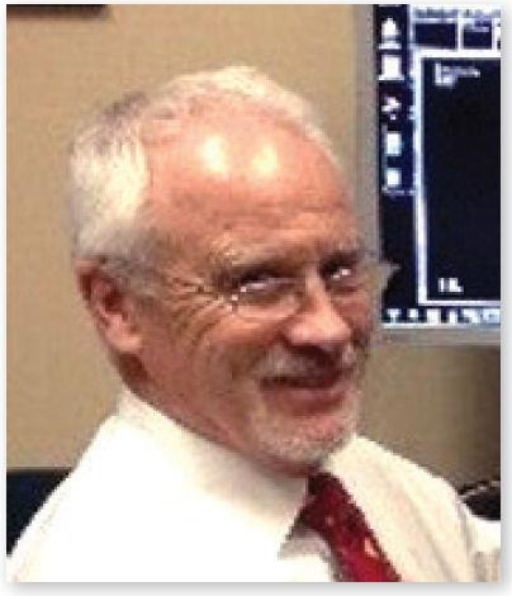


Dr Peter Gendall

Musculoskeletal Radiologist

River Radiology, Hamilton

Friday, August 12, 2016

(Plenary)

15:20 - 15:40 How Patient Focused Medicine Promotes Efficiencies and Reduces Waste

PATIENT FOCUSSED MEDICINE

PROMOTES EFFICIENCIES AND REDUCES WASTE

Peter Gendall
River Radiology
Hamilton

River RADIOLOGY
Patient Focussed • Problem Oriented

What is patient focus? Or patient centred medicine?

High standard of individual care
No unnecessary waiting
Treat people as individuals
Don’t commoditize
Care about best treatment for each individual
Improve outcomes
Shorten illness
Conquer medical errors

Stories

Tales of woe


ALWAYS SAY GO
TO PATIENT FLOW

WAITING LISTS

APPROPRIATE RESOURCE	DEMAND
X/T	1.1X/T

SO IF T=1 WEEK
IN 1 YEAR A WAIT LIST WOULD BE 5X PATIENTS OR 5 WEEKS LONG
IN 2 YEARS 10 WEEKS LONG ….

APPROPRIATE RESOURCE

DEMAND

X/T

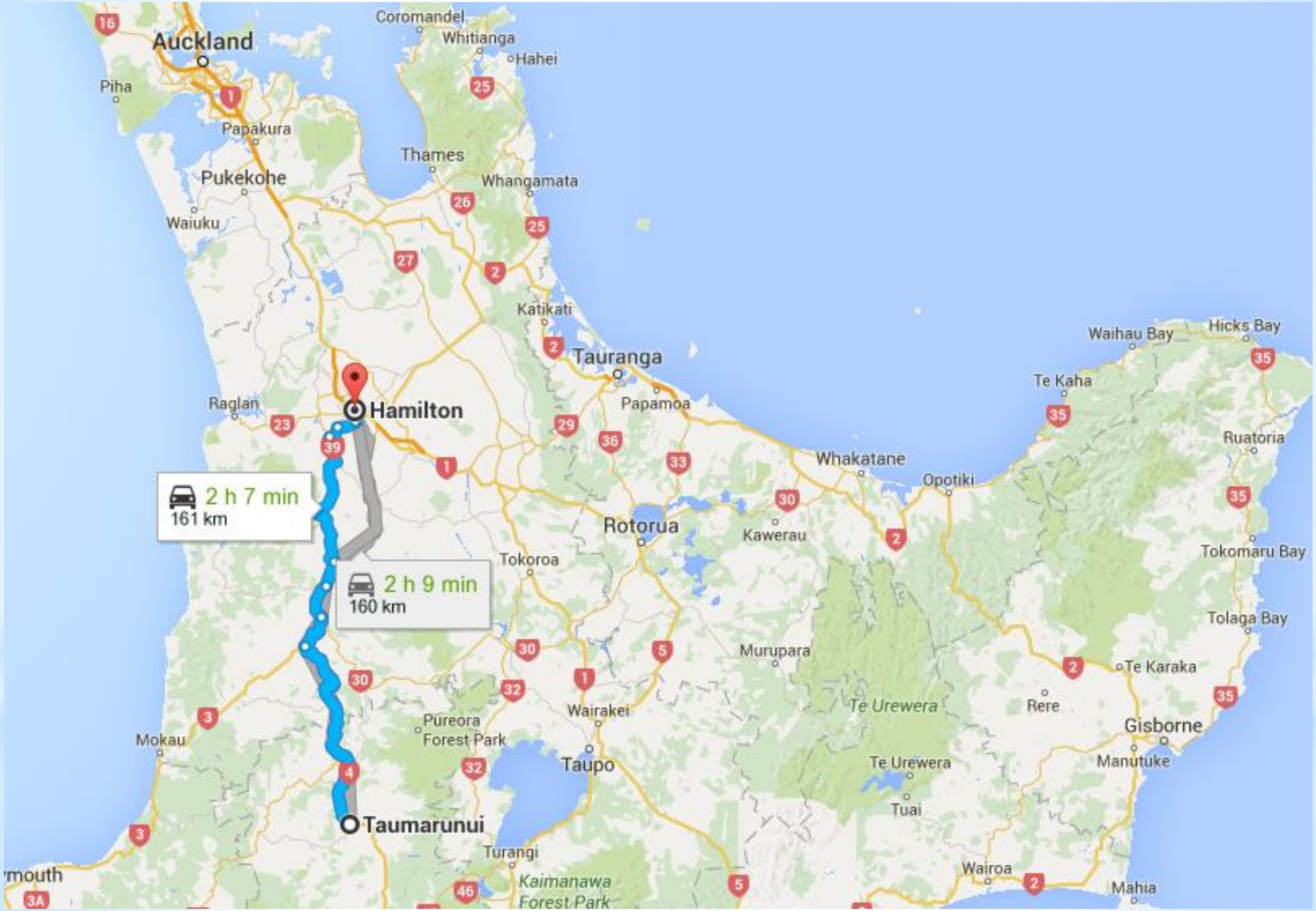
X/T

WAIT LIST IS 6 WEEKS
THERE IS APPROPRIATE RESOURCE.
WHY? DOES IT NEED TO BE THIS LONG?
HOW TO DECREASE THIS LIST?

FOR A WAITING LIST TO BE STABLE THERE MUST BE
ADEQUATE RESOURCES
AND GOOD MANAGEMENT

In general the large impersonal socially funded systems such as the New Zealand health system or the NHS all have long waiting lists and problems with waiting lists whereas insurance-based systems (where the insurance is ALLOCATED to individuals) do not have problems with waiting times (think about ACC as an example).

Patient Costs


Auckland
Coromandel
Whitianga
Hahei
Piha
Papakura
Thames
Pukekohe
Whangamata
Waiuku
Katikati
Tauranga
Hicks Bay
Waihau Bay
Te Kaha
Papamoa
Raglan
Hamilton
Ruatoria
Whakatane
Opotiki
2 h 7 min
161 km
Rotorua
Kawerau
Tokoroa
2 h 9 min
160 km
Tokomaru Bay
Tolaga Bay
Murupara
Te Karaka
Wairakei
Te Urewera
Rere
Pureora
Forest Park
Gisborne
Mokau
Taupo
Manutuke
Te Urewera
Tuai
Taumarunui
Turangi
Wairoa
Kaimanawa
Forest Park
Mahia

Patient Costs

distance travelled.	group 1 1904 km.	group 2 2536 km
travel costs	group 1 $1466	group 2 $1945
loss of income	group 1 $914	group 2 $1576
exam revenue	group 1 $18,373	group 2 $18,980
patient charge	group 1 $6080	group 2 $5315

Mean distance travelled

group 1 23.8 km group 2 15.85 km

40 consecutive patients

Indirect costs

Group 1 $2380 mean of $59.50

Group 2 $3521 mean of $88.03

Breakdown of examinations

Area	group 1	group 2
Shoulder	32	28
Hip	4	1
Achilles	2	1
Knee	0	2
Wrist	3	2
Elbow	0	2
Foot	1	2

Systems innovations will save more lives in the next decade than vaccines etc

Atul Gawande RSNA 2010

*In NZ

Greg's position is a result of discussions across the region with clinicians who are frustrated by difficulties in accessing timely patient information across multiple care settings.
"Their patients are confused by the fragmented systems and processes between primary and secondary care. The health system is inefficient due to misplaced information, duplication of effort e.g. unnecessary repeats of expensive diagnostic tests and imaging. This waste also undermines the financial sustainability of the system."

http://www.healthshare.health.nz/about/healthshare/our-people

QPID HEALTH

A Mass Gen [MGH]
Spin off

Our vision

To fix healthcare
Driving return on information so clinicians can focus on care

Our Mission

We are dedicated to helping providers achieve their quality goals with technology that “thinks like a clinician” to translate clinical stories into actionable facts and metrics

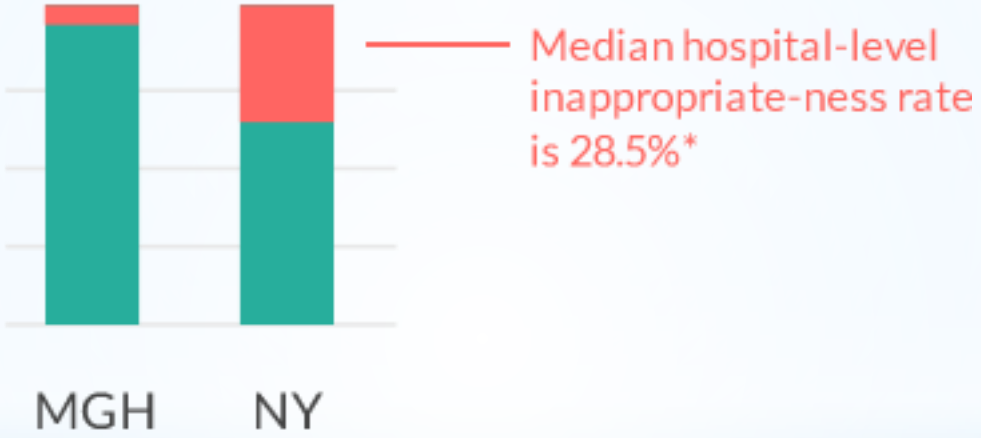
The strategic imperative

* It is estimated that up to one-third of all U.S. health spending is unwarranted, amounting to hundreds of billions of dollars every year. Ensuring appropriate use of expensive surgical procedures is a strategic imperative for healthcare providers and payers who want to improve clinical outcomes while reducing costs.
* Payers have traditionally managed the use of costly procedures by requiring prior authorization. Increasingly, providers in risk-sharing contracts have additional incentive to reduce costs and be vigilant about appropriate use. Clinically trained personnel are involved on all sides to prove or deny medical necessity. The resulting administrative burden, cost of labor, and delays in treatment are a drag on payers, providers and patients.

*Slash costs and time from medical necessity reviews

QPID

Appropriateness Scores for Diagnostic Catheterization for Suspected CAD at MGH* vs. NY Cardiac Database**



*MGH Data for 8/2013- 8/2014

**Hannan, EL, et al. Appropriateness of Diagnostic Catheterization for Suspected Coronary Artery Disease in New York. CIRC INTERVENTIONS. January 28, 2014. 113.000741

QPID

*Further, payers including Blue Cross Blue Shield of Massachusetts have agreed to forego prior authorization where the system is used, saving time and resources

“Stop giving only what you have.
Start giving what they need.”

With apologies to
Rowan Gibson

The Four Lenses of Innovation; a power tool for creative thinking