# Harnessing History at Source

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#### Overview

90% of the history is in the diagnosis Contemporary history taking is flawed 2015, the rise of Patient Reported Outcome Measures (PROMs)

How IT can overcome the barriers
Coproduction is key for usability
System and workflow integration is critical
Interoperate, or die

The best solutions improve health AND save costs





Is this surprising?



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We are a complex integrated sensor, synthesis and storage system



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Health is dynamic and >99% of health and wellbeing occurs away from the clinic



# Technology infiltrates everywhere



### In healthcare –

Most advances in diagnostic and monitoring technologies have NOT focused on history

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# Contemporary History Taking







Memory

Tight relationship between:



Memory

Tight relationship between:

Time

diminishing returns

State

- environment
- situation
- affect
- metabolic
- pharmacologic



literacy

social

cognitive

language

Communication

disability issues

economic

cultural



## Interpretation and transcription

assumption pre-supposition clinical "balance"



### How do we overcome these barriers?

One strategy is to use self-report

2015 was a year of vindication for the use of Patient Self Report, or Patient Reported Outcome Measures as a standard



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### THE LANCET

Volume 385 - Number 9984 - Pages 2223-2322 - June 6-12, 2015

"A genetic risk score identified individuals at increased risk for both incident and recurrent coronary heart disease events. People with the highest burden of genetic risk derived the largest relative and absolute clinical benefit from statin therapy."

See Articles page 2264

#### Editorial

Genetics in medicineprogress and pitfalls Sergage 2223

#### Comment

of implantable cardioc dectronic device-related Serpepc2225

#### Articles

Prevention and management FINGER A 2-year multidomain intervention to of a novel recombinant prevent cognitive docline in adenovirus type-5 vector-See page 725%

#### Articles

Safety and immunogenicity healthy adults in China See page 2777

#### Seminar

Rubolla

£5.00 Registered as a newspaper - ISSN 0140-6736 Founded 1823 - Published weekly

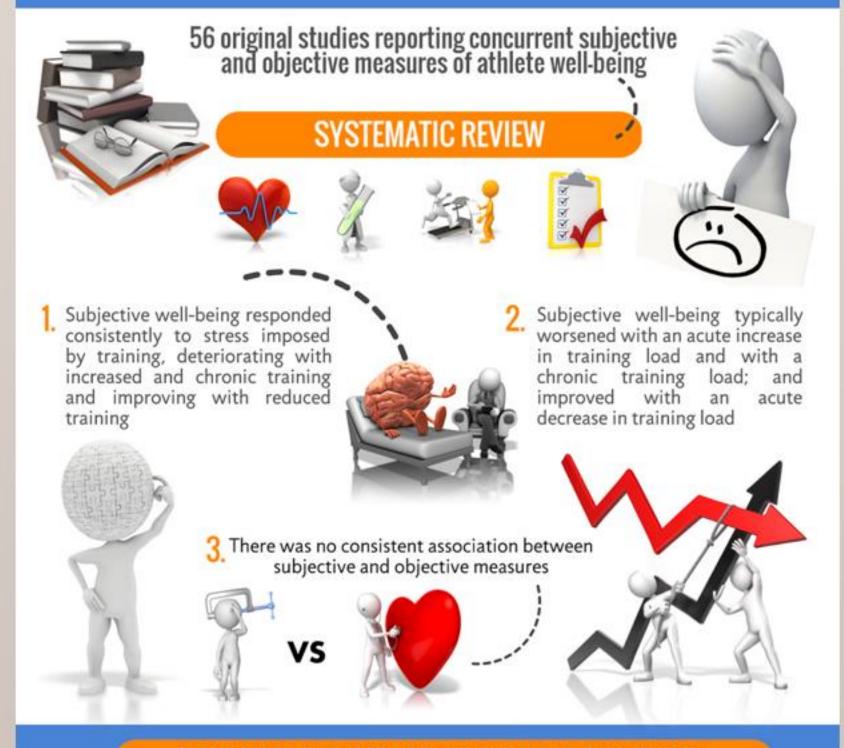


#### Monitoring the athlete training response

Subjective self-reported measures trump commonly used objective measures

Designed by @YLMSportScience

By Saw, Main & Gastin, BJSM 2015



#### HOW MIGHT IT IMPACT ON CLINICAL PRACTICE?



Subjective measures are useful for athlete monitoring, and practitioners may employ them with

confidence



Subscales which evaluate nontraining stress, fatigue, physical recovery, general health/wellbeing and being in shape are responsive to both acute and chronic training



Athletes should report their subjective wellbeing on a regular basis and alongside other athlete monitoring practices



# History



History

is not only in the diagnosis

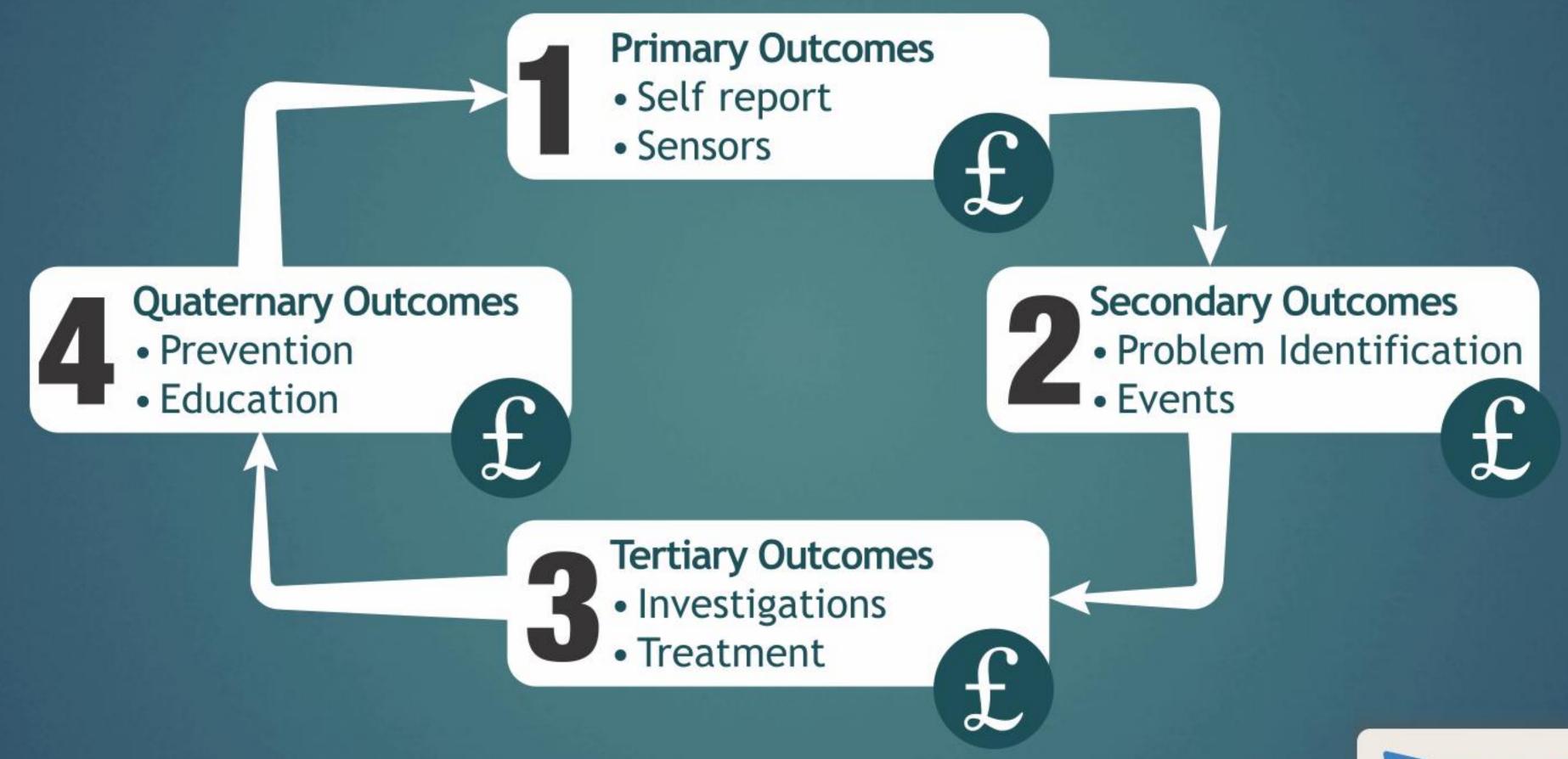


# History

it is in the prognosis as well



# Why does this matter?





# How can PROMs be made better

- Accessibility
- Quantify and Digitise
- User engagement
- Workflow integration
- Lead to useful actionable information (utility)
- Integrate and cross validate other data streams



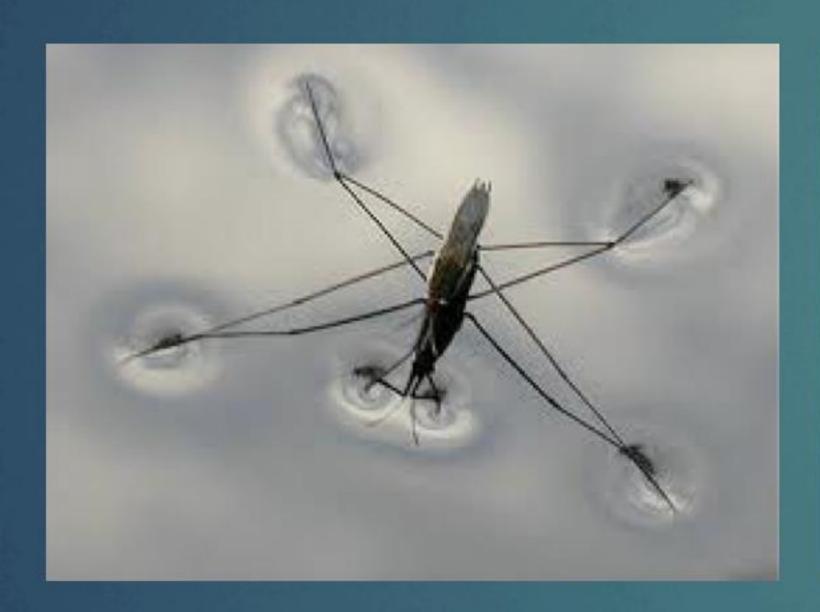
How do we address digital exclusion?



























**Use pictures** 

Consider vision, hearing, learning and other ranges of ability

Familiar interfaces – do not reinvent the internet





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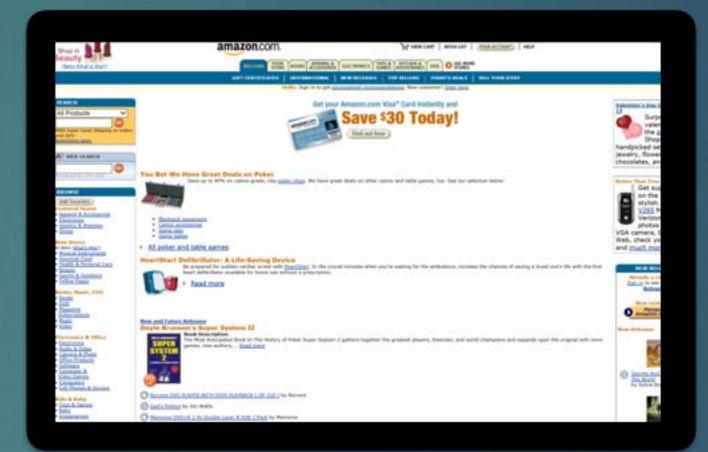
Familiar interfaces – do not reinvent the internet



# The internet and the user interfaces have evolved over billions of user trials to produce a range of robust and compelling user experiences













### Research, break down, quantify and digitise

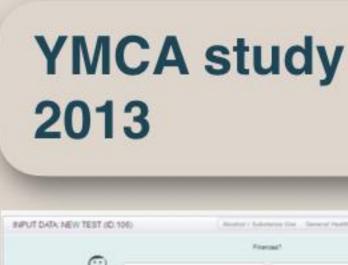






# Co-production is key

Wellbeing
Mental health
Engagement
Staff satisfaction
Negative interventions
Prospective audit tool





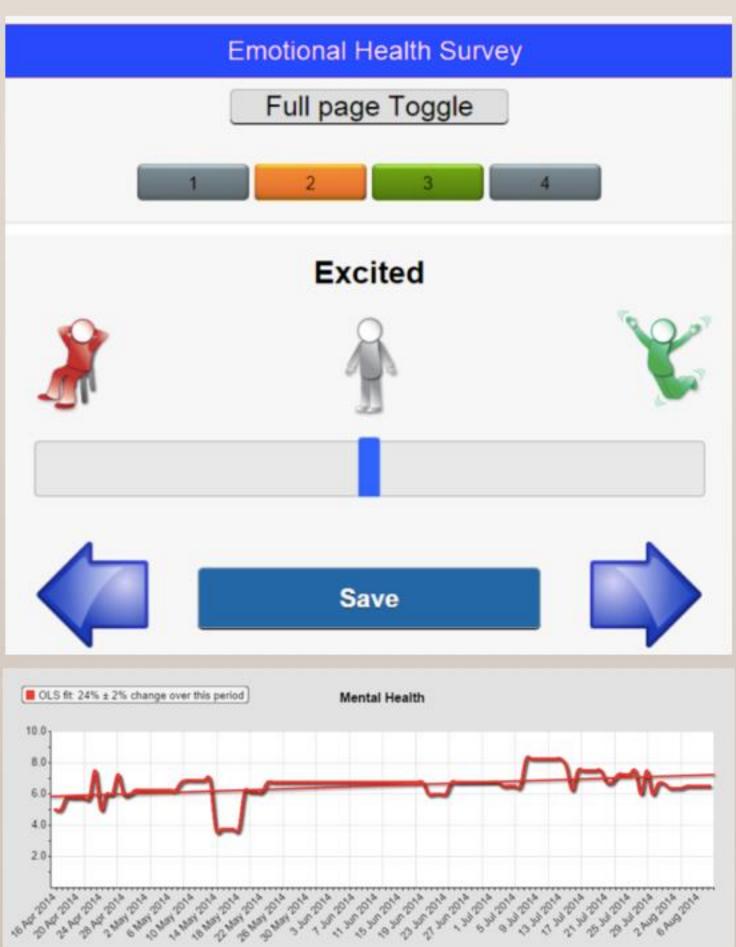




# Co-production is key

Better communication New diagnoses

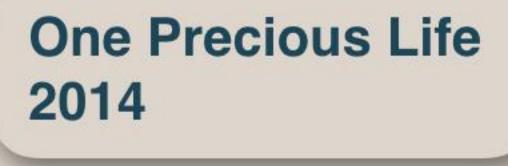




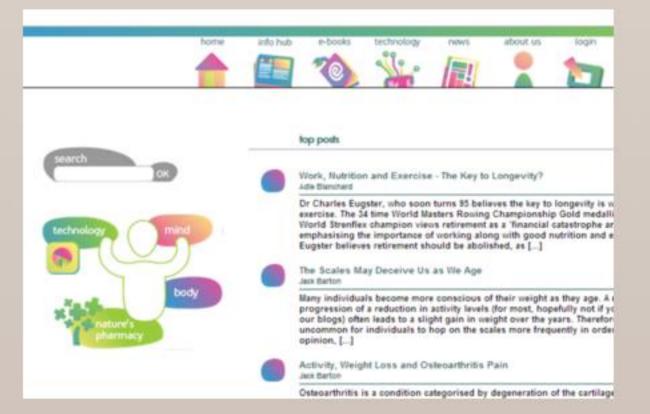


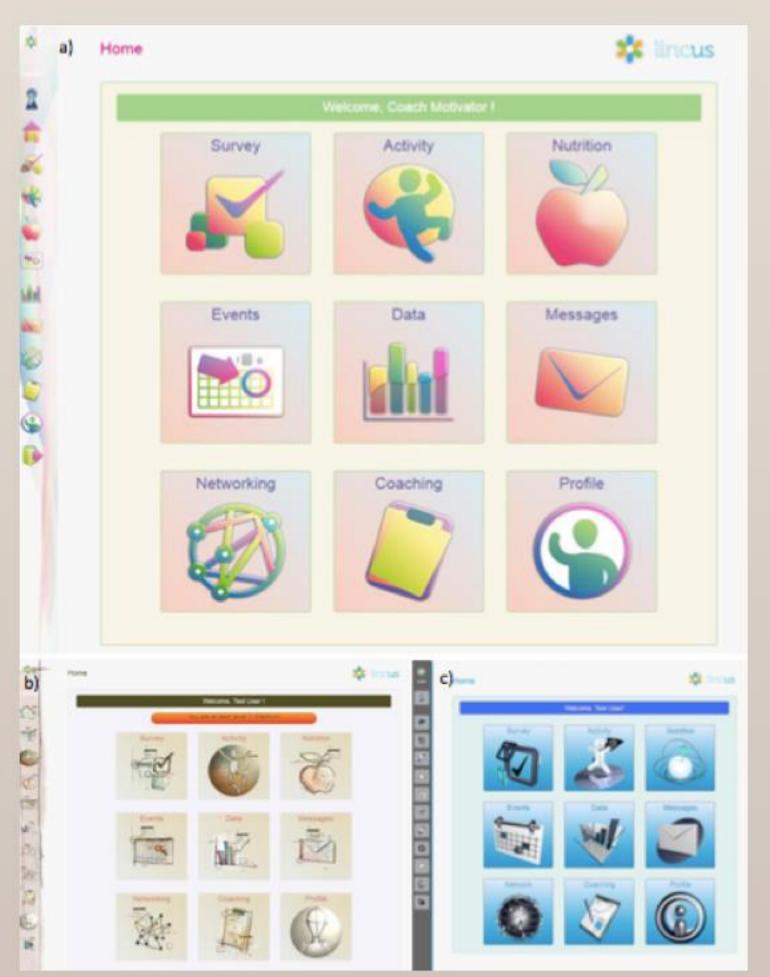
# Co-production is key

Improved control Increased activity New model of care











# System and workflow integration is critical

Lessons from co-production

**Every engagement is different – YMCA and Hft** 

Obstructive cultures and subcultures

Working with key people

Value proposition for ALL stakeholders

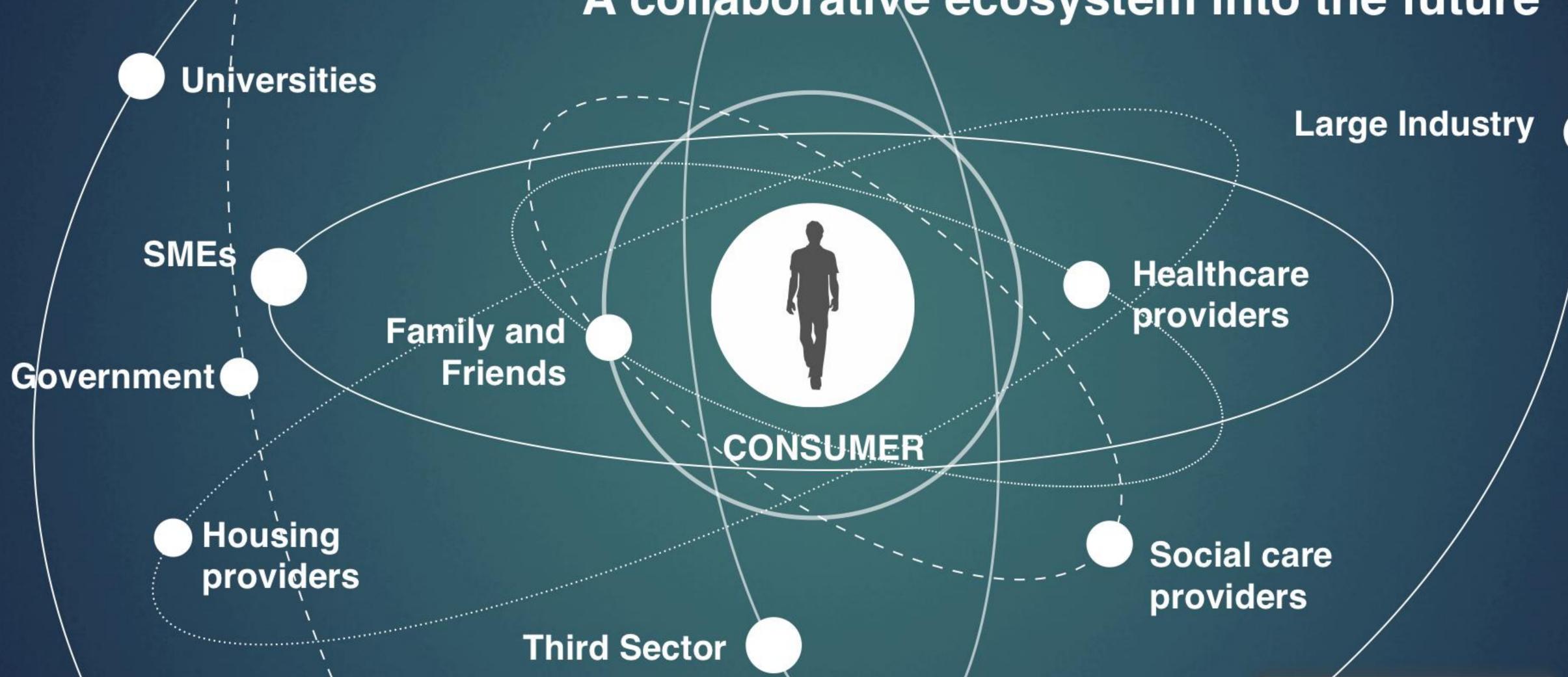
Cost centre integration

A lot more than information governance

A "great deal" can be a burden – training

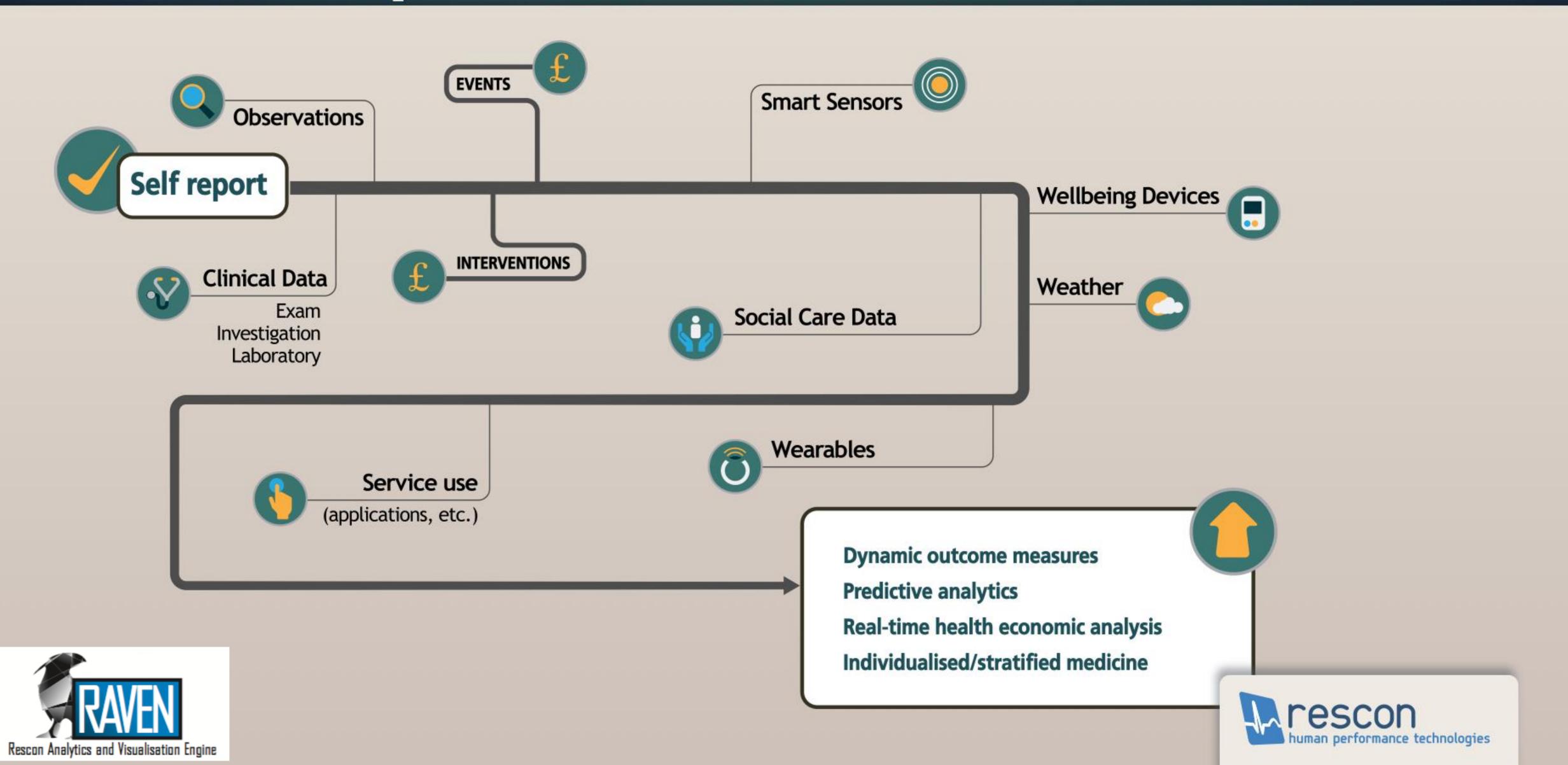


# Interoperate, collaborate – or die A collaborative ecosystem into the future

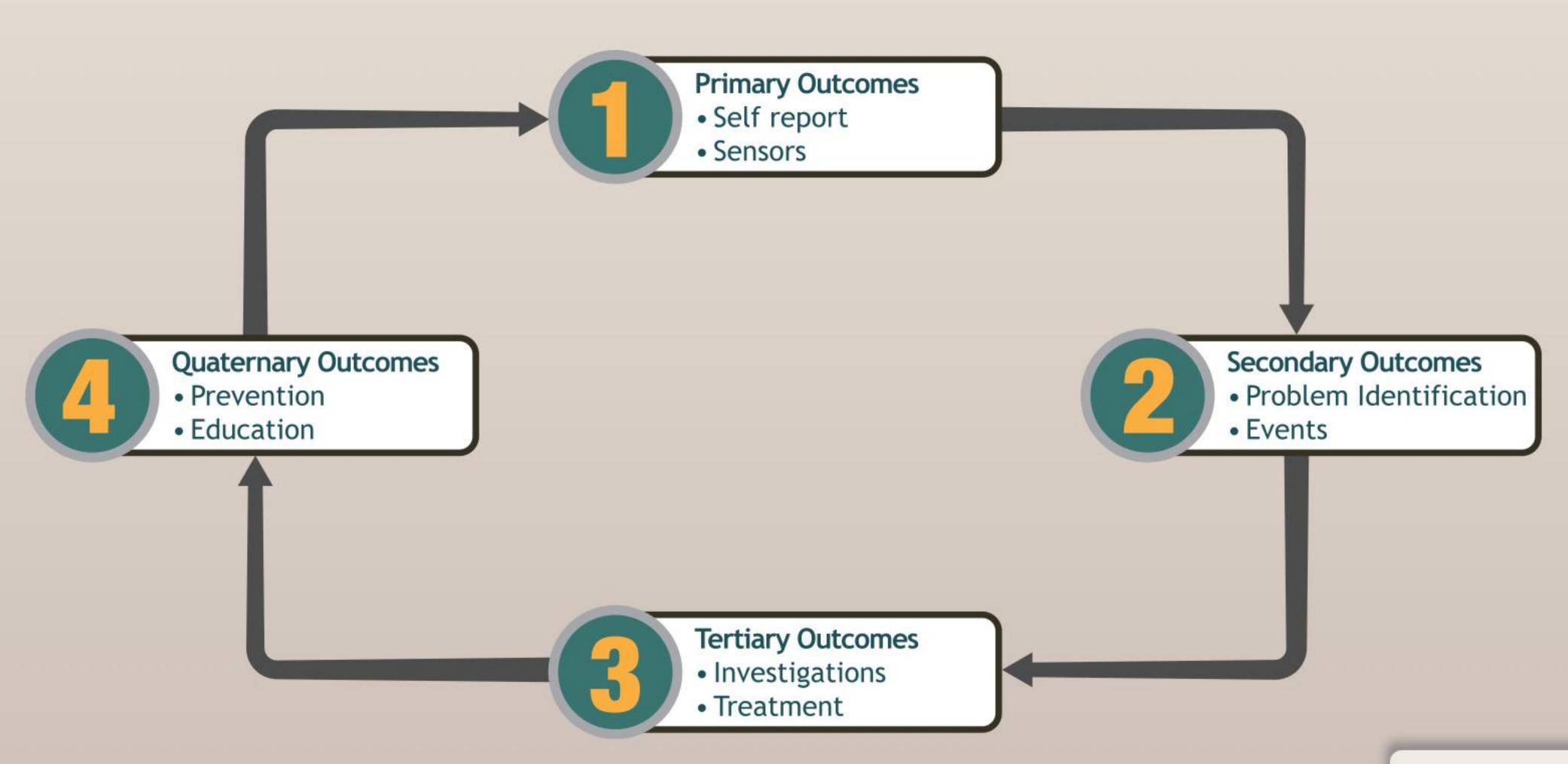




## IT can improve health AND save costs



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Diabetes - £10 billion per year £2,600 per patient



COPD - £6 billion per year £1,500 per exacerbation



# Advantages

Quantified Life improvement

Digitised

More empowered citizens

Anticipate
Improved resource provision
Predict

Integration

Anticipate Improve control

Interoperate

**Primary Outcomes** 

Better healthcare

Analysed Intelligent Algorithms

Improved Decision making

Improved engagement

**Standardises** 

Validate

**Better Visualisation** 

**Proactive** 

Enhanced accountability



# Acknowledgements







NHS
Liverpool
Clinical Commissioning Group





























SOMO"









# Thank you, Questions?

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