



The interface between emerging digital technologies, the consumer revolution, advancing science and the Clinicians

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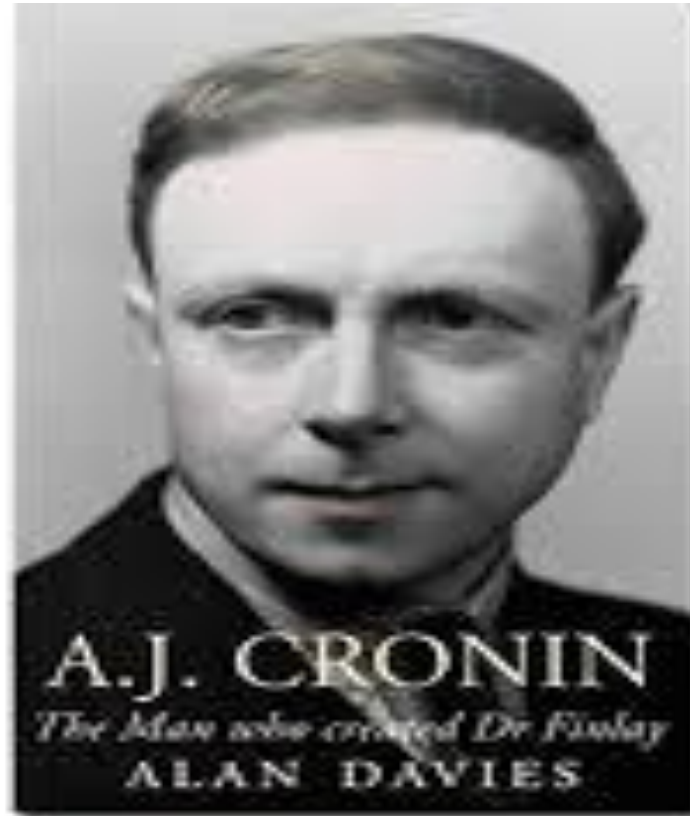
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**July 2018 AMDIS**

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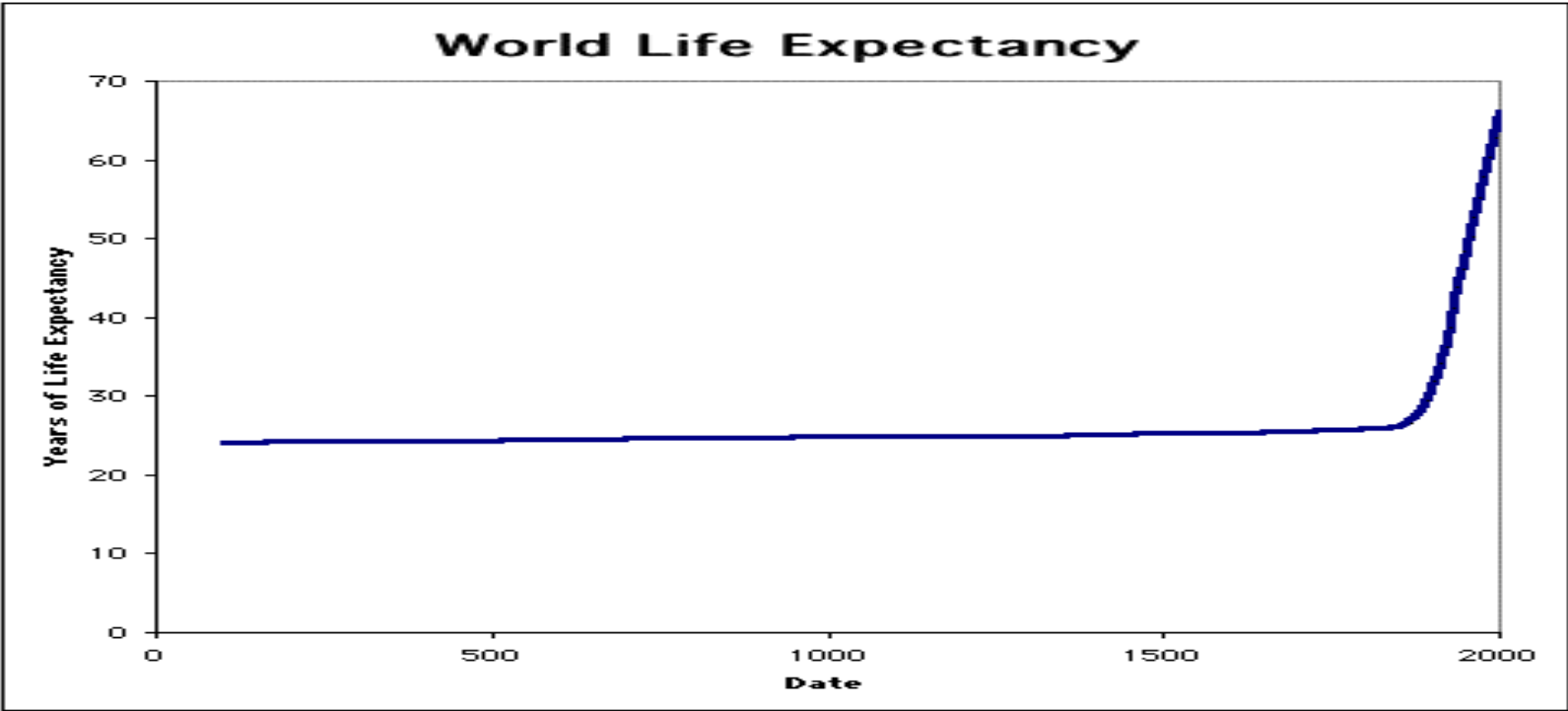
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# Where are Drs. Findlay And Kildare?

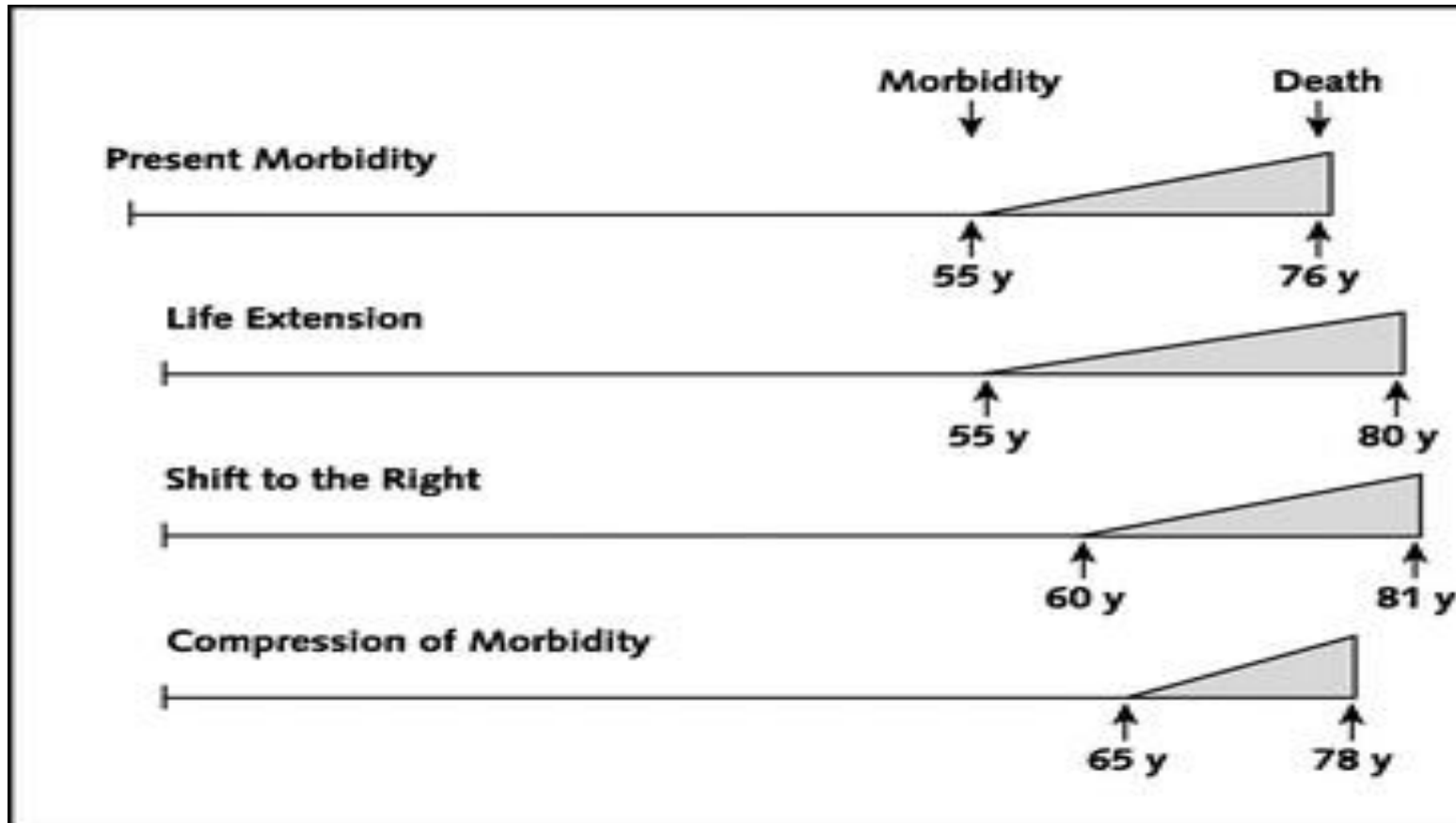


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# Old age – it really is a new phenomenon



# Longevity or Disability free life years (James Fries Stanford)



# The IHI Triple aim

- Improved “patient” experience
  - Quality
  - Personalization
  - Patient satisfaction
- Cost reduction per Capita
- Population Health Management and Improvement

# The Consumer revolution

- Cost reduction
- Convenience
- Access - Internet revolution and the death of the mall

# From Patient to Person.....1

- Change of mindset – “the Patient will see you now” – Topol
- Evidence based care - but for **one**
- Rise of the self help movements – Peer groups

# From Patient to Person .....2

- Democratization of information and its implications on the professions
- Outcome based metrics – yes, as only long as as they are relevant to me (PDOM)
- Self pay and Payment for value - Accountable care



# Disrupters

- Genetics, Epigenetics, Microbiome
- Telemedicine and emergence of new business models
- Pharma – biologics and pricing means transformation inevitable

# Major major potential Disrupters

Artificial Intelligence and Machine Learning

Clinical extension.....

? Is there potential for Disintermediation

# Global Comparators

Personalized population health solutions seem to be a major part of the favoured solutions

- Denmark                      Spain - Basques and Valencia
- Japan ?                      Australia
- UK (as long as nothing changes.....)
- Nigeria

# What about the people ?

- Ethnographic research 2017 – Public Health England
- Salutogenesis... Resilience
- Contribution of non health determinants

The 80/20 rule and the implications of a 10% improvement

# How on earth can we handle this ?

- Running towards change or building the battlements?
- Can we use it to
  - Enhance the treatment to the person
  - Manage down the rate of medical accidents
  - Enhance our work life balance
  - Enable us to practice at the peak of our potential
  - Change what is becoming a gloomy ever increasing cycle of activity into meaningful care
- YES But....

# Leaders show the way

- From the parent/child to the partner along the NCD journey
- Encouraging activation and resilience amongst people
- From what matters to us to what matters to “them”
  
- As CMIOs we too are on a journey ... what we do now is not something outside the core of what healthcare delivers but at the heart of everything everyone does
  
- “Success” however brings with it new challenges...

# There could be a happy ending

- If we raise our game not by doing more but by doing things differently
- By showing to others by our behaviour that we believe that the future could be better and walking the walk
- By strengthening the bonds that bind us closer together and building new bonds where we see there are gaps
- By working within supportive environments like AMDIS and HIMSS – these are the places where the best brains meet and the places where we learn from each other and reinvigorate ourselves