

# Patients Grid

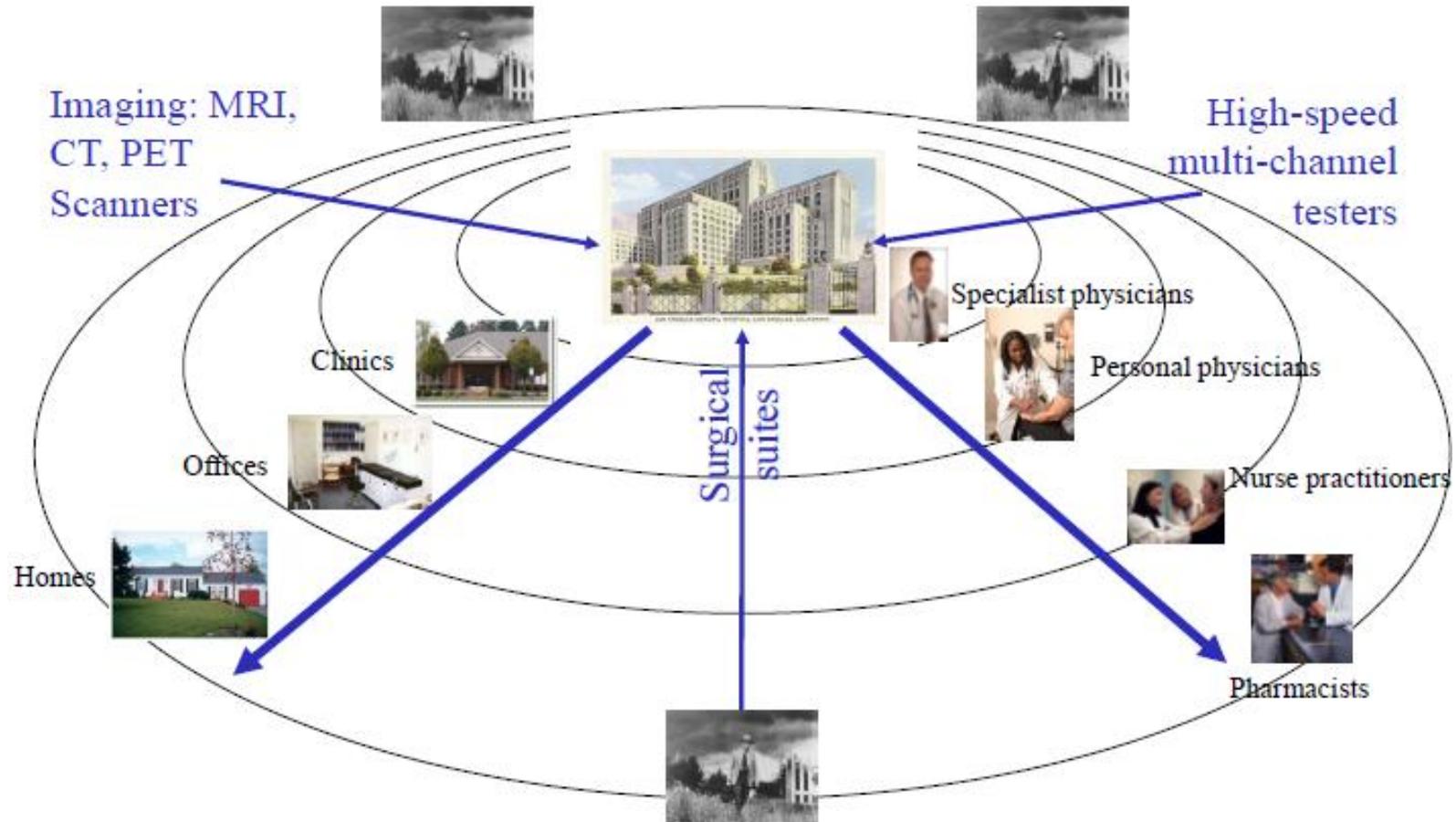
Disruptive Innovation in Healthcare  
An answer from JAPAN

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<http://patientsgrid.com>

# Dawn of Innovation in Healthcare

**The decentralization that follows centralization is only beginning in healthcare**



**1. Bring the problem to the solution. 2. Then bring the solution to the problem.**

# Key Numbers of Rare Diseases

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- ◆ 6,000~8,000: Number of rare diseases
- ◆ 350mil/7,000mil=5% : Ratio of patients in the world
  - 25mil./307mil.=8.1% : U.S.
  - 30mil/500mil.=6.0% : EU
  - 16.8mil./1,331mil.=1.3%: China
- ◆  $\frac{3}{4}$  of the patients are children  
The ratio of the Adult patients is 2~3%
- ◆ <10%: currently being treated worldwide

# Big Business Opportunity of Orphan Drug

#	Generic Name	Brands ®	Companies	Indications	Sales \$ billion	
					2009	2010
1	Atorvastatin	Lipitor	Pfizer, Astellas	Cholesterol	<b>12.45</b> 13.28	<b>11.8</b> 12.66
2	Clopidrogel	Plavix	Bristol Myers Squibb, Sanofi Aventis	Atherosclerosis, prevention of clot related events	<b>9.29</b> 9.1	<b>9.4</b> 8.82
3	<b>Infliximab</b>	<b>Remicade</b>	<b>J&amp;J, Merck, Mitsubishi Tanabe</b>	<b>RA, UC, CD, Ps, PsA, AS</b>	<b>6.91</b> 5.4	<b>8.0</b> 6.04
4	Fluticasone Salmeterol	Advair	Glaxo Smith Kline	Asthma, COPD	<b>7.764</b> 8.09	<b>7.96</b> 8.47
5	<b>Etanercept</b>	<b>Enbrel</b>	<b>Amgen, Pfizer, Takeda</b>	<b>RA, JIA, Ps, PsA, AS</b>	<b>8.0</b> 5.8	<b>7.4</b> 6.17
6	Bevacizumab	Avastin	Roche	Cancer: lung, colon, kidney, glioblastoma	<b>5.92</b> 5.01	<b>6.8</b> 5.53
7	Aripiprazole	Abilify	Otsuka, BMS	Schizophrenia, Depression, Bipolar	<b>5.5</b> 4.67	<b>6.8</b> 5.43
8	Rituximab	Rituxan	Roche	NHL, CLL, RA	<b>5.80</b> 4.68	<b>6.7</b> 5.03
9	<b>Adalimumab</b>	<b>Humira</b>	<b>Abbott</b>	<b>RA, Ps, JIA, PsA, AS, CD</b>	<b>5.49</b> 5.03	<b>6.5</b> 5.96
10	Valsartan	Diovan	Novartis	Hypertension	<b>6.01</b> 3.93	<b>6.1</b> 4.16

# Costs for medical treatment in JAPAN

			Initial	Annual (USD)	
				Certified	Non Certified
Government	National Health Insurance	Cover 70% of TTL costs	21,000	35,000	35,000
	Extra Support For Rare Diseases	Cover over 100USD/Month <b>if certified</b>	Not Covered	14,000	Not Covered
Patient	Private Medical Insurance	Cover cost only for being in hospital	5,000	Not Covered	
	Medical Expense		<b>4,000</b>	<b>1,000</b> ↔ <b>15,000</b>	
			30,000	50,000	50,000

➤ Inequality between certified\* and uncertified \*only 7% of RD patients are certified

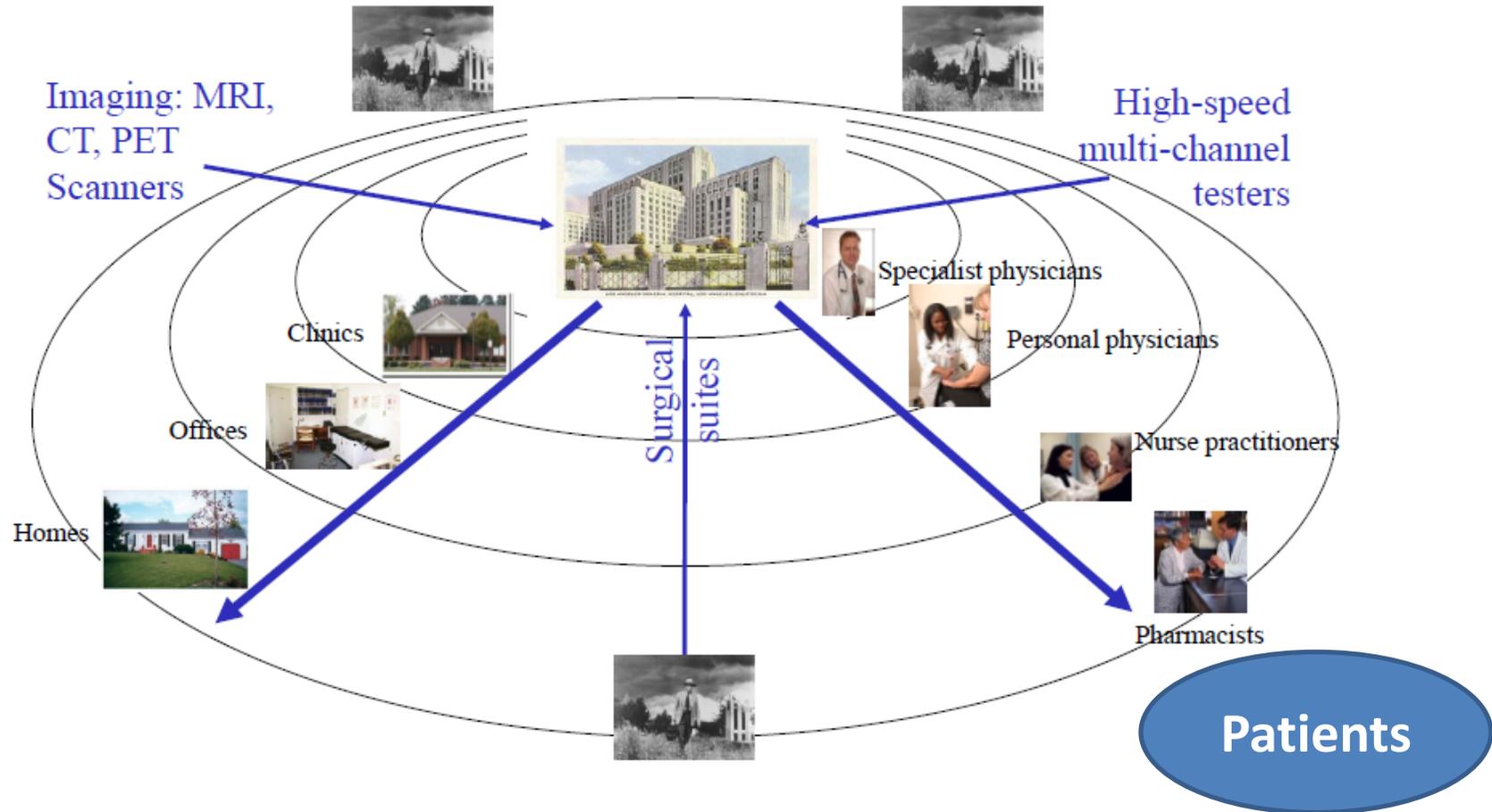
➤ If all the patients are certified, the support for each patient will be decreased dramatically

# Patients' Key Concerns to live a happy life

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		Field of Innovation
Medical Treatment	<ul style="list-style-type: none"><li>✓ Very Limited <u>medical treatment</u></li><li>✓ <u>Unstable &amp; Uncertain</u> health condition</li></ul>	Medical Industry
Medical Information	<ul style="list-style-type: none"><li>✓ Very Limited <u>patients network</u></li><li>✓ Very Limited <u>second opinion</u></li></ul>	Service Industry
Job	<ul style="list-style-type: none"><li>✓ <u>Job Security</u> will be affected</li><li>✓ <u>Career Opportunity</u> can be limited</li></ul>	
Funds	<ul style="list-style-type: none"><li>✓ Affordability of <u>expensive medical costs</u> in the future</li></ul>	
Accommodation	<ul style="list-style-type: none"><li>✓ Settle accommodation near hospitals or doctors</li></ul>	

# Disruptive Innovation: Raising Patients Initiatives



# Several services are competing

## Microsoft HealthVault



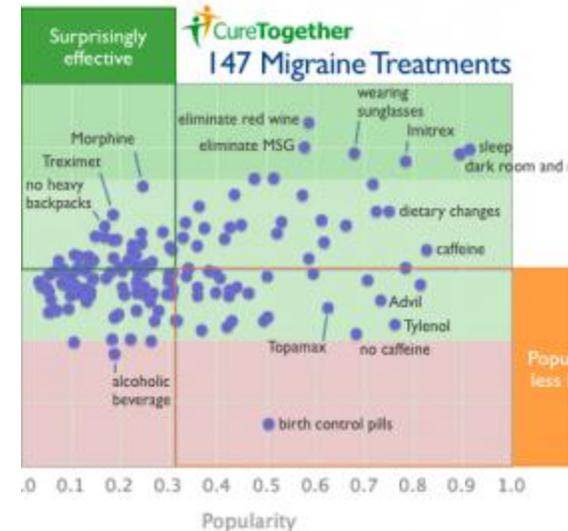
## Google Health



## Patients Like Me



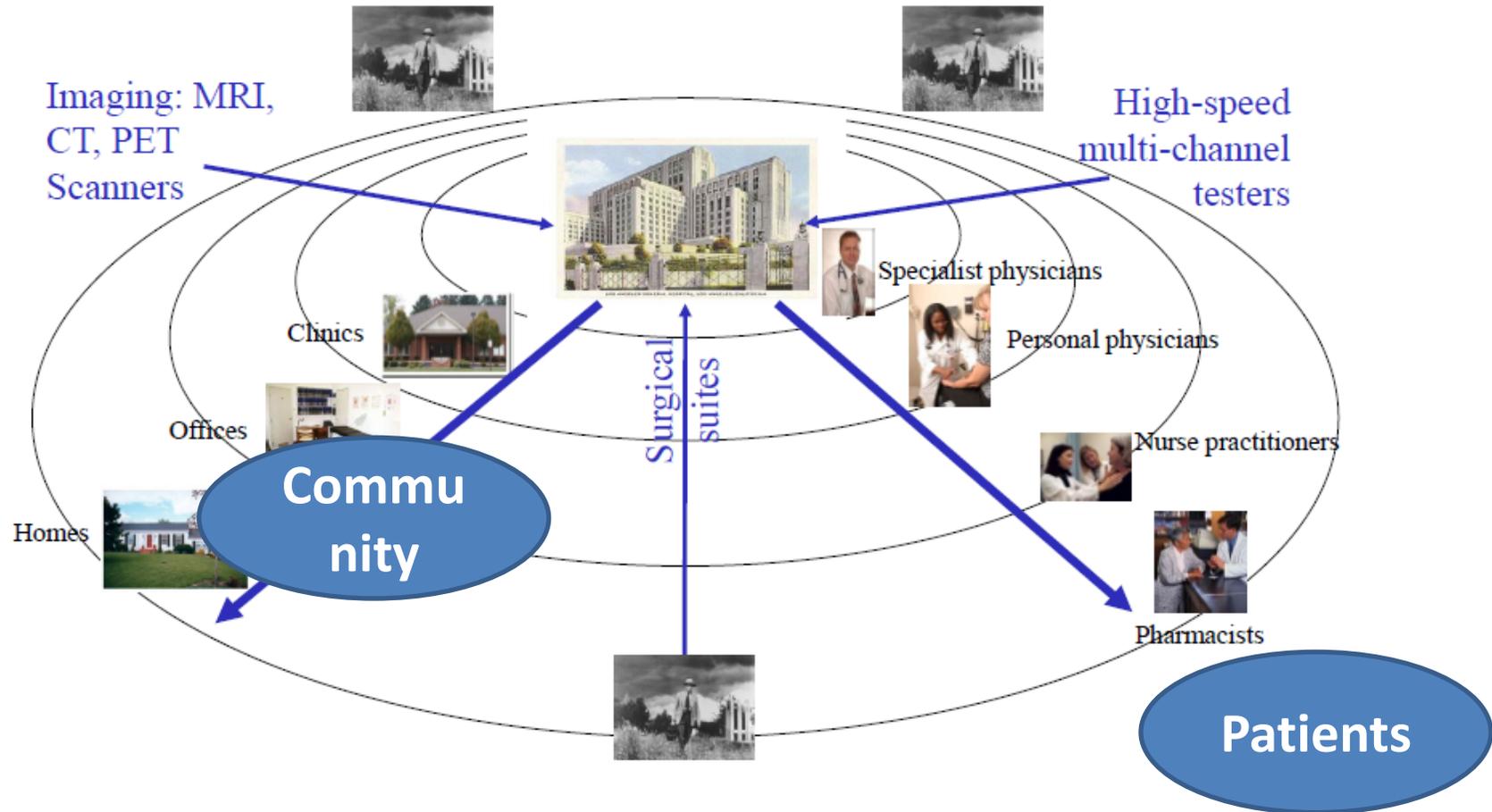
## Cure Together



# Patients' Key Concerns to live a happy life

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# Patients & Community are the key



## Concept of Patients Grid: Patients based community

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As the rare diseases patients face many critical situations, they become more capable of managing uncertainty, visionary, easy to let go, etc. These are the characteristics that Leaders are required.



Based on the concept of 'Future Center', Patients Grid provides a grid network of communities lead by visionary rare diseases patients and supported by followers who are empathized by the vision.

On the Patients Grid, patients can share accommodations and jobs by supports of non-patients, raise funds and achieve their vision. Patients Grid provides community technology based services to build and sustain the grid network.

# Disruptiveness of Patients Grid

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1. Focus on Vision not Symptom
2. Patients take more Initiatives
3. Not only medical stakeholders but also citizens/society are involved
4. Focus on the globe

# In the Middle of Prototyping

Service	Unique points	Benefit through Patients Grid
<b>Microfinance to realize patients vision</b>	<ul style="list-style-type: none"> <li>• Supporters provide not only fund but also knowledge (like pro bono)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Increase the possibility of success</li> <li>➤ Decrease the ratio of default</li> </ul>
<b>Job Sharing among community</b>	<ul style="list-style-type: none"> <li>• Support patients job with housewife and professionals</li> <li>• Consult work allocation, procedure</li> <li>• Train staff by staff</li> </ul>	<ul style="list-style-type: none"> <li>➤ Increase organizational productivity</li> <li>➤ Increase employability</li> </ul>
<b>Share housing based on patients vision</b>	<ul style="list-style-type: none"> <li>• Renter shares the same vision with the visionary patients</li> </ul>	<ul style="list-style-type: none"> <li>➤ Increase the utilization of housing</li> <li>➤ Share quick and intimate supports to realize one's vision</li> </ul>
<b>Leadership &amp; followership program</b>	<ul style="list-style-type: none"> <li>• Develop not only patients leadership but also supporters followership</li> </ul>	<ul style="list-style-type: none"> <li>➤ Build a foundation of vision based communities to nurture every community based services on it</li> </ul>
<b>Life Concierge</b>	<ul style="list-style-type: none"> <li>• Provide not only mental counseling but also legal or finance planning support</li> <li>• Introduce life log based technology</li> </ul>	<ul style="list-style-type: none"> <li>➤ One stop service to manage patients life</li> <li>➤ Receive personalized care service</li> </ul>

## <Short Term>

- Create a Business Plan by the end of March
- Start Fund Raising from April
- Register Patients Grid as NPO by the end of June

## <Long Term>

- Raise the quality of life of rare diseases patients as well as of community
- Realize the human right of equality of rare diseases patients

## Now, it's your turn

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- You are **aware** of a disruptive innovation in healthcare
- You **feel** something through my story

Now, It's YOUR turn

Start thinking what you can do from **Today**  
**creating shared value** in your context.

# Yes, You Can!

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- ❑ Provide information of government policies & initiatives on rare diseases in your country
- ❑ Introduce opinion leaders, found owners on this topic in your country to me
- ❑ Inform me relevant technologies
- ❑ Share what you feel listening to today's story on your SNS
- ❑ E-mail some suggestions & feedbacks to me

Step Forward!

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God bless your Health & Ambition

Thank You!

# Letter from Professor Christensen

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28 May 2011

I wish to express my sincerest condolences to the people of Japan who are suffering emotionally, or economically, as a consequence of the recent natural disasters with the Fukushima Daiichi nuclear plant. While much of the world's attention is focused on the nuclear plant, I know that the personal loss that many people have experienced as a consequence of the earthquake and tsunami is deeply saddening. Many of us around the world have been deeply saddened to see what the people of Japan have had to go through, and wish to lend our support in whatever ways possible.

As a business and administrative issue, there are many questions regarding what to respond to this crisis. What should be rebuilt? How long will it take? What can the Japanese government do to prepare for the possibility of similar natural disasters? Can Japan improve its power energy infrastructure? These are difficult, complicated questions, which require the attention of the government, businesses, and individuals to solve.

However, much like you, I was happily living my life, and then events occurred that changed things for the worse, through no fault of my own. I would like to offer my condolences to those who have lost loved ones. One of the most challenging parts of this tragedy is its seemingly arbitrary nature. It is difficult to understand why some people's lives had changed



# Letter from Professor Christensen (1/3)

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28 May 2011

I wish to express my sincerest condolences to the people of Japan who are suffering, physically, emotionally, or economically, as a consequence of the recent natural disasters and the ensuing problems with the Fukushima Daiichi nuclear plant. While much of the world's attention has moved to other events, I know that the personal loss that many people have experienced as a consequence of these tragedies goes on. Many of us around the world have been deeply saddened to see what the people of Japan are going through, and wish to lend our support in whatever ways possible.

As a business and administrative issue, there are many questions regarding what steps Japan should take to respond to this crisis. What should be rebuilt? How long will it take? What should the rest of the country do to prepare for the possibility of similar natural disasters? Can Japan safely rely on its nuclear power energy infrastructure? These are difficult, complicated questions, which will take great work from the government, businesses, and individuals to solve.

However, much like you, I was happily living my life, and then events occurred which drastically changed things for the worse, through no fault of my own. I would like to offer some personal advice. **One of the most challenging parts of this tragedy is its seemingly arbitrary nature: people who were happily going about their business one day found that their lives had changed drastically for the worse the next day, all through no fault of their own.**

In the last three years, I have experienced a variety of health challenges that presented significant obstacles, both on a personal level, as well as to my family. About three years ago, I suffered a sudden, completely unexpected heart attack. I had recently had a visit with my doctor where I was given a thorough physical examination, and there were no signs that indicated that I was at risk of a heart attack. In fact, the typical indications of heart attack risks were all lower than average. And yet, when I had the heart attack, the physicians found that I had a 100% blockage of a major artery in my heart, a type of heart attack that is often fatal. Fortunately, in the hospital the doctors acted quickly and were able to remove the blockage and insert a stent before much serious damage occurred.

Two years later at about the same time of year, my doctors discovered that I had an unusual form of cancer, called follicular lymphoma. This cancer had been unusually aggressive, and by the time it was discovered, I had several large tumors in my body, including one about the size of an American football in my abdomen. My doctors attacked the cancer aggressively, treating me with chemotherapy. Thanks to the skill and attention of these doctors, and the power of the medication that they gave me, I was able to overcome the cancer, which seems to have gone into remission.

# Letter from Professor Christensen (2/3)

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Shortly after I finished with my chemotherapy treatments while I was in the process of trying to recover, I suffered a stroke while at a Sunday morning church meeting. I was very close to Massachusetts General Hospital when it happened, and was able to receive medical care quickly, which reduced the amount of damage to my brain. In spite of the speed with which the doctors were able to act, they weren't able to prevent me from having some complications. The part of my brain that was affected by the stroke is the part that controls my ability to communicate. So, while I still have full control over my motor function, it is almost as if someone shuffled my vocabulary around, so that occasionally when I am looking for a word, I simply cannot find it. Though I haven't done so yet, I am optimistic that I will make a full recovery.

I share all these personal details because I suppose that on a much smaller scale, after all my health travails, I felt some of the same emotions that may be familiar to many of you. I have done my best to live a healthy life, to eat well and get exercise. I visited with my doctors regularly. And yet all my best efforts seem not to have made any difference in my health outcomes, which has been very frustrating.

Though I recovered fairly quickly from the heart attack, cancer was a more difficult disease to face. The stroke I experienced was the most difficult: As a professor, everything I do is about communicating with my students, or writing and publishing research. My stroke specifically affected the part of my brain most critical to those tasks.

As I struggled to recover my ability to communicate, my frustration caused me to turn inwards, and focus on myself. Why, I wondered, did I have to go through this? What did I do to deserve such challenges? As I focused more on myself, on my problems, and the seemingly slow pace of progress that I was making, I became more frustrated, more desperate, and even struggled with depression - something that I hadn't felt my entire life.

Then, I had an epiphany.

**As I turned my focus more and more on myself and the problems that I was facing, I had spent less time thinking about others, and how I could be of service to them. Rather than spending time thinking about how I could improve other people's lives, I was focused on my problems, my wants, and what I thought I needed. After great personal reflection, I realized that this selfish focus was the recipe for my unhappiness. I realized that happiness was in fact to be found in forgetting about myself, regardless of how hard it was, and in spite of the temptation to think that because of my unique situation a self-centered focus would be okay.**

**I also realized that life is a series of extenuating circumstances, and that there will always be justification to turn our focus on to ourselves, onto our wants and needs. But the truth that happiness is to be found in the service of our fellowmen is universal, and not contingent on the idiosyncrasies of our circumstances, be they comfortable or difficult.**

# Letter from Professor Christensen (3/3)

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**Many of us make the mistake of thinking that we can postpone serving others until later in our lives.** This is not the case. Time and time again, I have seen first my own classmates from when I was a student, and now my own students since I have been a professor, claim that they would focus primarily on their own careers for a period of time, and then when they had "made enough money", they would shift gears, and go into a mode of giving back to their community and focusing on their families. This rarely (if ever) works out the way that they imagine.

There is always more money to be made, always more deals to be done, always more products to be launched. Once you have already made the decision to put what you believe to be your highest priorities behind something else, it is always easier to make that decision again, rationalizing that you'll do it "just this one last time," until the next "last time" comes along.

Additionally, some of the people who need our service the most - our families - are growing and changing. Even if we do make decisions later in life to make them a priority, many of the best opportunities to have a big impact with them may sadly have passed.

Instead, may I suggest a few things that have brought me happiness and joy as I went through my own rebuilding process. **I have made a commitment each day, to choose to serve, to seek to understand what my families, friends, neighbors, even strangers need from us to be happier. I have set a goal to do some act of service for someone each day. Doing this requires that I consider the physical, mental, emotional, and spiritual needs of those around me: how can I help others if I don't know what they need? Focusing on others will help you put your own situation in perspective.** Even if your circumstances are difficult, there is surely someone else whose lot in life is worse, someone who you could help directly, somewhere where you could make an impact for good. Focusing on others may also help you realize that you have been blessed in ways that you may be inclined to underestimate. Counting these blessings and realizing the things that have been done for you will ease your burden.

As I said at the start, I think that decisions about how to respond to this crisis are best left to the people who are dealing with their reality on a daily basis. Still, I feel that there are many lessons to be learned in the tragic series of events that have hit the people of Japan which are relevant to all people. They are a reminder that our lives are fragile, that our time on Earth is brief, and that we never know what twists and turns our lives will take, and when they will end. As a consequence, we cannot count on being able to take care of the important things in life at some later date which may never come. We should decide now to pour our energies into helping each other and building our communities up one relationship at a time.

# Objectives, Advantage, Scope

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To reach 500 rare disease patients who lead their own future center which enable their wishes come true by the end of 2015 and continue to be the largest and most reliable patients community of rare disease patients.

- by aggregating the community based technology such as microfinance, job sharing, collective housing at reasonable prices
- to rare disease patients with wishes and leadership
- through future centers which are communities with citizens who are influenced and empathized by rare disease patient with strong & true wishes

# Strategy Map

## Finance

### Growth

Increase ROCE by healthy investment and sales by expanding community

### Cost Efficiency

Keep operation costs as low as applicable

### Stability

Raise funds through diversified channels

## Customer

### For Patient

Provide flexible and personalized life style

### For Employer

Provide High quality outcome through job sharing

### For house owner

Provide High property utilization by vision based demand control

### For Pro Bono

Provide better fitting opportunities to their capabilities and wishes

## Process

### Expansion

Grow community by leveraging local opinion leaders

### Low cost operation

Standardize process and implement scalable IT system

### Innovation

Monitor & Share best practices

### Alliance

Create horizontal and vertical relationships to enrich services

## Learning

### Learning Organization

Build continuous learning environment

### Leadership & Followership

Develop Leadership of patients and followership of members

### Culture

Nurture open and innovative culture among community

# BSC

Category	Strategic Goal	Measurement	Target value
Finance	Growth: Increase ROCE by healthy investment and sales by expanding community	ROCE % of growth of sales	TBD TBD
	Cost Efficiency: Keep operation costs as low as applicable	Costs/sales	TBD
	Stability: Raise funds through diversified channels	Amount of funds by each channel/TTL funds	Less than 20%
Customer	For Patient: Provide flexible and personalized life style	Actual working hours/workable hours	More than 90%
	For Employer: Provide High quality outcome through job sharing	Actual working hours/requested work hours Customer satisfaction survey	More than 98% More than 70%
	For house owner: Provide High property utilization by vision based demand control	Property utilization ratio	More than 95%
	For Pro Bono: Provide better fitting opportunities to their capabilities and wishes	Members engagement survey	More than 80%
Process	Expansion: Grow community by leveraging local opinion leaders	# of Grid	TBD
	Low cost operation: Standardize process and implement scalable IT system	# of standardized processes among Grid/# of standardized & localized processes	TBD
	Innovation: Monitor & Share best practices	# of best practices shared	TBD
	Alliance: Create horizontal and vertical relationships to enrich services	# of alliance	TBD
	Learning Organization: Build continuous learning environment	# of programs available	TBD
Learning	Leadership & Followership: Develop Leadership of patients and followership of members	Training days Members engagement survey	20days/year/patients More than 80%
	Culture: Nurture open and innovative culture among community	Employee culture survey	More than 80%