e-INCLUSION
ICT for an Inclusive Society - RIGA 11-13 June 2006
Ericsson and the emerging challenges in Europe's Healthcare systems

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Vertical Enterprise Solutions - Goals

Ericsson shall take a leading role in implementing vertical mobile solutions in enterprises and public organizations

Ericsson Vertical Enterprise Solutions will:

» be able to **combine** it’s enterprise **know-how** and it’s mobile solution expertise to create **value** for its customers

» be working from within the enterprise or the public organization, an thus be in a unique position to identify enterprise / public & societal **pain points**

» get knowledge of **interfaces** between components of mobile enterprise solutions to accomplish true **integration**

Focus large corporations towards the Healthcare, Utilities and Public Safety segments

Create a “win-win” situation for enterprises or the public, where strategic advantages, cost reduction or societal benefits are the main focus
Challenges to healthcare providers & payers

- Steadily increasing elderly population.
- Escalating treatment, therapy and R&D costs.
- New, increasingly stringent budget models like “Diagnose Related Groups” (DRG’s).
- Inefficient routines and processes within existing systems.
- Better informed patients demanding specialized, interactive treatment.
Integrated Healthcare: target groups and value propositions

Hospitals: mobile patient monitoring of early discharged patients in complete safety to reduce costs and comply with cost cutting.

Homecare / Elderly Care: mobile and in-home patient monitoring to increase patients' quality-of-life and piece-of-mind. Reduction of care costs and formal operational burdens for care companies.

Pharmaceutical industry: mobile clinical trials (fast and high-quality clinical data for shorter time-to-market and safer medicine) and direct-to-patient communication.

Public Healthcare: mobile disease management (e.g. less disease related costs and better quality-of-life for chronic disease patients).

Mobile Discharged Patients Solution
Mobile Health
Mobile Trial & Marketing Solution
Mobile Chronic Disease Solution
Ericsson Mobile Health (EMH)

Healthcare personnel is able to monitor objective + subjective body values anytime, anywhere and manage patients efficiently.

- Objective Vital Values
- Subjective Diary Data
- Messaging

Doctor

Analysis & Content Management

Wireless Health Broker & Service Provider

Mobile Networks

Patient Feedback Loop in Real-Time

Hospital
Reference cases for EMH

- 2 EU projects, HS24 and MobiHealth
- Mobile Patient Monitoring for a Top Ten Pharma Company
  - Pilot trial with 30 patients ending February 2006
  - Validation trial with 100 patients starting March 2006
  - Compliance project with 15,000 patients being defined
- Pilot projects with IDA, Singapore
  - In-hospital Mobile Patient Monitoring (cardiology patients)
  - Changi and Parkway Hospitals
  - Mobilizing patients, medical staff and nurses
  - Project start in QIII 2006
Market potential

Personal healthcare, prevention, fitness and wellness is one of the most dynamically expanding markets concerning consumption of media and information systems – including mobile solutions ¹)

Mobile Healthcare will be one of the most rapidly growing segments in the area of mobile enterprise solutions ²)

¹) Durlacher
²) Gartner Group
Lessons learned (1), E2E

- Packaged offer contains solutions for both pillars of empowered managed care

Empowered Managed Care

**Mobile Patient Monitoring**
- Individualized mobile care and monitoring leads to the most cost-effective therapies and increases quality-of-life

**Healthcare Networks**
- Integrated information systems enable effective management of resources and outcomes

You need integrated E2E solutions
Lessons learned (2), Value chain

We have to create benefits for all participants in the value chain.

HealthCare Fund, Hospital, etc.

Doctor

Ericsson

Service Provider / Integrator

Mobile Operator

10% Service Fee

30% Licence Fee

Mobile Operator (= 100% of Connection Fee)

Mobile Solution Provider

HealthCare Fund, Hospital, etc.

30% Yearly License & Service Fee

30% Yearly Data Traffic Fee
Example of how to create benefits for the value chain participants

- Hospitals in Germany can save up to €1.5 bill per year through early discharge of patients made possible by mobile monitoring services

<table>
<thead>
<tr>
<th>Early discharged hospital patients using mobile services (20% of total):</th>
<th>Average costs for one hospital day:</th>
<th>Average number of hospital days saved through early discharge:</th>
<th>Total yearly cost savings through early discharge:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.3 mil</td>
<td>€ 150</td>
<td>3 days</td>
<td>€ 1.5 bill</td>
</tr>
</tbody>
</table>

Source: GesundheitScout 24 GmbH and Bayerisches Rotes Kreuz
Lessons learned (3), Processes

Technology to support the processes and not the other way around
Lessons learned (4), Partnerships

Ericsson’s areas of activities:
• Mobile health portals (together with content providers)
• Mobile application platform to monitor body values anytime, anywhere
• e Health (products, consulting, integration, implementation)

Ericsson uses partnerships to create E2E solutions
What does it mean? (1)

**Handset / Mobile Device**
- Are suitable handsets and mobile devices broadly available?
- Are the required features broadly available?

**Mobile Network**
- Has it enough coverage and capacity?

**Application Platform**
- Is it open and standardized?
- Who is able and willing to provide the platform?
What does it mean? (2)

**Business Model**
- Are all members of the value chain included?
- Can we generate benefit for all of them?
- Who pays for the service?
- Have we got the right pricing?

**Marketing / Go-to-market**
- With which partners to enter the market?
- At which point in the value chain?
- Which supportive alliances (e.g., political)?

**Content / Features**
- Flexibility: can content and features be adapted to user needs?
- Where can I get hold of content quickly and easily?
Technology is not enough!
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Riga 11-13 June 2006

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