Speaker 1

Hello, and welcome to another show that we have - Think Big Act Now. Today I am really, really happy to welcome to the stage Stephen Hakan from O'Dell and my cohost today as always Richard from HCI, Richard, first and foremost, how are you doing, you alright?

Speaker 2

Very good. I'm pleased to say beautiful, beautiful week here. Looking good, keeping busy making things happen. So how about you?

Speaker 1

Excellent, it is stunning here and today we do have the one and only Steven Hakan from O'Dell and we are really, really grateful for his time. And he's going to give us the international flavor to some of the challenges that are facing health services and in the few that the NHS can learn from what's happening in mainland Europe as well. So with no further ado Steven Haken, how are you doing and welcome.

Speaker 3

Very well thankyou Douglas and thank you very much for this kind invitation Richard. I'm Steven Haken. I'm a director of Odell technology. We've been helping MedTech biotech and pharma with market access and reimbursement and government affairs for over 20 years. We're based in France and the UK.

Speaker 1

Wow, well, so certainly that France, the UK as well. So you, you all crossing the pond as it were. So what sort of challenges are you finding in mainland Europe, particularly around France in health and the pandemic in general? What sort of challenges have been brought to the surface?

Speaker 3

I'll talk about the continent of Europe. They were essentially organized through regions. So Spain has 17 autonomous regions, two autonomous cities, as you probably know, France has a territorial structure as does Italy. Germany of course has a state structure, that finance's health. And if you look at the pandemic, um, COVID has been asymmetrical in its devastation across all of these territories. So in the beginning, nobody really knew what to do and mistakes are being made. I think we learned from mistakes. So that's good. We're just progress. We don't look for blame. We just get on with it. I think that's an important thing to learn in life. There are numerous scenarios that played out in each country, but what has happened is that those people who were running territories, clinical commissioning groups in all of these countries that run various regions of Spain, France, Italy, Germany, the successful ones have been those people who've found quick digital solutions to overcome backlogs with waiting lists. Who've been able to shift populations away from hospitals and do things remotely. And they've been very quick in putting together meeting patients where they are in their home. They're the people who I feel have been the most successful over the past few months.

Speaker 1

The pandemic has an impetus to bring around digital solutions and yeah. Yeah. And leveraging that in a very positive regard to empower patients. So are you seeing that a lot of the barriers that were

traditionally there in terms of frameworks, you know, commissioning groups they're changing their way of behaving to enable some of these digital solutions to be brought in at pace?

Speaker 3

Yes. They're behaving positively towards digital evolution. They were looking at it as an experiment before, but they quickly realized that this opportunity for digitalization has enabled them to provide a better framework for patient movement. So I think that what I have seen in Spain, in perhaps half the territories, is a digital solution that has enabled patients to stay away from their tertiary care centers and operate through their general practitioners, their primary care centers. So, and then it's enabled the marriage of their primary care data and their tertiary care data to come together. And it's been able to do it quite inexpensively. And that's been a very successful move in France with the territories here. But if you look at what's happened, a number of digital solutions have also entered into outcome based contracts. They've entered into them on financial terms, on coverage of evidence terms with pharma. And the other thing I think that's important in answering your question is there's been a lot of interesting stuff going on with pharma and digital health.

Speaker 2

You talked there about outcome based models. What are you seeing then?

Speaker 3

So with performance-based outcomes, reimbursement in the pharma world what's happening is that the outcomes are being measured in the community. So there's a couple of examples with a new chemotherapy that's happening for breast cancer. You'll see it in the United Kingdom. There's a various as there's chemotherapy that can be done at home for a type of breast cancer. So, the nurse arrives or the administrator arrives, it could be a pharmacy technician as well in some countries, arrives at someone's home. It's a dose delivery system that they use. So there's also with the dose delivery system, there's a reporting module associated with it. And the particular pharmaceutical company who's associated with that are recording outcome measures. So there's a, if you like its a complex registry, now, all of that registry data is shared not only with the pharmaceutical company and with the medicines agency in that country, but it's also shared with the general practitioner. It's also shared with a health economics unit. And it's also being shared by a group of researchers who are associated with outcomes based evidence. So if the outcome of that patient is positive, then there is a fee associated with that for the farmer benefits. So yeah, they're actually investing in their own evidence is what they're doing.

Speaker 2

Wow. Are you seeing that in digital?

Speaker 3

Yes, so you need a digital solution to manage. So you're needing a conduit if you like. Yeah. And that's, what's always the biggest problem I think we've had for years is we've always asked people to meet us at our place. It doesn't work anymore. We want to meet people inside their home is. That's where they live. That's where their health is, their family, the people they love, the things that they enjoy doing, that's where their health is. And so we've actually got to make them in that environment in order to have a profound effect. So, the digital solution is something that's the lift with the patient. So he, she can report back accurately on a daily basis or by hour.

Speaker 1

Excellent. And we're definitely seeing over here in the UK as well, there's big rise of outcome based measures that can only truly be achieved with digital solutions because not only do you have the free flow of data and across different systems, you cannot do that on any paper-based systems. Scan uploading is redundant. And again, using the pandemic to drive through a solution that enables the digitization of health information, then you can start placing outcomes.

Speaker 3

Absolutely, and outcomes are probably what health care systems are very interested in. I mean, for a long time, in some countries for a long time, in some countries, your postcode was more important than your genetic code. You know, and that's true in, I won't say which countries, but it is profoundly true and a digital platform helps us overcome some of those issues. It also helps us overcome the management of chronic diseases as well. So there have been a number of successful installations I can talk about in Germany and in France that have received reimbursement. So they're getting paid for per procedure, and per encounter very successfully through a reimbursement model that the company and the payer and the territory have organized collectively.

Speaker 2

But that means that the reimbursement model is reinforcing the right behaviors.

Speaker 3

So the first behaviors, because in the past some countries have had quite perverse reimbursement systems. So there are examples in every country. So in some examples in the United Kingdom and elsewhere, a hospital was rewarded financially for a patient visit into the hospital. So you think about the footprint associated with that and the traffic and the miles, and you think, well, this is not the right thing to do for the patient, nor is it really the right thing to do for anybody. So now the reimbursement is to keep people away. So the big integrated care systems that we're developing in the United Kingdom, were the old strategic health authorities, I think in effect, the old HSHS worked.

Speaker 2

In a practical sense, some people may say, yeah, but we we've got staff shortages globally. You know, there's a shortage of health workers. So if we're going to have them fragmented and disparate all around traveling to people's homes that makes them less efficient. We don't have enough staff when patients are coming to us. How are people coping with that sort of conundrum that tension? Should we say between the two demands?

Speaker 3

In answer to staff shortages? Um, I suppose the formulation of a problem is more essential than the solution often. So you've really got to frame the problem correctly, and you really got to analyze what the problem is. Is it really staff shortages, or is it the way we're using our staff currently? Are we using nurses too? Should we, I mean, nurses to me are an underutilized resource and we don't pay enough respect to nurses. I think it's a vocation with a pastoral content that has been undervalued for years. And I think a lot of these good people should receive extra, additional training, and should, and be

recompensed for it. I even think we're not recompensing surgeons and other physicians and GPS sufficiently for the time and energy that they put into their profession.

Speaker 2

Yeah. But there's a view isn't that something like 40 to 50% of consultants' time is on admin.

Speaker 3

It is. Um, and it doesn't make, it makes no sense, does it?

Speaker 2

And people not working at the top of their license, I know with CONNECTPlus, one of the things is, its about releasing people to operate at the top of their license. That's what, and we've got to find ways to do that.

Speaker 3

I would agree with you. I think one of the greatest problems in, in all our lives is, um, I think for me or my discoveries over ever healthcare systems, the greatest problem of in life in healthcare is, is if not in fact the greatest in anything, is that of learning the art of harmonization and negotiation with other people?

Speaker 2

Yes.

Speaker 3

Its really the greatest problem in the world, I think.

Speaker 1

And also utilising the ONTAP resource being the patient to populate some of the information that the physicians, the nurses would require to facilitate care. So it's about productivity, real efficiency, which I do like. So just to talk to you about some of the risk management, when you got transformation, digital transformation at pace, we cannot have this conversation without exploring the risks involved between the trust, bringing in the technology and the patient, the recipient of the care delivered, as well as the technology company in developing these solutions. How is this being managed in your eyes?

Speaker 3

Decision, support tools are probably paramount. I think that medicine or medical management of people is, is still back in the pre Einstein world in the way we do things. I really do. I think we're still in the pre Einstein world that, I mean, engineering, chemistry, physics, the space industry construction is all post Einstein world. I think what we probably have to look at is creating and implementing decision support tools to help us as, everybody else uses them around the world in decision-making. And I think that that's implemented in a decision support model for patients. Now, it's not being prescriptive, it's being suggestive, but in terms of risk management, there's a very good structure inside the national health service in the UK for managing digital for managing digital risk. And there are people who are profoundly involved in that. And I think the system works quite well in the UK and in some other countries, but if

they, to mitigate risk, it's all about, for me, looking at the fragile working stream that you've got and better engaging with your audience and doing it in a safe and effective environment.

Speaker 2

There's another risk bit in here as well for me, which is about the risk of adopting new technologies and trying to find out what does and doesn't work and trying to move quickly through. You used the word quick three times in the opening minute, but that's hard in many of our organizations across Europe. What, what's the role of pilots do you want, but what are you seeing working in the world of pilots?

Speaker 3

Where we've been successful with digital platforms. And I thank you for this is we've been able to win when we've sat down with a territory or an ICS, if you like, or a state in Germany, we've actually negotiated a contract where we have said, right, we will run this system parallel to your patient information system. So there's no integration issues. We run it in parallel. If we can meet these particular hallmarks within this timeframe, you've allocated, the T's and C's on this contract, mean that you'll have to acquire the system and that's been the most effective way of doing it. We've actually said because so many, I won't say trusts, so many hospitals and community services organizations are dependent on pilots going for three or four years. And then at the end of it, the manufacturer says, well, we can't support this anymore, there's no return for us. You know, and a commercial model depends on our return on investment. It makes sense in our world currently. So I think what you have to do when you sit down with large ICSs, when you sit down with the top of the tree, when you sit down with the people who are making the decisions, writing the checks, the chief financial officer, the chief executive officer, the medical director, and the board, you put together a set of T's and C's terms and conditions that stipulates that these are the hallmarks of outcomes. This is the expected process or the due process that we're doing. This is the governance model. And from all of that, we're going to have an outcome that will mean you'll either procure the system or you won't. So the risk is mitigated and the manufacturer has to invest in the process.

Speaker 1

Now that's a very good approach, indeed. And I guess the challenge is articulating that heavy lifting at the beginning because you get to a point where, when do you burn your ships?

Speaker 3

That's a good analogy I like that a lot. That's very good, but it's true. It is knowing when to burn your ships. And I think there's, it's just about getting the right people at the right point and the right time at the right place. And I think you've really got to start from the top down. And you've got to make the CEO meet the clinician and not this whole thing out. And plan this whole process, this whole process dovetailing in all the various forms of management that you have to along the way. But if there's a proper contractual arrangement, honestly it works every time it's worked down here and on the continent time and time again.

Speaker 1

So if there's one take home to enable clinicians, people working in NHS, and software providers to Think Big Act Now, what would be your message going out there? Like what could they do immediately to kickstart change?

Speaker 3

I think they're doing it. I think there's some fabulous people in the national health service. I've seen that all my life. I think that that for me, for a long time, the issue has always been that it's very difficult to access the C-suite in the national health service, and to access it effectively because they are distracted with so many issues and that's not their doing for me, the secret to success is to do the common thing, but uncommonly well, and what I mean by that is simply if you're going to go to a CEO or the CFO on a board, you have to have all of your ducks in a line. You have to have a group of Spartans inside that facility who are going to be 100% behind you. So you've got to get rid of the time-wasters. You've got to filter all of those people out. I mean, it's, it's human nature. It's just what happens. Get rid of ashtrays on motorbikes.

Speaker 1

I liked that a lot because they do say that, particularly in the health services now we've seen it in large organizations. That power is no longer residing at the top of hierarchical structures. These loosely connected groups, there are common interests that you need to engage, as you said, spartonize them or weaponize them to support your initiative. Um, any ideas of how we can ensure that they, they're not only engaged, but I able to follow through on the whole transformation journey?

Speaker 3

It's political. I think in, in the first step it's a way of, you've got a stakeholder map, a site quite accurately, and you actually have to go in and do the old fashioned thing of talking to people. And you have to talk to a number of clinicians and a number of middle management and senior management and assess their, their insight into the problem because there's a lot of ignorance. There's a lot of intelligence invested in ignorance. There really is. There's a lot of good intelligence inside of hospitals, but it's invested in fixed false beliefs. So what you've actually got to do is find people who can actually have the capacity to hold two opposing ideas in their head and argue it out and not be biased. So that's what you have to find. It's a type of person or a personality. And once you've got those personalities in a line, they'll come from different walks of life, they will be different shapes and sizes, but they're there in that trust. There's intelligent life. There was a lot of very good, intelligent life in the NHS. So it's lines led by other people.

Speaker 1

Excellent. So we can go and seek out these sick individuals or groups to help drive forward your transformation. Excellent.

Speaker 2

Douglas, we're going to have to call a halt, we’re at 20 minutes plus already.

Speaker 1

Really? More like 20 seconds. We just burnt our ships and we've got the Trojans running a muck on the, on the Sandy beaches. Okay. I get that. I get that. Stephen, every time I touch base with you I love the analogies. You know, I was up all night thinking, okay, well, what can I say?

Speaker 3

Well, I love the ships. I love it.

Speaker 2

That was a good one.

Speaker 1

But yeah, it's very insightful. Um, and the value that you're bringing to health is phenomenal. So keep up the good work, keep up the good work, Richard, as always, you know, we do this together. We always have these great conversations. So, truly inspiring being in your company. So we'll catch you on the other side. Thank you, gentlemen. Bye-bye.