



The Convergence of HealthCare

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Macro- and micro changes are hammering away at our expansive, expensive healthcare system, ushering in an era of greatest change since the introduction of vaccines.

Those associated with healthcare are being forced into a movement that is more collaborative and at the same time less lucrative and more uncomfortable. Physicians, pharmaceutical manufacturers, payers, and patients are being mandated to commit to the triple aim of reducing costs, increasing access, and improving quality of care.

There is no one plan to help make this painful process happen easily; this is where the digital universe and eHealth come in and is why 2013 will be known as the year eHealth became Health 2.0

Healthcare globally is in the midst of significant transformation – driven by technological innovation, fiscal realities and a focus on quality patient outcomes and personal care. As patients and physicians become more involved in their healthcare and as the use of technology is pulled into the practice of medicine, physicians track care and work with patients to ensure quality health outcomes will become a focus of their “business model.” Overlaying this change is the push of data from patients to physicians as patients track, model, review, monitor and game their healthcare all in the name of personal health control.

New buzzwords abound in this space – eHealth, mHealth, HIT, big data, EHR/PHR, meaningful use, ICD-10, personalized medicine...all in addition to the new clinical diagnostic pathways and treatment algorithms that change on a monthly basis. How physicians can care for patients while simultaneously keeping up with all the new Health Information Technology (HIT) has become an increasing challenge.

These disparate realities are rapidly tracking to convergence. We see the new approaches to healthcare coming to life through Accountable Care Organizations (ACO), Health Insurance Exchanges (HIE), mobile health, EHR/PHRs and most recently remote monitoring and crowd sourcing for Phase 2 clinical trials. But what does this mean for healthcare in 2013?

The following are some highlights of how eHealth has become Health 2.0 in 2013 and beyond. And where our clients – Health Information Technology companies, pharmaceutical and diagnostics companies, and payer and government bodies have focused significant resources with the help of the Sudler eHealth Group.

The BIG DATA takeover

The idea of connecting physicians, hospitals and patients with healthcare data is to realize higher quality health outcomes by ensuring effective and timelier access to health information, through sharing and collaboration. This collection of real-time patient-based data is a game changer.

Big Data allows for a deeper, more meaningful real-time analysis that is resulting in a monumental shift in how medicine is practiced. Medicine is now personalized. Although still in the early stages, the information derived from big data analytics is a major contributor to the development of new, genetically-driven treatment algorithms to create a better match between patients and regimens in complex disease therapies.

But, big data collection is not possible without the technology that pulls, pushes, collects and stores the data. Unprecedented amounts of data are being produced at greater speeds from a larger number of sources than ever before.

How and what "communities" do with the data, how it is kept confidential and where it is stored were the big questions in 2012. Going forward, many believe that the Cloud repositories will be key to the management of big data. We are starting to see new market entrants into healthcare from technology infrastructure specialists to defense companies offering new solutions to storage, security and cleaning of data.

We believe that in 2013 the majority of these issues will be resolved and a whole bandwidth of analytics and new algorithms arise.

Change in Rx and eHealth brings change in Pharma

I am sure you have heard many times that Big Pharma and their blockbuster drugs are dead. This is a rather dramatic statement. Yes, the "one size fits all" drugs like Lipitor are less longer useful in the new realities of medicine and chronic disease management. More personalized treatments from targeted Biologics to digital surveillance and prevention apps will shape the movement to personalized medicine and will continue to change the landscape of drug treatments.

During 2012, Pharma gradually started to move into the eHealth space, adding new and "personalized" value like never before. More and more in 2013, Pharma will take a lead in digital media to promote targeted and personalized medicine. The creation of highly sophisticated patient profiles and sequencing that insures better and real-time information to physicians - and with collectable data - will change the way physicians interact with their patients, with their treatment regimens and with their care pathways. This will also change the way physicians interact with Pharma.

We see larger investments by Pharma in mobile health applications (eg., blood glucose monitoring) and remote patient monitoring to insure compliance and adherence and, perhaps most innovative, the breaking down of corporate silo's and gradual movement into social.

The use of the mobile devices coupled with diagnostic developments fuel data collection offering Pharma real time patient usability and functionality data.

Collectively this will be mined to tweak the pharmacokinetic profile of drugs and create truly personalized medicine that can be delivered in real time.

Pharma is also developing new business models in the form of consulting ventures and eHealth divisions. More nimble pharma companies are slowly moving from independent developers and marketers of drugs to collaborative business partners with end users. Trends include educating and training the sales force to partner and support physicians in their new practice paradigm as well as acting as business consultants. The old detailing model is no longer viable for physicians – they want to be interacting with the data, and explore new possibilities...more focused on CRM and informatics. We see a strong movement to collaborative and supportive relationships focused on quality patient outcomes between pharma and physicians in 2013.

From developing websites based on content curation to the creation of health apps and real time digital education programs for physicians, Pharma is starting to embrace the new realities of eHealth. Engaging physicians early and often, understanding what their eHealth needs are and working to help create platforms to easily monitor and work with patient communities are all net new investments into the new realities of eHealthcare. 2013 will see more and more engagement and investment by Pharma in the eHealth space.

The Digital Patient and their Digital Medicine

Whether it is the push to know more, to share more or to care more, digital and wired health have started to take the patient community by storm (caveat here is that the highly health conscious users continue to be high users of eHealth technology but slowly the soto voce is happening with the broader patient populations). Patient-centered social networks where information is shared with an alarming lack of discretion to gaming systems where patients try and beat one another around wellness have been the focus of eHealth in 2012.

But what does this mean, what is happening with the monitoring and the patient data collected from the Fitbit, FUEL trackers, calorie counters, cuff, Withings scale, blood glucose monitoring, etc? Again, we circle back to big data and the fact that what physicians, health data analytics and government will do with all of the data is yet to be fully revealed. And, with the FDA looking to increase its monitoring and approval of health apps even more, 2013 may be the year of streamlining the genuine health promotion and monitoring applications from those looking to profit from the changing health care environment.

In 2012 a lot of the innovative and new technology from the past 3-5 years moved into mainstream health from telehealth to in situ aging, from remote patient monitoring to diagnostic apps in therapeutic categories such as dermatology, optometry and obstetrics.

Health apps have and will in 2013 become a new “Rx category” with more than 50% of physicians recommending specific websites and trackers to patients.

Finally, 2013 will increasingly shed light on the growing concept of “ambient health” in which one lives and is connected to their health maintenance system 24/7 (think trackers meets EHR meets PHR meets ipad and all hang out in the personalized health cloud). And, this is where you see the connection happening between ACOs, physician compensation, payer profitability and patient centered health all come into place; where the patient is connected in their house and their car and their lifestyle, choices and disease management are reviewed in real time. Perhaps a little too Big Brother for you? All will be revealed shortly but from a predictive modeling perspective this seems to be the avenue health/eHealth is moving down.

Wrapping it up

We are on the cusp of both weird and wonderful changes in healthcare – innovation and game-changing technology are forcing all of the constituents into uncomfortable terrain. Technologies (big and small) are changing the way we think about health, the way physicians practice medicine and the way Pharma develops medications. However, many of the fundamental principles to human information exchange, the care continuum and basic kindness remain the same.

Throughout the three Health and Technology summits hosted by the Sudler eHealth Group over the past year and a half, four fundamental precepts remain the same:

- 1 For HIT companies and their products to be successful, physicians must be engaged early and often and in a manner consistent with their principles of investigative research and evidence-based information
- 2 Ideas generated and enacted in isolation without taking into account the triad of healthcare gatekeepers – physicians, patients and payers- will not have a long- term stake in the burgeoning eHealth market
- 3 Expecting physicians to do more with less (less training, less compensation, less consultation) will not result in better quality of care.
- 4 Expecting patients to do more with stress (pressure to perform with apps, pressure to change lifestyle or be fined) will not result in better quality of life. What is required is education, training, and information presented in a compelling, realistic and personalised manner.

We're happy to share more details any time!

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