THE CONSIDERED
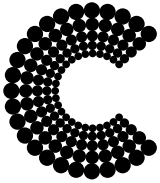
HealthControl™
A Manifesto For People Power In Healthcare. 2021

1. Introduction

As we look beyond the pandemic, what was improvised in haste, must be thoughtfully reconsidered. Health has been dictated by circumstance; it must now be driven by people. The people who need healthcare (patients and caregivers), the people who give healthcare (healthcare professionals - HCPs - and other providers), and the people who work in healthcare (pharmaceuticals, health technology and communications), need to be given control; HealthControl™.

Why? Respecting people's preferences, actively engaging them in the care they give or receive, and facilitating their autonomy in influencing this care, is shown to benefit multiple outcomes.

For people who need healthcare
Patient-centred communication has been shown to lead to psychological benefits, such as reduced anxiety and distress.[1] In people living with major depressive disorder, meeting treatment preferences can result in improved adherence.[2] Whilst getting the type and amount of information a patient receives right, according to their specific wishes, has been linked to improved post-surgical anxiety, reduced pain, and better psychological adjustment.[3] And in people with breast cancer, more autonomy has been shown to result in a better quality of life.[4]

"Universal empathy is about two pairs of shoes – it's a two-way process: Helping physicians understand what patients need. Helping patients understand what physicians have to offer"
Dr. Alexander Kumar, Primary Care Physician.

"Professional autonomy allows physicians to exercise professional judgment to make care decisions that best meet the needs of patients."[9]

Doctors of BC Association

For people who give healthcare

Clinical research into the causes of "unhappy doctors" in the US has shown that the loss of autonomy to increased regulation and cost control by government and payers has eroded HCPs' sense of control, thus leading to growing unhappiness among HCPs.[5] Meanwhile, greater HCP autonomy and control can lead to better job satisfaction, and perceived quality of care[6], and a greater ability to solve problems innovatively.[7] It can even improve patient mortality.[8]

For people who work in healthcare

The tilt towards digital technologies and ways of 'doing' healthcare that gives patients and professionals greater control offer tremendous opportunities for the pharmaceutical industry. According to Forbes, the global telehealth market is predicted to rise from nearly $80 billion last year, to just short of $400 billion by 2027.[10] Across a similar period, the US market for wearable medical devices is also set to quintuple, from $21.3 billion in 2021 to $111.9 billion in 2028.[11] And the global internet of things market for healthcare is expected to grow at a compound annual growth rate of 18% over the next five years.[12]

So, how do we deliver HealthControl™?

1   Street, R. L., Elwyn, G., & Epstein, R. M. (2012). Patient preferences and healthcare outcomes: an ecological perspective. Expert review of pharmacoeconomics & outcomes research, 12(2), 167-180.

2   Kwan, B. M., Dimidjian, S., & Rizvi, S. L. (2010). Treatment preference, engagement, and clinical improvement in pharmacotherapy versus psychotherapy for depression. Behaviour research and therapy, 48(8), 799-804.

3   Kiesler, D. J., Auerbach, S. M. (2006) Optimal matches of patient preferences for information, decision-making and interpersonal behavior: evidence, models and interventions. Patient Educ. Couns. 61(3), 319–341

4   Hack, T. F., Degner, L. F., Watson P., Sinha L. (2006). Do patients benefit from participating in medical decision-making? Longitudinal follow-up of women with breast cancer. Psychooncology 15(1), 9–19

5   Edwards, N., Kornacki, M. J., & Silversin, J. (2002). Unhappy doctors: what are the causes and what can be done?. BMJ (Clinical research ed.), 324(7341), 835–838. https://doi.org/10.1136/bmj.324.7341.835

6   Laschinger, H.K.S., Shamian, J., Thomson, D., (2001). Impact of magnet hospital characteristics on nurses' perceptions of trust, burnout, quality of care and work satisfaction. Nursing Economics (19), 209–219.

7   Dai, B., & Akey-Torku, B. (2020). The Influence of Managerial Psychology on Job Satisfaction among Healthcare Employees in Ghana. Healthcare (Basel, Switzerland), 8(3), 262. https://doi.org/10.3390/healthcare8030262

8   Rao, A. D., Kumar, A., & McHugh, M. (2017). Better Nurse Autonomy Decreases the Odds of 30-Day Mortality and Failure to Rescue. Journal of nursing scholarship : an official publication of Sigma Theta Tau International Honor Society of Nursing, 49(1), 73–79. https://doi.org/10.1111/jnu.12267

9   British Columbia Medical Association

10 Schroeder, B. (2021). The Future Of Healthcare Is Coming Home: Three Major Trends To Leverage For Startups. Forbes. (Accessed: August 2021)

11 Grand View Research

12 Research and Markets August 2021).
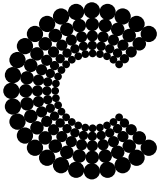
2. Contributors

This paper is brought to you by The Considered in partnership with the insights from the Health.Reconsidered community, an open network of healthcare collaborators. Health.Reconsidered brings together fearless patient advocates, leading technologists, globally renowned healthcare professionals, radical comms specialists, and many more. Their programs, events, and publications aim to advance debate, address inequalities, and celebrate innovations and individuals in healthcare.
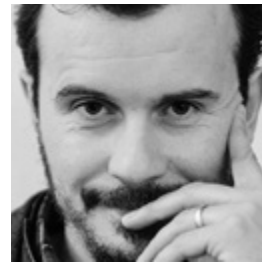
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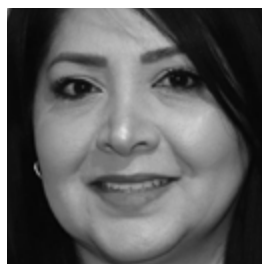University of Oxford

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3. People who need healthcare

People who need healthcare: that's all of us at some point. We might be directly receiving care, such as Christine Von Raesfeld, who lives with a rare disease, or supporting someone receiving care, such as Estela Mata-Carcamo, whose sister, Juana Mata, also has a rare disease. All three are staunch patient advocates. And they firmly believe that just because people need healthcare, that doesn't mean they want to feel beholden to it. "All I really want is to be self-sufficient," says Von Raesfeld. A perfectly reasonable desire, especially for someone whose health is a daily challenge.

As outlined in the introduction to this paper, supporting patient power can hugely improve health outcomes. More active involvement in things like treatment decision-making can lead to reduced illness concern, a stronger sense of control, and better alleviation of symptoms.[13]

What then, are the cornerstones of HealthControl™ for people who need healthcare?

Technology Enabled

Context

HealthControl™

Education   Trust
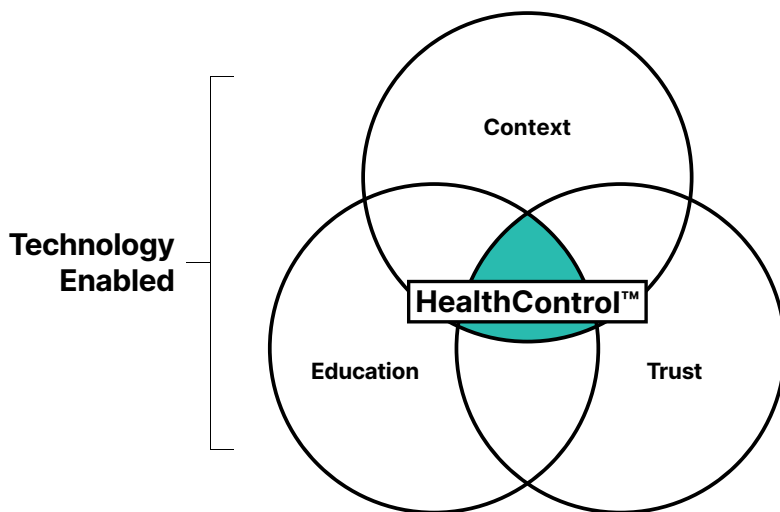
"All I really want is to be self-sufficient."

Christine Von Raesfeld

13 Brody, D. S., Miller, S. M., Lerman, C. E., Smith, D. G., Caputo, G. C. (1989). Patient perception of involvement in medical care: relationship to illness attitudes and outcomes. J. Gen. Intern. Med. 4(6), 506–511
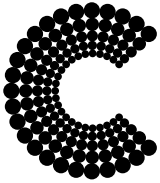
Digital rights

So much of a person's healthcare, and indeed modern life in general, is tracked digitally. But currently, people have very limited access to their healthcare data. "If I'm a patient and I have medical test results or genomic data, I should have the power and control to look at that information whenever I want, with or without a healthcare professional present," says Von Raesfeld. "I should choose who I share it with, or even if I want to contribute it to a trial or study. And for that to happen, we all need digital rights to our medical data." She believes people ought to be able to bring information from their medical records together with data from wearables and other devices to give them the full picture of what's going on with their health. But how will people know what to do with all this information? Von Raesfeld says education is paramount. "We've never had anything like this before. People don't just need rights. They need to understand what they can do with their data and how to do it safely."

Assisted autonomy

People need to be supported in taking charge of their health and in driving care that suits their needs and preferences. "Patients are the CEOs of their bodies," says Mata-Carcamo. "They should be able to fire and hire and create teams and projects to suit the task in hand." There are swaths of evidence that show the benefits of patient autonomy. For example, patients with chronic conditions like diabetes show increased motivation and competency in managing their care when their autonomy is supported by healthcare professionals, leading to improvements in their health (in this instance, evidenced by better glucose levels after 12 months).[14] How much autonomy people want may vary. Patients who are seriously ill may actually prefer less autonomy and a degree of paternalism. An active role in decision-making may take more physical and mental energy than these patients can afford.[15] The burden of control should be tailored according to an individual's circumstances and desires.

Active Treatment Journey
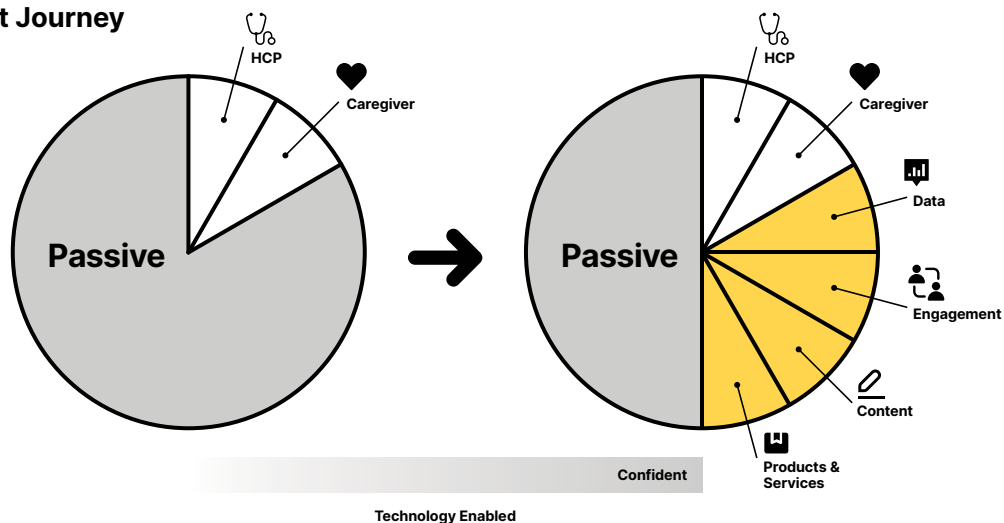
"Patients are the CEOs of their bodies"

Estela Mata-Carcamo

eCare21: Putting patients in charge of their care

eCare21 is a digital interface that puts patients at the heart of their data and their care team.[16] It pulls together various data streams, from wearables, medical records, and other sources. Patients can track things like glucose levels, heart rate, weight, sleep, and many other key health indicators, as well as looking at test results - allowing them to tally how they're feeling with their numbers and build an understanding of what good looks like for them. eCare21 enables them to share this data with their care team (including family members and other non-professional careers) automatically and remotely. So that everyone is kept up-to-date and in the loop, bringing together the whole team's knowledge and experience to ensure the best care.

Precision medicine diagram

- Environmental
- Behavioral
- Metabolism
- Cultural
- Genomics
- Medical History
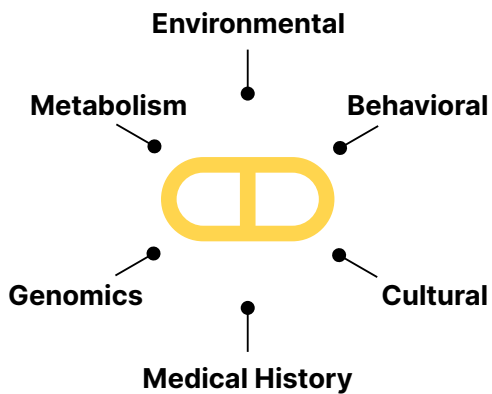
Context-driven care

There are growing calls for the wider adoption of precision medicine approaches. And there are calls that look set to be answered, as the global market for precision medicine is anticipated to grow by more than double before 2027, reaching a value of over $141 billion.[17] "We're not all cookie-cutter," says Mata-Carcamo. "Each of us is unique. We react to things in different ways, absorb medication at different rates. Lots of the time, prescriptions don't take that into account and the effects can be really damaging. Precision medicine can solve that." In precision medicine, the focus is on identifying which approaches will be effective for which patients based on genetic, environmental, and lifestyle factors.[18] There are a lot of data sources that can inform this - from genomic information to wearables. Together they give a bigger picture of the context of the patient that can be a gamechanger. It can mean the difference between understanding how a patient feels, and understanding why they feel that way. "The key is bringing all this information to patients in a way that doesn't fill them with anxiety - and to doctor's offices without them feeling overwhelmed by data," says Von Raesfeld. It's not only measures and figures that need to be taken into account. Lived experience is important too. "You know your body," says Mata-Carcamo. "The doctors are the professionals. They have the education but you are the expert of your body. They can tell you how it should feel. You can tell them how it does feel."

14 Williams, G. C., Freedman, Z. R., & Deci, E. L. (1998). Supporting autonomy to motivate patients with diabetes for glucose control. Diabetes care, 21(10), 1644-1651.

15 Butow, P. N., Maclean, M., Dunn, S. M., Tattersall, M. H., Boyer, M. J. (1997). The dynamics of change: cancer patients' preferences for information, involvement and support. Ann. Oncol. 8(9), 857–863

16 eCare21.com (Accessed: August 2021)

17 Precedence Research (2020). Precision Medicine Market Poised to Grow at 11.5% By 2027. Global News Wire. (Accessed: August 2021)

18 What is the difference between precision medicine and personalized medicine? Medline Plus. (Accessed: August 2021)
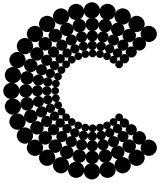
A stake in change

Sisters Juana Mata and Estela Mata-Carcamo have done a tremendous amount of work advocating not only for themselves but for the wider community. "Juana is alive today because she didn't give up," says Mata-Carcamo. "She didn't have a diagnosis but she knew what was going on with her body and struck out to be listened to." From not being listened to by Mata's doctors, they have banged the drum enough to become peer reviewers within research programs, and they've held the ear of legislators and policy makers. "You have to because these policy makers don't see the impact their decisions have on a patient," says Mata.

The two strident sisters now work to show others how to do the same. "We had the opportunity because we went looking for it," says Mata-Carcamo. "And we want to use what we've learned to educate the community on how they can advocate for themselves and others." David Hunt, CEO of healthcare agency The Considered, believes there's a huge communications element to encouraging people to find their voice. "We need to build trust, then knowledge and then empowerment so that people can advocate for themselves," he says, "I think thoughtful interactions that empathize and inspire, can shift passive participation to active within the healthcare journey".

Equity, not just equality

In recent times, the Western world has been confronted with biases and discriminations inherent in the societies we live in. The issues are huge and need addressing with efforts that touch every aspect of our lives. Access to healthcare is a human right and so healthcare as an industry should be leading the way in providing equity, alongside equality. Many areas need attention, some more easily addressed than others.

Latinx make up 18% of the US population.[19] "Spanish is the second most widely spoken language in the US," says Mata. "Yet so often, it's really hard to find resources for patients and caregivers in Spanish. And we're underrepresented in clinical trials. Latinx make up less than 3% of participants. So we're huge advocates for representing our community."

"We're not all cookie cutter."

Estela Mata-Carcamo

All of Us Research Program, National Institute of Health (NIH): research for everyone, by everyone.
All of Us is a historic effort to collect and study data from at least one million people living in the US.[20] Enrollment began in 2018 and is expected to last 10 years. The program is unique for many reasons, including its size and its commitment to diversity. The NIH will, it says, recruit a diverse participant pool that includes groups who have been left out of research in the past. "All Of Us is very important," says Mata, who is a National Ambassador for the program. "I'm able to use my data to help develop treatments that are geared towards Hispanic women, that fit the environment I live in. What's more, I have the honor and privilege that I am able to contribute to something that will help future generations."

Beyond representation and language, there are also nuanced sensitivities that need to be respected. Culture and religion are predictors of patient information preferences.[15] For example, in a qualitative study of female Latinx patients it was found that it was important to participants that their physician showed qualities such as compassion, caring, human interest and, kindness.[21] When these qualities were absent, they didn't feel safe sharing information.

"A lot of communities are underserved by healthcare," says Aster Castro, an Emergency Medical Technician in Virginia, US. "And that means lots of people don't present until things are critical, which obviously isn't good for anybody." Castro adds, "It's sad that the one phrase I know in so many different languages is 'I'm scared.'" Professor Shafi Ahmed, a surgeon, globally-renowned innovator and teacher, believes that many HCPs are making the effort, but that their capacity often relies on their background. "I think lots of HCPs are very cognizant of cultural and religious beliefs and values," he says. "I know the community I work in, includes many Bengali people. I speak the language. I understand their cultural and religious beliefs. So I know how to tailor my questions and information to suit any cultural sensitivities or stigmas. But that's personal to me. I think generally the comfort and ease with which an HCP can act in this way depend hugely upon their personal experience." The Considered CEO Hunt believes that more needs to be done. "It's not fair to depend on personal experience," he counters. "We need to be giving HCPs the best possible support, so that they have the skills and awareness they need to make the people in their care feel comfortable, safe, and in control at all times."

19 Noe-Bustamante, L., Hugo Lopez, M., Manuel Krogstad, J. (2020). U.S. Hispanic population surpassed 60 million in 2019, but growth has slowed. Pew Research Center. (Accessed: August 2021)
20 AllofUs.nih.gov/ (Accessed: August 2021)
21 Juilliard, K., Vivar, J., Delgado, C., Cruz, E., Kabak., J., Sabers, H. (2008). What Latina Patients Don't Tell Their Doctors: A Qualitative Study. Ann Fam Med. 2008 Nov; 6(6): 543–549. (Accessed: August 2021)
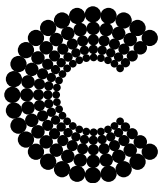
4. People who give healthcare

Can patient control and healthcare professional control exist in harmony? Historically, there has often been a barrier between the two. Professor Shafi Ahmed says, "It was always very hierarchical and paternalistic. 'We know best.'" Aster Castro described this dynamic as creating "a gap of trust" in both directions. "But that gap is closing now," says Professor Ahmed. "Systems of care are better integrated. Before, interactions were more discrete - the data, trust, and connection would be lost afterward." Care is much more of a continuous cycle now, which Professor Ahmed believes allows relationships to grow. "There's more trust and with this comes more autonomy shared between the two parties."

So how can we continue to close the gap between HCPs and patients?

Robust data policies
Professor Ahmed agrees with the assertion expressed in the previous chapter, that there needs to be greater sharing and transparency of data between HCPs and patients. But for this to happen, HCPs need to feel that this is happening in a safe, controlled environment. "We need robust data policies that allow sharing whilst protecting all parties," says Professor Ahmed.

"In the next 20 years, we will have a much more digitally inclusive society"

Professor Shafi Ahmed

A digital revolution for all

The rapid uptake of digital solutions like telemedicine was essential to healthcare during the early stages of the pandemic. Even prior to the pandemic, telemedicine had helped improve access to care for some living in rural areas of the US.[22] However, as it stands, telemedicine isn't available to all, something David Hunt, CEO of The Considered, is very concerned about."The digital divide is something we need to be very aware of," he says. Research from Stanford University shows that only 65% of Americans have good enough internet for video calls,[23] while the Federal Communications Commission estimates that more than 21 million people in the United States don't have any connection at all.[24] "Lots of doctors work with patients who don't have a fixed address or phone contract," says Hunt. "It's something that has been a particular concern when I've worked on projects serving patients with HIV and HCV, for example. And often, it's the patients who are homeless that doctors are most worried about - the most vulnerable and most in need of their support." Professor Ahmed believes that the digital divide will be broken down. "In the next 20 years, we will have a much more digitally inclusive society." he says. "People are becoming more and more digitally savvy and more literate." For this to be true, solutions need to be delivered in such a way that they give healthcare professionals the power to deliver great care to all.

CASE STUDY

Kuja Kuja: A digital solution for people who don't have digital devices.

Lots of people who need healthcare don't have a permanent home or mobile phones. So how do you track their experience, in order to make sure services and care are working for them? Kuja Kuja is an intervention used to monitor and improve services delivered in refugee camps.[25] Community managers walk around the camps (where they are trusted and recognized figures amongst the community), talking to people and getting their responses to a few set questions, as well as openly discussing any ideas they have for improving things. They use tablets to record their responses, which are then centrally tallied, analyzed, and used to workshop and develop solutions to make services better. The digital divide between the haves and have nots is – and should be – a big concern in delivering healthcare solutions. Kuja Kuja shows how, when applied thoughtfully, and with a human touch, digital can be used to bridge a gap to the vulnerable – rather than being something that leaves them behind.

22 National Association of Free & Charitable Clinics (2018). In the coalfields, UVA telemedicine provides antidote to doctor shortages. Daily Progress. (Accessed: August 2021)
23 Wong, M. (2020). Stanford research provides a snapshot of a new working-from-home economy. Stanford University News. (Accessed: August 2021)
**24** Winslow, J. (2019). America's Digital Divide. PEW Trust Magazine. (Accessed: August 2021)
25 KujaKuja.com (Accessed: August 2021)
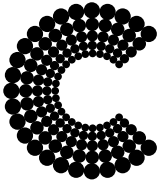
Reset expectations

Writing on the AMA website, AMA CEO and Executive Vice President, James Madara states that "COVID-19 didn't create the problems in our health system, it revealed them in a way that can no longer be ignored."[26] To pivot to address issues like the huge burden of chronic disease or anticipated shortages of physicians, there are calls to update HCP training to better reflect 21st-century healthcare and to see even more widespread use of remote medicine, and telehealth to be used as the first port of call in primary medicine. But for such changes to be accepted by the public and adopted en masse, the general population has to be brought on board with a new way of doing things. Professor Ahmed says, "We need to reengineer societal expectations of health." He points to the perception that in-person appointments offer the best form of care. "Is your expectation a 30 minute face-to-face appointment with a specialist? Because that's just not possible, it costs too much." Moreover, it often comes with the inconvenience of a long wait time for an appointment, little to no flexibility about when it takes place, lengthy travel, and time wasted in a waiting room. "We can triage remotely; we only need to be seen by the right people at the right time," says Professor Ahmed. "We need to show people that these new models of care actually serve them better." He believes that the adoption of telehealth during the pandemic shows that patients will adapt when shown the benefits of doing so.

"We never thought patients would be ready to hear bad news through a video call," he says. "We underestimated them. Patients were empowered because telehealth gave them complete control. It allowed appointments to be at their convenience and comfort - they would decide where they wanted to be and who they wanted to be there."

Active Engagement
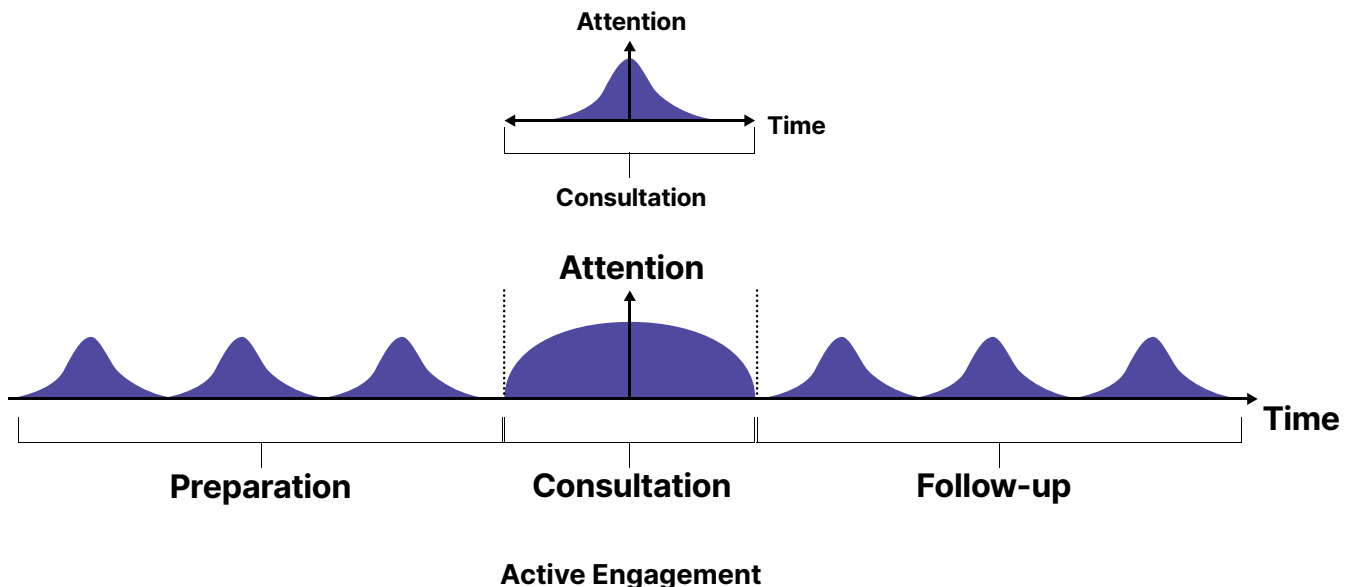
Educate and engage

Education for both healthcare professionals and patients will be a huge part of getting people on board with changes in healthcare delivery. "We need to drive it from the top," says Professor Ahmed. "Explain the evidence; here's why it works and how it works." David Hunt believes that there's a huge communication element to this. "Engaging people with novel ideas is what we in comms do. We can be instrumental in helping HCPs see the greater control and influence that they can have on patient's lives - and then work with them to get patients on board with it too."

mHealth trim 35% off cost of treating medical conditions (PwC Europe)[27]

Embrace new thinking

While the pandemic might have been a turnkey for certain solutions or approaches, healthcare needs to support ongoing innovation to stay ahead. Talking to Dezeen last year, Dr. Sam Smith, a clinical physician at Massachusetts General Hospital in Boston, remarked that, "We need designers at every turn. When there's poor design, it hurts patients. Literally, it means HCPs aren't able to do what they need to do."[28] Turning to skilled outsiders is one thing. Another would be to empower insiders - the HCPs with years of training and 'on the ground' experience - with the skills, processes, and time they need to drive change for themselves. Professor Ahmed points to Google's legendary 20% project - whereby employees supposedly spend one-fifth of their time working on personal projects or solving problems separate from their day-to-day tasks.[29] "Shouldn't we give doctors this time to step back and think about the problems they face, rather than turning them into care machines?" asks Professor Ahmed.

CASE STUDY

The Blue Box: a home-testing kit for breast cancer

It's estimated that 40% of women skip mammograms because of the cost and pain associated with the screening - a reality that contributes to one in three cases of breast cancer being detected late.[30] To tackle this, Spanish engineer Judit Giró Benet created The Blue Box. This biomedical testing device allows women to test themselves using just a urine sample, from the comfort of their home. Although just a concept at this stage, The Blue Box was awarded the 2020 international James Dyson Award. By directly attacking the barriers to screening and giving patients the control to test themselves, affordably and comfortably, free of fear, it could be a transformative tool in early detection.

26 Madara, J., (2020). America's health care crisis is much deeper than COVID-19. AMA. (Accessed: August 2021)
27 Freedman, D. (2014). The Startups Saving Health Care. Inc Magazine. (Accessed: August 2021)
28 Fairs, M. (2020). Lack of design input in healthcare is putting both patients and doctors at risk, says physician. (Accessed: August 2021).
29 Murphy, B. (2020). Google Says It Still Uses the '20-Percent Rule,' and You Should Totally Copy It, (Accessed: August 2021)
30 Hitti, N. (2020). Judit Giró Benet develops home-testing kit for breast cancer. (Accessed: August 2021)
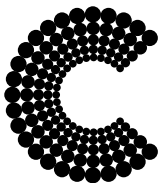
5. People who work in healthcare

For life sciences, tech, comms, and other industries in healthcare, the future might be more about embracing health un-control."If what we've lived through has shown us anything, it's that the future is uncertain," says Paul Simms, Chief Executive of Impatient Health. "It's as hard to predict the next three months let alone three years." Historically, and justifiably, the pharmaceutical industry has been built on the practice of safety and control." Pharma loves control. But it needs to learn to lose it," says Simms. "Not totally of course. It needs controlled uncertainty. Scientists are good at this. They control many aspects at once, and then experiment and test one particular area."

So, how might goliath industries like Big Pharma adopt the practices they use in their R&D in their communications?

"Pharma loves control. It needs to learn to lose it."
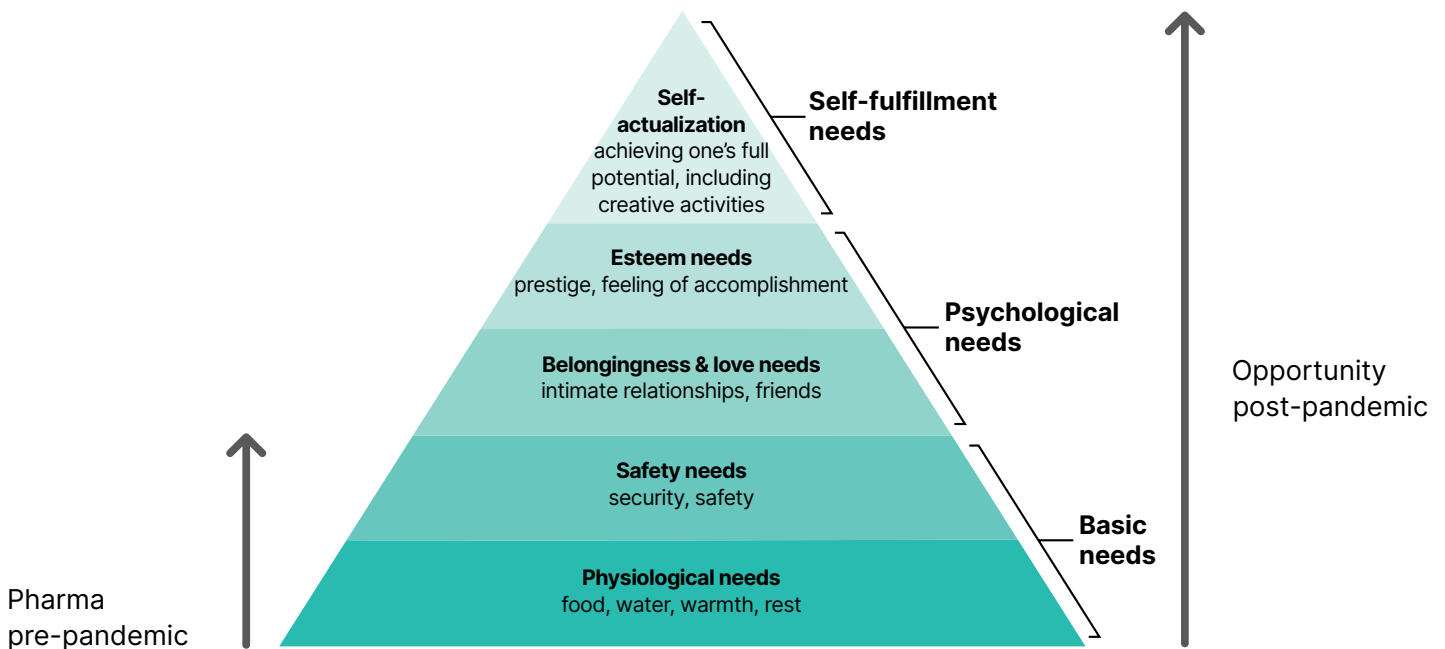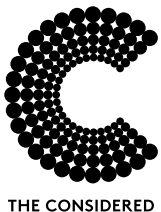
Paul Simms

Ditch prescription
"It's not about telling people what to do, it's about setting a stage for great things to happen." – David Hunt.

Simms believes that the pharmaceutical corporations need to democratize their structures and adopt frameworks that encourage experimentation led by "guiding light insights" from patients, HCPs, and other data sources. It's something David Hunt, CEO of The Considered agrees with. "It's not about telling people what to do, it's about setting a stage for great things to happen," he says. "You need to empower people; inspire them with a vision, and equip them with structures that allow creativity, ideas, and experimentation to flourish."

Understand, don't assume

"I've seen lots of ideas die - or veer off course - at the hands of lazy assumptions about people," comments David Hunt. "Seniors don't use smartphones, young people won't listen... the pandemic has shown how wrong such views are. Our industry is one of evidence and proof. So let's stop working off outdated assumptions and commit to walking the walk with the patients and doctors we serve." For this to happen, healthcare businesses need to immerse themselves in the bigger picture of patients', caregivers', and doctors' lives, so that they have a genuine, authentic understanding of their experience and the context within which it sits. Crucially, it must be remembered that people might only consider themselves a 'patient' or a 'professional' for a small part of their lives. World-renowned design agency IDEO is legendary for the lengths it goes through to understand the people it designs for - from spending hours taking in the view from a hospital bed to sitting in crowded waiting rooms, watching how people respond to having their name called. "People in healthcare have been talking about patientricity forever," says patient advocate, Christine Von Raesfeld. "I feel like my doctors are getting further away, but pharma is getting closer."

Pharma pre-pandemic

Self-actualization
achieving one's full potential, including creative activities

Self-fulfillment needs

Esteem needs
prestige, feeling of accomplishment

Belongingness & love needs
intimate relationships, friends

Psychological needs

Safety needs
security, safety

Physiological needs
food, water, warmth, rest

Basic needs

Opportunity post-pandemic

Break down the walls

Walking a mile in a patient's shoes is one thing; why not give them a seat at your table? Living with a particular health condition usually goes hand-in-hand with some really unique challenges. "Who better to design the solutions to those problems than someone who knows them first-hand?," asks Hunt. "I've lost count of the number of times I've been impressed over the years by the ingenuity and perseverance patients and professionals have shown in hacking an unsolved issue." He believes this combination of lived experience and creativity could be hugely powerful when supported and facilitated by the likes of pharma. "It means you can be bolder and braver too," adds Hunt. "In tone, emotion, humor - because you know it's genuine and heartfelt."

"We need to shift our focus to operate at the more ambitious end of the spectrum"

Paul Simms

Move the dial from probable to possible

Currently, healthcare industries operate in a very narrow, well-worn channel. "Helping patients on rails," as Simms describes it. Patient support programs and healthcare awareness campaigns are valid courses of action. But should they be the go-to or should anything for that matter? As Simms mentioned in the introduction to this chapter, it's still possible to operate with precision, control, and rigor. "We just need to shift our focus," he adds, "to operate at the more ambitious end of the spectrum." This will inevitably mean stepping outside of the norm, but Hunt believes we shouldn't be afraid of this. "We need to look ahead to what will work next, he says. "And that might mean breaking the rules and going against current expectations."
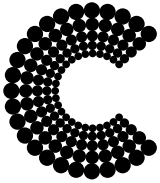
Chase Memorial Nursing Home: injecting patients with purpose to improve their health

Dr. Bill Thomas's work at Chase Memorial Nursing Home in New York has gained notoriety around the world due to its radical methods – and similarly radical success.[32] When Thomas took over as the home's Medical Director, he found a community of residents suffering from what he termed "The Three Plagues" of nursing homes; boredom, loneliness, and helplessness. He sought to overcome this by injecting purpose into the lives of his residents. Thomas and his staff transformed the home, bringing in one hundred parakeets, a colony of rabbits, a flock of laying hens, four dogs, and two cats. Hundreds of indoor plants were placed throughout the home, and vegetable and flower beds were dug in the garden outside. What's more, Chase Memorial gained a dose of youthful energy and enthusiasm, as Thomas introduced on-site child care for staff and an after-school program. Over a period of two years, researchers studied the effects of this initiative, comparing Chase with another nursing home nearby. Results showed that Chase's total drugs spend fell to only 38% of the comparison facility and that deaths fell by a huge 15%. "I believe that the difference in death rates can be traced to the fundamental human need for a reason to live," Thomas said. "People who we had believed weren't able to speak started speaking. People who had been completely withdrawn and non-ambulatory started coming to the nurses' station and saying, 'I'll take the dog for a walk.'"

Present [31]

Where pharma currently operates

Possible

Plausible

Probable
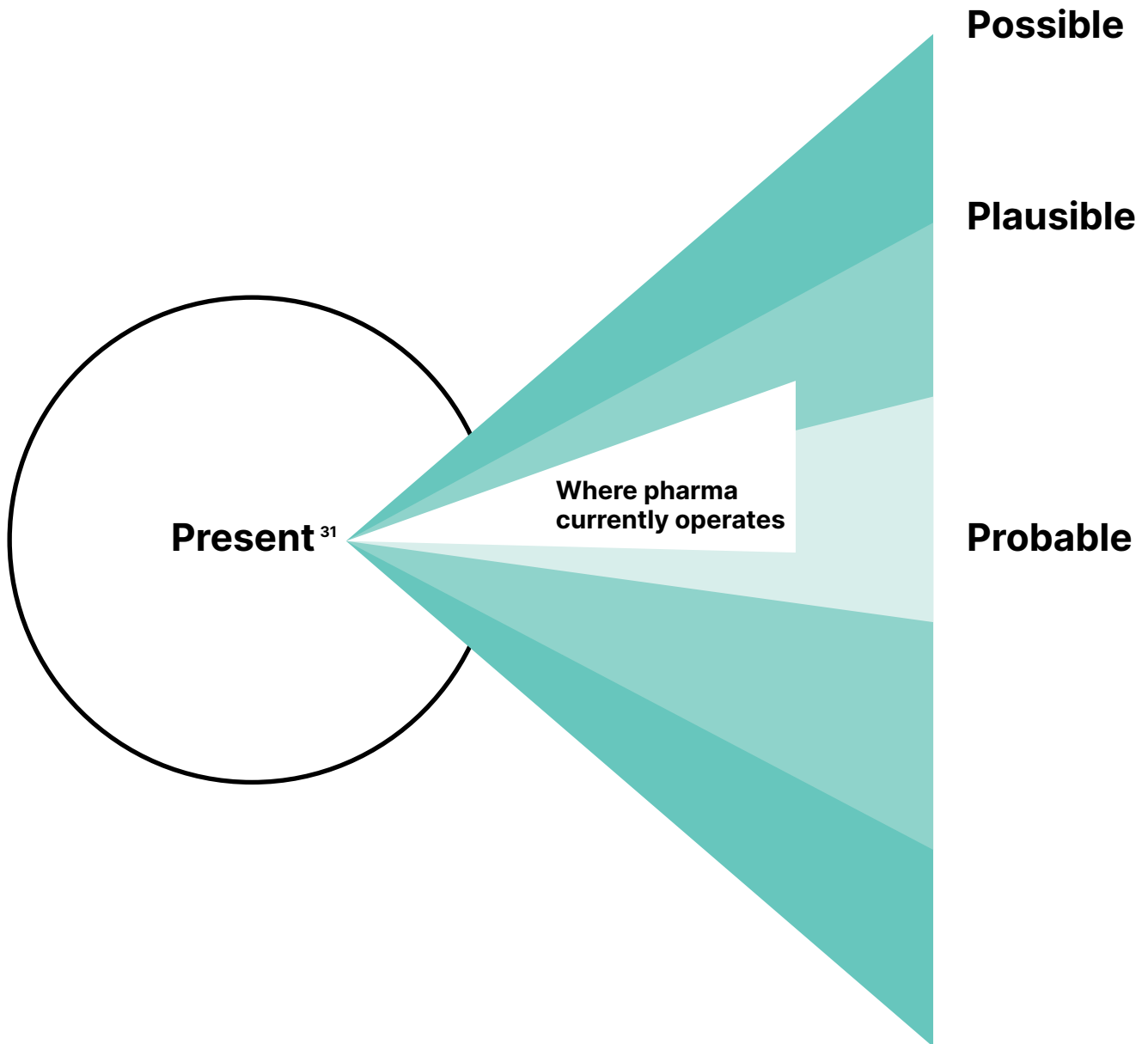
31 Adapted from Dunne, A., Raby, F. (2013). Speculative Everything. The MIT Press. p.16
32 Gawande, A. (2014). Can life in a nursing home be made uplifting and purposeful. The Telegraph. (Accessed: August 2021).

Build trust

Trust takes years to build and seconds to break, or so the saying goes. So how do we maintain trust, when implementing more radical solutions that might not work perfectly every time? According to Professor Eleanor Stride OBE, it's communication.[33] Stride is a Professor of Biomedical Engineering at the University of Oxford and named as one of the 100 most influential women in the engineering sector. "I think what's fundamental to building trust is communicating what science really is," she says. "There's a perception amongst the public that solutions come ready-made and we just pull them out of the box. That's not how it works. For example, the amount of science that's gone into developing the COVID-19 vaccines is absolutely incredible. But I don't think that's appreciated because we don't communicate what the scientific method is." Professor Stride describes the scientific method as coming up with an educated guess and then destructively testing it. "It's about making a number of mistakes and gradually working together to build a more robust hypothesis," she says. "And that then allows us to make major breakthroughs." By Professor Stride's method, healthcare comms can help by enabling people to have a better understanding of what underlies their treatment. By being open and transparent, there is an opportunity to build a trust that lasts throughout the cycles of failure that can occur throughout a patient journey. This trust will instill a belief in the process that means people are more likely to stick with it until a solution that works for them is found. Professor Stride believes this work has to begin as early as possible in a person's life. She says, "Until we communicate how it all works, preferably to anyone over the age of four, we're not going to win that battle for trust."

"Fundamental to building trust is communicating what science really is"

Professor Eleanor Stride OBE

M-PESA and Starling: Unshackling banking to give people control

Financial services is a hugely regulated sector. Yet in recent decades, it's been a rich territory for innovations built on a deep understanding of people's needs and the resources they have available to them. M-PESA has been widely used across many African countries since 2007 and currently serves 49.7 million customers.[34] It allows people to pay for goods, transfer money to others, and access credit and savings, all via simple SMS. More recently, mobile-only offers like Starling have stripped away the bureaucracy and hassle of banking. Starling, voted best British bank three years running, responded to the pandemic not with opportunist ads spouting let's-pull-together platitudes, but with practical innovations. To solve a friction-point for those self-isolating and reliant on others to fetch their groceries, Starling created the Connected Card; a secondary debit card linked to a customer's personal account.[35] This card came with a unique PIN, a spending limit of around $275, and was restricted for use inside physical shops only. More than 18,000 vulnerable people ordered a Connected Card.
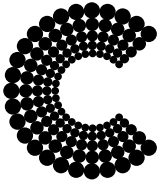
6. Conclusion:
Give the power back to the people

**There's no one set way to deliver HealthControl™. That's the whole point.
The perspectives shared in this white paper all point to a need to set the stage for others; to protect them with regulations and policies; to bring them closer with technology; to equip them with data and information; and, to empower them to draw upon their lived experience to influence outcomes – both for themselves and the wider community. Dealing with people with transparency and respect is key. This is their body, their area of expertise, their profession. They should have absolute control over what they do with it.**

33 For more from Professor Stride on this topic, see the August edition of the
Health.Reconsidered global panel event.
34 Vodafone.com. (Accessed: August 2021)
35 Disrupts Media (2021). The Pandemic Saw the Likes of Starling Bank, Swiftaid and
Finexos Innovate to Aid the Community. The Fintech Times. (Accessed: August 2021)