



Patient Destiny

“Patients as partners in their healthcare”

Patient Empowerment: A Key Ingredient in System Sustainability

Kevin J. Leonard, PhD

Associate Professor, HPME

Faculty of Medicine, University of Toronto

Founder, Patient Destiny

Waterloo Wellington CCAC Speakers Forum

June 15, 2011

Patient Destiny focuses on:

- Identifying opportunities for eHealth innovation with a particular eye for the patient role
- Raising awareness (within healthcare and the public) of the need for this development
- Involving patients and other stakeholders in the development of eHealth Solutions from Design all the way through to Implementation
- Performing Benefits Evaluation

www.patientdestiny.com

Patient Destiny's Rules

Rule 1:

Investing in Improving Quality
Health Outcomes reduces
Overall System Costs.

Patient Destiny's Rules

Rule 2:

The “best” way to sustain Improved Health Outcomes is through Patient Partnerships (i.e., patient engagement).

Patient Destiny's Rules

Rule 3:

One way to ensure Patient Engagement is through Electronic Data Exchange and Communication (i.e., eHealth tools).

One Patient, One Record

1. Should patients be able to access their own health information without having to wait for their doctors' approval and consent?

	<u>Patients</u>	<u>HCP</u>
• Yes:	84.8%	95.8%
• No:	15.2%	4.2%

Kevin – the Patient

DIAGNOSIS – Conditions: Crohn's Disease (1971); Asthma (1960); Allergies to all fish/all nuts (1960)

DRUG REACTIONS:

Remicade, Cimzia – impact LV Ejection Fraction, ongoing

Septra – 800 mg (4 tabs daily) – DC May 2008 – caused lowering of RBC count

Amikacin related to significant hearing loss in December 2005; Patient wears hearing aids

Imuran – two injections – liver reaction – spiked fever of 103 degrees, 1993

Methotrexate – on/off 25mg injections since 1996; developed poisoning Dec 2009

MEDICATION LIST:

Codeine – 240mg daily (8 x 30mg) FOR SHORT GUT; **Sandostatin SAR** (1 x 200 µg/day)

Cipro – 500 mg BID; **Flagyl** – 250 mg BID PRN only

Prednisone – 15 mg (daily dose of 3 tablets ONLY);

Tecta – 40 mg (BID)

Lovenox – 40 mg daily

Atacand – 2 mg daily

Vitamin D (2000 IU); **Micro K** (2 tabs) daily; **B-12** Injection – every 4-6 weeks

Ventolin – PRN; **Alvesco** – once daily; **Spiriva** – one capsule daily

Oxycodone HCL – 10mg PRN

Aclasta – one time annual infusion for osteoporosis (last June 2010)

One Patient, MANY Records

1. Calvin Lei - Family Physician
2. Stephen Wolman – Gastroenterology
3. Lorne Rotstein – Surgeon
4. Anna Sawka – Endocrinology
5. Harry Rakowski – Cardiology
6. Charles Chan – Respiriology
7. Erik Yeo – Hematology
8. William Brien – Hematology
9. Johane Allard – TPN
10. Khalid Syed – Orthopedic Surgeon
11. Neil Fleshner – Urology
12. Christopher Chan – Nephrology
13. Lianne Tile – Osteoporosis
14. Michael Easterbrook – Ophthalmology
15. Dalal Assaad (Sunnybrook) – Dermatology
16. John Rutka – Otolaryngology
17. Peter Tai - Neurology
18. Andrea Clark (Mount Sinai) - Nutritionist
19. Donald Novak – Dentist

“One Record” Economics

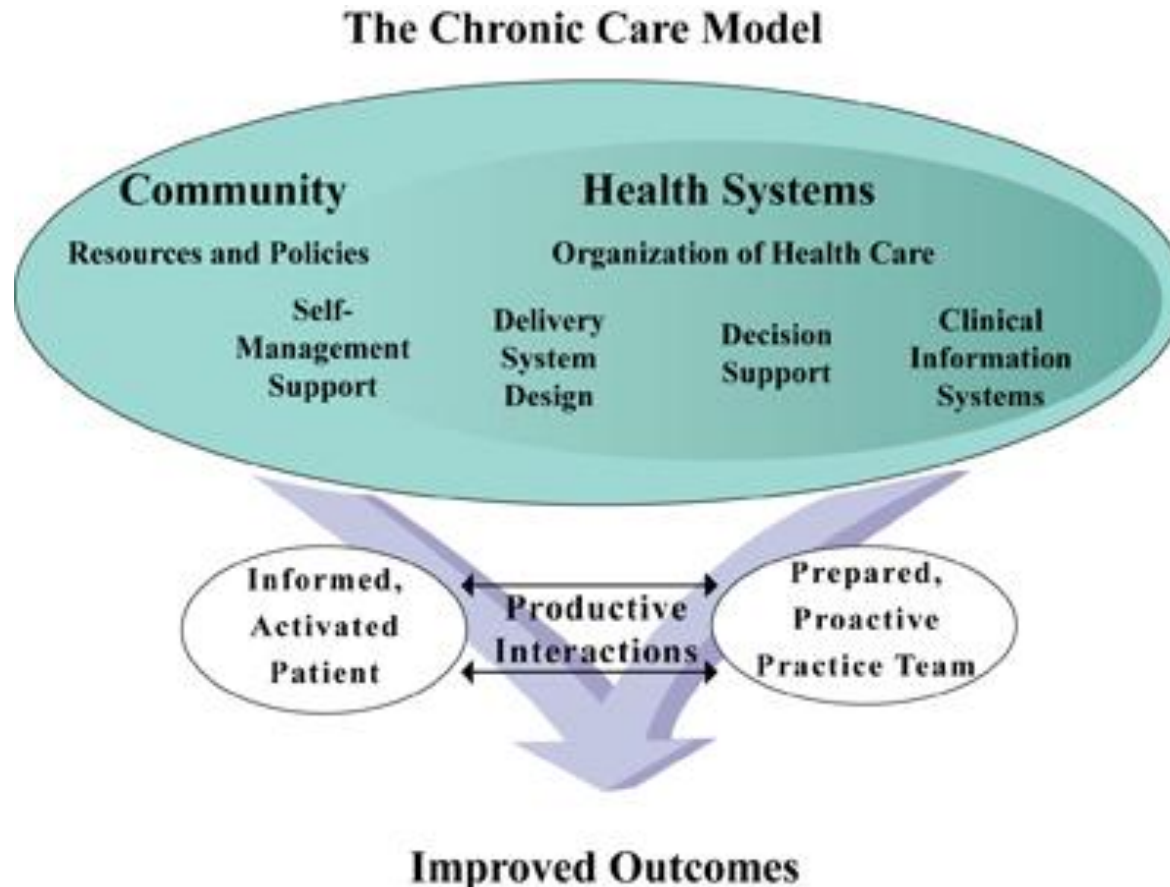
- Health System in equilibrium when there is Demand = Supply
- Patients today are capable of alleviating some of the “volume delivery stress” on the system by helping to manage their care.
- Coined the term 3Cs (Consumers with Chronic Conditions)
- Chronic disease management – early adopters
- Not for all patients

The True Cost of Chronic Disease

- 70-80% of healthcare system costs relate to chronically ill (approx. 30-40% of population)
- Estimated 12.8-14.8 million Canadians with 3Cs (approx. 13.8 million patients)
- About \$130 billion spent on 3Cs in Canada (out of \$180+ billion healthcare expenditures)

www.improvingchroniccare.org

Wagner EH. Chronic disease management: what will it take to improve care for chronic illness? Eff Clin Pract. 1998;1:2-4



Patient Destiny – Innovation

- Patient portals
- Mobile devices
 - Virtual Coaching
- Social networking
 - Facebook, Twitter
- Become the hub of information on what is happening globally
- Host ongoing Speaker Series

Patient Destiny's November 2011 Conference and Workshop

To promote:


Patients as partners
in their healthcare.

Conference and Workshop: November 2 and 3, 2011 - Toronto

- **Attendees:**
 - Patients and their care team
 - Providers
 - Healthcare management
- **Purpose:**
 - “Working” conference to advance and expand the dialogue on patients having electronic access to their own health information
- **Deliverables:**
 - Identification of concrete first steps enabling patient access and preparation of “how-to” guide

[White Blood Count](#)



My Test Result: Apr-14 14:52 - 159 g/L

 Your most recent value is **in the normal range** for your sex.

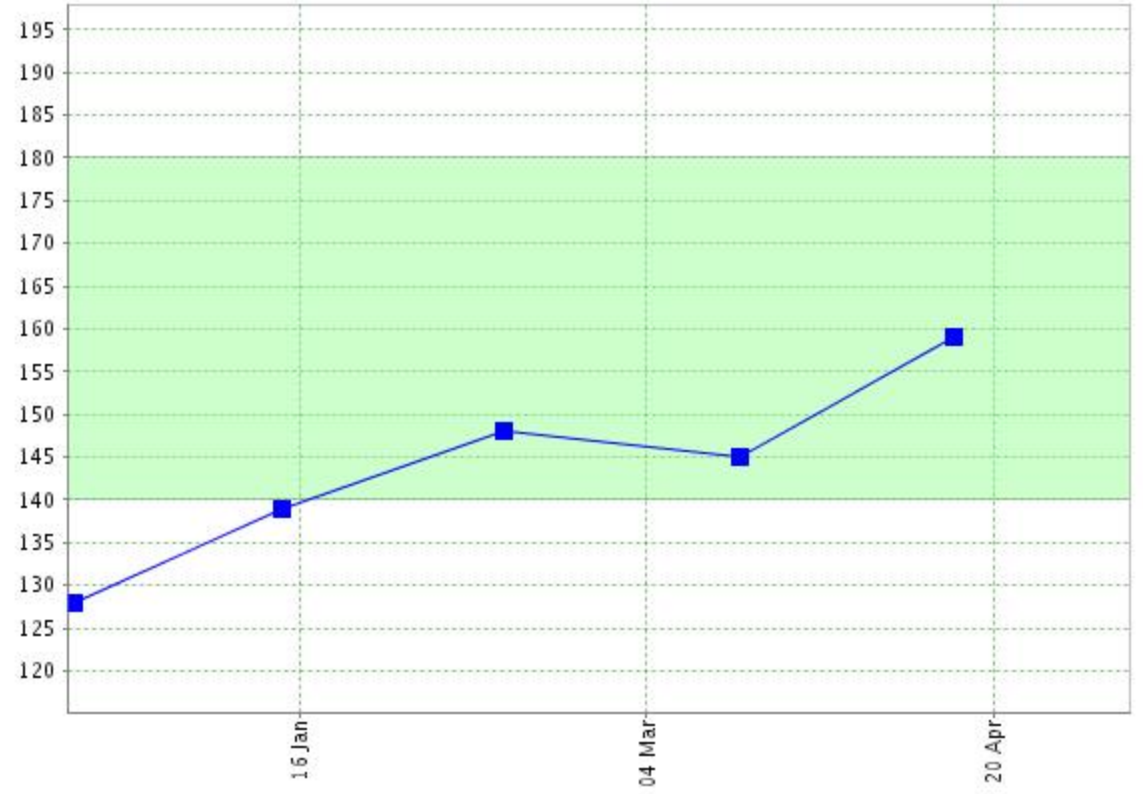
If your health care providers determined that you should take erythropoietin injections, a normal hemoglobin result means that the dose of the erythropoietin that you are getting is correct.

Test Results

The normal range for this test is: **140.00 - 180.00**.  Value is outside the normal range


Date of Test	Result
Apr-14 14:52	159 g/L
Mar-16 15:34	145 g/L
Feb-12 13:17	148 g/L
Jan-13 12:05	139 g/L 
Dec-16 10:00	128 g/L 

[«Prev](#) | [1](#) | [Next»](#)



[White Blood Count](#)



My Test Result: May-13 11:12 - 155 g/L

 Your most recent value is **in the normal range** for your sex.

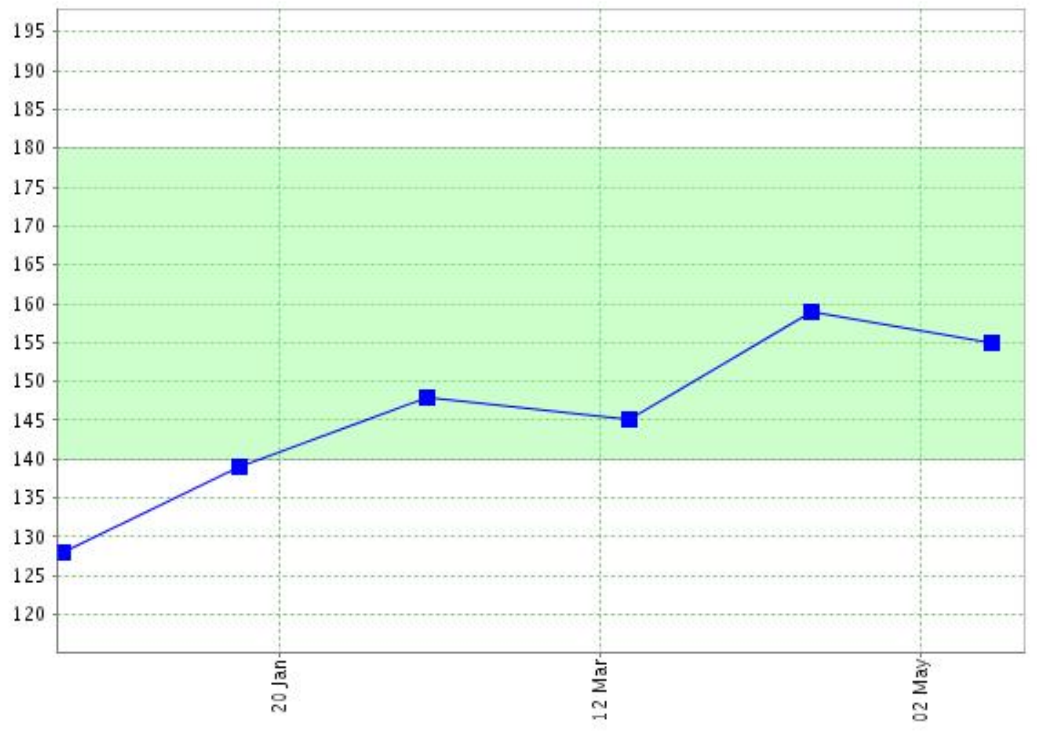
If your health care providers determined that you should take erythropoietin injections, a normal hemoglobin result means that the dose of the erythropoietin that you are getting is correct.

Test Results

The normal range for this test is: **140.00 - 180.00**.  Value is outside the normal range

Date of Test	Result
May-13 11:12	155 g/L
Apr-14 14:52	159 g/L
Mar-16 15:34	145 g/L
Feb-12 13:17	148 g/L
Jan-13 12:05	139 g/L 
Dec-16 10:00	128 g/L 

«Prev **1** Next»



Patient and Provider: Collaboration and Consultation

- Patient responsibility
- Care team – members on both patient and provider side
- Patients can drive their own healthcare



A Prescription for
PATIENCE

*A guide to improving
our healthcare system*

Kevin J. Leonard Ph.D.