

Architecting for the Future

- Building an Innovative Digital Health Enterprise in NS

eHealth Vancouver

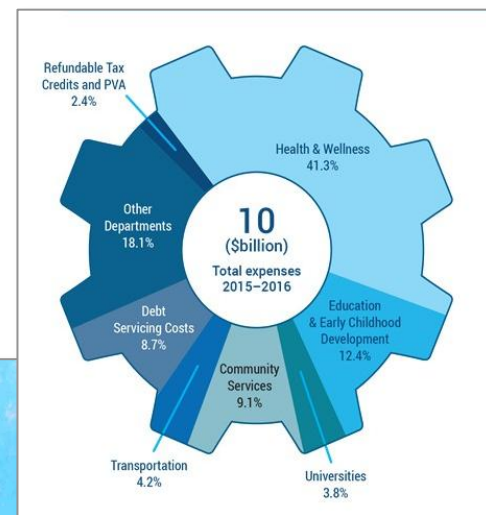
Tuesday June 7, 2016

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Manager Enterprise Architecture

To Build a Skyscraper

- Healthcare is the one of the largest and fastest growing industries in the world
- Healthcare in Nova Scotia is a multi-billion dollar business
- Information technology is the main enabler of innovation and efficiencies in health care
- Enterprise Architecture (EA) connects needs and goals of business with capabilities and possibilities of IT at the enterprise level
- “Health enterprise” refers to the whole health care sector



The Vision

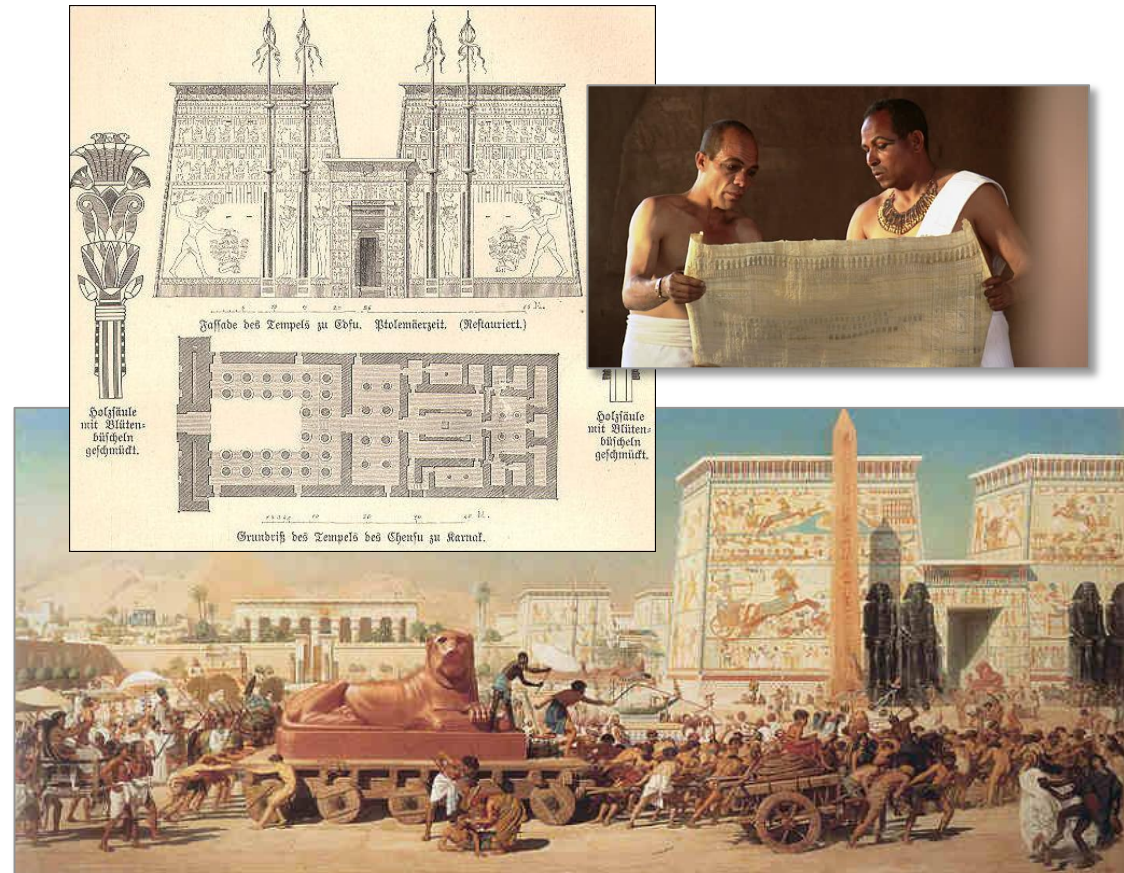
- An information-powered health care system in NS
- A health care system that puts patients first
- Streamlined and optimized administration
- Reinvesting in frontline health care

*Source: NS Deputy Minister of Health & Wellness
announcing the restructuring plan (March 2016)*

“Arche-tekton (gr.) = Chief Builder”

An Architect:

- Makes dreams and visions concrete
- Is involved in the whole lifecycle of a building
- Aligns goals and working parties
- Will be consulted frequently



“Form ever follows the function.”

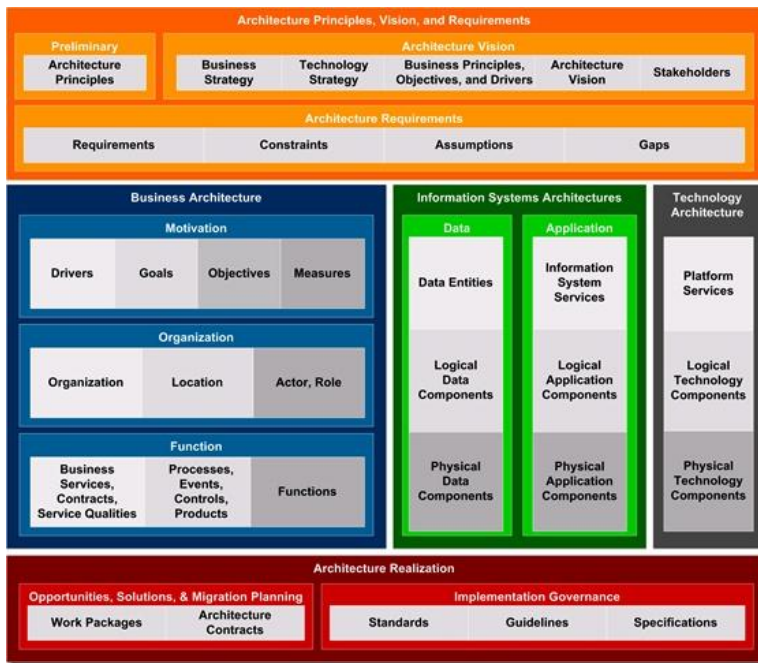
An American architect Louis Sullivan (1856-1924)

NOT Architecting is not an Option

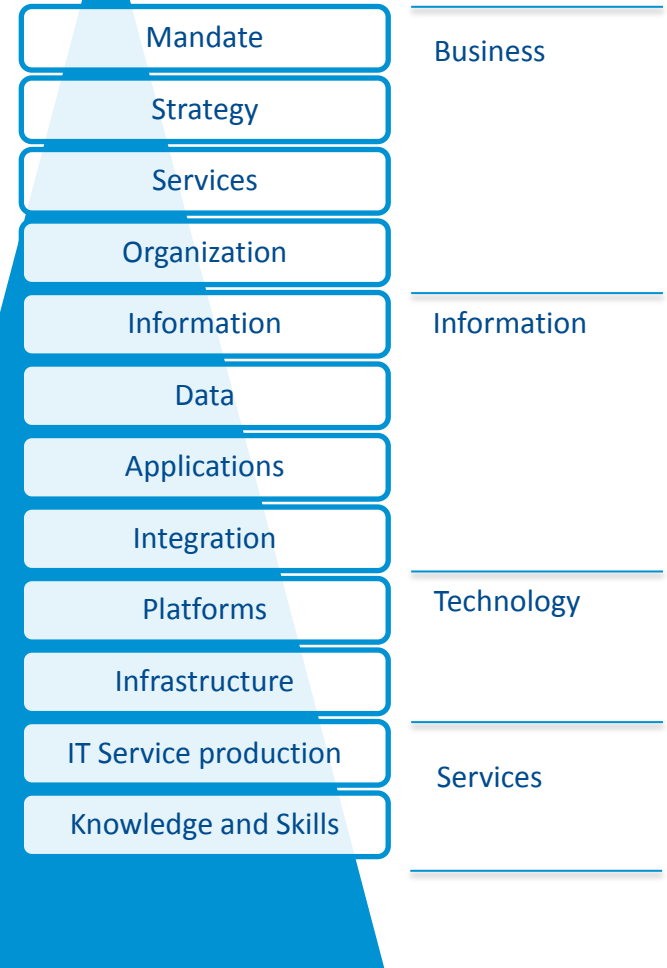


Creating a Relevant Health Care EA Framework

TOGAF* content metamodel

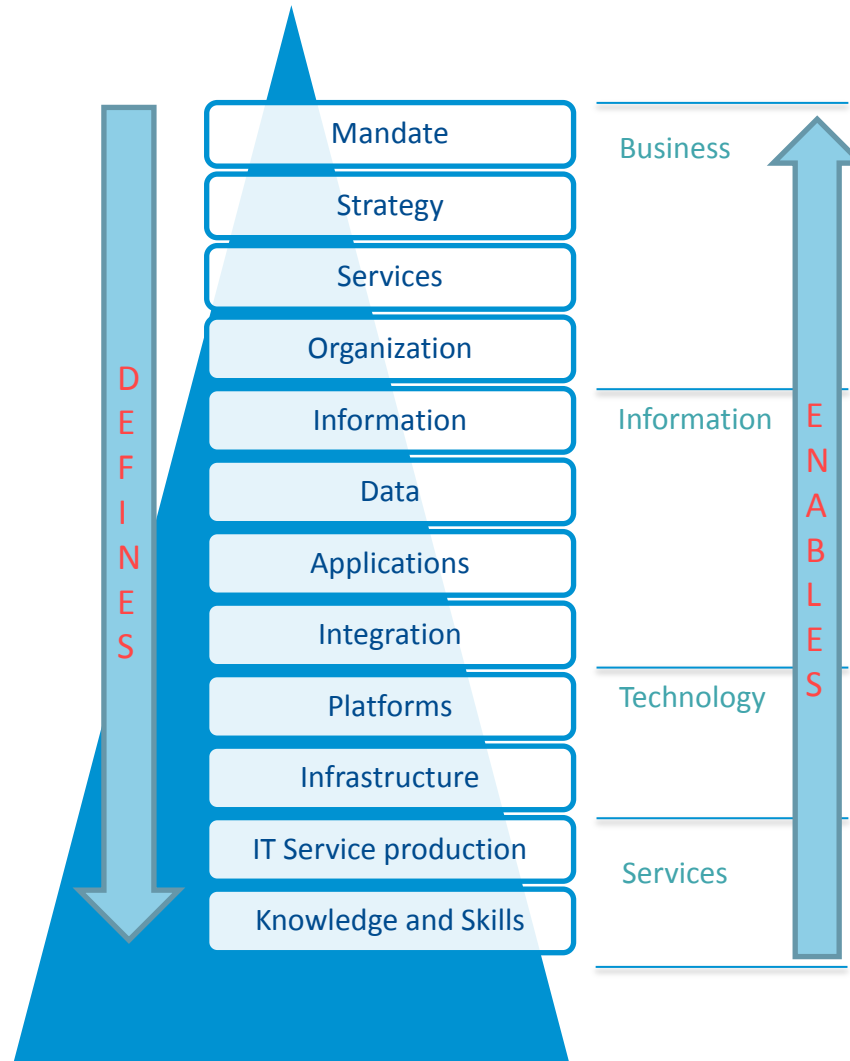


Views that are relevant for us:

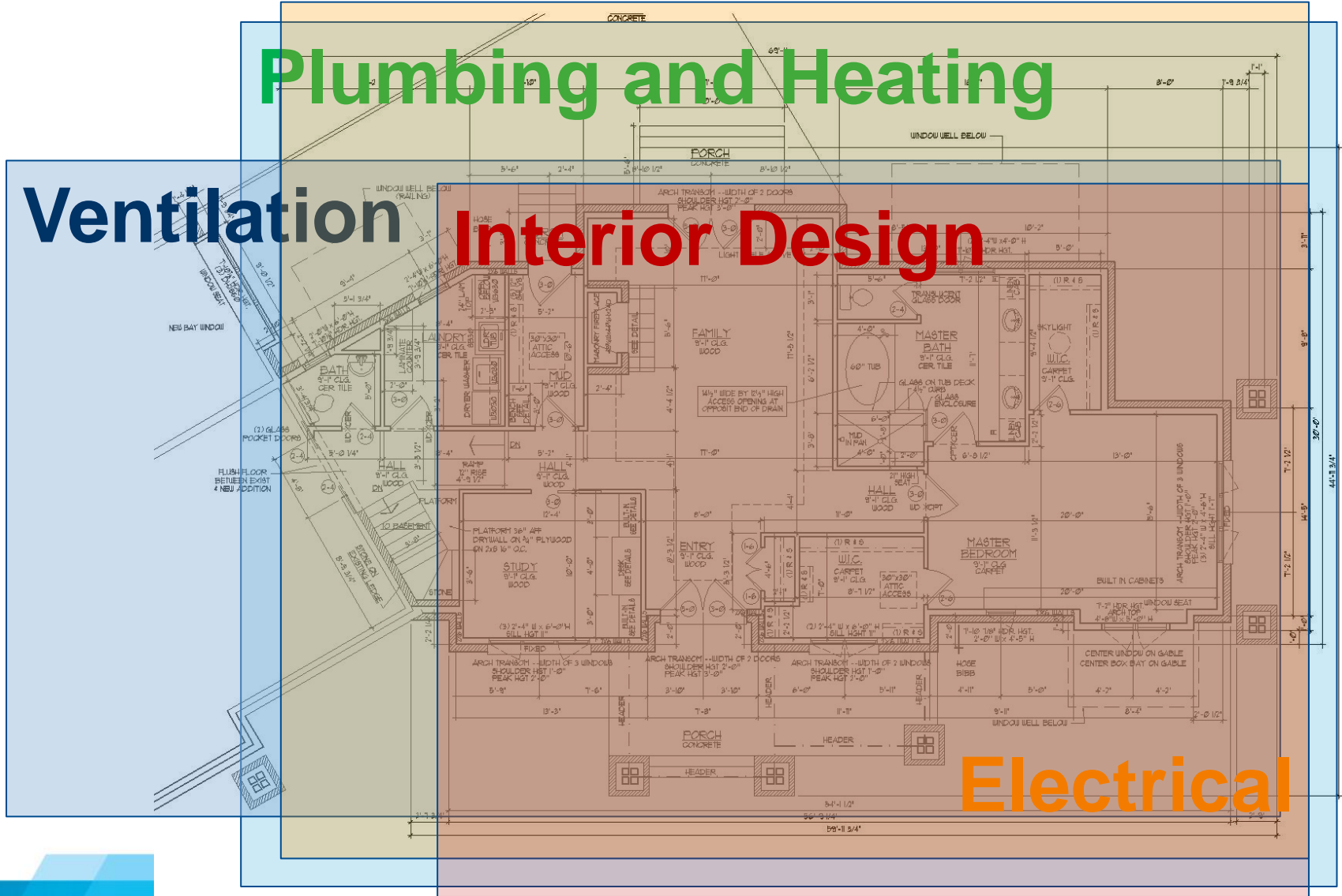


* The Open Group Architecture Framework

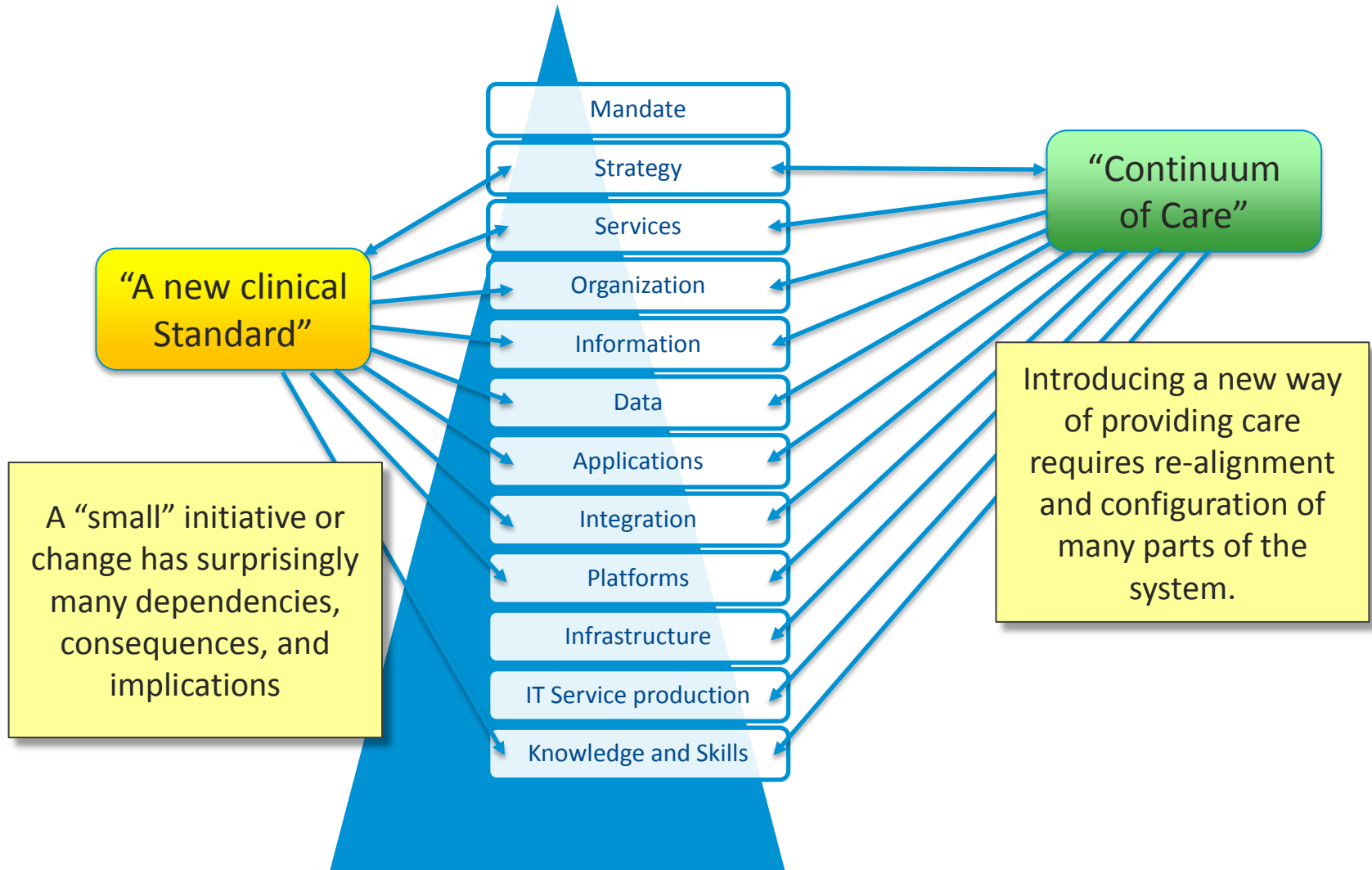
Defining and Providing Capabilities



Architecture as an Alignment



Aligning Goals, Priorities and Agendas



The Roadmap

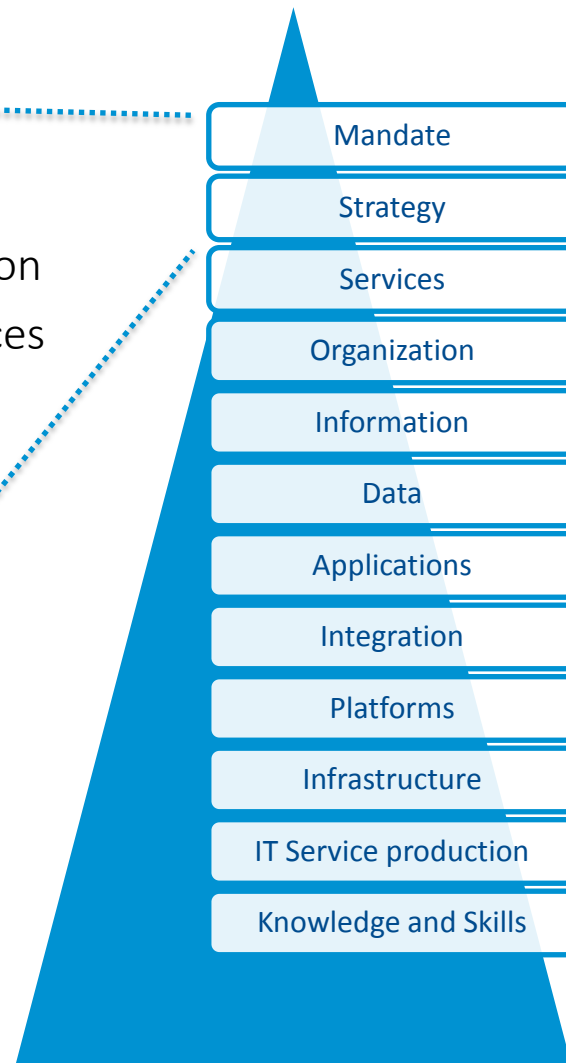


The Vision: Our Golden Skyscraper

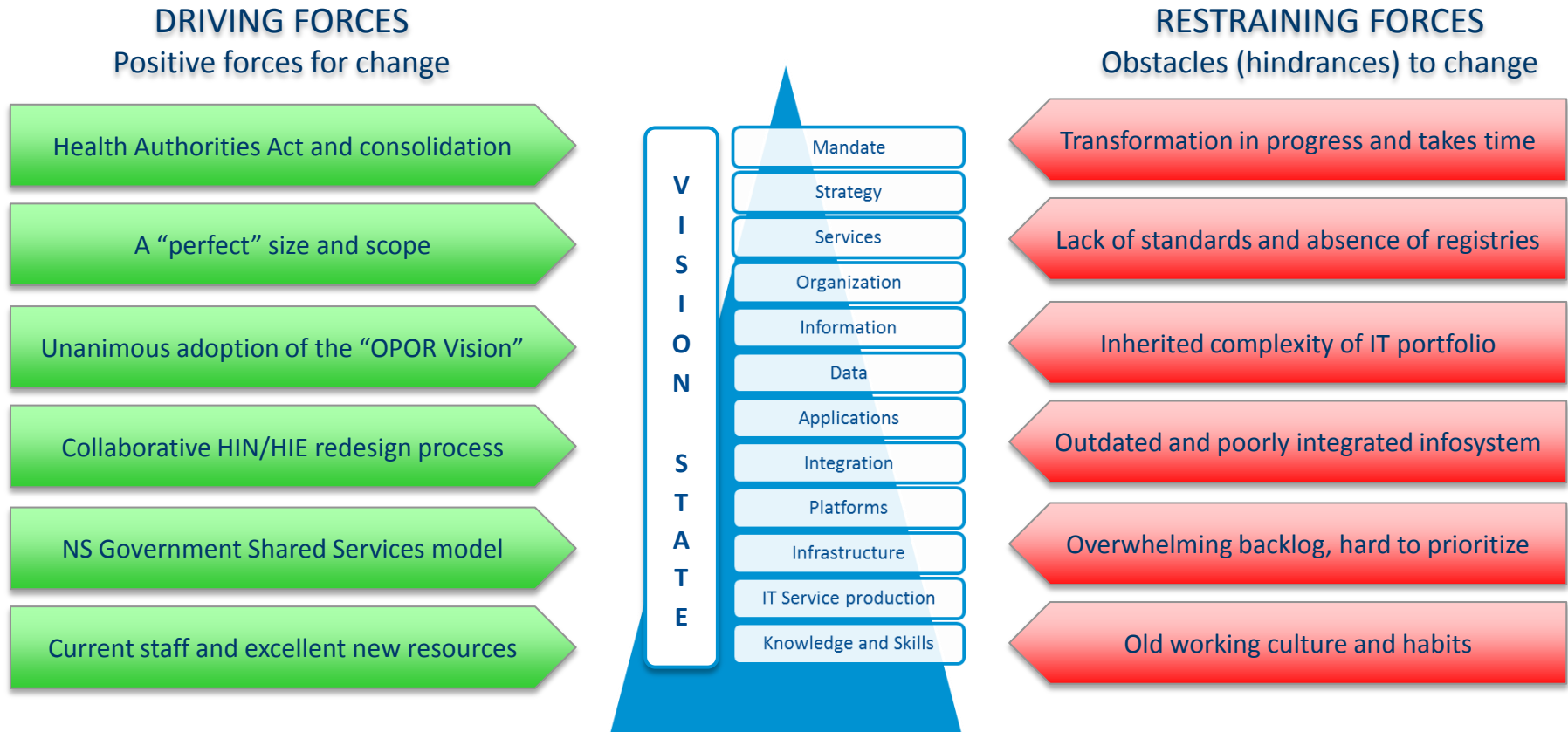
A health care system that

- Produces health and wellness for the population
- Provides universal and accessible health services
- Focuses on an engaged individual
- Embraces the family and communities
- Utilizes resources effectively
- Is carried out by motivated workforce
- Is grounded in evidence
- Implements privacy by design

“Healthy people, healthy communities for generations”



Current State: A Force Field Analysis



Strategic Transitions Needed

*“Healthy people,
healthy communities
for generations”*

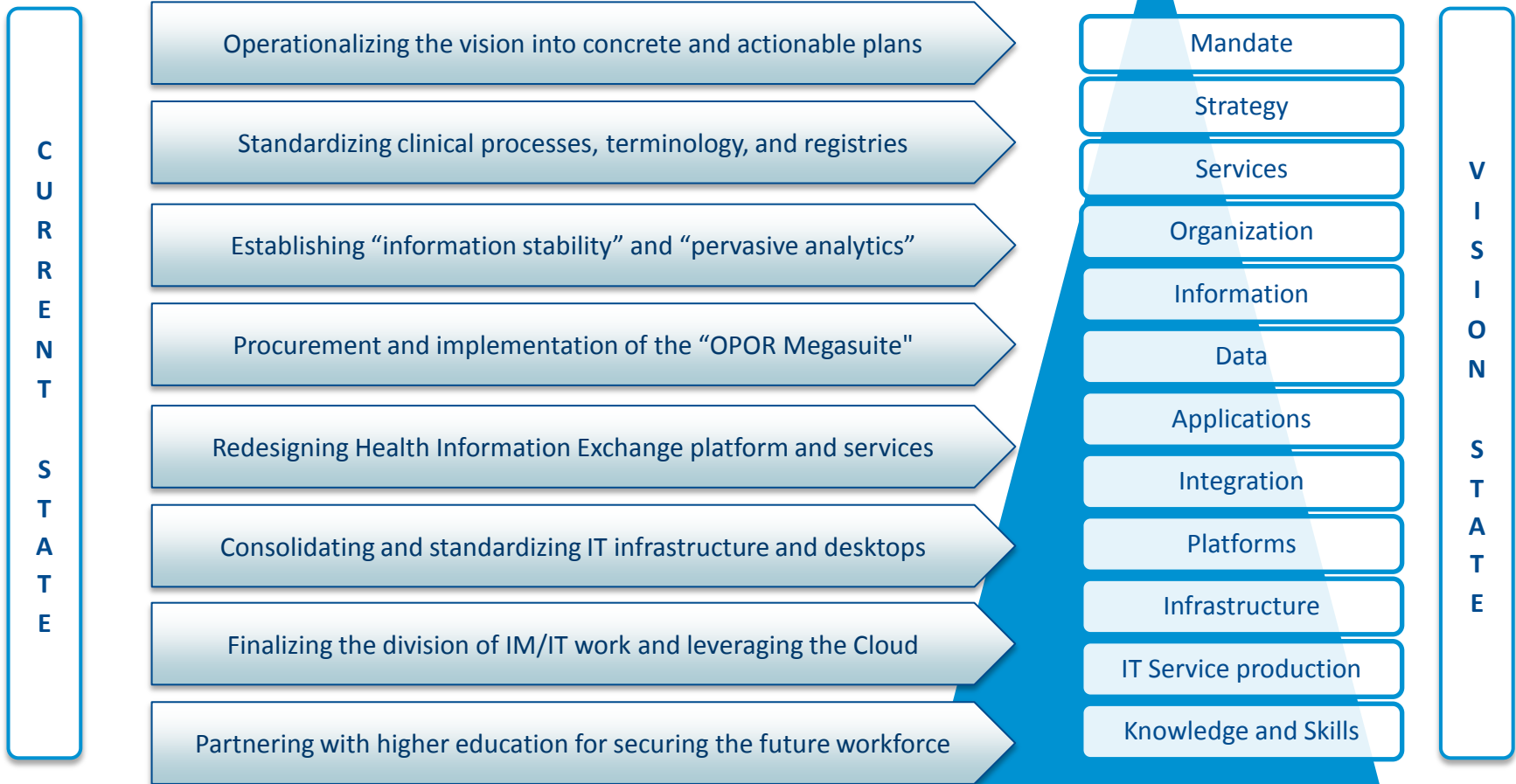


Illustration 1: HIN/HIE

Health Information Network:

- Network of parties and organizations engaged with health information exchange (verb) using HIE (technology and service)
- Focus in standards, architecture, coordination, and governance

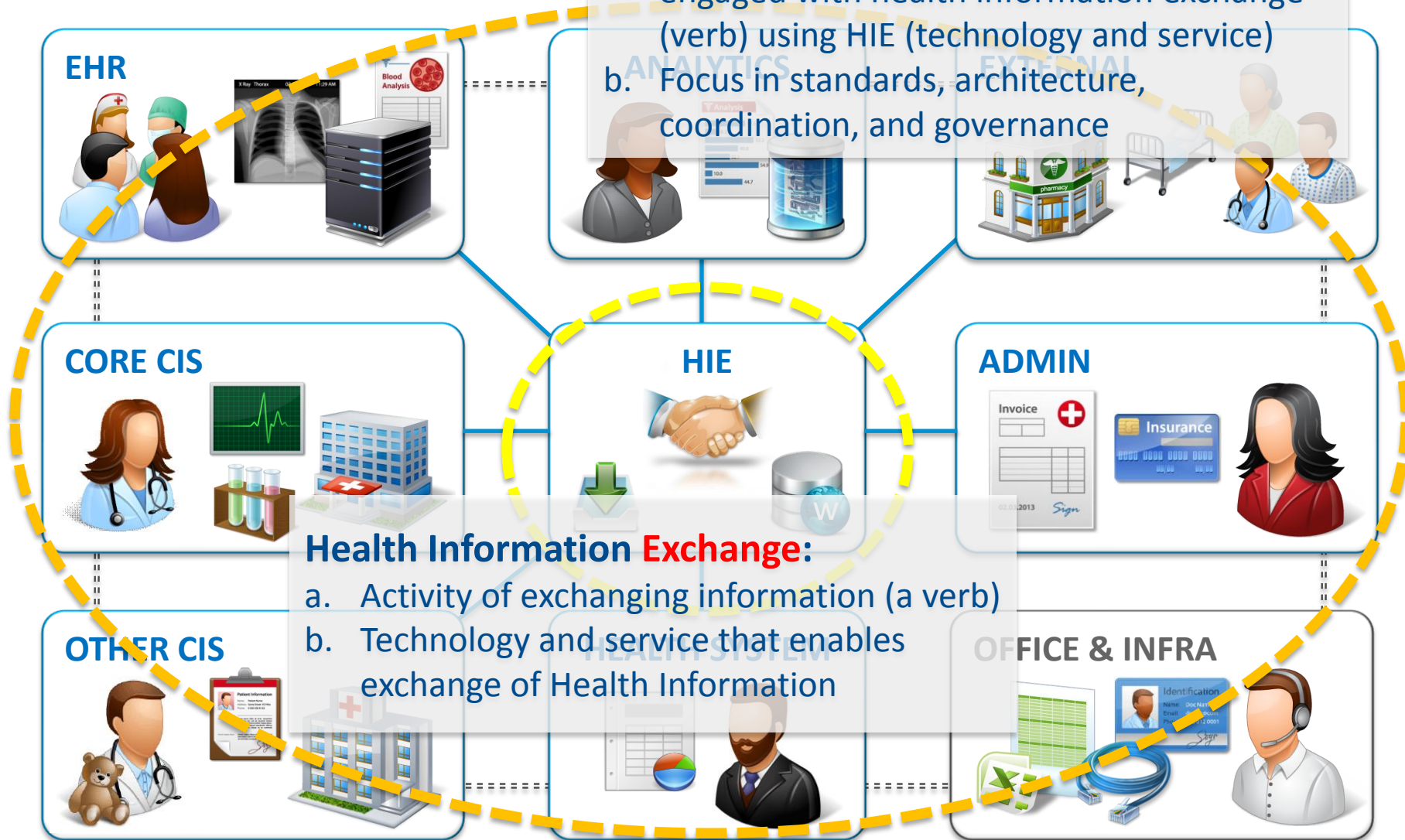
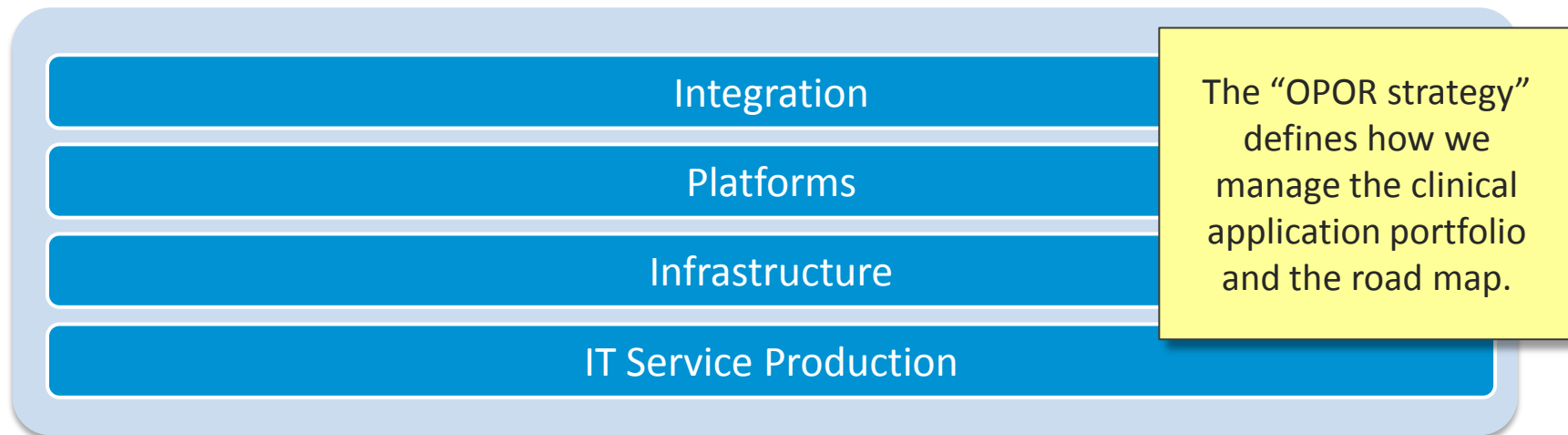
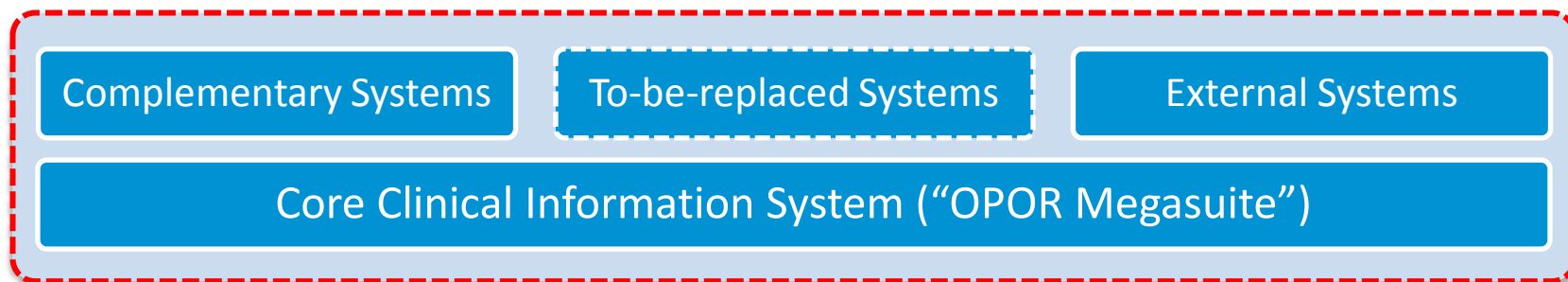


Illustration 2: OPOR CIS and Strategy

Clinical Applications Portfolio Management



Implication – IT moves to a bimodal organization



	Mode 1		Mode 2	
	Reliability	Goal	Agility	
	Price for performance	Value	Revenue, brand, customer experience	
Think Marathon Runner 	Waterfall, V-Model, high-ceremony IID	Approach	Agile, kanban, low ceremony IID	Think Sprinter 
	Plan-driven, approval-based	Governance	Empirical, continuous, process-based	
	Enterprise suppliers, long-term deals	Sourcing	Small, new vendors, short-term deals	
	Good at conventional process, projects	Talent	Good at new and uncertain projects	
	IT-centric, removed from customer	Culture	Business-centric, close to customer	
	Long (months)	Cycle Times	Short (days, weeks)	

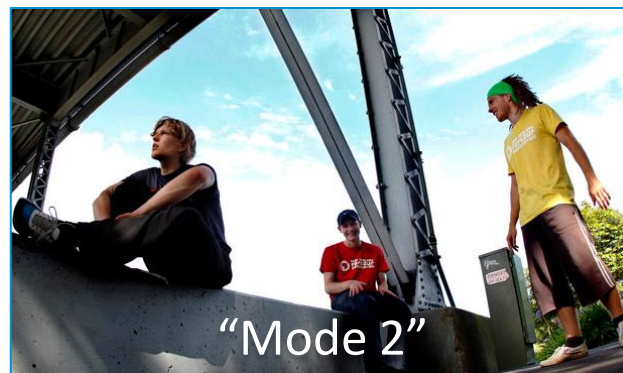
Illustration 3: Data and Analytics

Stability for Data Management



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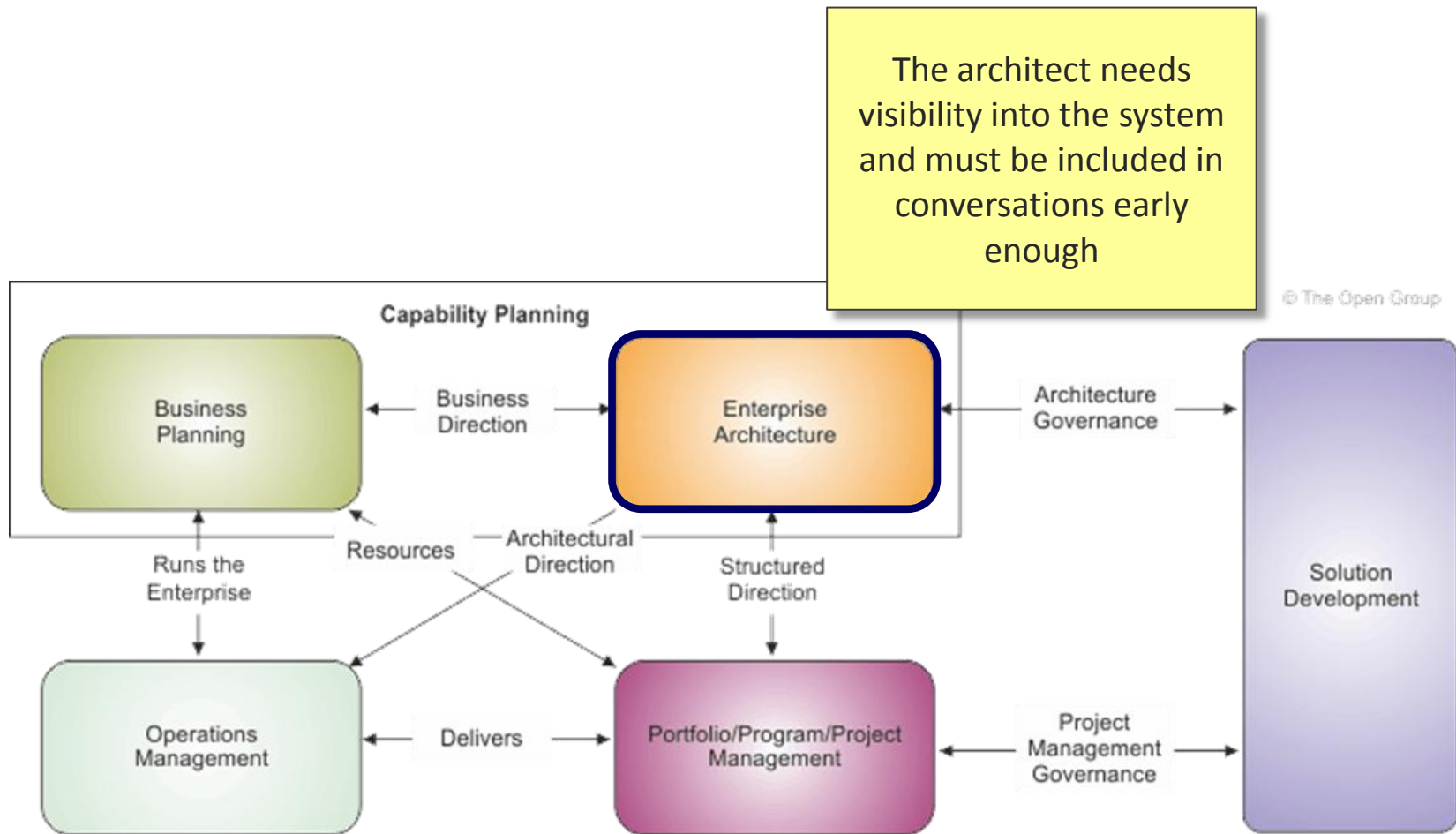
Agility for Analytics



= Bimodal Data Warehousing and BI/Analytics

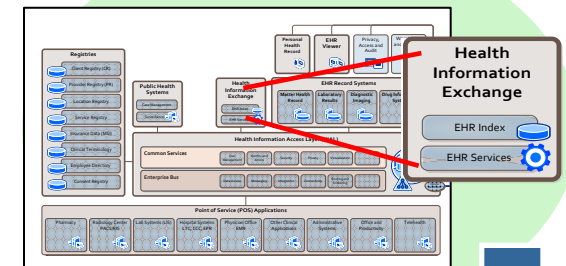
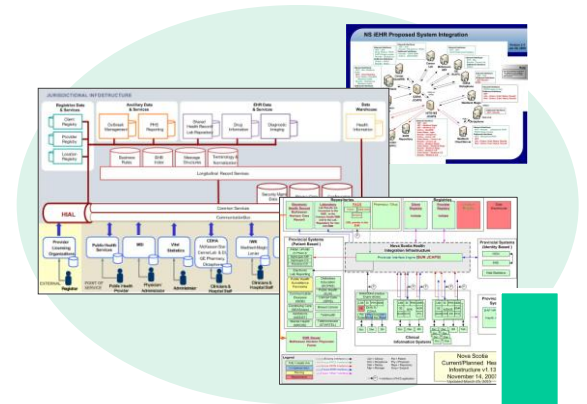
“Pervasive analytics” requires “data stability” and empowers the health care system and front line people with access to information they need

EA Must Be in the Right Place at the Right Time



Our Journey to the Future

1. Finalize the “1st generation” work (DIS) and invest in projects that reap value from the previous investments (analytics, PHR)
2. Facilitate transitioning by investing *only* in projects that build readiness for OPOR era (standards, HIE, consolidation)
3. Implement *only* net new systems that will *not* be replaced by the “OPOR Megasuite” (SIMS)
4. Enter the “Megasuite” era by replacing existing EHR components (HIS/CIS) with new ones as available (“Mode 1”)
5. Along the way, innovate according the roadmap and the level of readiness (“Mode 2”)



Questions

- Q & A