

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

Petra Wilson

*Health Connect Partners*

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

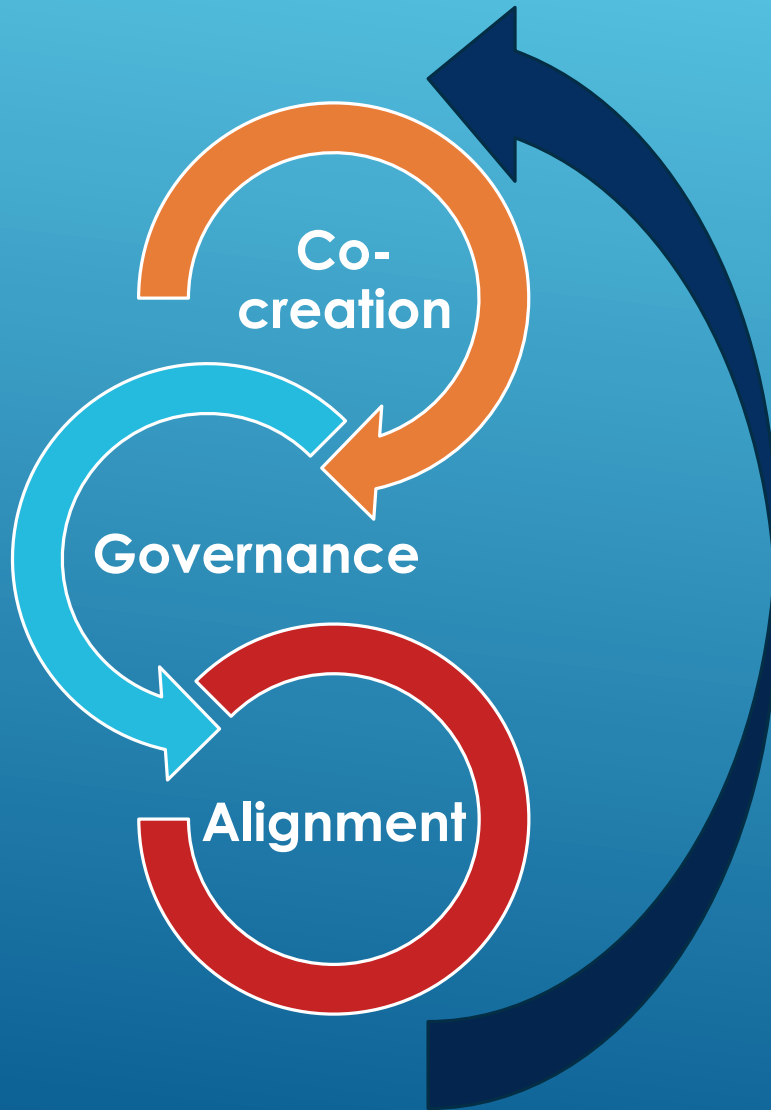
*To build,  
nurture and  
maintain **trust  
in data***



*To facilitate a  
**dynamic flow  
of data***

# Development : A Continuous Flow

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.
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## 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 ....

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**"Opportunity paged me, beeped me, linked me,  
e-mailed me, faxed me, and spammed me.  
But I was expecting it to knock!"**

**Miss the opportunity**

To conclude: to do telemonitoring well we need to fully embrace the 5 'Es'

**Engage**



**Empower**



**Educate**



**Evaluate**



**Evolve**



# Thank you!

**Petra Wilson**  
**Health Connect Partners**

**[petra@hcp.partners](mailto:petra@hcp.partners)**

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