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2016 Digital Health
Tech Vision
Webinar: Trend 1

Dr. Michael Breen: My name is Dr. Michael Breen. I am a physician but I now consult for health systems, large practices and insurers and with me is Dr. Kaveh Safavi. He is the Senior Managing Director for Accenture's Global Healthcare Business. Kaveh is a physician and went on to serve leadership roles at Cisco, United Healthcare, and Thomson Reuters. He has published numerous papers and is often quoted in various publications. And I am also joined by health economist Jane Sarasohn-Kahn. You may know her from her popular blog Health Populi or her frequent writings for the Huffington Post. Now, she advises many organizations now at the intersection of health, technology and people and we are going to be talking about five technological trends that are going to have dramatic impact on healthcare over the next year and Kaveh, first trend is intelligent automation. What do we mean when we say intelligent automation?

Dr. Kaveh Safavi: Sure Michael. What we are really talking about is taking advantage of advances in things like computing and artificial intelligence and merging that with the work of human beings in order to make people more productive and also get a better result. So it is really people plus machines as opposed to simply just people being replaced by machines. For example, a recent study of healthcare executives shows that about half of either the information technology tasks or customer facing tasks, these organizations are already beginning to automate. Our own business at Accenture where we help insurers process claims, in the last two years we have been able to figure out how to automate about a third of the functions, really changing the productivity of the remaining people but we know we are not going to be able to take people out of the process completely. And probably the most interesting example and the one that is on the most leading edge from a healthcare perspective is what is going on in clinical medicine. So, there is an interesting company in England, coming out of Ireland called SilverCloud and essentially, it came out of a lab that recognized that you could use computer based algorithms to treat mental illnesses like depression but that people wouldn't use them. What they really wanted was an interaction with a person. So, SilverCloud has created a program that where the therapist actually uses the technology so that when you are not with the therapist, you have the ability to interact with this technology and get recommendations outside of the visit as well as give the therapist an ability to adjust.

Dr. Michael Breen: When you interact, with say a computer, between therapist appointments, is that computer collecting data, how are you interacting with it?

Dr. Kaveh Safavi: Well, typically, the way you would do it is the way you would do it today which is either some combination of text that you are answering questions to or some kind of an avatar or something like that, a user interface. But behind it is a set of intelligence based on information that we know the way people answer and respond to questions. What is interesting about this example is that they have been able to demonstrate that the therapist can see six times as many patients when you combine the technology with the traditional therapy model.

Dr. Michael Breen: So, it is all about leveraging the existing healthcare workforce.

Dr. Kaveh Safavi: Right.

Dr. Michael Breen: Whether on the payer end or on the provider end.

Dr. Kaveh Safavi: Right. The technology alone could not have solved the problem because people wanted a human. They wanted the judgment and the social skills but the human with the technology can take care of far more people.

Dr. Michael Breen: Now, Jane, is that going to provide more access to care for large populations?

Jane Sarasohn-Kahn: It absolutely will, especially in the case of mental health which is really underserved throughout the world but if we look at the US especially, we have health resource shortage areas for mental health providers so SilverCloud is a good example of how you can scale a limited resource across a population who really needs it. As a colleague of mine recently told me who has worked in health IT for years, scaling is the new sexy. You know we've devoted hundreds of millions of dollars into new digital technology, startups and others that haven't really been proven out. But if we look at something like a SilverCloud or other technologies that can leverage the scarce resource across a lot of people, we could bend the needle on healthcare costs and improve quality and provide care to more people.

Dr. Michael Breen: What occurs to me, there is some people who may actually be more comfortable sharing their inner most thoughts with a computer screen than with an individual.

Jane Sarasohn-Kahn: It has been shown in many studies now coming out of the University of California, San Francisco and other labs, that study avatars in health and that these interactions are actually more accessible, more culturally enabling for a lot of people who have a cultural taboo about seeing certain specialists.

Dr. Michael Breen: We talk about mental health, are there other areas say on the provider or payer end where intelligent automation will help leverage?

Jane Sarasohn-Kahn: Well, we can do what SilverCloud does in mental health with just primary care which is also underserved in a lot of rural areas and other areas in the US. On the payer side though, we can look at how payers can serve up intelligence to consumers and providers by making more decisions at the local level and enhancing the intelligence in the community for the provider and the patient which could really up the service level for a payer where service levels aren't so great.

Dr. Michael Breen: It sounds like a payer will become a little more involved in the delivery of healthcare itself. Can you explain how that would, would they share the information they have or?

Jane Sarasohn-Kahn: Increasingly payers are willing to open up that treasure trove of data in selective circumstances for say population health management where again we want to address the right resources at the right time, for the right

patient. So, data will start to get more liquid and move around where it needs to go in that intelligent automated system.

Dr. Michael Breen: So, I supposed payers have to be prepared for a world in which they may be more pressured to share their data. Kaveh, you know the one thing we haven't talked about is quality. Is all this efficiency going to compromise quality care?

Dr. Kaveh Safavi: Well, it shouldn't have to. In fact, the SilverCloud example shows that the clinical outcomes for things like mild to moderate depression are as good as and in some cases better than the traditional model probably because there is activity going on in between visits and adjustments that can be made in a shorter term. The other aspect that is interesting about this is it turns out about 80 percent of people with mild to moderate depression or anxiety won't go to a doctor because of the stigma associated with it. So, within that program, there is an option of interacting with the technology without going to a clinician that is essentially creating an option for people who otherwise would have this condition that would interfere with their ability to work, or raise children, create a real drag on the economy. So, you can see an extra improvement coming by reaching that group.

Dr. Michael Breen: These are people who would have never reached out to healthcare except that they have the anonymity now of the computer.

Dr. Kaveh Safavi: Exactly.

Dr. Michael Breen: It is fascinating to think that there are people who are more comfortable dealing with the technology than the human.

Dr. Kaveh Safavi: Absolutely.

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