Can data save healthcare

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Quadruple aim



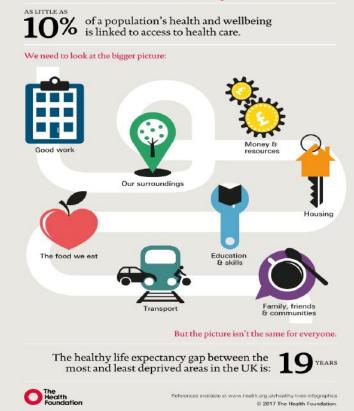
Sikka et al (2015)BMJ Quality and Safety - <u>http://qualitysafety.bmj.com/content/early/2015/06/02/bmjqs-</u> 2015-004160.full

Hebden Bridge





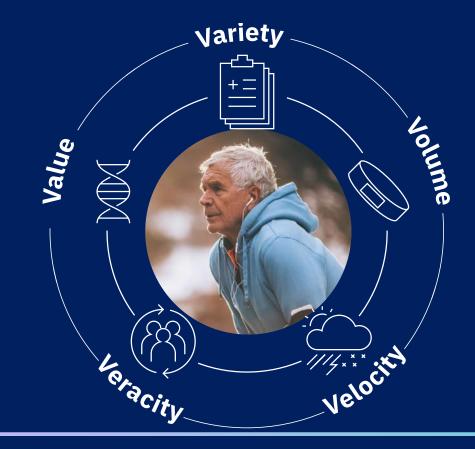
What makes us healthy?



Growing data volume and complexity demands **a new approach**



How to Translate "Big Data" to "Actionable Insights"...



... is an approach aimed at **improving the health of an entire population**

It is about improving the physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities within and across a defined population

It includes action to reduce the occurrence of ill-health, including addressing wider determinants of health, and requires working with communities and partner agencies

Focusing on people

- Understanding needs
- Understanding value
- Working with communities

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Coordinating individual care

- Integrating care pathways
- Understanding risk
- Identifying gaps and overlaps
- Citizens as experts

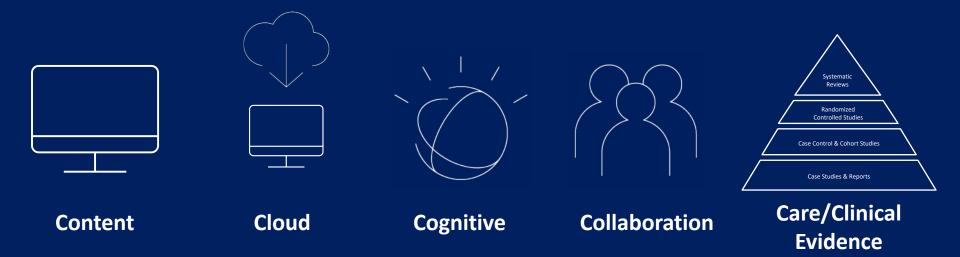
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Dynamic management of the whole system

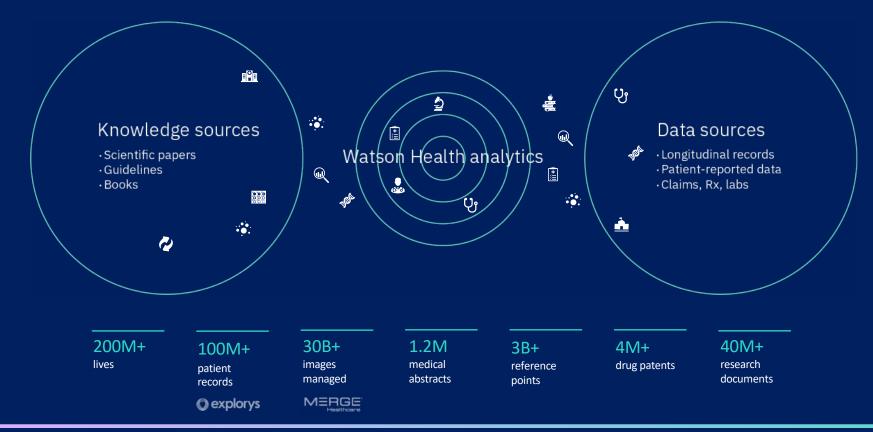
- System redesign
- Financial reform & incentives
- Workforce redesign
- Governance and accountability

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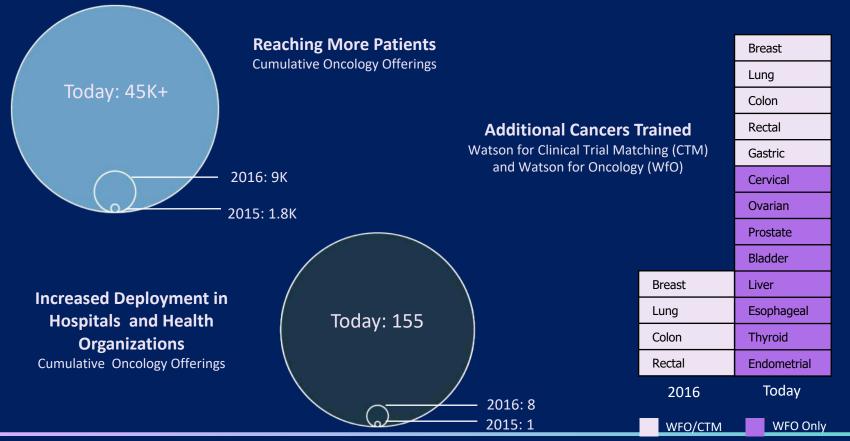
Foundation for Delivering Change in this New Era...



Generating insights from information



The Evolution of Watson in Oncology



Clinical Evidence: Operational Efficiency with Clinical Trial Matching

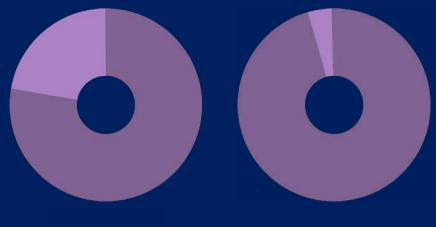
During a 16-week trial period, data from 2,620 visits by lung and breast care patients were processed in the **Clinical Trial Matching (CTM)** system

Watson for Clinical Trial Matching successfully demonstrated the ability to expedite patient screening for clinical trial eligibility, reducing processing time from 1 hour and 50 minutes to 24 minutes

2017 ASCO Annual Meeting. Cognitive technology addressing optimal cancer clinical trial matching and protocol feasibility in a community cancer practice. DOI: 10.1200/JCO.2017.35.15_suppl.6501 Journal of Clinical Oncology 35, no. 15_suppl (May 2017) 6501-6501. Accessed at: http://ascopubs.org/doi/abs/10.1200/JCO.2017.35.15 suppl.6501#affiliationsContainer

Increased efficiency

(Compared to manual work by a clinical trial coordinator at Highlands Oncology Group)



78% Reduced pre-screening wait time 94%

Omitted 94% of non-matching patients automatically

	Generally well/ good wellbeing	Long term condition(s)/ social needs	Complexity of LTC(s)/ social need and/or with disability
Children and young people			
Working age adults			
Older people			

Condition

Senile cataract						
Breast cancer		⊢				
Prenatal care		н	H			
Low back pain		H				
Coronary artery disease		H B H				
Hypertension		H				
Congestive heart failure						
Cerebrovascular disease		⊢				
Chronic obstructive pulmonary disease		⊢				
Depression		HEH				
Orthopaedic conditions		⊢_ ∎i				
Osteoarthritis		⊢ ∎1				
Colorectal cancer	÷					
Asthma		⊢∎⊣				
Benign prostatic hypertrophy	⊢					
Hyperlipidemia	н	⊫⊣				
Diabetes mellitus		I				
Headache	H					
Urinary tract infection	H					
Community acquired pneumonia						
Sexually transmitted disease						
Peptic ulcer disease						
Atrial fibrillation						
Hip fracture						
Alcohol dependence						
0 20	40	60	1	100		
0 20	40	60	80	100		
Percentage of Recommended Care Received						

Courtesy of Bill Runciman, APSF – Extracted data from AHRQ 2006 report, USA

Why segment?

Uniformity



Equality



Humans + AI="Augmented Intelligence"

People excel at:

















Common sense

Dilemmas Morals

Compassion

Imagination

Dreaming

Abstraction

Generalization

Artificial Intelligence systems excel at:



c

Natural Language

00

Pattern Identification



Locating Knowledge



Machine Learning



Reduce Bias



Endless Capacity

²⁰ Let's Partner to INVENT the Future ...



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"The best way to predict the future is to invent it." -Alan Kay

