

The Patient Journey: Identifying the Gaps

CHASMS!!

AMA eHealth Forum

Canberra

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8 December 2005

Presentation Approach

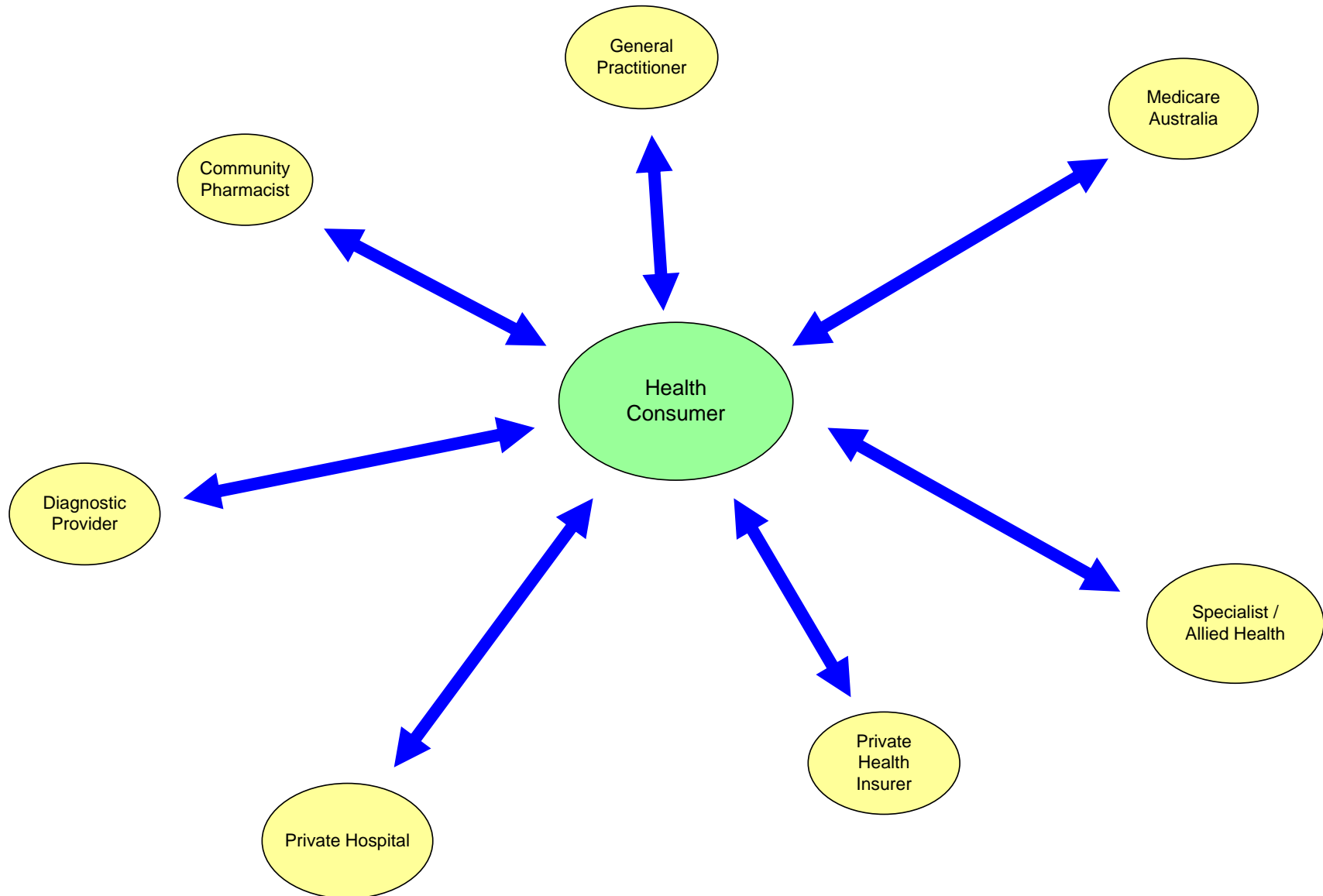
- A Practical Focus
- Consumer / Patient-centric model
- Initially identify clinical-related transactions & processes
 - Limited scope to illustrate model
 - Analyse current state “value” exchanges
 - Rate these transactions in two areas
 - Content quality
 - Delivery efficiency
- Look briefly at financial-related transactions & processes
- Consider wider scope of providers & organisations
- Identify Gaps
 - Opportunities for improvement with eHealth

Health Industry “Players”

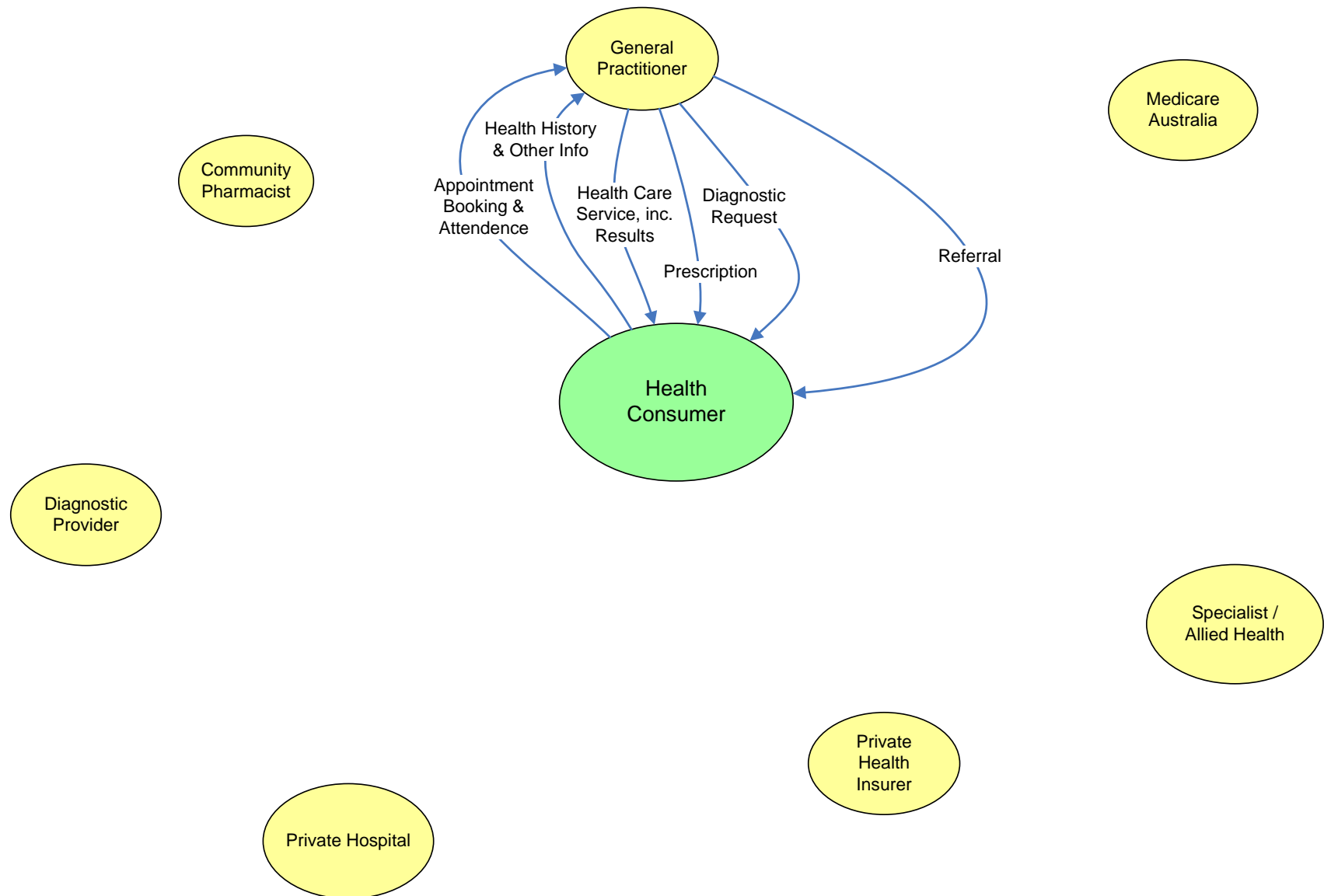
Complex interactions and funding arrangements

- Commonwealth
 - DoHA, HIC/Medicare (DHS), DVA, Defence Health
 - Aged Care – nursing homes
- State Health Departments
 - Corporate Offices
 - Areas/Districts/Regions/Zones
 - Public Hospitals
 - Diagnostics, Pharmacy
 - Community Health, Aged, etc.
- Private Hospitals
- Private Diagnostic Providers
 - Pathology, Radiology
- Private Health Insurers
- Banks, Payments Services
- Pharmaceutical Manufacturers
- Primary Care
 - GPs, Specialists
 - Divisions, RACGP, AMA, etc.
 - Private Community Health
 - Allied Health (physios, dentists, etc)
- Community Pharmacies
- Aged Care Providers
- Other Suppliers
 - Supplies (beds, syringes, etc.)
 - Superannuation, legal, finance
 - Health Technology, ICT
- Worker’s Compensation, Traffic Accident, etc.
- Biotechnology
- Nutraceutical (vitamins, etc.)
- Lifestyle & Wellness Providers

Consumer / Patient with Limited Scope of Providers / Players



Consumer / Patient and General Practice Transactions



Current State:

Rating of Service Transactions

Rate in two areas:

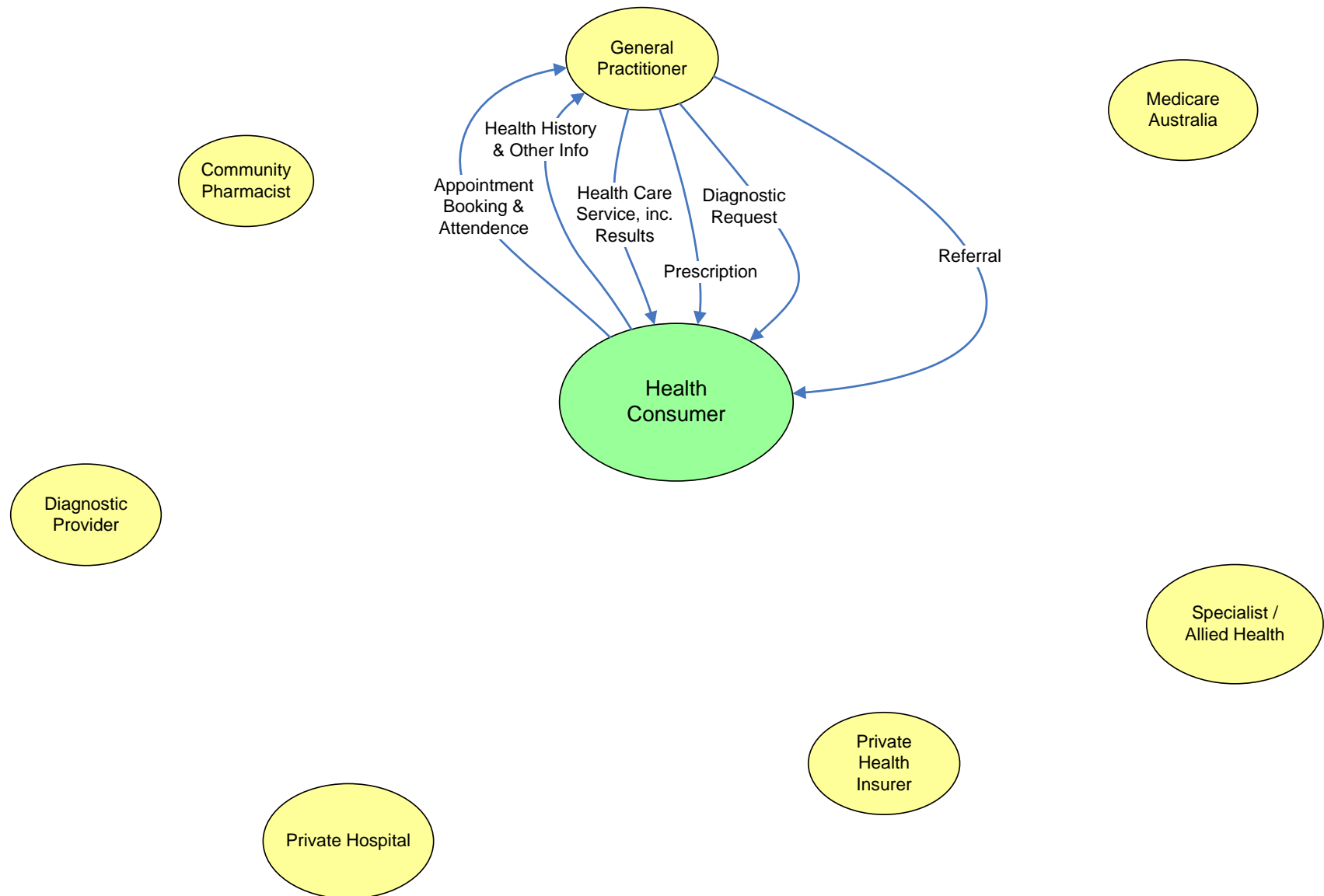
- Content Quality
 - e.g. completeness, relevance, accuracy
- Delivery Efficiency
 - e.g. timeliness, security, shareability



- Two letter score:
High, **M**edium, **L**ow

These are areas where eHealth can help !!

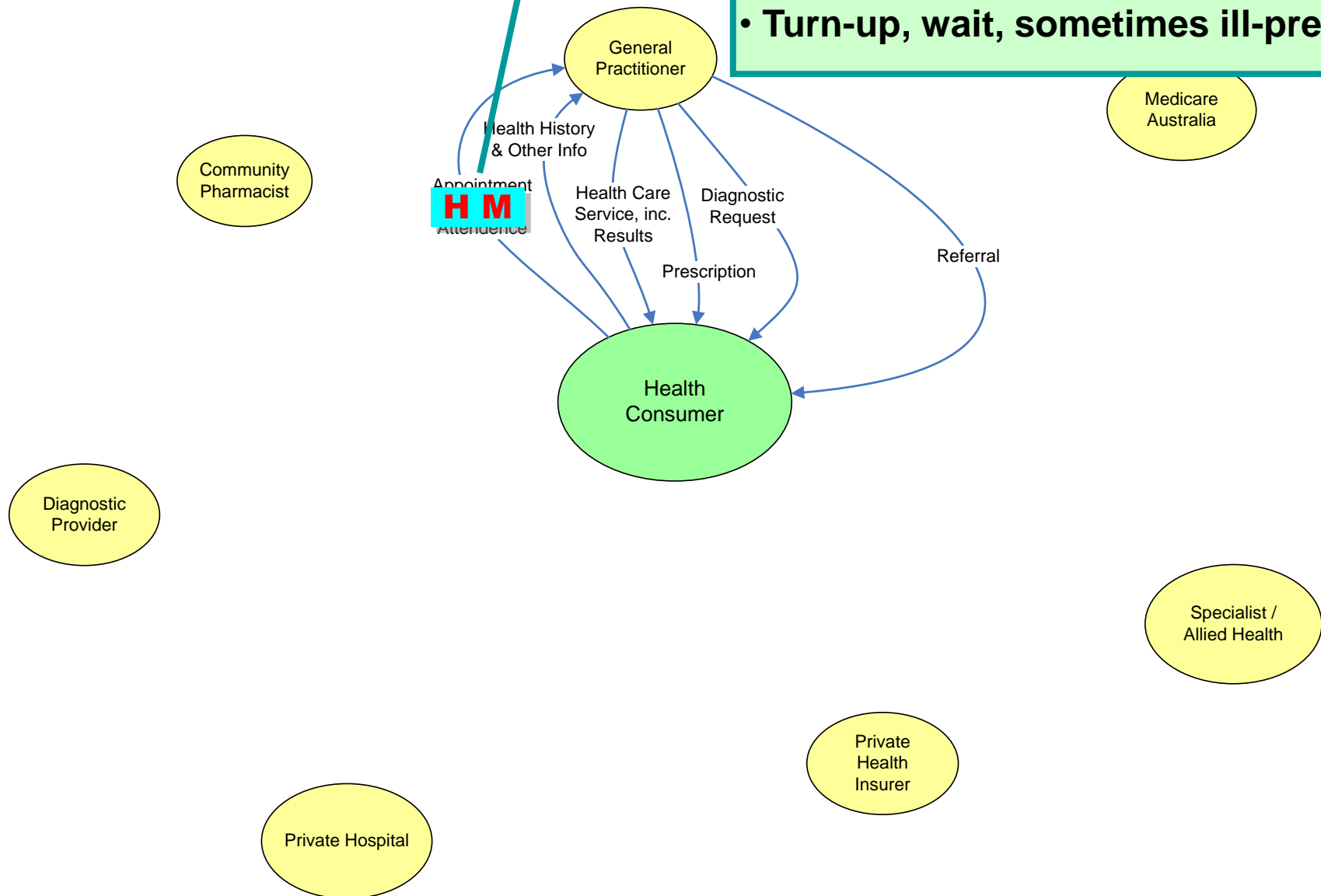
Consumer / Patient and General Practice Transactions



Consumer / Patient and GP

Appointment Booking & Attendance:

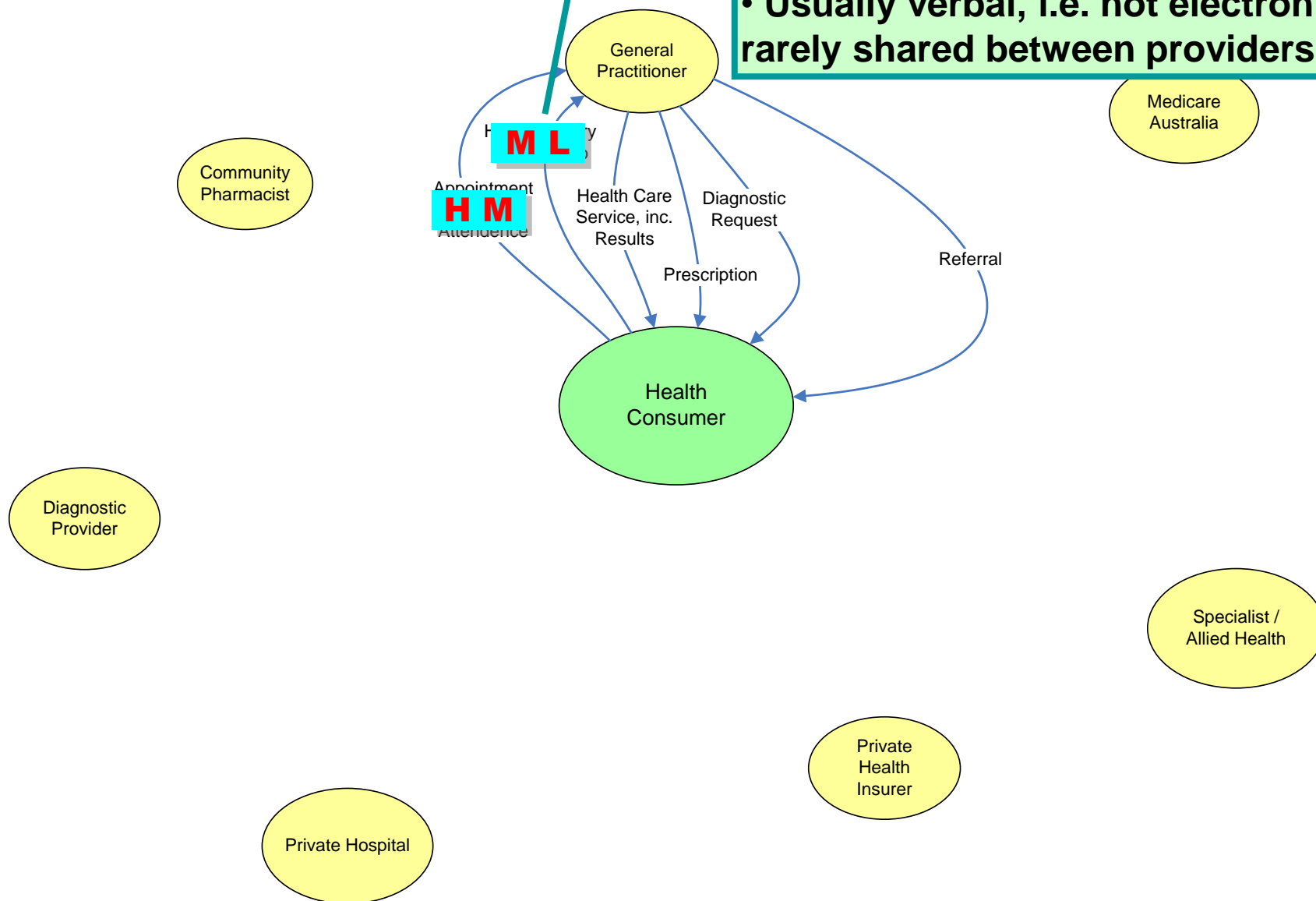
- Phone and agree a suitable time with reception
- Turn-up, wait, sometimes ill-prepared



Consumer / Patient and GP

Health History & Other Info:

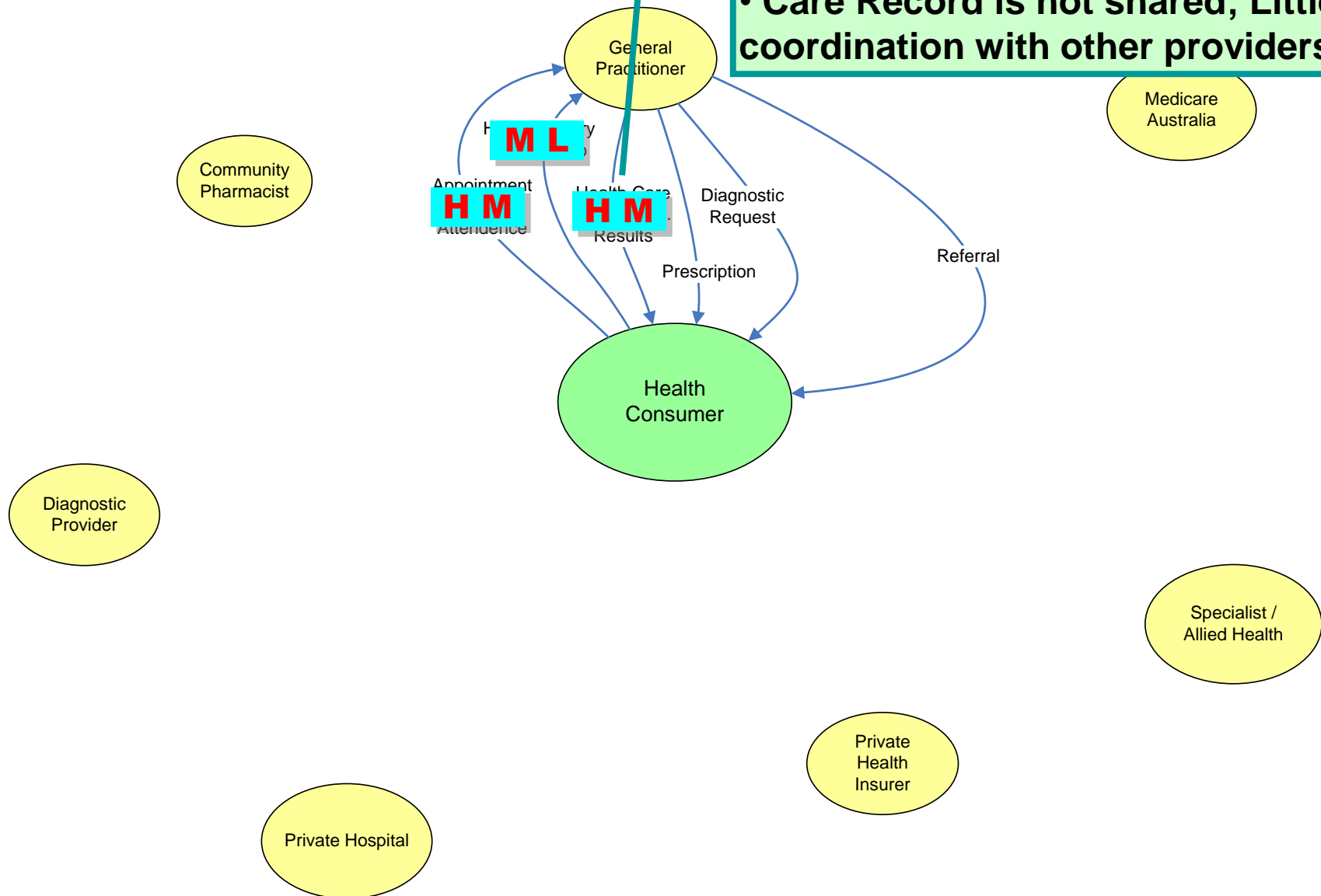
- High reliance in Pt memory; Records of other providers usually unavailable
- Usually verbal, i.e. not electronic; rarely shared between providers



Consumer / Patient and GP

Health Care Service, inc. Results:

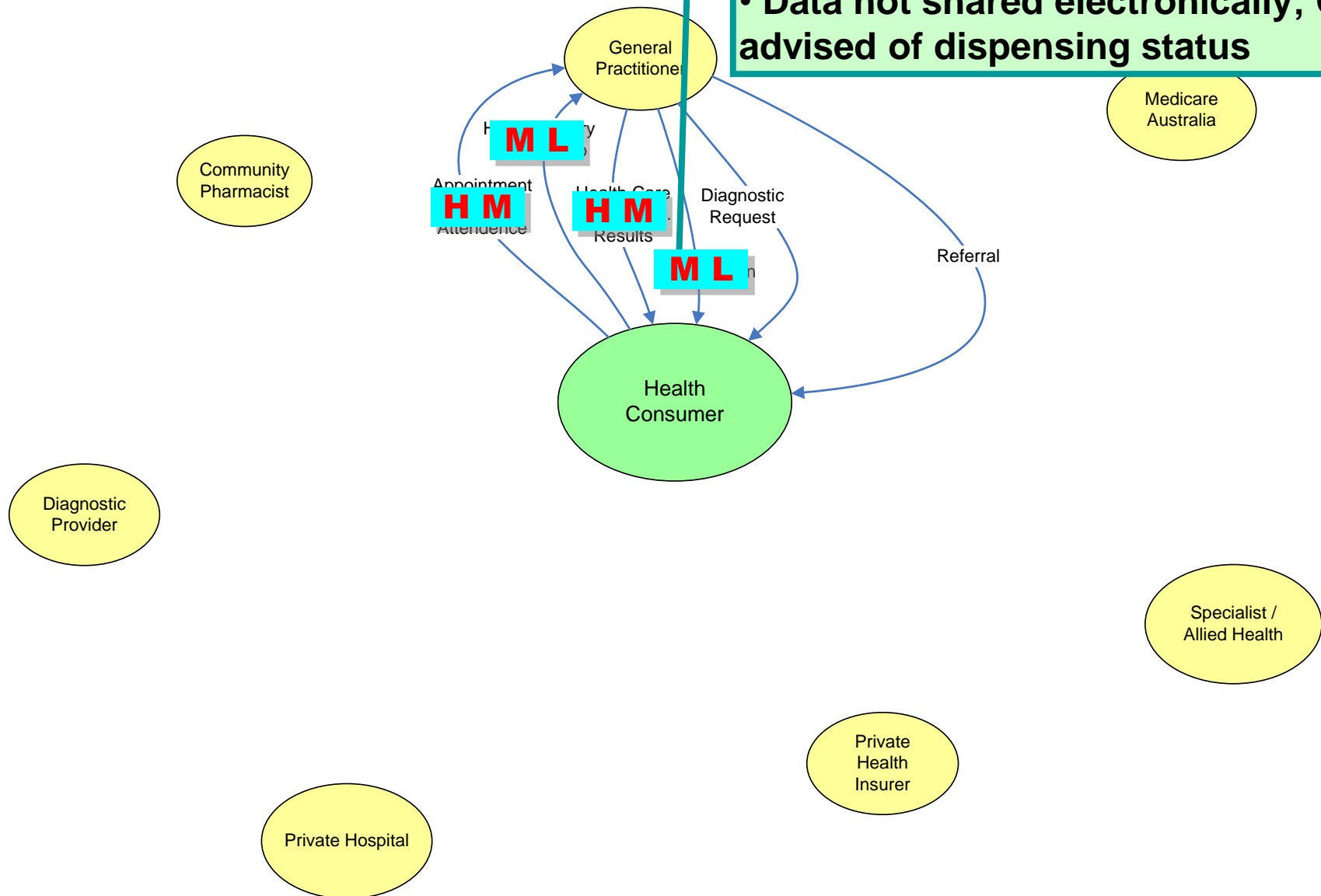
- Professional Service with all information that is available
- Care Record is not shared; Little care coordination with other providers



Consumer / Patient and GP

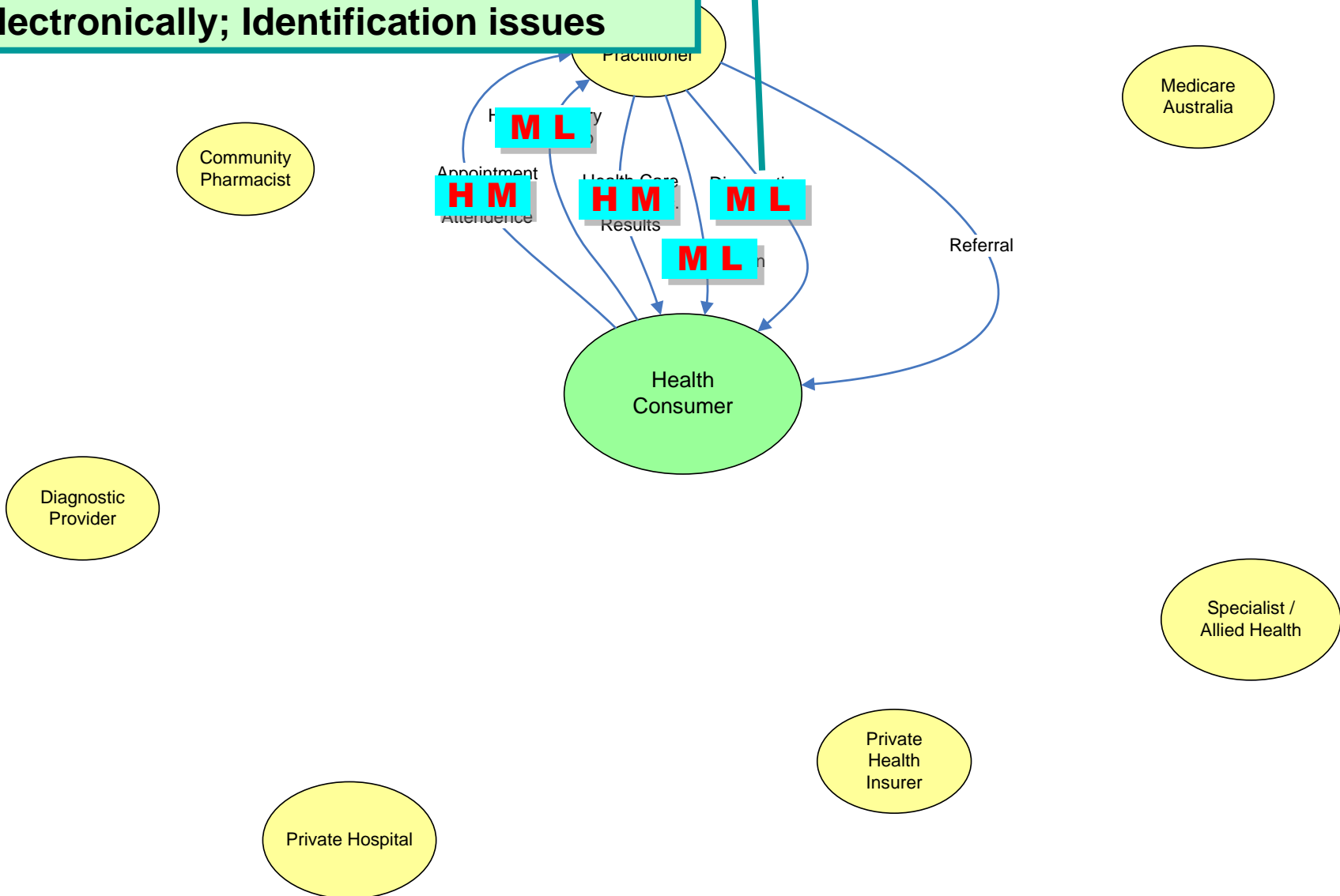
Prescription:

- Sometimes hand-written; issues with legibility → accuracy of dispensing
- Data not shared electronically; GP not advised of dispensing status



Diagnostic Request:

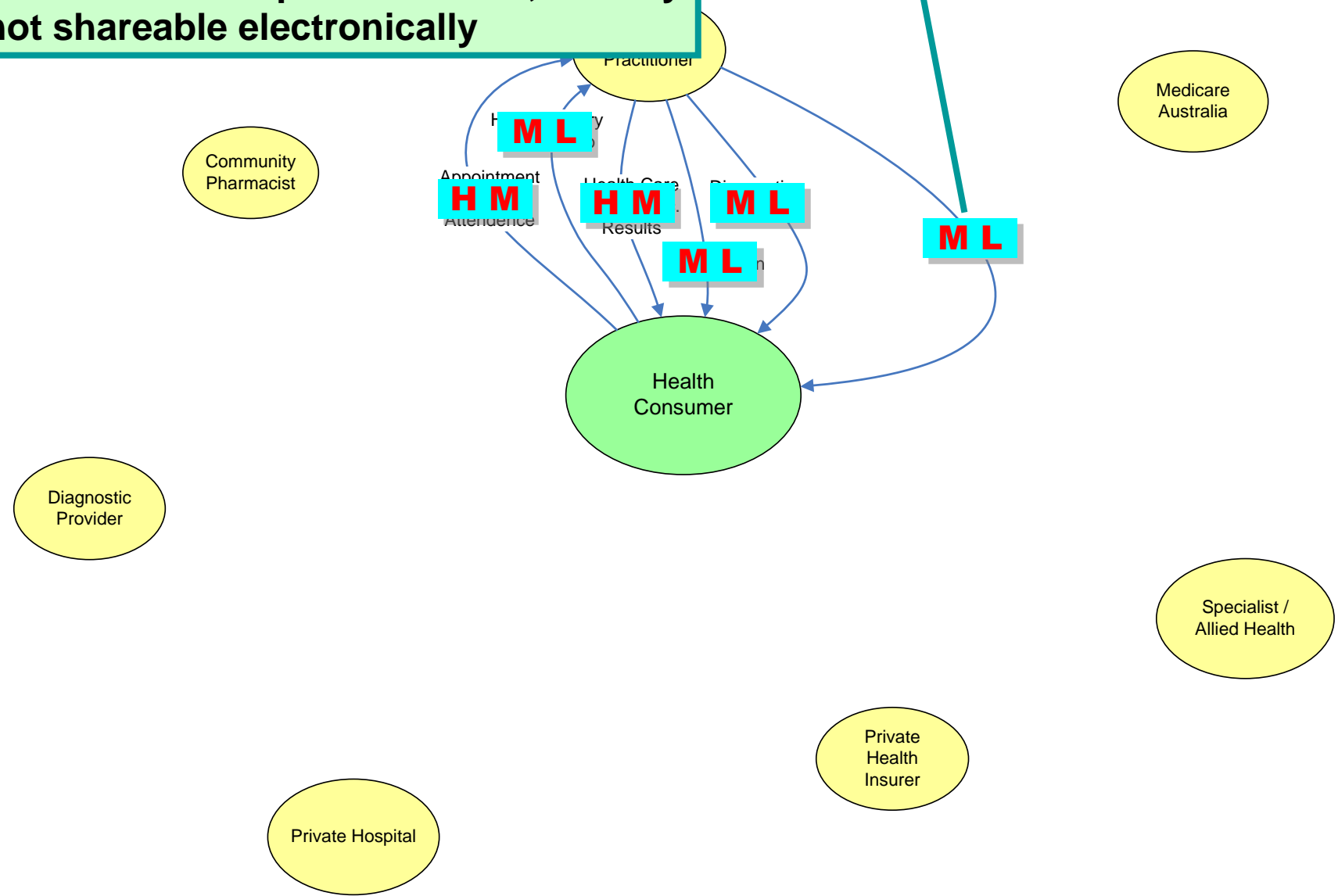
- Usually hand-written; issues with legibility → accuracy of procedure
- Request data not shared electronically; Identification issues



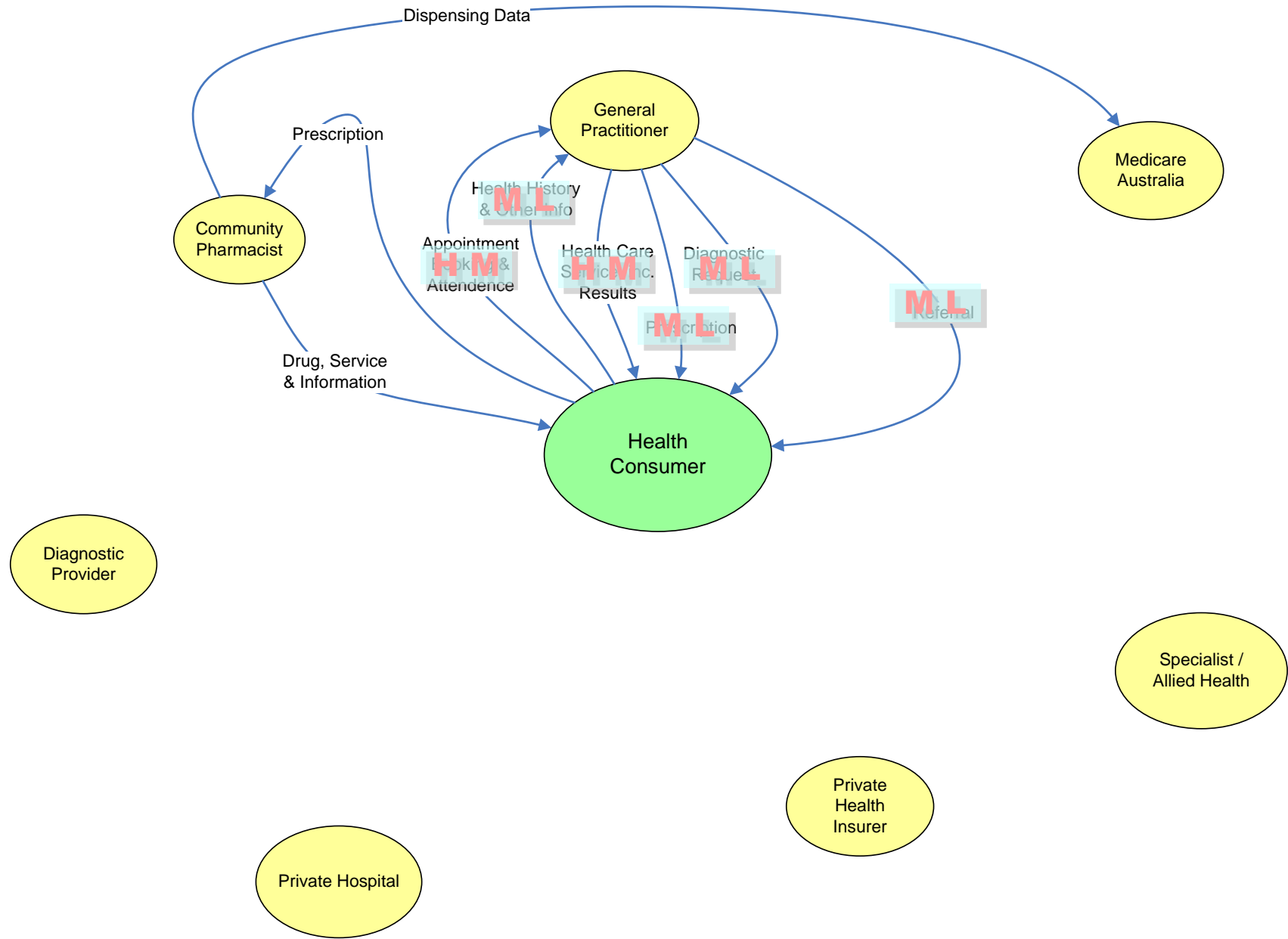
Referral:

- Often hand-written or generated with incomplete data
- Unreliable compliance status; Usually not shareable electronically

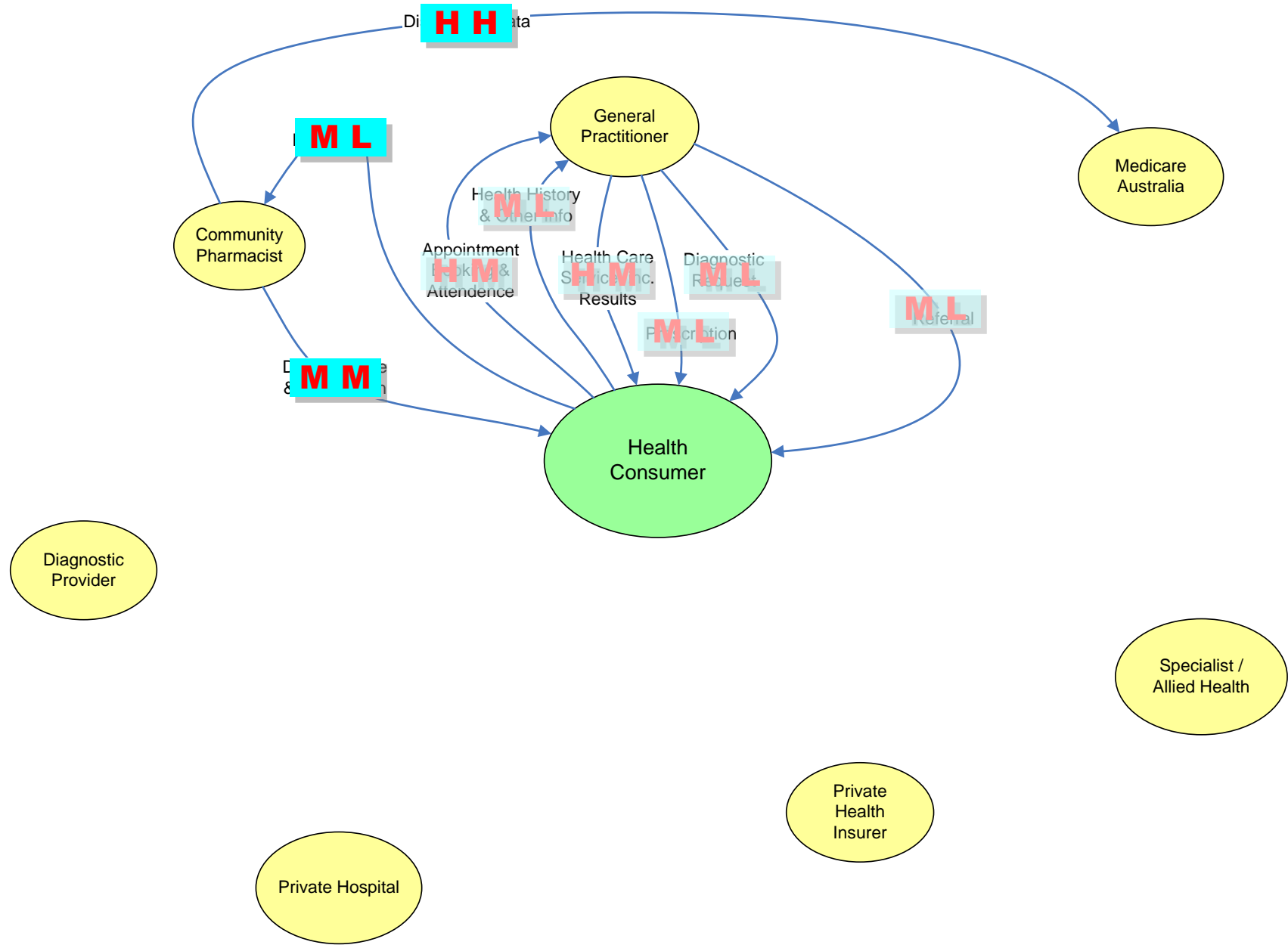
Consumer / Patient and GP



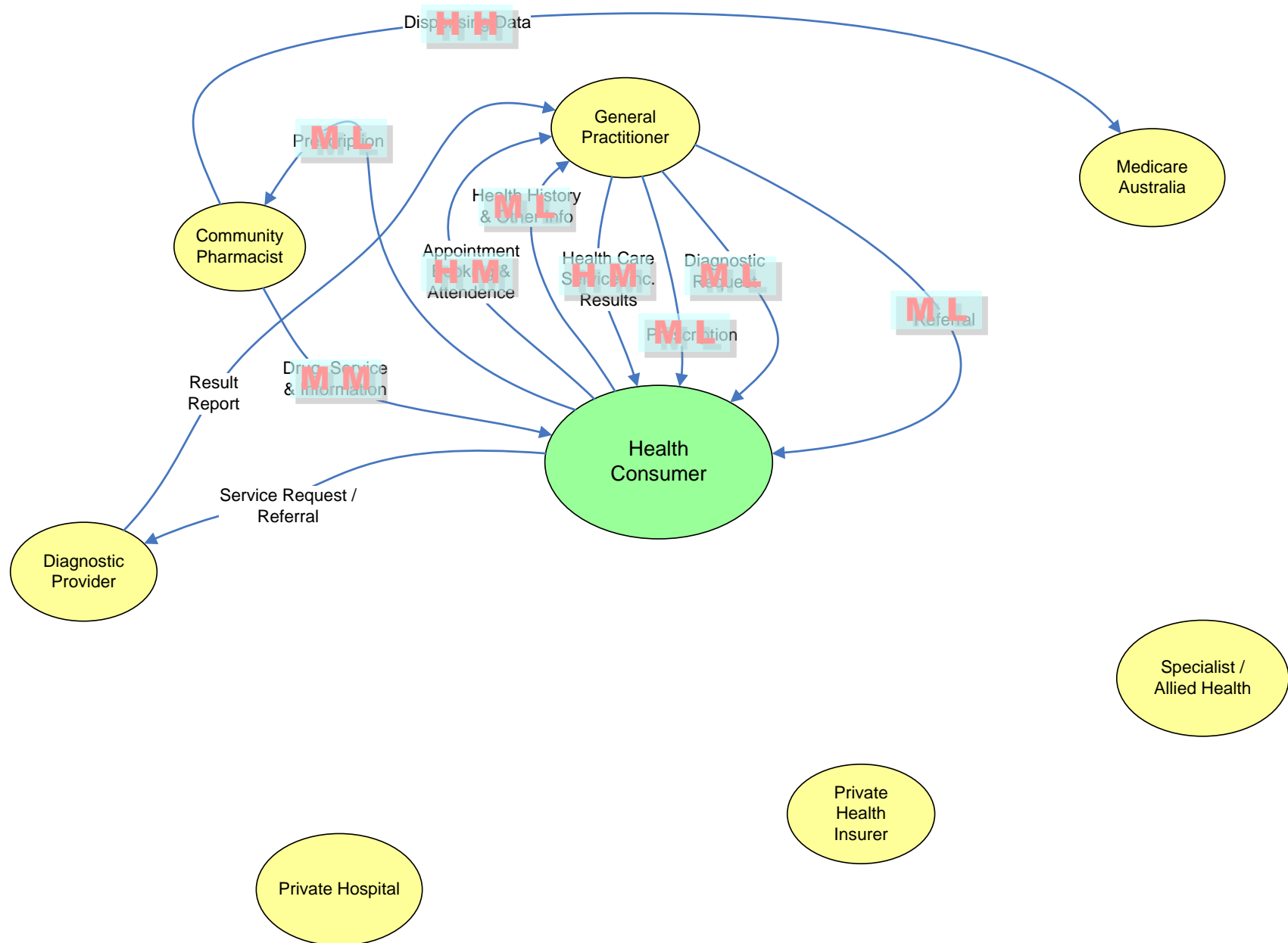
Community Pharmacist



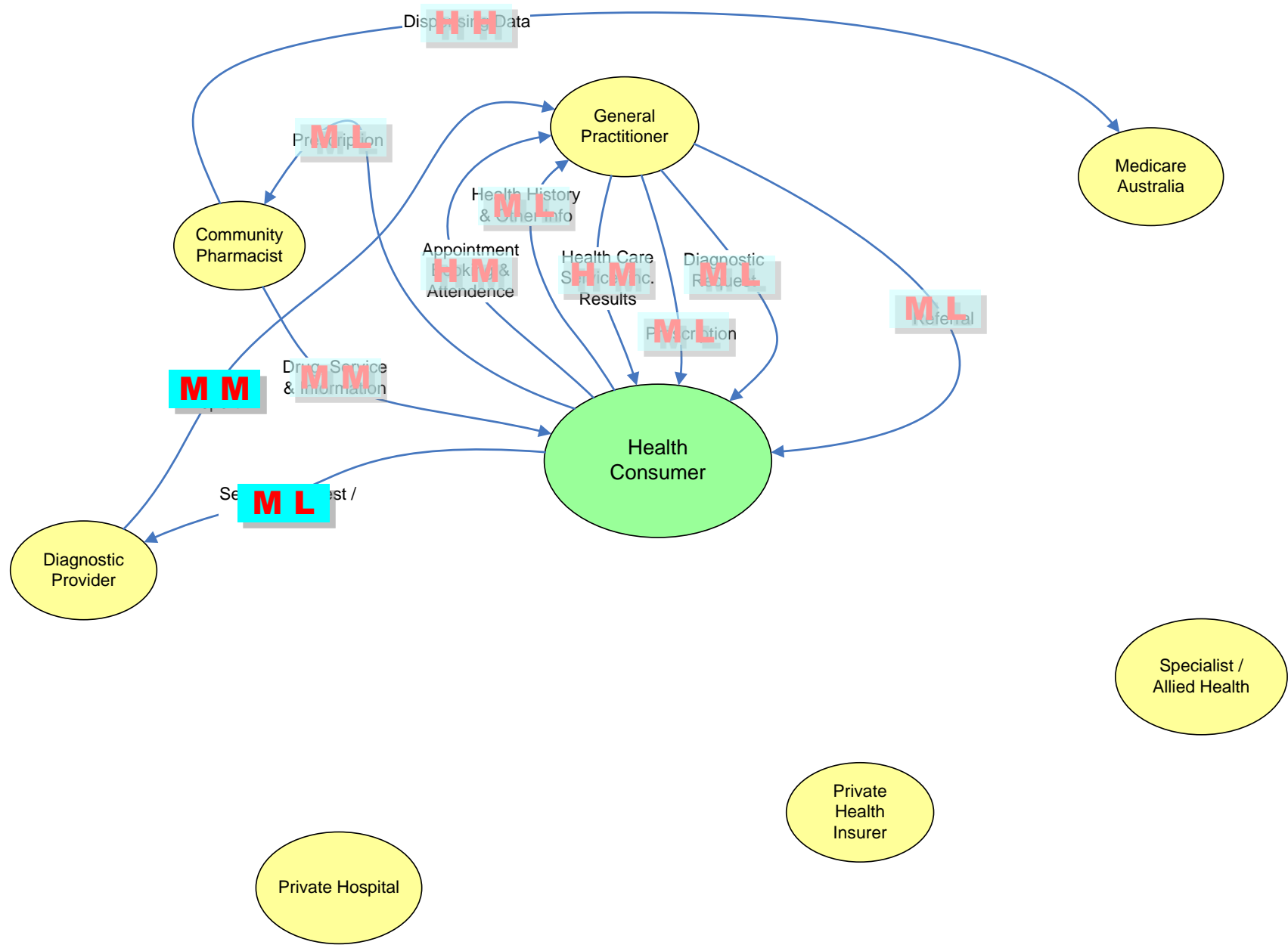
Community Pharmacist - Rated



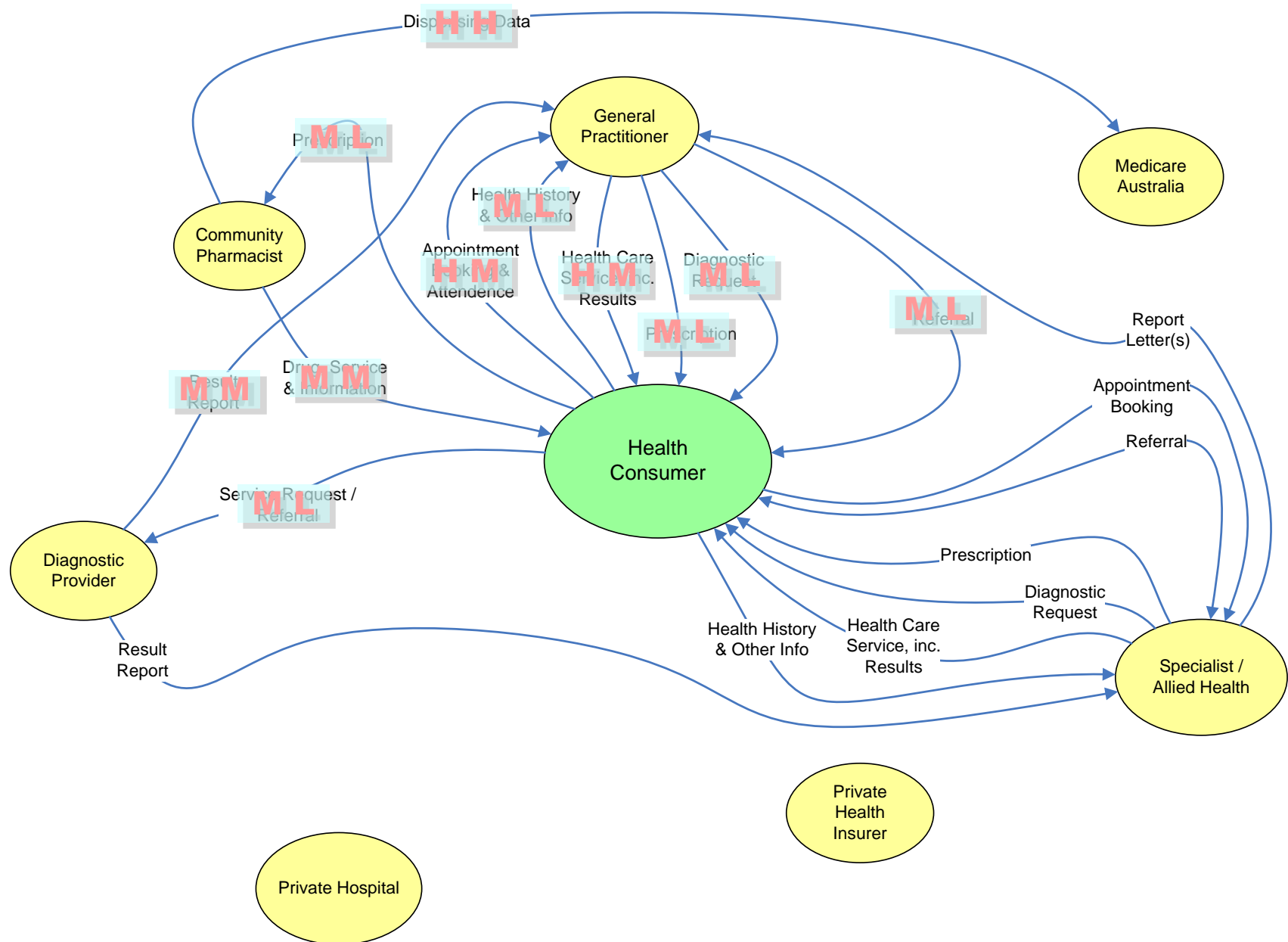
Diagnostic Provider



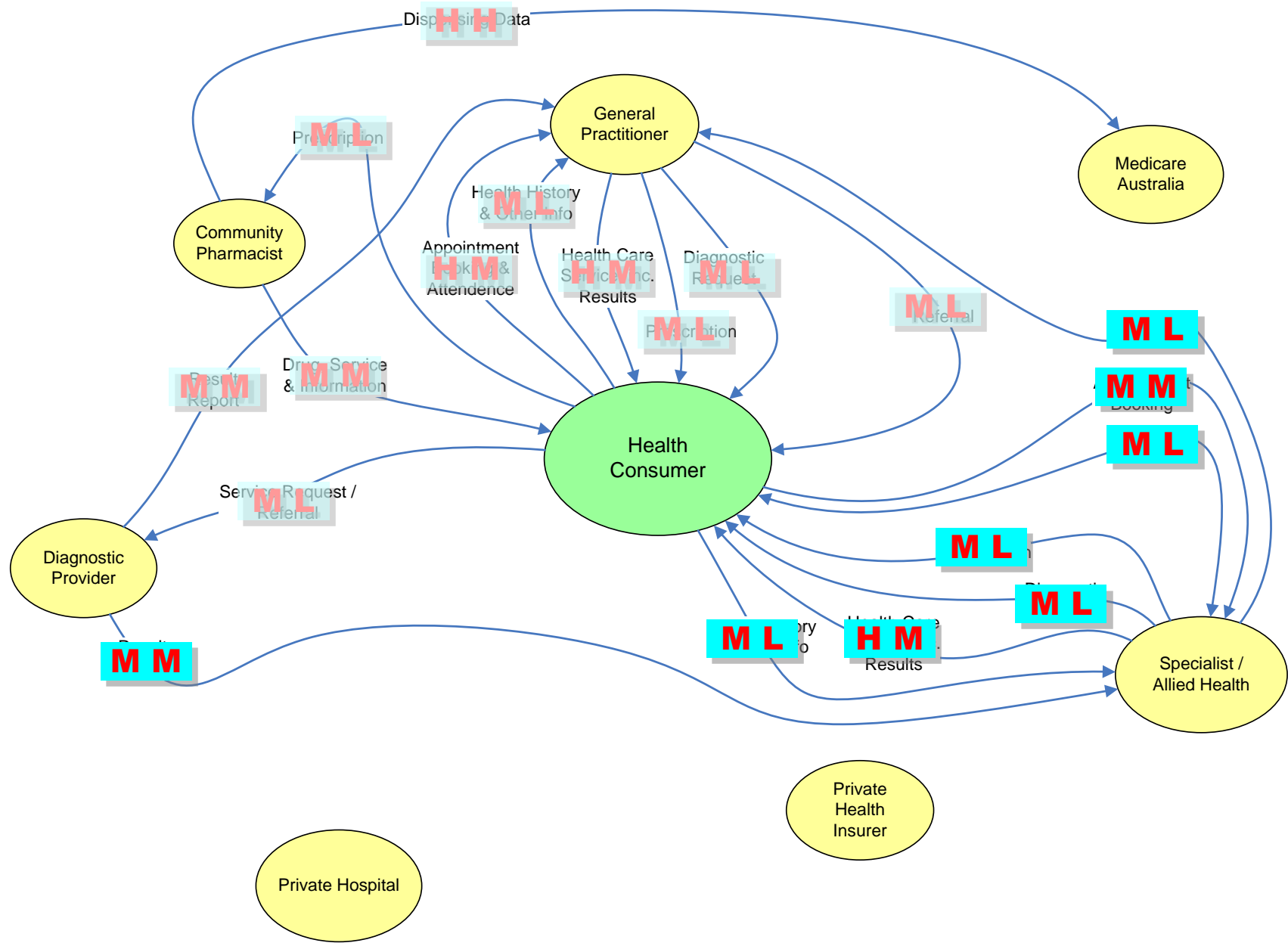
Diagnostic Provider - Rated



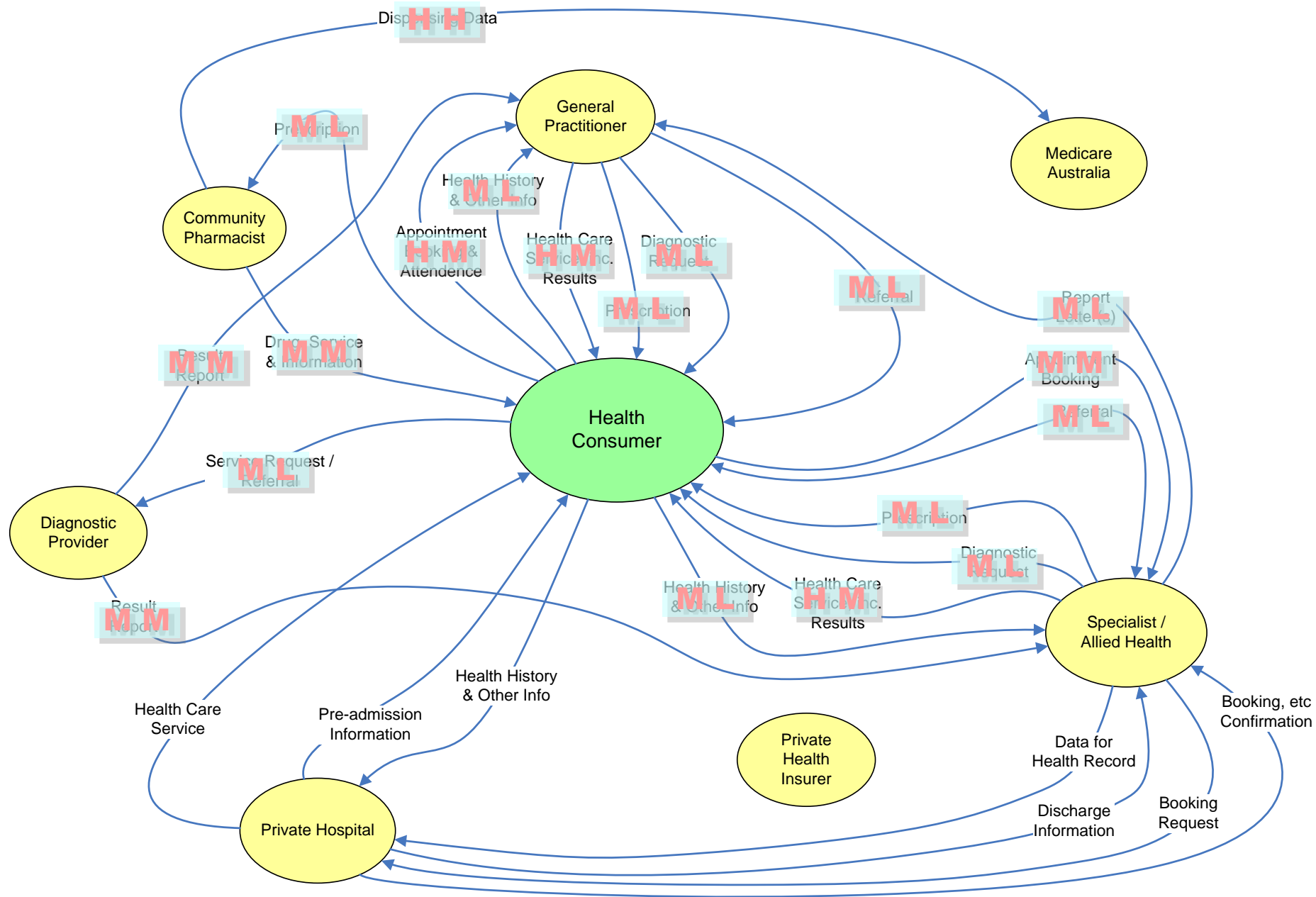
Specialist / Allied Health



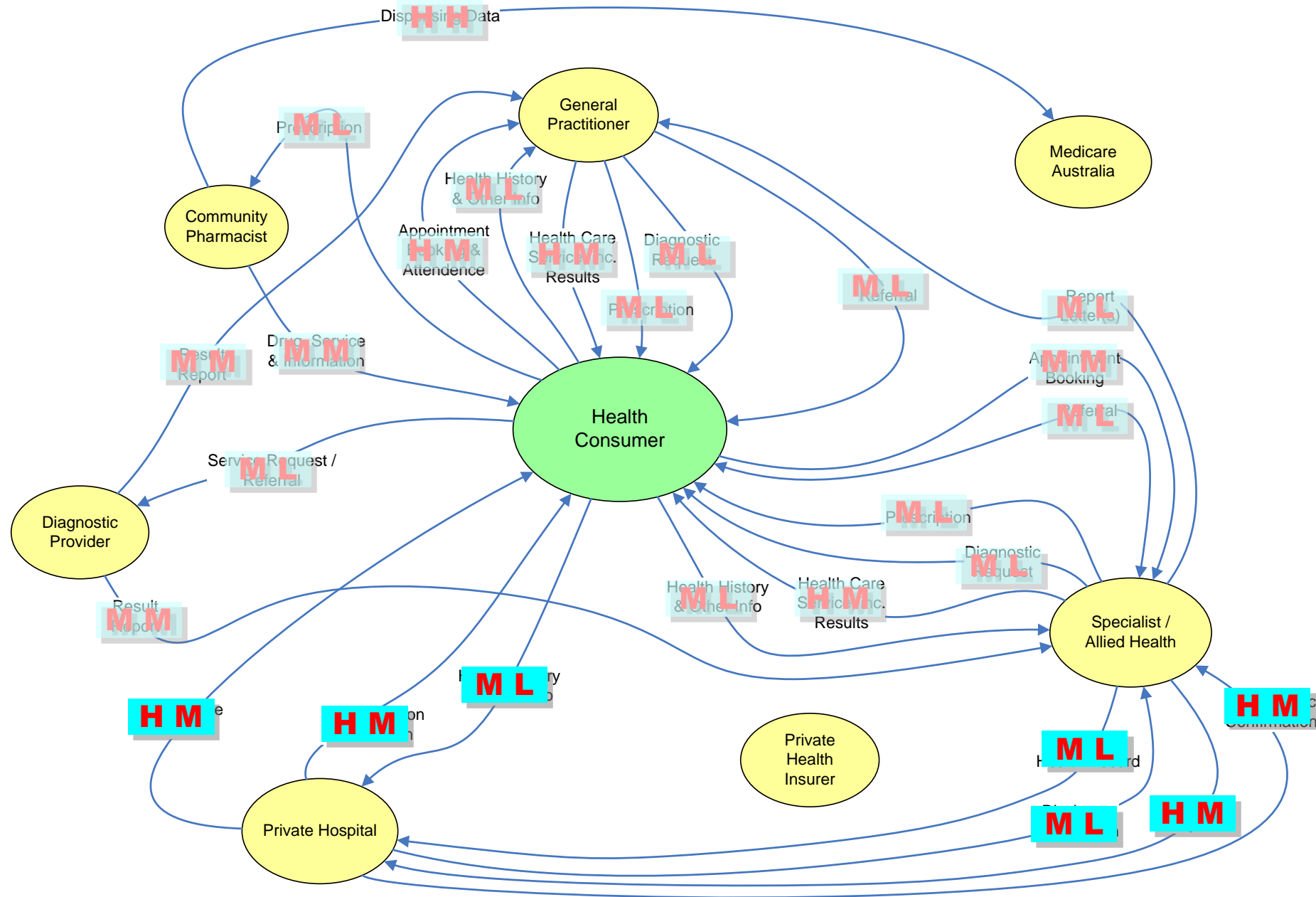
Specialist / Allied Health - Rated



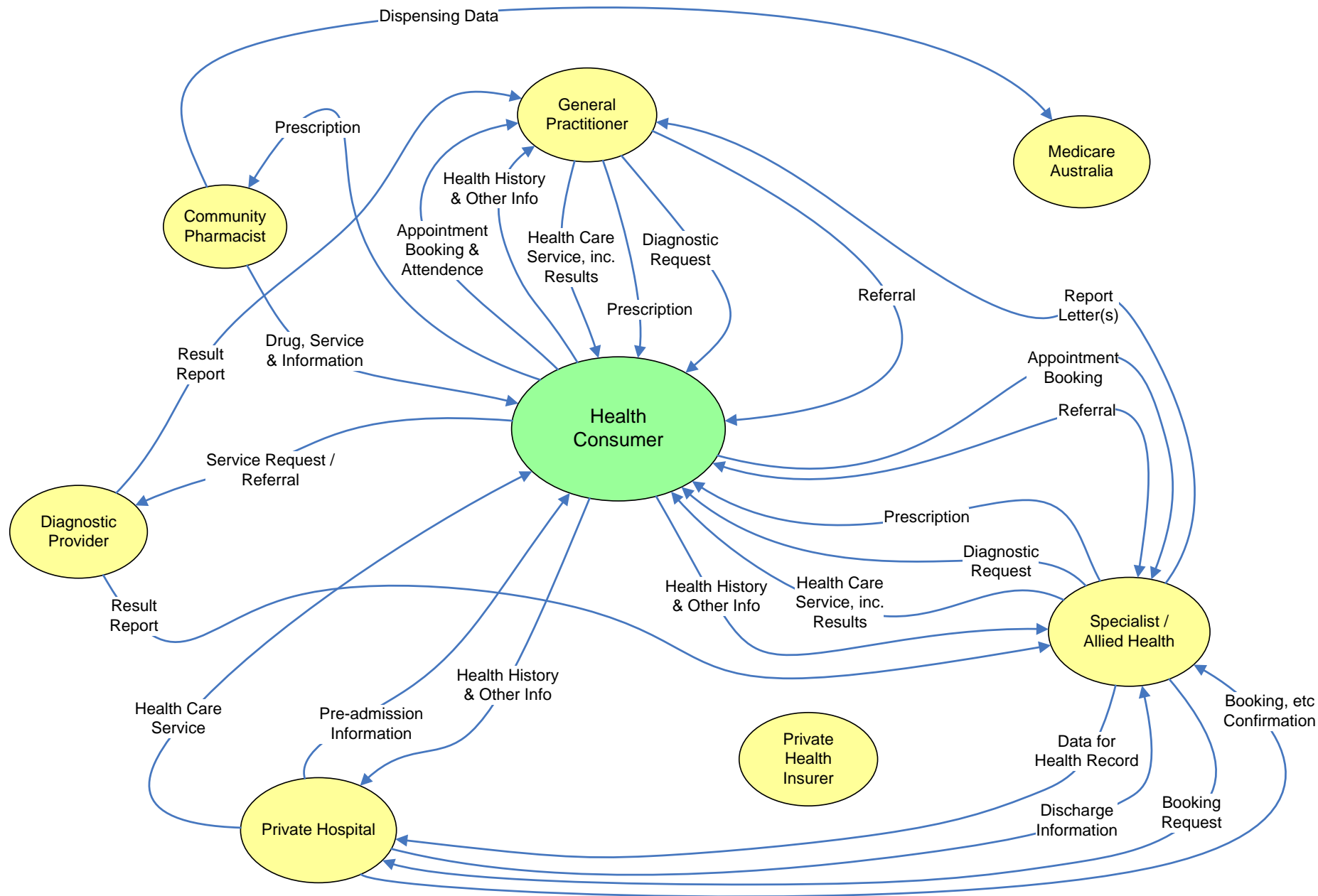
Private Hospital



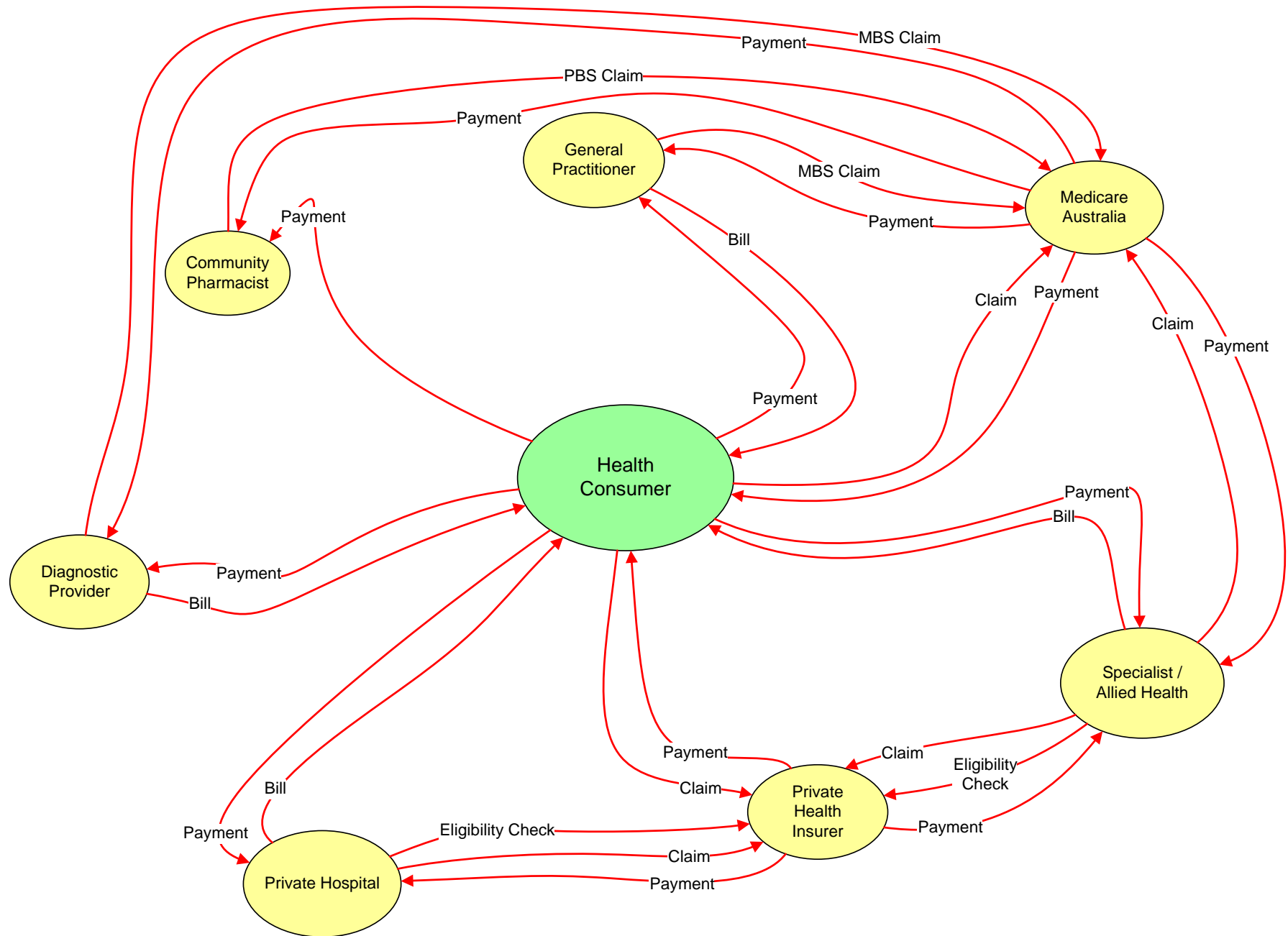
Private Hospital - Rated



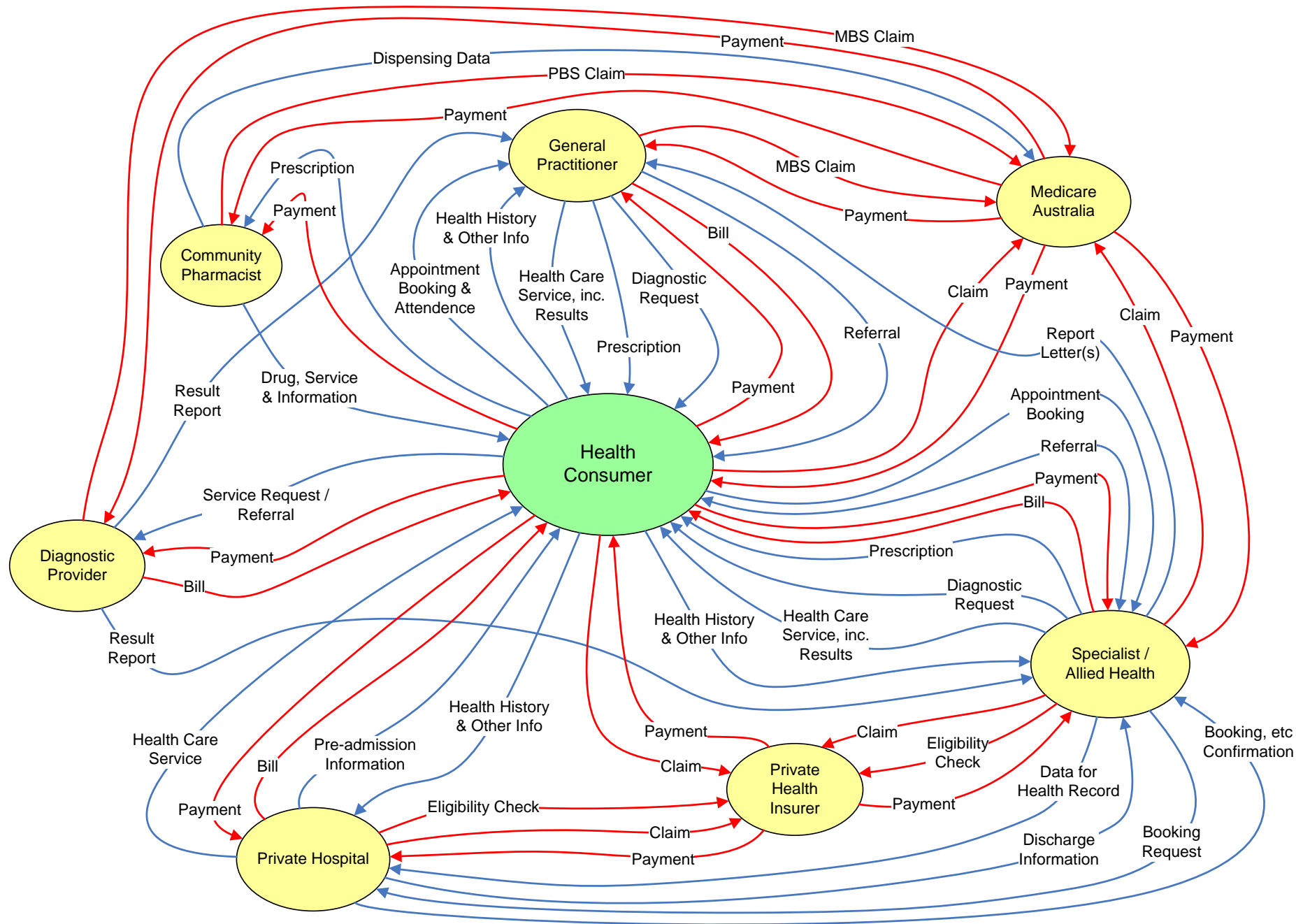
All Clinical-related Transactions – Limited Scope



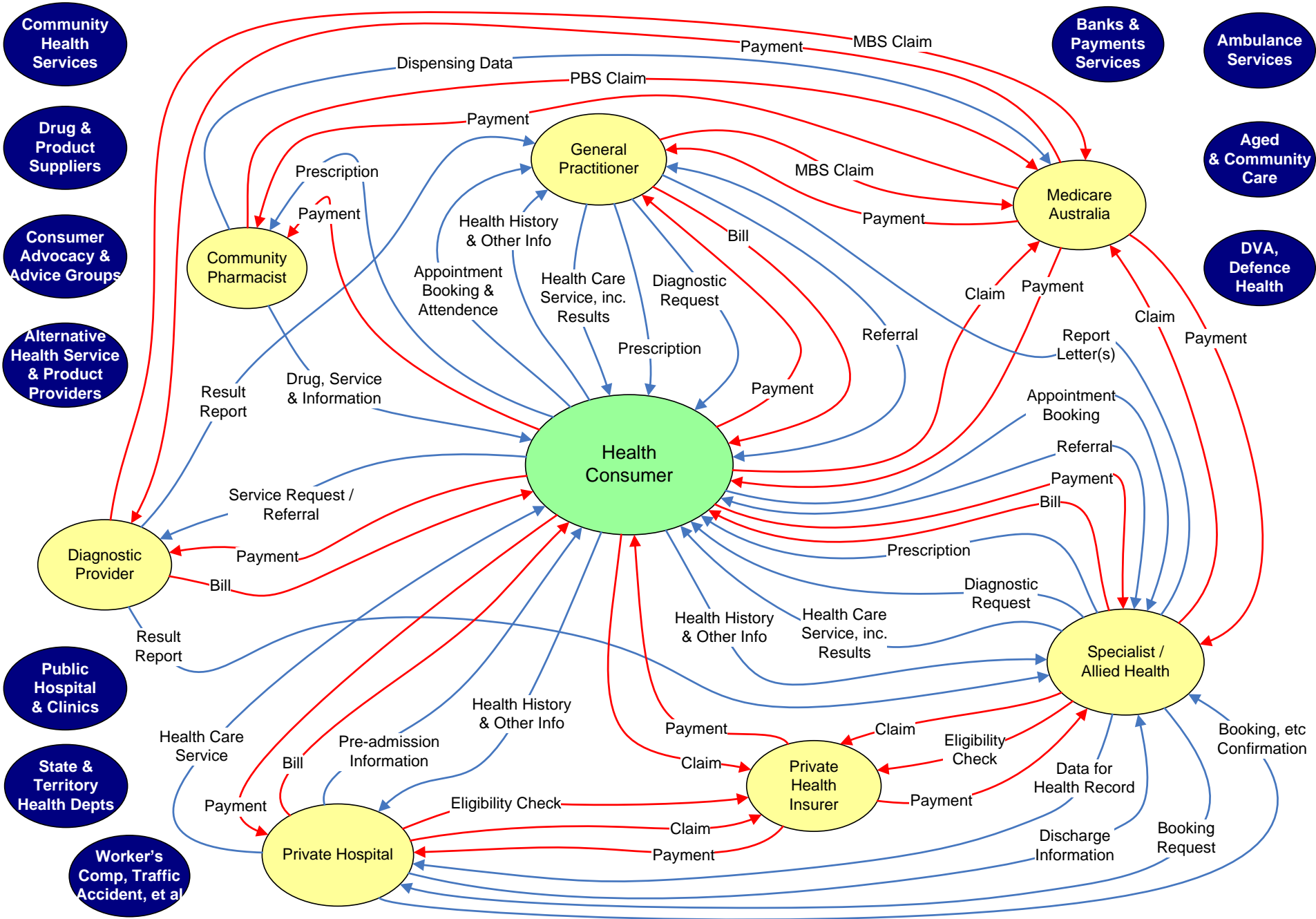
Payments-related Transactions



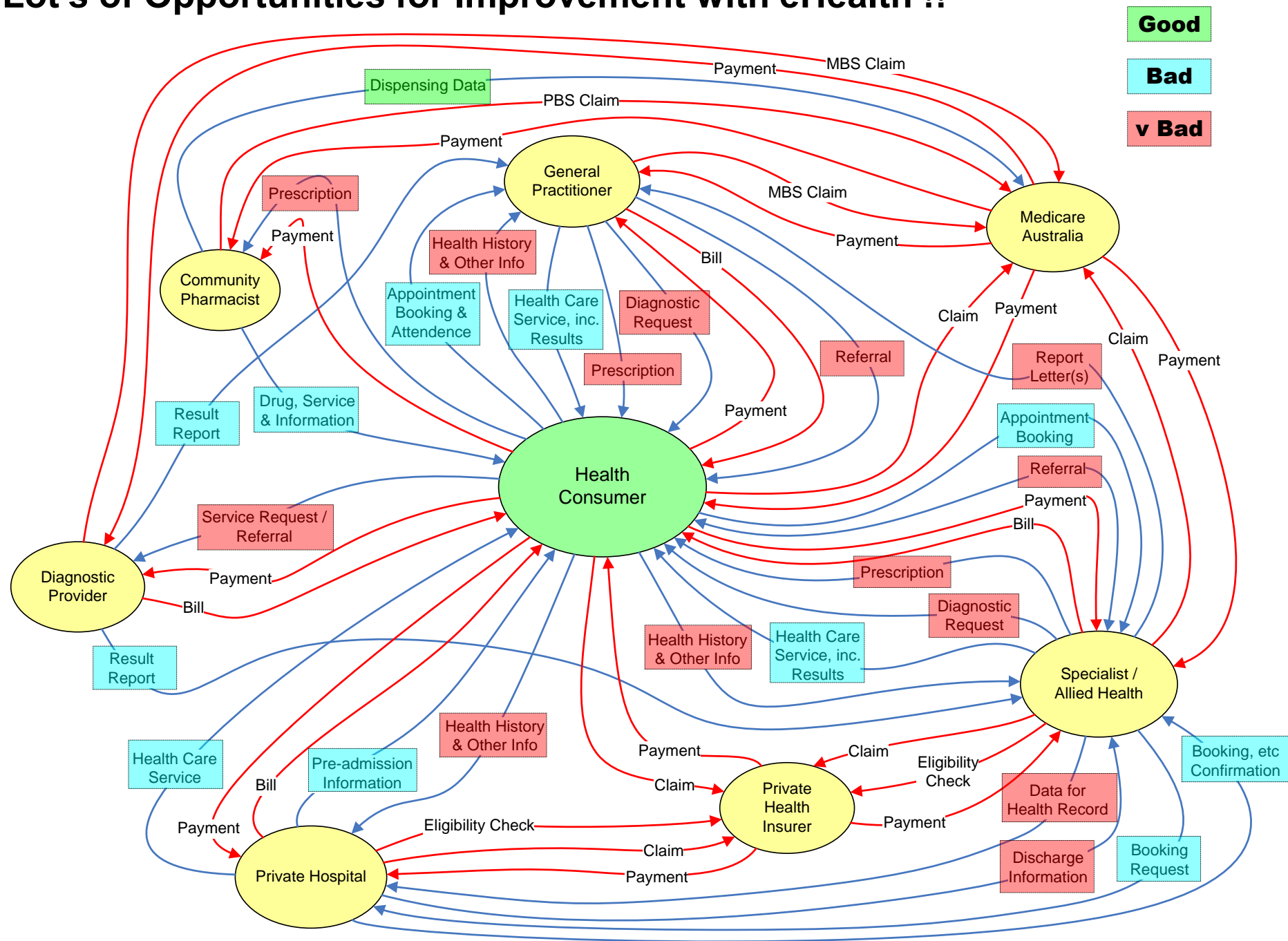
Clinical Transactions with Payments-related Transactions



Other Providers/Organisations of Relevance to the Patient Journey



Lot's of Opportunities for Improvement with eHealth !!



Online eHealth Provider Community

Goal is for a complete a "care chain" as possible
Opportunities for Gaps occur when care is shared

Key Providers

- General Practitioners
- Community Pharmacists
- Hospitals (including Emergency and Outpatients)
- Pathology
- Radiology

0-4 years,
especially infants

- Maternity Units
- Obstetricians, Neonatologists
- Midwifery Providers
- Paediatric Specialists

Chronic & Complex
conditions, e.g.

Cardiovascular
Disease

Diabetes

- Cardiologists / cardiac surgeons
- Hospital Cardiac specialists
- Physiotherapists
- Investigational radiologists
- Intensivists

- Endocrinologists
- Podiatrists / Dieticians / OT
- Nephrologists
- Intensivists & general physicians
- Home nursing providers

55+ years

- Nursing Homes / Hostels
- Community Health Centres
- Gerontologists
- Aged Care-related providers
- OT and physio

Aboriginal and Torres
Strait Islander peoples

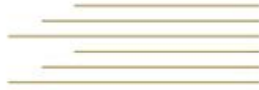
- Indigenous Health Workers
- Community Health Centres
- Rural GP - IH specialists
- Rural hospital staff

eHealth is needed to bridge gaps in care teams

Summary of the Gaps



- All activity occurs from action taken by a consumer/patient
- The gaps, not unsurprisingly, occur when things happen *between* providers
- Why is there a gap between clinical and financial transactions?
 - consumer centricity
 - reconciliation, fraud
- Significant gaps when:
 - Pt is passed between providers, inc. as the carrier-pigeon of data
 - Pt memory is unreliable
 - Business processes aren't supported by standards for data exchange
 - Important data is not available for decisions
- Gaps are worse for the frequent flyers



Thank You

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