Digital health is different; why that is so important

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Digital health generates benefits differently

Medicine

- Established
- Single intervention
- Biochemical impact (mainly)
- Genetically variable impact
- Adherence issues
- Slow development process
- RCTs were designed to evaluate

Digital health

- New
- Multiple interventions
- Technology just enabler
- Multiple customers
- Network effects
- Not genetically dependent
- No adherence issues
- V rapid devpt process
- Challenging to assess benefits

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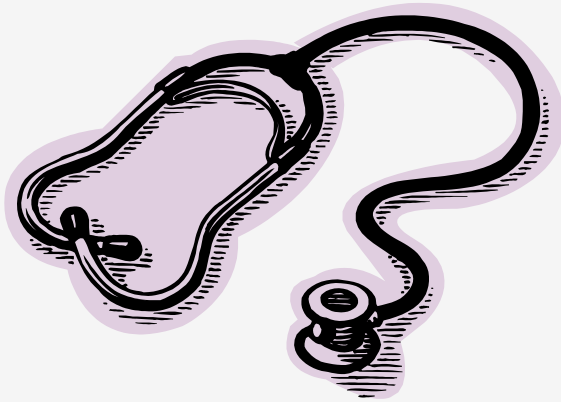
The adoption of the stethoscope

1816

1819

1866



1905

Digital health: multiple interventions

Typically changing care pathways c… the ben…

Tech costs

Training costs

The technology does not produce the benefits; it enables them

Recruiting costs

…of … go costs

Training patients costs

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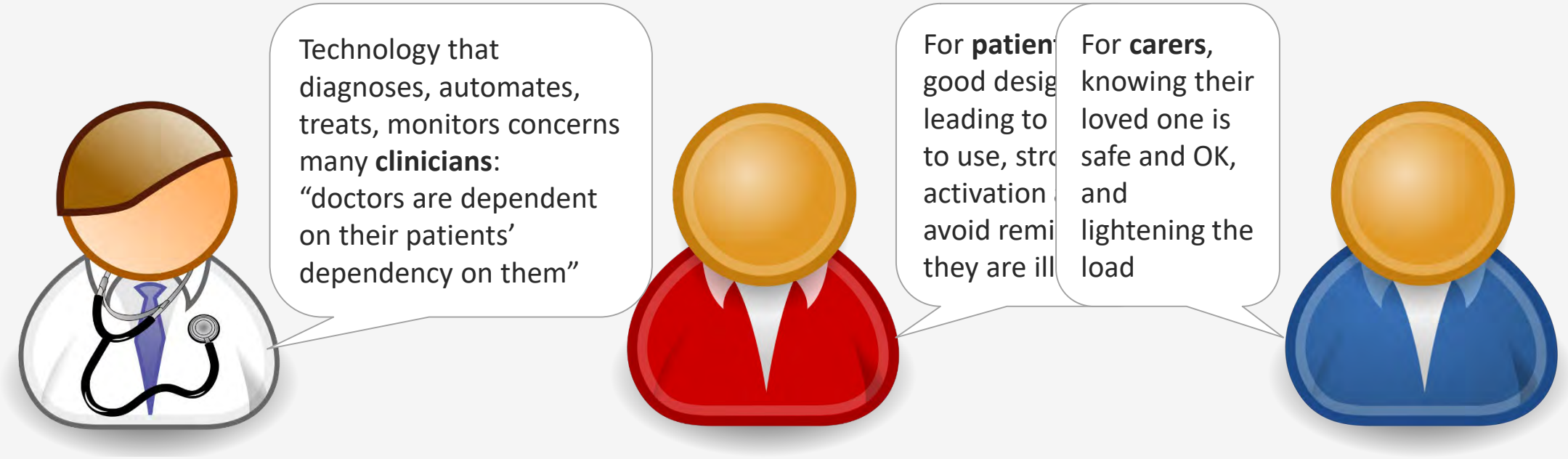
Multiple customers



Professionals, end users and carers have different needs and concerns

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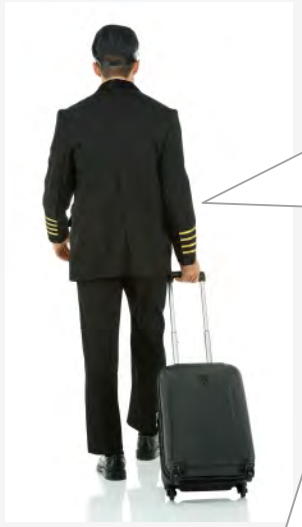
Network effects



If it's a pilot for a limited period, an app that is only given to a few staff, or patients, or that doesn't have critical mass, it WON'T CREATE BENEFIT

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Critical mass - an example I'm involved with

With critical mass, A&E people know to look for it, with obvious benefits in speed of treatment and avoiding medical errors

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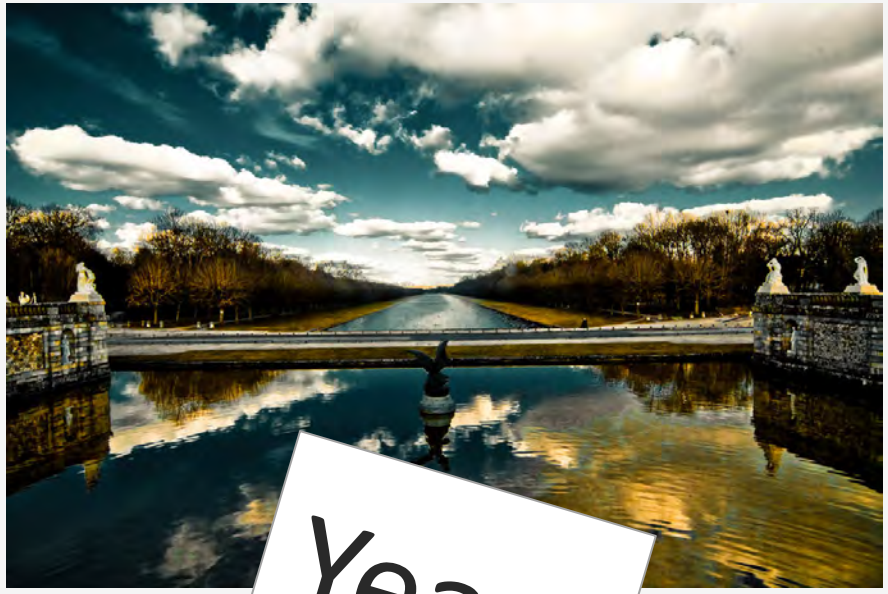
Development timescale



Vs

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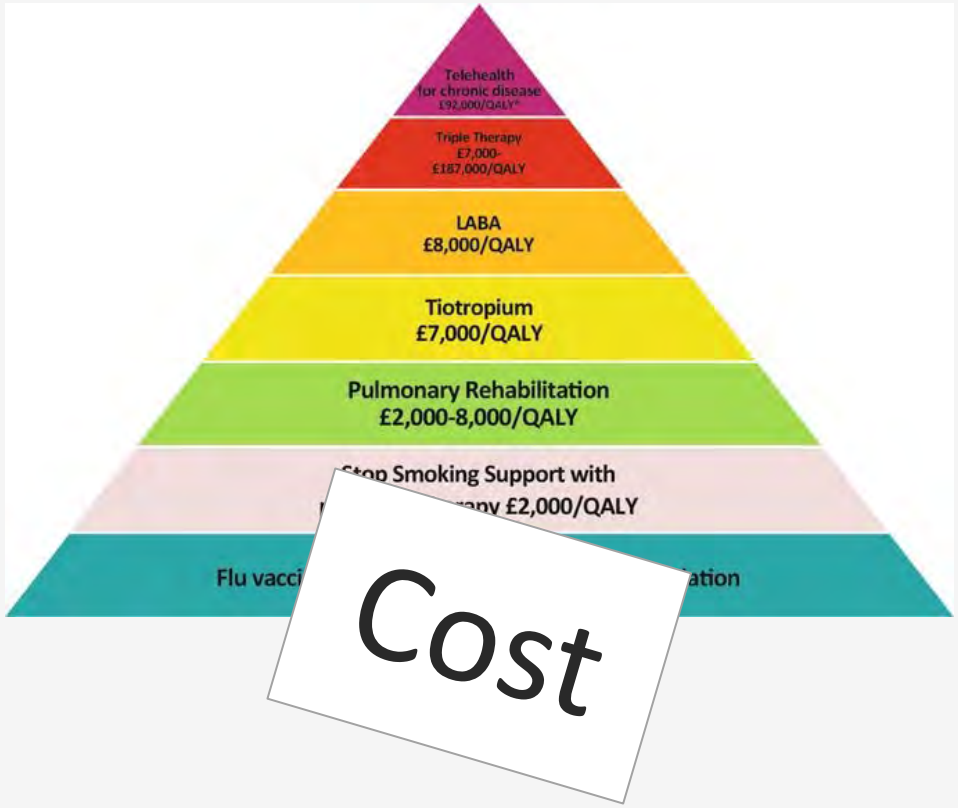
Benefits



Vs

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Adherence

Not usually a problem for digital health

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Summarising - how to block digital health

- Refuse to endorse it
- Don’t change any care pathway
- Ignore the end users
- Don’t help resolve cross-unit issues or support “winners”
- Always run pilots for a stated limited period…
- …and keep them small
- Only deal with known suppliers
- Keep requesting bigger RCTs
- Insist on proven financial efficacy
- Demand free services
- Ignore the big picture

Thank you

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