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Technology sees rise of the ‘expert patient’

By Rose Jacobs



‘Healthcare is becoming collaborative instead of the investment being focused on the back office,’ says Vivek Kundra

Most of us have grown accustomed to turning to our computers for guidance. Look up a book on Amazon, a film on Netflix, a contact on LinkedIn, and the websites will suggest: “If you liked that, you will love this.”

George Carpenter, chief executive of a small neuroscience analytics company called CNS Response, wants to offer a similar service – only his is for psychiatrists trying to decide what if anything to prescribe their depressed patients. “It’s like Amazon . . . we’re like that, for your brain,” he told a conference last year.



The idea of crowdsourcing prescription decisions may seem a step too far, but it is the sort of initiative that might produce a real change in the way healthcare is administered. This area has traditionally seen

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incremental improvements at best, even as huge advances are made in the science of medicine.

“I’m excited about the availability of data,” says Nils Behnke, a partner at consultant Bain & Company’s healthcare practice. “It used to be a push model, where, say, a pharmaceutical company would come up with something, price it as high as seemed feasible, introduce it to the system and try to get as many customers as possible. Now it sometimes works the other way around.”

That is, people with rare diseases might find one another online, join forces to pool data and advocate for research into new treatments and even ease the process of pharmaceutical groups finding candidates for clinical trials by volunteering themselves.

“Healthcare is becoming collaborative instead of the investment being focused on the back office,” says Vivek Kundra, who was the White House’s first chief information officer and now an executive vice-president at Salesforce.com, whose software supports the CNS Response system.

That, in his view, is down to three forces: rising healthcare costs around the world, and attempts to tamp that growth; the need of nations to address disease at scale, particularly in places where the population is ageing; and the rise of personalised medicine.

If those are the drivers, the tools, evangelists believe, are the cloud, social media and [mobile technologies](#).

And if the cloud democratises data and social media extend decision-making power to patients, mobile technology changes the dynamics of healthcare delivery. It is no longer unusual for specialists to be Skyped in to a consultation, and that is just the start: mobile phone apps may soon be monitoring individuals’ basic [health metrics](#), reminding patients to take medicines and sending information back to doctors or insurers.

The treatment of long-term conditions, such as [diabetes](#), is ripe for these technologies, which enhance patients' self-care options, drive down costs and improve quality of life.

Of course, these controls could alternatively create a more paternalistic system of watcher and watched – and Mr Behnke sees privacy issues as a potential drag on the pace of change. But Thomas Cawston at Reform, the UK think-tank, thinks it will enable patient choice among people only beginning to see themselves as consumers of healthcare rather than passive recipients.

That could improve health outcomes and reduce costs. Studies have shown that patients involved in decision making are more likely to visit a pharmacy than a GP, and less likely to opt for surgery, choosing instead less invasive but equally effective measures.

In a forthcoming report on “the expert patient”, Mr Cawston cites a 2012 study suggesting that “mobilising patients' knowledge and contribution to care through a programme of initiatives costing between £100 and £450 per person could deliver savings of £4.4bn in the NHS.”

Consumer-driven systems best serve motivated, engaged consumers. As for the rest, whereas in retail or entertainment, it does not matter if they are left behind, in healthcare it does.

Mr Behnke foresees a bifurcated system where primary care becomes centred on patient choice but more complex decisions – about, say, cancer care – remain in the hands of experts. Here, doctors might make use of democratised data but might not include patients in this process.

He sees institutional hurdles as a potential drag – from medical schools wedded to old systems, to investors focused on quarterly earnings.

The rest of us, Mr Kundra believes, are ready: “Patients have been hungering for this change and medical systems are beginning to catch up.”