# PART ONE: DATA-SMART DESIGN AND THE FUTURE HEALTHCARE ECOSYSTEM

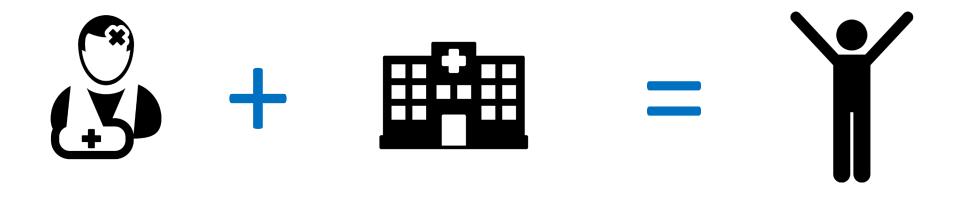
Chris McQuillan, Principal

**B**+**H** | BOLD + human

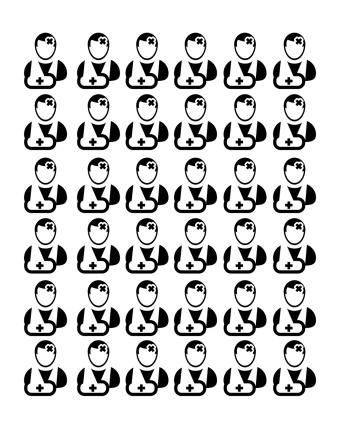
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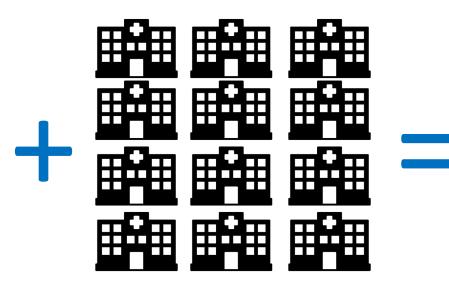


## SEEMED THE FORMULA WAS FOOLPROOF



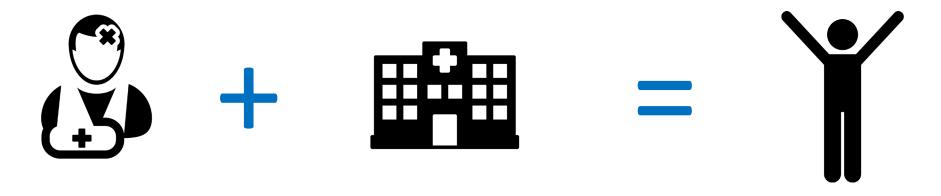
#### ... OR WAS IT?







#### **NEW IDEAS ARE NEEDED!**



How can patients get the **right** care they need, **when** they need it?

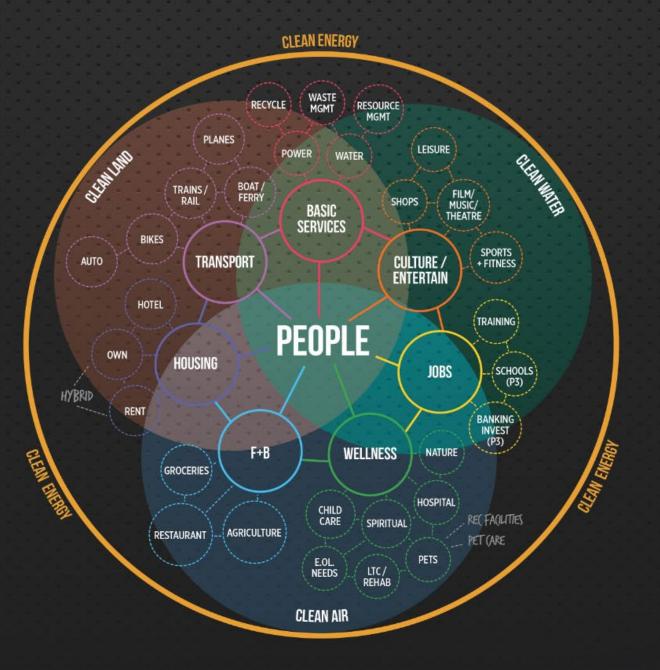
How can hospitals **adapt** to increasing volume, complexity and costs, evolving technologies, and tightening regulations?

How can we achieve the best outcomes – best **quality of life** for patients, families and communities at a responsible cost?

# THE FUTURE OF THE HOSPITAL

### THE HUMAN E(OSYSTEM

People are at the centre of both the **purpose** and the **value** proposition of healthcare.



### THE GENERATIONAL DIVIDE

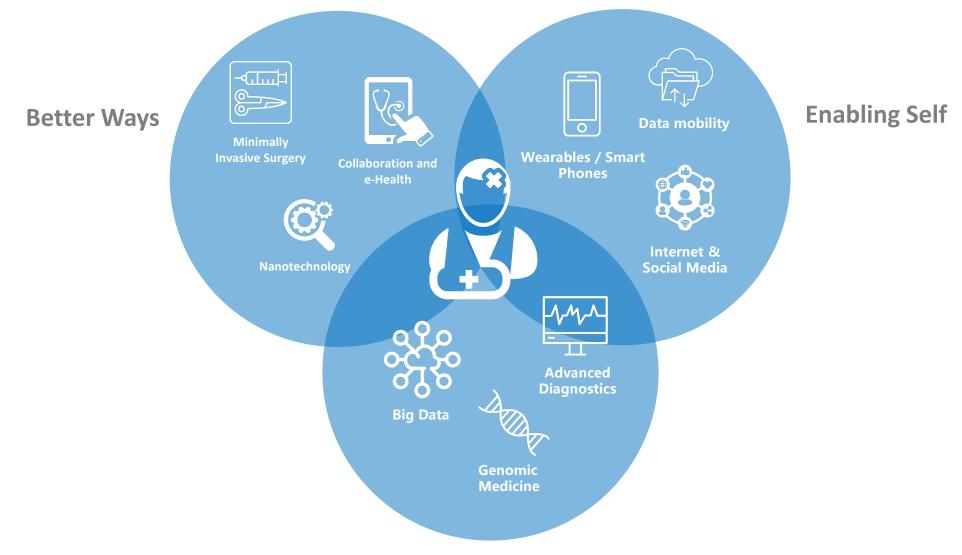


**BOOMERS**Prefer traditional models of care.



MILLENNIALS, GEN Y, GEN X
Prefer ease, speed, accessibility, customization, decentralization. Discussion, proof and catered service.

### THE TECHNOLOGICAL ECOSYSTEM



### LABORATORY AND TREATMENT CENTRE ON YOUR SHOULDER (OR ON YOUR WRIST)!

### One Drop Blood Glucose Meter Now Sends Data Directly to Apple Watch

9/28/18 - NEW NOW NEXT

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By Jimmy McDermott and **Adam Brown** 

One Drop's Chrome becomes the first blood glucose meter to send data directly to Apple Watch without a nearby phone. Plus, new health features on the Series 4



Apple Watch and when direct-to-Watch is coming for Dexcom CGM.

One Drop's new Chrome blood glucose meter (BGM) can now send blood sugar data directly to the Apple Watch Series 2, 3, and 4 via Bluetooth. This means users can log glucose levels and see trends without a phone nearby, simplifying diabetes management on-the-go. One Drop is the first diabetes device with direct-to-Watch integration, a trend we also expect to see in CGM – potentially starting with Dexcom in 2019.

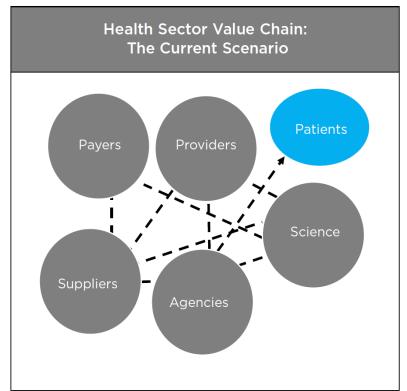


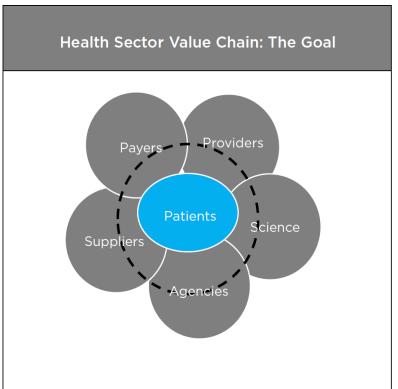
### THE ECONOMIC ECOSYSTEM

**Per-Case Costs Consumer - Outcomes Quality of life Breadth of** Accessibility / service Training, Development, Advancement Maintenance Delivery infrastructure (buildings, equipment, **Evolution** 

**Payer - Costs** 

#### WHAT HAPPENS WHEN WE PUT THE PATIENT BACK IN THE CENTRE?

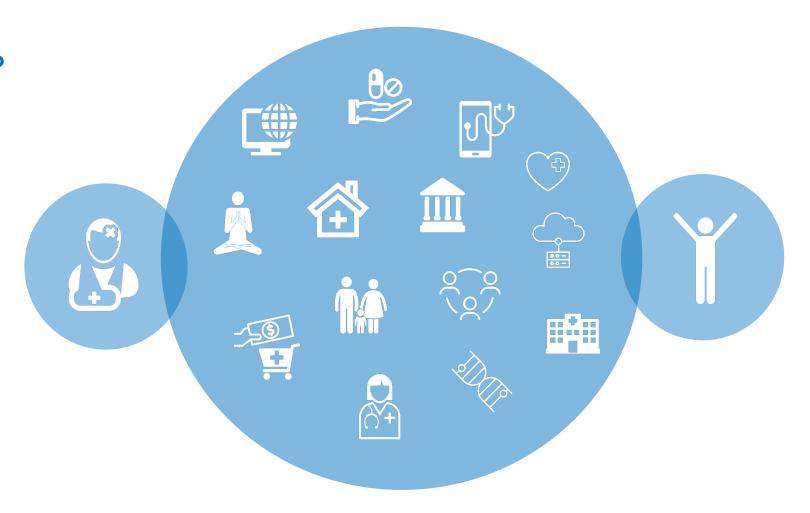




Source: Rotman Management Magazine Winter 2019 Ed.

### THE FORMULA IS NOT SO SIMPLE ANYMORE

The new healthcare ecosystem requires a high level of **resiliency to adapt** to rapidly changing human, technological and economic ecosystems.



### INDEED, PEOPLE'S WANTS AND NEEDS CONTINUE TO EVOLVE...

# ... SO HOW CAN WE PREDICT WHERE THE FUTURE OF HEALTHCARE IS HEADED?







### THERE IS SO MUCH DATA OUT THERE.

### HOW CAN WE POSSIBLY UNDERSTAND IT ALL?

### **BIG DATA IN HEALTHCARE**



Demographics (e.g. aging population, urbanization)



**Genomic medicine** 



Public health measures (wellness & disease management)



**Delivery strategies** 

### LITTLE DATA IN HEALTHCARE



Evidence-based design



Operational practices of providers



Impacts of technology



Internet/social media



**Qualitative insight** 

### **EVIDENCE-BASED DESIGN (EBD)**

The deliberate attempt to base **building decisions** on the **best** available <u>research</u> evidence with the **goal** of **improving outcomes** and of continuing to monitor the success or failure for subsequent decision-making. **EBD** is a process, not a product.

#### **EBD: TESTING HYPOTHESES**

The most famous example is a study by Roger Ullrich from the 80's. He found that recovery times and the use of pain medication in bedrooms with light and view were both improved than identical rooms and care with diminished room light and view.

### **EBD: DESIGN SOLUTIONS** SUPPORTED BY EVIDENCE

Milton District Hospital, Canada. In addition to light and view, EBD principles include infection studies, fall prevention, patient environmental control, low noise/stress, family support, and uniformity in working environment.





By Nicola Twilley

I





Research is illuminating the neural patterns behind pain's infinite variety. Illustration by Anna Parini



On a foggy February morning in Oxford, England, I arrived at the John Radcliffe Hospital, a shiplike nineteen-seventies complex moored on a hill east of the city center, for the express purpose of being hurt. I had an appointment with a scientist named Irene Tracey, a brisk woman in her early

# HARNESSING DATA TO UNDERSTAND CARE WITHIN THE CULTURAL CONTEXT

Understanding people requires an understanding of culture. **Research** and **evidence** is best understood within **context** and a **blend of quantitative and qualitative data**.

### **QUALITATIVE INSIGHT**

QUANTITATIVE DATA TELLS YOU WHAT. QUALITATIVE DATA TELLS YOU WHY.







MAKING THE APPOINTMENT



IN TRANSIT



**ARRIVAL & CHECK IN** 



THE EXAM



**CHECK OUT** 

Do I need to come in?

Who should I see?

How much will it cost?

Anticipation and fear

Duplication of tasks

Hurry up and wait

Impersonal interactions

Lack of privacy

Loss of dignity

Out of my control

Low perceived value

Billing & payment issues

Lack of follow up



EMPOWERED



UN(ERTAIN











DIMINISHED



DISENFRAN(HISED

### DATA + ANALYSIS = EVIDENCE

### WHAT IS THE EVIDENCE TELLING US ABOUT THE FUTURE?

**B**+**H** | BOLD + human

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