Developments in technology afford new methods of treatment, new methods of recording data, and new methods to share information with more people than ever before. With that in mind, participants at Salzburg Global’s session on Toward a Shared Culture of Health: Enriching and Charting the Patient-Clinician Relationship, have been asking themselves how this technology can be better used.

Technology can be used to empower patients, physicians and other health professionals. The question is how to make this technology work for all invested parties in the patient-clinician relationship.

In the past few days at Schloss Leopoldskron, participants have considered how patients have recorded their medical data as a form of empowerment, and as a method of seeking positive change through better treatment. They’ve also heard from speakers who have looked at the relationship between technology and transparency. These talks have been designed to enable fruitful thinking as to how create and enable new ways of recording a patient’s journey.

Make health care easy
On Monday morning, participants heard about what could occur if the right tools were placed in the right hands. The speaker behind the talk outlined the future of health lies in the optimum use of technology for primary health. In his presentation, he promoted the view that a multidisciplinary expertise could enable a comprehensive understanding of the needs of the health care system.

After describing health care as “one of the most stress inducing topics,” the speaker highlighted work taking place in India to make the patient treatment workflow better. He cited work taking place at Mohalla Clinics. In between April and December 2016, 110 clinics in Delhi treated 1.5 million people. The clinics are praised for treating minor ailments outside hospitals, which in turn free up doctors to focus on complicated diseases and surgeries.

The speaker said these clinics provided a paperless clinic workflow, where the average time for patients end to end hovered around four minutes. Participants heard the clinics were easy to use, accessible, instant, and patients were co-designers of health. The clinic is an example of a greater push in how the future of primary health care can be reimagined. The speaker suggested there was existing technology in place which could be used to a better advantage. He said, “It’s time for us to reformulate the role of the local clinic.” Ending his presentation, he outlined four points: make health care easy; share data but have mediators to help.

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Anatole Menon-Johansson: “For me electronic records are like black boxes on airplanes, they allow you to manage information”

Fellow discusses empowering women and the use of digital health tools in his work

Andrea Abellan

Dr. Anatole Menon-Johansson’s testimony is clear proof of the successful integration of digital health tools in everyday clinical activities. Menon-Johansson’s professional experience is focused on sexual and reproductive health. He puts his energy in various activities; he is the clinical director for the charity Brook, the lead of the integrated service at Guy’s & St Thomas’ NHS Foundation Trust and the founder of two innovative social enterprises: SXT and SH24.

Menon-Johansson is a passionate advocate of the possibilities technology offers to assist patients. He decided to start using digital tools a long time ago, starting a decade ago with the use of text messaging results. Through this system he sees patients getting back more promptly to reduce the spread of infections. Text messaging is now a standard practice in sexual health care, but Menon-Johansson was one of its early adopters.

The Sexual Health Clinic he leads in London became completely paper-free four yours ago. “We have all data saved in one single platform, which helps us to monitor our activities. For me electronic records are like black boxes on airplanes, they allow you to manage information properly,” he explains. Patients can make online appointments through booking service Zesty. Their time spent in the waiting room is reduced with the digital queues that a software named Qudini enables. Patients can get registered in the reception and then leave if they want to do anything else. A text message will let them know when their time arrives. In the meantime, they can keep their position in the line. “We have digital tools involved in the whole process, since a patient books the service and waits to be seen until they get their results back by an SMS,” the doctor states.

The platform SXT.org.uk that Menon-Johansson designed, helps users to find the right service when they need to get tested for sexually transmitted infections, and if they need advice for abortion or sexual violence support. Another interesting adaption of the platform is the partner notification through which users can anonymously inform their sexual partners about a diagnosis. The sexual partners are advised on the best options to be tested. Another website he has helped to design, SH24.org.uk is focused on providing free testing for sexually transmitted infections (STIs). Its functionality is easy to navigate and oriented to preserve the confidentiality of users who receives the test and the results within 72 hours.

Menon-Johansson presented his web-based emergency contraception calculator during the Salzburg Global session Toward a Shared Culture of Health: Enriching and Charting the Patient-Clinician Relationship. He says, “In the UK we have 186,000 abortions every year. We expect about 400,000 births, but we end up with 700,000. These numbers show the real disconnection between what women want and what actually happens to them.”

Thus, Menon-Johansson explains, it is important to keep raising awareness of contraception methods. He supports the use of the Intrauterine Device (IUD) with copper as one of the methods offering better results. Menon-Johansson argues, “Research proves that it’s more reliable than any other emergency contraception method. I want to make sure that women understand that there are good alternative solutions they can benefit from.”

The calculator service has a positive effect on the doctor-patient relationship too. It helps women analyze the data they have stored on their phones so they can have an idea of their risk of pregnancy and of the options they have. Menon-Johansson says, “I have real troubles when this information is not given to a woman before she meets the specialist because then she can feel under pressure to follow the doctor’s instructions and that goes against their autonomy.”

The calculator was well received by the Fellows, who provided Menon-Johansson with useful advice. Most of the suggestions were oriented toward a better promotion of the platform. Participants proposed to include advertisements in social media channels, games or dating apps seeking to reach young women who might be those facing a bigger risk. Menon-Johansson explains that one of the biggest challenges he finds when developing health care technology is convincing a still very conservative audience. He says, “I have already proved that the system I’m using works, now I want to show its potential to amplify the quality of the health care system and to support clinicians in their work.”

The calculator is currently only available in the UK, but Menon-Johansson expects this will change soon. In May, he is attending the Health 2.0 Europe conference which will take place in Barcelona and hopes this event will open the doors to the Spanish market.

Menon-Johansson says he is leaving Salzburg Global feeling richer in knowledge and is looking forward to implementing many of the suggestions fellow participants have given to him. He says, “I have enjoyed the way the seminar has evolved from exposing problems to looking for solutions. It’s always important to reflect about how to implement good ideas that can make real things happen.”
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patients understand it; get data automatically; and address human needs through community contact, as well as personal contact.

In response to this presentation, one participant outlined activities which were already in practice in the US. In one area, something similar to DNA biobanking is taking place except the data being used is people’s past and present social media posts. Around 5,000 patients have agreed to this, which allows them to “passively” contribute to their medical records just by going about their day-to-day lives. The participant said that because personal behaviors are digital and more accessible, patient engagement now means something entirely different.

Good over evil

This talk was followed by a presentation on learning from patients. Prior to starting, the speaker said the theme of the conference was “good over evil.” He highlighted presentations participants had heard from on Sunday to highlight the role of the patient. The end game is improving the way people work together, respect and honor, and the use of technology. As much as people want a good relationship with their clinician, the speaker said they would also like effective treatment and to be in a better situation.

The speaker referred to the “kingdom of research,” a land where “subjects” exist under the rule of a sovereign (researcher). In scenarios like this, the subject often doesn’t receive results, doesn’t feel part of the team, and doesn’t receive thanks. The speaker said he didn’t like using the word “patient.” Rather than learning from patients, he said he prefers learning with people, suggesting each party brings something new to the table to be considered. While citing related research, the speaker suggested patients should be seen as partners to achieve better results, not just participants. He later elaborated on this, suggesting nothing should be hidden behind people’s backs. Participants heard legislation in the US allows people the right to information but there is a need for tools to make that information more accessible. He advocated for technology in medicine to be highly “permission-based.”

This presentation drew several responses. Participants said most people were happy to give over their data, but the challenge was to inform people.

Let health care help patients help themselves

On Sunday, participants learned about one participant with Parkinson’s disease. She explained how she increased “feel-well time” as a result of self-tracking. The patient used this data to see progress or changes, rather than relying on one hour a year with a doctor. The data collected led to a change in her prescribed medication. She called for health care to help patients help themselves, and proposed the idea of a “lead patient,” who patients are encouraged to become.

In the presentation which followed, the speaker spoke about herself and her son dealing with separate illnesses. She shared how health care quantifies both her and her son, tracking changes over years, and medications needed.

She suggested many doctors tend to attribute symptoms to generalized demographics, rather than treat cases individually. As a carer of her son, she was treated as an enemy, not an ally.

She said patients can help other patients through peer support, and this form of support can actually give more help and strength than what doctors provide.
**Hot Topic:**

“**What are the advantages in integrating new technology into health care?**”

Denise Macalino

“I think this is a very important issue, and I think there are many lines that can be developed. And those lines are not necessarily integrated. On the one hand, from a user or patient perspective, technologies allow users to develop stronger solidarity among them. And better forms of communication, to actually give advice, to actually do self-help, but also to move beyond that and develop forms of advocacy work, and to request better treatment. In the user world, technologies have a very specific meaning while, in the medical world, what we see is an imperative to be more efficient, to create more value out of interventions. I think those are kind of two different paths, and I think we need to think of them [as] one.”

Cristian Montenegro

Sociologist pursuing doctoral studies at the London School of Economics’ Department of Methodology, UK/Chile

“As part of being here in Salzburg and actually seeing what other individuals, and other organizations, and countries have done, it’s really opened my eyes in terms of what might be possible. People have advanced, and especially in health care, [with] tools that have been have been built from the other countries, in helping people manage their health and prevent certain diseases or conditions – or even speed up the process of patient’s getting care. So that’s how I see the technology helping patients, and the process, and speeding it up… I think when people think about technology, they’re scared, and it’s sometimes very complicated and it’s trying to explain that in simple words. I think fear is sometimes our greatest enemy. It’s the unknown that makes us not want to change or not want to move forward.”

Selina Brudnicki

Program Lead for myUHN Patient Portal at the University Health Network in Toronto, Canada

“I think that it’s hard for me to imagine a future of health without technology integrated into it. We are being a lot less experimental, a lot less adventurous with technology. I think that there’s a lot of historical reasons for it. But I feel that technology that is actually driven by the health care system, can actually be really, really good. What’s happened up until now is that the health care technologies have had a little bit of a step-brotherly treatment. The health care system doesn’t really own them, it buys them. I’m a really big fan of [asking] what if the health care system reimagined and reinterpreted technology? [What] would it mean if they were doing it themselves? So I think that there’s a lot of scope for doing that, and there are ways to encourage the DIY movement in health care – by that I mean the health care systems actually developing some of the [technology]. That would be, I think, a major revolution. That also applies to patients. Patient-driven technology, technology designed by patients and patient groups, would be fascinatingly applicable and revolutionary for the health care system. So I’m very excited about that.”

Kanav Kahol

Independent Consultant, India

“The advantages are that it allows patients to access their records and understand their health much better. And they can manage their health conditions much more effectively than in the five minutes they get with a doctor. The advantages for clinicians are that it makes our jobs easier, right? It makes it more efficient to do prescribing using digital technologies to write our letters to each other, to make referrals between health care professionals. It makes our lives easier, and it makes it easier for patients to manage their health conditions.”

Jemma Batte

Clinical Fellow to Bupa’s National Medical Director, UK

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#SGShealth In healthcare decisions clinicians are confronted by more ignorance than knowledge.

Tessa Richards
@tessajrichards

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Harlan Krumholz
@hmkyale

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Louise Schaper
@louise_schaper

#SGShealth An immense amount of valuable information in 2 Knowledge cafes. Appreciation for all the coordinators.

Maho Isono
@mahoisono

Impressed w/ work in India at community clinics. Avg end to end care is 4 min 18 sec. Includes diagnostic tests & instant results #SGShealth

Selina Brudnicki
@sbrudnicki

To view a list of participants at this session with Twitter accounts, please visit: twitter.com/SalzburgGlobal/lists/sgs-553