



Dr Louise Schaper

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Q&A

with Dr Louise Schaper

Head of Health Informatics Society of Australia (HISA), Dr Louise Schaper, is determined to take health care into the digital age. Twenty years ago, as an Occupational Therapy student making home visits with a bootful of garbled handwritten patient file notes, Louise couldn't grasp why allied health wasn't using computers to manage patient information. Today, 20 years on, she's asking the same questions.

Q Hm: You have audacious plans – how do you believe you can fix the health space with digital technology?

A LS: Simple. Getting information into the hands of clinicians and patients to make informed decisions. Technology is the vehicle to enable that to happen, but healthcare is not doing it fast enough. Information is the lifeblood of healthcare and clinicians need accurate, easily accessible and useful information in order to do their jobs. At present that's not what's happening in many health services. The good news though is that change is afoot.

Q Hm: You never received a pay cheque as an Occupational Therapist, what happened?

Time and time again I couldn't believe that the information I needed wasn't available to make informed decisions during my training. Immediately on completion of my degree I was offered a three month research project in telehealth and soon after I began research into technology acceptance issues in allied health. A PhD ensued and a month after handing it in, I found myself applying for the CEO role at HISA. I think I would have been a good OT, but my skills are better placed working at a strategic level to transform healthcare. I've always felt a responsibility to do what I can to have a positive impact on a large scale, to help as many people as I can.

Q Hm: What is the most mind blowing data that keeps you motivated to the cause?

A LS: Preventable medical error is the third leading cause of death. We've always known it was high, but a 2016 study in the BMJ confirmed that in the US, 250K people die every year due to medical error. While the numbers wouldn't be that high in Australia, the trend would be very similar. Utilising technology to manage the information of healthcare won't completely eliminate those errors of course, but it will go a long way to addressing the issues. This is certainly one statistic that continues to drive my own career motivations.

Q Hm: What are your biggest frustrations at the moment?

A LS: Change doesn't happen fast enough. The research evidence and lessons learned are not being translated into change as quickly as they should be. We know that it takes around 18 years for a new medical procedure to become common practice.

Streptokinase (clot buster in heart attacks) took 18 years from the publication of the paper to 'normal' daily use. And it's not just the time delay in getting research into practice, we also have a problem in that widely practiced medical procedures may be useless or even cause harm. A study which examined 10 years of medical papers published in the New England Journal of Medicine found that 40 percent of articles concluded that medical practice was no better or even worse than no action/intervention and 20 percent were inconclusive.

When change doesn't happen fast enough, people die. That's my biggest frustration.

Q Hm: What will we look back on and think 'I can't believe we argued or were so concerned about that?'

A LS: It's a common misconception that giving patients access to their own healthcare information will not be good for patients, and could lead to anxiety, therefore medical professionals need to 'curate' the process. However, research shows that being able to access their own information improves engagement and reduces anxiety, and that the majority of people feel informed and empowered. It also enhances the relationship and communication between the clinician and the patient. It surprises me that despite this being well known and published, a paternalistic view still often prevails that we should 'protect' patients, rather than engage them with their information.

'OpenNotes' in the U.S started out as a research experiment giving patients full access to their healthcare records, not just a summary. Well, that experiment has turned into a movement, with 27.5 million people having full access to their clinical notes – and everyone loves it, the healthcare professionals and the patients. This is the way of the future and can't arrive soon enough!

Q Hm: What does the future of health look like in a digital context?

A LS: Firstly, there will likely be vastly different funding models. The status quo doesn't work for patients or clinicians and it certainly doesn't work for the national budget. It is unsustainable to continue with the status quo of healthcare funding, but the future doesn't mean less or poorer quality healthcare as a result. Eliminating the waste, the duplicate tests, the unnecessary procedures that don't provide any evidence of benefit will save the system millions.

Other changes I foresee – significant changes will be made to enable people to stay in their own homes for longer, and more money will be provided for prevention.

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New players will enter the market place. Technology companies will emerge and morph themselves into healthcare companies. Companies such as Google are priming for this. An example is that instead of just giving us search results when we look up symptoms for diabetes, Google could suggest we speak with a diabetes educator via video chat with a Google clinician, probably for free. We could see in the not too distant future where healthcare professionals are employed by tech companies, and while that could be great news for patients who could have 24/7 access to clinicians, and clinicians who could work from home providing online care, this would be a challenge for traditional healthcare providers who will face even more competition for staff.

There will also be a shift in power dynamics towards the patient. Developments around genomic sequencing, personalised healthcare and precision medicine will also radically change how we practice healthcare – it's going to be fascinating!

Q Hm: What main areas do healthcare providers need to open their minds to?

A LS: My best advice is not to have a closed mind about any opportunities to change healthcare for the better. Scepticism and applying critical (and clinical) reasoning are important skills healthcare providers have, which when applied to opportunities for change, enables healthcare providers to be leaders in the change process. Change leadership is important for all clinicians to ensure they are out in front of change, bringing others along for the journey and also ensuring that the problems we're trying to solve are paramount ie you should be sceptical of anyone who has a technology looking for a problem. Always start with the problem you're trying to solve to work out the best solutions for addressing it.

Q Hm: Where can the biggest gains be made in quality and safety and patient centred care?

A LS: To have medical error taken off the list of top 10 causes of death. It's not simple, but something worthwhile never is. The best way to reduce preventable errors is through access to accurate information. Not a single reader of Health Matters would not be motivated by improving quality of life and care.

Hm