



Socio-demographic Change

Care will continue to take an ever larger share of GDP as obesity, chronic disease, aging populations and health disparities increase ... will require a greater proof of value

Workforce Shortages

18m shortfall in global workforce by 2030 - requires a strategic approach to workforce planning



Patient and User Experience

Conversion to multimodal care across a variety of platforms... will require reframing of healthcare challenges as end-to-end user experience problems

Climate Change

... will require us to build a culture of sustainability

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Demographic and Socioeconomic Forces



Population growth

- 9% increase (400K)
- First time >5m since 1851
- Further increase ~500,000 expected by 2035

Population ageing

- 35% increase age ≥65 years
 - vs 16% across Europe
- Increasing demand for home & residential care
- Dependency ratio set to change dramatically

Chronic Disease & Multimorbidity

- Challenge = Need to increase healthy life expectancy
- ▶ 1m people- Diabetes, Asthma, COPD or CVD
- ► TILDA 74% people ≥58 live with co-morbidity
- Demand for therapy services set to increase by ~2/3s

Existing models of care are not sustainable

Workforce



12%

HSE employees likely to retire within 5 years

Turnover increasing

2021: 7.7%

Medical and Dental: 9.4%

3,000

shortfall home care workers

900

consultant posts vacant or filled on temporary basis

600

GPs to retire ≤5 years – just 1 in 5 practices can take new GMS pts

By 2030

18m global shortfall 2030 US shortfall of 134,000 doctors by 2034 Europe projected need for 18.2m HCWs (8.6m today) Acute Sector 2% p/a growth to 2035 - +32% versus 2019

Sláintecare Requirement for additional 7,000 community-based staff

NDTP: 42% increase consultants over next 5 years

Capacity review 40% increase in demand for practice nurse appointments

Single biggest issue facing health services in Ireland and globally





Health sector is responsible for

5% of all global emissions

>double

the emissions of the aviation sector

Typical hospital >3 times energy use of a commercial building of similar size

7 hours of anaesthesia with desflurane emits as much as a return car journey from Dublin to New Delhi In England, health and social care services generate 5% of all

road traffic

NHS England – First health service to commit to

net zero by 2045

Quick wins are possible

A recent analysis by EY of 33 hospitals in Switzerland found that around half of the hospitals could **double** their environmental efficiency **without reducing their output**

The rise of the citizen first operating model



Patient **expectations** higher than ever

User experience will increasingly drive models of care and innovation

Conversation will need to move from one focused on technology to one **focused on people**

Winning characteristics	Amazon	AirBnB	Netflix	Uber
Convenience	Easy ordering, cost-competitive, rapid delivery	Single interface for all activities	Easy selection/can view on any device	Simple mobile booking and payment
Seamless trading exchange				Anytime, anywhere access
Predictive and personalised				Recommendations to improve travel time
High consumer choice	Buying options (used versus new)	Wide range of accommodations	Vast and expanding content library	Tiered options based on cost and service
Transparency	Responsive, accountable customer service	Customised interactions between parties	Flat-rate subscription model	Real-time tracking of mobility options

Health systems will increasingly have to think about the challenges they face as end-to-end user experience problems

The Digital Revolution



We are on the cusp of the fifth great wave of public health advancement



New technologies will increasingly influence the creation of entirely new models of care

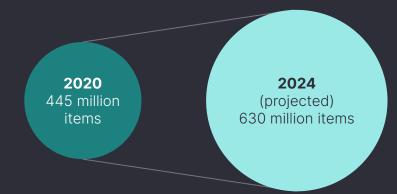




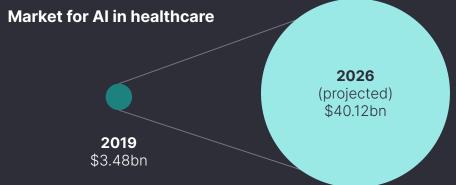
FDA Approved Artificial Intelligence and Machine Learning (AI/ML)-Enabled Medical Devices



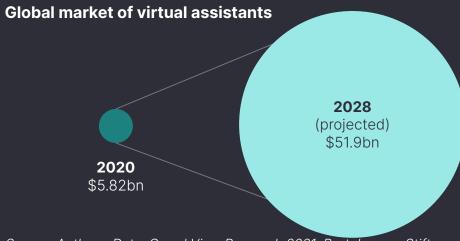
Global sales of wearables



Source: Authors. Data: IDC 2020, IDC 2021, Bertelsmann Stiftung



Source: Authors. Data: Medgadget, Bertelsmann Stiftung



Source: Authors. Data: Grand View Research 2021, Bertelsmann Stiftung

A digital health decade in Europe



By 2025,

European Health Data Space established

By 2030,

100%

of citizens should have secure access to their medical records

Easy

to use eID services

Simple

Common consent form

Researchers and innovators should:

Have a

single access point

for secondary use of data.

This will require:

- All EU countries to have a central health data authority
- An EU-level entity for secondary use of health data





Population Based, Person Centred Approach

Use technology to:

- Tackle disparities in wellbeing, access and outcomes
- Move away from once-off, transactional, condition-specific approaches to care
- Increase focus on prevention stop or delay progression to avoidable complexity, frailty or disability



Ethics by Design

- Blurring of the lines
- Ethical and privacy challenges; Consent, Autonomy, Fairness
- Prevent issues from arising in the first place



Risk and Patient Safety

- Inextricably linked to digital transformation
- Regulatory safeguards
- Standards
- Guidance and training



Digital Skills

Risk of digital divide

1 in 2

adults lack basic digital skills 1 in 10

adults have never used the internet

Digital transformation needs to be clinically led

Majority of workforce are

self-taught

in using digital technologies

Up to 70%

of health professionals report **not** using digital solutions due to gaps in knowledge and data skills





All HCPs involved in care should have access to their digital record



health information should be used to improve the quality of care



health information should be used to plan services

PERSIS

Infostructure with interoperability by default

- Health systems will have to change to revolve around the individual – public and workforce
- Individuals entitled to access their own data and to have a say over how their data is being used
- Seamless flow of data within and between systems
- Enable 'bottom up' innovation and 'top down' standardisation of approach



Can health technologies deliver greater efficiency?

Yes

Can they make healthcare more affordable?

Yes

Can they make healthcare systems more resilient?

Yes

Will they come cheap?

No

We will need to

spend to

save

PERSIS

Spend, scale and sustain

- Need to invest in foundation stones of our digital architecture
- Align with strategic priorities
- Long term commitment
- Implement what is right for the lrish health system



All about people

Prepare for uncertainty

Honest

- no panacea

PERSIS

Trust at the core

Ensure

value

assessment

Recognise

limitations

of technology

Promote all forms of

innovatio

n



Demographic and Socioeconomic forces

Care will continue to take an ever larger share of GDP as obesity, chronic disease, aging populations & health disparities increase ... will require a greater proof of value

Workforce Shortages

18m shortfall in global workforce by 2030 - requires a strategic approach to workforce planning, recruitment and retention

Data and Digital

On the cusp of the next great wave of public health advancement... will require modern, robust, secure data infrastructure & commitment to whole system

transformation



Patient and User Experience

Conversion to multimodal care across a variety of platforms... will require reframing of healthcare challenges as end-to-end user experience problems

Climate Change

... will require us to build a culture of sustainability

Leadership & Commitment

An opportunity to harness interdisciplinary, interagency & intersectoral collaboration seen over the past couple of years ... requires a shift in mindset

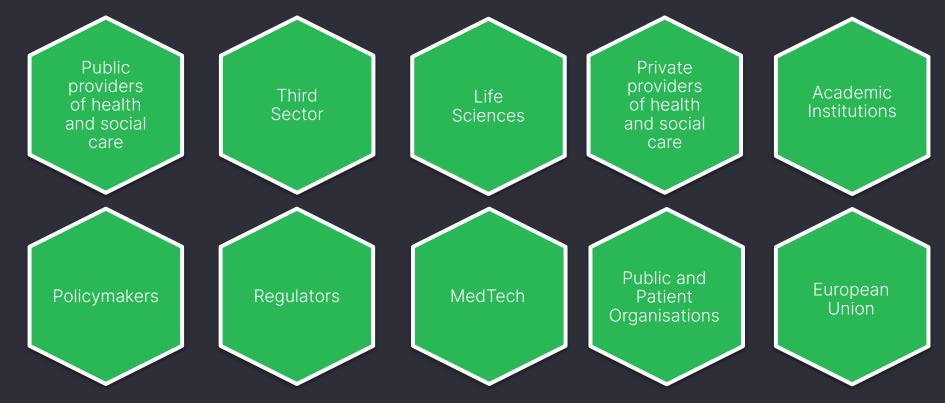
Leadership and Commitment



Many elements of healthcare will be delivered in ways that are fundamentally different from today

Successful digital transformation will amount to a health system-wide reorganisation

Shift to an ecosystem mindset, harness relationships and improve health for all



Thank you



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