Interview: Rebecca LaNasa – Managing Director, Southeast Asia, Cerner, Singapore



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05.12.2016

Tags: Singapore, Asia, Cerner, Digital, Healthcare, Service Provider, Digitalization

Cerner's managing director of Southeast Asia, Rebecca LaNasa highlights the key importance that Singapore—as the company's third office outside the U.S.—serves in implementing and piloting new forms of health care information technology (HIT), while elaborating on how the company's comprehensive portfolio of solutions can actually help both developed and developing health systems across the region incur savings and improve patient outcomes.

How is Cerner structured outside the U.S.?

Cerner believes health care is local. As we've expanded to more than 35 countries, we've really looked to base operations either in the countries that we are serving or employing a regional spoke and hub approach in countries where we don't necessarily have a very large presence.

It's important for us to be as close to our clients as possible because health care is an incredibly personal practice, and even more so when the care is being provided to you or your family. Furthermore, this proximity helps drive innovation and quality care, especially as we integrate these systems and improve usability.

Outside of the U.S., generally the associates are focused on front-line client interactions, such as managing relationships, market development, client support, and implementing or optimizing the systems that clients have selected.

There is of course some underlying infrastructure when running a local business, but we try to decentralize all client activities, while having a more centralized approach to development and solution strategy.

Specifically in Asia, excluding India, the scope of our operations have been traditionally limited to Southeast Asia. However, due to some new innovations we've recently developed, coupled with the solutions that we acquired from Siemens Health Services two year ago, we now have an opportunity to enter markets that we weren't present in before including China and Japan—a territory that will be collectively referred to as East Asia.

How would you depict the extent of Cerner's footprint in this part of the world?

Cerner has been in the region for more than 25 years now, with Singapore as the third country that Cerner expanded to outside the United States.

Internationally, we've been quite successful in places like the UK, the Middle East, and Australia. But Asia has been the place where we haven't made as much progress compared to other locations.

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But looking at the marketplace today, we see incredible potential here. A market like Singapore, for example, has huge investments in information technology and understanding and belief of how it can effectively drive quality health care. And there's also this mindset shift from illness-based care to caring for health and wellness. actual health care. Technology will play a huge role in keeping societies, particularly in this part of the world, healthy.

Singapore is on one end of the continuum, but then there are other countries in Southeast Asia that are struggling to keep power on and are really at the early onset of embracing the power of IT, specifically when it comes health care.

The good news is these type of countries have an opportunity to leverage the 20 to 30 years of experience that other countries around the globe have gained to really leapfrog their adoption rates, instead of starting from scratch and pursuing an incremental approach.

Clearly, it's a huge spectrum that we cater to in this region, but that in and of itself creates a tremendous amount of opportunities and interest for us. Asia has the potential to be one of our largest regions in the next five to ten years.

What is the value that Cerner sees in Singapore, as both a market and strategic hub for the region?

As a strategic market, Singapore is very much known for their open adoption of technology and certainly for its innovation—two facets that are incredibly appealing to Cerner. Spanning all the platforms that we have from our electronic medical records on our Millennium platform to the HealtheIntent platform that deals with population health, we view Singapore's history of open innovation and willingness to invest as key strategic assets.

By leveraging our tool sets and incredible knowledge and understanding of how to provide high quality health care at low cost, we can help change the health status of an entire country, encompassing a population of 5.5 million people, which in and of itself is incredibly exciting; everything is already in place, so it's just a matter of connecting the dots and putting the right tools in everyone's hands spanning to the provider, to the payer, to the patient.

Secondly, we can then extract valuable insights, stakeholder responses, and key learnings from our experience working within a health care system renowned worldwide for its efficiency and apply them to other neighboring markets outside of Singapore. Every country has its unique challenges, but there are many underlying parallels that you can draw: everyone is struggling with rising health care costs, overburdened health care systems, aging populations, and overall cultivating a quality system that maintains access and affordability.

Every country has its little nuggets of knowledge and pockets of innovation, but Singapore has a whole treasure trove of insights that it can share—and we're excited about establishing more partnerships across the local ecosystem, whether that's with hospitals or the health ministry, to tap into that knowledge base and help pilot care models of the future.

Outside of Singapore, many countries in this region struggle to meet even the most basic medical needs, health care information technology is often only viewed as an afterthought. How can countries and their respective health care systems benefit from actually investing more in HIT and partnering with vendors such as Cerner?

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From a sheer ratio analysis, health care systems in this part of the world have a critical absence of care providers, especially when compared to say the U.S.—and this is where I believe information technology can make a huge difference. The demand for health care are going to continue to grow, and if you don't have enough care providers—whether that's doctors, nurses, or pharmacists—then

you have use their time in the most efficient and effective manner. HIT comes into play around making sure information is easily accessible or that it's flagging up erratic changes in patients' conditions, being tracked in electronic medical records and alerting the appropriate teams to take immediate action. Without HIT, this process would have to be performed manually on a continual basis, and it's not that health care practitioners aren't capable of doing so, but often they simply don't have the time.

HIT can also serve great value when it comes to staffing. Resources are precious, so it's crucial that hospitals are staffing according to the acuity of the patient base. For example, nurses with higher levels of training and education shouldn't be assigned to outpatients. It's imperative to match the staffers with the highest level of certification and talent with the most critically ill patients, and this it where HIT plays a key role, particularly when it comes to planning and forecasting shift schedules. When you're short on resources and time, I believe technology is the only way to help control costs, while maintaining quality of care.

What approach then has Cerner taken to make its suite of solutions available to customers across all the entire spectrum of wealth, and not just the ones who can afford it?

We've been able to take our Millennium solution and try out different models over the years.

In the traditional model, clients procure all the hardware, infrastructure, and services to set up the platform, with an on-going licensing agreement thereafter. Over the years, we've piloted different variations of that, and here in Asia, we plan on pursuing a model similar to what we offer in the U.S. for critical access hospitals. Although much smaller and less comprehensive in nature, these typically government-funded hospitals require solutions just as robust and functional as any other hospitals to effectively serve their respective communities.

Consequently, we created a "community works model," which is a cloud-based solution with subscription access—eliminating the need for an on-site IT staff and, in turn, producing significant savings in overhead. Essentially, the hope is to bring down the upfront entry costs, which serve as the primary hurdle for prospective clients in more developing countries.

Once implemented, you can start to justify the capital expenditure just from the ROI—in terms of both the costs trimmed and lives saved.

So you believe the numbers will essentially speak for themselves?

Yes. Additionally, even from a recruitment and retention standpoint, HIT serves a crucial role. Compared to other industries, health care is always a laggard, particularly when it comes to embracing new forms of technology.

The next generation of health care professionals will not want to practice on paper. In this day and age, there's an increased expectation of technology standards, even with patients who are becoming increasingly well informed on their conditions, diagnostic procedures, and treatment pathways.

What will your expansion efforts focus on in the next three to five years?

We've got current clients in Singapore and Malaysia, so our number one focus at the moment is to grow our base in those markets.

The more clients you have, the more innovation you're able to introduce in health care delivery—and our technology is an enabler of that. It's hard for stakeholders to do it in one-off instances, but coming together as a community is a big driver behind widespread adoption.

We're also looking at ways to bolster health and wellness of populations in mature countries like Japan, Taiwan, Hong Kong, and South Korea, in addition to Singapore. We hope to educate underdeveloped markets like Indonesia and Thailand on the valuable role that health IT can play in driving efficiencies and quality of care, while improving patient outcomes.

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