

# 01

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## PATIENTS FEEL THEY ARE LEFT ON THEIR OWN TO FIGURE OUT THEIR NEXT STEPS.

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“I don’t know how people can do it alone. I make sure he takes his meds. I fill and refill all the prescriptions. I manage all the insurance approvals. There’s so much to do just being the patient, let alone managing everything around being a patient.”

**'Veronica' (59), caregiver**

“The first time the surgeon tried to explain each treatment option, including the option to do nothing, and how much it would reduce my chance of recurrence, we had no idea what she was talking about.”

**'Emily' (54), cancer survivor**

“The transition from the first, five-day hospital stay to home was challenging. They just say ‘ok go home.’ And we didn’t know what to do. It was all trial and error to figure it out.”

**'Bonny' (40), mother of a child with type 1 diabetes**

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HOW MIGHT WE

## OPTIMIZE INTERACTIONS BETWEEN PATIENTS AND DOCTOR?

# 02

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## PATIENTS WITH SERIOUS HEALTH ISSUES WORK AROUND THE SYSTEM TO GET THE BEST MEDICAL ATTENTION.

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“My PCP is a good listener. I know his time is limited so I do my best to be prepared.”

'Terry' (70), asthma patient

“New doctors are surprised and appreciate the well-organized documents I bring.”

'Sandy' (60), caregiver

“We were very lucky. I worked at UCSF so I had the home and cell phone numbers of all my doctors. I could bypass their practice coordinators and go straight to the docs themselves whenever I needed to. I only used the cell number for my surgeon once in 10 years, but I am glad to have it.”

'Emily' (54), cancer survivor

“I butter them up because I know I'll need them later. I kill them with kindness so I don't feel bad if I need to call them at 3am on a Friday night. They are our lifeline and I want them to take my call.”

'Veronica' (59), caregiver

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HOW MIGHT WE

## GIVE PATIENTS PEACE OF MIND THAT THEY ARE RECEIVING THE BEST POSSIBLE CARE?

# 03

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## BOTH PATIENTS AND PHYSICIANS DOUBT THE RELIABILITY OF HEALTH DATA.

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“I only trust clean, validated data. For example, the Rx Order History is not the same as the Medication List. Just because I write an order doesn’t mean the patient filled it, ever took it, or is still taking it. I need a different way of capturing what patients are actually doing.”

**'Dr. Wong', primary care physician**

“My doctors are impressed with how thoroughly I’ve been tracking my husband’s medications. It helps them make better decisions for him.”

**'Veronica' (59), caregiver**

“Even I can’t trust what’s in my record. Take exercise. They’ll ask how often I do it. I’ll lie. They’ll write it down. We’ll move on.”

**'Emily' (54), cancer survivor**

“I shared years of records for my asthma. And over time, I started to make my own hypotheses about what was going on and why. But when I got a bronchitis that wouldn’t go away, I bounced around the specialist network for five months. Now I wonder, did I confuse the doctors?”

**'Terry' (70), asthma patient**

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HOW MIGHT WE

## HELP PATIENTS AND PHYSICIANS COLLECT, GROW, AND INTERPRET GOOD DATA?

# 04

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## EPISODIC AND DISJOINTED CARE HIDES VALUABLE CONNECTIONS.

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“No one could figure out why I had so much back pain that I couldn’t get out of bed. After months of cortisone injections, I finally went to a guy who specializes in hip replacements. But it was only when I went online to a breast cancer survivor support group that I learned there is a connection between my cancer drugs and joint deterioration. No one else saw the connection.”

**'Emily' (54), cancer survivor**

“After a five month medical investigation with allergists and pulmonologists and every other specialist, I wasn’t getting any better so my daughter just said, let’s go to the ER. She told them that I had chest pain and shortness of breath. I got a whole heart work up that I didn’t really need, but they did finally figure out my breathing problem.”

**'Terry' (70), asthma patient**

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HOW MIGHT WE

## ENABLE PATIENTS AND PHYSICIANS TO SEE PATTERNS AND ACT ON THEM?