SMART HEALTH HOME: Technology adoption and social impact

Vladimir Brusic, Professor

Smart Medicine Laboratory

University of Nottingham Ningbo China

Infotech 2024, Arandjelovac

Technology

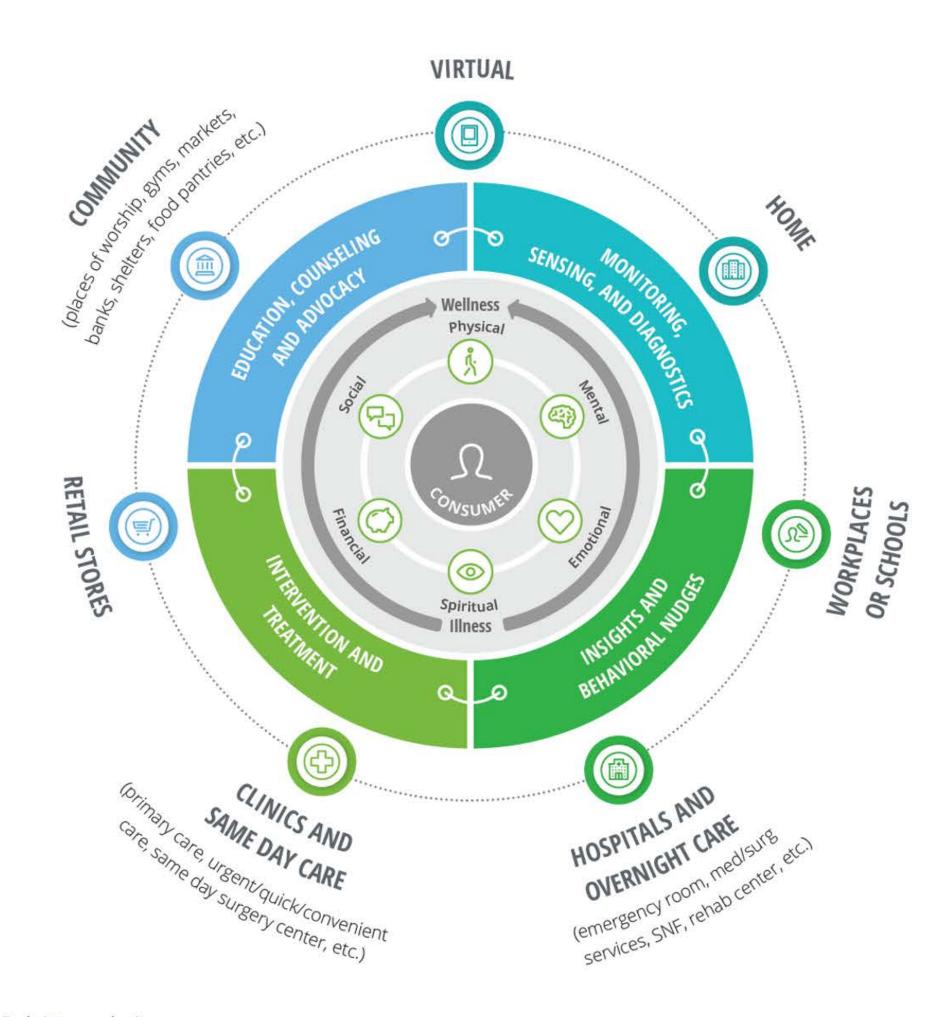
Legal and regulatory compliance

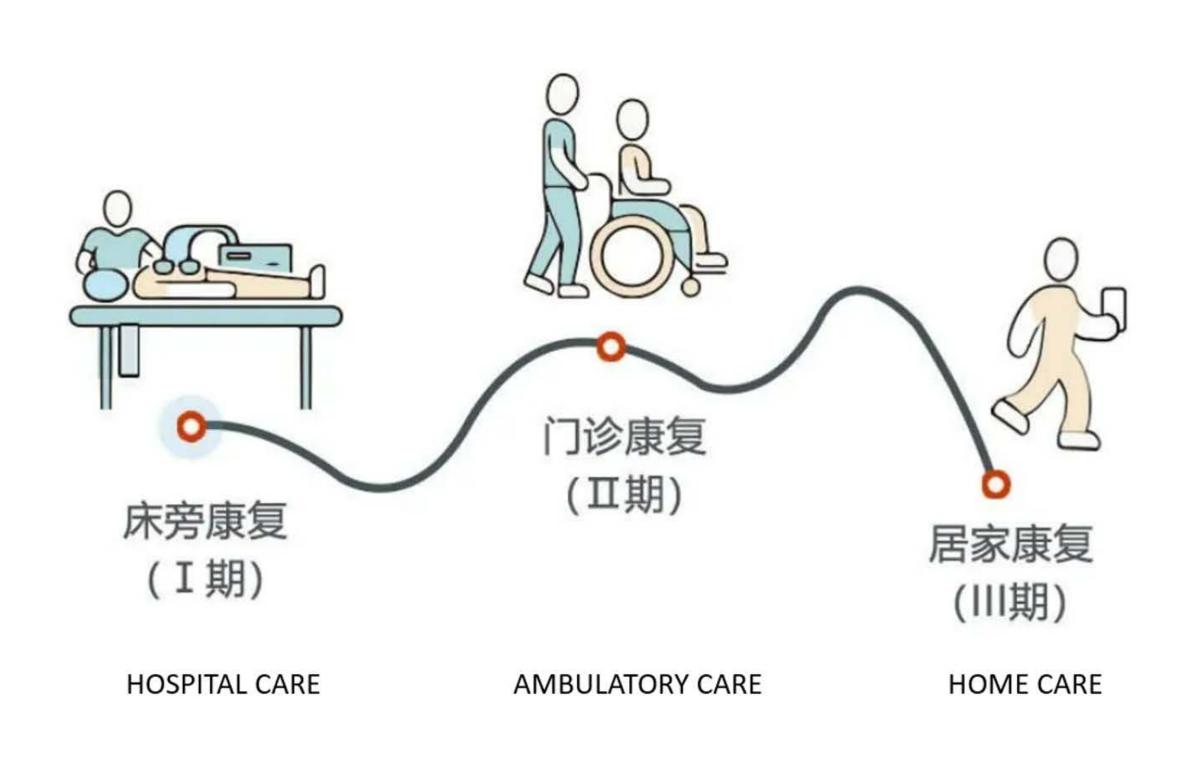
Socioeconomics

Conclusion

Changing health care delivery models

Transition to home health care





Source: Deloitte analysis.

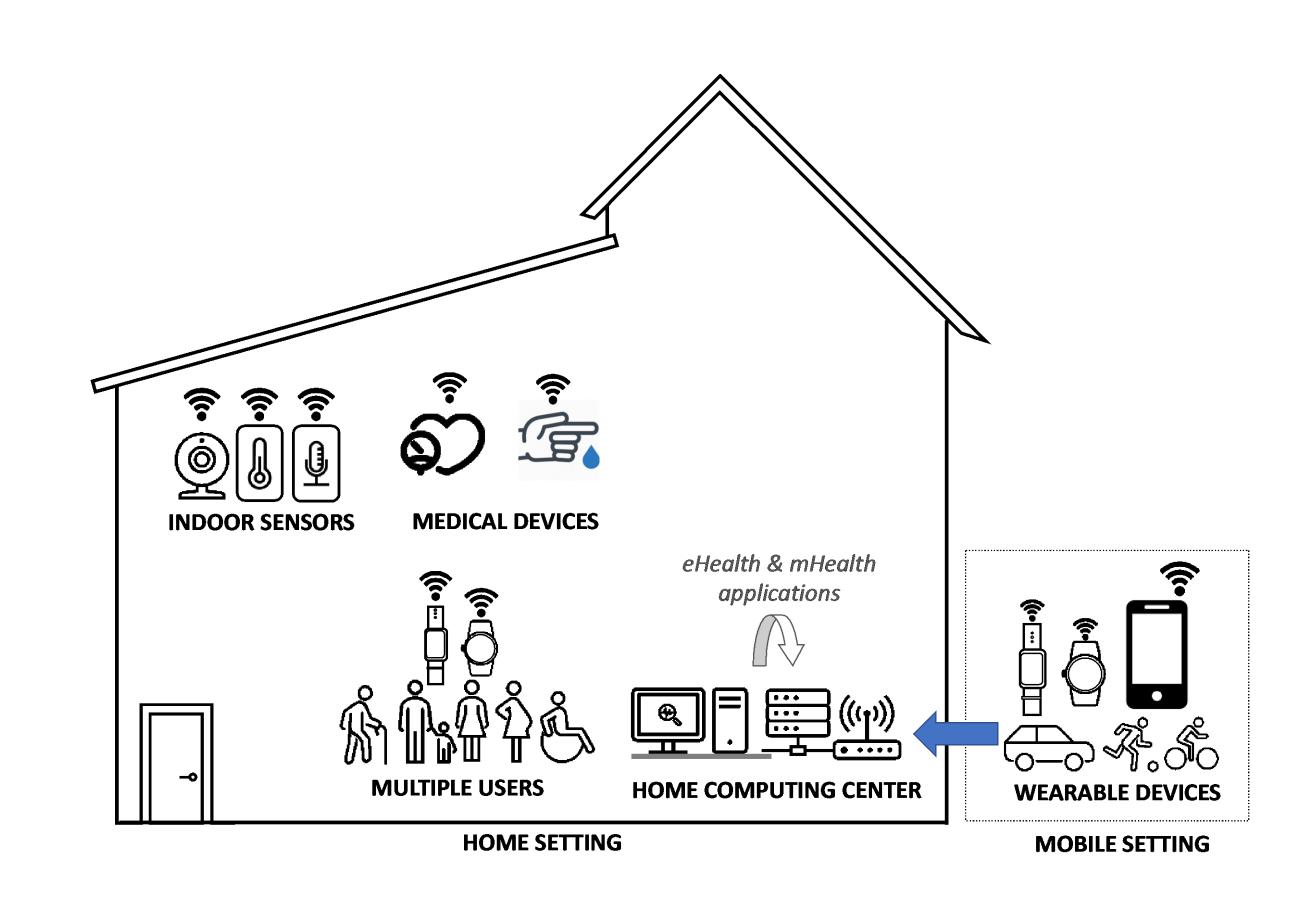
Smart Health Home

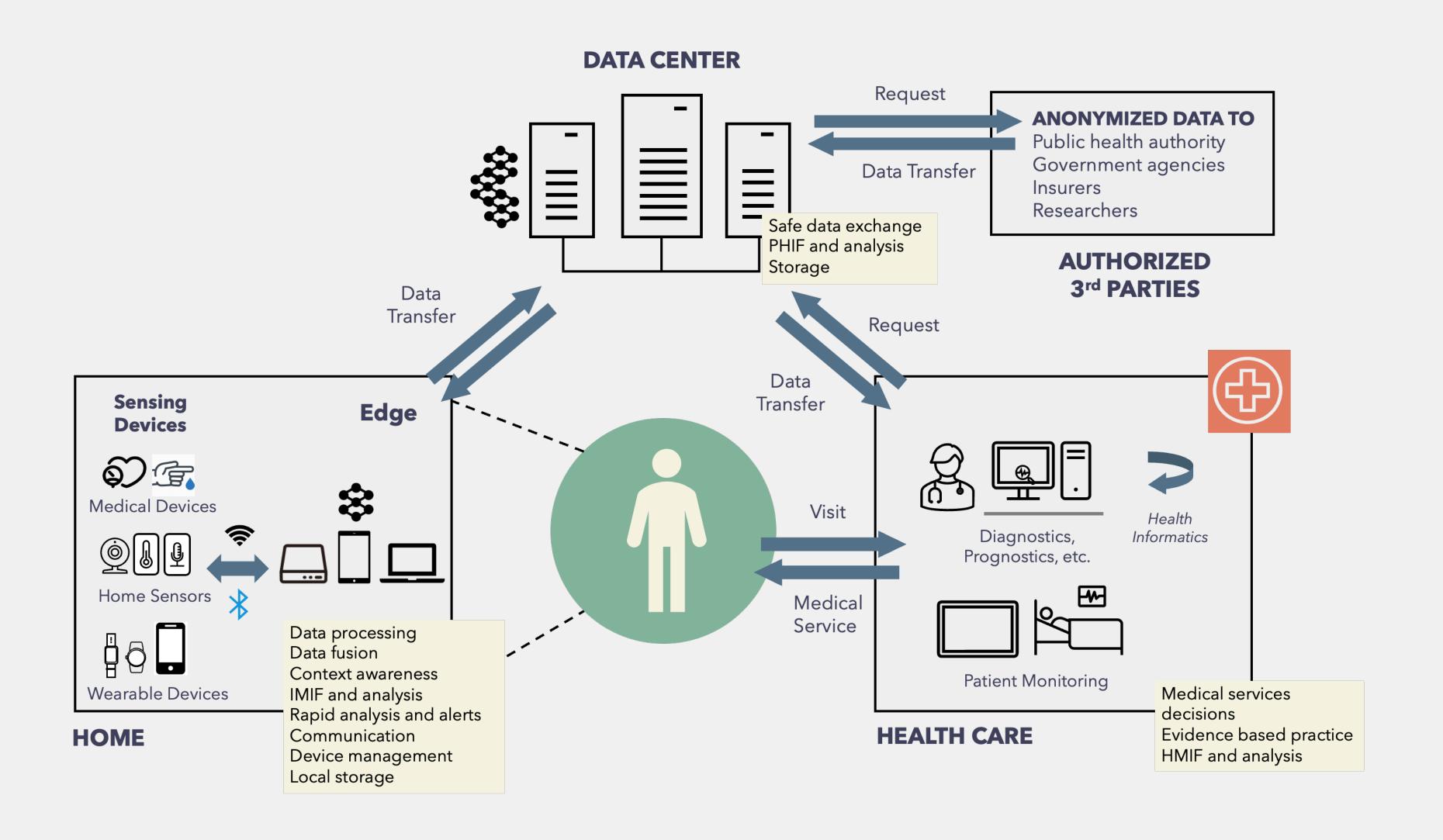
- 1. Focuses on health monitoring and prevention of disease
- 2. Expected to provide medical-grade monitoring
- 3. For use by both patients and medical doctors
- 4. High level of automation
- 5. Legal and regulatory compliance

New model, New roles, New challenges

An Ideal SHH:

- Effective improve health outcomes
- Compliant with normative requirements
- Useful to all stakeholders

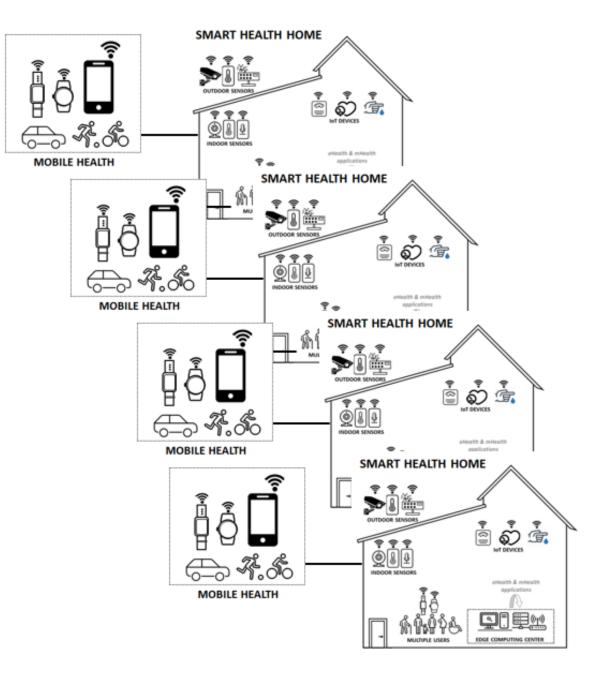




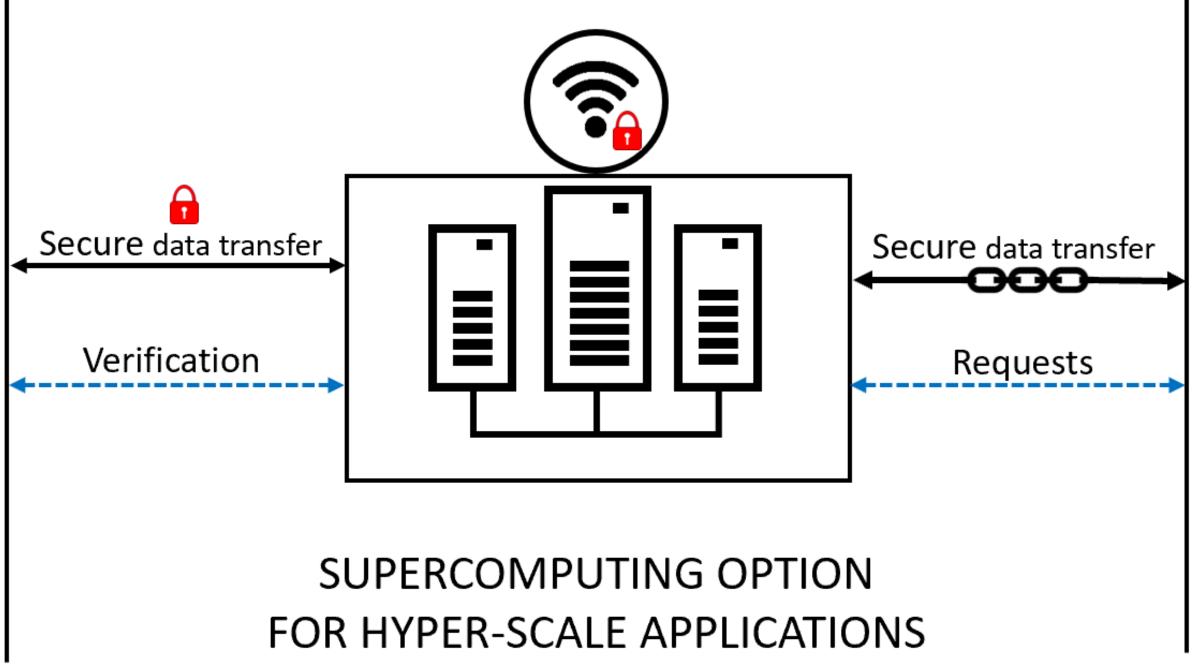
General scheme for Smart Health Home

SCALING UP - SMART HEALTH COMMUNITIES

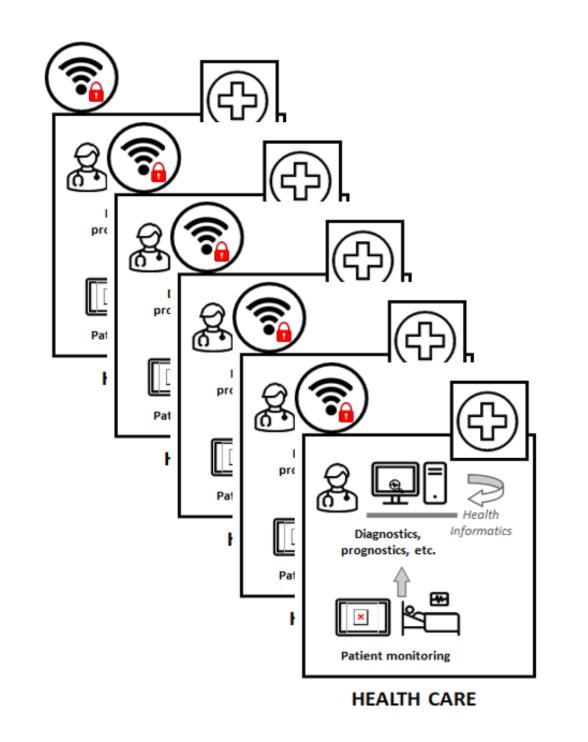
HOME HEALTH CARE



DATA EXCHANGE CENTER



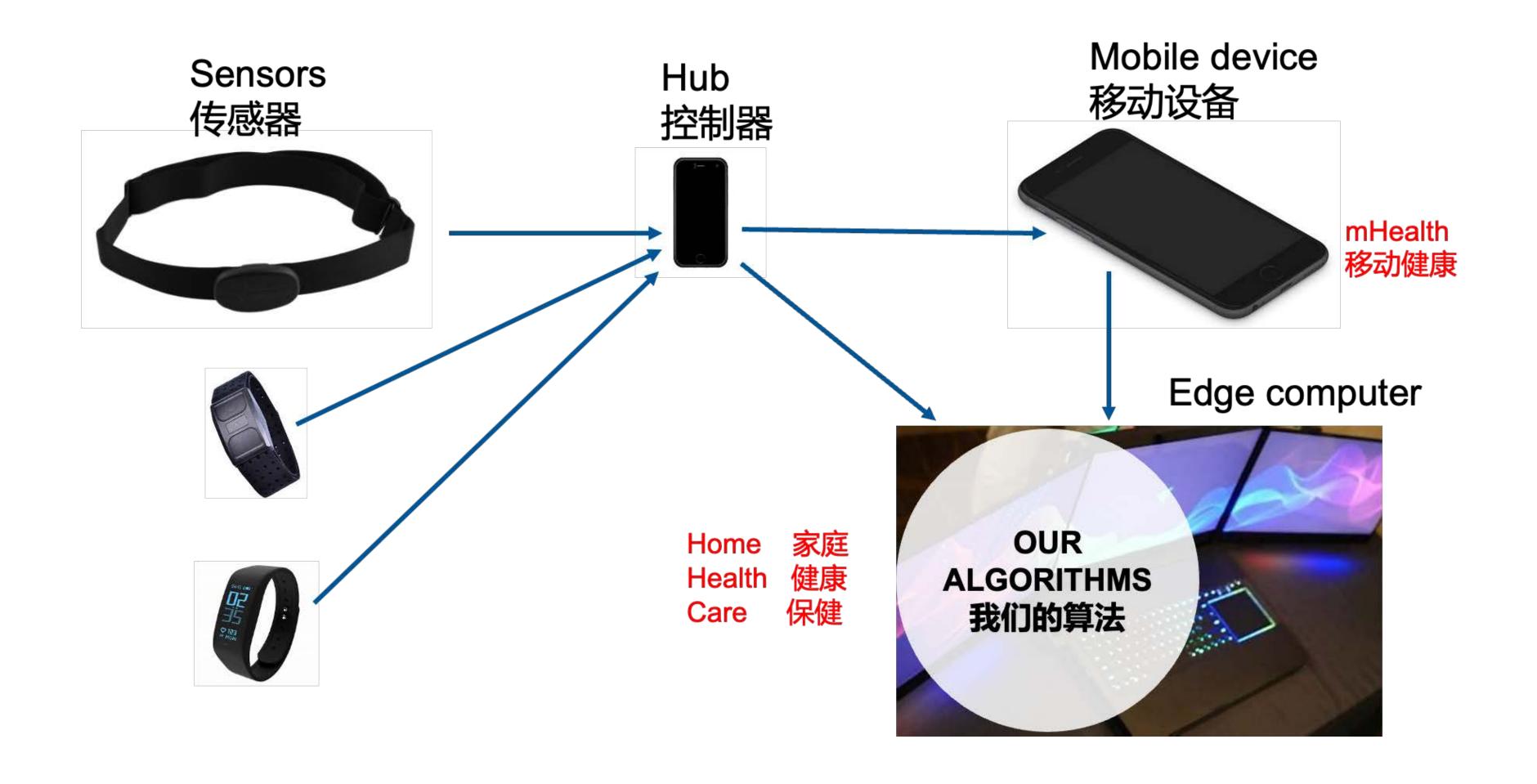
CONVENTIONAL HEALTH CARE



Technology

Legal and regulatory compliance

Socioeconomics





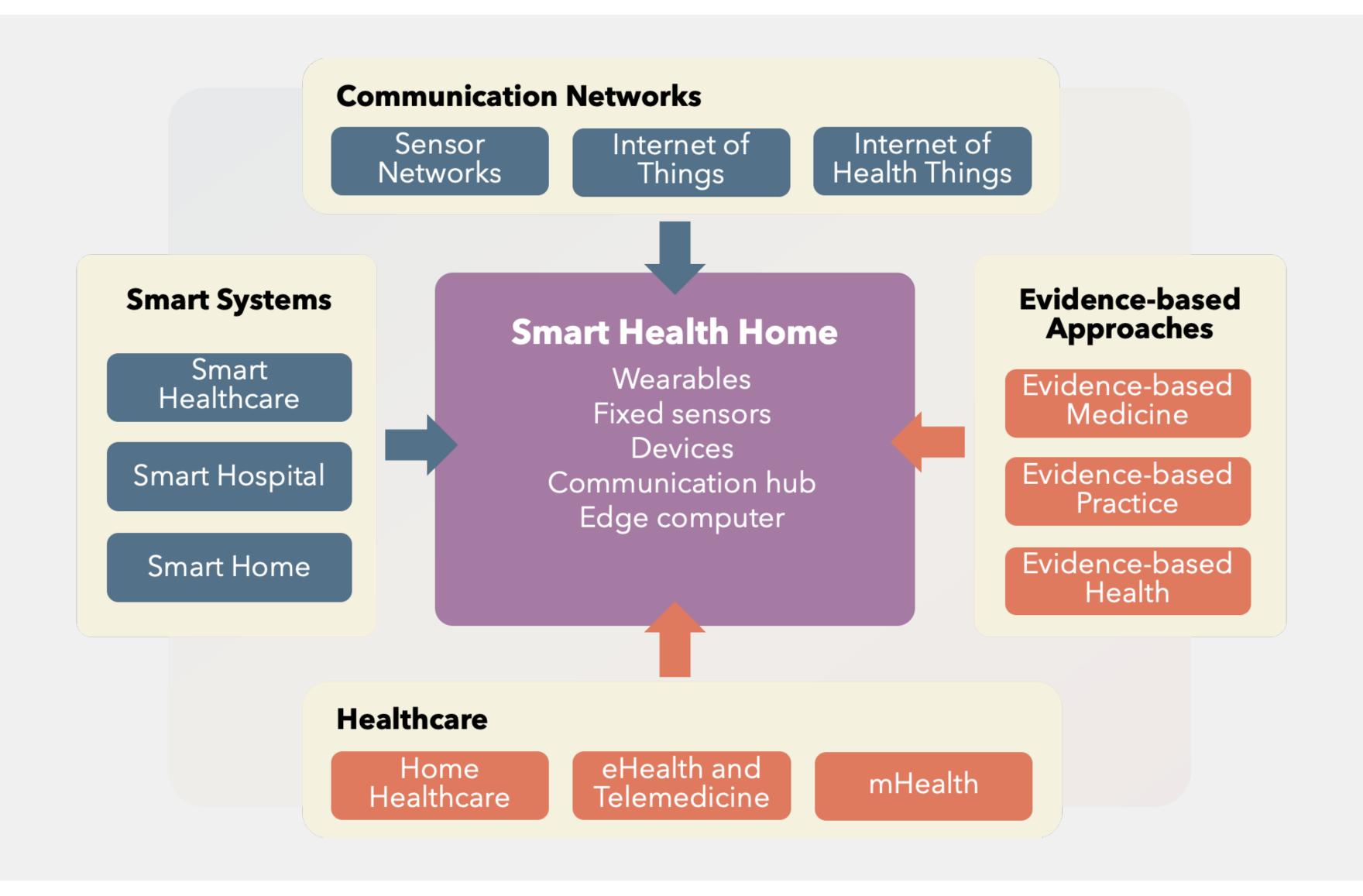
KNOWLEDGE



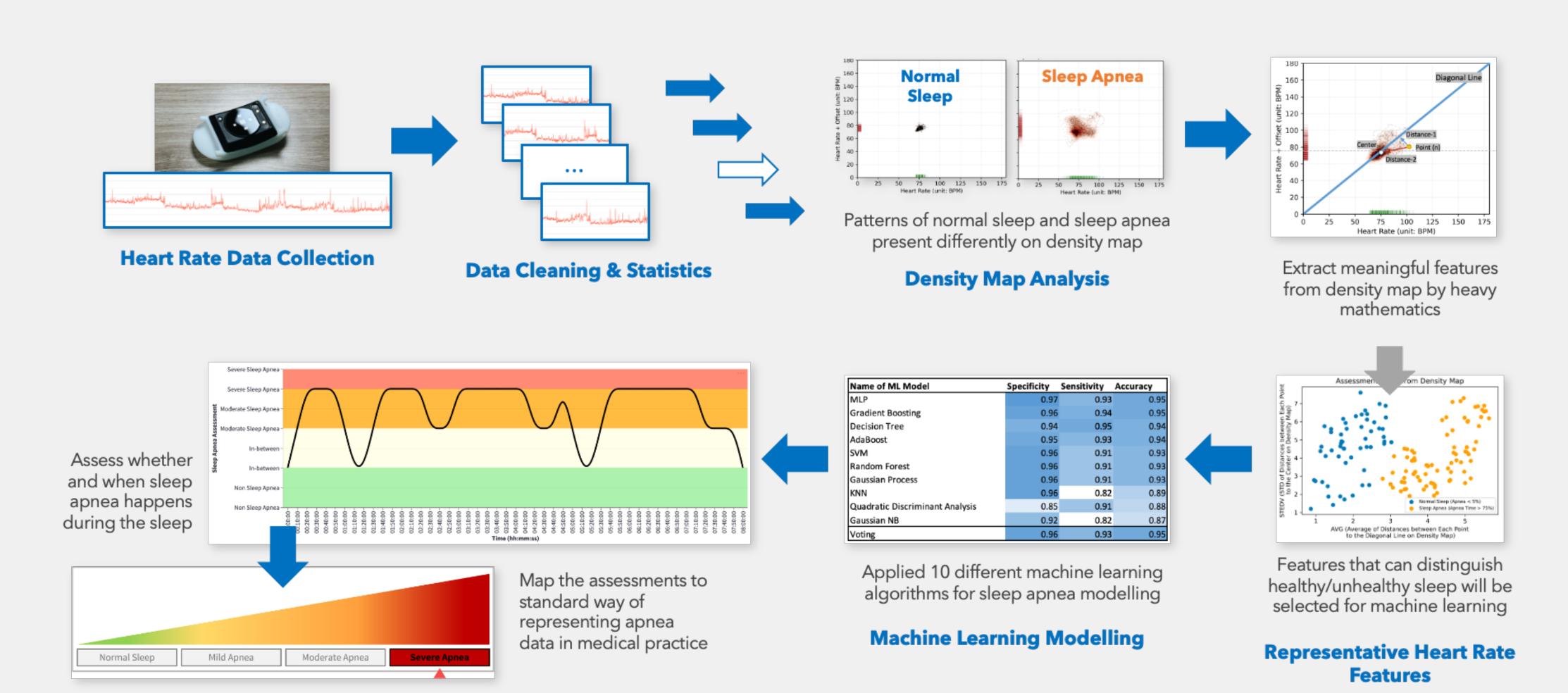
ANALYSIS ABILITY \$\square\$

NUMBER OF PHYSICIANS \$\square\$

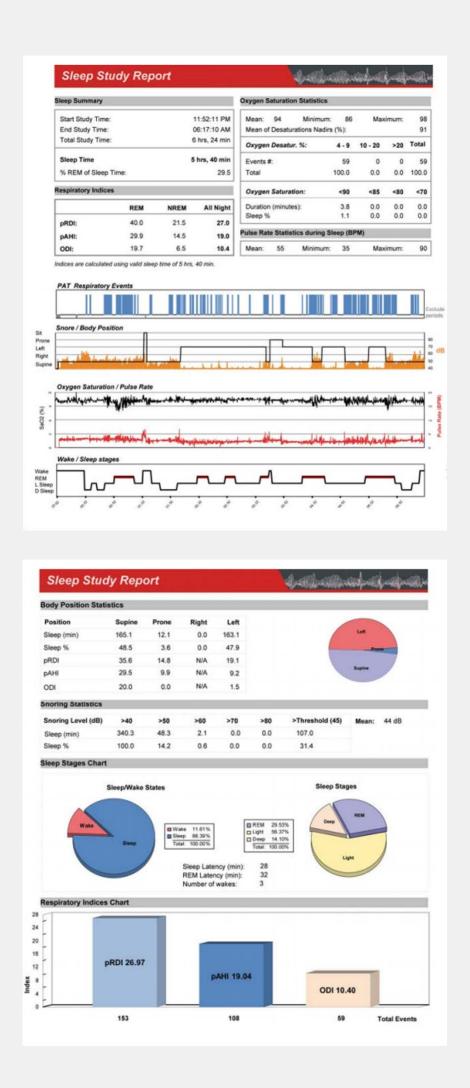
How to solve this problem?



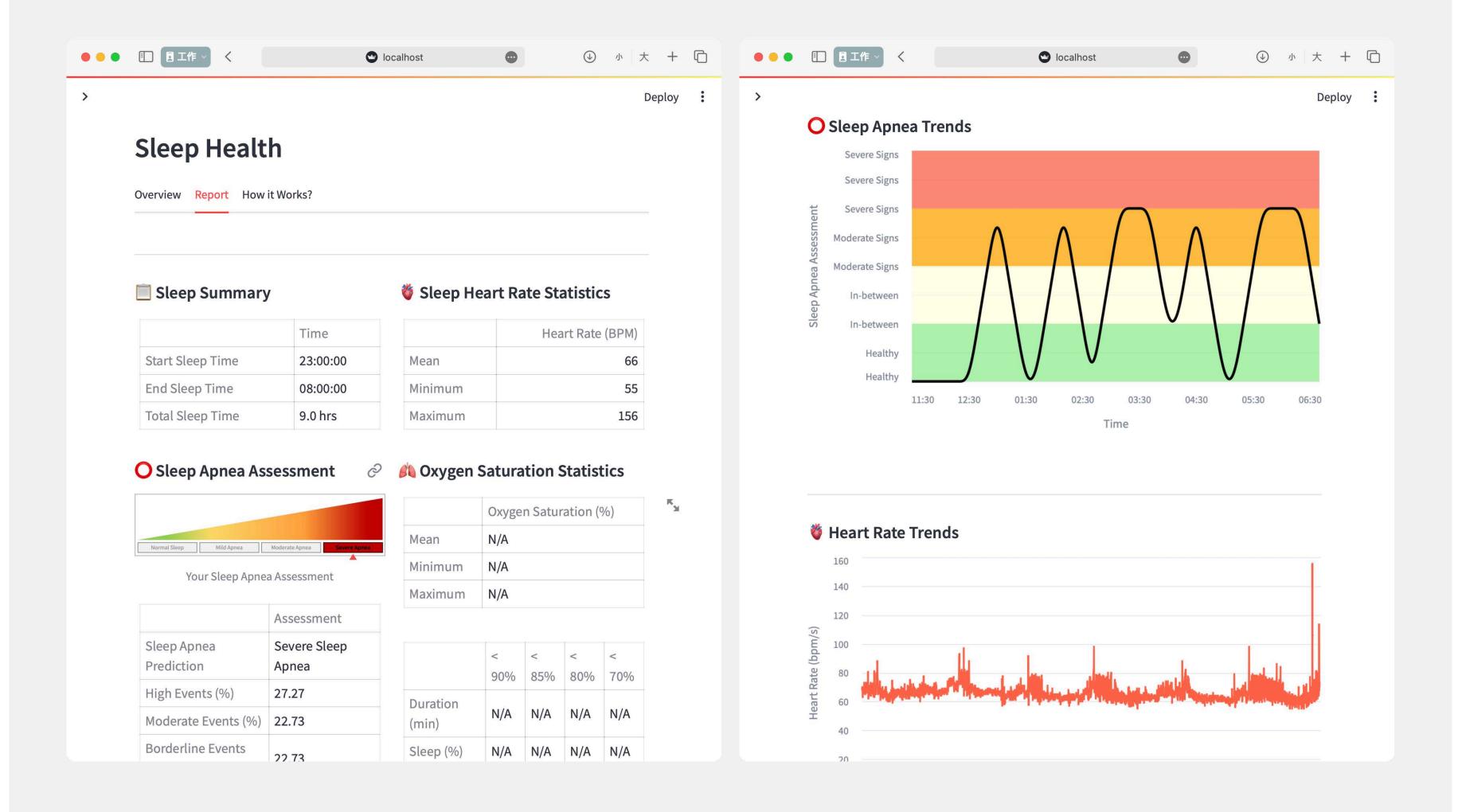
The SHH-centric view of P4 medicine delivery Prediction, Personalization, Prevention, and Participation



Report



Sleep Study Report in clinic using PSG



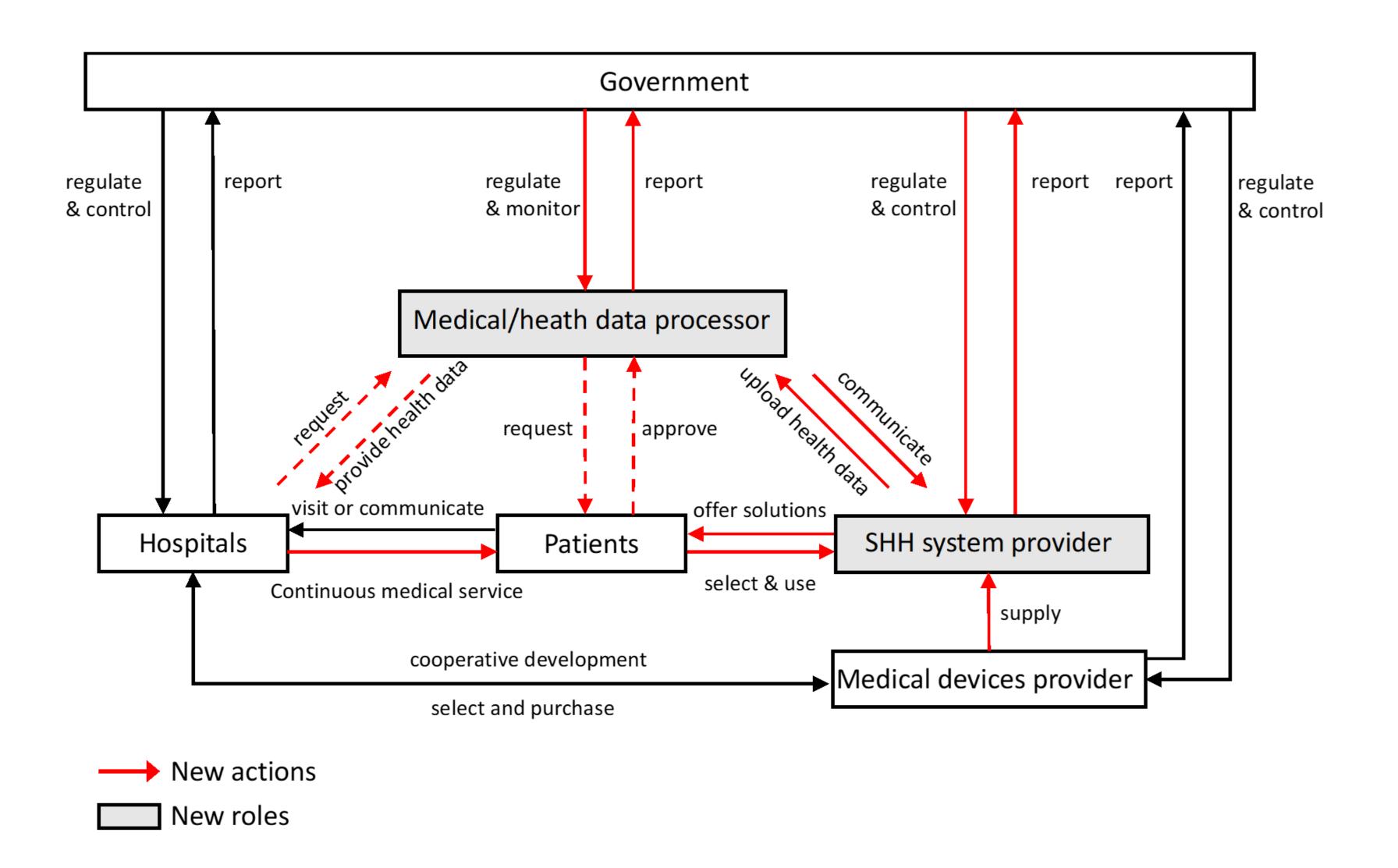
Sleep Health Report by our system (screenshots) using heart rate data from consumer wearables

Technology

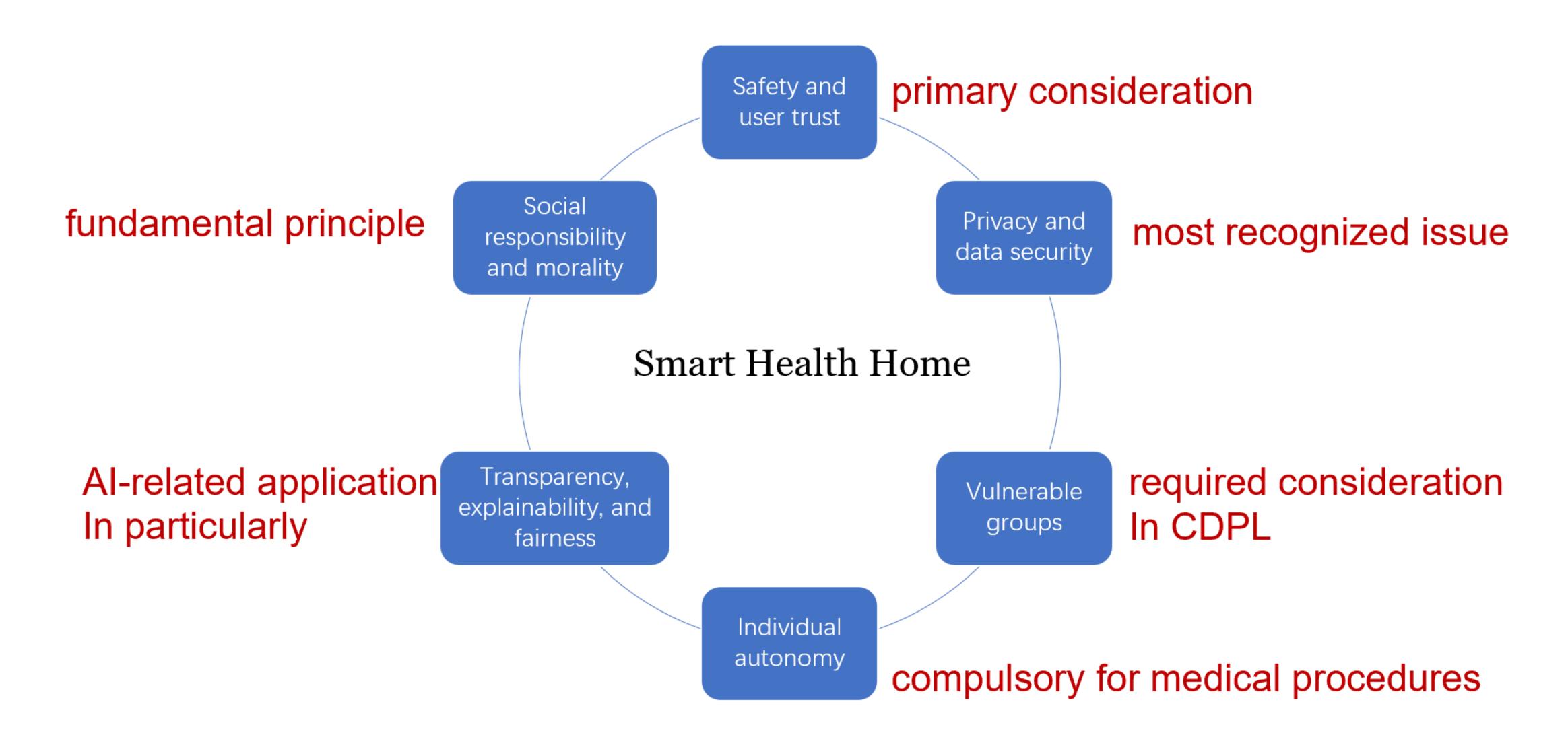
Legal and regulatory compliance

Socioeconomics

SHH healthcare system stakeholders



SHH Ethical issues



Medical adoption barriers

Home IoT and consumer wearable sensors

Not certified Data not validated or verified

Home medical devices

Measurements not performed by trained practitioner

Health data sharing

Not standardized

Clinical validation and efficacy Mostly not clear

SHH need to serve as a medical laboratory

Blood work	Patient test results	Normal range	Interpretation of the tests: elevated (†), low (‡)
Ferritin	10 μg/l	18–350 μg/l	1
Hemoglobin	72 g/l	138-172 g/l	†
Red blood cell count	3.35 × 10 ¹² /I	4.4–5.8×10 ¹² /I	†
Hematocrit	25.8%	41–50%	↓
Mean corpuscular volume	77 fl	78–102 fl	†
Mean corpuscular hemoglobin	24.6 pg	27–33 pg	†
Mean corpuscular hemoglobin concentration	318 g/l	320-360 g/l	†
Red blood cell distribution width	15.4%	11.7–14.2%	†

Following designed procedure

Provide valid data

Provide interpretation

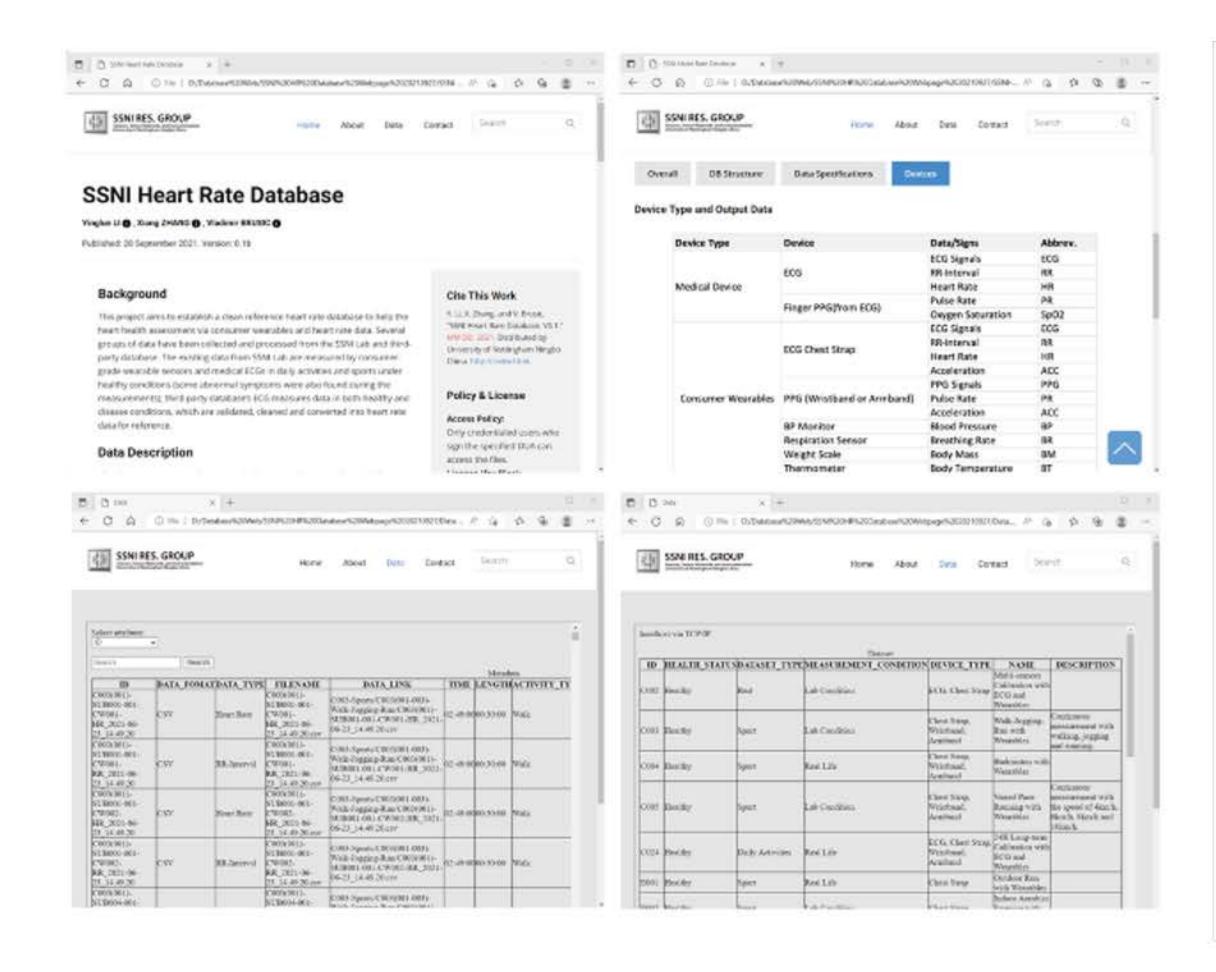
Example of laboratory test results

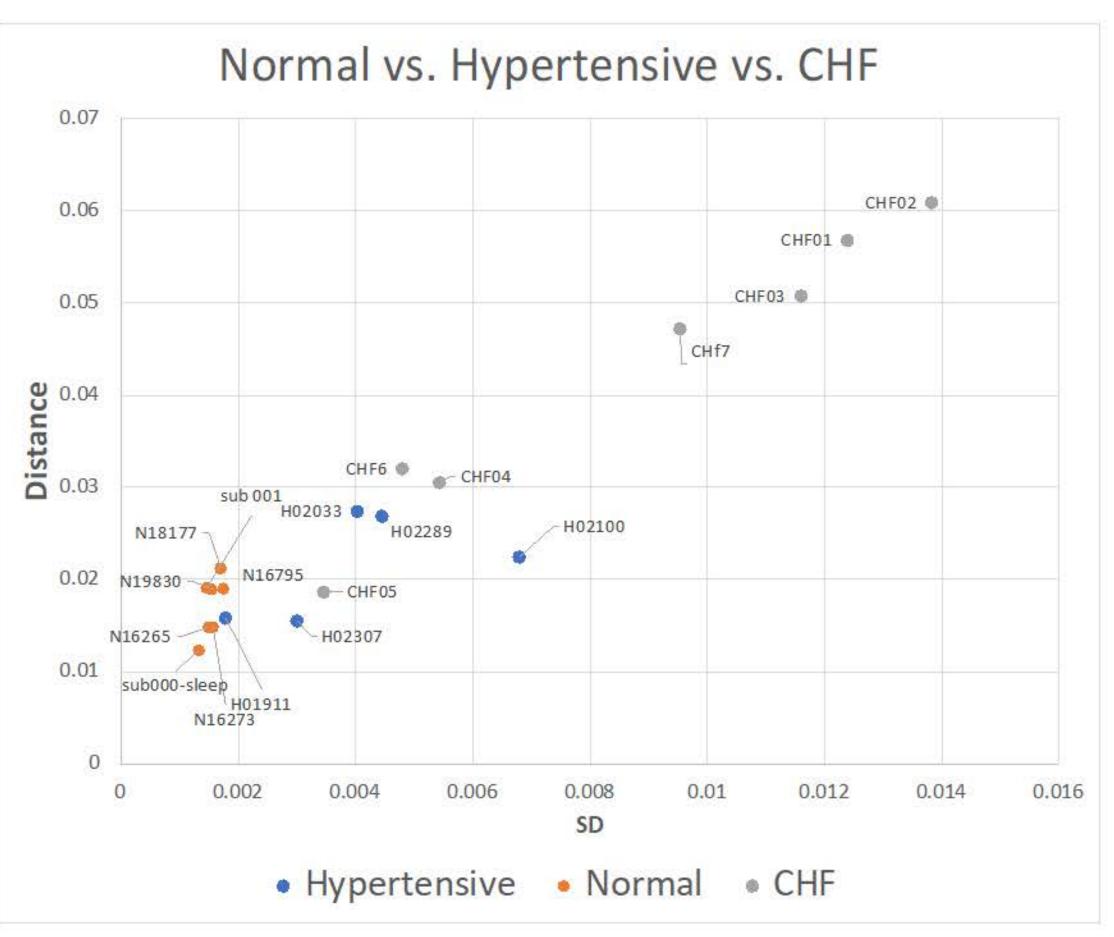
Our calibration experiments





Databases & Heart rate patterns (our IPs)





Patient's adoption

Privacy - use and governance of personal data

Safety - no harm, improve (or maintain) health

Usability - easy to use

Technology

Legal and regulatory compliance

Socioeconomics

Smart Health Home must

- 1. Address the needs of all stakeholders
- 2. Serve as a medical laboratory
- 3. Have certification as a medical device/system/software
- 4. Satisfy the requirements of all stakeholders

Smart Health Home is primarily a socio-economic and legal issues

and secondarily

medical and technological issues

Thanks to the members of the Smart Medicine Laboratory at the University of Nottingham Ningbo China for work and contributions towards building Smart Health Home!