



“Valorisation des comportements santé”

Paris, le mercredi 22 mars 2017

#FNIM



#FNIM



Nos intervenants

Beatrice Chemla

Head of healthcare Europe at Future Thinking

Dr Laurent Goldstein

President at QALYO

 futurethinking

 QALYO



Beatrice Chemla

Head of healthcare Europe at **Future Thinking**

futurethinking

How consumer willingness to pay will drive innovation in healthcare

Future Thinking - IRIS Network



Frankfurt 2016

future
thinking

iris

EphMRA
www.ephmra.org

Globally, healthcare systems are in crisis

HUFFPOST HEALTHY LIVING

Edition: US ▾

FRONT PAGE POLITICS ENTERTAINMENT WHAT'S WORKING HEALTHY LIVING WORLDPOST HIGHLINE HUFFPOST LIVE



Look beyond the politics - Britain's healthcare really is in crisis
Jenni Russell

My NHS experience as an emergency admission revealed just how wrong things can go when staff are in thrall to bureaucracy

THE BLOG

The Health Care Crisis: The Financing Fight Obscures More Fundamental Issues

10/04/2013 03:07 pm ET | Updated Jan 23, 2014

NEWS 

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Public health system faces growing financial stress, Australian Medical Association report card finds

By political reporter Stephen Dziedzic

Updated 27 Jan 2016, 8:46pm

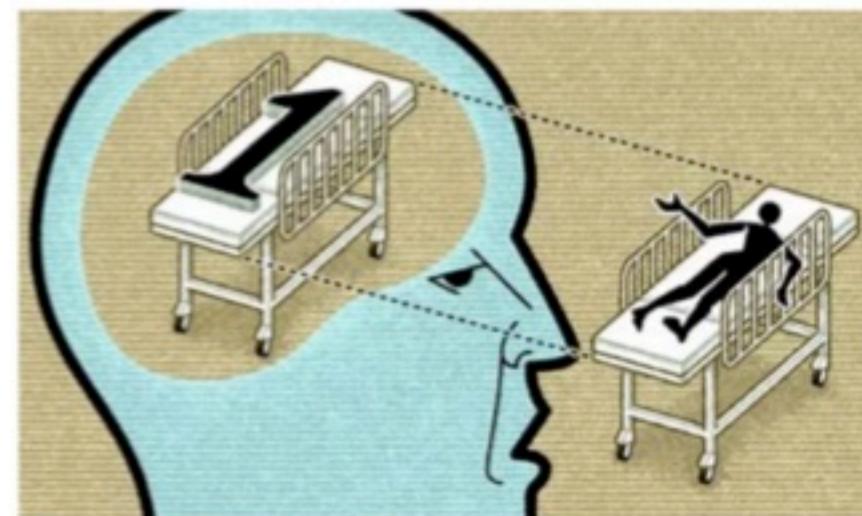
Public hospitals are facing a budget crisis as federal and state governments bicker over funding, the Australian Medical Association (AMA) has warned.

The Association's annual public hospital report card found emergency department waiting times had worsened slightly, with 68 per cent of "urgent" emergency department patients seen within half an hour.

Of all emergency department visits, 73 per cent were completed in four hours or less, well short of



PHOTO: The report found elective surgery waiting times had



Colombia: A Healthcare System in Crisis

By Francisco Jose Yepes Lujan, MD, PhD, Director, Graduate Studies in Health and Social Security Administration, Pontificia Universidad Javeriana, Bogota, Colombia

Medication is becoming more and more expensive



**Can patients fill the gap to some extent?
Are they prepared to pay out of their
pocket?**





Our Global Healthcare Study

The participating countries

23

countries

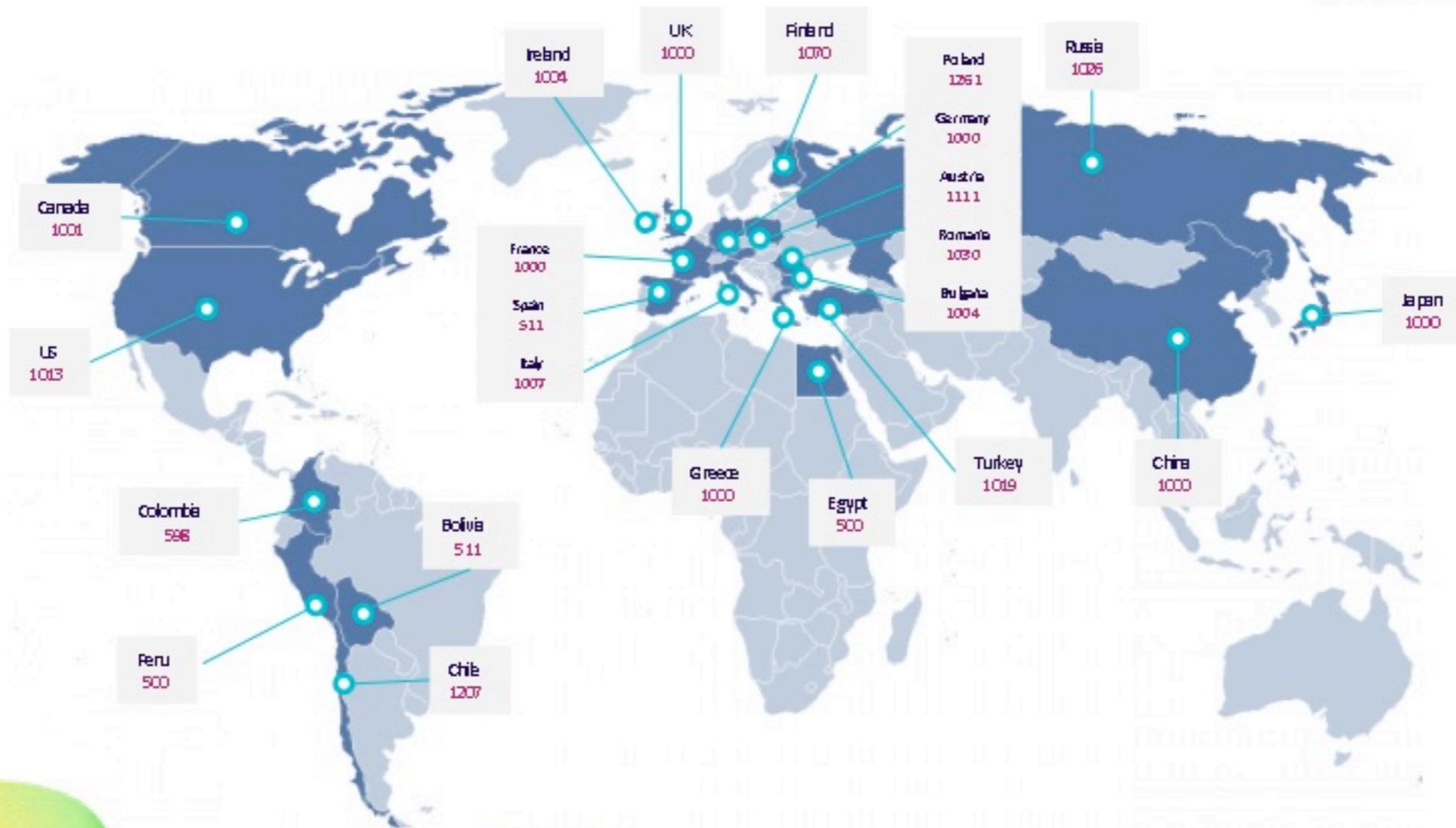
5

continents

21,300

respondents

Methodology: Face-to-face, Internet, Online, Call

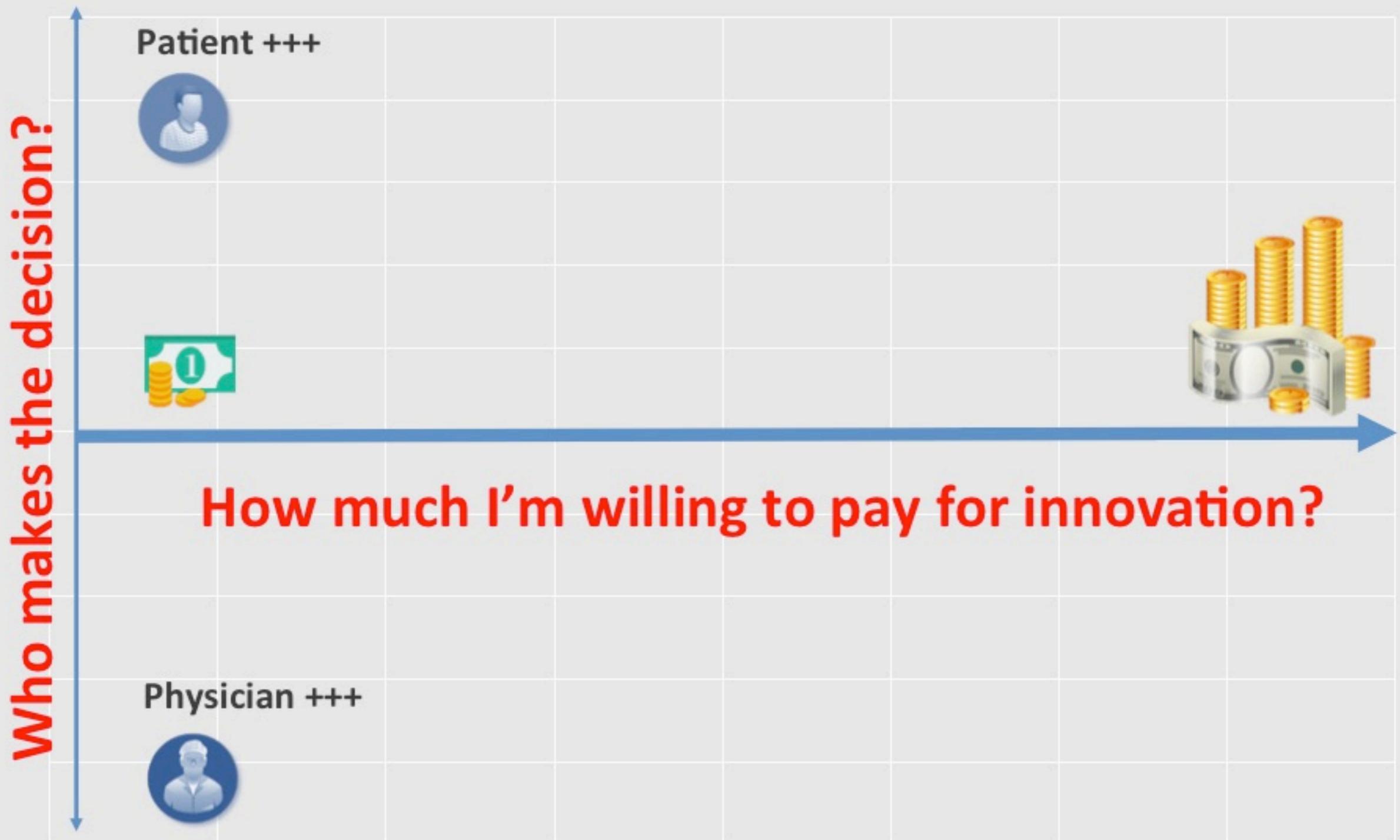


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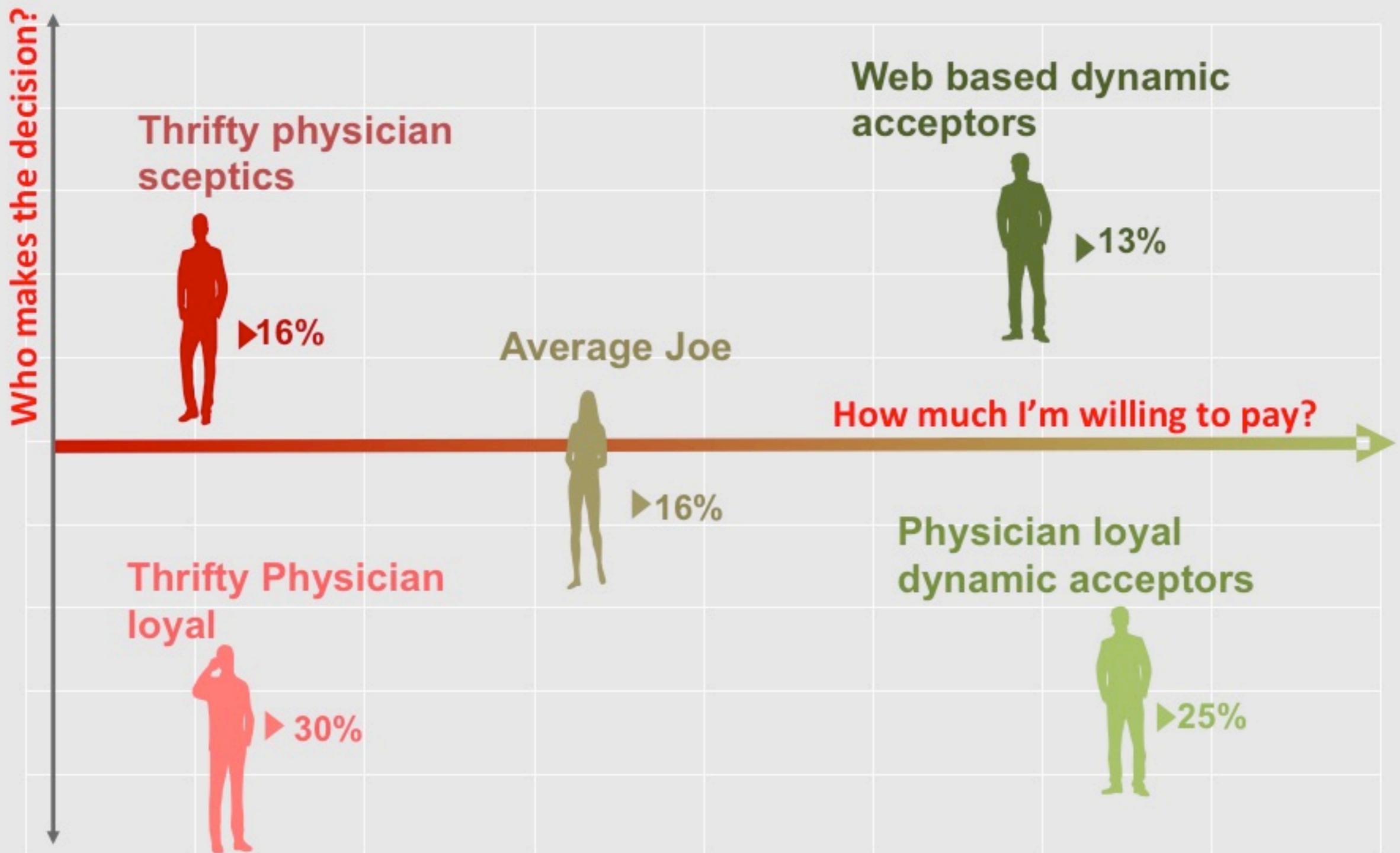


Our Global Healthcare Study Segmentation

Explaining the segmentation



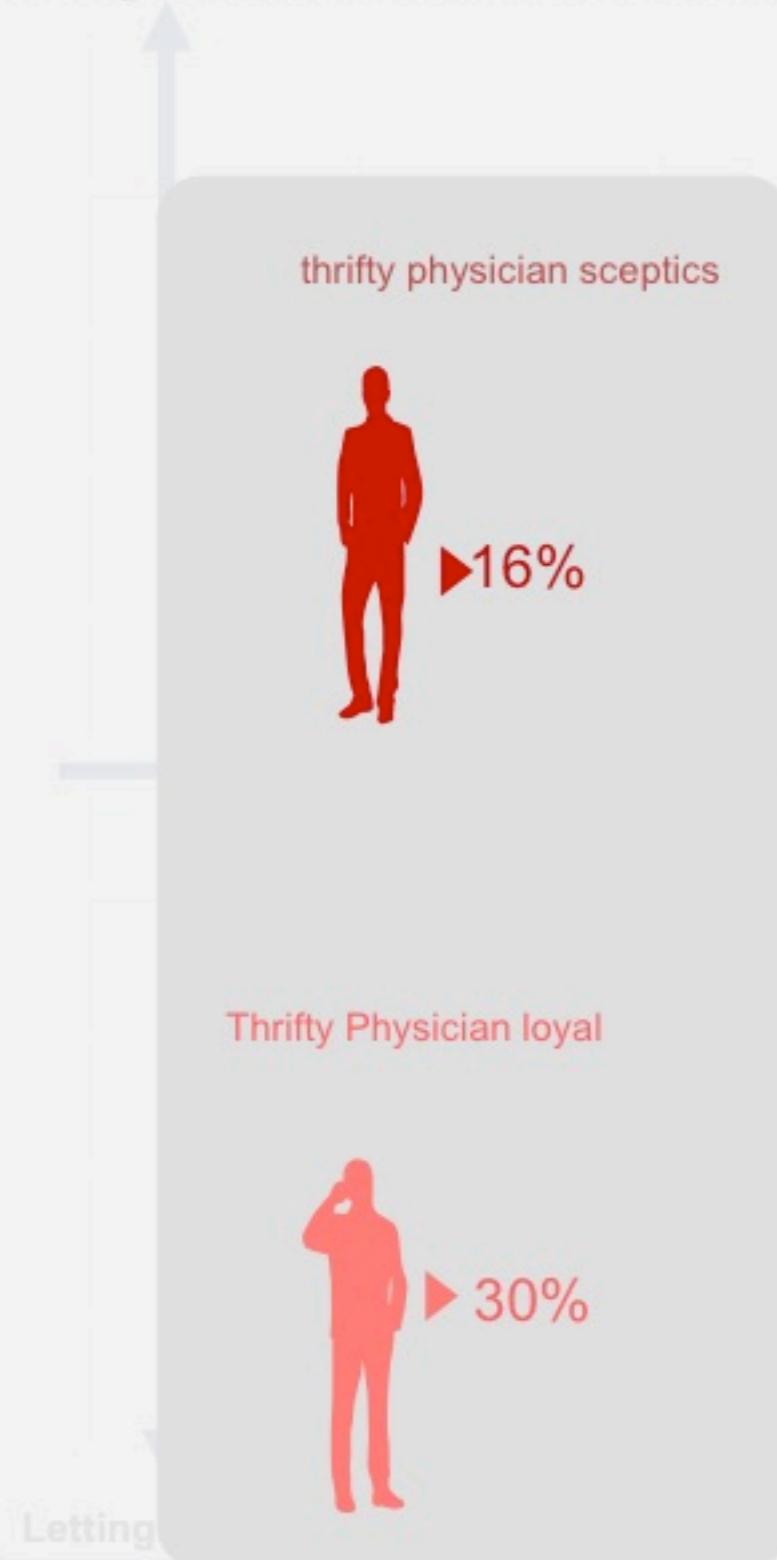
The Segments





How consumer willingness to pay will drive innovation in healthcare

Taking decision on healthcare based on information other than the physician



Web based dynamic acceptors



►13%

46% consumers worldwide

Not ready to pay
out of pocket for
innovation
and comfort in
healthcare

loyal dynamic acceptors



►25%

Willingness to pay for healthcare

Taking decision on healthcare based on information other than the physician

thrifty physician sceptics



►16%

38% consumers worldwide

Ready to pay out of pocket for innovation and comfort in healthcare

Thrifty Physician loyal



►30%

Letting the physician to decide for them

Web based dynamic acceptors



►13%

Physician loyal dynamic acceptors



►25%

Willingness to pay for healthcare

Taking decision on healthcare based on information other than the physician

38%
consumers
worldwide

Ready to pay
out of pocket
for innovation
and comfort
in healthcare

But different
ways of
communication:

1/3 sources of
information web
family etc...
2/3 very
confident in
physicians

Web based dynamic acceptors



►13%

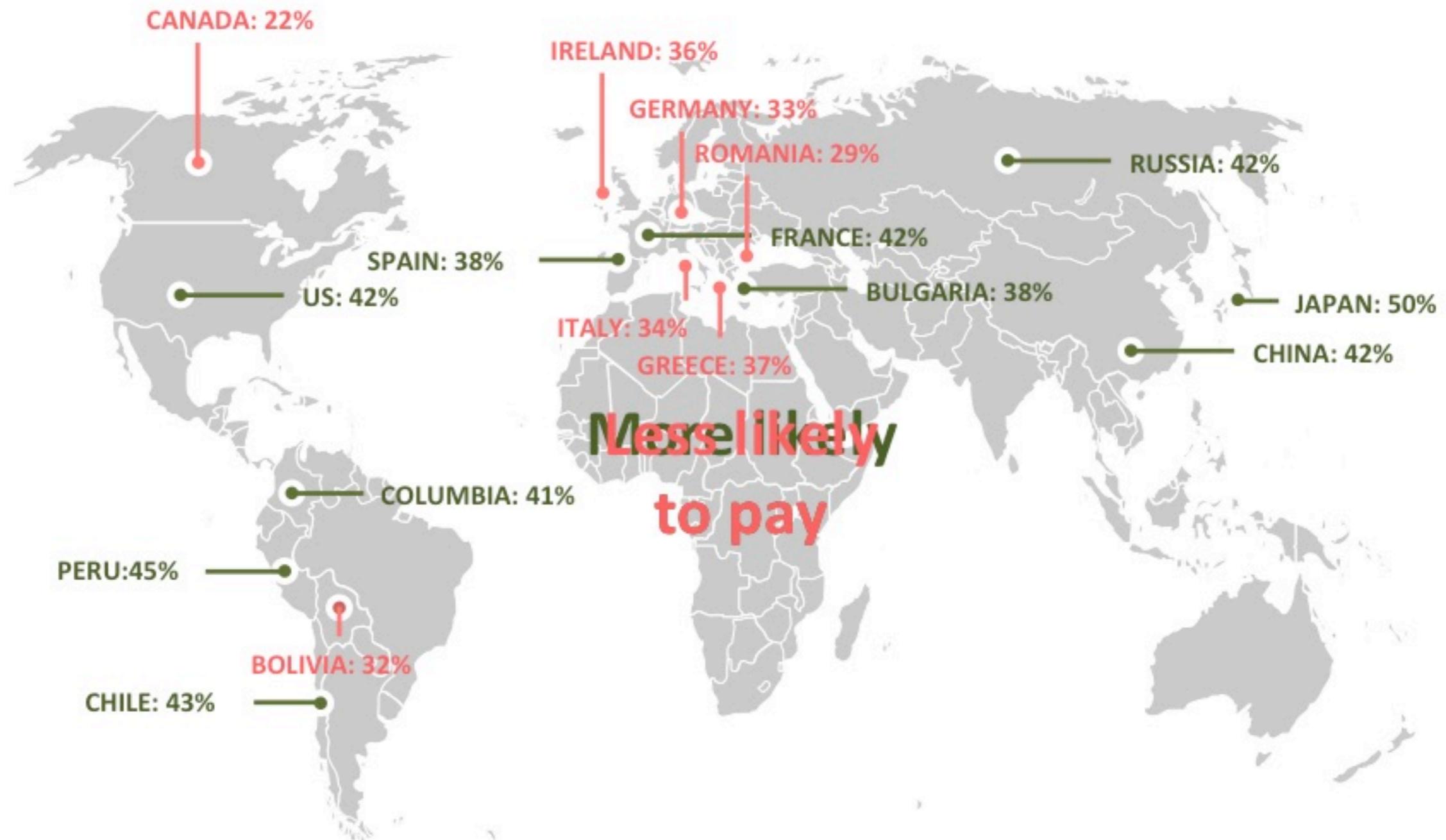
Physician loyal dynamic acceptors



►25%

Letting the physician to decide for them

Global Profile: Willingness to pay

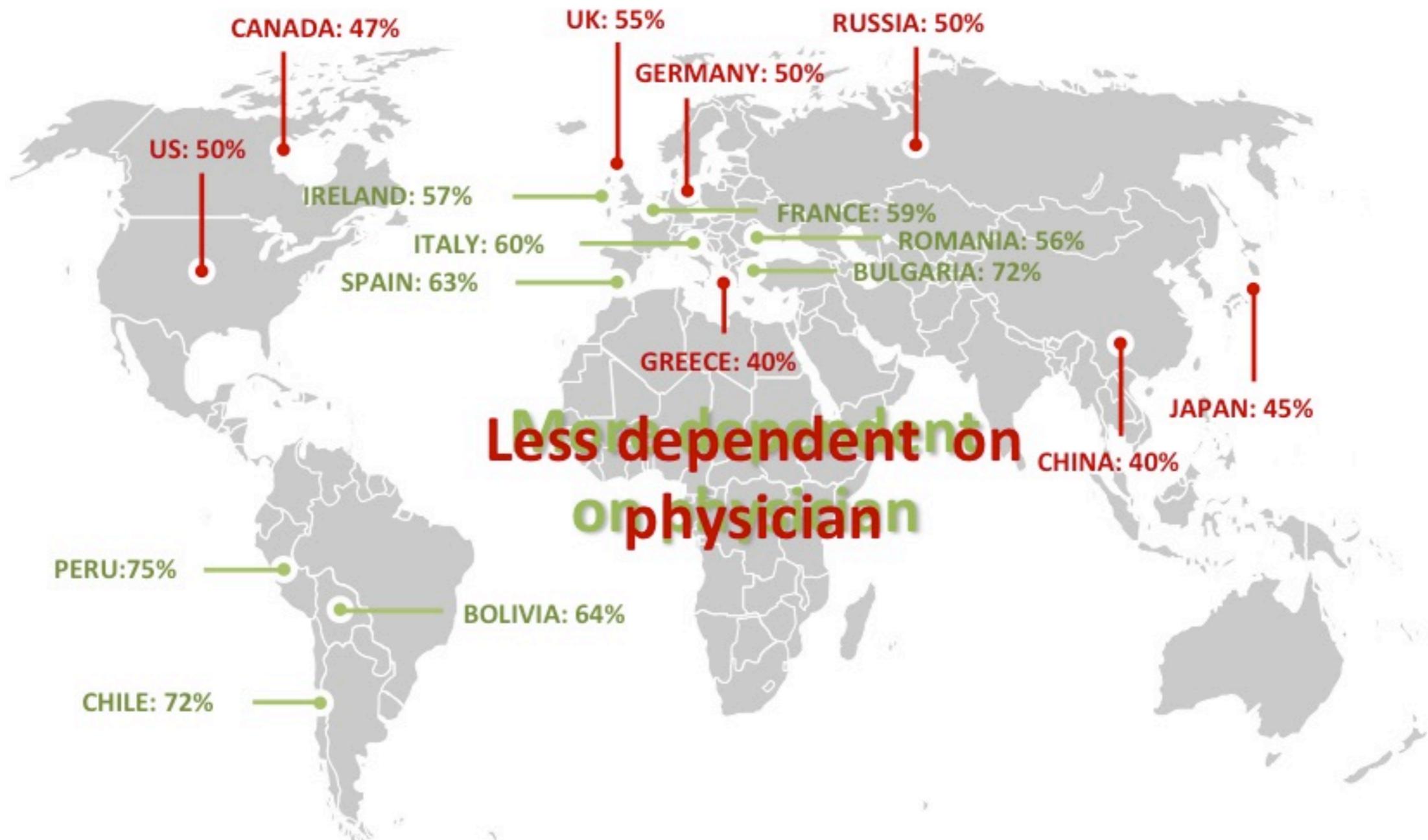


Used Indicator: Web based dynamic acceptors + Physician loyal dynamic acceptors

MORE LIKELY TO PAY

LESS LIKELY TO PAY

Global Profile: Comms Channels



Used Indicator: Physician loyal dynamic acceptors + Thrifty Physician loyal

MORE DEPENDENT ON PHYSICIAN

LESS DEPENDENT ON PHYSICIAN

Perception is Reality



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futurethinking

Anticipate the conscious and unconscious

A stylized graphic at the bottom left of the slide features a series of overlapping, wavy bands in a gradient from red to blue. Overlaid on this graphic is the text "Frankfurt 2016".

Frankfurt 2016

EphMRA
www.ephmra.org



Dr Laurent Goldstein
President at QALYO



The logo for QALYO features the word "QALYO" in a bold, sans-serif font. The letter "Q" is unique, composed of a yellow semi-circle on top and a teal semi-circle below, which together form a complete circle. The letters "A", "L", "Y", and "O" are in a solid teal color.



SANTE DIGITALE FNIM

Vers de nouvelles interactions



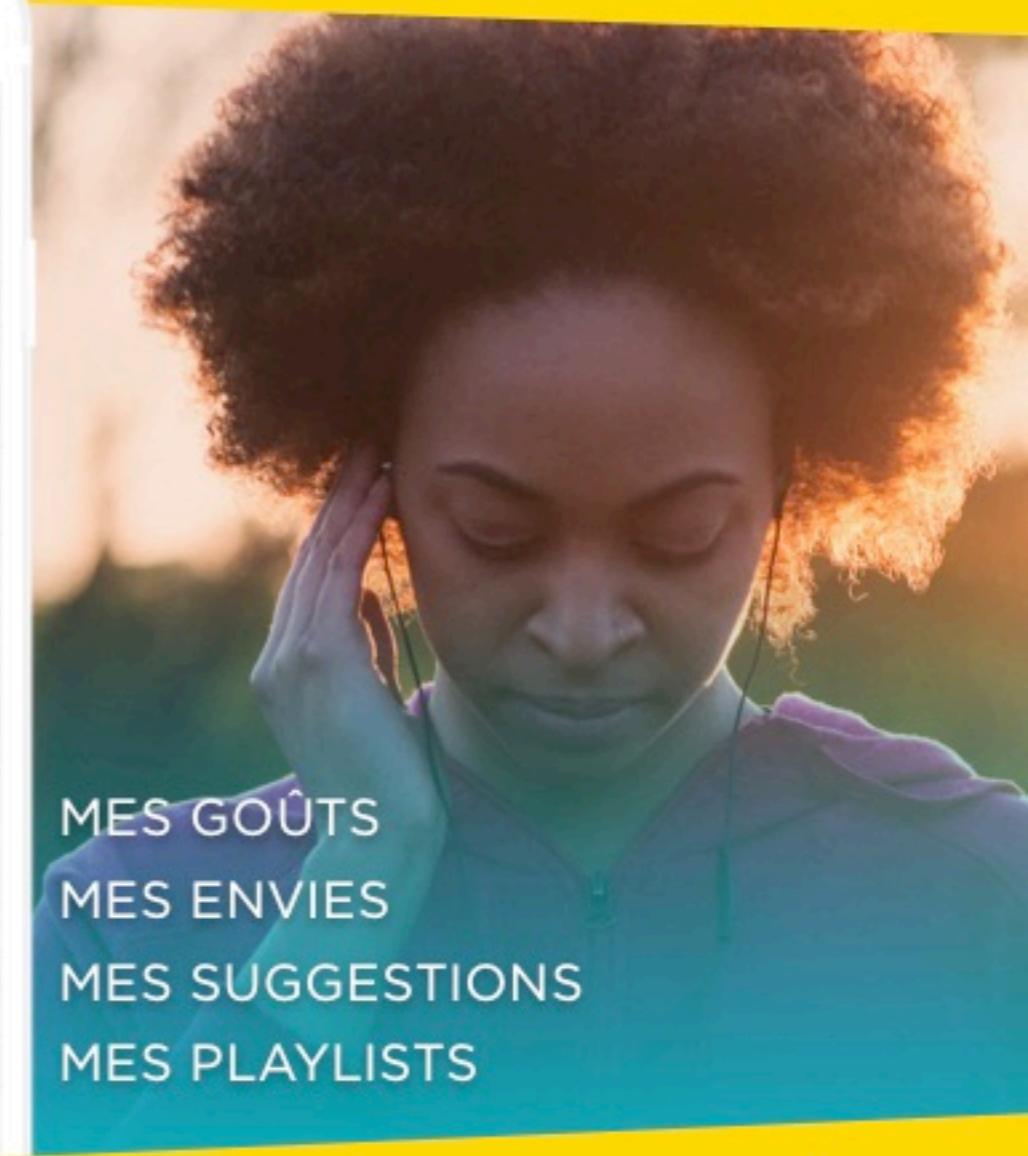
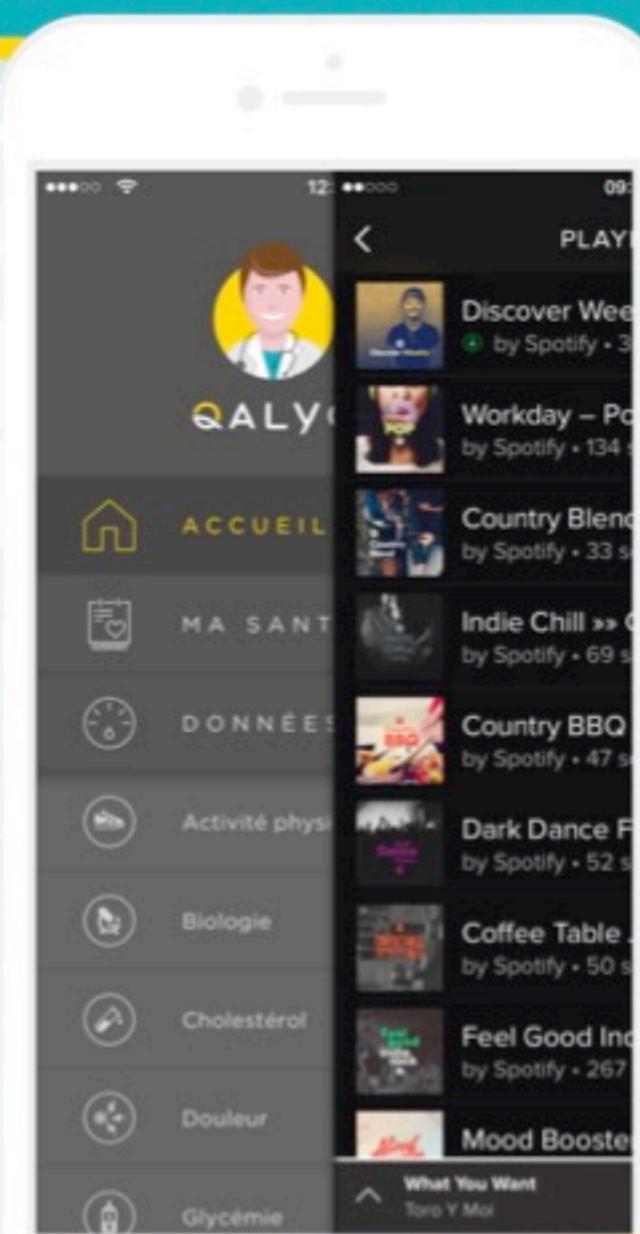
QALYO
POUR UNE VIE EN **BONNE SANTÉ**



Paris
22 mars 2017



QALYO EST À LA SANTÉ CE QUE SPOTIFY EST À LA MUSIQUE !





OUTIL DE SUIVI SIMPLE ET INTUITIF

MOYEN RAPIDE ET FACILE POUR SUIVRE SA SANTÉ

The screenshots illustrate the QALYO app's features:

- Accueil (Home):** Shows a summary of steps taken (8,941), weight (Poids), temperature (Température), and pain (Douleur).
- NOMBRE DE PAS (Step Count):** Displays the total number of steps taken today (8,941) and the goal (12,000 steps). It also shows a graph of steps taken over the last 10 minutes.
- Antécédents chez mère (Family History):** Allows users to declare family medical history. Examples shown include heart attack, stroke, kidney artery stenosis, and diabetes.
- Mon Cholestérol (My Cholesterol):** Shows current cholesterol levels and allows users to add new declarations. Levels shown: LDL-c 1,50 g/l, HDL-c 0,50 g/l, Cholesterol total 2,10 g/l, Triglycérides 1,00 g/l.
- Cholestérol (Cholesterol):** A detailed view of cholesterol levels, including a graph showing trends over time, a callout for a medical appointment with medecindirect, and a "Conseil" section.
- LDL-c (LDL Cholesterol):** A specific view for LDL cholesterol, highlighting that it is too high (2,1 g/l), providing a range (12h à 14h), and a button to call a doctor.



SERVICES ECHELONNES SELON LES BESOINS

1

Prévention et
bien-être



Pour accompagner
les individus dans
le maintien d'une
bonne santé

2

Bilans
médicaux



Pour réaliser des
bilans médicaux
auprès de
populations ciblées

3

Suivi des
maladies



Pour accompagner les
malades souffrant de
maladies chroniques ou
ayant un traitement
spécifique

4

Suivi et
télésurveillance



Pour fluidifier l'amont
de l'hospitalisation et
sécuriser la sortie



Merci



Bonne journée à tous
www.lafnim.com

*Presse & Edition, Agences de communication, Etudes de marché,
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Visite médicale, RP et Evènementiel, Design de marque et Packaging,
Objets publicitaires, Conseil et Achat média, Marketing relationnel,
Marketing opérationnel, Digital, internet et multimédia...*

*La **FNIM**, mieux nous connaître pour valoriser nos métiers
et agir auprès des acteurs industriels et institutionnels
du monde de la Santé.*