



SXSW: Four landmines mHealth needs to clear

By Brian Dolan
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This week during a panel focused on mobile health apps at the South By South West (SXSW) event in Austin, Texas, the four panelists offered up a handful of “landmines” that are currently embedded in the way developers and service providers are approaching mobile health.

The session was titled: Health — Is there really an app for that? and it was moderated by Edelman’s Gigi Peterkin and included panelists John DeSouza, President and CEO of MedHelp; BJ Fogg head of the Stanford Persuasive Technology Lab; Margie Morris, clinical psychologist and senior researcher at Intel Labs; and health economist Jane Sarasohn-Kahn of Health 2.0 Advisors.

Sloppy behavior change strategies

“The one landmine that I have seen a lot is sloppy thinking around behavior change,” Fogg said. “There are lots of different types of behavior change — I think there are fifteen — and it’s very different to get people to do something one time like a health risk assessment vs. stopping something like quitting smoking vs. creating a daily habit. So, we need clearer thinking around behavior change.”

The only discussion that I’ve seen around mobile health and behavior change strategies has taken place at Fogg’s event Mobile Health at Stanford or at the events where Fogg has spoken: Connected Health Symposium, the upcoming health design conference in Boston and thanks to this panel, SXSW. I have never heard anyone argue against the point Fogg made above. Mobile health needs to better understand behavior change. No other device is as personal as the mobile phone — it’s encouraging the Fogg’s focus these days is on how to use mobiles for healthy behavior change.

Ignoring the data silo problem

“Health apps today focus on the individual,” Sarasohn-Kahn said. “They are essentially data silos. And if you work in US healthcare you know that we have plenty of data silos around that don’t talk to each other. The real value of these types of apps will be when these apps can connect to other kinds of data in the health ecosystem where we can derive people’s health information 24/7 so what’s in the clinical record can be married to what’s in the observations of daily living.”

Sarasohn-Kahn also makes a strong case. The data liberation movement is one championed by her colleagues at Health 2.0 and a number of health app enthusiasts in the federal government like Aneesh Chopra and Todd Park. WellDoc is one of the few mobile health companies I’ve seen that have made significant headway toward integrating with EHRs, but other consumer health offerings have banded together to share information between each other, too. This landmine is likely one that services will overcome as the industry matures, but it’s important to begin building toward that future interoperability now.

The real market is not “patients”

“If there is one landmine to talk about with eHealth apps is that people focus on patients,” DeSouza said. “When you focus on patients, you are missing the market. The market is consumers... [Don’t] keep on pushing people and don’t say: ‘They have to use it because they are a patient, why aren’t they using it?’”

They'd benefit if they used it.' That's different from a consumer company, which has to persuade a consumer to use [a product] and change their mindset to get more traction. MedHelp partnered with GE Healthymagination to go through... and bring that consumer perspective to health."

DeSouza's argument that semantics and a failure to think of end users as consumers instead of patients wouldn't rank at the top of my list of "landmines" for the industry, but it's also not the first time I've heard of the consumer/patient nuance. The concluding remark from DeSouza indicates he's mostly seeing a failure on developers' parts to put effort into marketing strategies and to find ways to persuade potential users to adopt a new mobile health product.

The assumption that people are logical about health

"I think the biggest landmine with health apps today is the assumption that people set health goals and proceed to follow them in a logical and steadfast manner," Morris said. "All the research that I do indicates that people have a lot of variation in motivation. We need to address the social and emotional factors that affect motivational variation."