



Patient Certificate Scheme

empowers people &
patients

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Turning the Tide on e-Health: New
Learning Curves

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Today's Global Healthcare Environment

– Healthcare providers

- Ageing population
- Strive for treatment addressing larger groups
- Increasingly expensive medical therapies
- Stretching funding limits
- Distorted incentives due to legal and institutional issues
- New types of treatments – demanding cross-area knowledge
- Globalisation

– Pharmaceutical companies

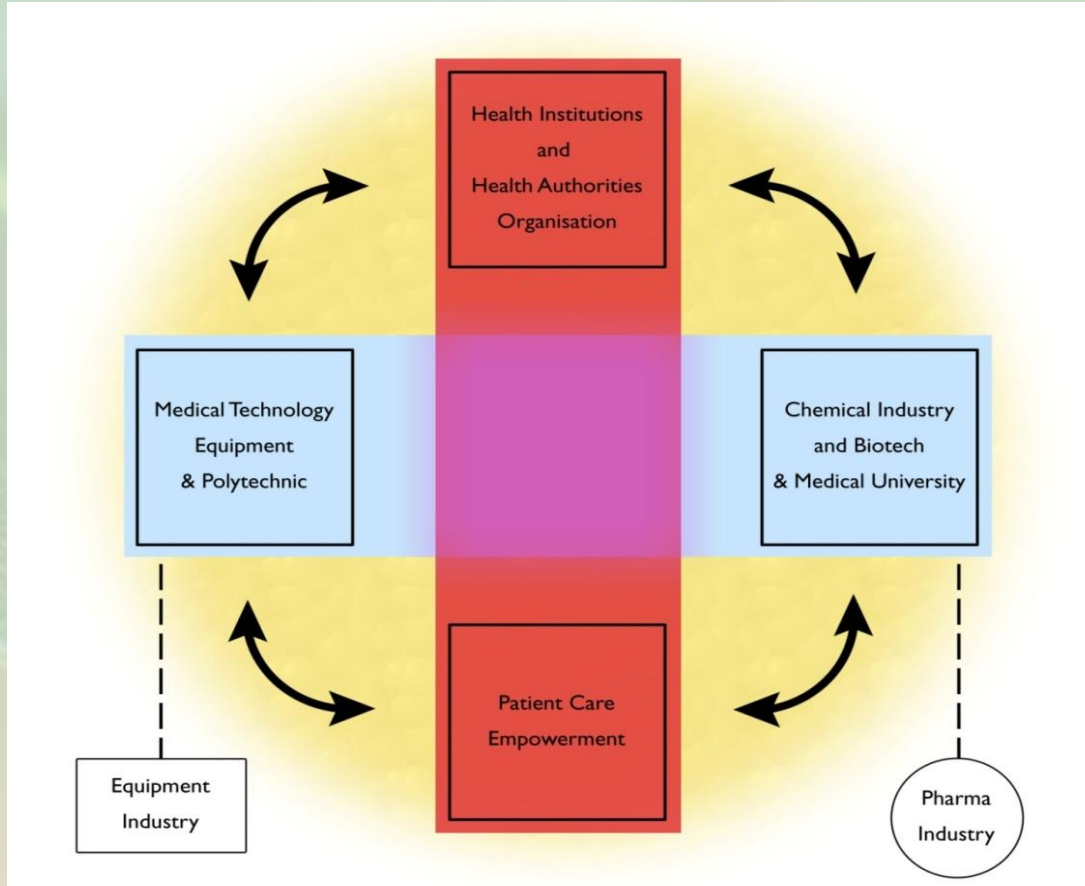
- R&D investments increasing – productivity-registrations-decreasing
- Blockbuster, stratified and individualized medicine
- Pharmaceutical industry failing to meet capital market expectations

– Governments

- Push for R&D on medical technology and biotech
- Organizational change and patient empowerment out of focus



The Stagnant Wheel



Limitations of traditional approaches

- Evidence shows medical treatment is accepted, but minimum behavioural adjustment
- High costs to reach out with factual information
- Research shows individuals do not respond to “not do” messages
- Research shows preset campaigns have little effect
- Reliance on health sector
- Lack of holistic approach

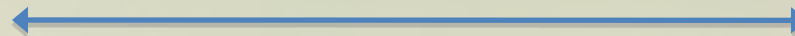
Scope for innovation through ICT

- Accessibility: high (universal), from young age
- When: any-time, anywhere, on conditions of people and society
- Barriers: mainstream use with narrow focus on entertainment and pleasure
- Success factors: make real, simple, social, adaptive
- Process steps:
 - enter
 - use
 - exit



Action

Debriefing



The Mobile Phone - an Everyday Companion



The mobile team

- Trial and error
- Experiential learning
- Edutainment studies / Exploitation of incidents

Changing Mindset

- Other way of perceiving and using mobile phones
- Not “a doctor in the pocket” but support of self-control
- Link to others “in action”
- Support for health workers
- Accessibility and reach any-time any-ware on conditions of people and society

Indications of socio-economic benefits

- Indirect costs of obesity in terms of reduced productivity to be diminished
- Lower health costs due to diminished share of population with diabetes (around 20 % of population currently, and on the rise). 35% of population currently beneath 15 years of age, difference of successful preventive scheme could be 10% of population in diabetes in 10 years time
- Reduced medical costs for patients/individuals who have developed diabetes
- Reduced costs of medical treatment, sickleave and premature death from cardiovascular diseases
- Reduced health and sickleave costs from other obesity-related diseases and health problems
- Reduced costs for healthcare services in peripheral and rural areas
- Reduced inequality and divide in health services and health status