

Teknologia henkilökohtaisen terveyden vaalimisen apuna

Iikka Korhonen 11.05.2006

VTT TECHNICAL RESEARCH CENTRE OF FINLAND

Healthcare Challenges in the 21st century

Healthcare payers

Value for money
Reduce costs

Care providers

Cost
Effectiveness
Efficiency
Quality
Resources

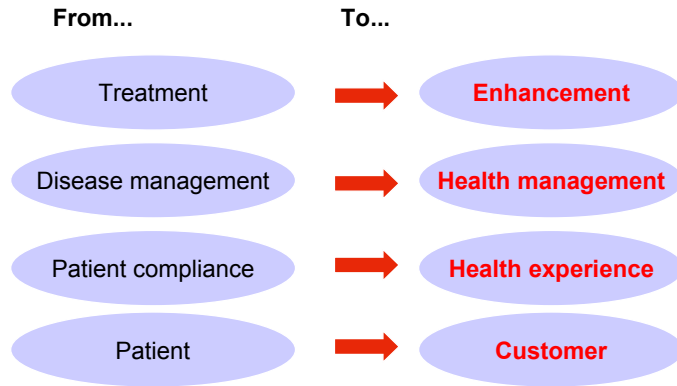
Patients

Quality of life
Access to care

Needs

- Citizen centric health services
- Continuous care across organizational boundaries between *Public & Private & 3rd Sector Providers & Primary & Specialised care & Occupational health services*
- **Expanding scope of medicine (supply) vs. Citizen expectations (demand) vs. Resources**
- Equity, Quality and Cost concerns

PARADIGM SHIFTS



From Philips



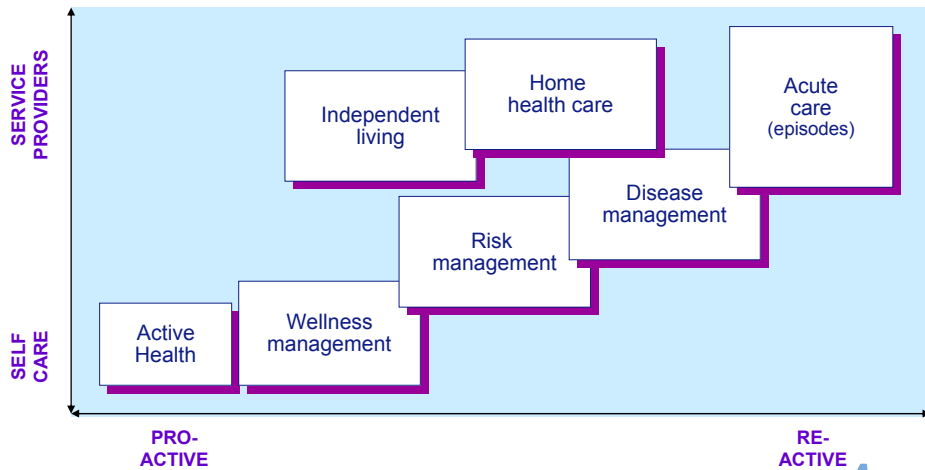
**Whose health?
Who cares?**



Categories of applications (by Philips)



Application clusters



How?

Technology – visions and state-of-the-art



Philips Smart Environment Scenario

Allen monitors sleep patterns; links to lighting, heating and air conditioning to control sleep and wake-up environment

twentieth floor of a New York apartment block!



Intelligent duvet adjusts its thermal insulation rating for optimum comfort; links to room heating and air conditioning systems.

Tray provides audio/video communication, web browsing and TV viewing; automatically adjusts food and drink temperatures.

Emile Aarts holds a PhD in physics from University of Groningen, the Netherlands. In 1983 he joined Philips Research in Eindhoven where he moved into computer science. In 1997 he was made a professor of computer science.



Philips HomeLab



Wearable systems for Healthcare: to enable....

- Continuity of care
- Health conscious citizen
- Needs of patient for better care
- Managed care, limited healthcare budgets
- Healthcare quality control and improvement
- Societal changes e.g. lifestyle, ageing, chronic diseases

HealthWear by Bodymedia, Inc



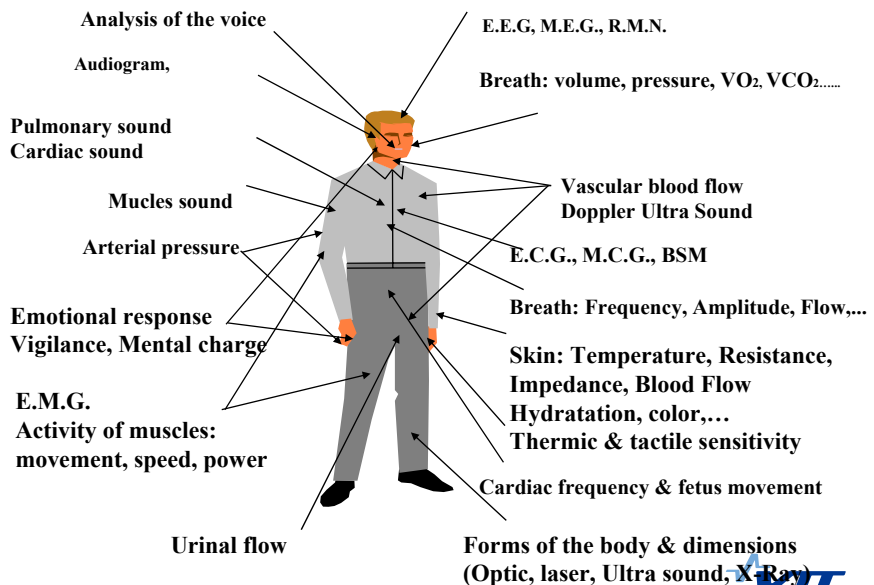
LifeShirt by Vivometrics, Inc



• Current shift paradigms

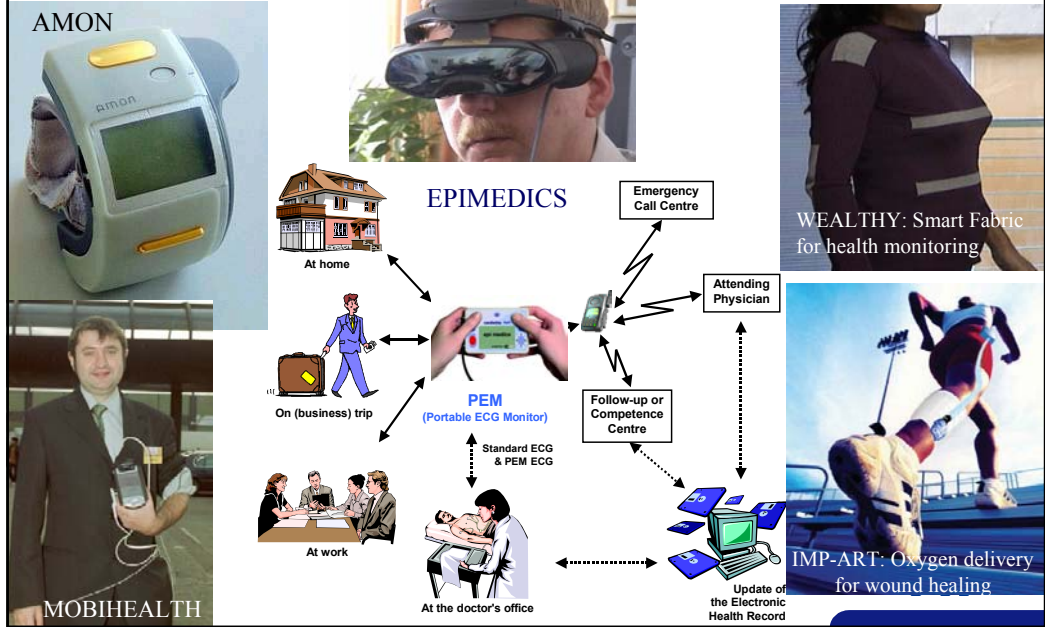
- From portable to wearable
- From monitoring and treating to preventing
- From low-cost to ultra-low-cost

IEEE EMBS Technical Committee for
Wearable Biomedical Sensors and Systems



eHealth systems for Patients – EC Projects Results

PARREHA



VTT TECHNICAL RESEARCH CENTRE OF FINLAND

Future scenario: disposable unobtrusive health sensors



State-of-the-art

- Measurement devices
 - Technically advanced
 - Wireless transmission:
 - Most devices don't have
 - Different technologies (Bluetooth, IrDA, inductive link, ANT, ZigBee, WLAN, WiFi, ...)
- Services
 - Web services
 - Web + mobile phone
 - Different service for each device
- Measurement devices are incompatible → Each device has its own transmission technology, services, user interface, etc.



www.omron.com



www.polar.fi



www.soehnle.com



www.nokia.com



www.bodymedia.com



Coming soon(?)

- Easy to use
- Unobtrusive measurement
 - Comfortable
 - Light-weight
 - Invisible
- Low/no-maintenance & installation
 - Long battery-life (months to years)
 - Easy calibration (if any)
- Wireless
 - Devices compatible
 - Automatic data transfer
- Services
 - Web service, web community
 - "Life coach"

SERVICES



www.bodymedia.com

http://www.ethlife.ethz.ch



www.nokia.com



www.bodymedia.com



www.istsec.fi



www.omron.com



www.polar.fi

ON THE MOVE



www.emfit.com



www.soehnle.com



www.omron.com

AT HOME



Blood Glucose Monitoring

Now...



Roche Accu-Chek Softclix
www.accu-chek.fi



Abbott Precision Xceed
www.abbott-diabetes-care.de



LifeScan OneTouch UltraSmart
www.lifescaneurope.com/fin/

...and in the future



Glucowatch G2
www.medtronic.com



Medtronic MiniMed 2007 Implantable Insulin Pump System
www.minimed.com



**Why?
And why not (yet)?**



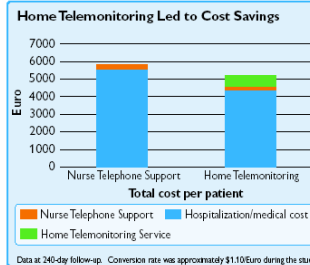
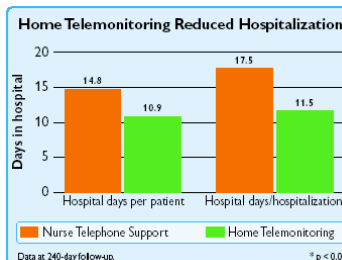
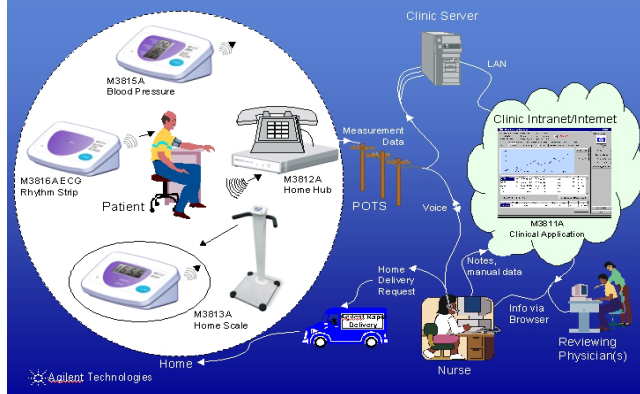
Polar Electro



Example of existing proof (Philips Medical)

- Congestive heart failure
- Home telemonitoring (Philips Interactive Health Services)
- Randomised prospective trial, 426 patients, 12 medical centers (NL, UK, Germany), >240d (mean 480d, total 205.000d)
 - Control
 - Nurse telephone support
 - Telemonitoring
- 26% reduction in hospital days
- 10% reduction in cost
- Improved survival rate
- However: main impact from re-organising care, monitoring (technology) contributed less than that

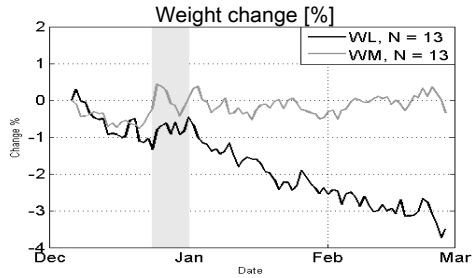
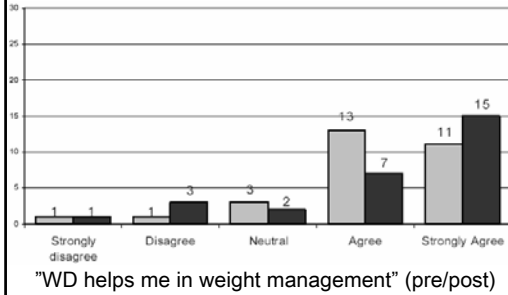
Interactive Healthcare Services



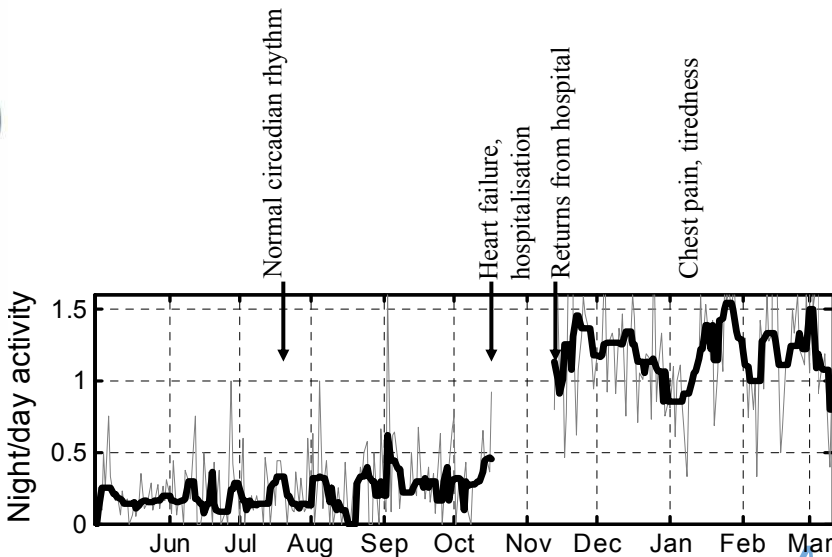
Personal weight management through Wellness Diary

(In collaboration with Nokia)

- **Idea:**
 - Based on CBT based psychological model of human behavior
 - Mobile phone centric (*S60 application*)
 - As simple as possible
 - Activates user to observe his/her behavior
- User pilot: 29 volunteers (3 drop outs), 3mths



Example: activity monitoring by IST Vivago WristCare



IST VIVAGO® - AN INTELLIGENT SOCIAL AND REMOTE WELLNESS MONITORING SYSTEM FOR THE ELDERLY

A. Särelä¹, I. Korhonen², J. Lötjönen², M. Sola³, and M. Myllymäki¹
¹IST International Security Technologies Oy, Helsinki, Finland
²VTT Information Technology, Tampere, Finland
³Department of Public Health, University of Tampere, Finland

Automatic Sleep-Wake and Nap Analysis with a New Wrist Worn Online Activity Monitoring Device Vivago WristCare®

*Jyrki Lötjönen PhD, †Ilkka Korhonen PhD, ‡Kari Hirvonen MD, §Satu Eskelinen, ¶Marko Myllymäki MSc, †Markku Partinen MD
 *VTT Information Technology, Tampere, Finland; †Helsinki Neurological Research Center, Helsinki, Finland; ‡IST International Security Technology Oy, Helsinki, Finland

J. Sleep Res. (2005) 14, 61-68

Circadian activity rhythm in demented and non-demented nursing-home residents measured by telemetric actigraphy

PAULA PAAVILAINEN¹, ILKKA KORHONEN², JYRKI LÖTJÖNEN², LUC CLUITMANS², MARJA JYLHÄ¹, ANTTI SÄRELÄ³ and MARKKU PARTINEN⁴
¹Tampere School of Public Health, University of Tampere, Tampere, ²VTT Information Technology, Tampere, ³IST International Security Technology, Helsinki and ⁴RinneKoti Research Centre, Espoo, Finland

The 9th European Medical and Biological Engineering Conference
 EMBEC05 November 20 – 25, 2005
 Prague, Czech Republic

DIFFERENCES IN LIGHT SLEEP AND DEEP SLEEP MEASURED WITH IST VIVAGO® WRISTCARE

E. Lamminmäki*, A. Saarinen**, J. Lötjönen*, M. Partinen*** and I. Korhonen*

* VTT Information Technology, Tampere, Finland
 ** Rokua and Kajaani Rehabilitation Centres, Finland
 *** Skogby Sleep Clinic, Rinnekoti Research Center, and Department of Neurology, University of Helsinki, Finland

Original

Telemetric activity monitoring as an indicator of long-term changes in health and well-being of older people

Paula Paavilainen MSc
 Tampere School of Public Health
 FIN-33014 University of Tampere, Finland
 E: paula.m.paavilainen@uta.fi

Ilkka Korhonen Dr Tech
 VTT Information Technology
 P.O. Box 1206, FIN-33101 Tampere, Finland

Markku Partinen MD PhD
 Skogby Sleep Clinic, Rinnekoti Research Center, and Department of Neurology, University of Helsinki
 Kumputie 3, FIN-02980 Espoo, Finland

October 2005, Vol 4, No 2



Telecare and telehealth for independent living

- Telecare: provision of care remotely by ICT
 - Emergency alarms (also called social alarms) for fire, burglary, flood, health
 - This is provided typically by social care systems**
 - Access control of demented subjects

- Telehealth: enabling a clinical process to be conducted remotely
 - Remote monitoring of vital signs
 - This is provided typically by health care systems**

- Optimally, telecare and telehealth solutions should be integrated
 - decision making
 - care provisioning
 - payment models

are typically not (in many countries)!



MAKING HEALTH IT HAPPEN Four Pillar Framework

- 1) An **actor network** that develops the solution and evolves over time;
- 2) A **health ICT application** that is developed by the actors together with the services and other changes needed in health service delivery;
- 3) Acquiring **proof** or evidence of the value of the health ICT application; and
- 4) Positioning of the health ICT application in the **value production network** and integrating it with the other ICT applications according to need.

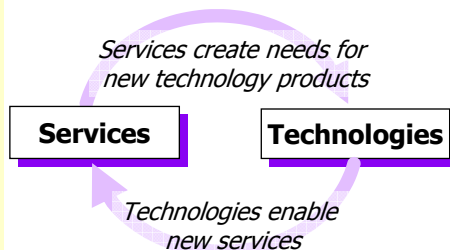
Saranummi N, Korhonen I, Kivisaari S, Ahjopalo H. A framework for developing distributed ICT applications for health. In: *Proceedings of the 1st Distributed Diagnosis and Home Healthcare (D2H2) Conference*, Arlington, Virginia, USA, April 2-4, 2006. pp. 137-143.



Making it Happen for pHealth - Challenges

SERVICES & BUSINESS PLAN

- Positioning of the product in solution provision chain of service and technology providers
- Producing evidence of value of the product to users and payers

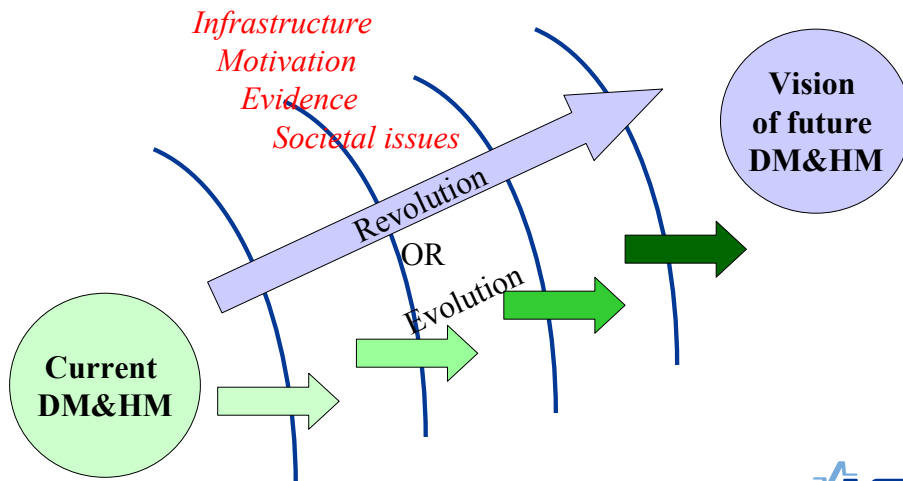


TECHNOLOGY

- Sensors & Information appliances
- Making sense of the collected data in context
- Making patient data available ubiquitously (EHR)



Introduction of new ICT services for disease and health management



Conclusions

- Technology will increasingly be providing methods for monitoring and management of health and health risks – these methods may be used for promotion, prevention, ...
 - Examples: wearable health monitoring, smart homes...
- Citizen will be increasingly **interested** in their health (– their willingness to contribute truly is a matter of debate) + **needs** for new solutions are needed (cost crisis in health care)
 - This creates a rapidly increasing **market**
- There is a true potential in technology to have an effect – but
 - Services need to match – co-development
 - Proof – may be hard to catch (in terms of EBM)
 - Device-based approach will still dominate in near future – system-based (incl. services) innovations are penetrating slowly due to immature partnerships, incomplete value networks, and chicken-egg problem



Kaleva 31.1.2004



Kiitos!

Ilkka Korhonen, docent, DrTech
Customer Manager, ICT, Healthcare and Wellness
VTT, Tampere
+358-40-549 5949
ilkka.korhonen@vtt.fi