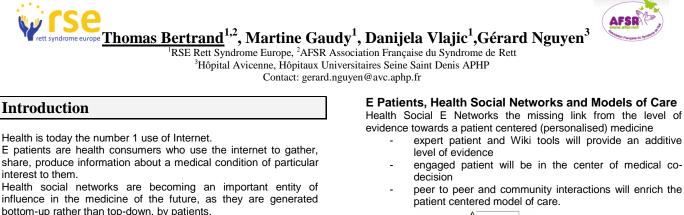
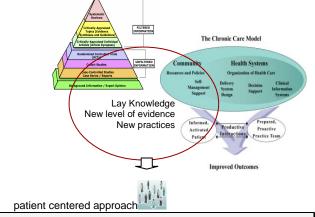
E Patient A Step Towards Empowerment in the Field of Rare Diseases





Perspectives

E Patient and Health social media will Challenge the 1. healthcare system

Healthcare System	Social Media
Control of knowledge and access by authority and institutions, Centralized intermediation	Information is free, peer production "Wisdom of Crowds", Decentralized disintermediation
"reform" is linear, very slow, Interest-focused and dictated	Non-linear Innovation "on the fly", "open innovation"
"risk averse", filter then share	"risk taking", share then filter
Proprietary product knowledge, firm-based, patented	Open source, product transparency "commons-based peer production"
Closed network, strong ties, "B2B"	Open network, "Strength of weak ties", C2C
Regulated supply, no price economy	Deregulated and increasing demand, Economy of awareness and relevance
Mindest: system made,	Mindset: liberal and heterogenous,

and Reshape patient participation 2.

- peer and community collaborations versus medical professionals and decision makers
- going mobile via smart solutions
- promoting innovation and new practices
- co-actoring of medical decision, prescriptions, health provisions, research...
- providing outcomes via patient reported information

Conclusion

E patients are increasingly active in their care and are demonstrating the power of the Participatory Medicine or Health 2.0 / Medicine 2.0 model of care. Decisions makers should encourage a process whereby patients play an increasingly important role in the management of their health, and social networks in a community health and outcomes research perspective. Success will rely on new business model based on the absence of commercial value on the "patient community" ownership of medical data.

Development of an E Patient multimedia secured and interoperable 2.0 platform by patients' communities is needed.

Introduction

Health is today the number 1 use of Internet.

share, produce information about a medical condition of particular interest to them.

influence in the medicine of the future, as they are generated bottom-up rather than top-down, by patients.

The E Patient experience

E patients are increasingly active in their care and are demonstrating the power of the Participatory Medicine or Health 2.0 / Medicine 2.0 model of care.

They are

- equipped,
- enabled,
- empowered,
- engaged,
- equals.
 - emancipated and experts.

Analysis of our Rare Disease E Community via Facebook showed some influence areas and new skills development similar to other studies (GER E Patient study, fig 1 and fig 2).

Influence Areas

- peer definition, discussion on diagnosis, symptoms, every day life as a patient
- treatments and treatment alternatives
- choosing and ranking (reputation) of doctors, hospitals and other treatment and care persons and institutions
- pros and cons for medication, side effects, alternatives. All in % Chronics in %



Figure 1: Patient communication activities

Development of New skills

Our Community member informs himself and others, connects, collaborates, participates, finds and gives personalized and optimized orientation and evaluation, changes attitudes, behaviour, decisions on outcomes, contact or non-contact to stakeholders, generates a digital demand that is not fulfilled by today supply, prefers patient made content, communities over institutional sources, compares and spreads treatment guidelines and perceives digital healthcare as highly relevant and useful.

