Robert L. Jesse, MD, PhD
Principal Deputy Under Secretary for Health
U.S. Department of Veterans Affairs
9th Annual World Health Care Congress
Healthcare Must Change

• Priorities are changing:
  – Patient-centered outcomes will be at the forefront
  – Cost to the individual will be an important driver
  – Quality will be a given
  – Commoditization will occur at multiple levels
  – Efficiency / effectiveness will be the new currency
  – Access will be through engagement not appointments
  – People will embrace health as a personal attribute

Innovations driving change in VHA

• Team-based care (PACT)
• Transactional quality and management
• Health Management Platforms
  – Provider, patient, and systems facing
• Connected health
  – Tele-health, monitoring, mobile apps
• Value-driven health systems
So, What if...

The focus is on health and wellbeing... and not just on disease care?

So, What if...

Healthcare were transparent?
And, What if...

Individuals actually own their health information?

Re-Envisioning Healthcare

- *Health as a personal attribute (not a product)*
  - Me in control of my health

- *A shift to the left*
  - Prevention, wellness and well-being vs FIF-FIB

- *Healthcare as a sustained relationship*
  - It’s not just the encounter
Re-Envisioning Healthcare

• Health care is personalized according to the individual’s needs and values
  – Quality for an ‘n’ of 1 - insight into an ‘n’ of 8 mil
  – Evidence-based care – but individualized for me

• The individual is the source of control
  – Access is defined by whom we choose, not the time to get an appointment (ACA - 2014)
  – Providers are invited guests

Re-Envisioning Healthcare

• Voice of the patient
  – Engagement that fosters empowerment

• Effectiveness of the system
  – Efficiency, continuity and coordination
  – Evidence-based management

• Population health as a learning tool
  – Enterprise risk as a strategic asset
  – Ensuring a healthy healthcare system
Re-Envisioning Healthcare

Moving the Veterans healthcare system toward one that provides:

- Personalized
- Proactive
- Patient-driven care

VETERANS HEALTH ADMINISTRATION

Re-Envisioning Healthcare – at Scale

- 8.2 million enrollees
- 275,000 employees
- Geographic distribution
  - 50 States, Caribbean, Pacific Rim
  - 152 Medical Centers
  - 827 Community Based Outpatient Clinics
  - 300 Vet Centers (70 mobile)
  - 127 Community Living Centers

VETERANS HEALTH ADMINISTRATION
So, How Do We Get There?

Re-envisioning the EMR – iEHR

The integrated Electronic Health Record

A joint VA-DoD initiative
Why is the iEHR Needed?

- DoD and VA have legislated mandates to share healthcare resources, optimize joint operations and pursue collaborative acquisition decisions

- DoD and VA have committed to data interoperability and to implementing VLER - the Virtual Lifetime Electronic Record

What Will the iEHR Accomplish?

- **Clinical perspective:** A framework more responsive to patient and providers needs.
  - Data to inform system improvement and redesign
  - Access to patient information from all sites
  - Support for joint program development
  - **Data sharing** among VA, DoD, and other Federal and non-federal health care partners
  - Enhanced Clinical decision support for clinicians
What Will the iEHR Accomplish?

• **Technical Perspective:** A common and easily configurable user interface:
  – An open, standards-based, tiered architecture of applications, and services *(Open Source)*
  – A common information interoperability framework
  – Decreased development cycle time
  – Rapid adaptability, enhancement and improvement

What Will the iEHR Look Like?

- **Ux**
  - Presentation Layer
- **APPs**
  - L
  - P
  - A
  - S
  - I
  - R
- **ESB**
  - Business Rules and Security
- **Data**
What Will the iEHR Look Like?

And, it’s all in open source

OSEHRA

The Intersection of IT and Healthcare

Transactional Quality and Management
Transactional Quality and Management

A set of healthcare redesign principles through which clinical practices are both enhanced and ensured by real-time insights into their systems.

Guiding Principle #1:

If data is needed to manage the patient and/or the system, then it must be acquired as an integral part of the work process and not through retrospective data collection.
Guiding Principle #2:

“Solutions” must make the work easier, and not impose undue burden or require re-work.

Guiding Principle #3:

There must be real-time visibility into the system and it must be transparent across the enterprise.
Guiding Principle #4:

In order to deliver evidence-based care we must have evidence-based management.

Guiding Principle #5:

Complexity must be managed
Health Management Platform (HMP)

The Health Management Platform

• A platform with the functionality to support modern healthcare delivery models
  – A sustainable capacity, and the tools, to transform health care delivery.
  • Transactional quality and management
  • Healthy healthcare systems
  • Team-based care
  • Patients in control
  • Sustained relationship
The Health Informatics Initiative

- A platform with the functionality to support modern healthcare delivery models

- The Health Management Platform is...
  - Provider facing
  - Patient facing
  - Systems facing

Provider Facing

- Transition from a medical model of care to a team-based, patient-centered model of care
  - Comprehensive, coded data
  - Workflow driven, role-based activity systems
  - Knowledge driven, context-based decision support
  - Team-based, multi-patient care environment
Patient Facing

• Enable patients to contribute to their healthcare record and participate in their own care.
• Support sharing, interoperability and integration of Patient-Generated Data (PGD).
• Make the patient user experience an indispensable consideration in the design, development, and implementation life cycle of HMP

System Facing

- **Work Across Multiple Records**
  - Harness the power of population-level data
  - Integrate large-scale population/system analyses into the workflow of the electronic health record
- **Ensure Healthy Healthcare Systems**
  - Improve and monitor population/system health
  - Promote the operationalization of research work
  - Serve the needs of a wide variety of stakeholders and end-users, not just clinicians
Connected Health

- Moving beyond the encounter
  - Not just Tele-health

- Managing the complexity of health information
  - Synchronous and asynchronous communication
  - The new real estate of healthcare
  - Redefining continuity of care

How do We Define Success

- Patients have taken ownership of their health, and their health information. Health as a personal attribute
- Access is based on engagement, and not by traditional metrics of time to an appointment
- Prevention and health promotion are the foundation to managing illness, injury and chronic disease
- Effective coordination of comprehensive and complex health care needs is a key role of the provider (teams)
- Healthcare decisions are made by patients based on reliable and trusted information that they understand
Better Information

Better Decisions

Better Health

END