LatAm Healthcare Pulse:

Key data and perspectives on the role and potential for IT in enabling better patient outcomes

BRAZIL | MEXICO | COLOMBIA | ARGENTINA | CHILE

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The idea of Electronic Medical Records (EMR) has been around since the late 1960s to allow third parties to independently verify a patient's diagnosis. With a vision focused on clinical data management, the first EMR was developed in 1972 in the United States and gradually made its way around the world. These records have tremendous advantages: in theory, they make a patient's clinical pathway transparent and accessible to all physicians. In turn, this can drive efficiencies through strained healthcare systems, alleviating financial burdens and accelerating the patient journey and continuity of care. GHI's research reveals this is not always the case.

GHI conducted extensive research throughout key markets in Latin America to understand the potential for technology and IT platforms to improve patient outcomes in specialties such as cardiology, oncology, and cardiovascular diseases. Our team of analysts and in-country experts interviewed physicians and clinical specialists over a six-month period between February and July 2022 to understand the use of technology and patient data to improve outcomes for patients suffering from cardiovascular and oncological diseases. In this brief, we report key insights and perspectives from Brazil, Mexico, Colombia, Argentina, and Chile.

1. Technology challenges during the initial stages of the patient journey

Multiple uncoordinated patient data streams: Cardiovascular, cardiology and oncology specialists typically see patients in their private practice as well as in large public or private hospitals they are affiliated with. As a result, physicians create new streams of patient data on differing, often non-compatible systems. The first consultation alone creates multiple new patient data points. Patient data is still captured on paper by some specialists, while others enter data manually into a software program.

"I still do not use an electronic system because I do not fully trust the confidentiality of information and I have the perception that it will delay my service, making it more bureaucratic".

—Cardiologist, public hospital, São Paulo, Brazil

Inefficient referral system: Other inefficiencies occur as patients are referred from primary care or other type of physicians to a specialist. Specialists such as cardiologists and oncologists would benefit from patient referrals with proper exams undertaken prior to the first consultation. Indeed, primary care physicians often refer without recommending screening tests. As result, the first consultation with a specialist leads to duplicate work since medical files are not systematically shared, and the specialist is the one who must recommend and administer various diagnostic and lab tests.

"Exams are duplicated, time is wasted, because the same exam 90 days later is useless—resources are lost".

—Head of the Pulmonary Cancer Unit, large public hospital, Chile

"Doctors in the primary health sector refer too many patients without resolving situations that they can handle. Then the patient arrives without tests or anything. And that saturates the hospitals".

—Cardiologist, private practice, Chile

"One challenge is to have the patient's information. Many times, the tests or studies are done on the outside and as a physician, you must view the results in different systems. For example, a patient may have a colonoscopy done in a place where the results are physical, but then have a resonance done in another place, where the results are on a digital platform, but on a different system. In many cases there is no way to unite the information of different media or software and this means that the way to access the information is through the patient. The patient becomes the messenger of the results: the patient has to go back to the place where they had the study done to ask for the results, and only then do they tell us".

—Oncology Surgeon, large private hospital, Colombia

Risk of siloed diagnosis and treatment: Patients seeking out these specialists already face greater health risks based on their medical histories. For instance, on average a quarter of patients who consult a cardiologist have obesity. Patients with obesity face greater risk of suffering a heart attack and other cardiovascular risks. However, a lack of access to risk profiles means cardiologists, oncologists and other specialists typically must perform a full set of exams & tests to reach a diagnostic, sometimes duplicating the use of resources. Referrals could become more efficient if general practitioners had access to risk maps and the corresponding exams that a cardiologist, oncologist, or other specialists would expect to see when the patient comes for their first consultation.

2. Opportunities to improve health outcomes through technology

There are opportunities to improve health outcomes through technology at multiple points during the patient journey.

Access to electronic medical files: The patient journey can be shortened and improved through higher-quality referrals for primary care physicians and general practitioners, including the recommendations for the patient to undertake—and share—the proper studies prior to their first consultation with a specialist and make their medical histories available to specialists.

"With the delivery of results being automated and digitized, it would save a lot of time that can be spent with the patient. Anything that allows less time glued to the computer and more time with the patient would be great!".
—Cardiologist, private practice, Chile

Software for risk assessment to recommend treatments and referrals: The creation of software and algorithms that can detail patient risk profiles would improve the efficiency of specialists' diagnosis and treatment. Such predictive algorithms would enable to physicians to better assess the gravity and impact of comorbidities on the patient's cardiovascular health, among others. Predictive risk profiles would also enable efficiencies to prescribe adequate treatment and medication dosage, while also providing guidelines for primary care physicians for suitable follow-up. Cardiologists, for instance, could transmit and recommend lifestyle changes to referring primary care doctors based on the prescribed cardiac or cardiovascular treatment underway for their patient. Another opportunity is to educate referring primary care doctors on which cardiology exams to recommend, such as ECGs, Holter exams, etc. so that patients arriving for their first consultation with a cardiologist can obtain a diagnostic immediately.

"I think that some way to connect the software of different hospitals and clinics. To be able to find all the images in a single place to be able to compare past exams with more recent ones. And have the scores to be able to calculate risk profiles, and algorithms that help you make decisions and let you know if the patient is high-risk and whether the next step is to have him/her hospitalized, and whether they need to be admitted to ICU or not—all of those things that would help make decision making easier, but not everybody has a good understanding of algorithms".
—Cardiologist, private practice, private & public hospitals, Mexico

Telemedicine for screening, triage, and treatment follow-up: Telemedicine can be useful for early detection, and thus enable quicker and more precise referrals, especially among lower-income patients outside major urban areas and those treated in public sector institutions. Cancer can be detected sooner by enabling oncologists at specialized hospitals to review exams and screenings tests online, without the need for an in-person initial consultation. However, there are limitations. For instance, some cardiology exams are not feasible via telemedicine and cannot be self-administered by patients—or even by family doctors, general practitioners, or pediatric doctors, who are not familiar with the diagnostic protocols (e.g., echocardiograms).

"Telemedicine must be improved. Not just in how we treat patients, but also in terms of accessing and viewing exams, lab results and other studies that the patient has had to undergo. If all that were to be loaded onto a platform, where I could see the results—and the interpretations of the technical specialist that ran the exam—that would be great".
—Pediatric cardiologist, private practice, Medellin, Colombia

After decades of studying healthcare systems, it is clear there is no perfect system. Rather than striving for perfection, it is important to consider incremental improvements that are focused on improving the patient health outcomes. Typically, healthcare systems with centralized functions have structured protocols which enable consistent pathways and a higher degree of leveragability of resources. This is a critical need for public systems which tend to serve ~70% of the population in Latin America. In parallel, private institutions cater to ~30% of the population that can afford to pay out-of-pocket or as an employment benefit. Such patients tend to have faster access to care.

While some improvements may be specific to the patient journey within a healthcare system, others are overarching, driving efficiencies and scale throughout the entire process. Both are necessary to meet healthcare challenges and needs of tomorrow. The path may therefore lead clinical specialists and physicians to find ways to capture point-of-care data to inform and improve their practice, as well as ensure a seamless exchange of information from one system to another.

Para obtener inteligencia de mercado y datos reveladores más profundos, contáctenos directamente por correo electrónico a: **info@globalhealthintelligence.com**

Acerca de GHI

Global Health Intelligence (GHI) es el proveedor líder de análisis de datos para el sector de salud de América latina, con una especialización en los hospitales de la región. Sus bases de datos brindan datos de mercado estratégicos para los fabricantes de equipos/dispositivos médicos que les permiten identificar nuevas oportunidades de ventas, medir la demanda de nuevos productos, comprender su participación de mercado frente a la de sus competidores, detectar tendencias en la adquisición de productos, determinar las necesidades del mercado y más.