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May 2014



# BioMarketing Insight Newsletter

Creating Markets and Marketing  
Strategies

Dear Regina,

Welcome to BioMarketing Insight's monthly newsletter.

Last month I discussed how companies are using Big Data to their advantage. If you missed last month's article, click [here](#) to read it. This month I attended and chaired an afternoon session for track 2 at the Medical Informatics World Conference in Boston. I will summarize the key take-away messages from this conference.

Read on to learn more about this topic and other current news. On the right are quick links to the topics covered in this month's newsletter. The next newsletter will be published on June 16th.

We encourage you to share this newsletter with your colleagues by using the social media icons at the top left, or by simply forwarding the newsletter via email.

Please email [me](#), Regina Au, if you have any questions, comments, or suggestions.

Sincerely,  
Regina Au  
Principal, Strategic Marketing Consultant  
[BioMarketing Insight](#)

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## Regenerative Medicine - A New Dimension

I am pleased to announce that my article on 3D printing and how it has influenced and advanced regenerative medicine and beyond was published in the April 2014 issue of European BioPharmaceutical Review (EBR). If you have not had a chance to read my article, click [here](#). For more information on EBR, click [here](#).

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## Medical Informatics World Conference - April 28 - 29, 2014



Keynote speakers:

L - R. Susan Dentzer - moderator, Jacob Reider, MD - HHS, John Halamka, MD - Beth Israel, and Sachin Jain, MD - Merck.

*Photo courtesy of Cambridge Healthtech Institute*

When President Obama mandated that the healthcare industry transition to electronic health records (EHR), the goal was to provide more efficient and better quality care. However, implementing an IT system and programs to achieve this was a significantly bigger undertaking than anyone anticipated, due to a number of obstacles. Highlights of keynote perspectives:

**Jacob Reider, MD**, Acting National Coordinator Health IT, from the US Dept. of Health and Human Services summed up a few key points:

- 1) Quality - Define quality? Everyone has a different definition. He believes we must change old definitions of quality into definitions of criteria that can be measured.
- 2) Usability - In order for the IT system to be used, it must be:
  - a) Pleasurable
  - b) Convenient
  - c) Usable
  - d) Reliable
  - e) Functional
- 3) Quality Chasm 2.0 - The standard electronic document has inputs for 814 pieces of information
  - a) Physicians remain in a document - centric, rather than electronic- centric mindset.
  - b) Physicians still enter notes into medical records, due to reimbursement rules.
- 4) Patient-centric - Patients must be the main focus and programs should be built around the patient

Summary: Reider believes that to provide better quality care and decrease cost, we need to "Shift left." Not until healthcare shifts from the hospital to the physician's office to the patient's home, will the quality of care go up and the cost of care go down.

**John Halamka, MD**, CIO of Beth Israel Deaconess Medical Center, discussed how at his institution, a social approach to improving patient care and decreasing cost has been taken. His thoughts:

- 1) Team group care - They share everything with the team and the patient
  - a) The data is translated into layman's terms
  - b) Patients are engaged in their care and they do things through telemedicine
- 2) Monitoring risky stats - A dashboard monitors how risky or safe the environment is and alerts the healthcare professional to outlier values.
  - a) Pilot Google glasses - The physician logs-in through QR codes as s/he moves from room to room, and patient to patient.
  - b) Physicians can access patient records instantly; this feature has prevented a patient from receiving a medication that would trigger an allergic reaction.
- 3) Analytics - The ability to extract relevant data from documents and generate useful data.
  - a) This applies to both internal and external generated data
- 4) Cloud - Health care professionals are reluctant to use cloud computing and storage, due to privacy and security issues.
  - a) The Center for Disease Control uses the same cloud as Amazon.
  - b) Benefit is that you have all the data from a single source.

Summary: Embrace the social approach. Dr. Halamka believes that with advances in technology, desktop computers will be eliminated and everyone will work from a tablet. The IT Department will be replaced by the Cloud Services Department. This paradigm shift will encourage more enablers and fewer providers.

**O'Neil Britton, MD**, Chief Health Information Officer, Partners Healthcare, talked about incorporating the patient as a partner in his/her healthcare and getting buy-in for better patient care.

He mentioned that the old way of delivering healthcare was built around the institution and that going forward, we must build care around the patient. Britton also noted that today, insurer payment is centered around delivering more care, rather than payment for better care and that practice needs to change.

By delivering care around the patient, we will shift away from immediate outcomes, to ongoing health care. To accomplish this, there will be 3 three types of Personal Health Records:

- 1) Patient controlled, 2) Patient portal and 3) Patient reported outcomes, where the physician and patient work together to determine those outcomes. Patients want connectivity through the use of mobile.

However, Britton sees a number of barriers to adoption:

- 1) Interoperability between computers and software
- 2) Patient computer proficiency and their health literacy
- 3) Cost
- 4) Perceived value
- 5) Privacy and security
- 6) Clinician's workflow - is it hindering or improving their workflow?

Summary: The concept of delivering better healthcare through the use of EHR is a paradigm shift in mindset and work process. There are many barriers to accomplishing this concept and it will take a while for the industry to figure out how to reach this goal.

The rest of the conference was divided up into four tracks:

- 1) Provider-Payer-Pharma Cross-Industry Data Collaboration
- 2) Coordinated Patient Care, Engagement and Empowerment
- 3) Population Health Management and Quality Improvement
- 4) Information Security and Privacy in Healthcare

While I was not able to attend all sessions, four main themes were universal across the presentations I attended:

- 1) Interoperability between machines - While institutions may be able to communicate within their own institutions or network, they are not able to communicate with outside networks. One of my speakers in track 2 talked about a Massachusetts initiative to build a Mass Hlway, which would establish one central system for the state and all institutions would plug-in to exchange and assess information.
- 2) Patient centric - This industry realizes that in order to provide better care to the patient, patients must be the center of attention and must be fully involved in order for this concept to work.
- 3) Digital Era - We have moved from analog to digital and it is here to stay.
- 4) Paradigm shift - The market landscape is changing so the current system, or way of doing things is obsolete. We must find new ways to adapt to the new environment and new goals.

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## Closing Thoughts



There were 400 attendees and a lot of questions for each presentation. You can see the side of my head next to the women in the white sweater raising her hand for a question.

*Photo courtesy of Cambridge Healthtech Institute.*

It was a good conference. Major stakeholders came together to determine common ground and imagine how they can work together to resolve obstacles and reach goals.

The majority of presenters were decision-makers and they shared experiences on how their institutions adapted the EHR systems, improved efficacy and improved patient care. There is a certain amount of confusion. When the mandate was given to convert to EHRs, no implementation guidelines were issued. Institutions built unique systems and programs. There were many questions during Q & A. Nearly everyone is unsure of the outcome of all these changes.

It is often difficult to implement change. We fear change because it is frequently uncomfortable, awkward, or difficult. If you can remember back when computers were introduced into the workplace, you'll recall that while there were those who liked them, the majority disliked them. Fast forward a few years and I know the very same people who hated computers can't imagine not having one. Change is good when it is for the better.

Nevertheless, there is much work to be done before EHRs can be maximizes to its fullest potential. The real challenge will be persuading patients to take responsibility for their own healthcare. The patient has to change as well. Some patients will embrace being their own healthcare provider with their physician as their advisor. Others will resist. Personalized medicine is not only giving the right drug to the right patient, but also encouraging the right motivating factors that causes patients to become their own primary care physician.

I look forward to next year's conference, to see what progress has been made.

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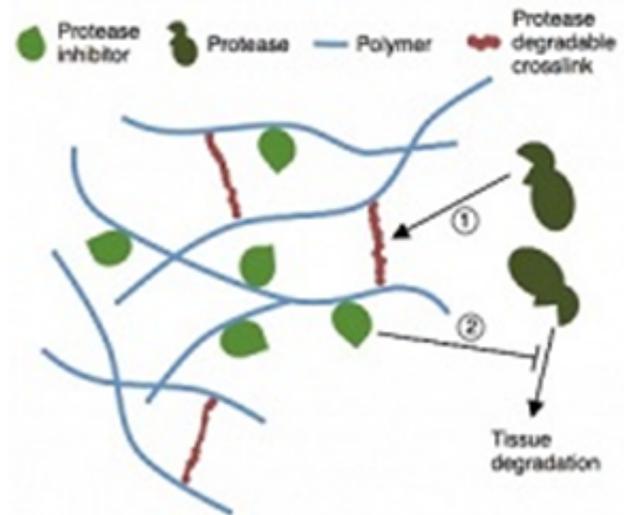
Scientists from the University of Pennsylvania have developed a hydrogel that can reduce further muscle damage after a heart attack when injected directly to the heart muscle.

The hydrogel is made up of natural sugars and holds enzyme inhibitors within its scaffold. When a heart attack occurs, the heart releases enzymes that break down the muscles, weakening the organ and causing it to enlarge. When the hydrogel is present in the heart, these enzymes break down the hydrogel and in turn release the enzyme inhibitors, causing the enzymes to be ineffective, according to a university report.

This is an important advancement in treating heart attacks. Most inhibitors are administered orally or intravenously, which may or may not reach the heart proving to be less efficacious. These drugs may also accumulate in the body causing other issues.

To read the full article in FierceDrugDelivery, click [here](#) .

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Hydrogel loaded with inhibitors for use after a heart attack

*Courtesy of UPenn from FierceDrug Delivery.*

### **About BioMarketing Insight**

We help companies de-risk their product development process by conducting the business due diligence to ensure that it is the right product for the right market and the market opportunity for the product meets the business goals of the company. We can then develop marketing strategies to drive adoption for the product.

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