

# The International Technology Enabled Care

**More planning than Implementation:  
Impact on technology in health care**

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Adaptado por SI-Health de Don Berwick IHI

Adapted from Don Berwick.2016

Social Services

Home Care

Primary Care Team

Family

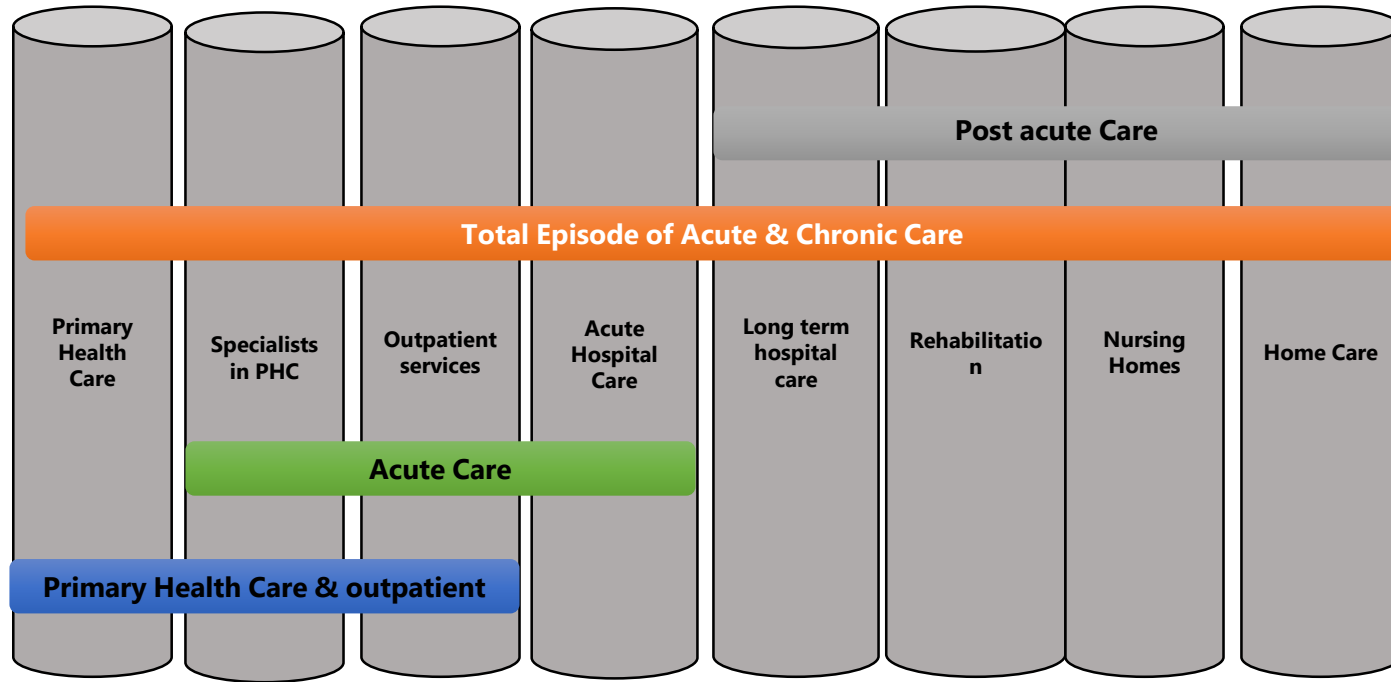


Cardiologist

Nurse

Rehabilitator

Traumatologist



# SILOS WITHIN HEALTH CARE





# Challenges in Healthcare have Changed Dramatically



Environment has changed – more complex and challenging

- *rapid advances in medical science and **technology***
- *information overload*
- *dissolving of traditional organisational and professional boundaries*
- *interconnectedness of systems*
- *increase in multi-morbidities*
- *focus on innovation in procedures, drugs, devices coupled with indifference to delivery of health and health care*
- Majority of those leading healthcare organisations today not equipped to cope with this complexity



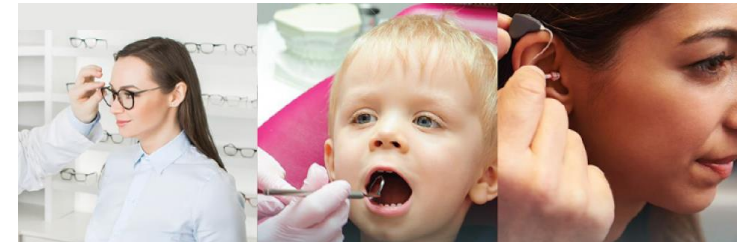
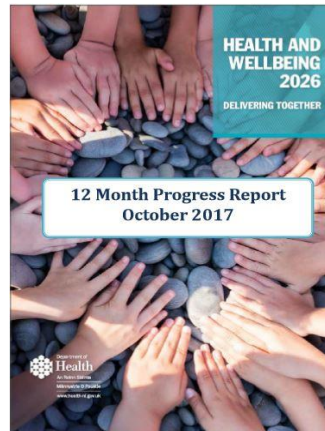
# RESPONSE...

### Healthcare in Sweden



- 9.6 million citizens
- 21 counties / regions responsible for healthcare
- The counties range between 60,000 – 1.2 million citizens
- The county has taxation rights, usually 10-11%
- Healthcare is either produced by the county itself or purchased from private providers

Strategy for Health and PHC  
Effective Health Care



## France Act July 2019

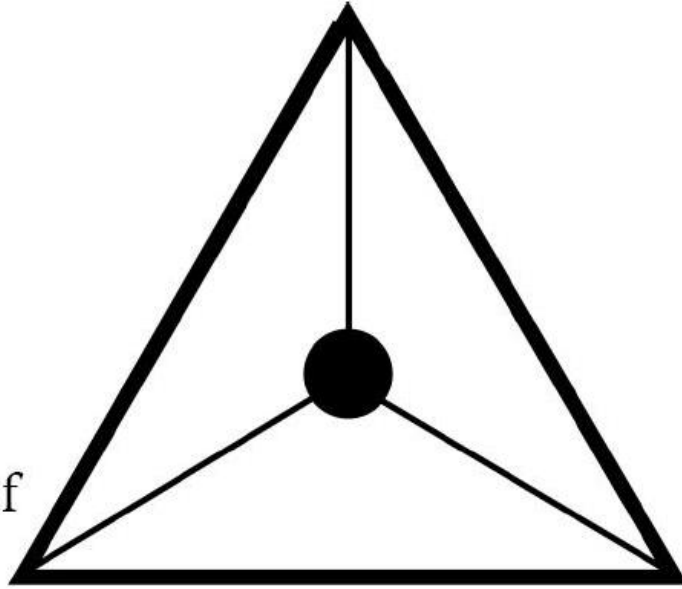
# Different Health Systems are Reconfiguring Health Care Towards...

- A PROACTIVE AND PREVENTATIVE MODEL
- BETTER CHRONIC CONDITIONS MANAGEMENT
- A GREATER FOCUS ON QUALITY
- MORE VOICE TO PATIENTS AND EMPOWERMENT
- POPULATION HEALTH MANAGEMENT
- TACKLING INEQUALITIES
- AN EXPANDED USE OF INFORMATION AND COMMUNICATION TECHNOLOGY
- OUTCOME BASED PAYMENT MODELS TO ENCOURAGE VALUE VERSUS ACTIVITY





Health of a  
Population



Per Capita  
Cost

Experience of

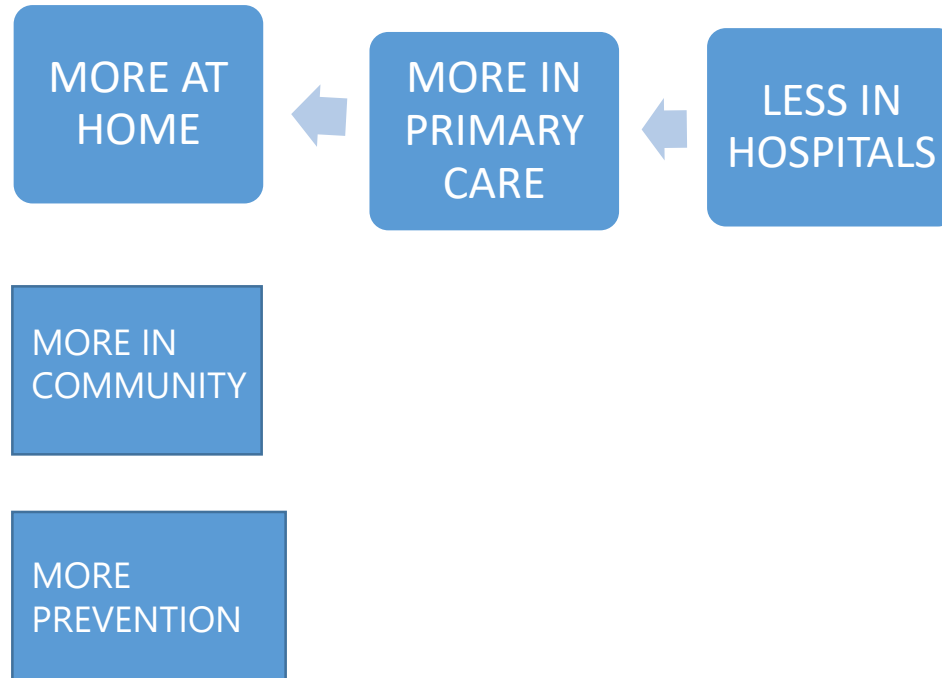
Care

- Safe
- Effective
- Patient centered
- Efficient
- Timely
- Equitable

# The IHI *Triple Aim*

*Better care for individuals, better health for populations, lower per capita costs*

SEEMS REASONABLE  
TO BELIEVE  
TECHNOLOGY COULD  
PLAY A BIG ROLE IN  
ACHIEVING THE  
TRIPLE AIM !!!



# Integration Delivery System and Community Roles

Public  
Health  
System

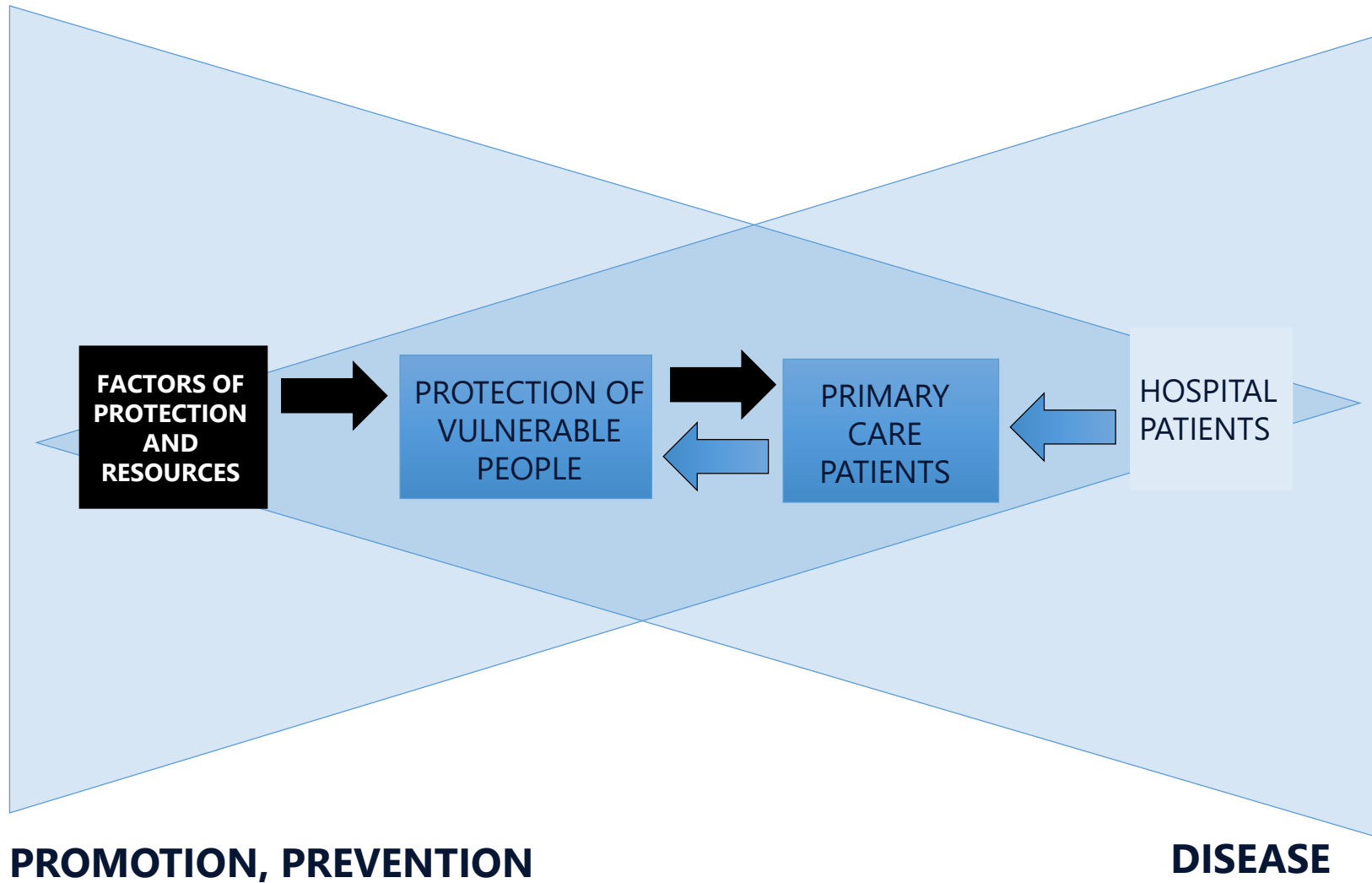
**PROMOTION, PREVENTION**

Medical Care  
System

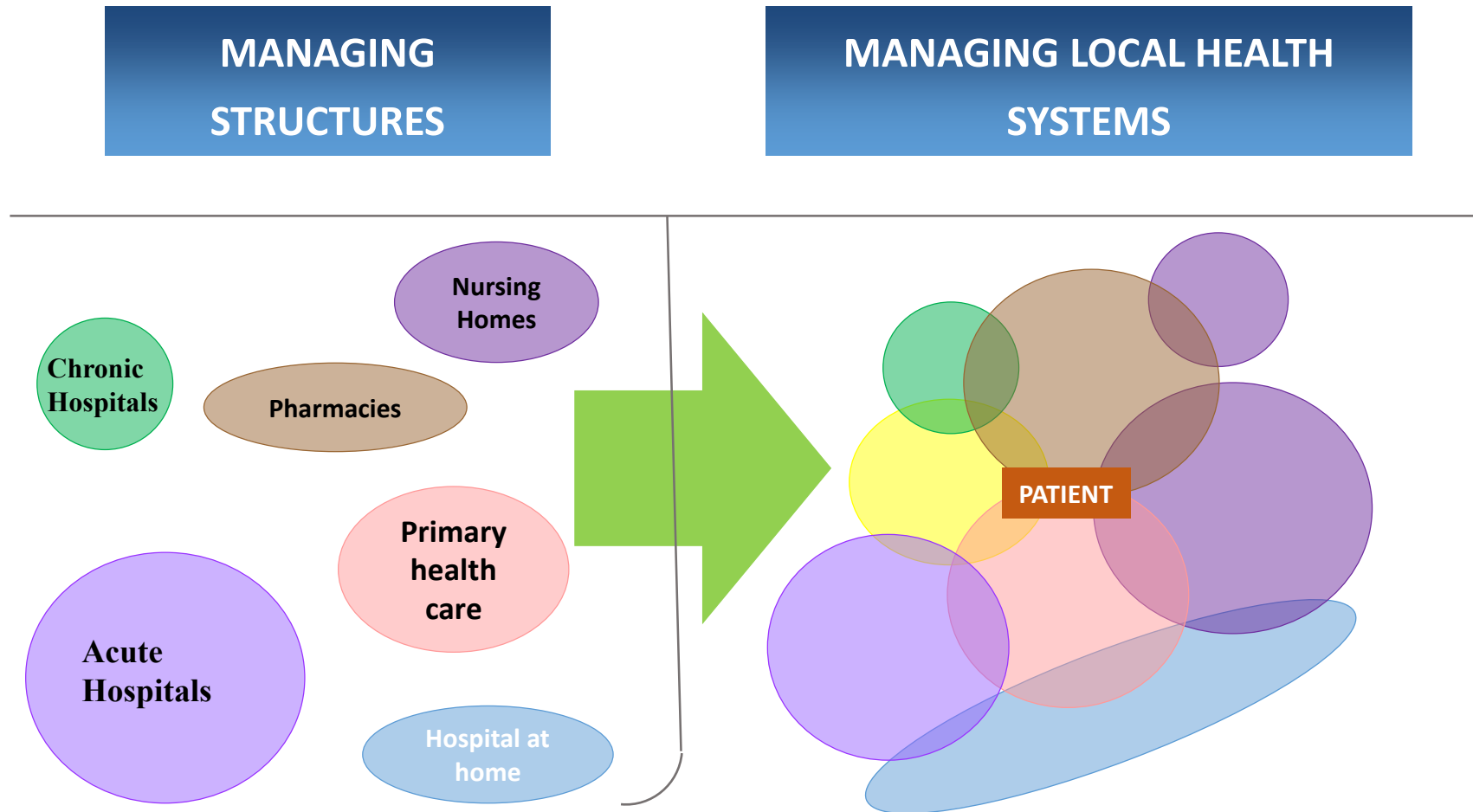
**DISEASE**



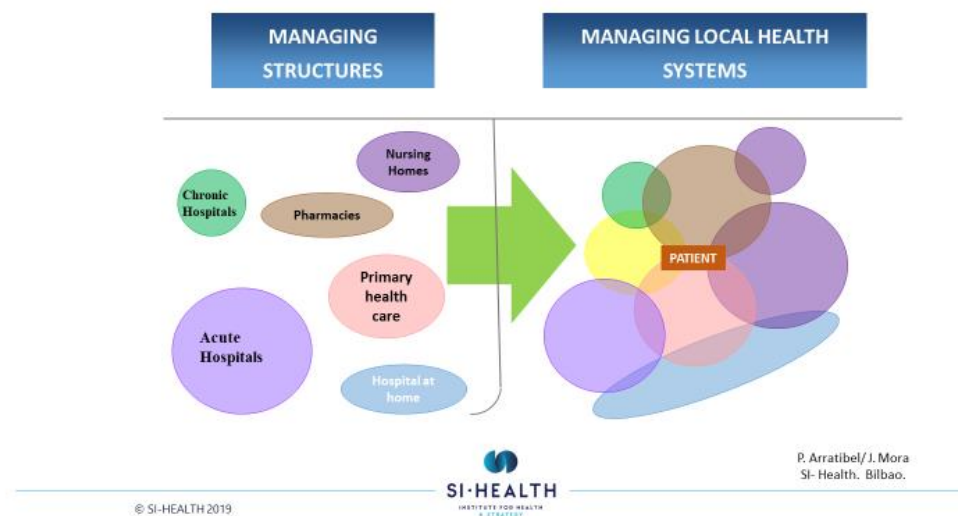
**SI-HEALTH**  
INSTITUTE FOR HEALTH  
& STRATEGY



# APPEARANCE OF NEW INTEGRATED CARE ORGANIZATIONS .....



## Appearance of new integrated care organizations .....



## NON-SYSTEM

Individual organizations

Planning year to year

## SYSTEM

Place-based

Mid term Planning

Needs

Focus on information



**OTHER SECTORS – TECHNOLOGY SEEMS TO PULL OFF MORE FOR LESS ...**

**WHY NOT IN HEALTH CARE ????**

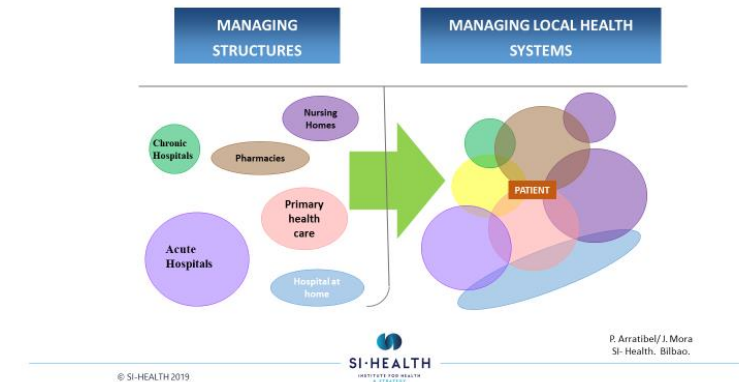
**FOR SOME IT IS BECAUSE YOU DON T GET REAL DISRUPTIVE CHANGE IN HEALTH CARE**

**SO WHAT CAN WE DO ? WHAT ARE COUNTRIES DOING ?**

**WHAT ELSE DO YOU HAVE TO DO THERE TO MOVE THINGS FORWARD IN HEALTH CARE?**

# YOU CAN T GET MUCH MORE DISRUPTIVE THAN THIS !!!!!

Appearance of new integrated care organizations .....



## NON-SYSTEM

Individual organizations

Planning year to year



## SYSTEM

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Mid term Planning

Needs

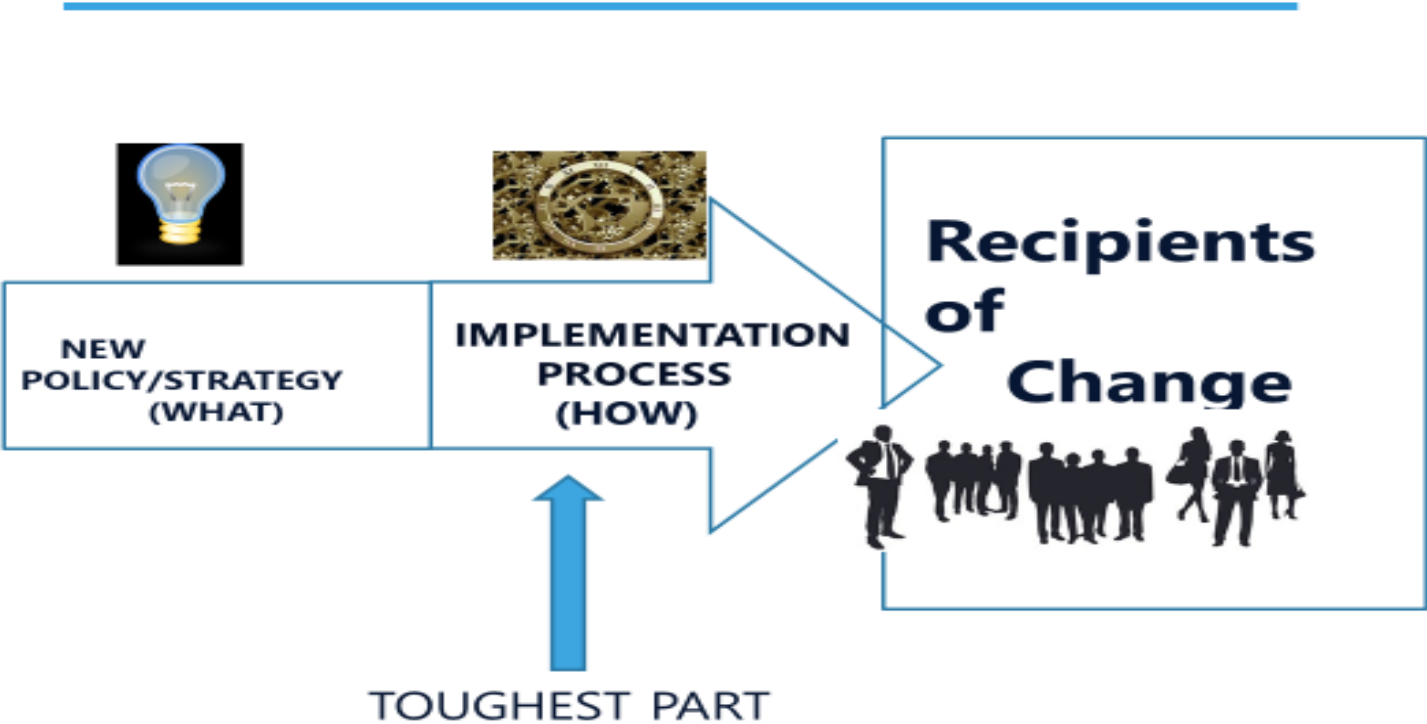
Focus on information

# WHO- EURO PROJECT; TRACKING “HOW” TRANSFORMATION ACROSS COUNTRIES....

D. Hunter / R. Bengoa



WHAT ELSE DO YOU HAVE TO DO THERE TO MOVE THINGS FORWARD IN HEALTH CARE?



SI-Health  
P. Arratibel/R. Bengoa

## Be aware of lessons from implementation failure

- Absence of buy-in clinicians and other staff
- “Big bang” momentum that is not sustained over time
- Cost-cutting so that investment in change is lacking or insufficient
- The existence of weak or undeveloped capacity to make change work
- Burn out and “reform fatigue” with constant churn and change of focus
- Loss of interest, too much change, too fast
- Promotion or departure of key person in charge
- The role of politics which can divert energy and derail change
- Perception of change exclusively as “technical change” rather than “adaptive change”

## Health system transformation: making it happen

Expert meeting  
Madrid, Spain, 17-18 December 2015



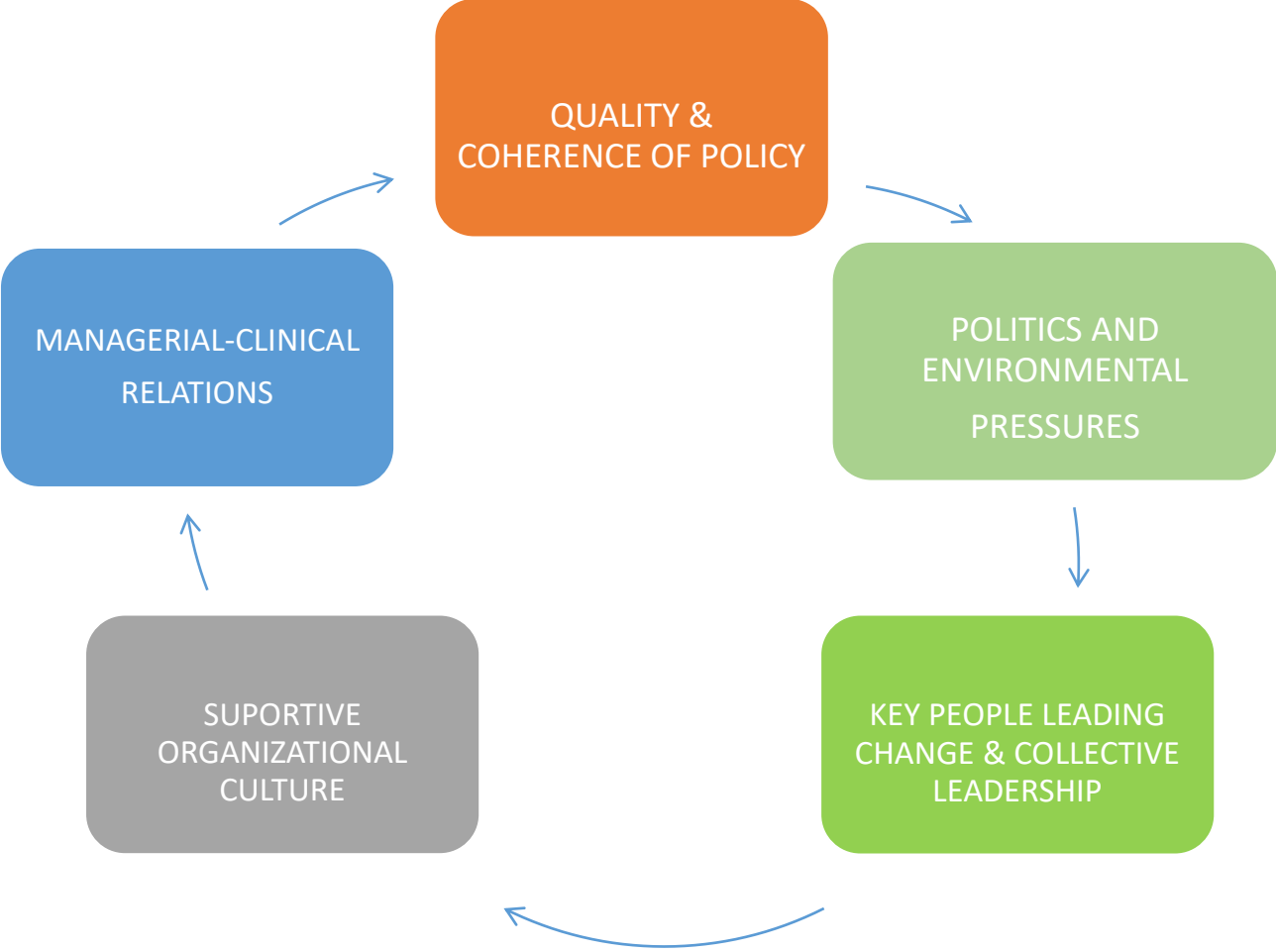
## Leading health system transformation to the next level

Expert meeting  
Durham, United Kingdom, 12-13 July 2017





# SOME COUNTRIES ARE CREATING A RECEPTIVE CONTEXT FOR CHANGE



# WE HAVE TECHNOLOGIES BUT DO WE HAVE ?.....

## Receptive Context for Change: 5 Key Factors

- Politics & Environmental pressure
- Quality and coherence of policy
- Key people leading change
- Supportive organisational culture
- Managerial-workforce relations



# Ingredients for Success

- Creating strategic alignment: No vision = no alignment = no change
- Less top-down, more bottom-up approaches
- Critical role of relationship building at all levels
- Nurturing new leadership approaches
- Tight about ends, loose about means. Local .
- Putting systems before structures
- Plans will have unintended consequences
- ‘Course correction’ is OK – incrementalism is OK



# TRANSFORMATIONS AS AN OPPORTUNITY FOR TECHNOLOGY

- THAT MOVE TOWARDS LOCAL SYSTEMS OF CARE IS INEVITABLE
- SEE IT AS A “PEOPLE BUSINESS”, NOT ABOUT STRUCTURES, BUILDINGS, SOLUTIONS....
- THE MORE YOU CAN HELP IN IMPLEMENTING THAT CHANGE THE MORE WELCOME YOU WILL BE
- GO TO WHERE THEY ARE DOING THIS SERIOUSLY. GO LOCAL WHERE THEY ARE FREER TO SET THEIR AGENDA TODAY
- THAT WILL SHOW THE TECH BENEFITS, THE ECONOMIC BENEFITS AND THE IMPLEMENTATION BENEFITS OF TECHNOLOGY
- THAT WILL CHANGE THE IDEA THAT TECHNOLOGY IT IS AN INVESTMENT, NOT A COST

Appearance of new integrated care organizations .....

