



12:15 BEYOND CLINICAL EVIDENCE, BEYOND PATIENT OUTCOME REPORTING ?

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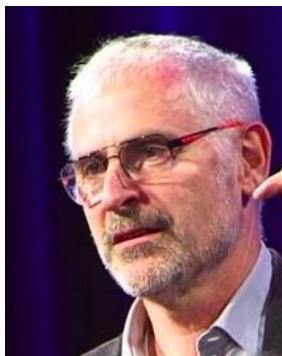


BEYOND CLINICAL EVIDENCE, BEYOND PATIENT OUTCOME REPORTING ?

(Room Louis ARMAND)



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Digital Disruption **PARIS 2017**



From a « disease » system to a Health system

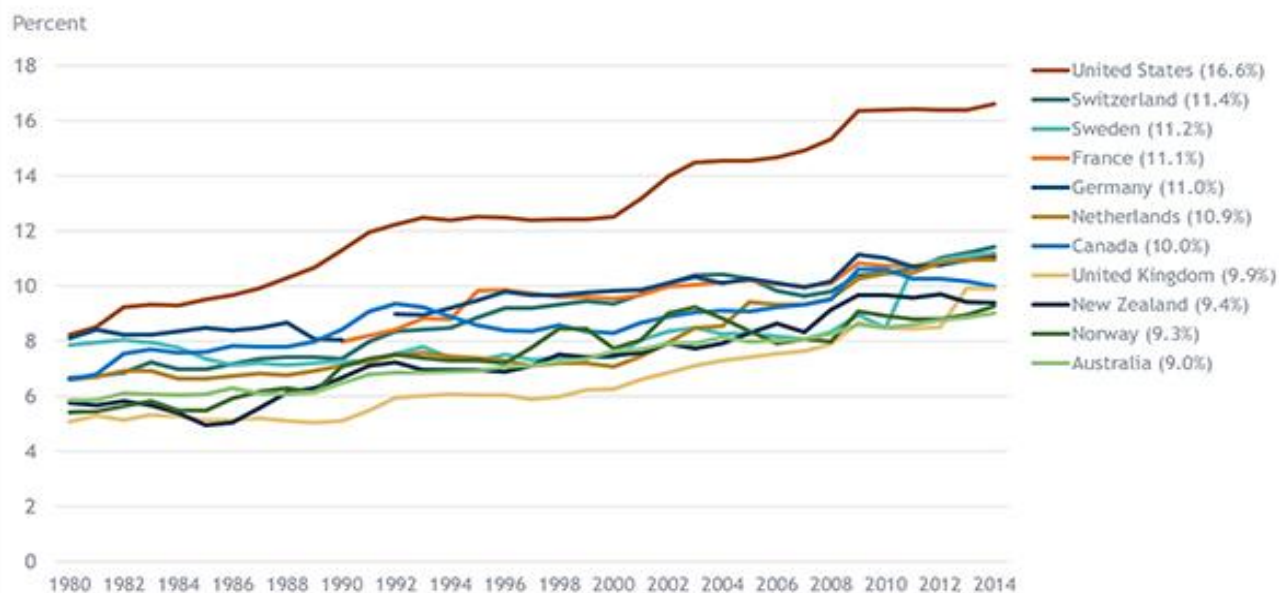
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Antoine Malone
Director of
Research
French Hospitals
Federation

Are we doing what's right ? (1)

- **Spending on healthcare, %PIB**

Health Care Spending as a Percentage of GDP, 1980–2014



GDP refers to gross domestic product. Data in legend are for 2014.
Source: OECD Health Data 2016. Data are for current spending only, and exclude spending on capital formation of health care providers.



E. C. Schneider, D. O. Sarnak, D. Squires, A. Shah, and M. M. Doty, *Mirror, Mirror: How the U.S. Health Care System Compares Internationally at a Time of Radical Change*, The Commonwealth Fund, July 2017.

- **More than 10 years added to life expectancy in OECD countries since 1970**
- **Cancer survival has doubled in the last 40 years (England and Wales, CancerResearch UK)**



Are we doing what's right ? (2)

- Obesity epidemic...and worse

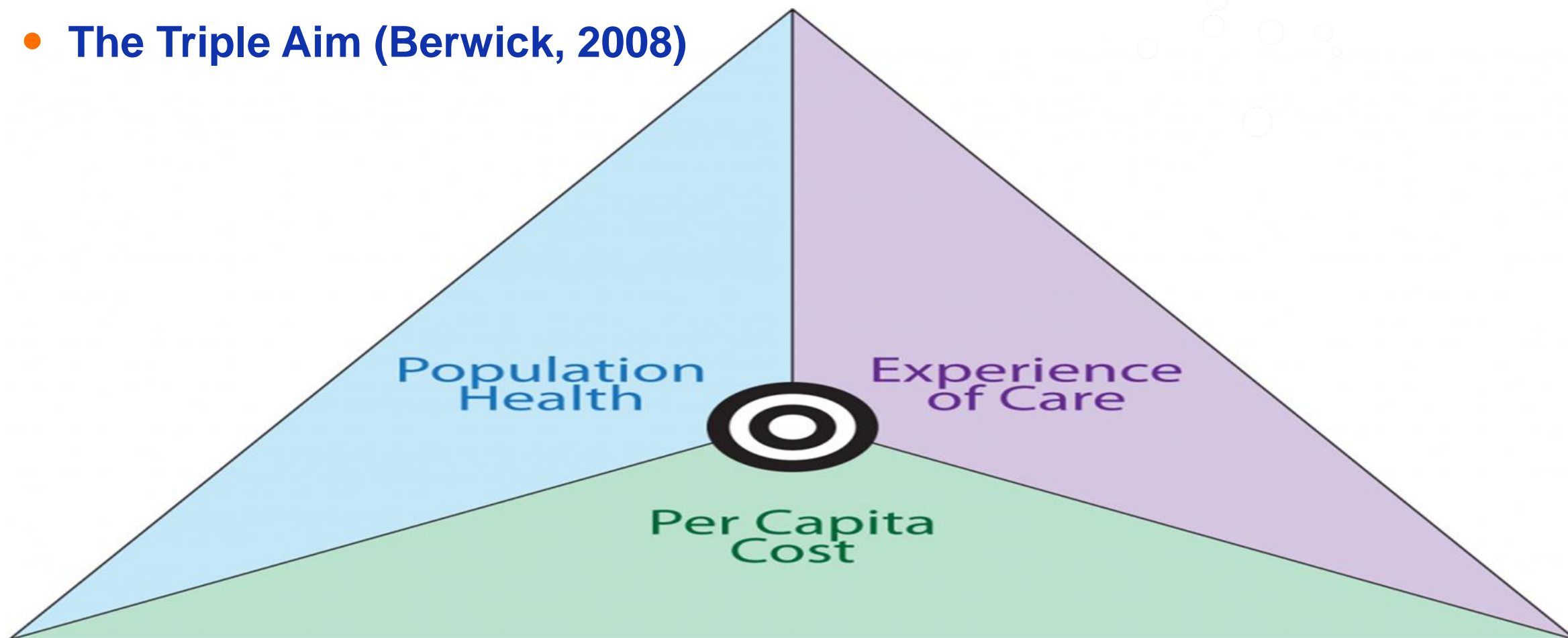


Life expectancy for white males in the US is decreasing due to social despair, opioid and alcohol addiction and suicide
(NY Times, April 20, 2016)



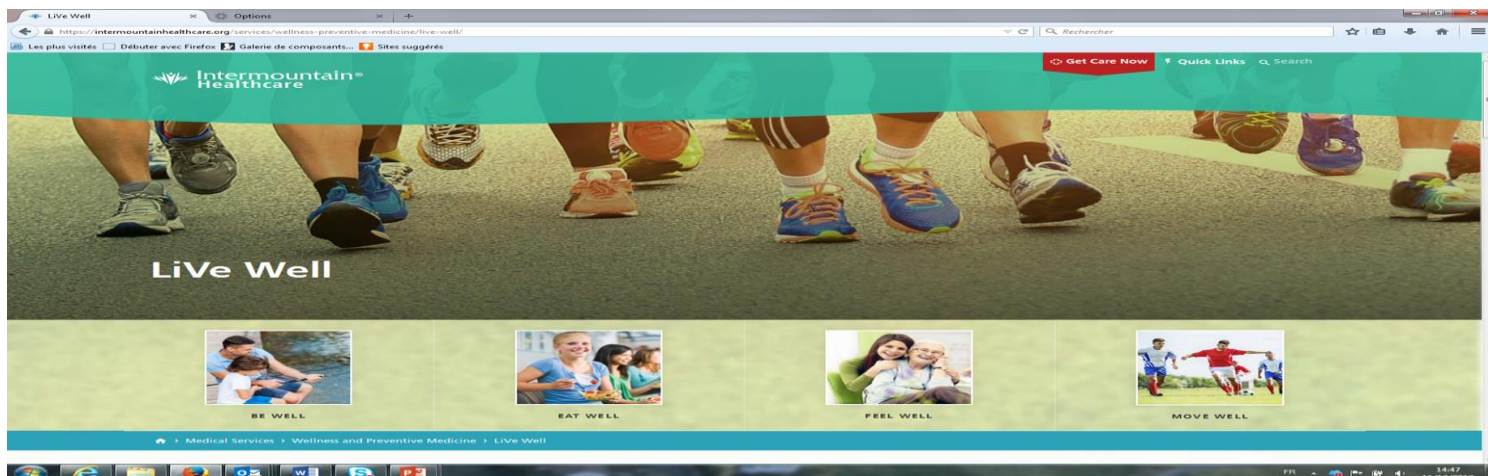
What a Health System should do

- The Triple Aim (Berwick, 2008)



What a Health System should do (2)

For the population



« Helping people live the healthiest lives possible »
-Intermountain's moto

« Thrive »
-Kaiser Permanente's moto



What a Health System should do (3)



● For patients

- *I work with my team and have determined what I need and when, where and how I want it.*
- *I know the team and the team knows and cares about me.*
- *The team listens, provides advice and supports my health journey.*
- *My questions and concerns are answered.*
- *Care is co-ordinated.*
- *My values and goals drive care plans*



« Nuka » Health system, Alaska



Creating value for patients

Claire Chabloz
Medical Director CEPPRAAL
Chairwoman FORAP

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A coffee story



Option A

Option B



What are we measuring today?



feuille de soins - médecin

crédit
N° 12041702

N° de 101-40 et numéro du Code de la sécurité sociale
Atteint 101-40 Code des garanties sociales éligibles et des autres 101-40

DATE 11/11/2014 A 14:14

PATIENT RECEVANT LES SOINS ET ASSURÉ

PATIENT RECEVANT LES SOINS (à compléter par le médecin)
Nom et prénom
Nom de famille (de naissance) suivi du nom d'usage (s'il y a lieu)
Numéro d'identification

ASSURÉ (à compléter si la personne recevant les soins n'est pas l'assuré)
Nom et prénom
Nom de famille (de naissance) suivi du nom d'usage (s'il y a lieu)
Numéro d'identification

ADRESSE DE L'ASSURÉ

IDENTIFICATION DU MÉDECIN

IDENTIFICATION

PRESCRIPTION

CONTRIBUTION DE PRISE EN CHARGE DES SOINS



Valuable outcome measures



Clinical outcomes



OUTCOMES THAT MATTER TO PATIENTS

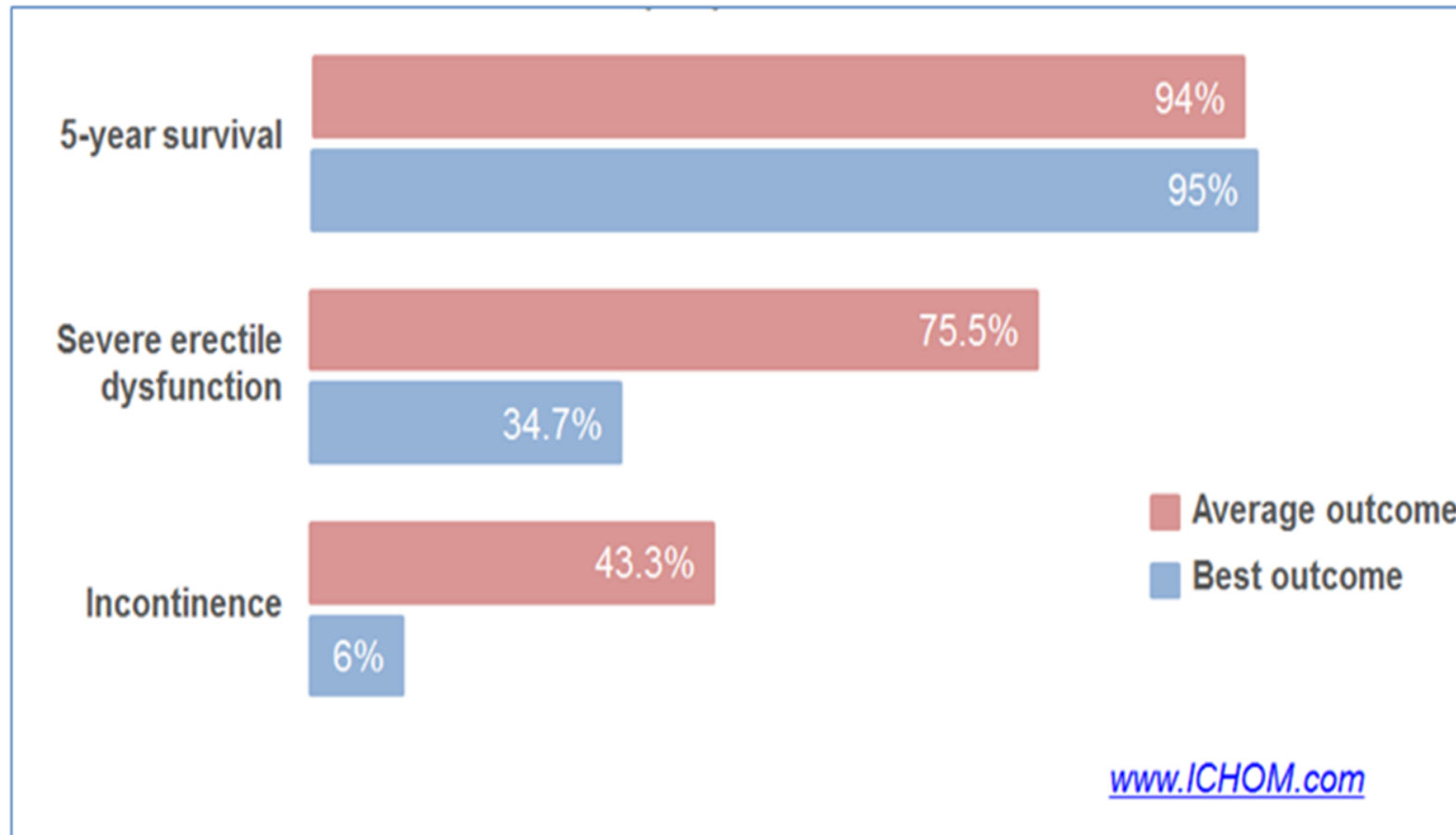
Patient related outcomes measures - PROM's



Patient experience measures - PREM's



Patient related outcomes



Differences in quality of care for prostate cancer become apparent only when patient-reported outcomes such as incontinence or sexual function are examined.



Our goal : Value for patients



$$\text{Value} = \frac{\text{Health outcomes that matter to patients}}{\text{Costs of delivering those outcomes}}$$



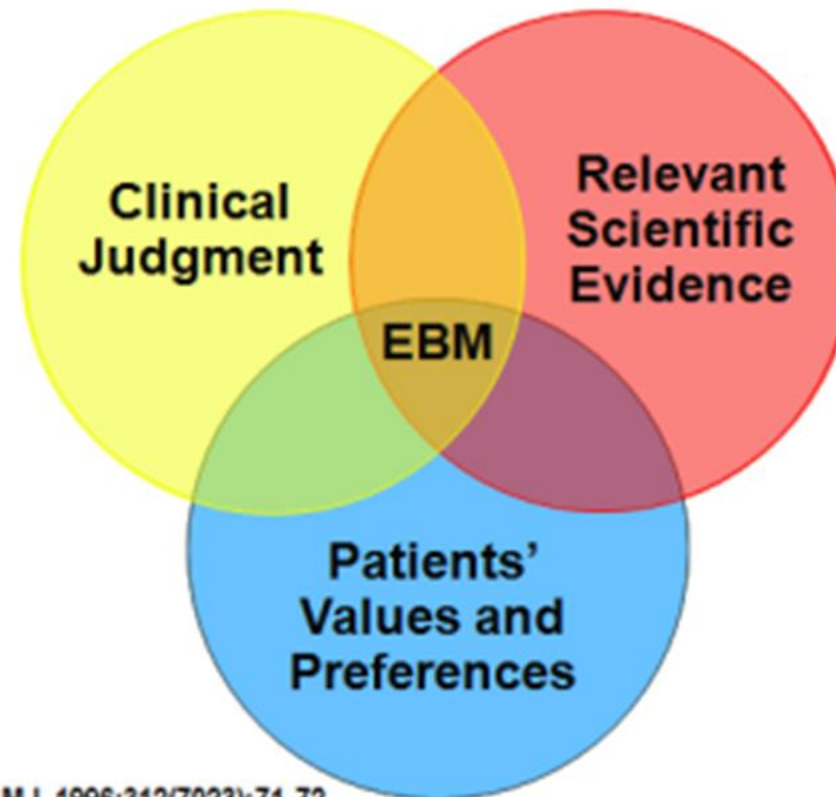
Clinicians

Patients

Policymakers



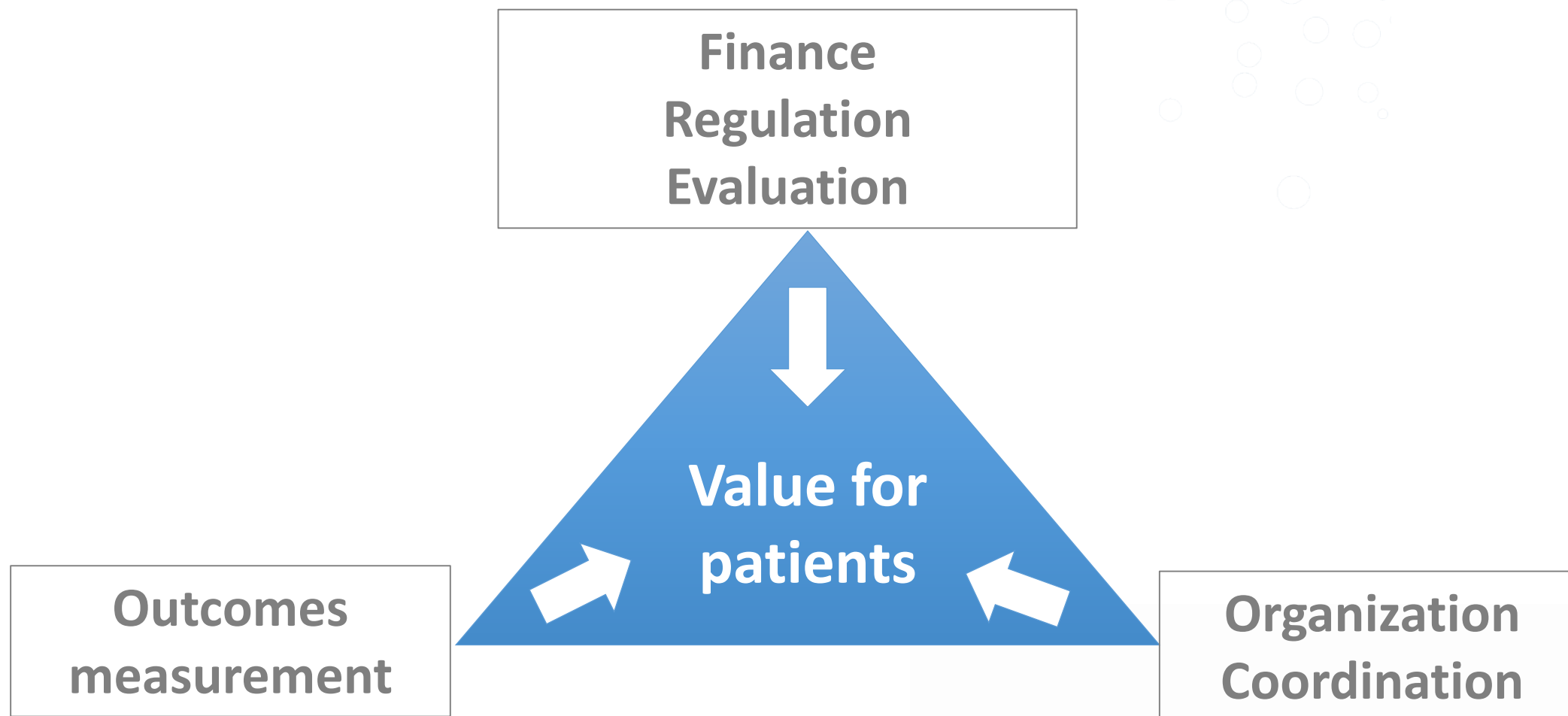
What Is Evidence-Based Medicine?



Sackett DL, et al. BMJ. 1996;312(7023):71-72.



Drivers of value creation



Achieving well-being at any age



Claire Chabloz
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I don't want to get sick. I want a great life!

User empowerment in the virtual world

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Tim Greacen
Chairperson ENTER Mental Health
European Network
Director, Laboratoire de recherche, EPS
Maison Blanche, Paris
User representative, CRSA Ile-de-France

Health empowerment from day 1



- **Health belongs to citizens, not to health professionals**

- Train all citizens to be competent in health
Arithmetic, French, Health....
Continuing education throughout life : online empowerment centres (with governmental approval)
- Controlled by us.
Democracy. Power to the people. What is good health?
It's acted by the people. It's decided by a vote.



And if something goes wrong?

- **Throw away the notion of “patient” (Aristotle)**
 - We are active health care agents. We look after ourselves.
 - The professional’s job? No longer a carer, but a trainer.
 - We go online to get trained on how to deal with our problem
 - All health care, with the potential exception of emergency care, will be provided online



All health care will be provided by virtual health professionals



Not a human being, but an avatar with artificial intelligence.

- reliable
- equipped with the best information on evidence-based interventions.
- it would never forget anything you have ever said
- able to communicate in any style you might prefer.

You would be able to choose the gender, age, ethnic group, appearance, and other characteristics of your digital pro.



On time, always ready



- A health professional available whenever you might need him/her/it
 - Anytime. Night and day.
- Never too busy, never in a hurry
- Always there to listen
- Never late



Consistent quality improvement



- Software based on the best available mental health-care expertise and evidence
- Software providing data for consistent quality improvement
 - research focused on quality improvement of software programs using process and outcome data.
- The software developer
 - responsibility for malpractice
 - charge costs for access to clinical services.



No geographical limit



- available all over the world
- reduced need for professionals for local services
- significant economy in terms of personnel budget.



- You would not need to travel to access health care.
- It saves people's time



Knock knock: this is your drone

- Drones will be used to deliver medications



Knock knock: this is your psychiatrist

- You could give a physical body to your virtual clinician: a robot, an avatar



Experimenting different selves with different professionals



You could present yourself with different characteristics
and as different virtual patients to different virtual
professionals.



- **No longer human carers, but human facilitators**
 - Some people might still want some contact with real human beings to supervise or validate their interactions with their virtual clinicians
 - Human facilitators could help you navigate the software.
 - However, virtual care would drastically reduce the human workforce required and the need for training in mental health care provision.



Scenarios for the future of the social in mental health care

Giacco D, Amering M, Bird V, Craig Y, Ducci G, Gallinat J, Gillard S, Greacen T, Hadridge P, Johnson S, Jovanovic, N, Laugharne R, Morgan C, Muijen M, Schomerus G, Zinkler M, Wessely S, Priebe S.

Lancet Psychiatry, 2017 Mar;4(3):257-260



Merci !!

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Head of Unit "eHealth, Wellbeing and Ageing"
DG Communications Networks, Content and Technology (CNECT)
EUROPEAN COMMISSION

Evolution of healthcare systems



- Shift from input to output/ impact; from punctual to holistic
- Focus on outcomes (WHO definition); measures: mortality, readmissions...
- Redesign HC systems: integrated, patient centred, feedback loop, pay by result...
- Review position key actors: Citizens/ patients; Payors/ authorities; researchers/ providers/ doctors
- Revisit incentives of
 - Today: pay by visit, by quantity of drugs sold....
 - Tomorrow: citizens more aware/ empowered. Providers more accountable, paid by result
- Impact on healthcare triangle: access-quality-cost, eg savings vs quality
- Expand all sides of triangle only possible with data and technology
- Shift to new 5 P medicine: Prevent. Participate. Predict. Personal. Point of care



Evolution of healthcare systems

- Impact on healthcare triangle: access-quality-cost, eg savings vs quality
- Expand all sides of triangle only possible with data and technology
- Shift to new 5 P medicine: Prevent. Participate. Predict. Personal. Primary care



SOURCE: Big Data Value Association "Big Data Technologies in Healthcare; needs, opportunities and challenges"



Data-driven innovation in healthcare



Prevention and early risk detection



New therapies and diagnostics



Personalised Medicine



New health and care models

High-performance computing

Advanced Data-Analytics

Artificial Intelligence

Cloud computing

Wearables

Internet of Things (IoT)

mHealth

Telehealth



Benefits of better health data management



- More effective prevention
- Faster diagnosis
- More tailored therapeutic responses
- Better clinical outcomes
- Improved quality of life
- Tackling wasteful spending on health



Digital Transformation of health and care (3 priorities)

- *Citizen's secure access to and use of health data*
- *Data infrastructure to advance research and personalised medicine*
- *Citizen empowerment and patient-centred care*



KEY ENABLING CONDITIONS *TRUST & SECURITY*



THANKS

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