



Monday March 9, 2009
9:00 to 10:30

Lyon Convention Center
France

HEALTH & TECHNOLOGIES: FROM HOSPITALS TO HOME

Moderator

- **Victor Rodwin**, Professor, New York University, USA

Speakers

- **Twalib Ngoma**, Director, Ocean Road Cancer Institute, Tanzania
- **Howard Berliner**, Professor and Chair, Health Policy and Management, SUNY Downstate School of Public Health, USA
- **Paul Corrigan**, Strategy and Commissioning Director, National Health Service, UK
- **Thierry Zylberberg**, Executive Vice President, Strategic Partnerships, General Manager Healthcare Division, France Telecom, France
- **Rick Harwig**, Chief Technology Officer, Philips Royal Electronics, The Netherlands

Summary

- Health technologies are used at every level of the healthcare system; advances in technology are seen as drivers to improve health outcomes and overall performance of a healthcare system.
- In his speech, **Thierry Zylberberg** named the three major challenges of future health services: ageing population, costs of managing of chronic diseases, and healthcare system organisation.
- To counter these challenges, he proposed three strategies: promotion of higher treatment efficiency, treatments at home and organisation of health provider networks.
- He also showed examples where e-health already adds value to health services or can be considered. In medical technologies, these can be implants, cameras, or remote surgery; in information and communication technology (ICT), these can be hospital information management, remote monitoring or therapeutic education.
- To improve healthcare through technology, all stakeholders in a healthcare system need to be addressed including patients and their families, providers, payers, hospitals, pharmaceutical companies, as well as public authorities.
- In a second overview, **Rick Harwig** presented examples of health technology applications and the progress that has been made over the recent past.
- The best strategy to reduce healthcare costs still lies in the prevention of severe diseases with subsequent hospitalization and follow-up treatments.



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- Therefore, Rick Harwig stated that we need to pay more attention to health and prevention management, e.g. through activity monitoring or rehabilitation exercising.
- In the case of chronic diseases, some technology solutions are already in place, which are used for remote monitoring and patient management.
- **Paul Corrigan** then talked about how technology has already changed the healthcare system and patient behaviour over the past years, e.g. electronic health records bring data together to one place.
- He advised constructing interactive databases with 2-way communication allowing for those parts of the population who want to share their information.
- He sees several opportunities for getting information across although some people are not used to technology and even see it as a burden.
- **Howard Berliner** sees some issues concerning new ways of gathering and sharing information: the best technology does not help, if we lose individual contacts between a patient and a doctor or a nurse or a social worker and do not ensure that technology is adapted to individual needs and not vice versa.
- He raised some critical questions: Who will monitor the quality of technology when it is used outside the hospital in homes? What happens, if health information does not fit into a peer group? And in concluding, who will pay for the extensive costs of new technologies?
- **Twalib Ngoma** gave insights into medical services and the use of technologies in developing countries like Tanzania.
- Developing countries cannot afford expensive technologies, do not get maintenance support for old devices, struggle with continuous power shortages and insufficient fresh water supply, and people have different views on technologies in healthcare.
- Use of health technology is appreciated in developing countries, but technology comes with its price.
- He called for developing simpler and more robust technologies; otherwise he suggested that the evolution of technology would be too fast for developing countries to keep pace with.
- **Rick Harwig** and **Thierry Zylberberg** responded that the challenges of developing countries, adopting new technologies, are fully recognised; however much progress has been made in recent years in developing countries with simple technologies, e.g. filters for cleaning water, setup of power supply and light, introduction of mobile phone networks, etc.
- In the final discussion, the panellists shared their views on the responsibility for patient health.
- **Howard Berliner** stated that many people don't want to take responsibility for their own health; the 'old' relationship between one patient and his one doctor has been broken up; in a decentralised healthcare system the problem is that responsibility is also decentralised.
- Finally, **Rick Harwig** shared his dream that people will benefit from new health technologies as they did 20 years before when changing their behaviour using consumer electronics.

Quotes

"Some people believe that social change is driven by 'naked self interest'. Others believe that it is driven by ideas. And a third group believes that it is driven by technology."
Professor Victor Rodwin

"At Philips, we think that it is not all about technology. We think it is all about people."
Dr. Rick Harwig

"The driver of health information in the past was to provide for medical services only. Today it is a more consumer-oriented usage of information."
Dr. Paul Corrigan

"The issue is to what extent personal information is spread and who gets access."
Professor Howard Berliner

"Health technologies are not as available in developing countries as in Europe."
Dr. Twalib Ngoma

"In developing countries you face questions about whether or not to use new technologies. But the important issue is not whether the use of a certain technology is helpful to your patient, but whether it fits with the nation's priorities."
Dr. Twalib Ngoma

"The statement of a Californian student is still valid for health technologies: 'The future is already here, but unevenly disposed.'"
Thierry Zylberberg