

Getting and Staying Connected – To Improve Outcomes

Karen Stewart
Healthcare Science Officer
@ScottishHCS
@karenmstew





To Improve Outcomes

"Avedis Donabedian" Paradigm Structure, Process, and Outcome

- Donabedian was one of the first to view healthcare as a system composed of structure, process, and outcome.
- He believed that quality of care is not only related to each of these elements individually, but also to the relationships among them.

What to measure?





'Outcomes remain the ultimate validators of the effectiveness and quality of medical care' but they 'must be used with discrimination'



Avedis Donabedian

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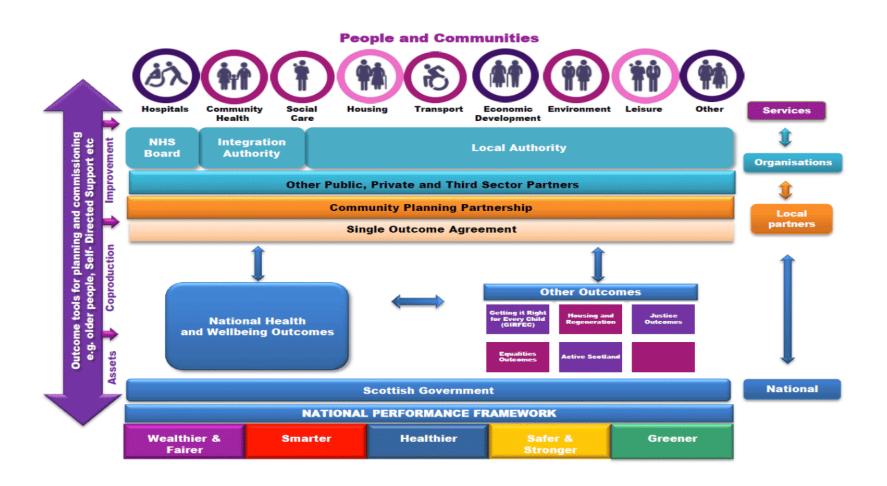
National Performance Framework

We aim to:

- create a more successful country
- give opportunities to all people living in Scotland
- increase the wellbeing of people living in Scotland
- create sustainable and inclusive growth
- reduce inequalities and give equal importance to economic, environmental and social progress



Health and Care Outcomes Framework



Commonwealth Fund Research

EXHIBIT ES-1. OVERALL RANKING

COUNTRY RANKINGS

Top 2*											
Middle	× .					米					
Bottom 2*		*							+		B0000
	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Notes: * Includes ties. ** Expenditures shown in \$US PPP (purchasing power parity); Australian 5 data are from 2010.

Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey, Commonwealth Fund National Scorecard 2011; World Health Organization; and Organization for Economic Cooperation and Development, OECO Health Data, 2013 (Paris: OECO, Nov. 2013).

Why The US Has Better Cancer Survival Rates Than The Rest Of The World

https://www.forbes.com/sites/quora/2017/06/13/why-the-us-has-better-cancer-survival-rates-than-the-rest-of-the-world/#4c0656a94b67

- A missed cancer diagnosis is a common lawsuit in America
- Article argues that American cancer patients are over treated compared to those in other countries
- abundance of high technology equipment and drugs, more extensive screening, and more aggressive treatment



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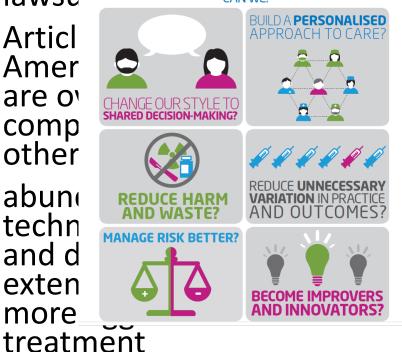
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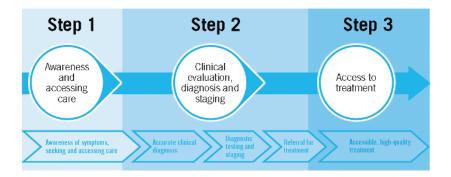


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Take the Cancer pathway as an Example?

- 1. Early diagnosis is key in beating cancer; diagnosing more cancers earlier would be good for patients and the UK
- 2. The UK/England continues to lag behind the best in the world
- 3. There is unacceptable variation across the country
- 4. Awareness and public behaviour
- 5. Optimising clinical practice and systems
- The principles underlying earlier cancer diagnosis would also benefit outcomes in other diseases







Weighting up the balance?



 Breast cancer screening saves the lives of two women for every one patient who receives unnecessary treatment, according to a major European review.

https://www.bbc.co.uk/news/health-19571173



Breast cancer screening does 'more . good than harm'

By Emily Selvadurai Health reporter, BBC News

•13 September 2012

Risk factors for breast cancer:

- Lifestyle factors including postmenopausal obesity, alcohol consumption, inactivity and a high-fat diet increase the risk of breast cancer.
- Each of these factors is socially patterned, with people living in deprived areas more at risk.
- Women from lower socioeconomic groups are less likely to go for breast cancer screening.
- Breast cancer survival rates are worse in women from more deprived areas, in part due to the lower uptake of breast cancer screening

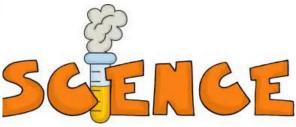




So what about the Science?

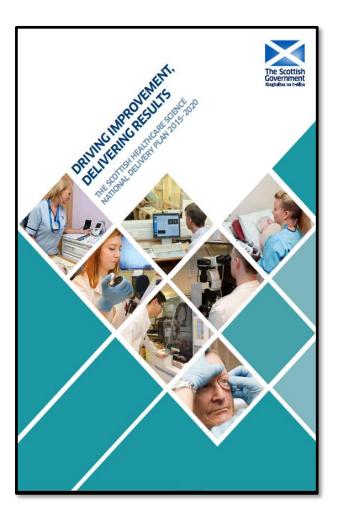






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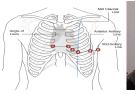
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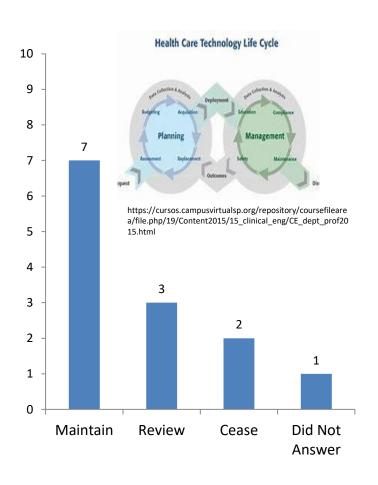


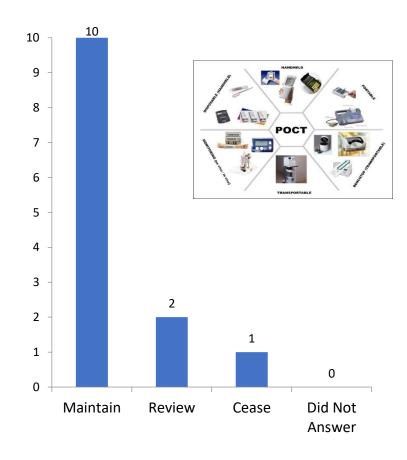




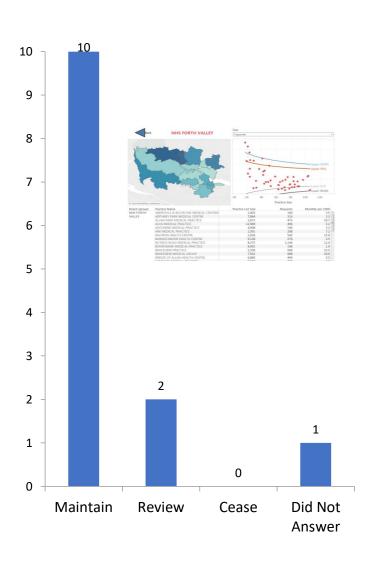


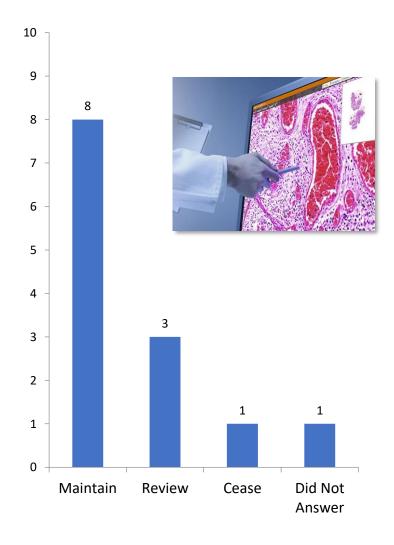
Which of the HCS NDP Programmes should continue to be explored/developed/supported after 2020?



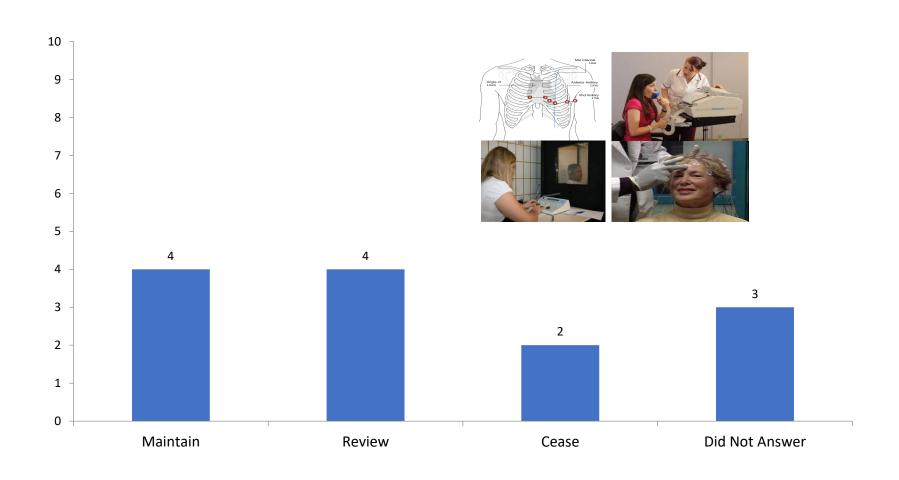


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Connections within the wider health and social care system?



- Public
- Patients/Clients/Users
- Executive Team/Board Directors
- Other professions
- Professional bodies
- Within Healthcare Science
- Your networks
- Your peers







Digital Strategy



- SCOTLAND'S DIGITAL
 HEALTH & CARE STRATEGY
 ENABLING, CONNECTING & EMPOWERING
- COSLA





- 1. Clinical data at the point of care
- 2. Common architecture to allow for innovation
- 3. Data at scale for research and quality



What next after the HCS Delivery Plan?

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Physiological Science National Plan
                        Point of Care Testing
     Pharmacogenetics
    Health technology assessment
                          HCS Visibility and Profile
                                        HCS Innovation
Artificial intelligence
        National Alignment government strategic documents
                Workforce Planning
                    Big data science Demand Optimisation
                                  Internet of all things
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Thank You

