Are smart health devices, as in the Internet-of-Things (IoT), about to usher in an era of patient empowerment? Apparently not any time soon. Regional research suggests that while interest in smart health apps is on the rise, and the market is growing rapidly, it is doing so from a very low base. In the areas of assisted living, remote patient monitoring and telemedicine, the story is much the same, and worldwide the market value of these services may still hover below USD12 billion by 2020.

On the other hand, the potential for savings in doctors’ times by not having to see so many patients face-to-face, and the imputed value of those savings, in the USA alone could be up to USD10 billion in today’s money through the introduction of ‘virtual health’ practices. The resources released through virtual health could also help reduce the chronic shortages of healthcare workers in the future as populations age and require more hands-on services. This has interesting implications for societies such as Singapore. But another aspect that needs to be considered is that many of Singapore’s healthcare workers, especially nurses, come from overseas, some of whom will have language difficulties and difficulties in adapting to ICTs in healthcare use, including even the basics such as data entry. Training therefore needs to be part of any smart healthcare system.

Linking the two ends of the health supply and value chains is the transmission of data about patients to healthcare workers and to intermediaries, such as health insurance companies. There is a role here for carriers, and in particular if carriers can see themselves becoming part of someone else’s value chain. For example, bundling smart health devices with insurance credits and with insurance companies as partners. But this development calls for revisiting the rules governing data transfers and privacy, and this is precisely where patient empowerment may be a more important issue, giving patients greater control over who can access the data, who can share it, and who can use it and for what purposes. In one sense, sharing one’s data is yet another corner of the emerging sharing economy.

In 2005, we produced a Background Briefing paper that identified, among other things, the number of human errors in the health care services sector due to the use of manual procedures. One salient point arising from this forum was hearing about the still widespread lack of security and lack of encryption of data by hospitals and health apps. Smart health needs to get genuinely smarter.


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