











#### **SA** Health

# Health and Wellbeing Strategy

## 2019-2024

### Workshop Session 1 Responses

Table	What needs to happen to bring about the best use of technology to enhance the consumer experience?	How do you make it happen? (use technology to enhance consumer experience)
1	<ul> <li>Accessible, available, ease of use.</li> <li>Platform – unified.</li> <li>Awareness.</li> </ul>	<ul> <li>Clinical/consumer champion.</li> <li>To be embedded in Models of Care/day to day practice.</li> <li>Funded – innovation.</li> <li>Consumer led/focused.</li> <li>Identifying - the group.</li> </ul>
2	<ul> <li>Access to relevant information for the patient i.e. MIMS.</li> <li>Active consumer - Incentivise and subsidise for the users.</li> <li>Connectivity – groups.</li> </ul>	<ul> <li>Encourage the use of computer (for patient) where possible – internet.</li> <li>Access to social media – medical.</li> </ul>
3	<ul> <li>ICT catch up - Platform and infrastructure- significant investment.</li> <li>Knowledge and training - relates to age of workforce - support on ground.</li> <li>Intuitive technology /Knowledge of what is available/How to use it.</li> <li>Art of the possible.</li> <li>Access across SA – e.g. Phone coverage.</li> <li>Expectation mismatch between clinicians and technology and consumer expectations.</li> </ul>	<ul> <li>Access across SA – e.g. Phone coverage</li> <li>Expectation mismatch between clinicians and technology and consumer expectations.</li> <li>Consumer can choose who can access and see and consent access.</li> </ul>
4	<ul> <li>Infrastructure everywhere.</li> <li>Needs to look the same and talk to each other.</li> <li>Creative ways to use existing patient TECH.</li> <li>Strategic vision (QLD PA).</li> <li>Support access in different sites (e.g. Home vs GP practice vs community centres.</li> </ul>	<ul> <li>&gt; Funding models and proactive investment.</li> <li>&gt; Community education and acceptance.</li> <li>&gt; Clinician education and acceptance.</li> <li>&gt; Systems that engender trust.</li> <li>&gt; Commissioning and Models of Care that include/demand IT/telecare.</li> </ul>
5	<ul> <li>Consumer choice for access, appointments, control and input and update (partnership).</li> <li>Consumer control of health record/access/input/update.</li> <li>Understand the "Art" of the possible - what is available?</li> <li>ICT platform/infrastructure and continuously evolve.</li> <li>Match clinician and consumer expectations to what is possible.</li> </ul>	<ul> <li>Investment in new and disinvestment in old.</li> <li>Education and upskilling clinicians/consumers together;</li> <li>"Dept" to focus on new technology - What is the next best thing?</li> <li>Team to liaise with consumers to educate/upskill and support.</li> <li>Acknowledge that need money initially (Hump fund).</li> </ul>
6	<ul> <li>Accessibility and ease of use for consumer.</li> <li>Consistent electronic health record.</li> <li>Align with consumer expectations (move with the times; plus clinical need).</li> <li>Flexibility and use of technology by clinical teams.</li> <li>Ability to have choices in use of technology available.</li> <li>Regulation and legislation alignment.</li> </ul>	<ul> <li>Workforce education.</li> <li>Use the right expertise (ICT).</li> <li>Use resources in the right place.</li> <li>Consumer and clinician engagement.</li> <li>Benchmarking - Learn from other jurisdictions that have progressed down this pathway.</li> </ul>











7	<ul> <li>Engage with population and health consumers - expectation, acceptance, trust and informed consent (co-design).</li> <li>Investment in a system-wide approach.</li> <li>Coordination/connectivity across the system and community.</li> <li>Draw upon evidence based/informed best practice (translation).</li> <li>Workforce planning and training for emerging models of care and practices including technology.</li> </ul>	<ul> <li>Investment/Resources - strong communication and Government funding.</li> <li>Clinical champions/system champions.</li> <li>Develop business intelligence - measure appropriate indicators.</li> <li>Explore emerging trends/consumer preferences/health literacy/consumer education regarding technology.</li> <li>Authentic co-design and change management processes.</li> </ul>
8	<ul> <li>Trying to find solution for a problem we haven't yet defined.</li> <li>Engage consumers - what will enhance the experience?</li> <li>Clinician Engagement (onside blockchain technology).</li> <li>Understand what we are trying to achieve.</li> <li>Learn from other examples (National/International).</li> <li>Understand value/outcomes.</li> </ul>	<ul> <li>Clinician engagement.</li> <li>CHSA - Technology is a tool to support engagement.</li> <li>Willingness to embrace technology - Improve ethics.</li> <li>Reliability, functionality, culture, visibility.</li> <li>Mid - long term strategy - Education system (tech).</li> <li>Principles - Access + Equity.</li> <li>Buildings for delivery vs infrastructure to support local delivery.</li> </ul>
9	<ul> <li>Voice activated technology instead of keyboard - Facial activation as well?</li> <li>Mobile phone for connectivity.</li> <li>Mobile phone apps to better access health services - invest in new interfaces and allow innovation - Less barriers to innovation and increased connectivity.</li> <li>Increase connectivity across public/private hospital - aged care services, primary care and NGO.</li> <li>Drone - delivering supplies - Increase access to medical supplies for people at home.</li> <li>Break down IT barriers - Language, both conceptual and practical, can do anything - De-mystifying.</li> </ul>	<ul> <li>Use technology from other sectors to inform health.</li> <li>Develop interfaces to allow consumers/providers to develop and invest in technology (rules and guide) that enhances patient services.</li> <li>Telehealth around aged care/residential services and ED/hospital to avoid transfer.</li> <li>Telehealth development supported 24/7 - Monitoring risk factors, health status etc.</li> <li>Concept medical records available internationally for people travelling.</li> </ul>
10	<ul> <li>Consumer co-designed (agile, nimble, user friendly).</li> <li>Rolled out beyond country (seen as best case).</li> <li>Human focus (consumer and clinician).</li> <li>Cultural change, mind shift (trust data protected).</li> <li>Funding models to support (remove disincentives e.g. GP 15 min).</li> </ul>	<ul> <li>&gt; Partner with start ups/designers and consumers (new site at old RAH, Tonsley etc.).</li> <li>&gt; Access to data, systems, apps, funding, research.</li> <li>&gt; Trial well, educate, uptake, case studies.</li> <li>&gt; Set rules of engagement, trust through success, quality care.</li> <li>&gt; Build case for ^ in \$ model, health economics.</li> <li>&gt; Engage consumer in use, fund both ends of telehealth (2+ clinicians).</li> </ul>
11	<ul> <li>Consumer appetite, skills knowledge, ability to fund technology, do they access to tech.</li> <li>Clinicians have innovation appetite but encounter system barriers.</li> <li>Resources - \$, expertise, system support.</li> <li>Evidence/models i.e. international models experience, learn their lessons.</li> <li>Governance, policies, security provisions re patient privacy and confidentiality.</li> </ul>	<ul> <li>Ask consumers and co-design with consumers.</li> <li>Learn from across government, private industry.</li> <li>Make resources available specifically for innovation and technology.</li> </ul>
12	<ul> <li>Everyone needs access + device to access the internet.</li> <li>Training and Education - both consumers and healthcare providers.</li> <li>Robust customer service system to troubleshoot issues.</li> <li>Clear consultations and education to consumers re: the benefits.</li> <li>Adequately resource - co-ordinated, collaborative, patient centred approach to patient care.</li> </ul>	<ul> <li>Patient centred, individual choice how to engage, care.</li> <li>Consumer education, engagement, awareness that care can be modelled/tailored to their needs.</li> <li>Universal Internet access or support to get this.</li> <li>Smarter whole of health business procurement of devices and technology.</li> <li>Look at what remote school do (tech etc).</li> </ul>











13	<ul> <li>Understand priority needs of consumer and provider.</li> <li>Implementation - change management.</li> <li>Resource allocation.</li> <li>Identify barriers and break myths.</li> <li>Feedback from consumer - experience and outcomes.</li> <li>Easy access of information to make choices including and performance of providers.</li> </ul>	<ul> <li>&gt; Affordable.</li> <li>&gt; System design - support at consumer end.</li> <li>&gt; Technology that works!</li> <li>&gt; 'Consumer centred' planning/delivery.</li> </ul>
14	<ul> <li>Accessibility - equipment (standard practice) and how to use (education).</li> <li>Culture/attitudes.</li> <li>Co-design/co-participation (what will work for end user).</li> <li>One platform (push/pull data).</li> <li>Responsibility (one control place) - decision making.</li> </ul>	<ul> <li>&gt; Provider education at an early stage training/career \$ (centrally funded).</li> <li>&gt; Consumer participation (driven to be functional).</li> <li>&gt; Tap into current popular devices (watch, phone).</li> </ul>
15	<ul> <li>Education - what the benefits are (staff and consumers).</li> <li>Funding - cost of equipment /internet access.</li> <li>What would consumers find most useful? - research - fragmented.</li> <li>How can we use technology to share clinical information.</li> <li>Good evaluation new technology - outcomes, cost effective.</li> </ul>	<ul> <li>Ethics can be a barrier.</li> <li>Greater governance re: introduction new technology.</li> <li>Research, innovation, sharing &gt; central think tank.</li> <li>Strong commitment from SA Health and political parties.</li> <li>Partnerships with industry/universities.</li> <li>Consumer involvement / consultation.</li> </ul>
16	<ul> <li>More than hardware/software solutions.</li> <li>Collaboration - universal health care (expectations) multi-disciplinary solutions.</li> <li>Enabling better records/info sharing.</li> <li>Training for users/ health literacy.</li> <li>Technology for primary health care, culture shift in healthcare workers (remove barriers inc decision makers) + industrial barriers -&gt; broad consultation.</li> </ul>	<ul> <li>Embed solutions in processes.</li> <li>Competition/incentives (outcomes based).</li> <li>Training in adopting new technology.</li> <li>What is best for patient.</li> <li>Accessibility of services (shift to more tailored, responsive care).</li> </ul>
17	<ul> <li>&gt; Provide care in the community through facilities that are already being used e.g. libraries, community centres, GP, hospitals etc.</li> <li>&gt; Consumer ownership (empowerment) of programs.</li> <li>&gt; Flexibility of service models - to meet consumer/community need.</li> <li>&gt; Identify cohorts of people who will benefit most and target.</li> <li>&gt; Talk to people.</li> </ul>	<ul> <li>Talk to people - ask, discuss, inform, listen (co-design).</li> <li>Look at the evidence - best practice and outcomes, benefits (discuss with people).</li> <li>Funding.</li> <li>Case studies / pilots / trials.</li> <li>Ensure technology used to facilitate transition across.</li> <li>Primary / Tertiary / Aged / Community Disability.</li> </ul>
18	<ul> <li>Engage young people and people with tech vision to make it happen.</li> <li>Asking consumers what they want and how they want it.</li> <li>Culturally affordable technology - clinician lead.</li> <li>Sustainable technology + vision + cost \$\$\$.</li> <li>Community engagement. Measurable outcomes.</li> </ul>	<ul> <li>Wide ranging education.</li> <li>\$\$ plenty.</li> <li>Bedding it into job practice.</li> <li>Engage with industry and universities.</li> <li>Targeted surveys with consumers and clinicians.</li> </ul>

#### For more information

#### **SA** Health www.sahealth.sa.gov.au/HealthandWellbeingStrategy

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