

---

# A Collaborative Approach to Technology & Integration

Dr Douglas Kingsford – Ministry of Health  
Carol Rimmer – Doctors of BC  
Dr. Alan Ruddiman – Moderator, Doctors of BC

GPSC Summit – October 10, 2019

# Disclosures

---

## Presenters / Moderator

Dr Douglas Kingsford - MoH  
Carol Rimmer - DoBC  
Dr Alan Ruddiman - Moderator

Relationships with commercial interests: None

Grants/Research Support None

Speakers Bureau/Honoraria None

Consulting Fees None

## Other

Dr Douglas Kingsford – CMIO MOH  
Carol Rimmer – DoBC: Director DTO  
Dr Alan Ruddiman – DoBC, Rural JSC, RCCbc



# Webinar Logistics

## Control Panel:

By default the control panel is set to auto-hide.

If it disappears, check the top, right-hand corner of your screen for the minimized control panel.

Click on the orange arrow to expand to control panel.



**Mute:** By default, all participants will be put on Mute when you join the Webinar.

## Hand raising:

The hand raising feature is found on the **left-hand side** of the GoToWebinar control panel. By default, your hand will not be raised.

When your hand is down, the button look like this:

Click on the button to raise your hand if you have a question or a comment.



When your hand is raised the button looks like this:

Click on the button to lower your hand if your question or comment has been addressed.



## Typing in Questions:

You may also type in your questions into the question box on the control panel and our moderators will read out your question or comment to the group on your behalf. Due to the size of the group and the number of questions, some questions may be combined into themes to make sure we capture all input. The speakers will have a record of all comments and questions after the webinar for input.

**Recording!**

# Objectives of Session

- Update on Provincial Digital Health Initiative
- Review of Provincial Governance for Digital Health
- Digital Health Transformation as a tool and enabler for health systems renewal
- Interactive discussion on use of Collaborative Networks to empower meaningful change

# Digital health transformation imperative

The current health care delivery system is not sustainable



## \$21 Billion

A year is spent on health care in BC, nearly 50% of direct provincial spent; these rising costs are not sustainable

## Misfocused

Health System remains largely focused on hospital and not remaining independent practices

## Siloed

Critical health information locked in systems or on paper. Making it difficult for care givers to provide coordinated end to end patient care across care continuum



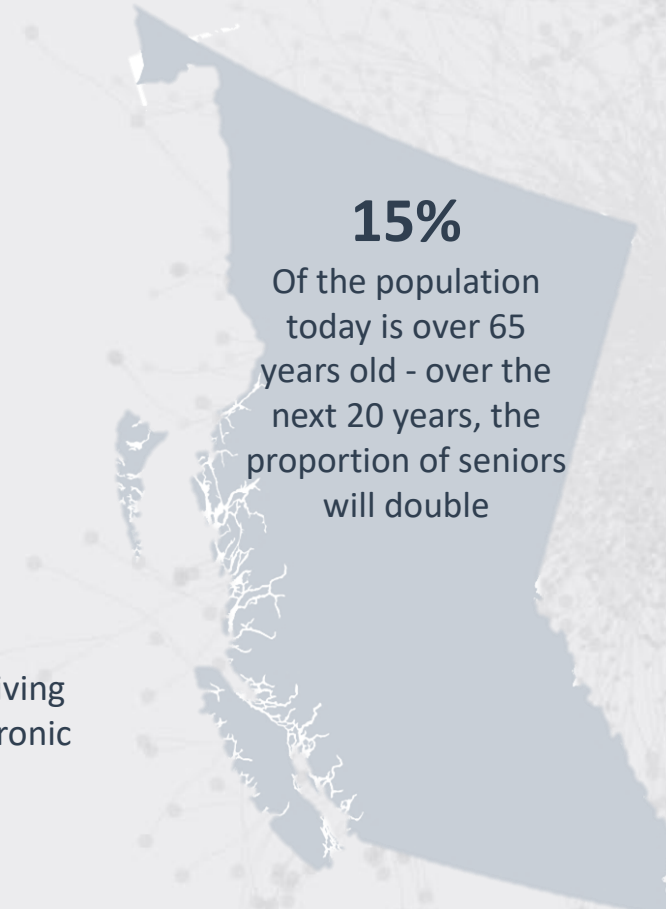
## 20%

Of BC residents are living with two or more chronic conditions



## Disconnected

Patient services are too often fragmented, untimely, and inefficient



**15%**  
Of the population today is over 65 years old - over the next 20 years, the proportion of seniors will double

## Disparate efforts

Lack of coordination across health system to invest in improvements is further fragmenting efforts towards an integrated system of care



## Goals



### Patient Empowerment

Empower patients as partners in their care and wellness



### Integrated Care

Create an integrated and comprehensive team-based care experience for patients and clinicians



### Improved Care Team Experience

Build a culture of trust, collaboration and joy in work to support the care team in delivering quality health care



### Enhanced Decision Support

Provide timely, accessible, accurate information and tools to support clinical and system planning decisions



## Vision

Optimal health and wellness for every British Columbian



## Mission

Co-create an integrated and sustainable health care system that delivers improved health outcomes and embraces a culture of innovation, trust and partnerships

### Five Strategic Pillars to Digitally Enable Health Transformation

1

Empower Patients



2

Transform Primary, Specialist & Community Care



3

Transform Hospital-Based Care



4

Advance Analytics Capabilities



5

Enhance Foundational Clinical Systems



### Digital Health Foundation

Infrastructure

Policy and Standards

Privacy and Security

Identity Management

Architecture

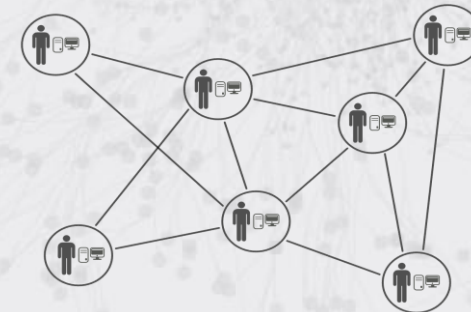
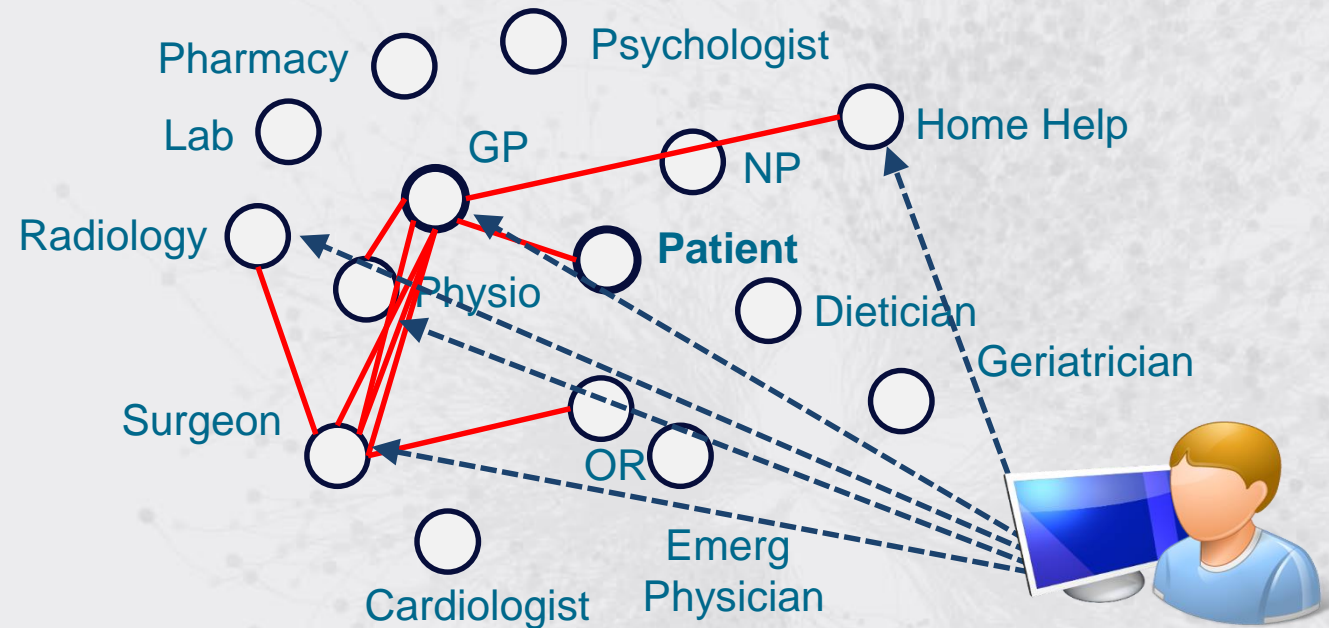
### Digital Health Transformation Principles

Patient Experience • Provider Experience • Learning & Insight • Accessible & Appropriate  
Cost-Efficient & Sustainable • Supports Population Health Outcomes • Privacy & Security

# Primary Focus: Digitization of Team-based Care

Focus is collaborative development of:

- An ecosystems for patients and providers
- Platform for integrated, enhanced patient experiences & outcomes
- Access to all health info & services
- Open, standards-based architecture
- Integrates with wider health sector assets and private sector solutions
- Grounded BC in reference architecture
- Interoperable with diverse systems and tools





# DHI Year 1 high-level priorities

Year 1 focuses on creating an impact on patient empowerment and primary & community care, while also establishing a strong governance, policy, and technical foundation for the delivery of digital health in BC

## Portfolio 1: Empower Patients

- Health Gateway Minimum Viable Product (MVP)
- Citizen Access Strategy & Roadmap
- Virtual Care Policy Framework
- 1-2 Virtual Health Pilots
- Optimization of home health monitoring
- Mental Health & Substance Use Virtual Pilot

## Portfolio 4: Advance Analytics Capabilities

- Health Data Platform
- Reporting Portal
- Health System Performance Mgmt Framework
- Data governance framework for Indigenous People's data
- Advancement from Descriptive to Predictive Analytics

## Portfolio 2: Transform Primary, Specialist & Community Care

- PCN IMIT Enablement Planning
- Activation of Priority Capabilities
- Innovation Acceleration Centres (IACs)
- Provincial Digital Solutions Toolkit
- Provincial EMR Vendor Management Strategy

## Portfolio 5: Enhance Foundational Clinical Systems

- End-to-end Pharmaceutical Business Strategy
- PharmaNet Roadmap and Priorities

## Portfolio 3: Transform Hospital-Based Care

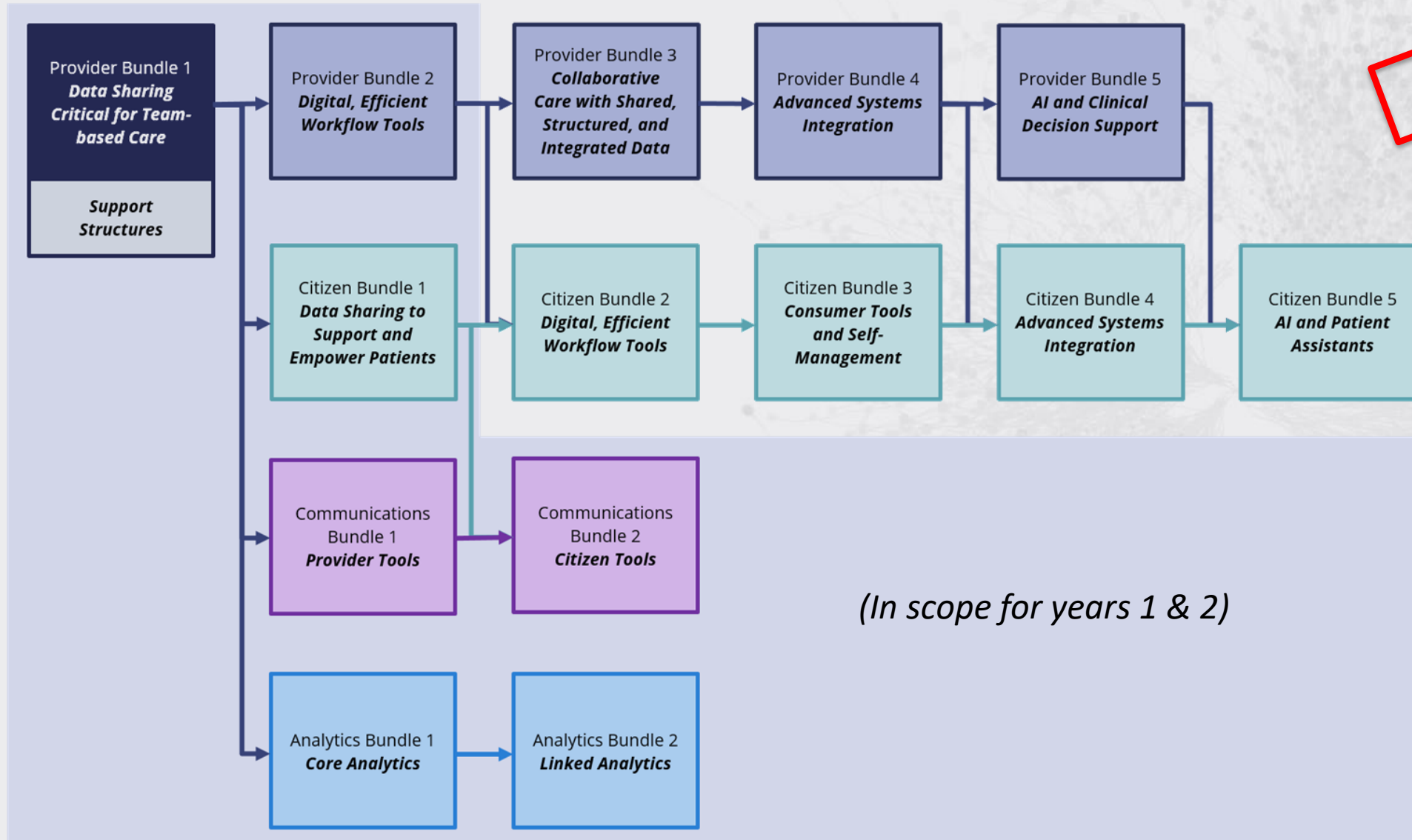
- Various, in collaboration between Health Authorities and PHSA

## Digital Health Foundation

- Reference Architecture
- Enterprise IDAM Strategy and Roadmap
- Expansion of Priority Capabilities (CDX and CareConnect) and Evaluation of Provincial Scalability
- Provincial privacy & security standards & policy



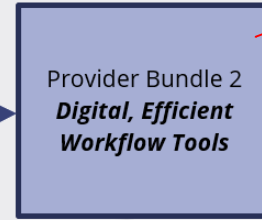
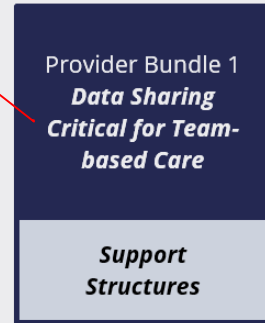
# Digital Capability Bundles



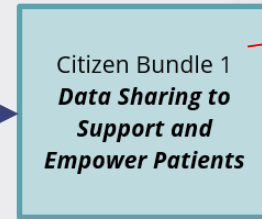
# Digital Capability Bundles – Key Year 1,2 Capabilities

**Draft**

**Info sharing for providers**  
 Send info between EMRs/CIS  
 eReferral, eConsult  
 CareConnect access in PCN  
 Richer content in CareConnect

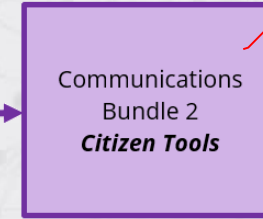


**Digital workflow tools**  
 ePrescribing  
 Electronic forms



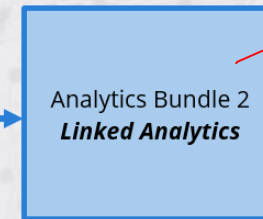
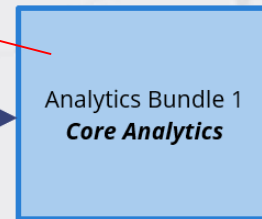
**Info sharing for citizens**  
 Citizen Health Gateway

**Communications for providers**  
 Secure communication across care team  
 Interoperable telehealth  
 Record conversations in EMR/CIS



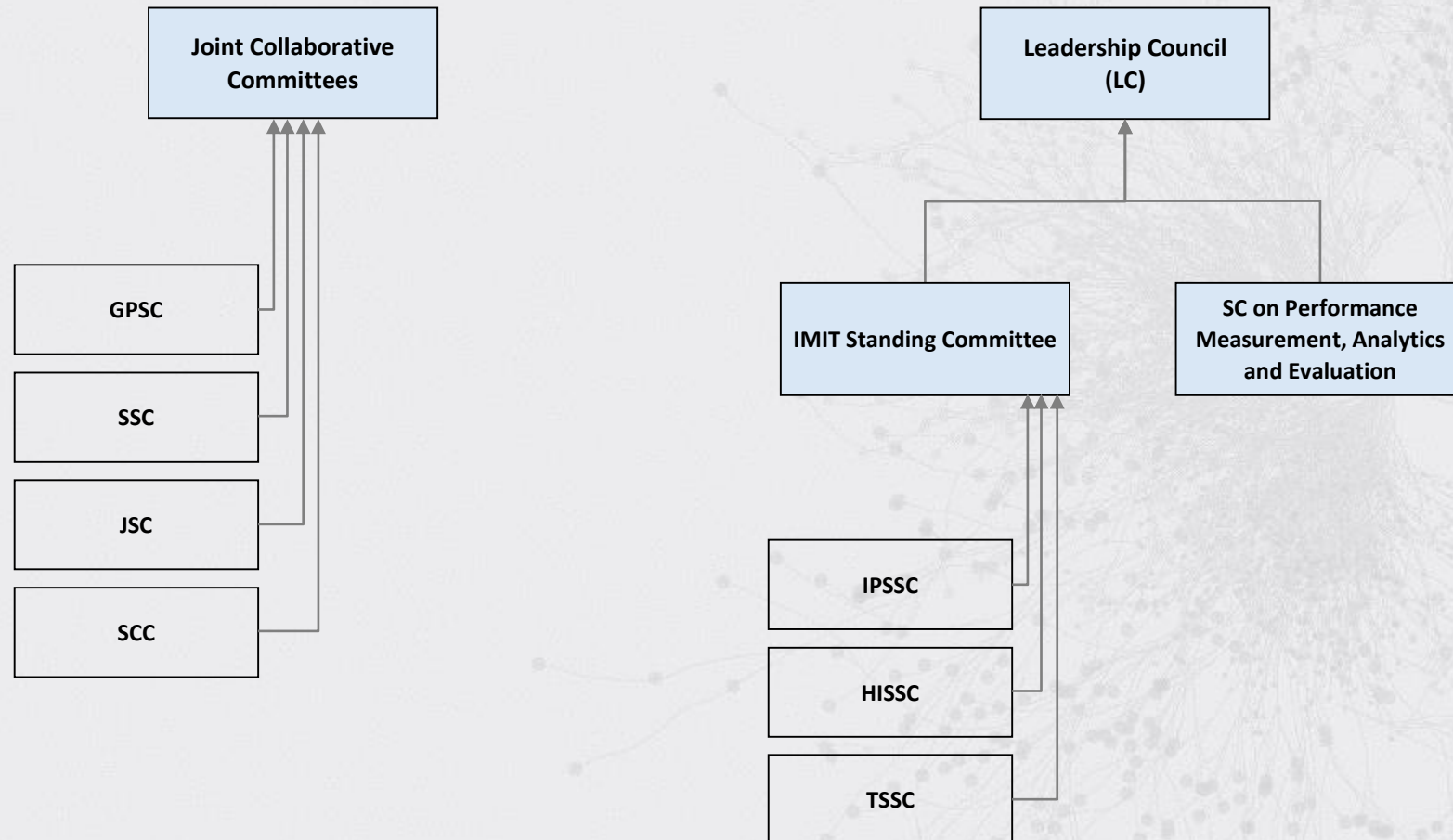
**Communication for citizens**  
 Secure communication with patients  
 Send copy of conversation to PHR/email

**Core analytics**  
 Practice-level QI capabilities



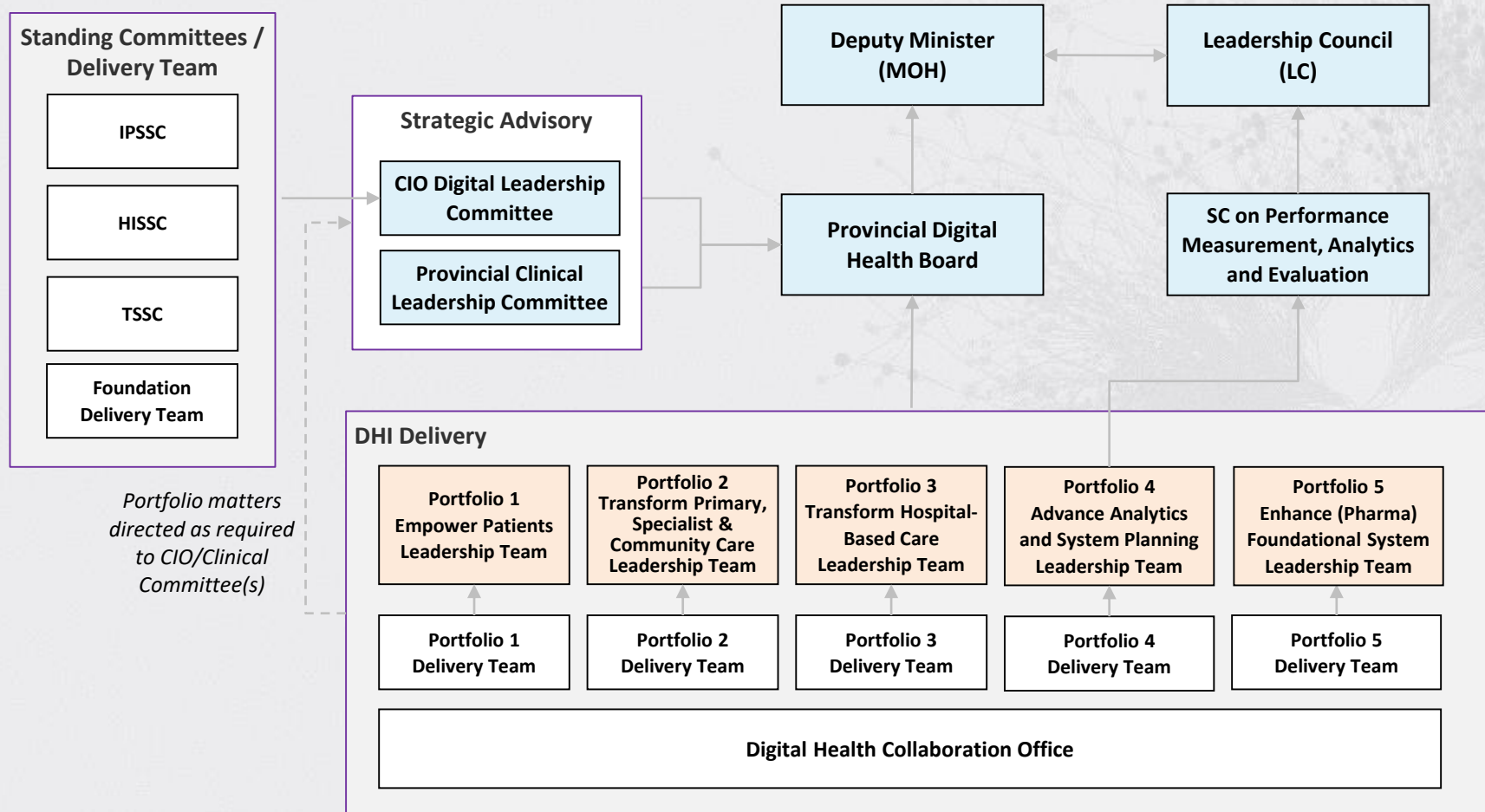
**Advanced analytics**  
 Linkage of data for cross-team QI  
 Integration with Health Data Platform

# Digital Health Governance Structure - Old





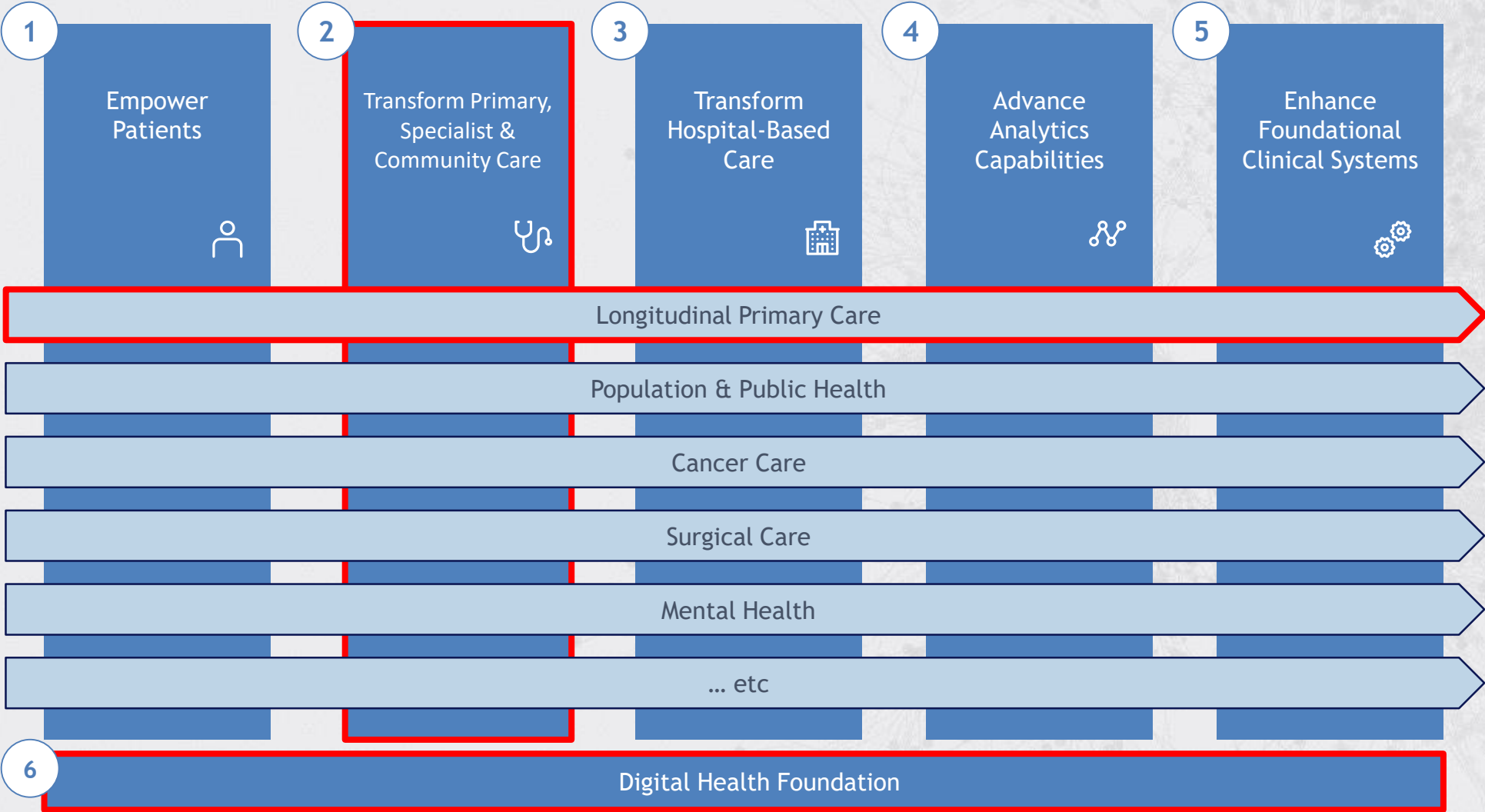
# Digital Health Governance Structure - New



Legend:

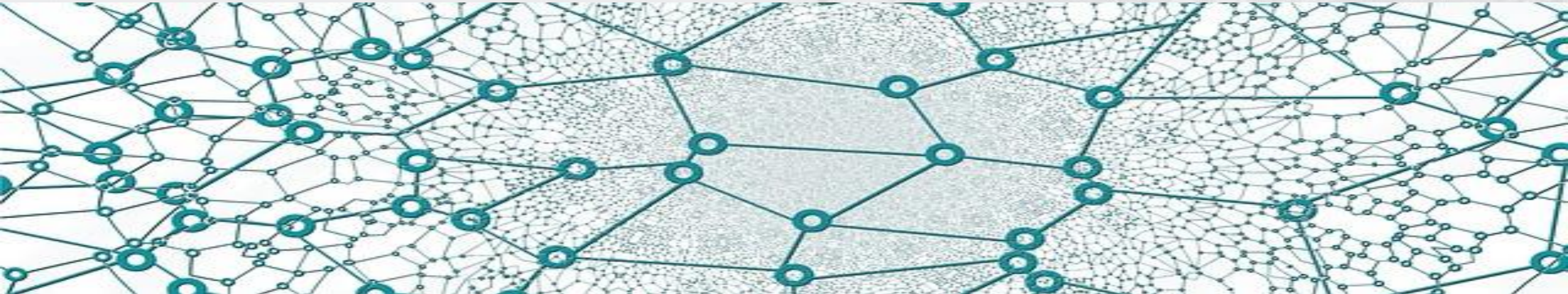


# Clinical disciplines link across all DHI portfolios



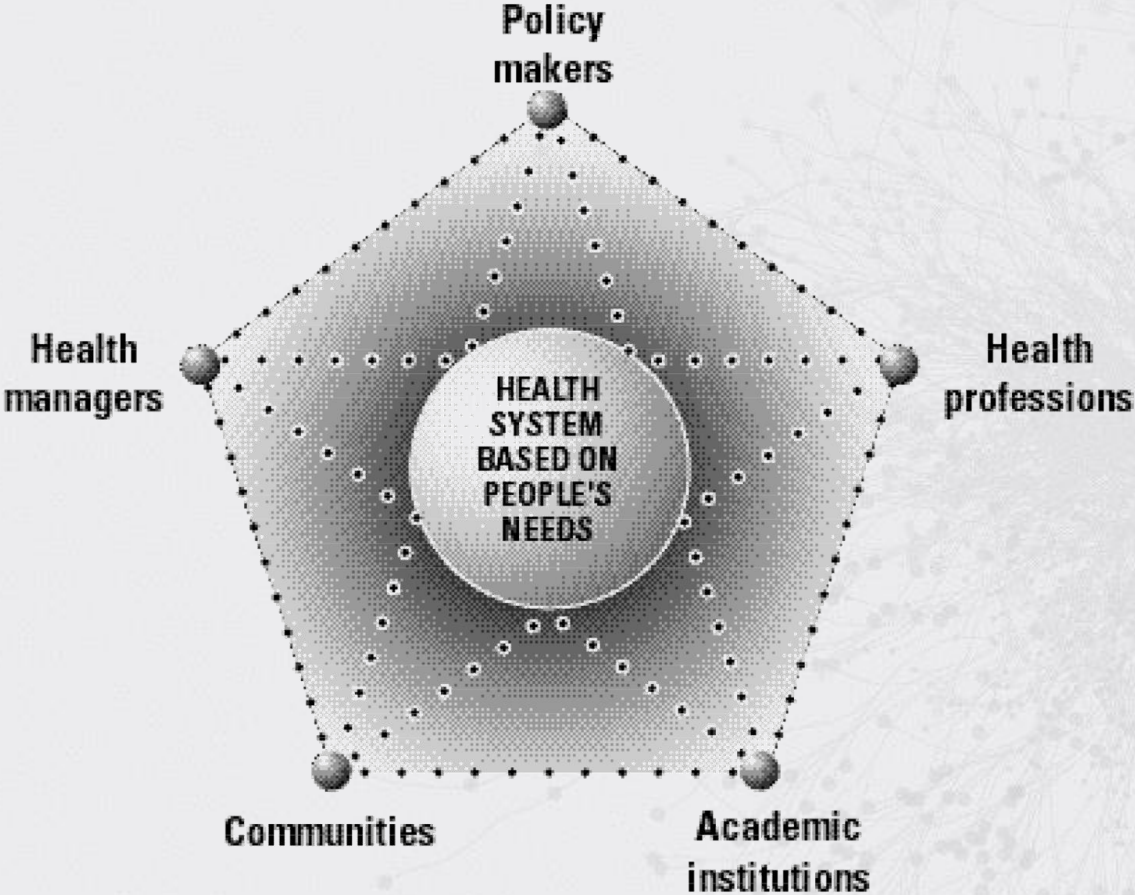
# Introducing... Network Governance

- **Hierarchical** command-and-control **lacks scope or agility** to meet needs of digital business.
- Complex operating environments don't map to hierarchies... → **feudalism**.
- Collaborative local networks **arise spontaneously**, independent of hierarchy, driven by local “change agents” – but lead to local action, disconnected from wider context – “**shadow IT**”.
- Organizations that “outsource” innovation to network structures **outperform** those that don't.

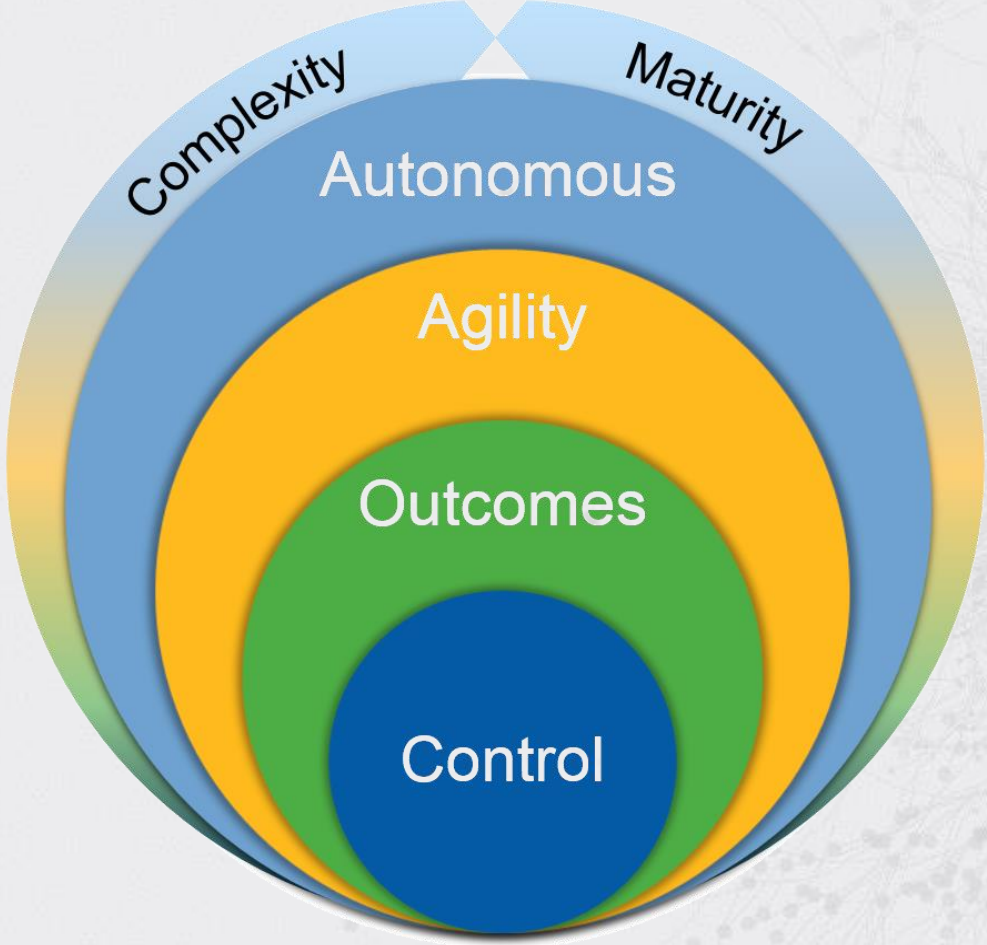




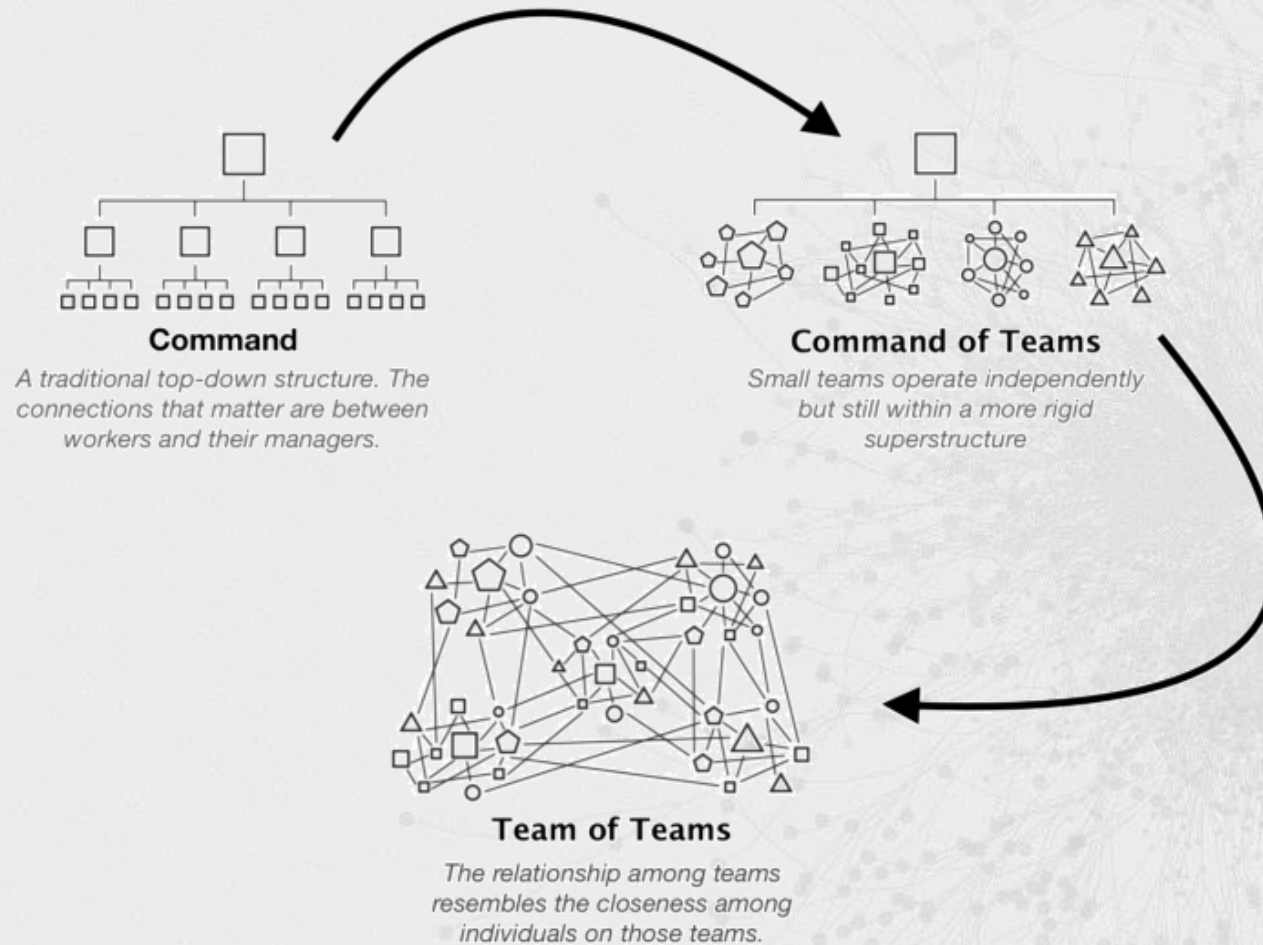
# WHO: Partnership Pentagon



# Gartner: Adaptive Governance

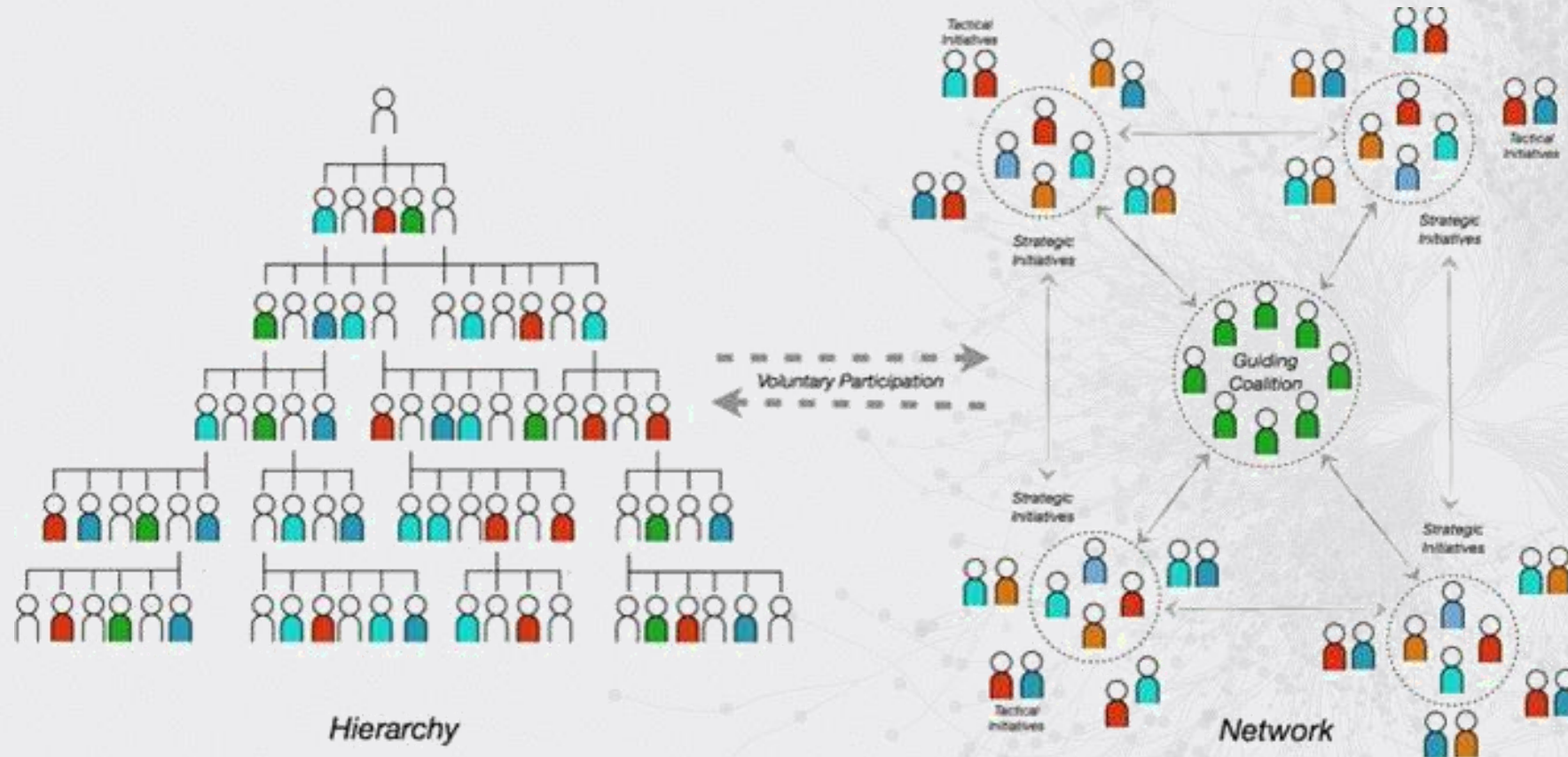


# US Military: General Stanley McChrystal



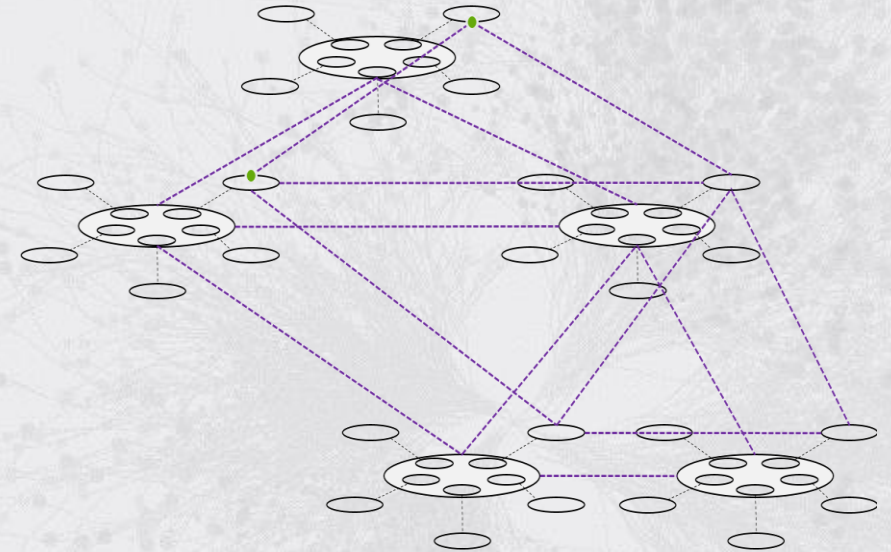
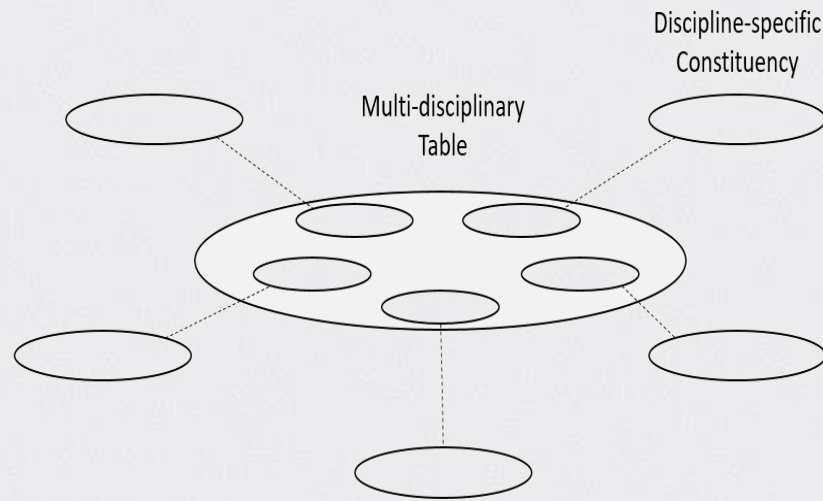


# HBS: John Kotter – Dual Operating Systems



# Working Together: Collaborative Networks

**Collaborative Networks will be a key operating principle underpinning DHI operations**



- Linking facilities, primary care, community specialists across the province
- Mechanism to draw on broad available expertise & experience
- Give voice to the “silent majority”
- Aligning initiatives, leveraging each other’s efforts
- Distributed accountability through radical transparency + passive oversight
- Avoiding silos

## Contact details:

**Dr Douglas Kingsford:** [douglas.kingsford@gov.bc.ca](mailto:douglas.kingsford@gov.bc.ca)  
Provincial Chief Medical Information Officer  
B.C. Ministry of Health

**Carol Rimmer:** [crimmer@doctorsofbc.ca](mailto:crimmer@doctorsofbc.ca)  
Director, Doctors Technology Office  
Doctors of BC

