THE 21ST CENTURY PHYSICIAN: EMPOWERED PHYSICIANS IN THE DIGITAL HEALTH ERA

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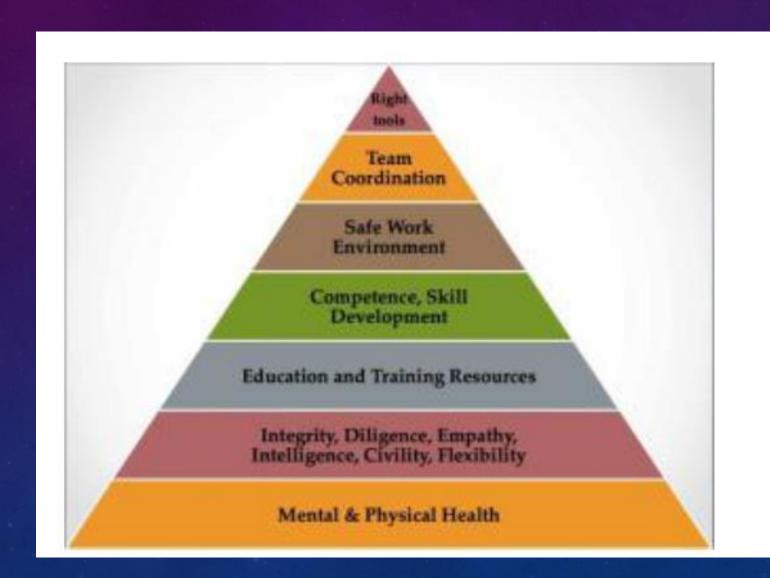








MASLOW'S HIERARCHY OF HEALTHCARE





GLOBAL CHALLENGES

Growing number of chronic diseases,

Rising of life expectancy,

Lack of medical workforce,

Increasing amount of administrative tasks,

The cost of medical treatment....

Burnout

Physician Burnout and Depression

Burned out 42%

Colloquially depressed 12%

Clinically depressed 3%

Figure 2. Association Between Physician Burnout and Patient Safety Incidents

Source	Odds Ratio (95% CI)	Favors No Patient Safety Incidents	Favors Patient Safety Incidents	Weight, %
Overall burnout				
Baer et al, ³⁰ 2017	7.10 (4.98-10.12)			5.32
de Oliveira et al, ³⁷ 2013	5.69 (4.73-6.85)		-	6.03
Fahrenkopf et al, ³⁸ 2008	1.37 (0.66-2.86)	_	-	3.49
Garrouste-Orgeas et al, 39 2015	2.71 (2.25-3.26)		-	6.03
Hansen et al,41 2011	1.17 (0.95-1.44)		-	5.95
Hayashino et al, ⁴² 2012	2.24 (1.40-3.58)			4.75
Kang et al, 44 2013	2.99 (2.10-4.26)			5.33
Klein et al, 45 2010	1.94 (1.49-2.53)			5.73
Kwah et al,47 2016	0.35 (0.12-1.02)			2.32
Linzer et al,49 2009	1.07 (0.69-1.65)	-	_	4.92
Lu et al, 50 2015	2.89 (1.22-6.85)			2.98
O'Connor et al,51 2017	2.59 (1.91-3.51)			5.56
Prins et al, 56 2009	2.08 (1.89-2.28)			6.26
Qureshi et al,57 2015	1.89 (1.66-2.15)		-	6.18
Shanafelt et al, 59 2010	1.17 (1.10-1.25)		=	6.30
Welp et al, 66 2015	2.01 (1.27-3.18)		-	4.80
Wen et al, 67 2016	2.28 (1.63-3.18)		-	5.42
West et al, 69 2006	1.09 (1.02-1.16)		=	6.30
West et al,70 2009	1.07 (1.03-1.11)			6.33
Subtotal I2 = 97.7%; P < .001	1.96 (1.59-2.40)		\rightarrow	100
Emotional exhaustion				
Hayashino et al,42 2012	1.68 (1.16-2.43)		-	9.12
Kang et al, 44 2013	3.35 (2.10-5.40)		-	7.46
O'Connor et al,51 2017	2.16 (1.16-4.02)			5.55
Prins et al, 56 2009	2.10 (1.79-2.46)		-	12.79
Shanafelt et al,8 2010	1.48 (1.42-1.54)			13.98
Welp et al, 66 2015	2.43 (2.16-2.73)			13.35
Wen et al, 67 2016	2.28 (1.63-3.18)		-	9.75
West et al, 69 2006	1.07 (1.02-1.12)	i i		13.95
West et al,70 2009	1.06 (1.04-1.08)	i		14.05
Subtotal I2 = 97.3%; P < .001	1.73 (1.43-2.08)		\rightarrow	100
Depersonalization				
Hayashino et al,42 2012	2.72 (2.15-3.44)		-	12.52
Kang et al, 44 2013	2.85 (1.79-4.54)		-	11.14
O'Connor et al, 51 2017	3.16 (2.16-4.62)		-	11.72
Prins et al, 56 2009	3.00 (2.85-3.16)		=	13.04
Shanafelt et al,8 2010	1.11 (1.02-1.21)			12.99
Welp et al, 66 2015	2.25 (1.80-2.81)		-8-	12.57
West et al, 69 2006	1.11 (1.02-1.21)			12.99
West et al, 70 2009	1.09 (1.03-1.16)			13.03
Subtotal I2 = 99.3%; P < .001	1.94 (1.29-2.90)			100
Personal accomplishment				
Hayashino et al, 42 2012	2.61 (2.21-3.08)		-	14.14
Kang et al,44 2013	2.86 (1.48-5.39)			5.69
O'Connor et al,51 2017	2.11 (1.10-4.05)			5.63
Prins et al, 56 2009	1.20 (1.03-1.40)			14.36
Shanafelt et al,8 2010	1.07 (1.02-1.12)	i i		15.65
Welp et al, 66 2015	1.39 (1.14-1.71)		-	13.45
West et al, 69 2006	1.56 (1.45-1.67)			15.47
West et al. 70 2009	1.08 (1.02-1.14)	1		15.59
Subtotal I ² = 96.4%; P <.001	1.49 (1.23-1.81)		\limits	100
	0	.1	1 10	

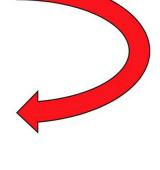
JAMA Internal Medicine | Original Investigation | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

Association Between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction A Systematic Review and Meta-analysis

Maria Panagioti, PhD; Keith Geraghty, PhD; Judith Johnson, PhD; Anli Zhou, MD; Efharis Panagopoulou, PhD; Carolyn Chew-Graham, MD; David Peters, MD; Alexander Hodkinson, PhD; Ruth Riley, PhD; Aneez Esmail, MD, PhD

Physician Burnout

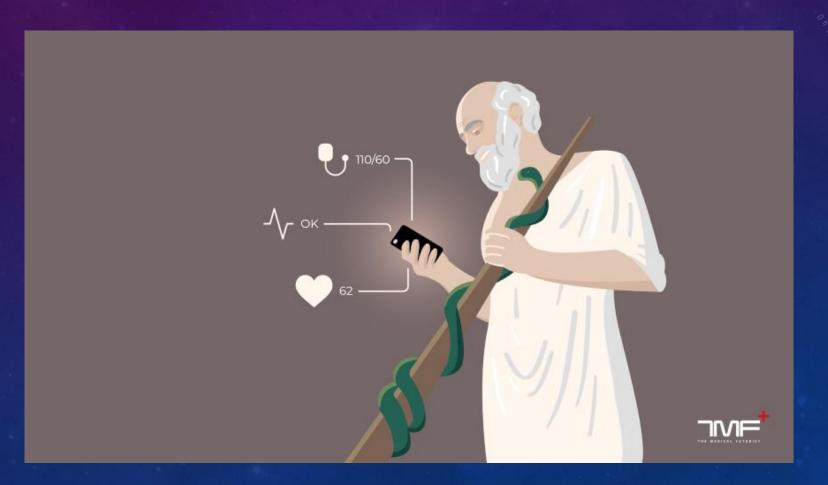




47 studies, 42,472 doctors JAMA Internal Med October 2018

https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2698144

2017 CHICAGO: "I WILL ATTEND TO MY OWN HEALTH, WELL-BEING, AND ABILITIES IN ORDER TO PROVIDE CARE OF THE HIGHEST STANDARD."



PRESENCE OF DIGITAL HEALTH





IBM Investor Briefing

IBM

Cognitive Computing Application: "Medical Sieve" Image anomaly detection and identification

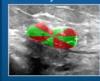
- Quickly filters irrelevant images
- Highlights diseasedepicting regions
- Multi-modal decision support





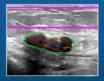


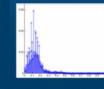




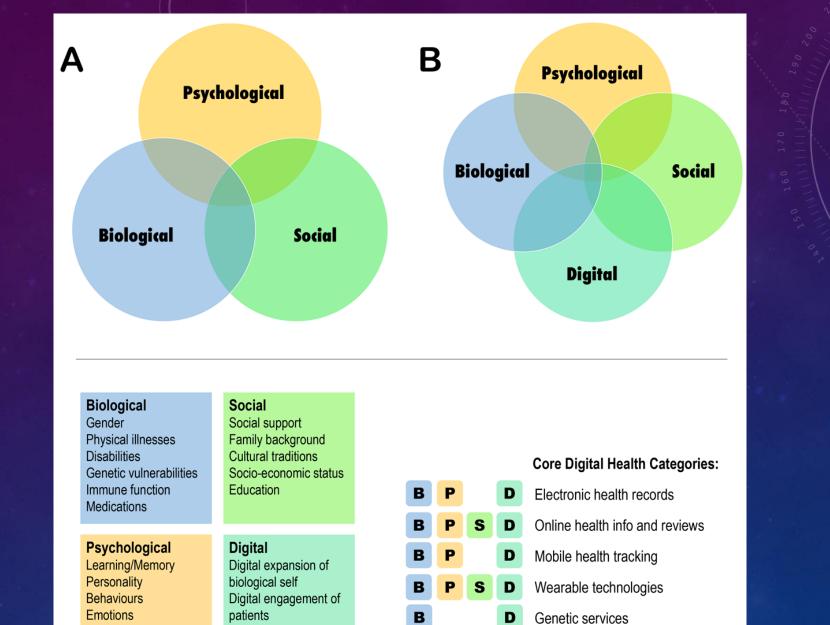


Attenuation









Telehealth and telemedicine

Coping Skills

Previous mental issues

Social networking

WHAT IS DIGITAL HEALTH?

- Digital health is defined as "the cultural transformation of how disruptive technologies that provide digital and objective data accessible to both health care providers and patients leads to an equal-level doctor-patient relationship with shared decision-making and the democratization of care."
- Meskó B, Drobni Z, Bényei É, Gergely B, Győrffy Z. Digital health is a cultural transformation of traditional healthcare.
 mHealth 2017;3:38.

PRESENT AND FUTURE: PARTICIPATORY MEDICINE





E-PATIENT MOVEMENT: THE LETTER "E" CAN STAND FOR

- "electronic" (using digital technologies in their disease or health management),
- "equipped" (having digital health technologies at their disposal),
- "enabled" (having newly acquired access to information),
- "empowered" (by the loss of the ivory tower),
- "engaged" (taking an active part in their care), and
- "expert" (in using technologies in their care or health management)















Health services research Research



What happens when patients know more than their doctors? Experiences of health interactions after diabetes patient education: a qualitative patient-led study 8

Rosamund Snow¹, Charlotte Humphrey², Jane Sandall³

Author affiliations +

Abstract

Objective To explore the impact of patient education on the lives of people with diabetes, including the effect on interactions with doctors and other healthcare professionals.

Design Qualitative user-led study using longitudinal interviews and 146 h of participant observation. Data were analysed using a narrative approach.

Participants 21 patients with type 1 diabetes, those either about to attend a patient education course or those who had completed the course in the previous 10 years.

Setting Established patient education centres in three UK teaching hospitals teaching the Dose Adjustment for Normal Eating (DAFNE) course.

Results Both postcourse and several years later, most participants spoke of the experience of taking part in education as life-changingly positive. It helped them understand how to gain control over a very complex disease and freed them from dependence on medical advice and restrictive regimes. However, interactions within the health system following patient education could be





HILDE T. MYRHAUG AND TONE HANSEN: CO-PRODUCING A SYSTEMATIC REVIEW WITH PATIENTS FEBRUARY 8, 2019 IN BMJ



Meskó B, Radó N, Győrffy Zs:
Opinion leader empowered patients about the era of digital health: a qualitative study

BMJ Open 2019;9:e025267.



WHAT EMPOWERED PATIENTS NEED: EMPATHY, TIME, AND ATTENTION





HOW COULD DIGITAL TECHNOLOGY MAKE AN IMPACT ON PRIMARY CARE?

THE RESPONDENTS

183 questionnaires from **37** countries

70 % work in cities smaller than 1 million residents

Mean size of practice was around 2,000 patients

42.6 % of the respondents were women

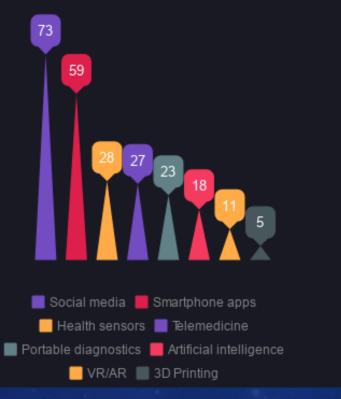
Age varies between 24-77, while the average age was 47.5



ATTITUDES TOWARDS DIGITAL HEALTH

75.4 % eagerly uses digital health tech 20.8 % haven't adopted yet

TYPES OF DIGITAL HEALTH TOOLS PHYSICIANS USE



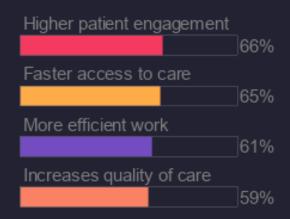
WHAT DO THEY WANT TO USE IN THE (NEAR) FUTURE?

- Social media (10.53%)
- Smartphone apps (15.07%)
- Health sensors (16.38%) Telemedicine (13.12%)
 - Portable diagnostics (16.88%)
- Artificial intelligence (10.51%) VR/AR (8.44%)
 - 3D Printing (9.08%)



General practitioners are not eager to use very futuristic or less comprehensible technologies.

WHY IS IT BENEFITIAL TO WORK WITH DIGITAL TECH?



Money doesn't matter.
Only 14.2 % of GPs
mentioned digital tech would
bring extra income.

WHAT COULD BE THE POTENTIAL NEGATIVE CONSEQUENCES?

The biggest fear of primary care physicians is patients misinterpreting their results.
70 % of the respondents said it.



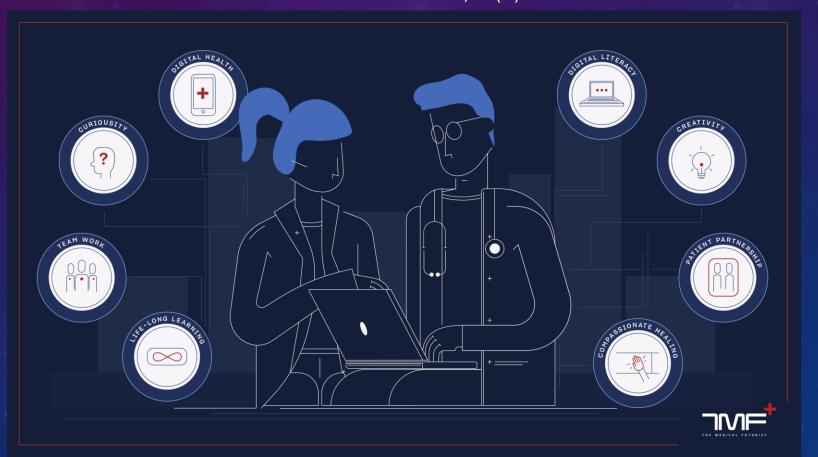
WHAT DOES THE FUTURE HOLD?

76 % think data analysis will be part of practicing medicine
For 70 % of the respondents, the use of digital tech is inevitable in the future
Patients will be the point of care, says 69.9 %

Medical decision-making will be a shared process between patients and their caregivers according to 61.8 % of the surveyed GPs

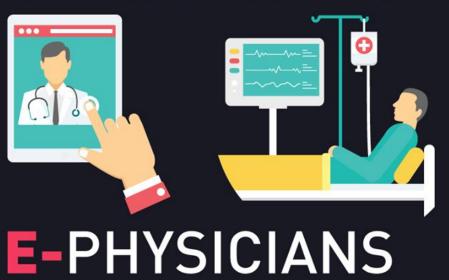
THE RISE OF EMPOWERED PHYSICIANS

MESKO B, GYŐRFFY Z
THE RISE OF THE EMPOWERED PHYSICIAN IN THE DIGITAL HEALTH ERA:
VIEWPOINT
J MED INTERNET RES 2019;21(3):E12490













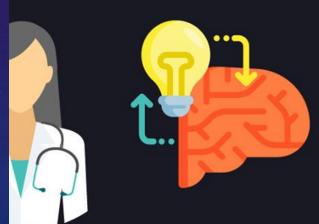


E-LECTRONIC The Medical Futurist





Uses digital technologies in their disease or health management.



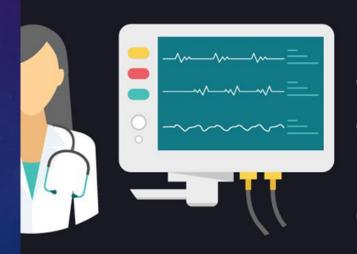
Uses digital technologies in their practice with ease.

E-QUIPPED





Has digital health technologies at their disposal (e.g. wearable sensors).



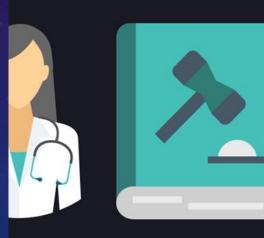
Has digital health technologies at their practice (e.g: live access to patients' data).

E-NABLED





Enabled by their newly acquired access to data about their health.



Enabled by regulations and guidelines to use digital technology in their practice.

E-MPOWERED The Medical Futurist





Empowered by the loss of the ivory tower.





Empowered by technologies that support their job and their e-patients.

E-NGAGED





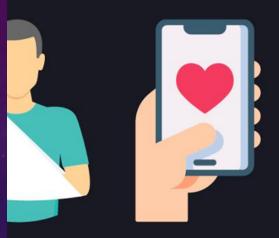
Can take an active part in the decision making of their care.



Incorporates the feelings and views of their patients into the healing process.

E-XPERT





Knows how to use technologies in their treatment or health management.



Knows how to apply new technologies in their clinical practice.

STATISTICAL HIGHLIGHTS

We sent out more than 100 packages to 22 countries.

577 badges and/or pins arrived to

hundreds of medical professionals in 10 months.

Badges/pins per country

Australia	142
Sweden	128
USA	95
Netherlands	48
Belgium	16
Hungary	16
South Africa	14
Canada	14
India	13
UK	12
Brazil	10
Finland	6
Singapore	4
United Arab Emirates	10 6 4 4 4 4 4 2 2 2 1 1
Germany	4
Pakistan	4
New Zealand	4
Greece	4
France	2
Argentina	2
Kenya	2
Turkey	1
Poland	1





MONASHUR



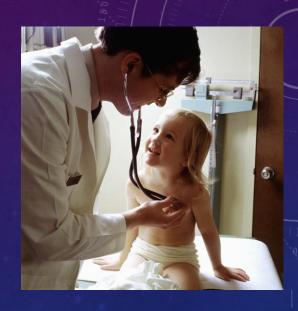




"THE DOCTOR TREATS, PERSONAL RELATIONSHIPS HEAL"



















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