

1. Kaiser Permanente was created in 1945.
2. GDPR, arts. 9(2)(h) and 9(3).
3. <https://rockhealth.com/what-digital-healths-middle-innings-require-lessons-from-rock-health-summit-2017/>
4. <http://www.lifescienceslegalinsights.com/2017/10/five-takeaways-from-fenwicks-sixth-annual-digital-health-investor-summit.html>
5. https://www.cbinsights.com/reports/CB-Insights_Healthcare-Horizons.pdf?utm_campaign=Report%20-%20Content%20Emails&utm_medium=email&_hsenc=p2ANqtz-9qA9rqHd0hOHmvPDj5b0y9gCn3WS-TQ8QnxR66wihFSJdO-GMoxWqllSp0WPbOOBxz14ePUjdvB5hLvFQoOWGbWyf8Q&_hsmi=56

IT players continue to be active acquirers, pharmaceutical companies, payers and tech titans are entering the space and are expected to become more active in the next year.

Emerging technologies

In its recent report, CB Insights identified the application of artificial intelligence to early stage drug development as a trend to watch⁵. It notes that AI has the potential to significantly shorten the drug development cycle. And although AI won't replace your doctor, it will play an important role in clinical decision making.

Beyond the fitness applications, wearables are evolving into important therapeutic tools. As CB Insights notes, wearable patches can provide continuous biometric monitoring that provides a more accurate picture of a patient's condition than the episodic monitoring we rely on today. Drug delivery patches can replace pills or needles making compliance with a therapeutic regime less burdensome and reducing the risk of patient error or mismanagement.

Finally, CB Insights identifies the application of blockchain to healthcare data management as a trend to watch. Healthcare data management is plagued by legacy systems that can't communicate with each other and are increasingly subject to data breaches. Blockchain has the potential to improve everything from pharmaceutical supply chain security to the processing of medical insurance claims to enabling the elusive goal of medical record interoperability.

NEWS ANALYSIS

DoH expands CQC healthcare quality rating powers

The UK Department of Health confirmed on 3 January 2018 that it will grant powers to England's health and social care regulator the Care Quality Commission ('CQC') to rate the quality of all independent community health services and independent doctors, including online healthcare services offering prescriptions and medical advice from GPs.

The news follows a consultation on the matter, published in September 2017 alongside the announcement that the CQC's powers would expand to include the ability to rate independent healthcare providers, for example cosmetic surgery clinics. The latest expansion establishes the rating system as the default manner in which the CQC will present its judgments from its inspections going forward.

According to Warren Taylor, Partner at CMS Cameron McKenna Nabarro Olswang LLP, the awarding of such powers to the CQC seems to be a result of "Among other things, the growth in the number of businesses/practices providing this service and of the people using them; the need to ensure consistency across all services of a similar nature whether provided face to face or online; and the fact that people are requiring greater transparency so they can genuinely make an informed choice. These services are inspected so why not rate them in the same way as other services are rated?" "In a sense, the announcement simply corrects an imbalance between NHS and private providers," said Raj Gathani, Associate at Covington & Burling. "The announcement comes after a year in which online doctor services have come under media and regulatory scrutiny. It may be that the CQC's investigation of providers in this sector has confirmed that online GPs should come under the scope of rating."

The CQC at present publishes reports following its inspections of online services offering prescriptions and medical advice from GPs. The change aims to bring transparency for the public and introduce further clarity as to the results of the CQC's inspection of each service. As is current for CQC ratings following its inspections, for example of NHS services, the rating system will involve a judgment that a service is 'outstanding,' 'good,' 'requires improvement,' or is 'inadequate.' "As last year's controversies perhaps demonstrate, there are risks that consumers cannot easily distinguish between online providers who meet appropriate professional and regulatory standards and those who do not. Particularly so, because patients might have been accustomed to a rating system for their NHS GP practices," said Gathani. "Furthermore, the traditional ways that consumers might assess websites before using them e.g., user reviews and feedback would be unlikely to give any insight into the provider's regulatory compliance."

"The general public can look to a positive CQC rating as an indicator of quality that can help legitimise a potentially less well known provider in a market filled with new and exciting business models and established names," said Joel Nixon, Solicitor at Browne Jacobson. "With convenience, both in terms of time and economics, driving the online market at both a patient and provider level, it remains to be seen whether CQC ratings will drive an uptake of online services - I think personal recommendations or ratings may have more of an impact."