

**The Philips Center for Health and Well-being**  
**Can active aging policies help to sustain**  
**healthcare systems?: Consultation event**

**Tuesday, April 27, 2010 – Meeting Summary**

**ATTENDEES**

Christine Bishop, Ph.D., Atran Professor of Labor Economics and Director, PhD Program, Brandeis University

Joseph Coughlin, Director of AgeLab at Massachusetts Institute of Technology

Deborah D'Avolio, Ph.D., N.P., MGH 65 Plus Program/NICHE Leader, Nurse Scientist at Massachusetts General Hospital

Ken Dychtwald, Ph.D., President and CEO, Agewave

David Grabowski, Ph. D., Associate Professor of Healthcare Policy at Harvard Medical School

Connie Hallquist, Founder and CEO of Gold Violin

Ann L. Hartstein, Secretary of Elder Affairs and former Executive Director of the Massachusetts Association of Older Americans

Pat Kelleher, Executive Director, Home Care Alliance of Massachusetts

Kathleen McInnis-Dittrich, Ph.D, Chair, Older Adults/Families, Boston College Graduate School of Social Work

Jeremy Nobel, MD, MPH, Harvard School of Public Health

Laurie Orlov, Writer, speaker and elder care advocate; Founder of Aging in Place Technology Watch

Kip Piper, President of Health Results Group

David G. Stevenson, SM, PhD, assistant professor of health policy in the Department of Health Care Policy at Harvard Medical School

Robin Strongin, President & CEO of Amplify Public Affairs

***Philips Representation***

Katy Hartley, Director of The Philips Center for Health & Well-being

Kristina Isakovich, Chief Marketing Officer & Strategy, Philips Healthcare

Ian Race, Senior Manager Public Relations, Philips Healthcare

Dr Eric Silfen, Senior Vice-President and Chief Medical Officer, Philips Healthcare

Paul Simonetti, Philips Electronics

Dr David White, Chief Medical Officer for Philips Home Healthcare Solutions

Walter van Kuijen, SVP and GM Home Monitoring at Philips Healthcare

***OneVoice Representation/Workshop Moderators***

Orla Burke, OneVoice

Banks Willis, OnceVoice

## INTRODUCTION

Keynote speaker and meeting facilitator **Ken Dychtwald** welcomed everyone to the meeting on behalf of Philips and introduced **Dr Eric Silfen**.

### **Dr Eric Silfen MD, MSHA, MA, Chief Medical Officer, Philips Healthcare:**

- Dr Silfen expressed his thanks to everyone for coming to the meeting.
- He commented that Philips was hoping for some guidance and knowledge from those in the room on how better to understand the challenges facing healthcare today and in the future.

### **Dr Silfen then introduced **Kristina Isakovich, Chief Marketing Officer & Strategy, Philips Healthcare:****

- Kristina Isakovich opened with a video that illustrated the impact Philips is having on consumers today and what home healthcare could mean for remote elderly patients.
- She outlined how Philips approached their strategy and highlighted the four key strategic drivers:
  - People focused
  - Driven around cycle of care
  - Driven by an impetus to provide care anywhere
  - Aspire to meaningful innovation
- People focused: start with the needs of the patient and their care providers and look to identify their problems. Philips focuses efforts in oncology, cardiology and women's health.
- Driven around cycle of care: Philips seeks to understand the disease holistically.
- Patient care anywhere: Broader than care in the home or hospital, it's in assisted living environments, in an ambulance. It's wherever the patient is.
- Meaningful Innovation: Philips applies technology to ensure better patient outcomes and lower cost to the healthcare system.

## KEYNOTE PRESENTATION

**Ken Dychtwald, PhD, President and CEO, Agewave** presented his thoughts on the challenges facing society. Highlights include:

- Longevity revolution resulting in an aging society
  - We need to prepare for this aging society and help people to live with older bodies.
  - This longevity event is new and unprecedented with the potential for an extraordinary impact on society – more significant than the industrial revolution for example.
- Demographics is destiny
  - During WWII the U.S. birth rate hit an all time low followed swiftly by a boom (92% of women who could give birth did) which resulted in opportunity for many institutions, services and products.
  - Current expectation for life at 65years is vastly different than it was in the past.
  - There are significant age changes occurring in society
    - From 2000-2020 it is expected that there will be a 73% increase in the 55-64 year old population and 54% increase in the 65 plus year old population
  - Currently Japan and most of Europe is already older than the U.S. due to decreased fertility and increased longevity.
  - All of the modernised nations in the world are about to be transformed by this agewave which will create enormous strain and huge opportunity.
- Re-think Retirement
  - The concept of retirement is being reframed – most U.S. citizens view retirement as a new chapter in their life.
  - There is an expectation that their lives in retirement will be vital and exciting

- 43% expect to cycle between work & leisure in retirement, which is a direct contrast to expectations expressed in the 1980s.
- There is a notion of encore careers, new endeavours and a new balance with work - which is not in line with current HR practices.
- Searching for the foundation of health
  - Ten leading causes of death for 75 plus which are likely to become pandemic in the decades to come in all leading nations – cancer, heart disease, CVD, Alzheimer’s, respiratory disease and kidney disease
  - Top ten health problems the elderly are struggling with include arthritis, diabetes, hypertension, hearing impairments and heart conditions
  - As we grow older the likely of acquiring these conditions increases.
- Chronic Caregiver Crunch
  - Sandwich generation – looking after aging parents and children. However we are moving to a new generation of Rubik- like individuals caring for many family and friends
  - 47% of people (in the U.S.) expect their children to be involved in their care
  - 78% want to be cared for in the home
  - Five times more people are terrified of become a burden on their family than they are of dying.

Finally Ken Dychtwald posed the question - What will the new adult healthcare continuum look like?

- It may be that in the future the lynch pin will be the IT system that holds all the various parts of the healthcare system and stakeholders together.
- There will be enormous strain but incredible solutions.
- There won’t be enough family members to care for their loved ones but people will have high hopes and aspirations for the lives they are hoping to live

## WORKSHOP SESSIONS

**Dr David White** then introduced the first theme and the questions the group will be asked to address:

### **Prevention and management of chronic disease - how can chronic disease be prevented, and where necessary managed most effectively?**

#### **Questions:**

1. Should there be a focus on prevention or management of chronic disease?
2. When should prevention start? What age range?
3. Which chronic diseases should be focused upon, where is the biggest gain to be made?
4. Which disease is the biggest threat to active ageing (Alzheimer's, depression, cancer, cardiac disease?)

**Dr Eric Silfen** introduced the second theme and questions to be addressed.

### **Creating patient-centric healthcare systems for the elderly – should (more) care be provided outside the hospital either in the local community or within the home environment?**

#### **Questions:**

1. How can you make a healthcare system age-friendly? How do you re-think the process of care?
2. How can the shortage of nurses/home carers be tackled?
3. What should the balance be between home/hospital/community?
4. How can patient's expectations be managed on the quality and location of care?

**Walter van Kuijen** introduced the final theme and questions:

**Independent living or ageing in place - how can an age friendly community be created to enable seniors to live at home for longer?**

**Questions:**

1. How can you deal with social isolation and depression?
  2. Where can technology play a role in ageing in place?
  3. Can telehealth help in disease management? Or lifestyle management?
  4. How can you ensure digital inclusion?
- **Joseph Coughlin, Ph.D** commented that there is a difference between health and care. Philips has always played the strongest in consumer products. At the moment companies tend to 'build to spec' i.e. develop what will be reimbursed rather than focusing on pure innovation.
  - **Dr Silfen** replied that this is the challenge that Philips has been facing. The Philips strategy addresses the importance of being patient focused but also developing meaningful innovation. Philips wants to know how they can affect change in a challenging worldwide payment system.
  - **Kristina Isakovich** Philips usually takes the creative approach and isn't constrained in only developing product innovation based on reimbursement policies.
  - **Laurie Orlov** raised the large alternative medicine market that is predominately paid for out of pocket.
  - **Ken Dychtwald** asked that people not be constrained in the groups today think creatively but please flag those things that would need to be true for a product/service to be adopted.

### **The 3 thematic workshops commenced, and were of 45 minutes duration.**

The groups then reconvened and a summary of proceedings at each discussion were provided by a designated 'group leader'. Below are summaries of the workshops as provided by the 'group leader'.

#### Group 1:

- Prevention was more important than management of disease.
- The ideal group they would focus on is 35-45 years
  - Vector consumers influencing their children and older parents
  - High income
  - Pre-disease age
  - Females are of disproportional importance as they take a leading role in family care
- Metabolic X & Obesity are the key challenges for the future as well as smoking
- FUN was an important theme. To influence behavior, fun needs to be a critical element. Utilise the elements of Philips lifestyle products across the healthcare business. Healthcare and Finance seems to be the only two commercial sectors that believe that people think in a rational manner!
- The role and opportunities of genetics was also discussed.

Ken Dychtwald commented that in his opinion there are three age stages of importance with opportunities against them all.

- 30-40 years
- Approx 60 years
- Mid-70s

Group 2:

- Rethink the definition of healthcare and delivery of care. Think like ipods – attractively packaged, personalised & fun.
- Look at a broader way to address healthcare – look beyond medical to mental health and social stimulation. 60% of people who go to a physician have something that would be cured without the intervention of a physician. The go to a physician to receive the feeling of ‘I care about you’.
- Incorporate health without the individual realising they are receiving care – used in the home, packaged attractively, easy to use.
- Balance between home, hospital and community. Everyone agreed that home is the best option over hospital but community can sometimes provide challenges.
- Need for more geriatric friendly physicians.
- Consumer driven approach is required e.g. reader will come to house to read for individuals who can’t do so anymore.
- Transformation in information technology that puts the consumer in the center – develop platforms (Philips Health Cloud) or online portals where consumer can be prompted to take their medicine and then connect with likeminded patients and a range of community groups such as bridge, church etc. This could address issues of loneliness.
- This technology could also help people make choices and decisions about their health.

**Ken Dychtwald** commented that in his opinion there are significant opportunities in skin health vis-a-vi light technologies within this age group.

### Group 3:

- Independent living or aging in place
  - Community (real or virtual) needs to be safe, provide emotional connections and economical and philosophical connections
  - Home – not just the physical environment.
- What is the role of IT in each of these settings?
  - Exchange information rapidly and easily
  - Can help build and maintain relationships
  - Can help to co-ordinate effective agenda
- Reduce social isolation: Give people more tools for empowerment and making connections. Lastly there was a good discussion on social isolation and creating contact. Walter van Kuijen shared a statistic that 95% of calls to the Lifeline service are not emergencies but are people looking for contact. So any solutions need to provide opportunity for engagement as well.
- Where can technology play a role in aging in place?
  - Basic monitoring e.g. weight, blood pressure
  - Helping people stay at home longer e.g. fall prevention
  - Help people thrive – help them maintain strong connections with friends and family
- Digital needs to be accessible, meaningful, adaptable, needs to have in place in people's lives.
- There is a difference between helpful technologies for the aging person versus the care giver. There was also a good discussion about empowerment of patients: many technologies and services are focused on the patient's family rather than giving the patient control.
- This group also discussed what the concept of home meant – is it the place where you have lived for 40 years or is it somewhere else? Nobody has defined home.

**Ken Dychtwald** commented that in his opinion there could be an opportunity for technology that delivers a ‘better version of me’ e.g. something that works muscles and joints to aid fitness. As the incidence of respiratory diseases increase, the availability of high technology air purifiers may provide a commercial opportunity.

The group then discussed where the next big idea for Philips would come from

- Re- define health: it can’t be just the traditional medical model. The well-being part of health and well-being is very important.
- Focus on fun and entertainment!
- Align Philips future with the policy sphere
- Allow people to stay in their own home and not be a burden to their family
- Remember there are a lot of stakeholders on this journey as well – work with them.
- Marry high technology with high touch.
- Engage me with fun, knowledge and connect me with other ‘people like me’.

**Ken Dychtwald** summarized the meeting by saying that opportunities for change are there and he commented that we are at a turning point in identifying future needs.

## CONCLUSION

- **Dr Eric Silfen** concluded the consultation event by thanking everyone for their time and efforts in making the afternoon a success. He commented that the group had confirmed his feeling that Philips needed closer alignment of its three business to enable the company develop a significant differentiator.
- **Katy Hartley** commented that it has been her privilege to set up the Center for Philips and that today’s conversations provided great food for thought for the think tanks.

END