

The role of clinical leadership in eHealth

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Health is a knowledge and information-based sector. The priority for the leaders of our health system must be to create an environment for the dissemination of knowledge through quality improvements and the measurement of performance.

In the 21st century, this means promoting the use of technology to drive innovation.

Yet not all our leaders have the understanding, experience and vision required to achieve this goal.

Many hospital specialists will have experienced times when poor leadership has prevented information systems from being used to improve workflow, bring efficiencies or support a better and safer integrated health care model.

How can we lift the sector's performance and work together to create digitally savvy health care organisations?

Young clinicians coming into the sector are often frustrated by their leaders' inability to recognise the potential of information systems to improve patient outcomes.

The question for us all is how we can lift the sector's performance and work together to create digitally savvy health care organisations.

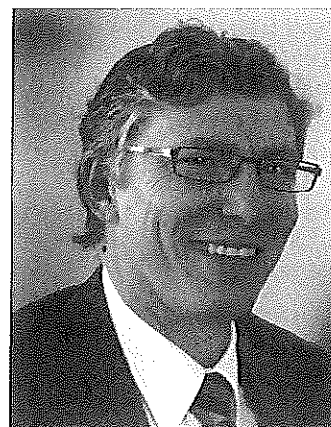
The importance of quality

Quality is the critical driver of a resilient, adaptable and safe health system. Key stakeholders, clinicians and consumers must be part of the co-design process.

The National Health IT Board's primary role is to provide leadership across the health and disability sector to support an improved health information model and future health care delivery models. However, everything we do is driven by quality improvement methods and the New Zealand Triple Aim.

It's tempting for health care organisations to believe they require specialist information technology systems to suit their individual needs. But having all 20 DHBs developing their own systems to meet a common need is both inefficient and a poor use of resources.

A better approach is to have one or two DHBs or other health care organisations that are furthest up the maturity curve to work on a common problem and share their innovations with others. Remaining organisations can be 'fast followers'.



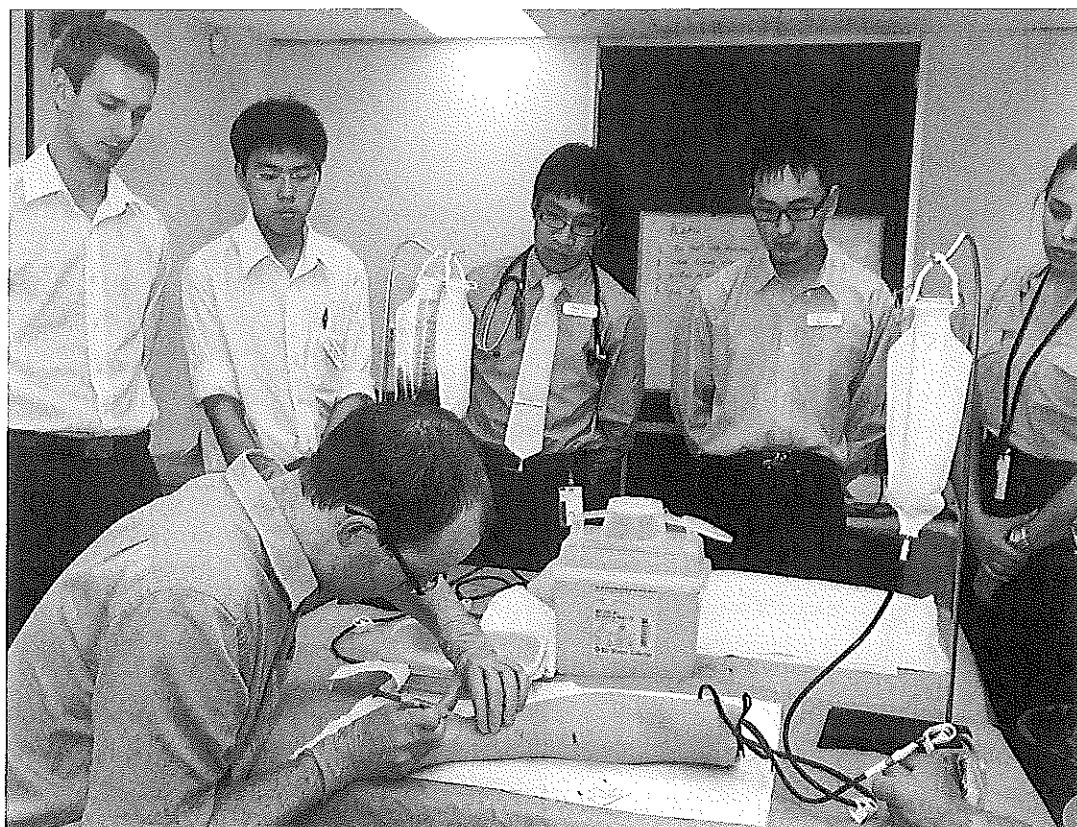
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eHealth in practice

One example of how this works in practice is the University of Auckland's VIEW research group's collaboration with Counties Manukau DHB, Midland DHBs and Middlemore Hospital's Department of Cardiology to develop a web-based electronic support programme called Acute PREDICT.

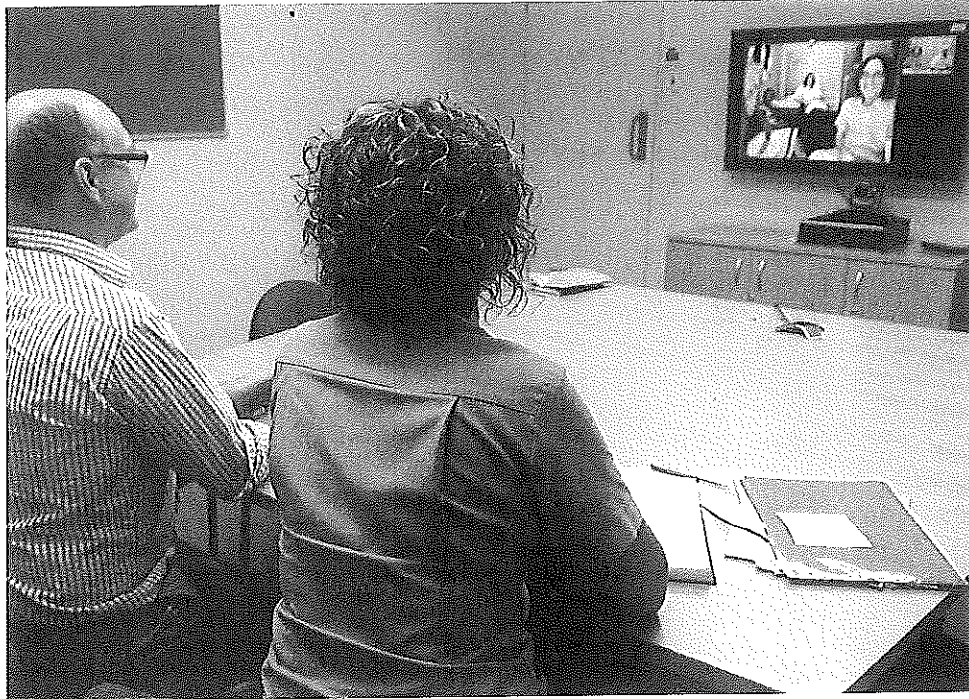
This programme was introduced into Auckland metropolitan hospitals and all Midland DHBs' hospitals before being expanded to include all patients admitted to New Zealand hospitals with Acute Coronary Syndrome (ACS).

The information is stored in the All New Zealand Acute Coronary Syndrome – Quality Improvement (ANZACS-QI) database, which is based on an international standard. The database is used to better predict patients' risk of heart disease and stroke, and to identify possible treatment improvements.



In addition to deciding who should lead the development of solutions to common problems, another important success factor is to ensure we consistently capture quality outcomes data.

Many senior doctors and dentists will be familiar with the *Atlas of Healthcare Variation*, which shows variation in the health care received by people in different geographic areas. The New Zealand Atlas aims not to make judgements but to stimulate debate on health care inequalities.



A new perspective on IT

Quality outcomes data is essential if we are to uncover the unwarranted variations in health care. And yet in New Zealand it's all too common for chief information officers to report to chief financial officers, and to be treated as if their work was nothing more than part of back-office operations.

We are facing several trends that will have a great impact on health care.

Strong leaders are challenging this view. At Canterbury DHB, for example, Chief Medical Officer Dr Nigel Millar has the Chief Information Officer (CIO) report to him because he and his executive colleagues recognise that robust information is vital to the quality of the care delivered to the community.

And at Counties Manukau DHB, Professor Jonathan Gray was appointed by the Chief Executive to address the urgent need for transformational change in the way health care was designed and delivered for South Auckland communities.

A significant step was the launch of Ko Awatea as an educational centre where people were encouraged to meet, share ideas, carry out research and access the latest information on health care quality improvement.

How do we lead our organisations to deliver high-quality outcomes for patients? The answer is by measuring what we do. If it can't be measured, it can't be managed.

Clinicians as architects

Clinicians – working in partnership with consumers – need to be architects of the health system, and should accept the need to measure the impact they have at both a population level and at an individual level.

For example, are our intervention rates correct? Do we have the information systems we need to deliver services? Will our health system be sustainable with the changing dynamics of population demand?

Everything we do should be within the context of a quality model – high quality care for the people, by the people.

We are facing several trends that will have a great impact on health care. These trends include rising consumer expectations, an aging population, and rapid advances in science and biology that will increasingly allow personalisation of the health system.

In the future, empowered consumers will do their own research, use monitoring equipment and have access to personalised medications to maintain their own health and wellbeing. Health professionals will need to respond as part of the consumer's team.

How will the leaders of today adapt to this trend?

Health care professionals must take a lead in designing and building systems of care.

I'm reminded of a keynote address given by Professor Sir Muir Gray to the Asia Pacific Forum on Quality Improvement in Health Care in Auckland in 2012.

Sir Muir, director of the National Knowledge Service and Chief Knowledge Officer to Britain's National Health Service, identified three forces driving a revolution in health care: citizens, knowledge and technology.

Health care professionals must take a lead in designing and building systems of care to support this revolution, said Sir Muir. "If you do not imagine and plan and build the future, someone else will."

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