

# Patient – Thomas “Tom” Movell

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“I’ve suffered some setbacks but it’s still important for me to have control over my healthcare and to feel connected to others.”

## Bio

After serving in the army in the Korean War, Tom finished university and graduate school while working for a defense/aerospace contractor. He is a man used to technology, evaluating information, and being seen as a leader on the job, in his community and church, and at home. He recently turned 86 and has been living his retirement in great health, engaging in many physical activities including mowing the lawn and driving. Six months ago he had a stroke and subsequent fall, which limited his ability to get around and to communicate as effectively as he likes. His impaired vision prevents him from using the Internet, email, or his phone for texting as he used to. He needs help getting to the bathroom, has a harder time with fine motor skills, and gets tired easily. He is still wholly in possession of his intellectual abilities.

Tom’s daughter lives with him in his small Southern town, and he feels anxiety about the level of help she now provides him. He does not want to believe this is the “new normal” and has faith he’ll regain his strength and way of life.

**Education:** BS, Engineering; MBA

**Years of experience:** 50+

**Work location:** Retired. Veteran.

Former aerospace engineer, consultant

## Health Conditions

- Excellent health until recently
- Suffered a stroke last year, which has impaired his communication, mobility, and vision, and has limited his time online and reading
- A fall after his stroke stopped him from driving and visiting friends
- Some hearing loss; uses hearing aids daily

## Healthcare influences

- Tom has regularly visited his nearby VA for years for physicals. He is an affable, articulate man who respects his doctors and takes their advice seriously
- Tom has always been physically active and does not engage in risky behaviors, but likes an occasional glass of wine

## Goals

- Wants the ability to ask his pharmacist medication-related questions, but rarely leaves home since his stroke
- To keep the good relationship and dialogue he has with healthcare providers despite his new limitations
- To video chat with his doctors. He thrives on face to face interaction



## Software attitude & use

- Tom has always been a technology adopter. He uses a laptop at home to communicate with friends, family, and to manage his healthcare
- Tom still wants to use email and access the Internet, but knows he can’t as he did before his illness
- He’d like healthcare providers to provide the option for larger text online. He’s a strong reader but would like more audio information from providers

## Opportunities to connect

Create online tools that make it easier to transfer user power to trusted caregivers

Create options on mobile apps and online applications that allow for visual impairment and provide voice recognition

Create applications that focus on social inclusion of the elderly or homebound

## Wants/Needs

**Control.** Tom wants a telehealth/video chat service so he and his daughter can consult with the pharmacist together. His daughter can do this on her own but he wants to keep autonomy and control as much as possible.

**Convenience.** A way to smartly schedule multiple appointments in one day, decreasing the need for Tom’s daughter to miss much work

**Connection.** Tom needs community connectedness even with impaired mobility

**Support.** Aid accessing information and managing the demands of evolving health conditions is needed

## Support Network

Tom lives with his wife of over fifty years and with his eldest daughter. His wife has dementia and is not able to participate directly in his care. His daughter owns a business and while she feels like it is her “job” to care for her father, she has had to hire visiting nurses to help with his care

VA doctors, local physicians and pharmacists, church groups, veterans groups. Before his health turned, he was highly engaged in his community

Tom returned home after his stroke instead of going to a rehab facility and is visited by nurses and therapists regularly