



*Nurse Practitioners  
New Zealand*



# Remaking Health Care

## Nurse Practitioners and Health Insurance

**Geoff Annals**

Health Funds NZ Chair

Chief Executive Accuro Health Insurance

Nurse

# **Presentation plan**

**Health insurance business**

**Health care or health business**

**History of everything**

**Philosophy**

**Remaking health care**

# Health Insurance Yesterday

**Set up by doctors for doctors**

**1961 Southern Cross Medical Care Society**

- 1979 Unimed
- 1987 NILH/Tower/nib
- 1989 Sovereign/AIA
- 1994 Police Health Plan
- 2001 Accuro
- 2011 Partners Life

**Group Health Insurance**

# Health Insurance Today

**Model largely unchanged**

## **Price/value challenge**

- Restrictions on cover
- Financial caps on payments
- Service provider contracting
- Innovation

## **Business Health**

- Insurer exits
- Diminishing coverage

## **Recreating health care**

# Health Insurance Needs

- 1. Risk - relatively predictable uncertainty of need**
- 2. Relatively predictable cost**

**Health insurers need to understand how health care works and to anticipate change**

# Drivers of Change

**Health care cost inflation**

**Personalisation of diagnosis and treatment**

**IT enabled clinical decision making**

**IT enabled consumer access to health  
knowledge and treatment**

# Health Insurance Business Impact

**Health risk eliminated**                      nothing to insure

**Status Quo**                                      nobody to insure

**Paradigm shift**                                healthy care

**Status quo is maintained by**

- Consumers                      *doctor knows best*
- Payers                            *doctor knows all*
- Providers                        *doctor is all*

# **Business and Health Care**

## **Darkness and Light**

**Health has higher social value and moral authority than the market**

**Health care is not and cannot be delivered through the marketplace**

**Health care is mission not business**









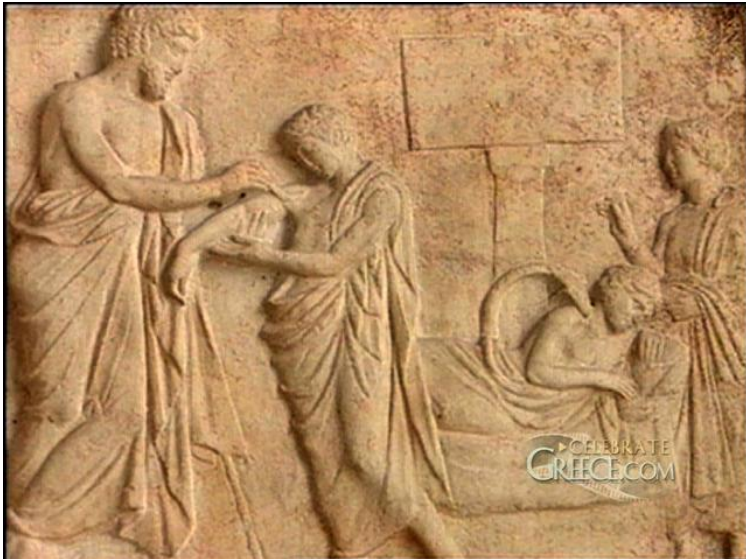


# History of Medicine

Ancient World

Philosophy

**Consumer consulted medic and received advice and treatment**



**1900 – 2000**

**Science**

**Consumer consulted medic and  
received advice and treatment.**

**Often referred on to another medic  
for specialist advice and treatment.**



## 2000 – 2020 Technology

**Consumer consults medic and receives advice and treatment including technology reliant treatment.**

**Referral for specialist advice treatment and technology reducing.**



# History of Medical Trading

## Ancients

**Medic as Trader**



## Last Century

**Market Adviser and Market Keeper**



## Today

**Market Adviser, Market Keeper and  
Market Player**

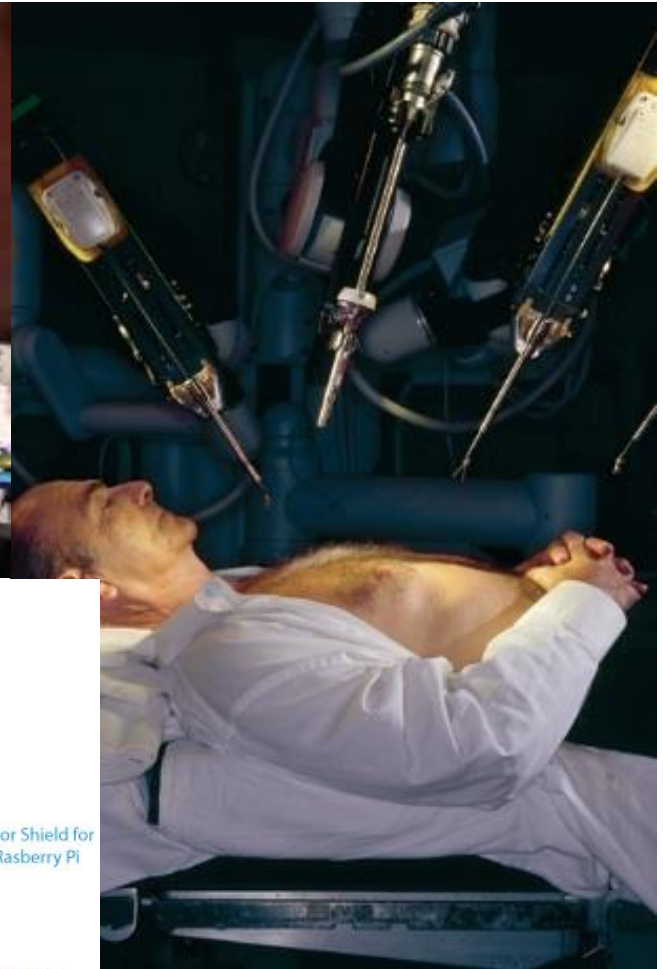
*Patient dependent on Expert*

## Tomorrow?



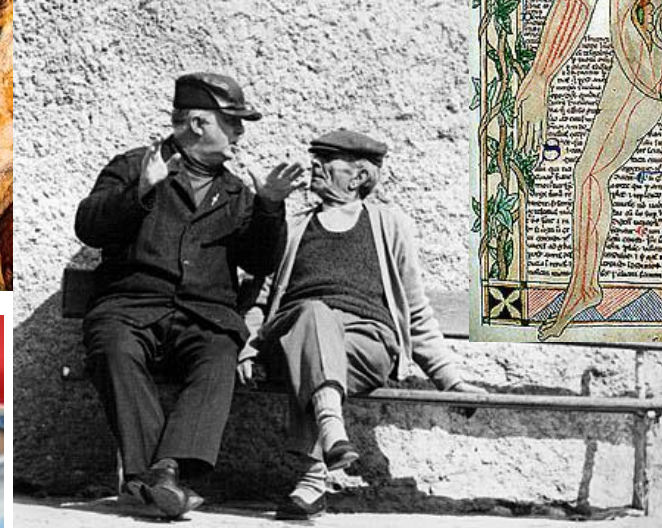
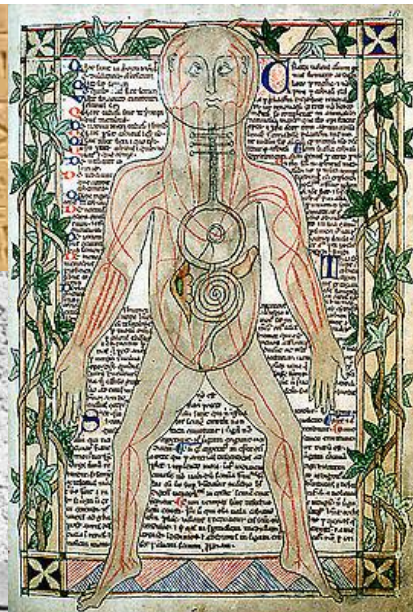
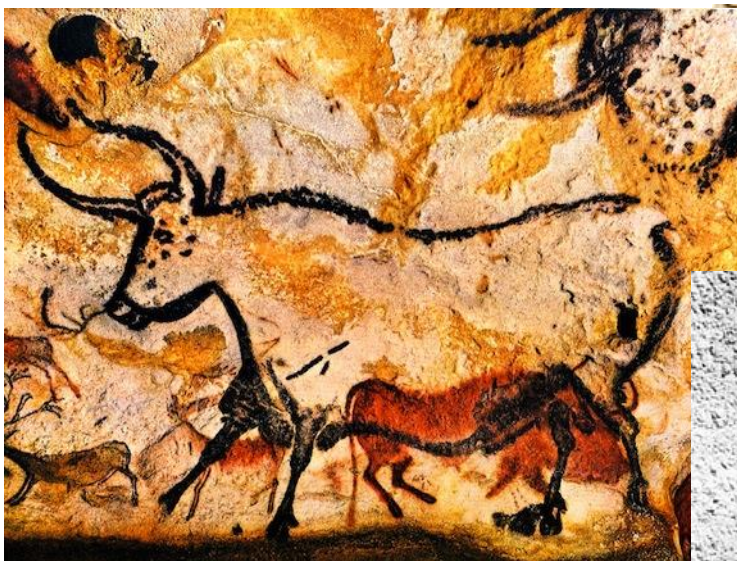


# What if consumers had direct access to suppliers?



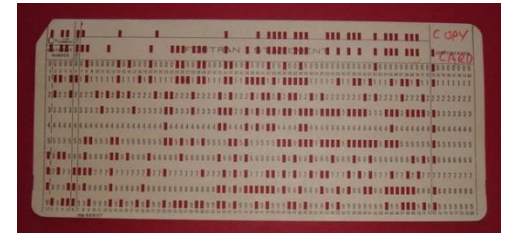
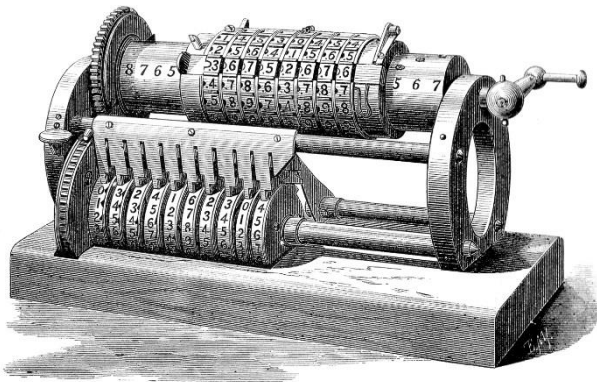
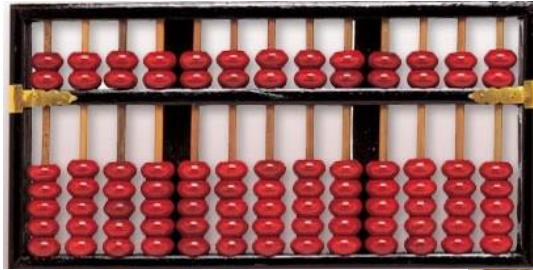


# History of Knowledge Transfer





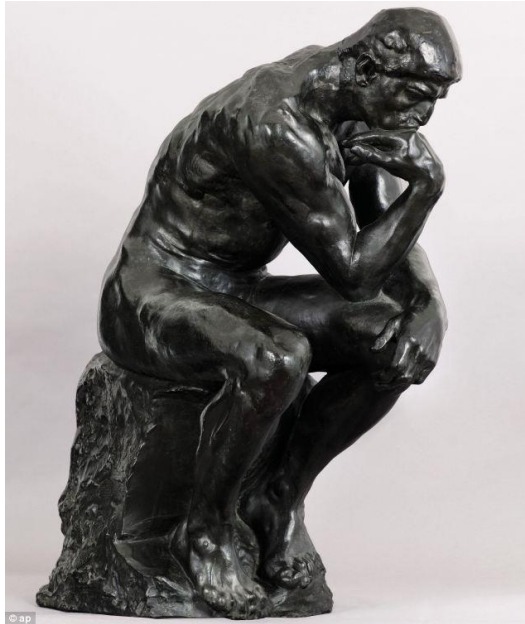
# History of Computing



# Personal Computing

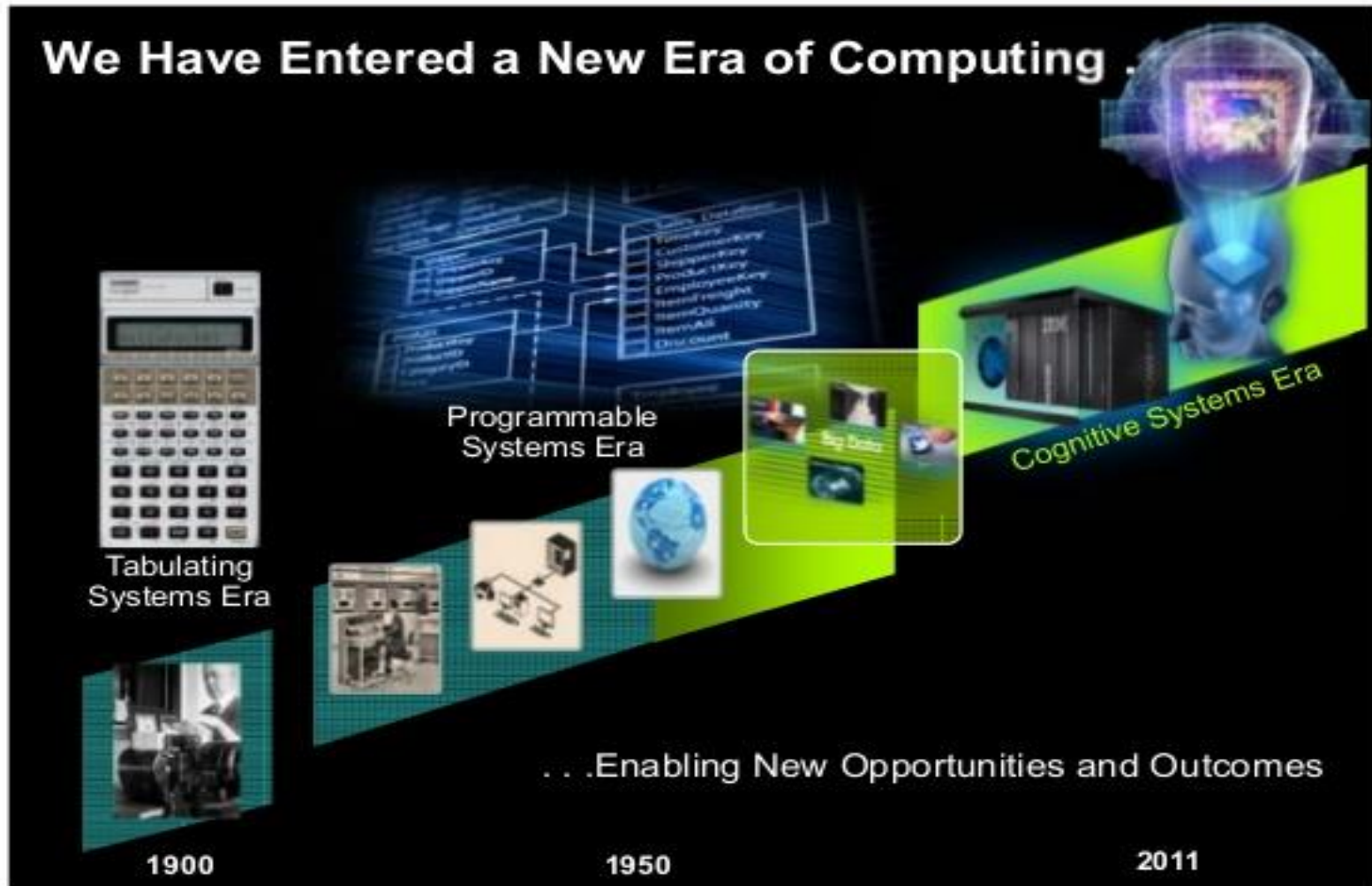


# What if computers could think?





# Cognitive Computing

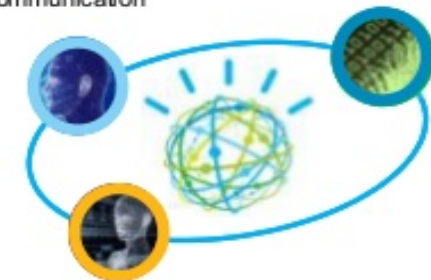


# IBM Watson

Watson combines transformational capabilities to deliver a new world experience using cognitive computing

1 Understands natural language and human style communication

2 Generates and evaluates evidence-based hypothesis



3 Adapts and learns from training, interaction, and outcomes

Watson:

- Understands me
- Engages me
- Learns and improves over time
- Helps me discover
- Establishes trust
- Has endless capacity for insight
- Operates in a timely fashion

# Managing the knowledge and technology to treat cancer



Watson Decision Advisor helping oncologists treat cancer

Attacking the cause of  
1/4 of deaths



**Business problem:**

Need better individualized cancer treatment plans

WellPoint's Interactive Care  
Insights for Oncology  
powered by IBM Watson



**Solution:**

- Evidence-based suggestions to inform oncologists' decisions
- Analyzes patient data against massive volumes of medical literature
- Evolves with the fast-changing field

[illegible]

# Growth of Health Knowledge and Technology

## Ancient World

**One person could know everything**

## Last Century

**One person could know about everything**

## Today

**One person can never know enough**



# The Medical Record

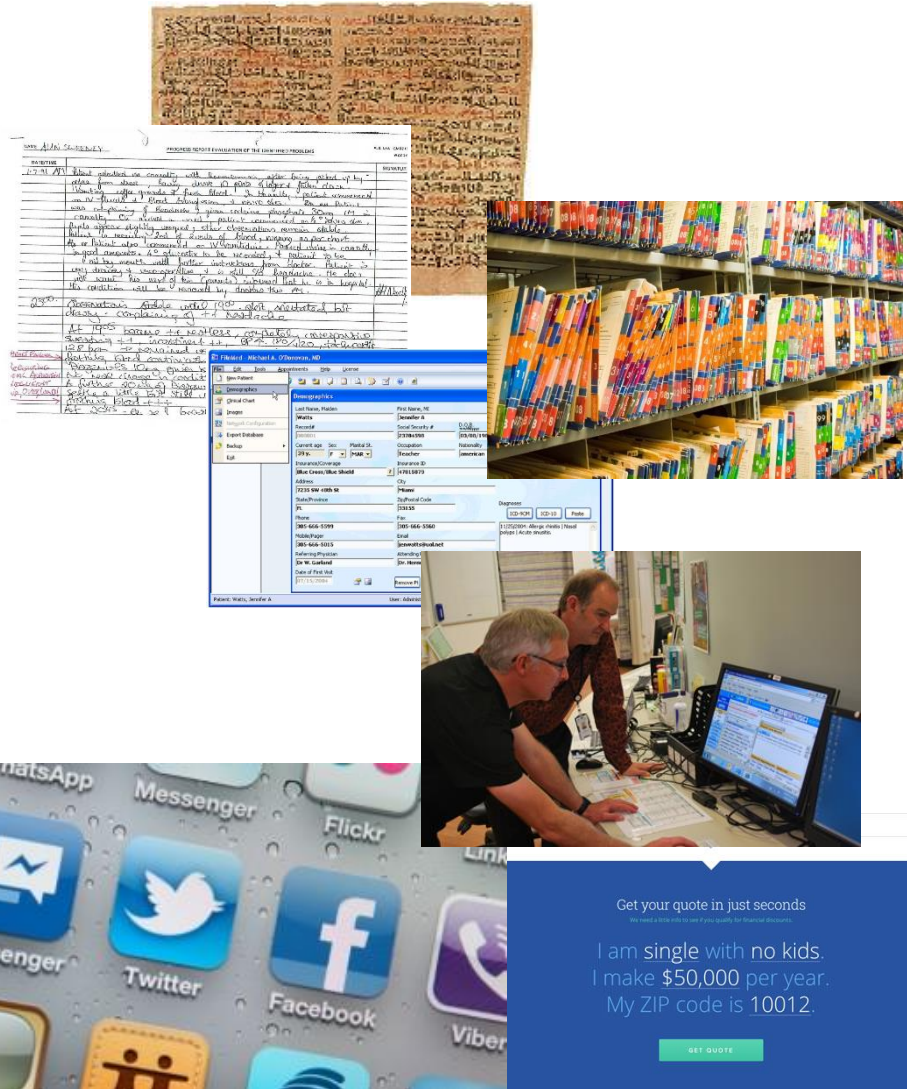
Notes and diaries

Department notes

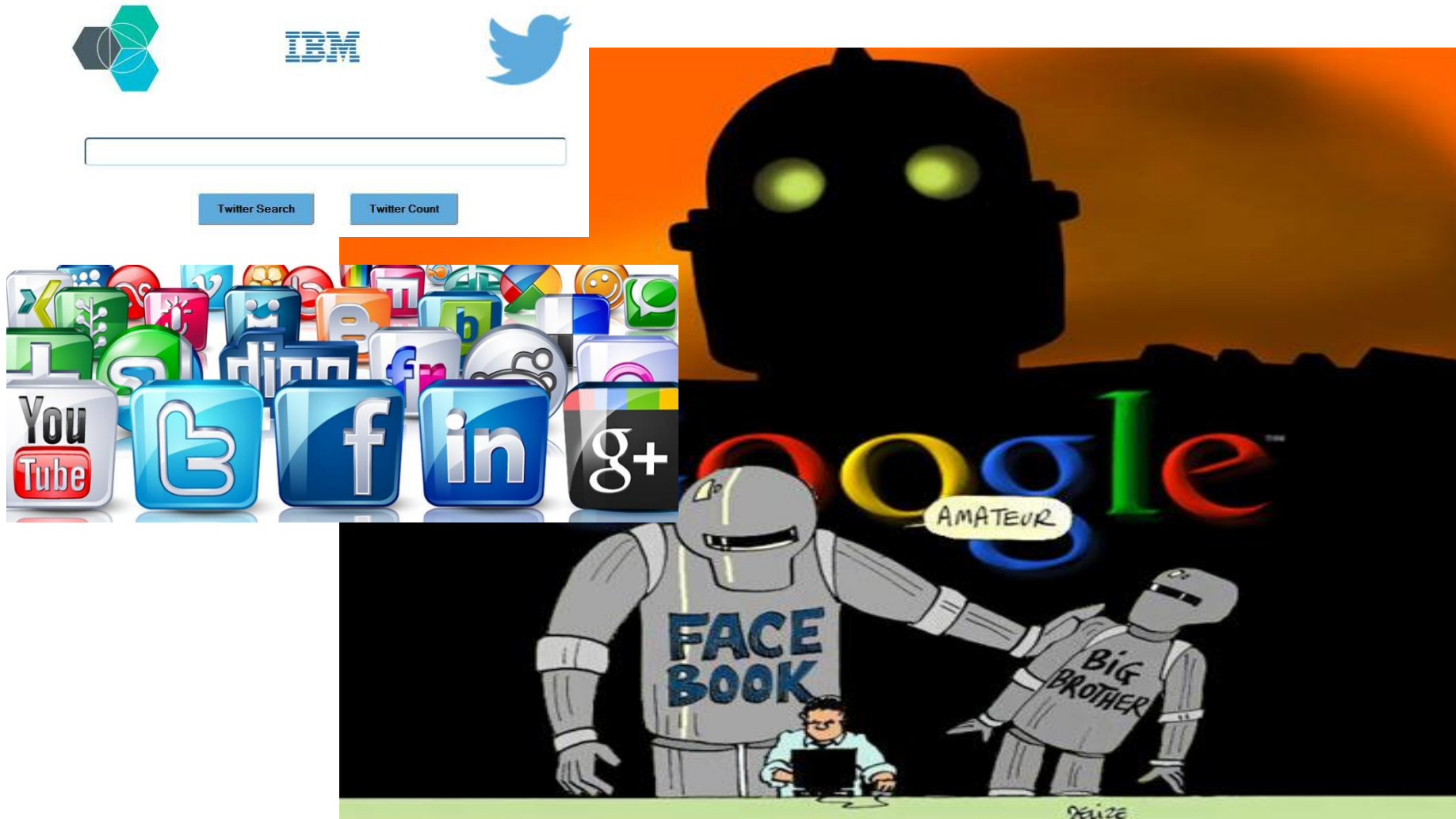
National health record

Informal health record

Owned health record



# The Informal Medical Record





and diaries

Twitter Search

Twitter Count

Department



David Mitchell   
@david\_mitchell



Following

F\*\*\*\*, asthma flaring up and i forgot my  
f\*\*\*n ventolin

 Reply  Retweet  Favorite  Storify  More

RETWEETS  
113

FAVORITES  
102



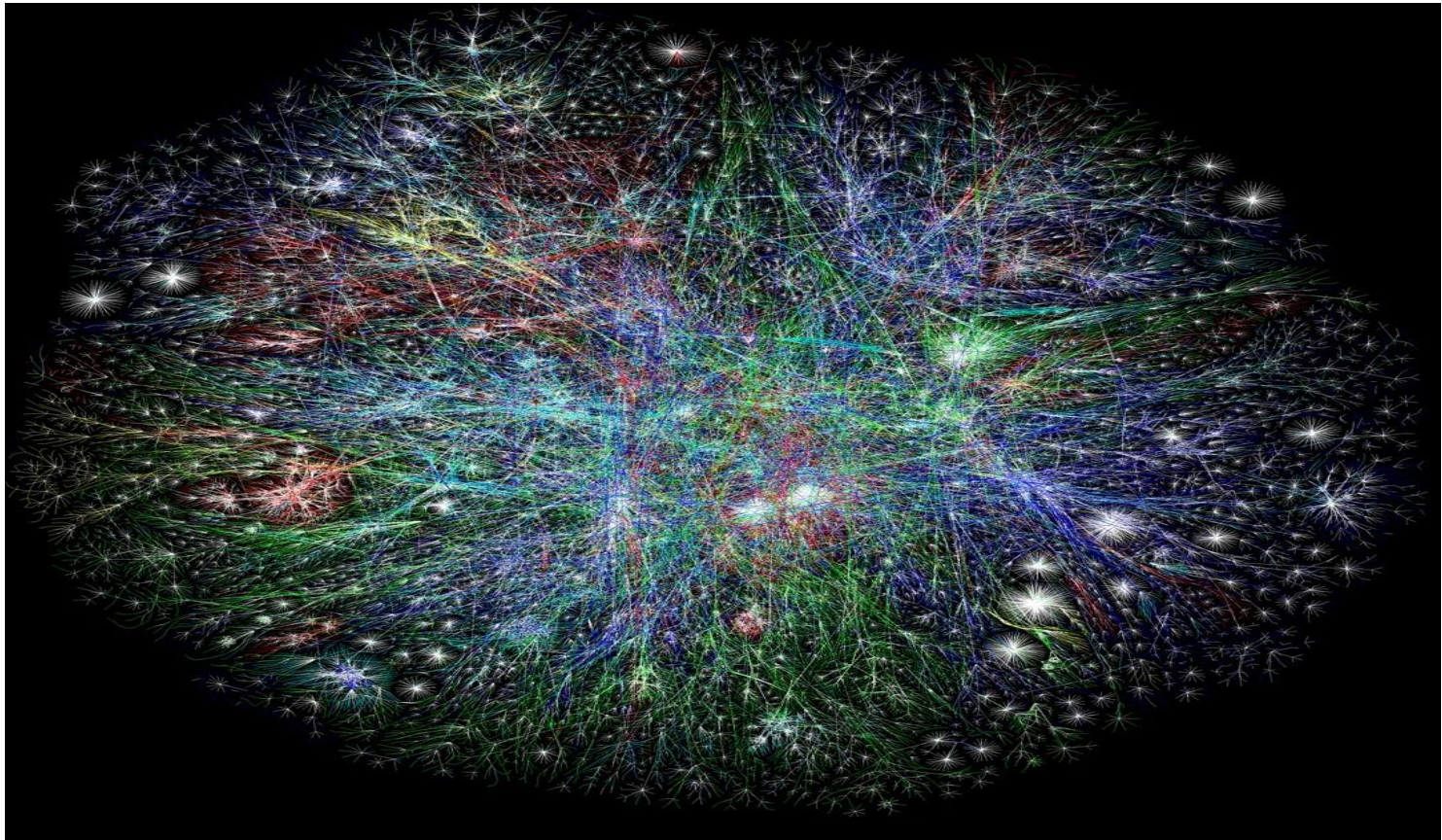
1:00 AM - 14 Jul 2014

	Tweets
1.	Foldin the biggest pile of clothes EVER!!
2.	Let's cruise on today (@ House of Ambrose) <a href="http://4sq.com/m1F3R5">http://4sq.com/m1F3R5</a>
3.	#Portland It's chocolate peanut butter!
4.	Let's Go Red Sox!!!
5.	Another sunny day in California!

Table 1. Example tweets in our dataset



**Interconnectivity enables  
more complete management  
of personal information**



# Consumers don't have direct access to suppliers. . . YET

Access to health knowledge is the tradeable service in the health marketplace

Easy access to:

- Health knowledge
- Personal health information
- Expert displaced as market keeper



# The Next Level of Person-centred Care

## **Consumer in charge of:**

- Their own personal information
- Access to health knowledge
- Choice of treatment
- Who can access their complete health record

Philosophy

Nursing

Philosophy

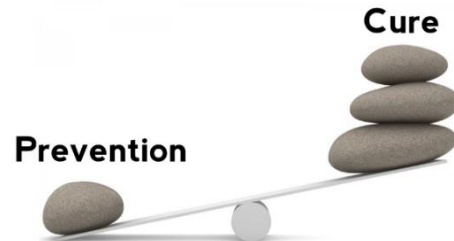


*The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible.*

Virginia Henderson



# Philosophy Virginia Henderson



Prevention versus cure

With the patient versus to the patient

Human need versus disease classification



## 3: Disease code mapping

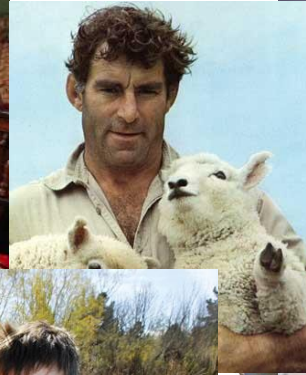
ICD-9-CM code	Code title	ICD-10-AM code		Major Diagnostic Category (MDC) for logical map
		Historical map	Logical map	
003.21	Salmonella meningitis	A02.2†	G01*	01 Nervous
003.22	Salmonella pneumonia	A02.2†	J17.0*	04 Respiratory
003.23	Salmonella arthritis	A02.2†	M01.39*	08 Musculoskeletal
003.29	Other salmonella infection	A02.2†	A02.2†	18 Infectious

NE: The MDC for the logical map must correspond with the MDC for the original ICD-9-CM code.

† Aetiology \* Manifestation



# Philosophy    People and human needs



Attendances

Discharges

Clinics

Departments

Hospitals



# Being Nursing

With the patient **NOT** to the patient

What Matters to the Person **NOT** what is the matter with the patient



Nursing focuses  
on what matters  
to the person,  
to their whānau  
and  
to their community

# Remaking Health Care *from* Expert and Patient *to* Health Care Partnership

## Ancients

Medic as Trader



## Last Century

Medic as Market Adviser and  
Market Keeper



## Today

Medic as Market Adviser,  
Market Keeper and Market Player

## Tomorrow

Medic as Healthy Care Partner





# Nurse Practitioners Tomorrow

**Today**

**Nurse Practitioner  
as Trader**



**Tomorrow**

**Nurse Practitioner as Healthy Care Leader**



# Health Insurance Tomorrow

**Set up by consumers for consumers**

**Managing health care access risk**

**Health care partnership model**

# Leading Change towards Healthy Care

Healthy care requires that people have access to information and options that will deliver the health outcomes that matter to them

## **Status quo is maintained by**

- Consumers *medicine knows best*
- Funders *medicine knows all*
- Providers *medicine is all*

**The leaders for change will be consumers, payers and providers**

# Remaking Health Care

## Nurse Practitioners and Health Insurance



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The question is not when this  
will happen but how

