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Establishing Digitally Enabled Healthcare – The Need to Move From High Touch to Relevant Touch

Author: Diane Bell I Healthcare Expert I PA Consulting I U.K.

The COVID-19 pandemic highlighted the true power of digital in healthcare. But while technology has helped, it cannot replace the power of human contact. The benefits of digital health cannot be denied but it is also important to establish digitally enabled healthcare while prioritising the human touch.



Key Points

- In healthcare, one of the things COVID-19 highlighted was the true power of digital.
- The future of care will use a service-design approach based around the citizen that is purposefully omnichannel, with care professionals interacting across digital, phone and face to face channels.
- · With digital maturity in healthcare systems growing
- significantly during the pandemic, the need to bring together data from across health and non-health care contexts will also grow.
- It is time to rebalance the role technology plays keeping the many benefits technology brings while prioritising 'human touch' - what can be described as moving from 'high touch' to 'relevant touch' care.

After a year that's shaken the world, the lessons we've learned during the coronavirus pandemic will continue to affect our lives for months and years to come. In healthcare, one of the things COVID-19 highlighted was the true power of digital. Virtual consultations, digital triage and contact tracing provided access to healthcare at a time when it's been safer to be apart.

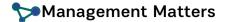
But while technology has certainly helped, we've also seen things it can't replace – the power of human contact to psychological health and the contribution body language makes to effective communication, for example.

When there is no longer a requirement for isolated bubbles and restrictions, we'll need to rebalance the role technology plays. We'll need to find a way to keep the many benefits technology brings while prioritising 'human touch' – what we describe as moving from 'high touch' to 'relevant touch' care. If we can use technology to free clinicians' time to hold a hand, or identify what interventions are best and when, then

we are using it to make the best use of human contact time. Some have already started to seize this opportunity – pre-pandemic, some larger healthcare organisations were introducing technology designed to free up time for patient care. Now this needs turbo-charging across care systems. But after a year of fighting against a crisis, this readjustment in technology's contribution needs a sensitive implementation.

Maximise Digital Opportunities in Care Pathway Redesign

Before the pandemic, centralising specialist skills and services was a core theme in care pathway design. This brings the upsides of increased efficiency and reduced clinical variability, but it also has significant downsides for patients, families and clinicians needing to get to and from these centralised hubs. Moreover, such hubs can't have the same level of knowledge of populations or patient relationships as they're dealing with



much larger areas, which threatens the holistic approach to patient care.

The rapid increase in telemedicine and virtual doctor appointments shows a different way to provide specialist input into clinical care, with care pathways ranging from musculoskeletal care to rare cancer care successfully using such technology. Videoconferencing platforms allow specialists from anywhere in the world, and even other disciplines, to easily contribute and provide more rounded approaches to care.

Echo, with our Argenti service to help care for the vulnerable. And, as more people have suffered from COVID-19, we've seen an increase in home monitoring of blood oxygen levels through pulse oximetry in a bid to catch symptoms sooner.

However, the ability to collect and transmit health data is only one part of the solution. Just as important is the ability to rapidly analyse the growing amounts of health information to extract valuable insights for patients and clinicians, alerting them to early signs of deterioration and supporting clinical decision making. The insight generated can also help

The legacy of COVID-19 will reach long into the 2020s and starting our recovery on the right footing will be vital. Part of that recovery will be remembering that there can sometimes be no substitute for human contact

By using technology to bring together local clinicians who have a relationship with the patient and specialists who bring subject matter expertise, healthcare can provide a more bespoke patient experience while reducing inequalities in access to care. This approach could even improve the understanding of many conditions, as specialists could join more conversations at an earlier stage, thereby enhancing their view. Moreover, the digital connection between this clinical team and their patient constituents can provide both an alternative way for them to engage in care monitoring and planning, and an opportunity to flag when to switch to human contact.

To do this successfully means shifting away from considering digital strategy separately and in isolation from clinical care delivery or defining the clinical strategy first and then considering the digital solutions. We must instead take a service-design approach based around the citizen that is purposefully omnichannel, as care professionals interacting across digital, phone and face to face channels will be part of the future of care. We have seen success in taking this approach in the delivery of national and local services where the local digital infrastructure for care was as important in redesign as considering the physical space and facilities required to deliver care.

Use Artificial Intelligence to Identify Relevant Touchpoints

The advent of smart and wearable technology makes it easier to remotely monitor people's health. Pre-pandemic, we proved the <u>benefits of using consumer technology</u>, such as Amazon

segment patients into those who are more likely to benefit from frequent human touchpoints, those who may thrive on a mix of digital/human, and those for whom a largely digital interface may be optimal. It is also critical in dealing with the inequalities in care provision, such as those cohorts where COVID-19 vaccine uptake is lower whilst the risk of infection remains high.

Technologies such as the those promoted by the European Institute of Innovation and Technology can process significantly more information in a systematic and consistent way than people can, showing that artificial intelligence (AI) has the potential to save time, money and lives and is becoming standard technology in some health systems. With digital maturity in healthcare systems growing significantly during the pandemic, as will the need to bring together data from across health and non-health care contexts. It is only a matter of time before AI plays a more routine part of clinical care, thereby increasing not just the time available for face-to-face clinical care, but the benefits and improved outcomes of that contact coming at the right time.

As this starts to happen in the post-pandemic healthcare system, it is important not only to consider the technology of AI, but the end-to-end data value chain of data capture, quality, curation and usage, so that when AI-based systems are introduced, they can bring benefits as quickly as possible. We need to move to the concept of "circular data flows" where the insights that we generate then drive routine care delivery and enhance the data being captured.



Make it Easy for the Workforce

Past examples of major technology redesigns, such as the introduction of electronic health records and <u>clinical decision</u> support systems with the associated business and service change, caused clinicians more stresses than they relieved. Faced with a workforce teetering on the edge of burnout and dealing with growing waiting lists for non-COVID-19 related care, it will be crucial to make new technology easy for clinicians to learn and use.

Adapting existing systems gradually, making subtle changes to the care environment that alleviate burden, facilitating more contact with citizens, and gathering frequent feedback will all be essential. It's an <u>agile approach</u> that focuses on solving the problems clinicians face rather than simply injecting technologies into the workplace. It also helps familiarise care professionals with new ways of working in a more measured way so that they can appreciate the benefits rather than fear the burden that a hybrid digital/human approach can bring. At the start of the COVID-19 pandemic, we worked with

the Norwegian Directorate of Health to identify the best opportunities to use technology to provide care more safely and support the health of vulnerable people. Within a few weeks, we paved the way for the widespread use of video consultations and robotic medicine dispensers across the country. This wasn't just about adding in new technologies but rather working alongside clinicians to help them make the most of what they have – in terms of both technology and time to spend with patients.

The legacy of COVID-19 will reach long into the 2020s and starting our recovery on the right footing will be vital. Part of that recovery will be remembering that there can sometimes be no substitute for human contact. Technology is a means to that end, to help us use our limited human resources in the best way possible.

Conflict of Interest

None. ■