Aging And Technology

PCAST

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Three Key Observations

1. We suffer from a disproportionate focus on *medical* innovations
CONNECTED AGING TECHNOLOGIES

Cloud & Telehealth
- Platform technologies and services for remote delivery of health care

Sensors & Services
- Novel sensing devices for physiology, activity and location

Data & Analytics
- Technologies and motivational strategies to engage consumers in public and personal health
- Predictive analytics, quantified self, internet of things, decision support

Mobile, Apps & Gaming
WHAT’S NEXT IN THE IMMEDIATE FUTURE?
New World of Connected Health and Aging

- EMR Connected Medical Devices
- External Sensors for Remote Monitoring
- Fall Prevention
- Patient/Provider/Caregiver Communication Platform
- Local Social Commerce Networks
- Health & Social Apps
- Assistive Technology
- Smart Medication Management
- Remote Lab
- Robots
- Smart Body sensors
- Big Data and AI
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2. Providers are a *barrier* to the distribution of most effective technologies and services
   - And reimbursement models

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Online Interview for $25

Diagnosis by a Local Clinician

Response back in 1 Hour

Prescriptions sent Instantly

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UCLA Health

the Institute for Innovation in Health
Three Key Observations

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2. Providers are a barrier to the distribution of most effective technologies and services

3. It’s not just the technology – service models and business models are also required
Kaiser Permanente In-Home Palliative Care Program

IHPC parallels the Medicare Hospice benefit with important modifications

• Care is not limited to the last six months of life –
  *Would you be surprised if your patient died in the next 12 months?*

• Enrollment does not require forgoing curative care

• Services are a blended model, gradually decreasing curative practices and increasing palliative measures

Services are provided in the home

• Most services are provided by nurses and clinical social workers

• Physician home visits as needed

Studies conducted within KP found that this model:

• Reduces both emergency room visits and hospitalizations

• Produces **cost savings ranging from 37% to 45% less** than terminally ill patients receiving traditional care

• Improves patient satisfaction in short and mid-term