

# Making Medicines Digital

Box, LSE, 5 November 2015

## Workshop Programme

Hashtag #D3LSE

<http://digital-drugs.org>

10.00: Registration.

10.10 Welcome: Structure and themes for the day, Tony Cornford

10.30 Session 1

**Johanna Westbrook:** Connected Care; creating patient-oriented digitally supported health services

**Rapporteur/Cartographer:** Valentina Lichtner

11.15 Coffee Break and Video Booth

11.35 Session 2

**Theme:** Digital Drugs as plans, policies and practices

**Speakers:** Yogini Jani (UCLH); Ann Slee (NHS England); Christian Nøhr (Aalborg U.)

**Rapporteur/Cartographer:** Ralph Hibberd

12.20 Session 3

**Jane Dickson** 'I am not a diabetic' (video) followed by discussion

12.45 Lunch and Video Booth

14.00 Session 4

**Theme:** Patient Medicines

**Speakers:** Sara Garfield (ICHCT), Mary Darking (U. Brighton), Ben Marent (U. Brighton),

**Rapporteur/Cartographer:** Ela Klecun and Jane Dickson

14.45 Session 5

**Theme:** Datafied Medicines (precision, supply chains, infrastructure)

**Speakers:** Ralph Hibberd (LSE); Valentina Lichtner (U.Leeds), Judie Finesilver (Department of Health)

**Rapporteur/Cartographer:** Tony Cornford

15.30 Tea and Video Booth

15.50 Session 6

**Theme:** Mapping and Thematic Discussion

**Speakers:** Everybody!

16.30 The End

## **Location:**

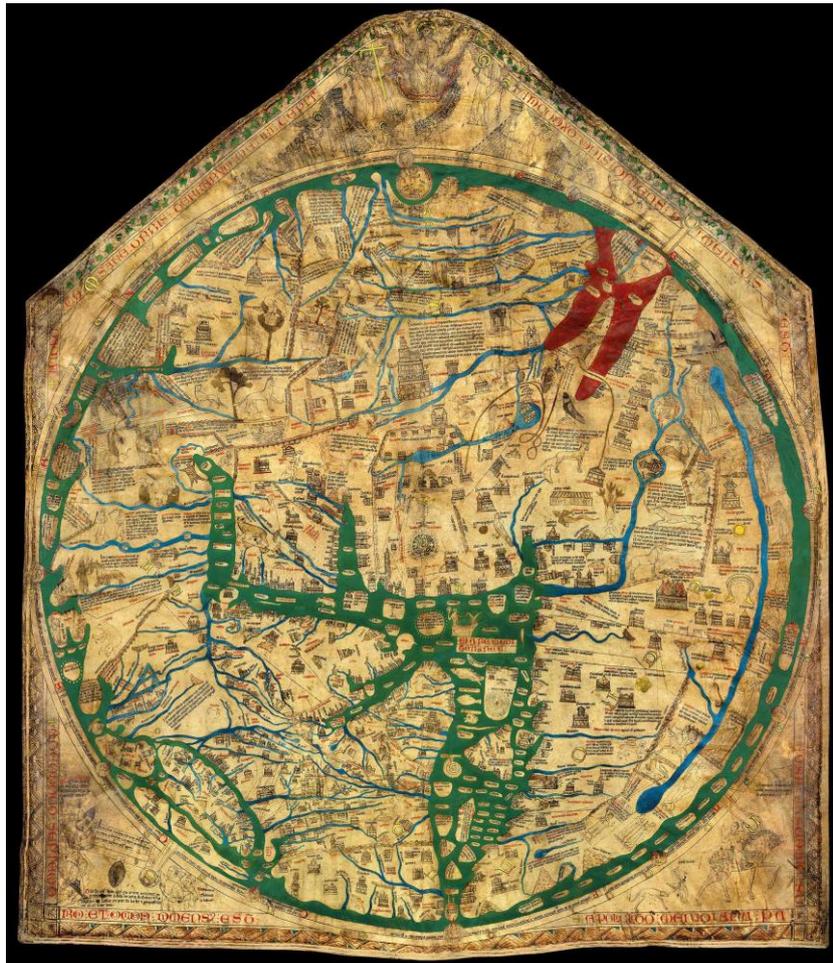
The LSE's Box conference facility, 5<sup>th</sup> floor in Tower Three as shown [on the LSE map](#) (bottom right). Given the LSE demolition and building works Box is best approached from the Strand via Clement's Inn, the small lane going north just opposite the front of St Clements Danes church and leading up the west side of the Royal Courts of Justice. See <http://www.lse.ac.uk/IDEAS/pdf/theBox.pdf>

## **Objectives for the day:**

The objective is to take discussion - of practice, policy, theory, even history - beyond the well-established 'silos' of the computerization of medicines and of specific medicines related practices. In the spirit of the overall D3 project we want to 'follow the drug' as it moves from factory gate through organizations and institutions and on to patients, in networks, databases and mobile apps, and as datapoints with agency.

From the day's discussions we will start to draw a *mappa mundi* of this new world – the theme of the last session of the day and the particular role of the rapporteur/cartographer for each session.

We also have a 'Video Booth' where we ask (consented) participants to tell us how they see or experience the new world of digital drugs (see below for more details).



## **Themes for the Day:**

The call for this workshop suggested an extensive and over-elaborated agenda:

- \* Analogue versus digital drugs – matters of materiality and assemblage
- \* Drugs as infrastructures and connectors
- \* Aligning networks of supply, use and research
- \* Personalization and precision
- \* Ideas of value – safety, effectiveness, cost
- \* Organizational strategies for making medicines digital
- \* Digital technologies and disruption

Now we can be more concrete according to the thematic structure of the programme.

We have all lived long enough to see significant differences in the world that derive from digital technologies and the Internet. And this creation of difference (the changing we experience) shows little sign of reducing or stabilizing. One central part of this is the digital becoming of things (artefacts), often described using the term *digitalization*. Yoo (2012)<sup>1</sup> offers a candidate definition:

“Simply put, digitalization refers to the encoding of analog information into a digital format and the possible subsequent reconfigurations of the socio-technical context of production and consumption of [...] product and services. Digitization can happen at any of the three broad types of artifacts, physical objects, routines, representations.”

We are interested in this ‘encoding’ and the ‘subsequent reconfigurations’ in the realm of drugs and medicines - e.g. as physical objects (pills, boxes, barcodes), as routines (practices of dispensing or administration) and as representations (licenses, protocols, formularies).

The overall aim is to understand within reconfigurations where value may emerge, how, why and for whom.

As specific **themes for the day** we suggest the following four linked ideas:

**Following the drug.** Re-centring our interest on the ‘thing’ as material object and as digital traces (representations), or as combined in some new hybrid digital materiality or assemblage.

**Tracing the becoming.** Describing the journey, the locations, mutations, or the life-cycle, of a drug from factory gate through the health care system and on as active data traces. We focus in particular on the drug (a digital hybrid) arriving in, and passing through, healthcare institutions and being used by patients.

**Analysis by ‘episodes’.** Identifying the times and places where a drug is digitalised (encodings, decodings, digital agency), and where agency fractures or migrates.

**Drawing a map:** Representing the journey and its episodes to connect up what might otherwise be left fragmented or isolated.

Above all this, we hope to have a productive, stimulating and enjoyable day.

**The D3 Project – Tony, Ela, Jane, Ralph, Valentina, Will, Carsten**

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<sup>1</sup> Yoo, Y.: Digital Materiality and the Emergence of an Evolutionary Science of the Artificial. In: Leonardi, P., Nardi, B., Kallinikos, J. (eds.) Materiality and Organizing: Social Interaction in a Technological World, pp. 134-154. Oxford University Press, Oxford (2012)  
<http://www.oxfordscholarship.com/view/10.1093/acprof:oso/9780199664054.001.0001/acprof-9780199664054-chapter-7>

# Themes for the Video Booth Interview:

The introduction to the workshop themes given above addresses a difficult set of topics. The way they are described probably makes them even more difficult and inaccessible. Certainly this is no way to prime any kind of meaningful two minute video interview! So let's recast it as something simpler...an interview script:

## Interviewer:

Q.1 What is your name and your particular **interest in digital drugs** as researcher or practitioner ?

Q2. In the *{area/areas}* you are interested in **what happens** as or when *{things | activities | work processes | decision making | products and services}* become underpinned by or entangled with digital technologies and data resources?

Q2-a *Follow up question* – **Where** does this occur and on **what scale**?

Q2-b *Follow up question* – How would you describe the overall **consequence**? Can you **give it a name** e.g. control, precision, efficiency, coordination, choice.....

Q3. What are the most **important or potentially helpful** research questions that you see emerging as we use more digitalised drugs and medicines in health care?

Q3-b *Follow up question* – How would finding some answers to these question be useful or **make a contribution**?