

# CANADIAN Healthcare Technology

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## Visual system for patient education becoming popular across Canada

BY JERRY ZEIDENBERG

**T**ORONTO – Communication is often a difficult issue for physicians when talking to patients. The doctor may believe he or she is clearly stating the problem and diagnosis, but the patient just doesn't get it.

It's a lot easier if the patient can also visualize what's going on. Enter iMD Health Canada Corp., a company that devised and is now marketing a visually oriented computer system for doctors' exam rooms. Using pictures, text, animations and videos – and a digital whiteboard for drawing – the solution lets the doctor show the patient what the problem is, and what the best therapy is to follow.

"This is a big breakthrough for organizations that want to put information and literature in the hands of physicians, nurses, educators and patients," said Kevin Delano, president and CEO of iMD Health.

At a lively office and warehouse in a semi-industrial area of Toronto, there's a definite sense of optimism and excitement about the made-in-Canada technology. An enormous, wall-size board charts orders

for the system. "It's just about to go into sites in Saskatchewan, New Brunswick and Newfoundland," notes Kevin Delano. "It's aimed at physicians and nurse educators in primary care and specialty care."

After just a year-and-a-half in the marketplace, iMD already has over 300 units installed in clinics and hospitals across Canada – including Sunnybrook Health Sciences Centre in Toronto, Victoria Gen-

**Using pictures, text, and videos, the system lets doctors show patients what the problems are, along with the best therapies.**

eral Hospital in Halifax, University of Alberta Health Centre and Montreal General Hospital.

And terminals are soon to go into the counseling rooms of a major retail pharmacy chain across Canada.

There's a variety of medical conditions covered by the iMD Health Network, including diabetes, gastrointestinal diseases, pain and oncology. Content continues to be developed. "We've had requests for dermatology and respiratory," says

Delano. The various topics are produced in conjunction with medical associations, hospitals and a board of physicians.

"Everything is peer-reviewed," says Delano.

When it comes to GI, content has been developed in partnership with the Canadian Digestive Health Foundation; diabetes information has been created through an alliance with experts from Trillium Health, a two-hospital organization in the Toronto area.

"There are 50 different teaching modules in the diabetes section alone," commented Delano. They include introductory units such as 'what is diabetes' to more advanced topics like foot care and blood sugar management. Certain content in diabetes is available in multiple languages, such as Punjabi, Tamil, Polish for hospitals and clinics with ethnic populations.

All of this is welcome news at a time when diabetes has become rampant in North America, and a surge in cancer and other chronic diseases is anticipated. Medical professionals are spending more of their time educating patients, and tools that will help get ideas across quickly and effectively are needed.

The iMD system is organized using tabs

for different functions and diseases. It's operated by touch-screen, and users can write and draw on images, zoom in on images, and even e-mail images, explanatory notes, and videos to patients so they can see them again once they're at home.

Delano stresses that the system is only placed in the exam rooms of physicians and nurses – patients can't obtain information on their own. That's because there's an extensive amount of medication information on the system, and in Canada, according to various laws and industry rules, physicians must be present with patients when claims are made about medications.

The iMD Health Terminal itself has a unique design – the 19-inch monitor also encloses the computer processing unit, so there are no separate towers or wires hanging about. "All the doctor needs is a power outlet and an Internet connection," said Delano.

While iMD Health Network and terminals require access to the Internet, it's only to update the information at night. Otherwise, the system operates as a local solution, with all the data contained in its CPU. "We use a lot of images and videos," says Delano. "There's no way you could run them for patients without buffering and a time-delay if you were downloading on the net. Our system delivers everything without delays."

He emphasized that this is extremely important for time-harried physicians – and also for worried patients. No one wants to wait 30 seconds, which can seem like an eternity when sitting in front of a computer terminal.

"Response time is immediate," says Delano.

In addition to the extensive visual and textual descriptions of diseases, iMD Health Network also contains copious amounts of information about therapies, including medications. Indeed, this is where iMD intends to earn a return on the system.

The pharmaceutical data is valuable to physicians and patients – physicians obtain up-to-date information which they can then relay to their patients. As well as drug monographs there are easy-to-read

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brochures that can be e-mailed to patients.

iMD is selling sponsorships on the site to pharma companies – those which take sponsorships obtain top billing on the drug therapy sections of the system. So far, there are 40-50 sponsors, says Delano, including names such as Roche, Pfizer, Ferring, Abbott and Takeda.

However, in the interests of objectivity – and to conform with the law in Canada – all makers of drug therapies are listed, Delano emphasizes.

The company believes the pharmacy sponsorships are an ideal way of delivering information to physicians at a time when it's becoming increasingly costly to put reps on the road, and when many physi-

cians just don't have time for reps during their busy days.

"Forty percent of physicians in Canada are 'no see/limited see' doctors," says Delano. "They won't see reps." But he believes they want pharmaceutical information, and iMD solution provides it to them, whenever they want or need it.

What's more, a menu on the screen has buttons that will connect them with various pharma sponsor companies – in an instant, they can be connected with the marketing department of a company, obtain literature or request samples.

"The doctor communicates with the drug company when he or she wants to," says Delano. "There's no rep involved. We're turning the old model on its head."

How do clinics and hospitals obtain the iMD Health Network? There is a subscription model that consists of \$50 a month per terminal. That includes all of the hardware and software and unlimited upgrades and current teaching models for certain disease states.

He pointed out, however, that physicians will actually earn money using the system, as it collects anonymous data for sponsor companies through surveys of patients and simple usage of the system.

While iMD aims to have 1,000 units in place in Canada by September 2012, it's also targeting worldwide sales (soon to be launching in Italy and Britain). He asserts that if the company can make it here, it can make it anywhere. "Canada is a launching pad for us," says Delano. "It's known for having the most stringent market in the world, with very tough rules."