

Evolution and Innovation

The Digital Future of Healthcare

Atos



Dr Hugo Stephenson, an Australian doctor and biotech services entrepreneur argues that making the most of today's digital opportunities may mean tearing down some of the foundations upon which the healthcare sector has been built.

The more things change, the more they stay the same. The medical sector may now be in a state of continual, technology-driven evolution, but it is also wedded to the same strictures and structures that have defined professional care since its very beginning. And so, while healthcare is changing for the better, it is doing so much more slowly than it could be.

The impact of this diametric opposition between progress and tradition can be seen right across the industry.

The line between what defines a doctor and what defines a nurse, for instance, has been getting thinner – with duties often increasingly shifting between the two. That's fine in principle, but harder to manage when paygrades remain locked to historical definitions, and while medical doctors face ever increasing medicolegal responsibility. The hybridization of care – with GPs working more closely with other healthcare professionals like physiotherapists and cardiologists – should be a net positive, but also requires a more flexible infrastructure than is traditionally in place, with multidisciplinary care centres in the community being an exception rather than the rule.

The consequences of this tug-of-war between past and present become particularly acute when we involve technology.

As it does in other sectors, technology should help us bring greater fluidity to our practices, and free us up to do more for our patients. In healthcare though, where we're locked into deeply embedded structures and policies, it's hard to shake the sensation that we've got the handbrake at least partially on at all times.

Each individual element within a healthcare system operating as an independent technology consumer – whether it's a doctor choosing clinical apps for their mobile phone, a small multi-practitioner clinic choosing its own practice management system, or a hospital implementing a customized system to manage radiology bookings – has led to a patchwork of connectivity akin to an internet that uses inconsistent signalling protocols across every route. If we're going to get the most out of the technology we use, we clearly need to change this dynamic. But one of the hardest things about doing so is that we don't have a yardstick for what a great standard of digitally-enabled care looks like. Quality is defined largely by what's possible – and when what's "possible" is limited by an inherently inflexible system underlying the technology, the benchmark becomes much more difficult to see.

The sector's attitude towards data is a perfect example of this. From a regulatory standpoint, we have a zero tolerance approach towards anything that might present even the slightest risk towards the security and integrity of patient data. That may be the right decision, but it also limits our ability to have an informed debate about what opportunities we might be losing by not taking a more flexible approach. We can't comprehend the alternatives, because we're institutionally unable to entertain them.

All of this said, I believe that we're heading in the right direction. As a doctor, I see huge support for digital technologies from both my peers, and from our patients. To achieve the standard of care that we all want to deliver – and would all wish to receive – we just have to keep moving forward together.

Let's push the boundaries where we can – and break them down when we must.