

Dr. Cell Phone Will See You Now

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The U.S. health care system is undergoing a radical transformation, and I'm not talking about ObamaCare.

This transformation will affect our health, our lives and our pocketbooks-and all for the better.

It will affect how doctors practice medicine, how patients manage their own care, how we pay for care, how much we pay for care, and when and how we get care.

It's a patient-centered revolution that will fundamentally reform our health care system, and the government has little or nothing to do with it. I'm not even sure the government knows it's happening.

And besides all of that, it's way cool!

I'm talking about the innovative and even radical new ways mobile devices, such as cell phones and iPads, are being integrated into the practice of medicine—both by providers and by patients. It's often referred to as "mobile health" or "mhealth."

I recently chaired a panel on mobile health at the Institute for Policy Innovation's Communications Summit in Washington, DC. My panel consisted of Dr. Christopher Wasden, Managing Director, Strategy and Innovation at PricewaterhouseCoopers, and Dr. Anand K. Iyer, President and Chief Operating Officer at Baltimore-based WellDoc.

Wasden, who recently led a PWC study entitled "Healthcare Unwired," pointed out that doctors are often criticized for being very slow to adapt to some of the newest technological advances such as electronic medical records; but, he said, they are leading the shift to using mobile devices for their practices, provided these solutions fit into their clinical workflow with relative ease and without too much up-front capital.

For example, a recent Chicago Sun-Times article by Monifa Thomas begins, "Emergency room doctors are using iPads to order lab tests and medication. Plastic surgeons are using them to show patients what they might look like after surgery. And medical residents are using them as a quick reference to look up drug interactions and medical conditions."

The point is most doctors are not anti-technology. In fact, many use some of the most sophisticated technology in the world in their medical practices. But they can be very resistant to administrators and government bureaucrats trying to force them to use some new technology that "the experts" have determined will make health care more efficient.

Even more intriguing is some of the software and applications that are emerging for mobile devices. That's where my other panelist, Dr. lyer, comes in.

lyer's company, WellDoc, was started by an endocrinologist who was struggling to figure out how to keep her diabetic patients in compliance with their medical regimens. What the doctor noticed was that virtually all of her patients, even very low-income patients, had a cell phone. Consequently, there was a way to connect with the patient on a regular, real-time basis—if the relevant clinical, evidence-based software and tools were available.

So WellDoc created its DiabetesManager platform to connect with diabetics via any type of cell phone both smart and "dumb" phones—and give them both the information and support they need to manage their disease. Now the company, which was recently granted a 510(k) clearance by the FDA to market its system, is expanding to other chronic diseases.

One of the central themes of the health care reform debate was how to better manage chronic diseases because that's where most of the money goes. Ironically, it's private sector companies like WellDoc, not government planners, that are innovating new ways to improve the quality of care and outcomes while lowering costs.

The innovation possibilities with mobile health has led to a groundswell of conferences, webinars and Internet sources—e.g., Mobihealth News, Fierce Mobile Healthcare, mHealth Update, and Mobile Health Watch, just to name a few—to educate health professionals and the public about recent developments and new possibilities.

There's also been an explosion of health-related apps. Take the new app that turns an iPhone into a stethoscope. And now diabetics can test their blood with a Bluetooth-enabled device that sends the information straight to diabetic's smart phone, which can then be transferred to the doctor.

I even heard recently of a person who cut his leg and sent a picture, via a smart phone, to a clinic so that the doctor could determine if the cut was bad enough to warrant a clinic visit for evaluation and stitches.

Companies and health care providers are just getting started, both here and abroad. Indeed, low-income countries that lack the medical access we have in the U.S. are devising mobile health options even faster than we are. In parts of Africa, for example, a person purchasing a prescription drug can text a number on the package and get a response confirming the drug's authenticity. Necessity breeds innovation.

Who knows what innovative minds will develop when given the freedom and the right economic incentives to do so. So tell me: Can you think of some health-related areas where a cell phone or an iPad, properly used, could solve a health care need?