

Queensland Digital Health Centre

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QLD NEWS

State's hospital emergency wards under 'enormous pressure' in struggle to cope with numbers

Almost one million people used Queensland's bursting emergency departments during the first five months of 2019 – a whopping 35 per cent increase on the same period last year.

Domanii Cameron, State Political Reporter, The Courier-Mail

Subscriber only | July 3, 2019 12:00am



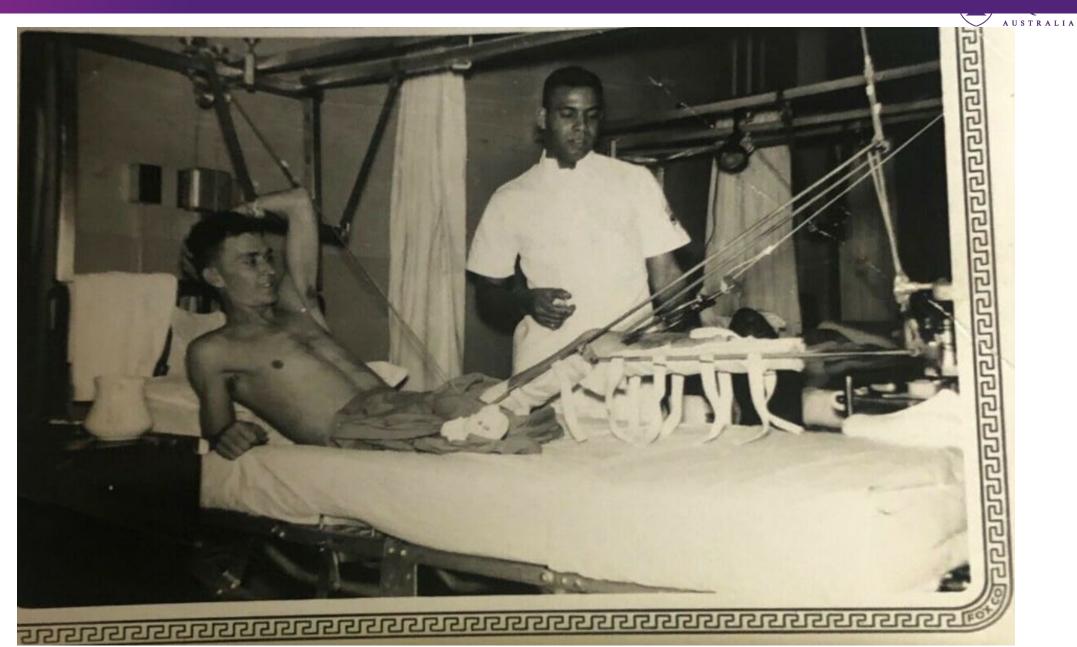






The Problem













Is 1950s thinking still working?



Probably not



Our burden of disease is no longer acute break-fix episodes...it is chronic disease with the same patient having multiple chronic diseases



In complex adaptive systems, we can use data and decision support to continuously improve the system



Then vs Now

Gender Roles and Equality:

- 1950s: Traditional gender roles were prevalent, with women primarily seen as homemakers.
- Present: Evolving gender norms, increased emphasis on gender equality, and greater acceptance of diverse gender identities.

Civil Rights:

- 1950s: Racial segregation and discrimination were widespread.
- Present: Advances in civil rights, increased awareness, and ongoing efforts to combat racial injustice and promote inclusivity.

LGBTQ+ Rights:

- 1950s: Homosexuality was often stigmatized, and legal and social discrimination against the LGBTQ+ community was common.
- Present: Acceptance, legal recognition, and advocacy for LGBTQ+ rights, including same-sex marriage.

Hospital models of care:

- 1950s: Hospital centred care with infrequent outpatient care. Only measurement for funding is activity.
- Present: Hospital centred care with infrequent outpatient care. Only measurement for funding is activity.



So time to move on

Previously activity was the only thing we could count.

Digital health enables us to count many things.

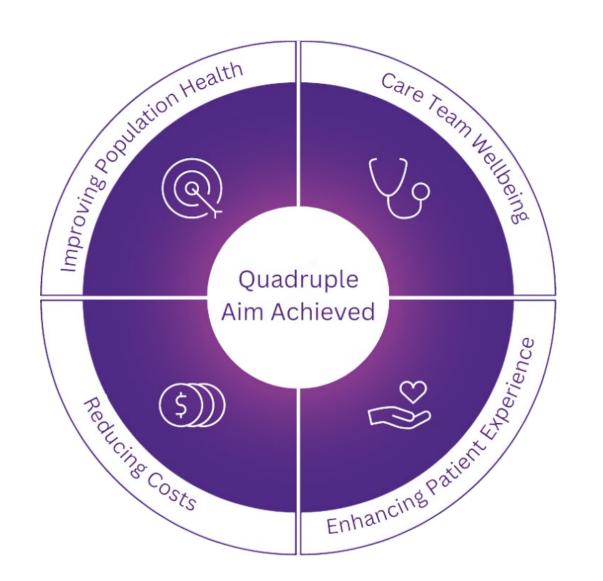


Quadruple Aim

The Quadruple Aim of health is a globally-recognised framework to optimise healthcare.

It seeks:

- > Improved clinician and care team wellbeing
- > Enhanced patient experience
- > Reduced costs
- > Improved health outcomes





Digitally enabled Learning Health System

A digitally enabled Learning Health System uses routinely collected data and patient experience to continuously monitor and improve healthcare outcomes.

That means we use technology to capture and analyse information about every patient encounter to improve the care for that patient in that moment, for other patients into the future, and for the broader population.

Technologies include:

electronic medical records such as those used in many Queensland Health and other hospitals

telehealth videocalls between doctors and patients

wearable devices



Aspiration

We define value and we measure it in a balanced way across the quadruple aim.

For every patient, every time in real time

And we as the health care system have 2 jobs

- 1. deliver healthcare
- 2. use data to do a better job tomorrow than we did today

This is a learning healthcare system.