

## CCHF Interactive Session

### GROUP 1 HEALTH CARE DELIVERY

**This session is all about ideas and thinking outside the box. There are no right or wrong answers. We have divided the groups up into multi-disciplinary groups to exchange perspectives.**

#### **Instructions:**

Identify a scribe who will be a participant, as well as take point form notes. Please write neatly as these notes will be used for compiling from all groups and be disseminated following the conference.

The notes should identify the 'voice' of the expert (architect, healthcare exec, engineer, vendor etc...) Not the individual name /company.

There are two questions aim to spend 10 minutes on each question.

When the time is up, each group will identify one or two main ideas that came out of your discussion. There will be some opportunity for comment clarification by the audience.

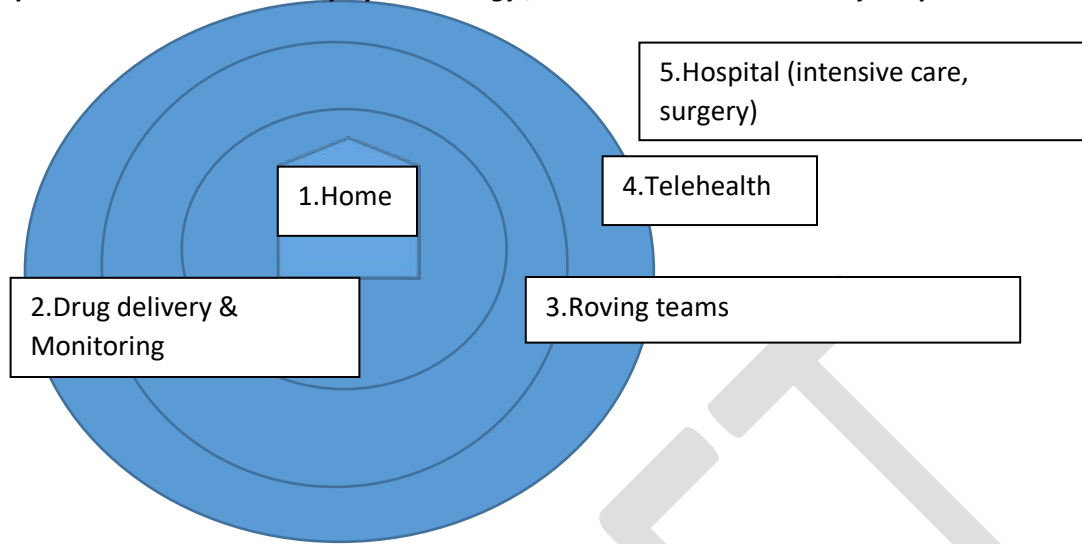
Thank you very much. We will be very interested in your feedback from this session on our conference survey.

#### **QUESTIONS:**

- A. We are currently in the realm of large regional health care delivery systems yet we want to bring service closer to home. How will we evaluate the success of these models?

Evaluate these models based on how close to home the healthcare service is. The closer the better. More and more care can be done in the home. Many healthcare service can be brought to the home and monitored from the home. Evaluation should be done on what is being done in a hospital that doesn't need to be there. We need to better measure outcomes - morbidity and mortality compared to delivery in home.

**Model of healthcare delivery Home as the main source for wellness moving outward to hc services provided in the community by technology / mobile hc teams and lastly hospital care**



B. Does the future hold a place for a scale shift within health care delivery models? How do you envision this change, given new thresholds in information technology, interactive technology and virtual reality etc...

Yes we need to look at models like Mercy hospitals that are offering this scale shift – agree to shift multiple services away from in-hospital care. This will relieve pressure off the system, reduce costs and improve care for many who would otherwise not get care because of lack access, inconvenience, inability to get to the care needed.