HOW CAN WE ACHIEVE BALANCE IN DEVELOPING NEW HEALTH & WELLNESS SOLUTIONS?

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For Success the flow of trusted data must be in the DNA of any telemonitoring.

To build, nurture and maintain trust in data

To facilitate a dynamic flow of data
To develop, deliver and deploy new solutions in healthcare, we need a constant flow of interaction between three types of activities:

- **Co-creation** between all relevant stakeholders
  - to make it real using standards

- A supportive and appropriate governance system
  - to make it scale toward large-scale deployment

- The flexibility to **adapt and align** as needs and requirements change
  - to make it stick in a sustainable way
WHAT IS CO-CREATION?

Perhaps a new label, but not a new concept!

“The physician must not only be prepared to do what is right, but also make the patient cooperate”. Hippocrates.

Co-creation has many elements:

- **Co-design of services** – co-planning of health and social policy, co-prioritisation of services and co-financing of services, co-commissioning;
- **Co-delivery of services** – co-managing and co-performing services
- **Co-assessment** – co-monitoring and co-evaluation of services.
What drives co-creation......

• **Engagement** - of the patient in the healthcare journey.

• **Empowerment** - of the patient to play a key role in her health and wellness.

• **Education** - of the patient, the provider, the system and the community.

• **Evaluation** - of the learnings for each patient, providers, the system and the community.

• **Evolution** - of the system to better meet the patient’s and its demands.
What do the 5 ‘E’s’ need

A network of partners to collaborate to facilitate a journey through a complex landscape using a variety of vehicles, passing through a web of nodes.

They are the key components of a safe patient journey.
What do we need for the patient journey

- **Roads** - the network of players - patients, doctors, nurses, AND social carers, informal carers, schools, workplaces ....

- **Junctions/joining points** - doctors, nurses, patients, family, schools, work places, leisure, sport, retail ....

- **Vehicles** - patients, families, HCPs, **but also** data vehicles - monitors, sensors, EHRs, images, reports, results....

- **Fuel** -- *FAIR data* - —Findable, Accessible, Interoperable, and Reusable

- **Ignition** -- interoperability.

- **Regulation** -- rules and governance structures for safe data usage and sharing
Some key missing links

- **Fuel**
  - more data

- **Ignition**
  - better interoperability

- **Regulation**
  - better governance

- **Data standards**
  - Terms, images, labs ....

- **Interoperability**
  - Data, transit, security

- **Governance framework**
  - access, control, audit

- **Legal codes**
  - Privacy, penalty, payment .....
WITHOUT STANDARDS AND INTEROPERABILITY WE MIGHT

Misunderstand the message
WITHOUT GOVERNANCE AND LEGAL CODES WE MIGHT ....

End up in court!
WITHOUT PROPERLY SHARED DATA WE WILL ....

Miss the opportunity

“Opportunity paged me, beeped me, linked me, e-mailed me, faxed me, and spammed me. But I was expecting it to knock!”
To conclude: to do telemonitoring well we need to fully embrace the 5 ‘Es’.
Thank you!

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