

The need(s) of private care companies (SME) – what are their expectations on AAL?

Mike Dorst  
directeur zorginfrastructuur



Working with a private company  
Opportunity or thread?

# Why cooperate with a private company (SME)

- Focus public care companies;
  - Care company's focus on their primary process
  - Supply-driven
  - Difficulty of Changing themselves and their processes
  - Changing demography comes with a shrinking budget and savings will not be done in the primary process
  - In need for prove before making a decision
  - Not a good listener / paternalistic

# Why cooperate with a private company (SME)

- Focus private companies;
  - focus on client wish “what is needed”
  - Demand-driven and a 180° different viewing angle (the client wish)
  - Focus result (profit)
  - Delivering prove
  - Empathic to the client / end user

# The answer to the question!

- Cooperate with the SME because;
  - Changing demography comes with a shrinking budget, this will not be done in the primary process
    - Care companies “skip” or diminish the budget for innovation > market for the SME (still in need for innovation)
  - Focus on the client wish & result (profit)
    - > drive for a successful product vs costs in the care company
    - > client focus is not in the genes of care company's (process focus paternalism)
  - Demand-driven and a 180° different viewing angle
    - > how can I help or surprise my client
    - > how do I make them using or buying my product
    - > actually listen and sparring vs I know what you need
  - Looking for result (profit)
    - > no result, no market, no business
  - Delivering prove
    - > Fulfilling needs or fail
    - > piloting in a safe haven, delivering prove before starting “in” the care organisation
  - Empathic to the client / end user
    - > You simply need to listen to the client or you'll produce something nobody wants.
    - > Empathy for a client is different from (paternalism)

# “Top down” or “Bottom up”

- Definition of “demand driven”
  - **aimed at satisfying the demand for a particular product or service, the economic market or within an organization or company**
- Translated to healthcare;
  - **Care is arranged so that the wishes of patients/clients determine the care that is actually provided. The patient / client determine the demand itself and also have the means to do so.**

# So “bottom up’ it is?

- True, however:
  - The demand should first be recognised by the care organisation
  - The choice “to do so” has to be made top-down
  - The approach towards the solution should be a “demand driven co-production”
  - An isolated (SME) project structure should secure the goals
    - Let the SME run the project because there's more speed, better focus and less thresholds
  - The “end user” and “local stakeholder” should be connected / bound to the project by “guaranteed” sustainable enlargement after the project end!

# The difference between “Young” and “Old”

- Technology in general
  - Young > Second nature, the grew up with .....
  - Old > looked at with distrust, most of it is new, flexibility is far gone
- Technical problems
  - Young > will be bypassed and taken for granted
  - Old > a reason for exit
- Usability
  - Young > High threshold, no problem
  - Old > drop out because.....
- Demand driven
  - Young > sometimes they just play around
  - Old > figure out what’s needed, added value to daily life and Empowerment



# The difference between “Young” and “Old”

- Concerning technique
  - It should work for 99% **before** starting the pilot
  - Thinking that the problems will be solved during the pilot is ignorant and stupid
  - The slightest technical problem will cause immediate dropout
- Concerning usability
  - The user interface should be
    - Meeting the expectations and more
    - Clear (single) overview ( use of contrast)
    - Suitable for the demand
    - Childly simple
  - Use the coffee making principle



# Scale for a successful pilot regions

- What would be a sufficient size of a test/pilot region
  - Large enough to have a comparison
  - Small enough to give attention to all the user
  - As large as you can guarantee 100% focus on your participants

# The needs of private care companies – what are their expectations on AAL?

- Expectations
  - A demand for the end product
  - Cooperation with care companies and professional
  - (co)funding
  - Development based on research (sometimes) to convince the care company
  - 100% commitment of the stakeholders
    - End users (drag them in, give them attention, they know.....)
    - Care company
    - Professionals
    - Funders

Thank you!