient-owned) repository for health data

 - Incentives for patients to actively manage their data, including self-reporting
3. **PROBLEM: Patient access to care beyond a physical visit**
 - Virtual care and accessing care wherever/whenever is needed
 - In rural settings, but a similar challenge in large congested cities
4. **PROBLEM: Physician collaboration is insufficient (remote, tele-, virtual)**
 - PHC is a concentration of specialized care, but there is an isolation from practitioners
 - Patients and practitioners in need of specialized knowledge / access to a specialist
 - Tele-radiology; tele-pathology, virtual care
 - RACE (Rapid Access to Consultative Experience – www.raceconnect.ca)
 - Real time consultations, diagnostic activities in collaboration (like peer review in radiology)
5. **PROBLEM: Privacy is a barrier**
 - Privacy is contextual and there is a clear need to balance risk and privacy
 - Privacy officers do not communicate with people who are responsible for the risk
 - Data stewards are not incentivized to share data, it is safer for them to protect access
 - Lack of standards by which to operate with privacy
 - Issue may be at the operating level where there is inconsistency of interpretations

NEED: Governance and policy at provincial level

 - PHSA (IT responsibility) - PHC - Province (Digital responsibility)
 - Consider the context in which the data is needed and the risk of not providing it

6. **PROBLEM: Inappropriate diagnostic procedures ordered/recommended**
 - Over-and under- testing, unnecessary tests or medications

NEED: Insights on criteria, appropriateness, recommendation, what diagnostic procedure works best

 - Especially in areas of imaging and laboratory
 - Physician continuous education, evidences, standards (e.g. ACR appropriateness criteria)
7. **PROBLEM: Digital tools are not intuitive and easy to use**
 - Time of a physician invested in a digital technology is precious
 - Digital user experience/user interface design should be fluent and minimize the extra time needed to work with digital tools

NEED: Make finding information easy and fluent

 - Use semantic web (understanding the context)
 - Automatically reconciling information from different sources
8. **QUESTION: How to measure the outcomes/values from an investment in a health project**
 - Macro level but also on micro level (patient level)
 - While other countries transition to value-based care, we are still service-oriented
9. **OPPORTUNITY: Leverage experience of other health systems**
 - Alberta Health System as an example was able to establish standards that were then given to all digital vendors to adhere to
10. **OPPORTUNITY: Do the same workshop for all other service personnel beyond physicians**
 - Hospital operations, logistics, nutrition, nursing, etc.
 - Perhaps some of these areas are a much lower hanging fruit and can demonstrate results quicker

NEXT STEPS

1. The Supercluster's 2nd Technology Leadership Project Competition Cycle is open
 - a. **OPPORTUNITIES:** We encourage everyone to look in their area / department and determine which opportunities / problems they want to solve. Send us your list and we can help determine which ones may fit
 - b. **WEBINAR/SEMINAR: Everything you need in order to develop an Expression of Interest**
 - i. We are working with the Supercluster leads to develop a seminar specifically for PHC as a founding member
 - ii. All PHC staff are welcome
 - iii. If you are interested in attending, please email vlow@providencehealth.bc.ca
2. We will be coordinating workshops and speakers with Dr. Moira Stillwell to ensure we are building upon each session

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