

CCHF Interactive Session

GROUP 8 – TECHNOLOGY (20 minutes)

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. Technology (materials, digital tools, new media) are transforming society and our understanding of it. Are health care delivery systems and models behind this curve?

MD: How do you make up the difference between 'the last responsible moment' (consider design, training and implementations) to make a decision in the design / build construction process. Funding is infrastructure based rather than end user based. With building infrastructure as the foci, the needs of users can get lost.

New players offer new digital services, new competition.

HE: Resources for implementation are a decreased priority. Decisions are made 5-6 years before and are often outdated by the time the project begins. Delivery systems are out there, but inaccessible due to policy and resources.

Process designed to make healthcare a laggard. P3 are supposed to build and maintain. Need to illustrate long term savings.

- B. Should health care delivery models, systems and building develop methods to more quickly embrace these technological shifts, and how?

MD: New players offer new digital services, new competition. Space need to be created for this in the process. Health 2.0 – moving from patient and MD to accounting for caregiver persona.

Robotics are not yet efficient = medical errors.

Arch: demographics, urban high-tech sectors may drive innovation, with lower adoption rates in 'older' communities.

HE: For major capital projects funding is not available for technology. Infrastructure design needs to support new technologies.

Most health and well ness takes place outside the hospital – population based 'care' is becoming more readily trackable with technology. Aging in "place" = home. Technology is enabling these types of arrangements with appropriate HC supports.

MD: Healthcare is continuous technology to be used for 'low-touch' monitoring.

Methods to better embrace technologies:

MD: Tie technologies to capital projects. Utilize innovations centres. Governments tend to be silo'd where there is innovation commercialization with private funding (MARS discovery district in Toronto).

Lean approaches driving cost and efficiencies like robotics.