Apocalypse Soon?
The future of healthcare in an ageing population

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"If we don't create the future, the present extends itself"

Srinath Reddy, Public Health Foundation, India

Agenda

1. **ISQua**
   - Who we are and what we do

2. **Focus – Innovation**

3. **Ageing across the world**

4. **What should be the new focus and why**

5. **Healthcare Paradigm Shift**

ISQua and Global Healthcare Quality

To be the lead enabler of transformation in healthcare quality and safety globally

Innovation is the key

Recognition and Will

- Are health systems capable of meeting **today's** demands?

- Are they capable of meeting the demands of **future** very different challenges?

- Do politicians and decision makers recognise these challenges?

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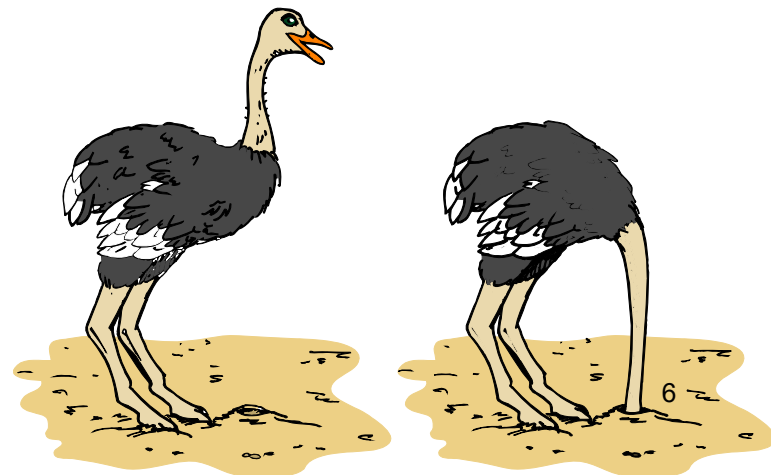
ISQua®

Global AgeWatch Index 2015

2015

Proportion of population aged 60 or over in 2014 and 2050 and demonstrate the speed at which populations are ageing.

2050

- 0-9%
- 10-19%
- 20-24%
- 25-29%
- 30+%
- No data

20/09/15

Ageing Across the World

Reasons for longer life expectancies:

- No mass conflict after WWII: increasing populations

- Improved living conditions: more access to care: increased affluence

- Reduction in infant mortality: vaccination programmes: targeted initiatives

- Biomedical science

Changing Treatment Modalities

- Sophisticated rehabilitation protocols

- Early testing and diagnosis

- Progressive transfer from aggressive treatments to oral prescriptions or less invasive techniques compatible with home care

Challenges of ageing populations

□ Three cohorts have been identified

Group1	Rapidly ageing cohort
Countries	Japan, Canada, Switzerland, Finland
Initiatives	• Reduction of hospital beds • Communities of physicians • Educating citizens

Reference : *Preparing national health systems to cope with the impending tsunami of chromic diseases associated with ageing (2015)* **Amalberti, R. , Nicklin, W., Braithwaite, J.** 10

Challenges of ageing populations

Group2	Ageing, but not as rapidly
Countries	France, Denmark Norway, Australia, Ireland, United Kingdom
Initiatives	• Increasing role of physicians in primary care • Transforming small hospitals into local medical homes • Trialling the use of HIT

Challenges of ageing populations

Group 3	Ageing more slowly
Countries	Argentina, Colombia, Emirates, Jordan, Qatar, Malaysia, Oman, African countries
Challenges	• Improving access to care • Meeting basic needs • Overriding concerns about the future

Plans but no template

In both rich and poor countries alike, however, the real challenge is to balance the needs of the present with those of preparing for the future.

Why we can't Keep on Keeping on $

- Case Study USA Healthcare spending today is 17.4% GDP – Rising to 25% by 2040

- "About 30% of medical spending is not associated with any health improvement"

(Cutter 2014)

- Under Investment in Population Health prevention and treatment which costs

Area	Total Spending
Overtreatment	10%
Excessive Admin	14%
Fraud	5%

What should be the new focus and why?

Improved Outcomes

Patient Journey

How to Effectively Improve Outcomes

- ❏ Training (professionals; patients; communities)

- ❏ Transferring and adopting modern technologies and practices into hospitals
  - ■ Effective
  - ■ Reduces length of stay

- ❏ Improve care co-ordination (The Patient Journey)

- ❏ Engage the patient as a partner in his/her care
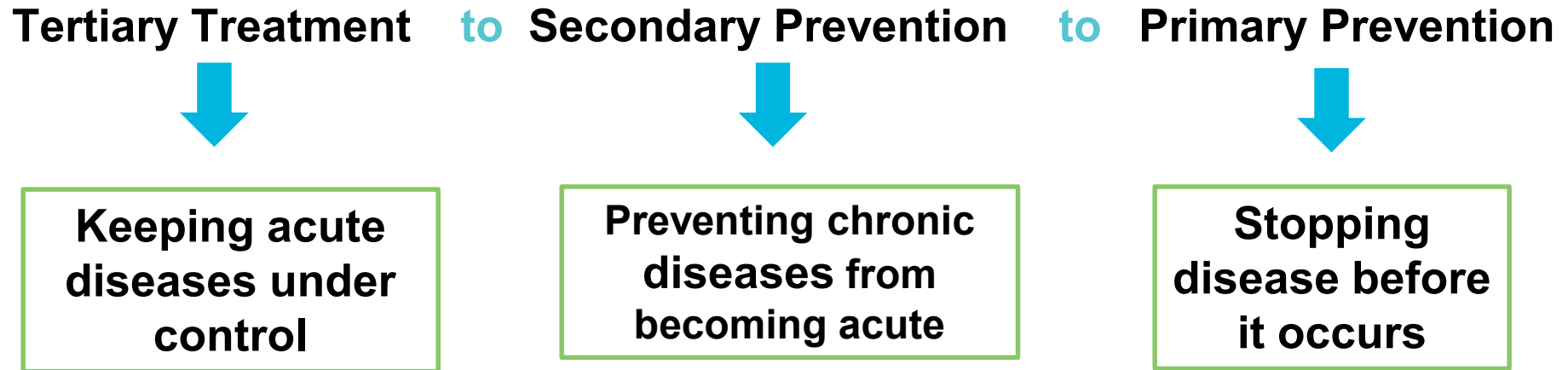
- ❏ Use of Health IT and global standards

How to Effectively Improve Outcomes

Global standards coupled with IT solutions – unique identification of medical products, locations, patients and caregivers, which leads to:

- A checking mechanism to respect the patient rights – right product, right patient, authorised caregiver

- Efficiency and accuracy of the supply chain – right products in the right location ready for the patient

- Access to information – population of data in IT systems, registries, shared electronic health records, etc.

How to Effectively Improve Outcomes

❑ Move from

Tertiary Treatment	**to**	Secondary Prevention	**to**	Primary Prevention

| **Keeping acute diseases under control**	**Preventing chronic diseases from becoming acute**	**Stopping disease before it occurs**

Patient Heal Thyself

- The Patient as a Partner in his/her own care:

  personalised medicine

- Integration of prevention into the patient journey

- So the patient journey becomes

  the "person journey"
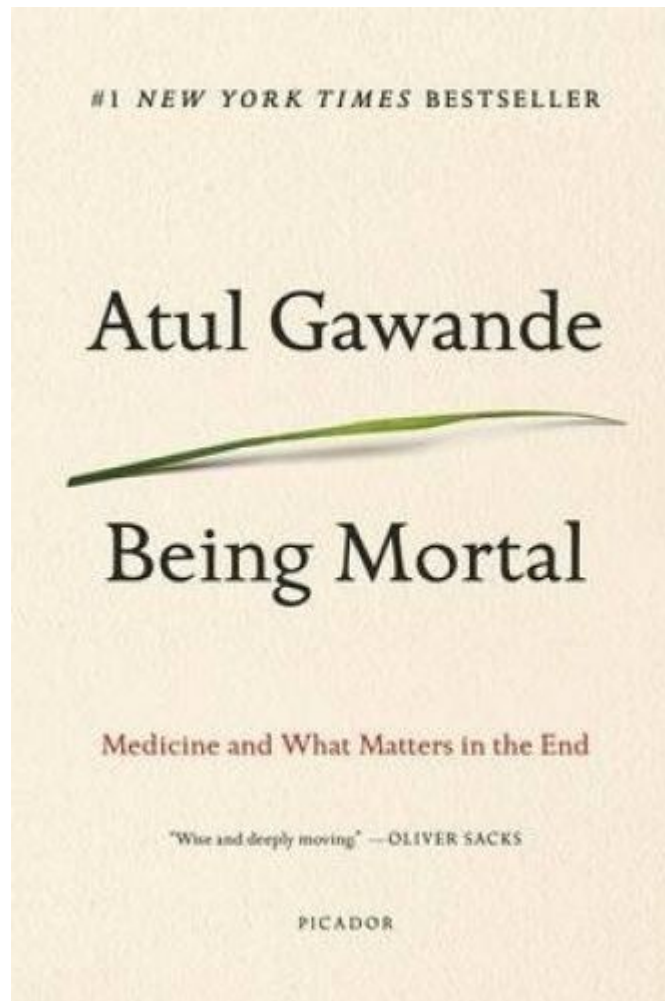
Journey

❑ Right Care

- ■ at the right time

- ■ by the right people

- ■ in the right place with the

- ■ best use of resources
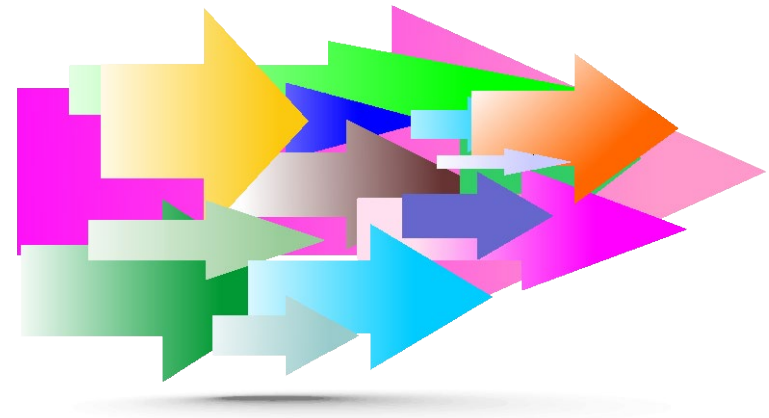
For the Best Quality of Life

Medical

Technological

Social

Summary of Healthcare Paradigm shift

From		To
One size fits all	**Approach**	Personalised medicine
Fragmented, One-way	**Patient info flow**	Integrated, Two-way
Provider centric	**Focus**	Patient centric
Centralised-Hospital	**Monitor**	De-centralised-shift to community
Invasive	**Treatment**	Less invasive, image-based
Procedure-based	**Reimbursement**	Episode-based, Outcome-based
Treating sickness	**Objective**	Preventing sickness – "Wellness"

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So What Now?

- ☐ Recognise the need to change ("Has it ever occurred to you that nothing is ever done until **everyone** is convinced it ought to be done and by then it is time to do something else"

- ☐ Breakdown treatment silos in favour of the Patient Journey

- ☐ Engage the patient as partner in his/her care

- ☐ Engage HIT including track and trace

- ☐ Think "Wellness" rather than treating "Illness"

前人栽树,后人乘凉 **"One generation plants the trees, another enjoys the shade"**
Chinese proverb.

Thank you