

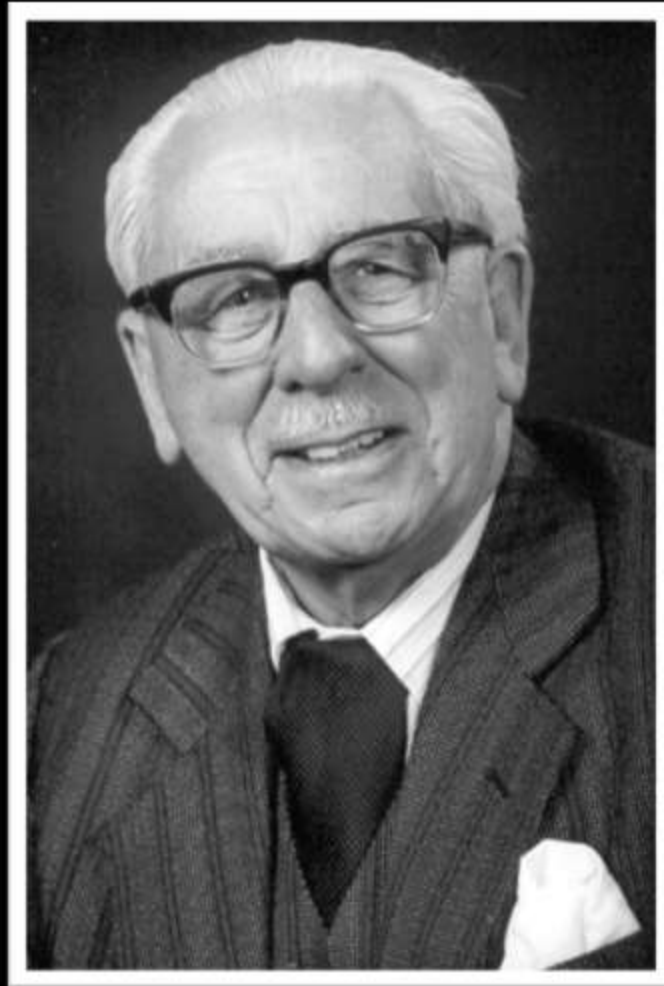


The Convergence of Clinical Medicine, Engineering and Computing: New Horizons in Healthcare Delivery

Dr. George Poste
Director, Complex Adaptive Systems Initiative
and Del E. Webb Chair in Health Innovation
Arizona State University
george.poste@asu.edu
www.casi.asu.edu

The John F. Wilkinson Memorial Lecture
Manchester Medical Society
5 May 2010

Dr. John F. Wilkinson (1897 - 1998)



Challenges for Healthcare Delivery Systems

Cost



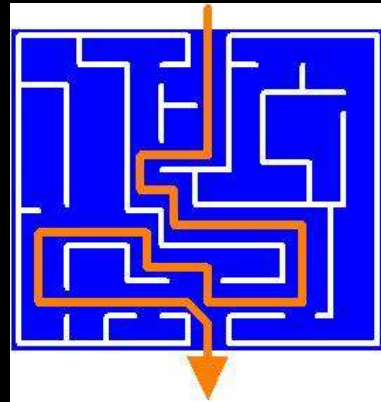
Demographics



Chronic Diseases



Life Style Disease



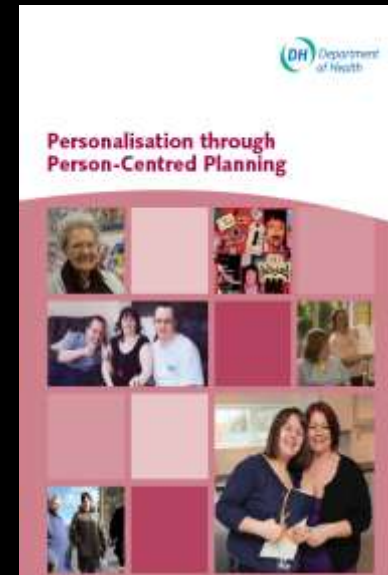
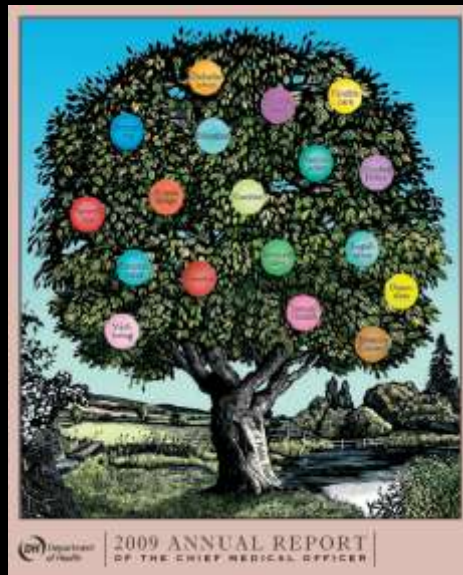
**Inefficient use
of Information**

**Fragmented,
Compartmentalized
Services**

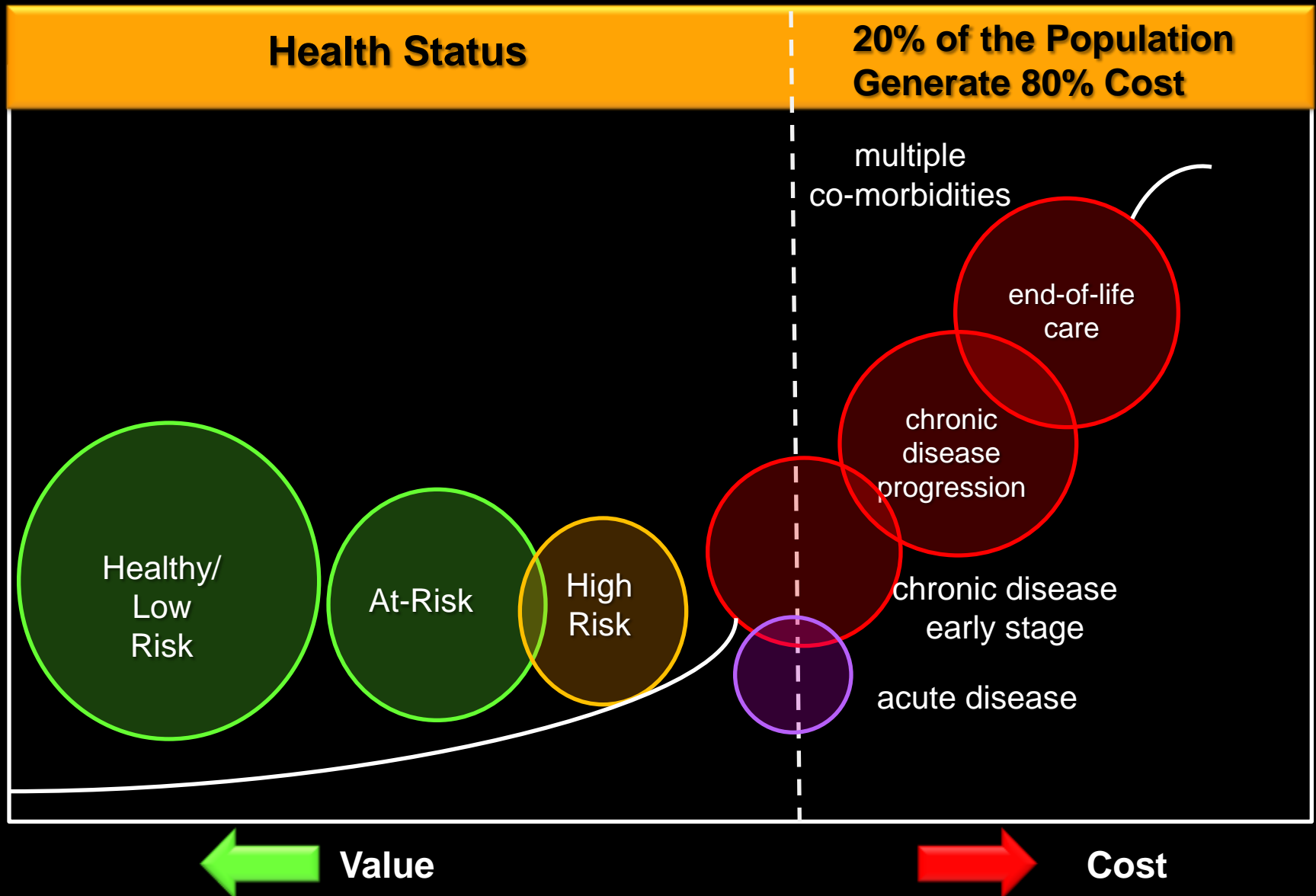
**Protracted
Adoption of
Best Practices**

**Complex
Services**

The Challenge of Delivery of Equitable and Effective Healthcare: Balancing Infinite Demand Versus Finite Resources



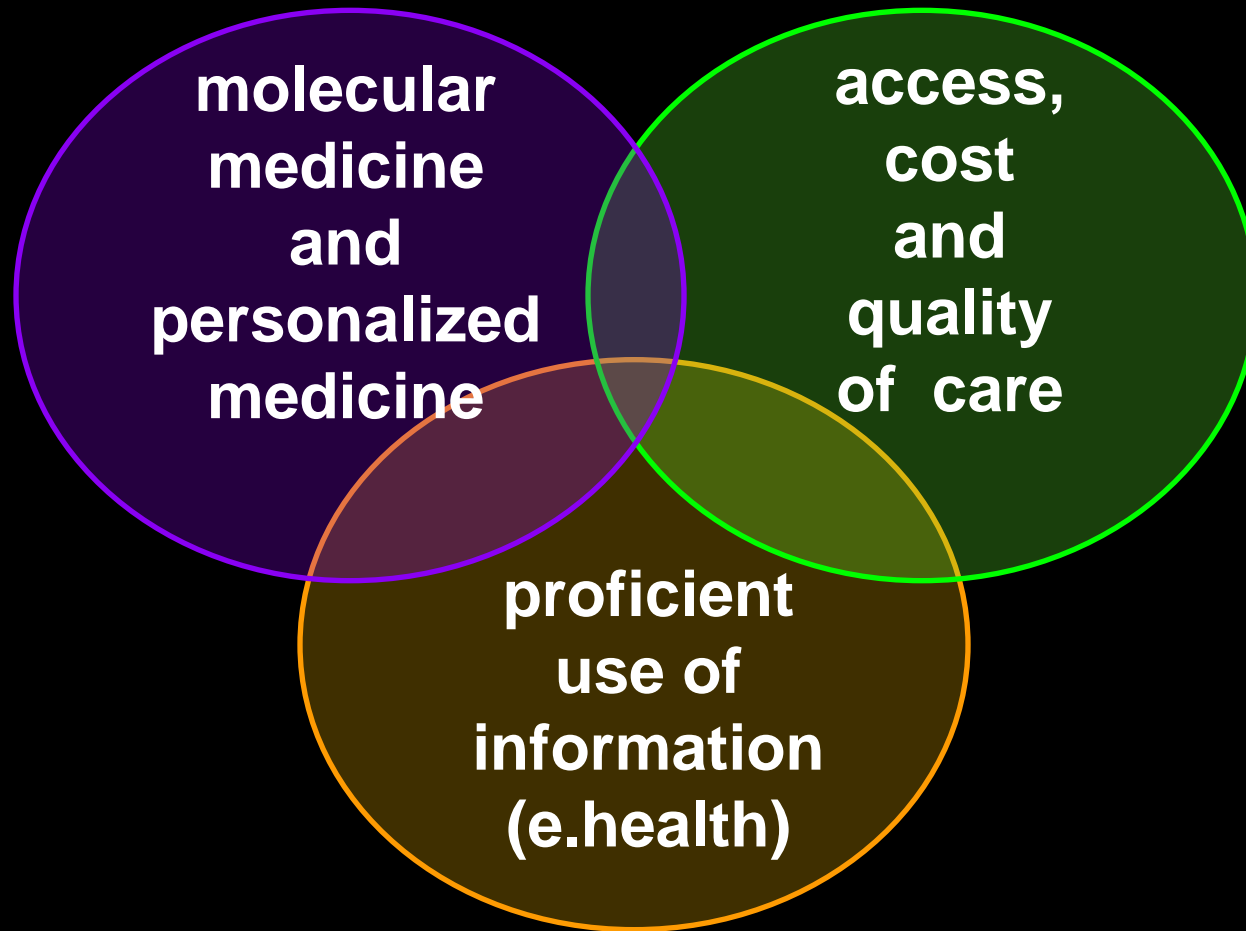
The Economic, Social and Clinical Benefits of Proactive Mitigation of Disease Risk and Chronic Disease Co-Morbidities



New Value Propositions in Healthcare

- **social and economic value of reducing disease burden will rise**
 - **earlier disease detection and mitigation**
 - **rational Rx and guaranteed outcomes**
 - **integrated care management of complex chronic diseases**
 - **extension of working life**
- **progressive shift from ‘reactive’ medicine to ‘proactive’ care and ‘integrated’ delivery**
 - **prospering in an era of increasing constraints**
 - **managing the limit(s) of society’s willingness and ability to pay for innovation**

The Three Convergent Forces Shaping the Evolution of Healthcare



The Waste and Risk of Empirical Rx: Ignoring The Obvious in Clinical Practice

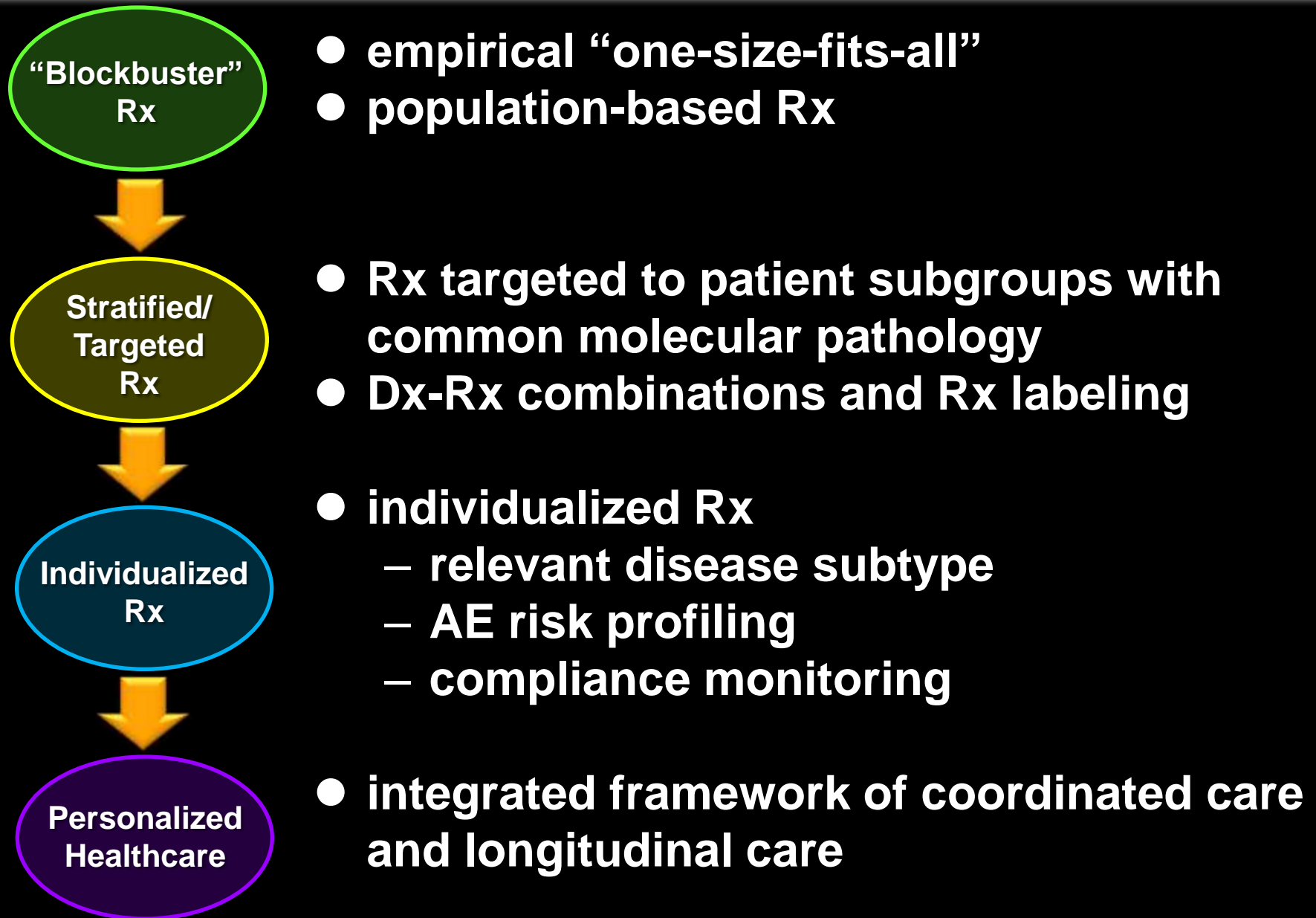


- diseases are not uniform
- patients are not uniform
- a “one-size fits all” Rx approach cannot continue



- inefficiency and waste of empirical Rx
- cost of futile therapy
- medical error and AEs

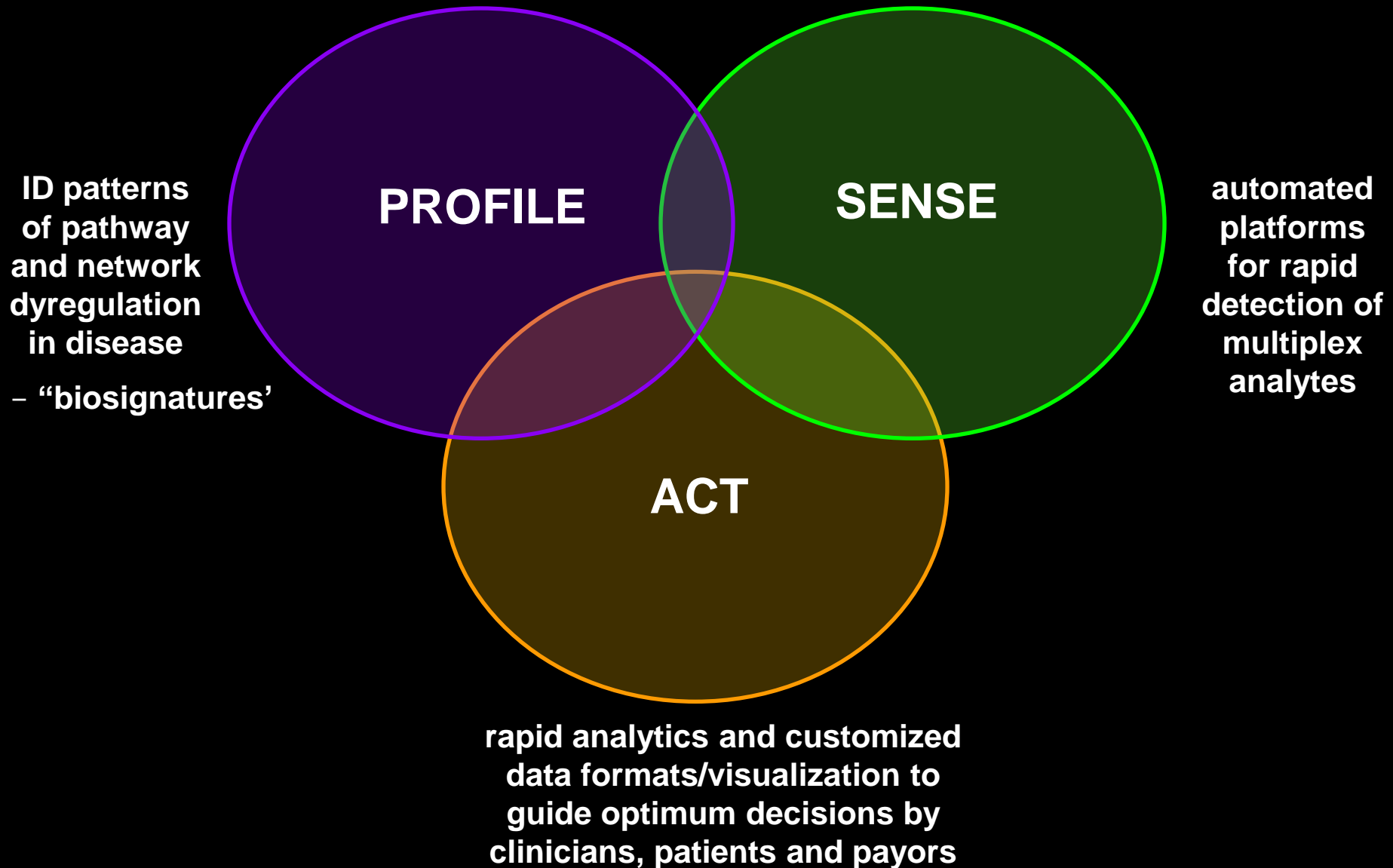
The Evolving Market for (Bio)Pharmaceutical Therapies



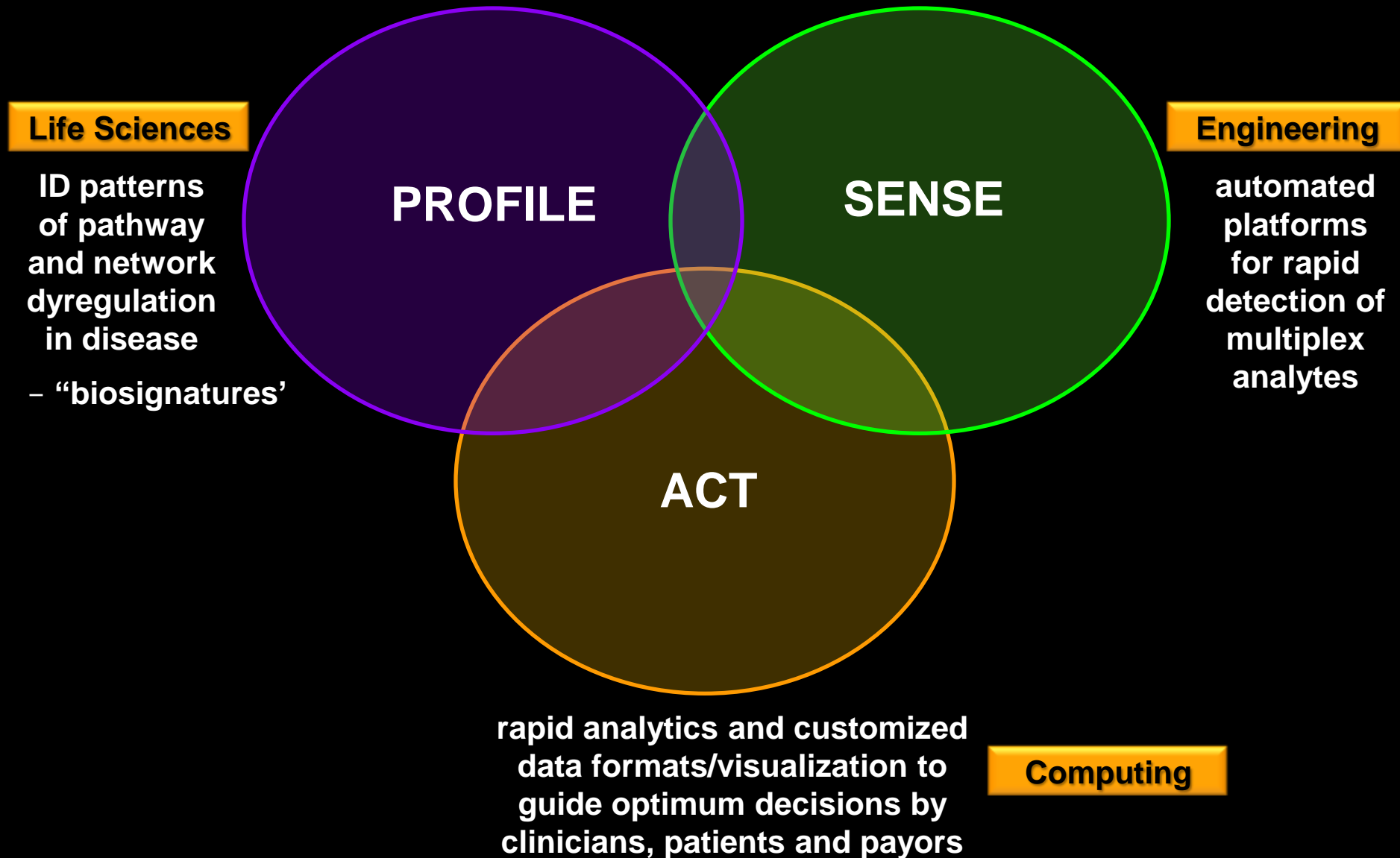
Molecular Diagnostics and Individual Patient Profiling: The Key Driver in Molecular Medicine and Rational Therapeutics

- **mapping the causal pathology of disease versus diagnosis based on symptoms/biochemistry/histopathology classifications**
- **identification of molecular subtypes of disease arising in same cell/organ and common symptoms**
- **disease subtypes and Rx selection**
 - **right Rx for right disease subtype**
- **profiling individual genetic variation in response to drugs**
 - **right Rx for right patient**
- **eventual mapping of individual disease predisposition risk profiles based on genetic uniqueness**
 - **new approaches to disease prevention**

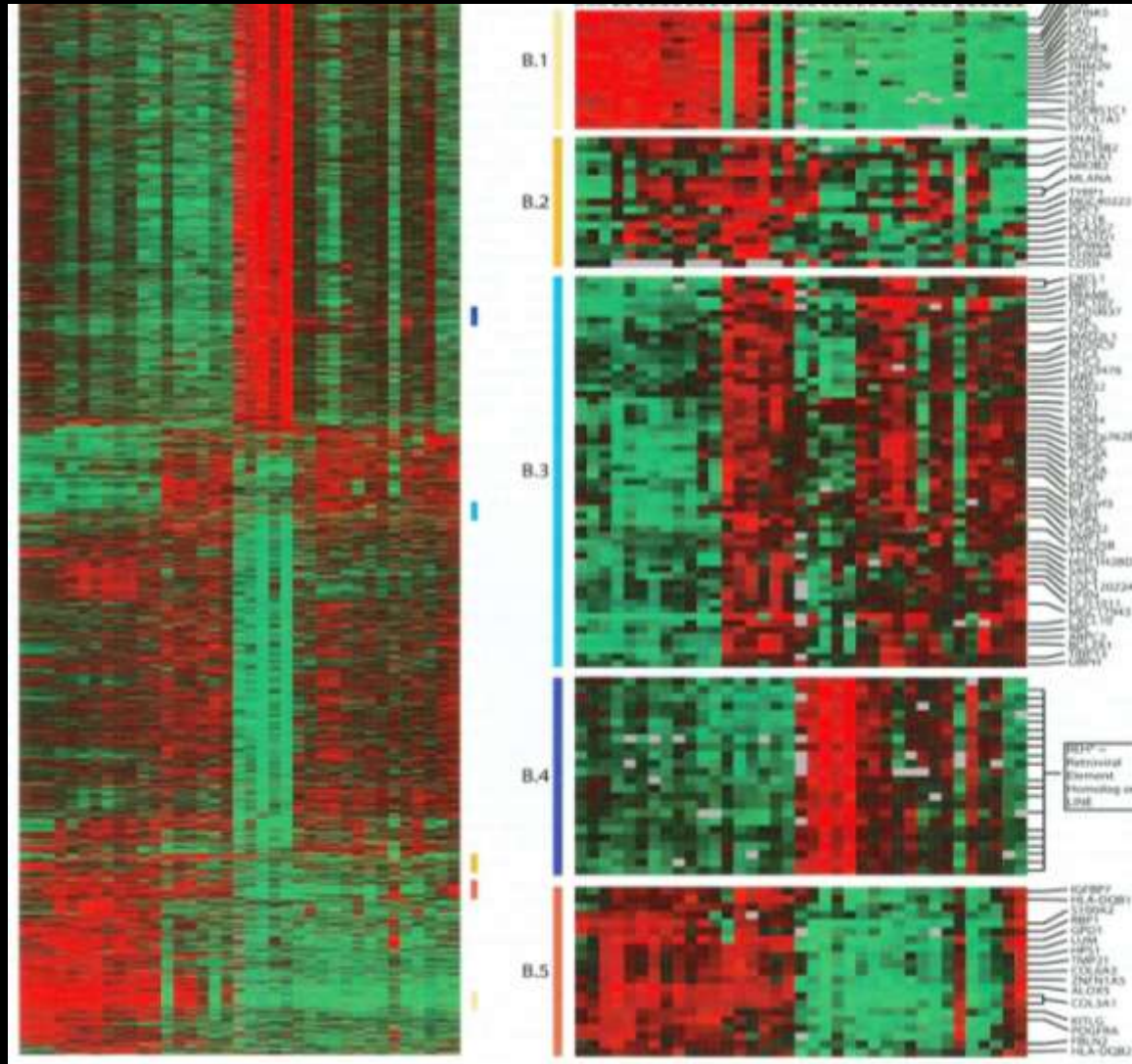
Mapping the Molecular Signatures of Disease



Mapping the Molecular Signatures of Disease



Disease Subtyping: Next-Generation Molecular Diagnostics (MDx) and a New Molecular Taxonomy of Disease



MDx Platforms

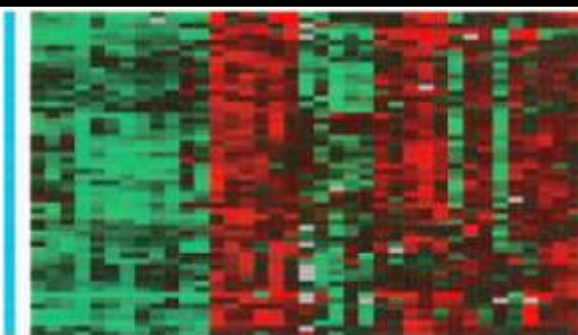
- massive parallelism
- miniaturization
- automation
- rapid
- POC

**RIGHT Rx
for
RIGHT DISEASE
SUBTYPE**

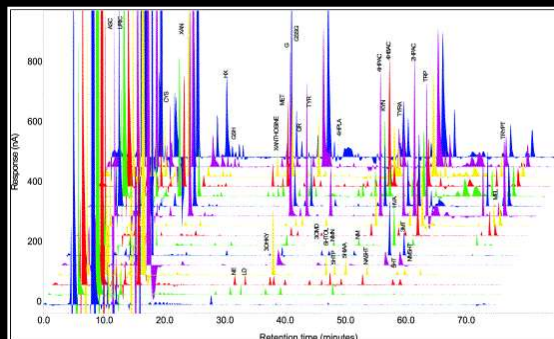
Molecular Diagnostics and Miniaturized Devices: A Key Future Driver in the Healthcare Value Chain

Complex Biosignature Profiling

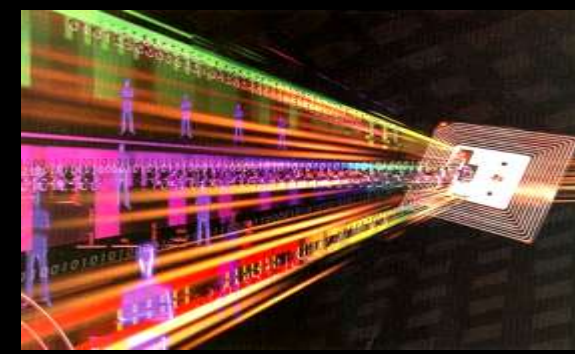
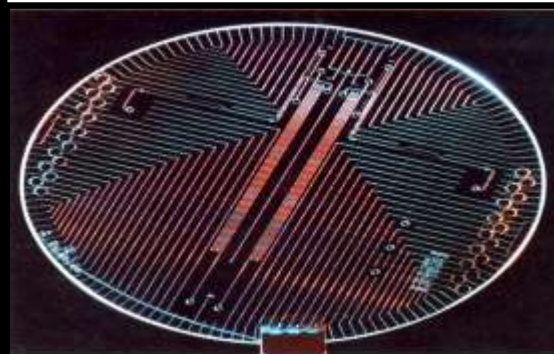
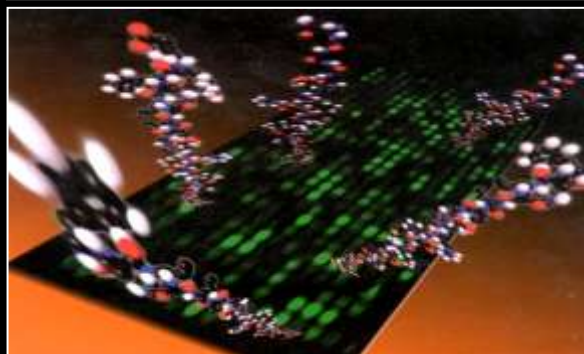
genomics



proteomics



immun signatures



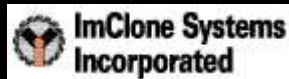
Signature Detection, Deconvolution and Multivariate Analysis

automated,
high throughput
multiplex assays

novel test formats
and devices (POC)

new algorithms
for complex
signal/deconvolution

K-RAS Profiling and Anti-EGFR Monoclonal Antibody Therapy



- higher response in patients with K-RAS versus mutant-K-RAS
- estimated \$604 million/year savings (ASCO)

clinical guidelines



- regulatory endorsement in product labeling



- payor adoption

Molecular Medicine and Rational Therapeutics: Targeted Rx and Rise of Molecular Diagnostics and Patient Profiling

- **opening era in linking disease molecular pathology to rational Rx**
- **increasing payor, regulatory and public pressures for reliable ID of Rx-responsive patients**
- **demand for Dx-Rx combinations will intensify**
- **Dx-Rx combination will become an obligate element of NDA/BLA submission and product labeling**
- **development of Dx-Rx combinations as intrinsic components of R&D programs for investigational Rx**

Outcomes-Based Risk-Sharing Agreements (OBRAs)



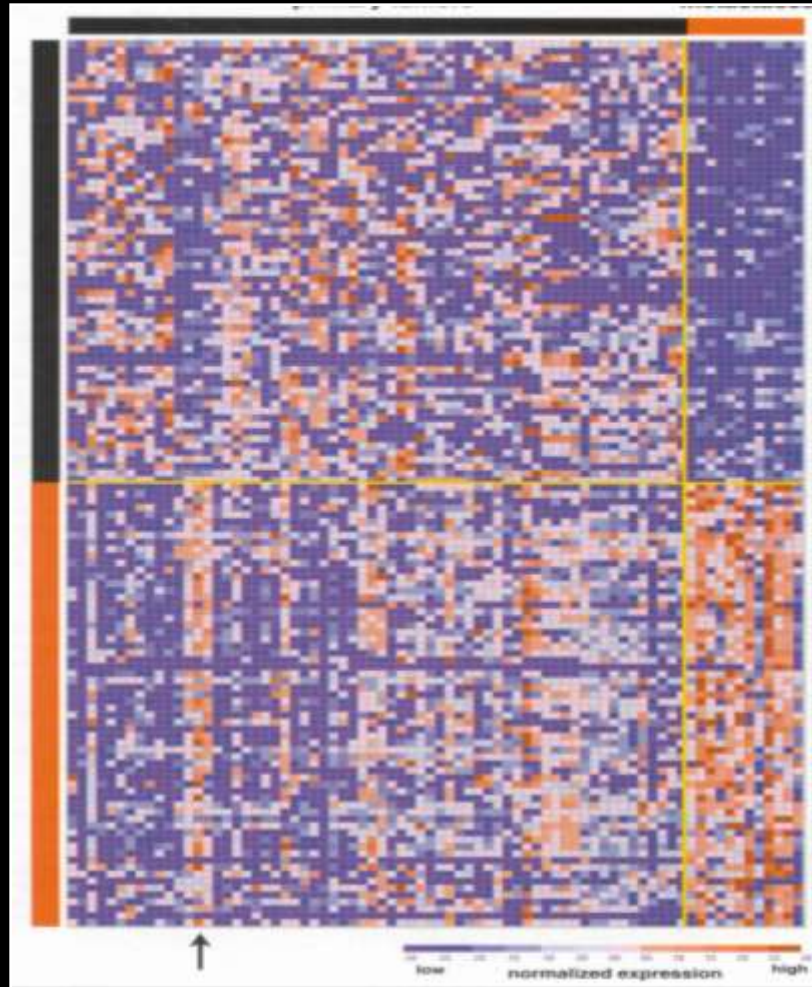
- full or partial refund for non-responders



- four Rx cycles
- 50% reduction in serum M protein
- NHS continues to fund
- <50% response
company refunds
cost of Rx

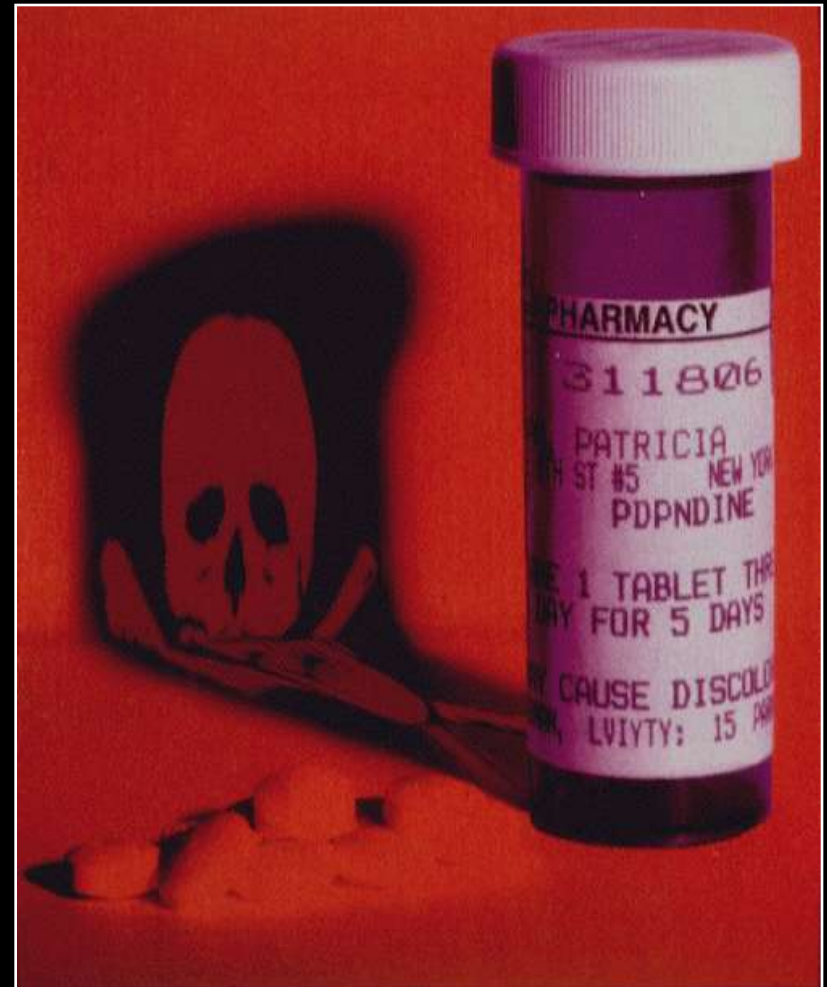
From Pharmaceuticals to Pharmasuitables

Disease Subtyping:



Right Rx for Right Disease

Individual Variation and AE risk

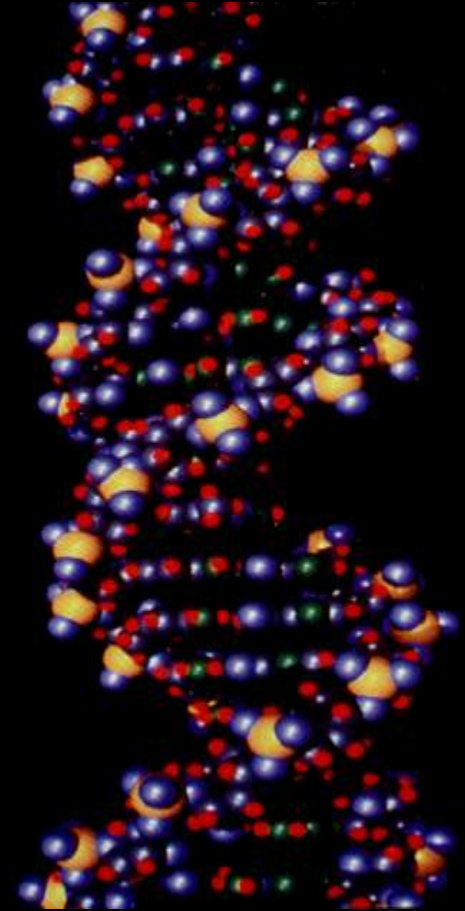


Right Rx for Right Patient

Molecular Diagnostics and Pharmacogenetic Profiling to Identify Individuals at Risk for Rx Adverse Events

- **broader, more complex profiling platforms than MDx assays for ID of drug targets**
 - **number of isoforms for DMPK enzymes and scale of individual variation within populations**
- **ID of slow metabolizer genotypes**
- **unknown effects of genetic and environmental confounders in AD(M)E beyond genetic variation in drug-metabolism (I-III) repertoire**
- **growing recognition of importance of variation in HLA and immune response alleles as additional risk factor**

The Hunt for Gene Loci Associated with Complex Human Diseases

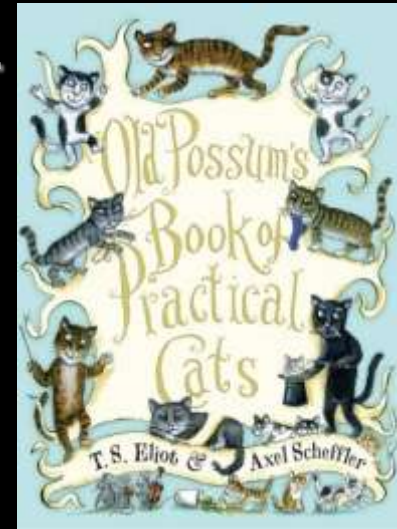


The “Missing Heritability in Complex Human Diseases”



“Human Genetics faces an unexpected problem. It is plagued by what might be called Macavity Genes. Often the evidence for inheritance is clear, but, like the mystery cat, the agents responsible are just not there.”

**Dr. S. Jones
Lancet 3 April 2010 p. 1153**



Disease Predisposition Risk Profiling for Common, Multigenic Late-Onset Disorders

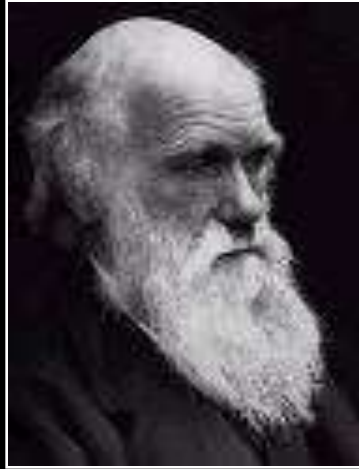
- **slower evolution than many predict**
- **Genome-Wide Association Studies (GWAS)**
 - **high cost and to date low yield in terms of clinically exploitable markers**
 - **disease origins from multiple low penetrance alleles versus small, dominant set of high penetrance alleles**
- **substantial ambiguities regarding probabilistic risk of overt disease**
 - **epistasis**
 - **epigenetics**
 - **environmental confounders**

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The premature quest to provide consumer genomic testing (CGx) for future risk of major diseases

Mapping Human Diversity

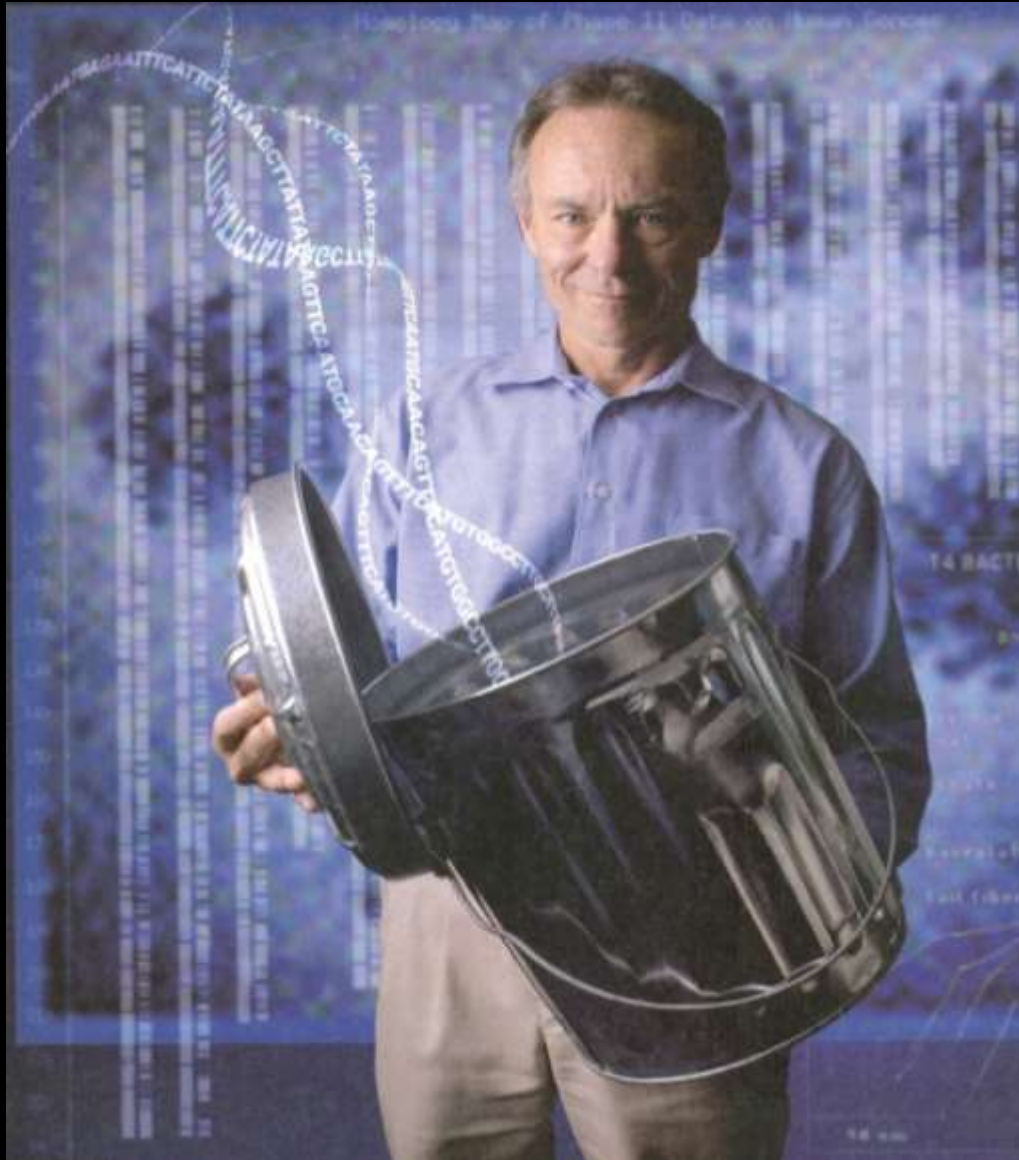


“Our ignorance of the laws of variation is profound”

Charles Darwin

**CGCCME!CAGGCATGCA
CAGTGCCAGGCATGCAT
CATGCGAGME!GCACT
TGCTAGGCATGCATGA
TCATGCCAGTCATGCA**

Mapping the Complexity of Genome Organization



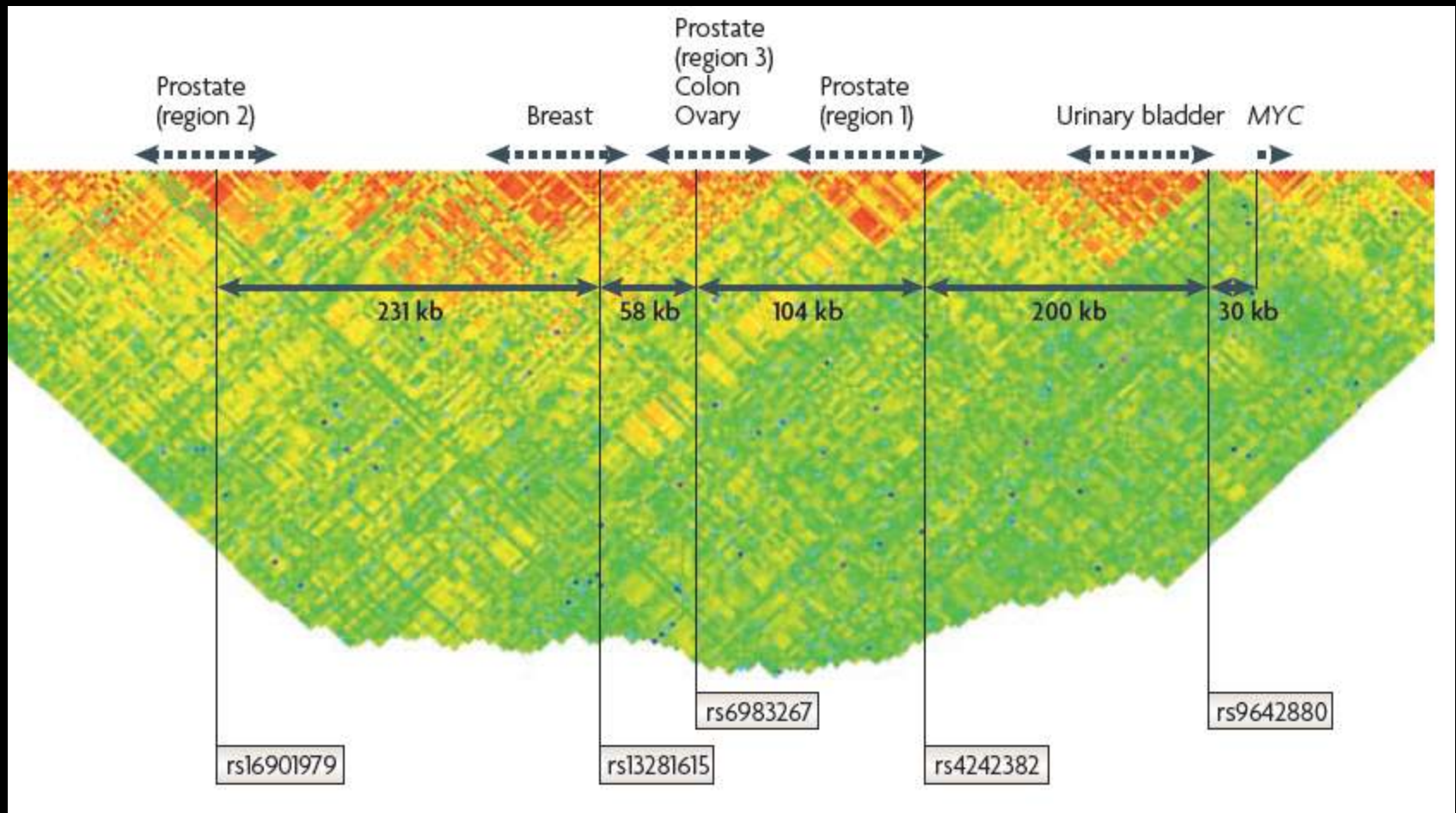
- recognition of increasing levels of organizational and regulatory complexity
 - haplotypes
 - CNV
 - indels
 - RNA universe
 - ‘dark’ elements
 - epistasis
 - epigenetics
 - nuclear compartmentalization and *trans*-expression

miRNAs Associated with Solid Cancers

Tumor	miRNA	Function
Breast cancer	miR-21, miR-125b	oncomiR
Breast cancer metastasis	miR-335, miR-206, miR-126	metastasis suppressor
Lung adenocarcinoma	let-7a, miR-143, miR-145	tumor suppressor
Lung adenocarcinoma	miR-17-92 cluster, miR-106b/93/25 cluster	oncomiR
Pancreatic ductal carcinoma	miR-196a, miR-196b	oncomiR
Ovarian carcinoma	miR-199a/b, miR-140, miR-145, miR-204, miR-125a/b	tumor suppressor
Ovarian carcinoma	miR-141, miR-200a/b/c	oncomiR
Hepatocellular carcinoma	miR-21, miR-224, miR-34a, miR-221/222, miR-106a, miR-203	oncomiR
Hepatocellular carcinoma	miR-122a, miR-422b, miR-145, miR-199a	tumor suppressor
Thyroid papillary cancer	miR-146b, miR-221, miR-222, miR-181b, miR-155, miR-224	oncomiR

From: M. Galasso et. al. (2010) Genome Medicine 2, 12

Gene Deserts: The 8q24 Region and Cancer Susceptibility

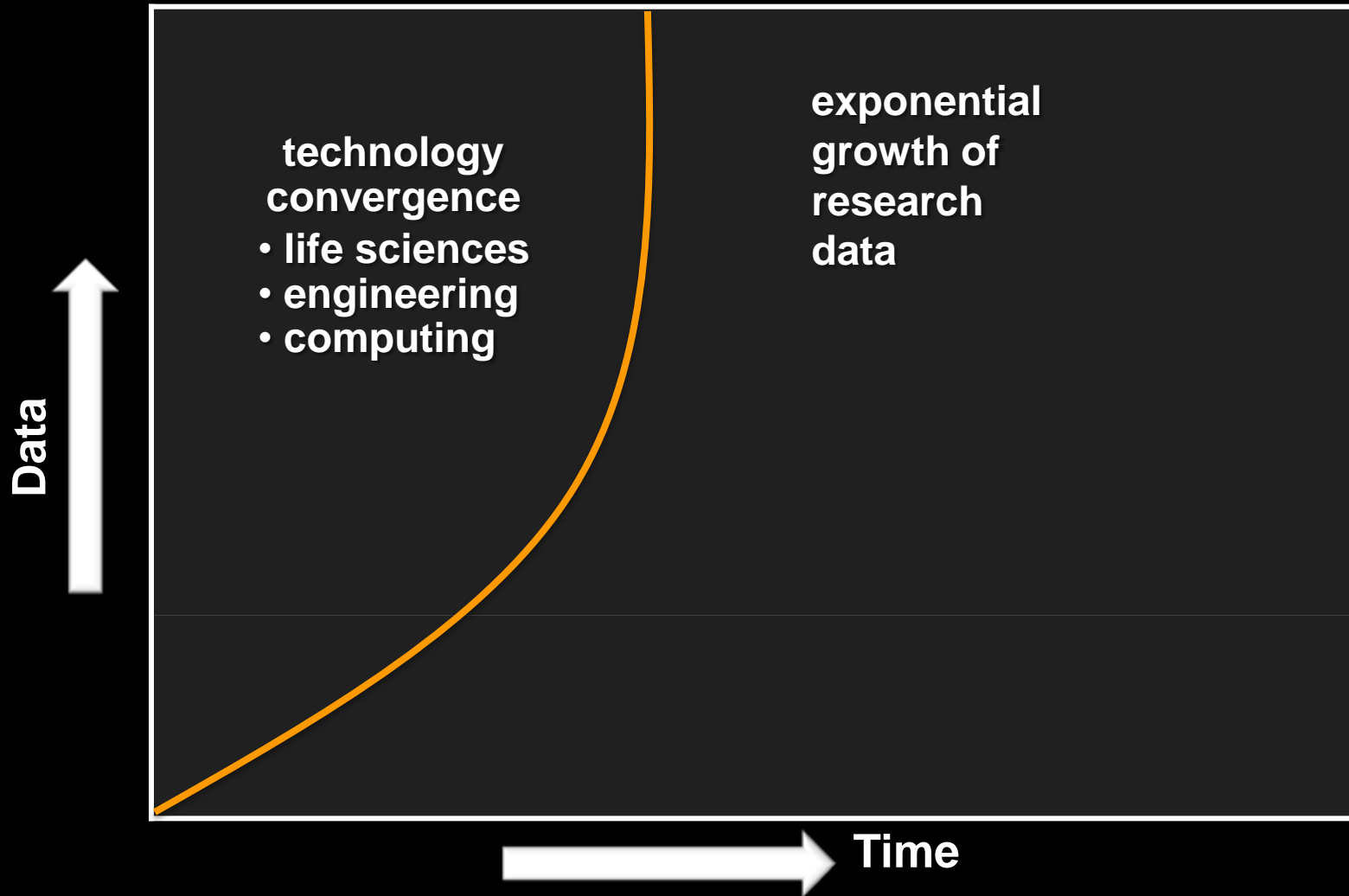


From: J. P. A. Ioannidis et al. (2009) Nature Rev. Genetics 10, 318

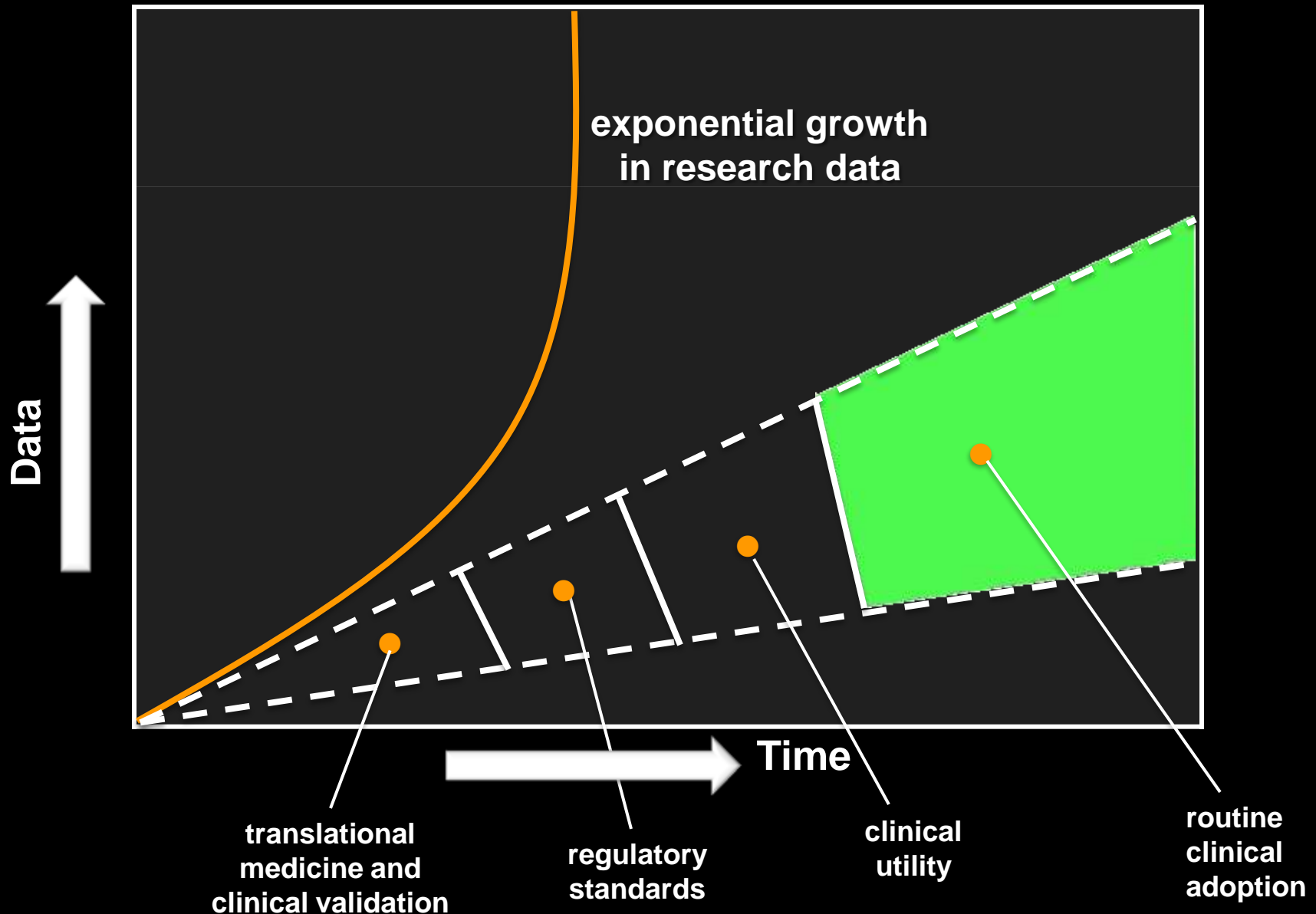
**Translation of the Major Promise of Molecular
Medicine into Routine Clinical Practice**

A Complex, Multi-Dimensional Challenge

The Trajectories for Molecular Medicine



The Trajectories for Molecular Medicine



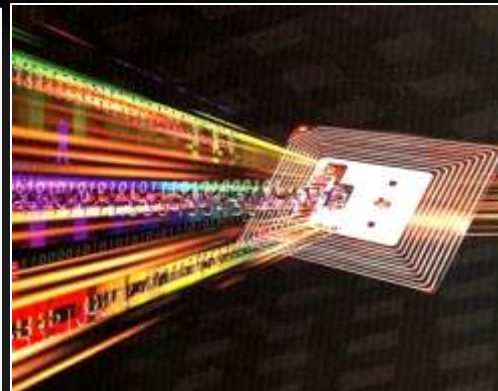
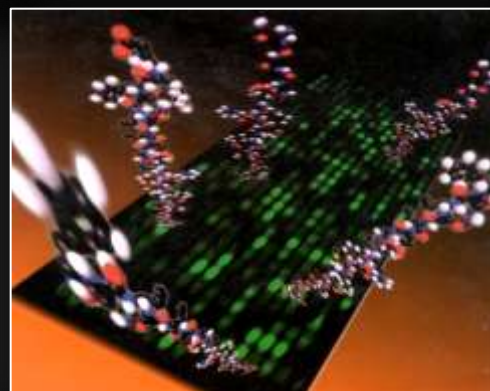
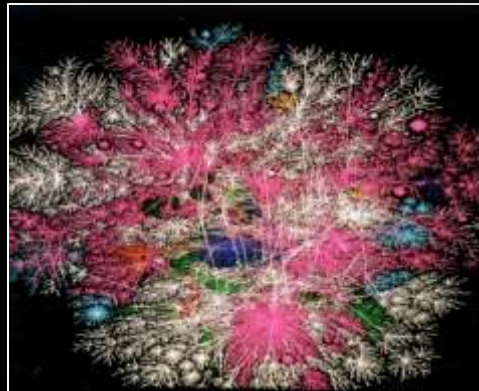
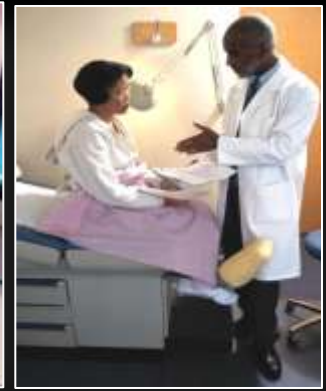
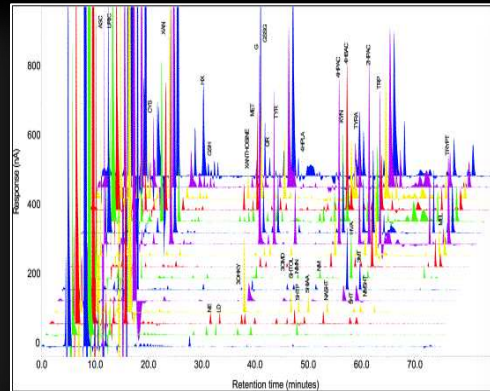
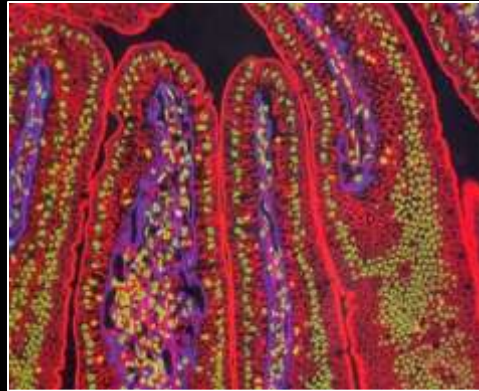
The Real World

- **innovation in science and technology alone is necessary but not sufficient**
- **adoption requires overcoming multiple barriers**
 - **existing standard of care**
 - **cultural conservatism**
 - **pricing, reimbursement and other obstacles**
 - **regulatory hurdles**
 - **intellectual property**
- **wide variation in adoption speed by different sectors**
 - **healthcare (10-30 years)**
 - **computing (1-2 years)**
 - **engineering (1-10 years)**

Deriving Value from “-Omics”

- **useful only when correlated with additional parameters**
 - **clinical outcomes**
 - **clinical utility**
 - **actionable information**
 - **demonstrable economic value**

Identification and Validation of Disease-Associated Biomarkers: Obligate Need for a Systems-Based Approaches



**Biospecimens
and
Molecular
Pathway
Analysis**

**Biomarker
Validation
and
Multiplex Assays**

**Instrumentation
and
Informatics**

**Clinical
Impact
and
Patient
Monitoring**

Standards for 'Omics' Data Cross-Domain Integration, Open-Source Data Sharing and Computational Analysis



OBO Foundry Ontologies

Nature Biotechnology 25, 1251 - 1255 (2009)



The Open Biomedical Ontologies

Cell Ontology (CL)



Gene Ontology (GO)

Foundational Model of Anatomy

ZFIN

Zebrafish Anatomical Ontology



**Chemical Entities
of Biological Interest (ChEBI)**

Disease Ontology (DO)



Plant Ontology (PO)



Sequence Ontology (SO)

**Ontology for Clinical
Investigations (OCI)**



The Open Biomedical Ontologies

**Common Anatomy
Reference Ontology**



The Open Biomedical Ontologies

Environment Ontology



Ontology for Biomedical Investigations

**Phenotypic Quality
Ontology (PATO)**



Protein Ontology (PRO)

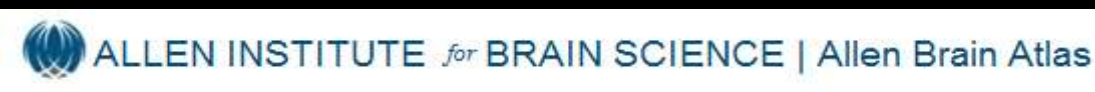


**OBO Relation
Ontology**

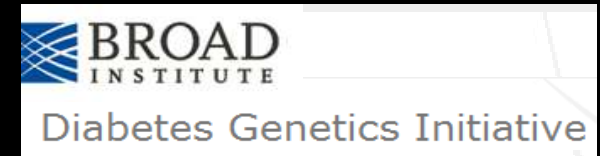


**RNA Ontology
(RnaO)**

The Rise of Open-Source Networks and Consortia



FDA/Severe Adverse Events (SAE) Consortium



Managing Mega-Data

volume



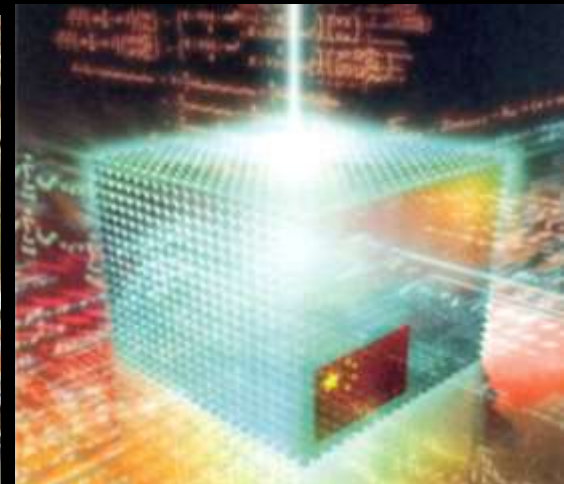
scale



global networks

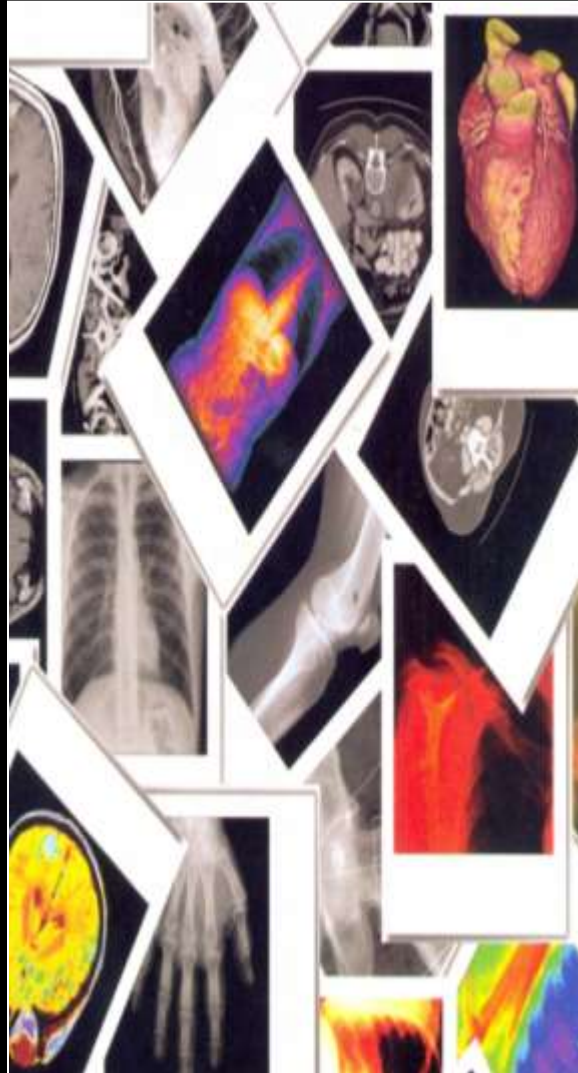


heterogeneity



integration

How Much New Technology Can We Afford?



UK National Institute for Health and Clinical Excellence (NICE)



Nice Gets Nasty (or Rational?)



Wellness:

**The Most Broad and Most Valuable
Definition of Successful Healthcare**

Consumers at the Center

After a Short Stay in America, Michelangelo's David Returned to Europe



Demographic Trends and the Clinical and Economic Burden of Complex, Chronic Conditions/Co-Morbidities



- polypharmacy and AEs
- poor patient compliance
- multiple physician/venue encounters
- poor communication/coordination between siloed healthcare services



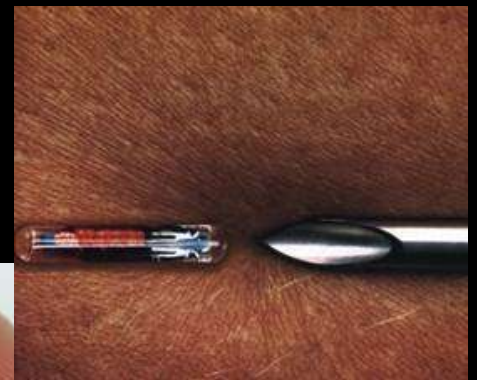
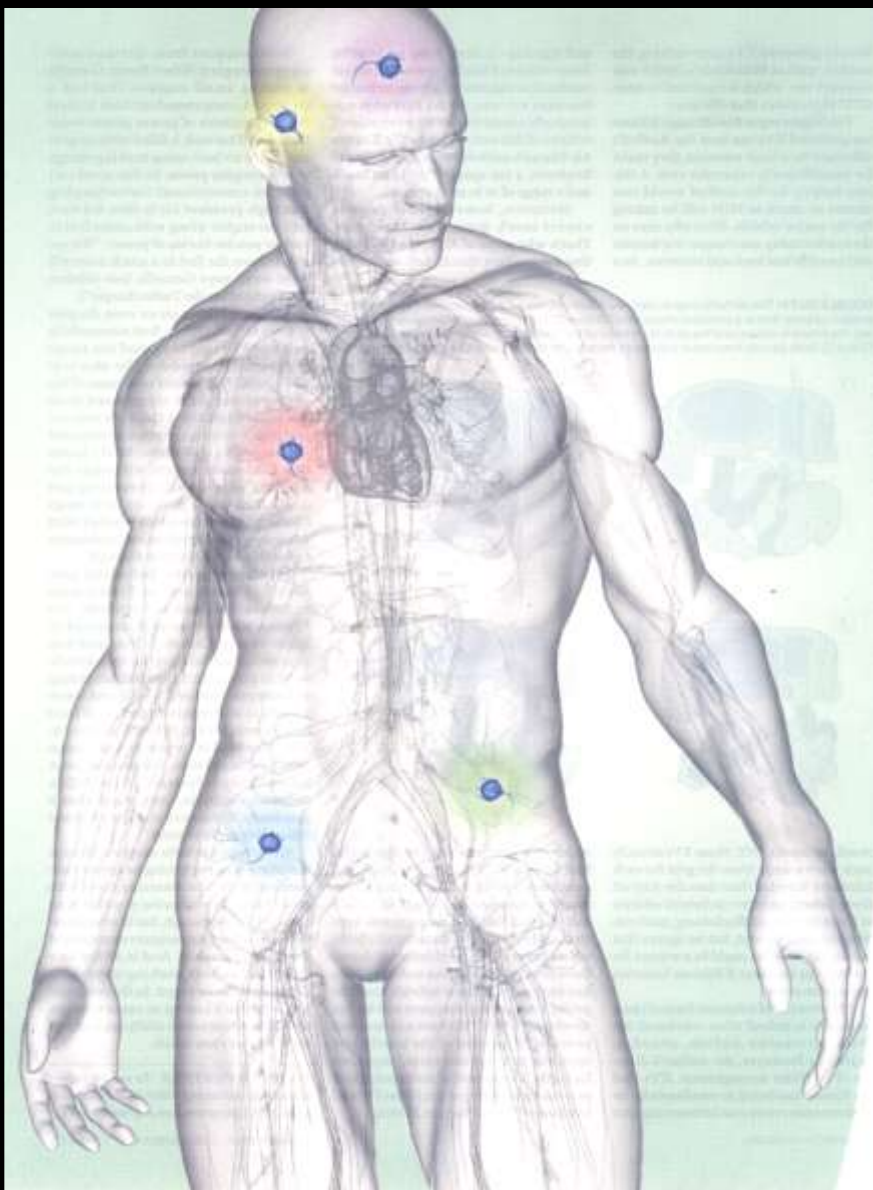
The Non-Compliance Problem

- **non-compliance rates in both long-term and short-term treatments reach 50% of patients**
- **non-compliance “a worldwide problem of striking magnitude” (WHO, 2003)**
- **non-compliance is a major barrier for realizing the benefits evidence-based therapies**
- **lack of effective policies toward the problem of non-compliance at both national and European levels**

Health Status Monitoring and the Promotion of Wellness

**On-Body: In-Body Sensors (OBIBs)
and
Remote Monitoring of Health Status**

On Body: In Body Sensors/Devices For Real Time and Remote Monitoring of Individual Health Status



When Your Carpet Calls Your Doctor



Wireless health care

The Economist 10 April 2010

Personal Health Systems: On-Body: In-Body Sensors (OBIBs)

- wearable
- portable/mobile
- point-of-care
- implantable
- multi-parametric
- interoperability with electronic records

Mobile Health (mHealth)

Major Target Markets for Wireless Medicine

Disease	Parameter
Alzheimer's	vital signs, location, activity, balance
Asthma	respiratory rate, FEV, air quality, oximetry, pollen count
Breast CA	ultrasound self-exam
COPD	respiratory rate, FEV, air quality, oximetry
Depression	medication compliance, communication
Diabetes	glucose, hemoglobin A1C
Heart Failure	cardiac pressures, weight, blood pressure fluid status
Hypertension	continuous blood pressure monitoring, medication compliance
Obesity	smart scales, caloric in/out, activity
Sleep Disorders	sleep phases, quality, apnea, vital signs

Modified from: West Wireless Health Institute, Medtech Insight, August 2009

The Infocosm: Emerging Networks of Global Connectivity



The Information Age: Proliferating Information as a Constant

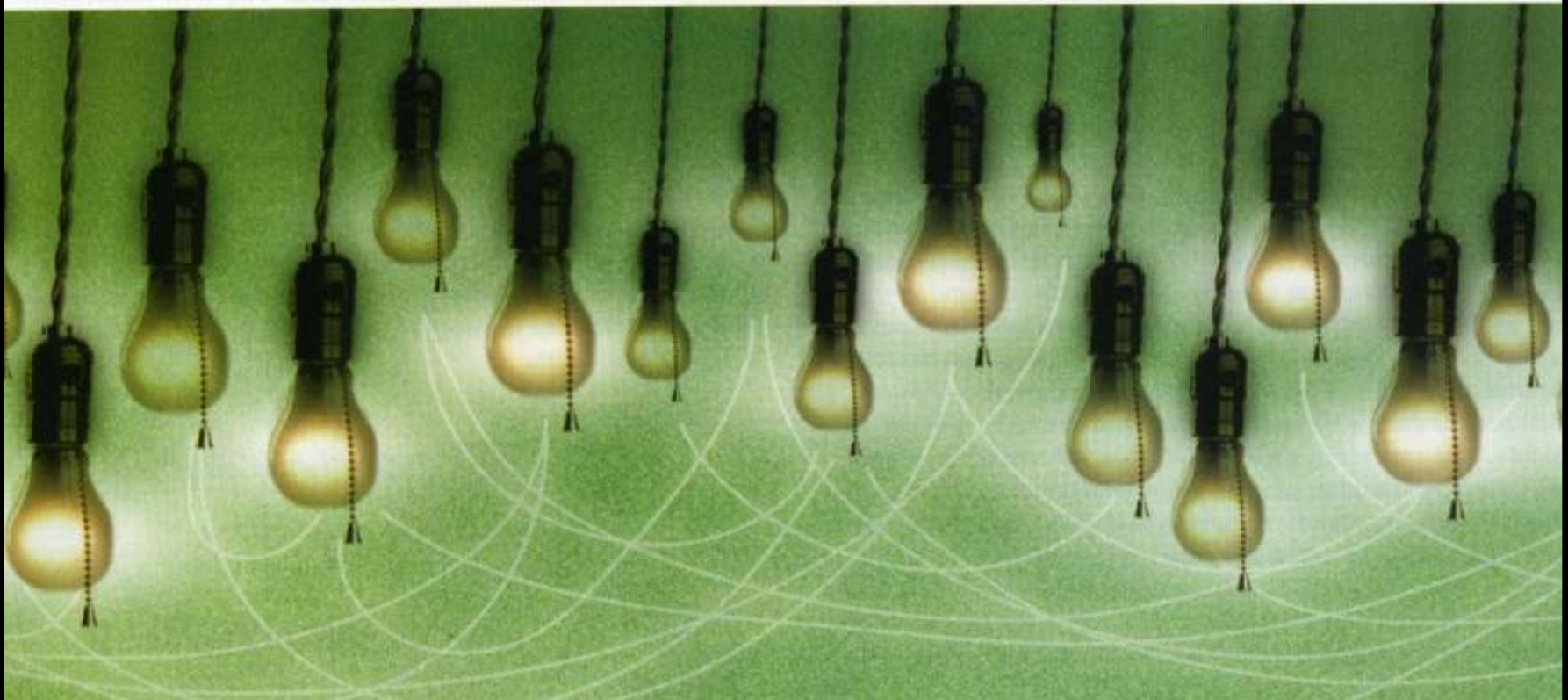
**“It is a shame that the telegraph
has been invented.
Now suddenly anyone can get the news”**

**“One already has too much to think about
when bathing,
which is not good”**

James Rothschild (1852)

Information-Based Medicine

HELL IS THE PLACE WHERE NOTHING CONNECTS — T.S. ELIOT



NHS Connecting for Health

NHS Connecting for Health supports the NHS in providing better, safer care, by delivering computer systems and services that improve how patient information is stored and accessed.

NHS staff, the media and patients can use this site to learn about our work and its benefits.



[New & updated sections](#)

[New content, FAQs and cases](#)

[QuickLinks](#)

Summary
Care
Records

[Summary Care Records \(SCR\)](#)

Faster, safer access to key health information.



[NHS Pathways](#)

For emergency or urgent care assessment.



[Automatic identification and data capture](#)

Bar codes and radio frequency technology.



[Electronic Prescription Service Release 2](#)

Four stages of PCT readiness for Release 2.



[Picture Archiving and Communications System \(PACS\)](#)

Digital x-rays and scans.



[Clinical Dashboards Demonstrator](#)

Selection of pilot stage demo dashboards.



[NHS Number: adult social care](#)

Supporting health and social care integration.



[NHS Interoperability Toolkit](#)

Framework & standards for local integration.

**“I look forward to the day when a physician *without* mathematics
will seem as incongruous an idea
as that of an educated man
without Latin or Greek”**

Dr. Gilbert, Physician to Elizabeth I

**“A physician without a computer
will soon be as rare a phenomenon
as one *with* knowledge of Latin and Greek”**

**Professor Ian Isherwood CBE
MANCHESTER MEDICAL SOCIETY
20 June 2003**

Telecommunications and Media Industry Convergence: Implications for Healthcare

Wireless Technologies: Consumer and Clinical Markets Converge



e-Patient Revolution



Integrated Data Systems for Mobile Networks

- geolocation data (where)
- temporal information (when)
- contextual information (what)



Social Media Landscape

Expressing

Publication



Discussion



Aggregation



Networking

Search



Niche



BtoB



Mobile



Tools



Social Platforms



Content



Social Games



Casual Games



Product



Place



Casual MMO



MOG



MMORPG



Sharing

Gaming

Pharma and Healthcare Social Media Brand Sponsored Patient Communities



Pharma and Healthcare Social Media Brand Physician and Nurse Communities

ASKLEPIOS
THE CANADIAN PHYSICIAN'S COMMUNITY

HCPs' social network
operated by the Canadian
Medical Association

 **coliquio**
medizin, einfach wissen

Social network serving the
German speaking countries

dermRounds

social and professional networking site
dedicated to connecting dermatologists,
and others in the field of dermatology

DocCheck Faces

HCPs' Social network
physicians, dentists,
pharmacists, and veterinary
surgeons

 **doc2doc**
connecting doctors worldwide
online doctors community

 **Doctors.net.uk**

UK-registered doctors in primary and
secondary care

DooX
the healthcare community

medical and healthcare communities

 **DOCTORNETWORKING.COM**
Network for physicians

Network for physicians

DoctorsHangout.com

Personal & Professional Networking
for Doctors & Medical Students Worldwide

doctrs

exclusive social net for Physicians

iMedX

connects physicians with information,
opportunities, and each other.

MedicSpeak

network of doctors and medical students
communication, collaborations, exchange
of ideas and sharing of knowledge.

Medscape Physician Connect

Engage your peers through our
FREE global physician community

MedicalExchange
MEDTING+

interactive platform on web for the
medical professionals

New Media | Medicine

medical students', and pre-medical
students' social network

nurseconnect

online nursing community and
networking site

OBGYN.net
The Universe of Women's Health

research and support community

ozmosis
The Trusted Physician's Network

Trusted Physician's Network

present diabetes

multi-disciplinary diabetes
Learn, share, collaborate

present PODIATRY

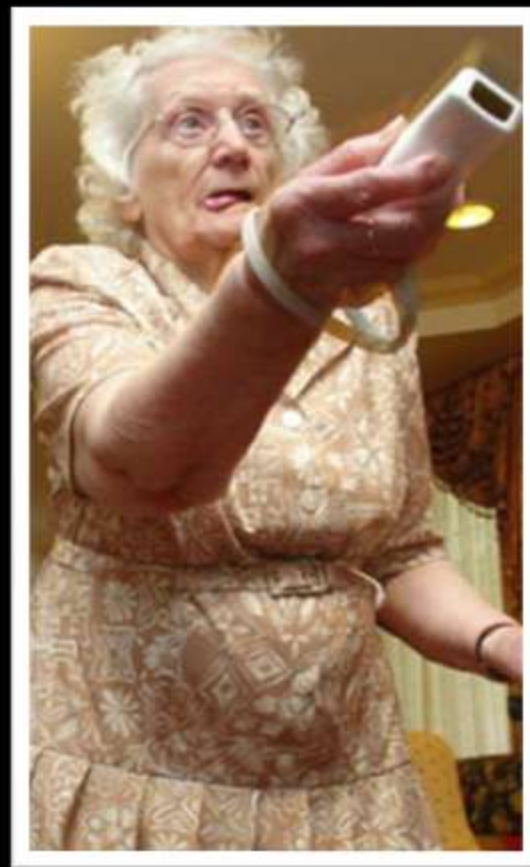
Podiatric Residency Education
Online community

In-Home Health Connection: Engaging the Elderly





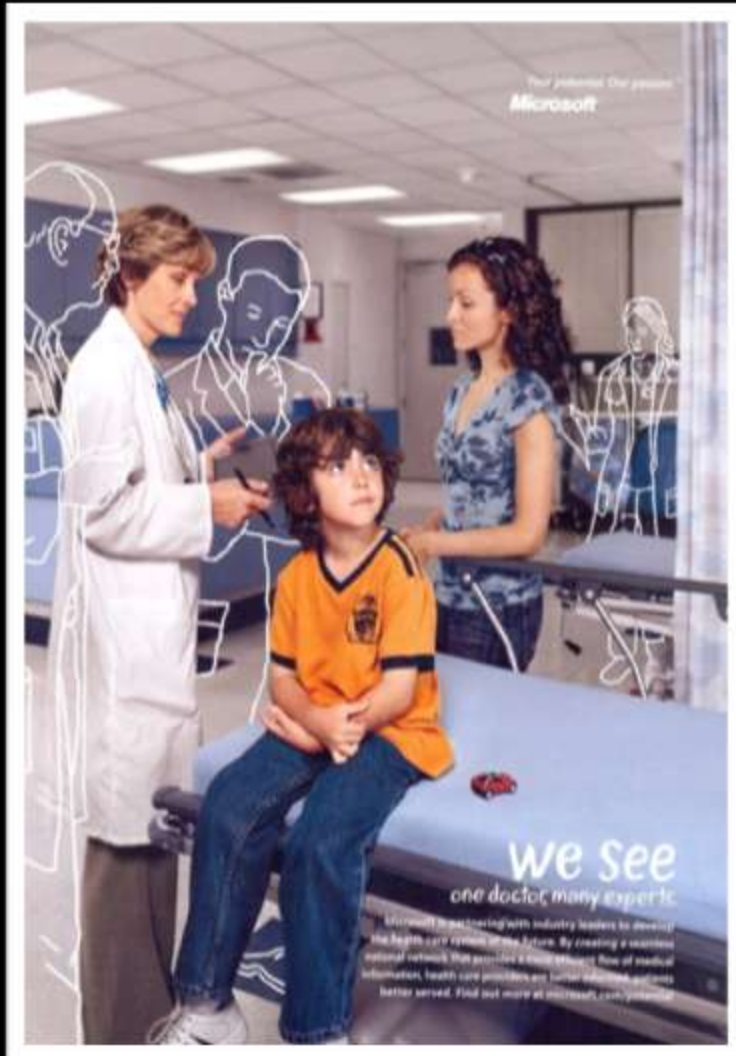
Wii **Fit** Plus



**“We’ll have an entire generation of people
who never truly have a private moment”**

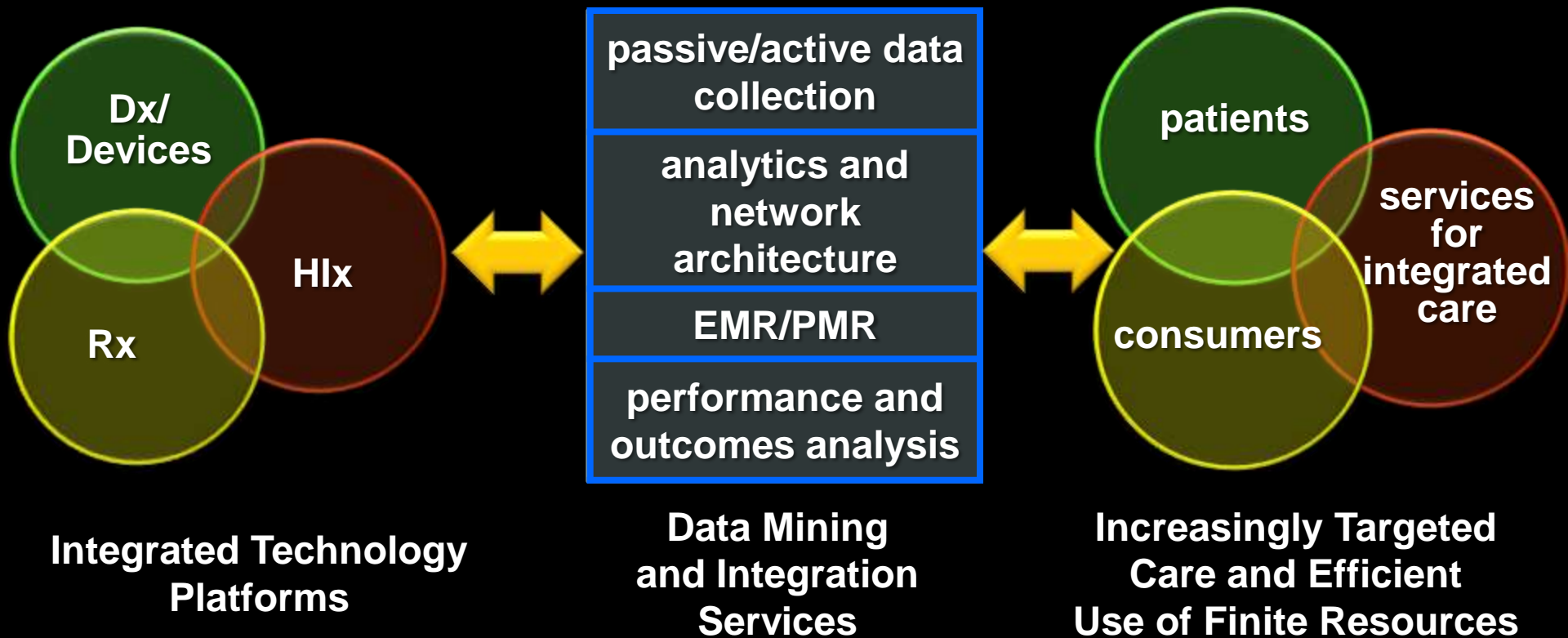
**Patrick Tucker
Director of Communications
World Future Society
www.laptopmag.com/2008/sept.**

Virtual Medicine Networks: Increasingly Integrated Care and Continuity of Care



- rapid, real time access
- clinical specialties
- health records
- lab data
- drug interactions
- electronic Rx prescribing

A New Healthcare Ecosystem Arising From Technology and Market Convergence



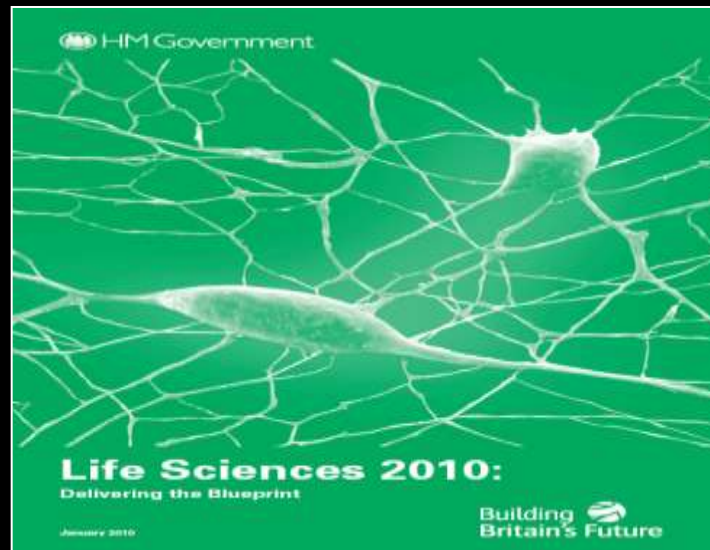
Global Health: Understanding the Implications of Major Economic and Environmental Dislocations



Reaping the rewards: a vision for UK medical science

Groundbreaking advances in medical science over the last 30 years offer the next UK Government an unprecedented opportunity to reinvigorate the economy, to enhance the productivity of the NHS and to make public services more cost-effective. Bold leadership will ensure that the UK can continue to generate world-class medical science that is translated into health and wealth benefits, and can become the best location in the world for medical research in both the public and private sectors.

Sustaining UK Research Innovation



Technology Acceleration and Convergence in Healthcare Delivery



The Coming Convergence in Healthcare Delivery

Technologies

- biotechnology, medicine, engineering, computing, telecommunications and social media

Clinical Practice

- molecular medicine and increasingly customized care
- diagnostic, drug and device combinations
- POC testing and remote monitoring
- reduced error and improved compliance
- improved outcomes

Realigned Incentives

- integrated care for complex chronic diseases
- earlier disease detection and risk reduction
- wellness versus illness
- remote health status monitoring

The Coming Convergence in Healthcare Delivery

Consumers

- increased personal responsibility for health
- new incentives for wellness/compliance
- remote health status monitoring

Connectivity

- integrated care networks for chronic disease
- social media networks and informed consumers
- new supplier networks of specialized turnkey expertise
- value added 'content' services for clinical data mining
- clinical decision-support systems



“to encourage harmony”