

# HIT Trends

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December 2008

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# E-prescribing updates

## Top News

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### **BCBS MA requires e-prescribing by 2011**

- Blue Cross and Blue Shield of Massachusetts will require that all doctors use electronic prescriptions to qualify for their physician incentive programs effective Jan. 1, 2011.
- Some 99% of primary care physicians in the HMO Blue Network and 78% of specialists participate in the insurer's various incentive programs.
- The programs reward physicians with extra payments for meeting quality standards and patient safety goals. In 2009, the Blues plan will help pay certain start-up costs for one year for a yet-to-be-determined number of new e-prescribers.
- [http://www.healthdatamanagement.com/issues/2008\\_59/27347-1.html?CMP=OTC-RSS](http://www.healthdatamanagement.com/issues/2008_59/27347-1.html?CMP=OTC-RSS)

### **ZixCorp and UnitedHealthcare partner for e-prescribing in TX**

- The new program will provide 200 primary care physicians throughout Texas with the necessary training and technology that will enable each office to provide e-prescribing capabilities for their patients.
- The roll-out of this program follows ZixCorp's and UnitedHealthcare's e-prescribing pilot programs in Ohio and in Florida.
- <http://biz.yahoo.com/prnews/081203/law509.html?v=33>

# Intel releases its Health Guide in-home monitoring platform

## Top News

- Intel has rolled out its first in a series of health monitoring devices aimed at tracking chronic and age-related conditions.
- The new technology, which connects patients and physicians, gives the company a foothold in what is considered a new category of personal health systems.
- The Intel Health Guide combines an in-home patient device with an online interface - the Intel Health Care Management Suite - making it possible for clinicians to monitor patients in their homes and manage care remotely.
- Intel received Food and Drug Administration clearance in July for the Intel Health Guide.
- The technology offers interactive tools for personalized care management and includes vital sign collection, patient reminders, surveys, multimedia educational content and feedback and communications tools such as video conferencing and alerts. Clinicians have ongoing access to data to better manage each patient's conditions.
- Pilot studies in the United States are planned with healthcare organizations such as Aetna, Erickson Retirement Communities, the Providence Medical Group in Oregon and SCAN Health Plan.



<http://www.healthcareitnews.com/printStory.cms?id=10391>

# Cleveland clinic pilots HealthVault to track chronic diseases at home

## *Top News*

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- The Cleveland Clinic is piloting the use of a personal health record system with Microsoft's HealthVault, a Web-based personal health platform.
- The short-term pilot, begun November 3, is the first in the country to follow multiple diseases in the clinical delivery setting using multiple at-home devices such as glucometers, heart rate monitors, weight scales and blood pressure monitors, according to Cleveland Clinic officials.
- The pilot will be a physician-driven, invitation-only opportunity offered to a group of Cleveland Clinic PHR users in the areas of diabetes, hypertension and heart failure, clinic officials said. Cleveland Clinic plans to enroll approximately 400 patients and aims to demonstrate that the program will enable patients and physicians to better manage and track chronic diseases from home, using the patient's own computer.
- Patients will be provided HealthVault-enabled digital devices, such as blood pressure monitors and glucometers, and asked to perform regular health monitoring. By connecting the device to their home computers, their health information will be uploaded, with their consent, to a personal HealthVault account controlled by them and then sent to their Cleveland Clinic MyChart account, according to Harris. This data will create an online log and will be available to each patient's physician. Data sent from a patient's HealthVault account to MyChart can't be changed or altered in any way.

<http://www.healthcareitnews.com/story.cms?id=10392#>

# Indiana health data exchange offers 'practical tool' for chronic disease care

## *Top News*

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- The Indiana Health Information Exchange has launched a chronic disease management program called Quality Health First, aimed at helping physicians and patients achieve better health outcomes.
- The program is designed to simplify how physicians and quality managers gather and organize clinical data.
- It provides a multi-payer report containing up-to-date clinical information from multiple, unconnected sources along with claims information to help improve their patients' health and care management.
- Specific features include:
  - Healthcare maintenance (e.g. colonoscopy, mammogram, etc.) alerts;
  - Identification of patients who require chronic disease management (e.g. for diabetes, asthma, high cholesterol); and
  - Physician disease-based management reports (including comparisons with practice averages).
- The goal of the program, according to the HIE, is that patients will experience fewer health complications and physicians will see better adherence to evidence-based medical practices and will have more satisfaction with healthier patients. Employers will have a more productive and healthier workforce while payers will see a reduction in healthcare costs.

<http://www.healthcareitnews.com/story.cms?id=10433#>

# New software extracts medical information from dictated and typed free-text information in medical records

## *Top News*

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- Columbia University Medical Center has announced commercial availability of MedLEE™ a natural language processing software that extracts medical information from dictated and typed free-text information in medical records.
- The patented program will be brought to market through an exclusive global licensing agreement between the university and NLP International Corporation after extensive testing by researchers in government and industry.
- MedLEE™ has been successfully tested by large hospital systems and government agencies, including the New York Presbyterian Hospital, the National Cancer Institute and the U.S. Department of Defense.
- Several pharmaceutical companies and healthcare information system vendors are currently evaluating it.

<http://www.nlpapplications.com/news.html>

# Medicare's Practical Guide to the E-prescribing Incentive Program

## *New Report*

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- Beginning January 1, 2009, CMS will provide an incentive to “successful e-prescribers.”
  - The sooner you participate in the program, the greater your incentive payment.
  - Beginning in 2012, if you're not a “successful e-prescriber,” you will be subject to a differential payment (penalty). You need a “qualified” e-prescribing system to participate. There's help available to choose a system.
  - Become familiar with the codes for the E-prescribing Incentive Program quality measure.
  - Check with your state officials to make sure you are complying with any e-prescribing requirements specific to your state.
  - You can prescribe controlled substances and still report on the e-prescribing quality measure by reporting G-code G8446.

<http://www.cms.hhs.gov/partnerships/downloads/11399.pdf>



# The Value of Personal Health Records (C!TL)

## *New Report*

- C!TL estimates that \$21 billion can be saved if 80 percent of the U.S. population is using PHRs (current use is about 2 percent ).
- The \$21 billion future savings also assumes interoperable PHRs, which are not yet available.
- The benefits include:
  - Sharing medication lists
  - Sharing test results
  - Remote monitoring of Congestive Heart Failure (CHF)
  - Smoking cessation management
  - Appointment scheduling
  - Prescription renewals
  - Pre-appointment questionnaire
  - E-visits
- The benefits that would accrue to payers are 5 times higher than those received by providers
  - CHF monitoring (\$6.3 billion annually across all four scenarios);
  - Sharing of test results (\$3.3-7.9 billion for third-party or interoperable systems only);
  - CSC Healthcare Industry News Summary November 2008 33
  - E-visit savings of \$4.8 billion (but this assumes providers do e-visits with no reimbursement); and
  - For medication renewals and smoking cessation, between \$0.5 and \$1.1 billion each.
- The breakeven point for a provider-tethered PHR is 59,000 patients (about 30 providers); for a payer-tethered PHR 64,000 users; for an interoperable PHR 52,000; and for a third-party PHR 47 million active users would be required for breakeven.
- Some key assumptions have big impacts on the conclusions:
  - Providers will not provide e-visits at no cost. When you add a \$25 reimbursement for each visit, this would transfer to payers a cost of \$5 billion annually – negating their benefit from e-visits of 4.8 million -- and result in \$5 billion more revenue for providers.
  - We won't have universal adoption of EHRs anytime soon, and
  - Getting to 80 percent adoption of PHRs will take even longer.
- The analysis does illustrate:
  - The important role that PHRs can play in providing another vehicle for providing access to clinical information and for helping patients manage their health and wellness.
  - The need for payers, who will receive most of the cost savings from PHRs, to share in the funding.
  - The importance of interoperability to any future healthcare information solution.

[http://www.citl.org/\\_pdf/CITL\\_PHR\\_Report.pdf](http://www.citl.org/_pdf/CITL_PHR_Report.pdf)

# Effect of Electronic Prescribing With Formulary Decision Support on Medication Use and Cost

## *New Report*

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- **Background:** Electronic prescribing (e-prescribing) with formulary decision support (FDS) prompts prescribers to prescribe lower-cost medications and may help contain health care costs. In April 2004, 2 large Massachusetts insurers began providing an e-prescribing system with FDS to community-based practices.
- **Results:** More than 1.5 million patients filled 17.4 million prescriptions during the study period. Multivariate models controlling for baseline differences between prescribers and for changes over time estimated that e-prescribing corresponded to a 3.3% increase (95% confidence interval, 2.7%-4.0%) in tier 1 prescribing. The proportion of prescriptions for tiers 2 and 3 (brand-name medications) decreased correspondingly. e-Prescriptions accounted for 20% of filled prescriptions in the intervention group. Based on average costs for private insurers, we estimated that e-prescribing with FDS at this rate could result in savings of \$845 000 per 100 000 patients. Higher levels of e-prescribing use would increase these savings.
- **Methods:** Using 18 months (October 1, 2003, to March 31, 2005) of administrative data, we conducted a pre/post study with concurrent controls. We first compared the change in the proportion of prescriptions for 3 formulary tiers before and after e-prescribing began, then developed multivariate longitudinal models to estimate the specific effect of e-prescribing when controlling for baseline differences between intervention and control prescribers. Potential savings were estimated using average medication costs by formulary tier.
- **Conclusions:** Clinicians using e-prescribing with FDS were significantly more likely to prescribe tier 1 medications, and the potential financial savings were substantial. Widespread use of e-prescribing systems with FDS could result in reduced spending on medications.

*Arch Intern Med. 2008;168(22):2433-2439 (Michael A. Fischer, MD, et al)*

# Supporting the Patient's Role in Guideline Compliance: A Controlled Study

## *New Report*

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- **Objective:** Clinical messages alerting physicians to gaps in the care of specific patients have been shown to increase compliance with evidence-based guidelines. This study sought to measure any additional impact on compliance when alerting messages also were sent to patients.
  - **Study Design:** For alerts that were generated by computerized clinical rules applied to claims, compliance was determined by subsequent claims evidence (e.g., that recommended tests were performed). Compliance was measured in the baseline year and the study year for 4 study group employers (combined membership >100,000) that chose to add patient messaging in the study year, and 28 similar control group employers (combined membership >700,000) that maintained physician messaging but did not add patient messaging.
  - **Methods:** The impact of patient messaging was assessed by comparing changes in compliance from baseline to study year in the 2 groups. Multiple logistic regression was used to control for differences between the groups. Because a given member or physician could receive multiple alerts, generalized estimating equations with clustering by patient and physician were used.
  - **Results:** Controlling for differences in age, sex, and the severity and types of clinical alerts between the study and control groups, the addition of patient messaging increased compliance by 12.5% ( $P < .001$ ). This increase was primarily because of improved responses to alerts regarding the need for screening, diagnostic, and monitoring tests.
  - **Conclusion:** Supplementing clinical alerts to physicians with messages directly to their patients produced a statistically significant increase in compliance with the evidence-based guidelines underlying the alerts.
  - (*Am J Manag Care. 2008;14(11):737-744, Stephen Rosenberg, MD, et al.*)

# Barriers and Drivers of Health Information Technology Use for the Elderly, Chronically Ill, and Underserved (AHRQ)

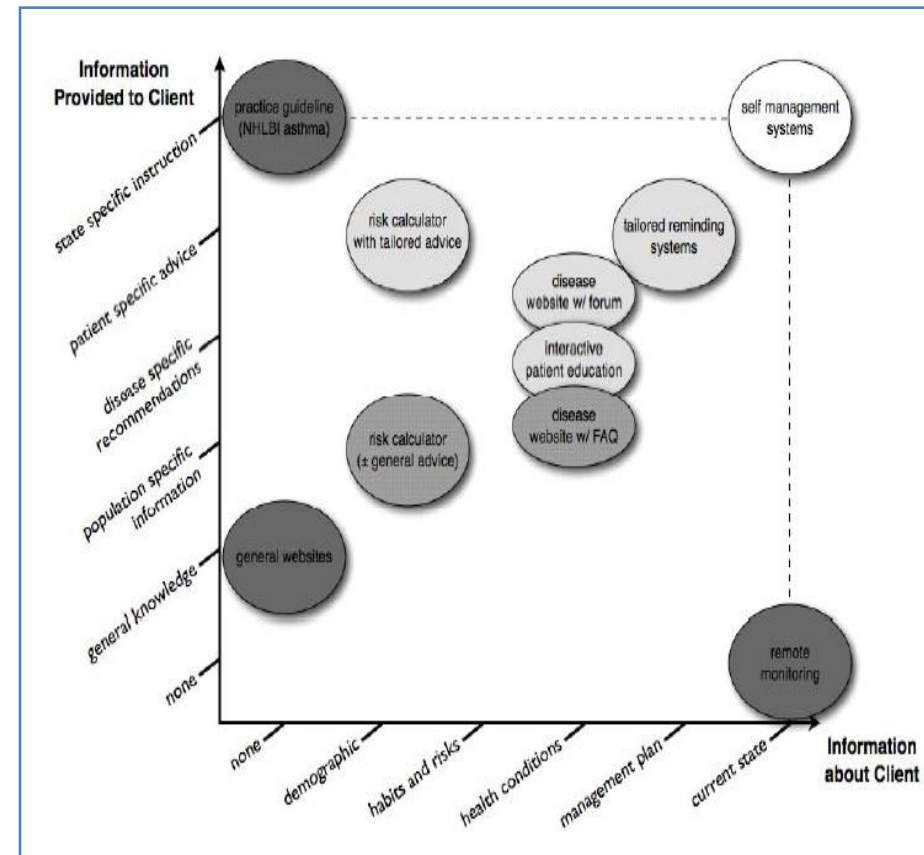
*New Report*

## ■ Conclusions

- The systems described in the studies we examined depended on the active engagement of consumers and patients and the involvement of health professionals, supported by the specific technology interventions.
- It is clear that the consumer's perception of benefit, convenience, and integration into daily activities will serve to facilitate the successful use of the interactive technologies for the elderly, chronically ill, and underserved.

## ■ Key Finding

- Studies reporting higher levels of technology usage appeared to have either *peer group* discussion functions or *patient self-monitoring*.



<http://www.ahrq.gov/downloads/pub/evidence/pdf/hitbarriers/hitbar.pdf>

# 18 Big Ideas to Fix Health Care Now from Reader's Digest (Includes some Key HIT ideas)



## New Report

### 1. Fight the Big Five

Find out how to take proactive steps if you're managing a chronic disease at [fightchronicdisease.org](http://fightchronicdisease.org).

### 2. Reduce Medical Errors by Thinking Like an Airline

You can subscribe to an e-mail newsletter about developments in health policy at [mayoclinic.org](http://mayoclinic.org).

### 3. Get It Right the First Time

Inquire about a second-opinion program at your job, or encourage your employer to enroll in one like Best Doctors at [www.bestdoctors.com](http://www.bestdoctors.com).

### 4. Pay Employees for Healthy Habits

Learn how businesses and organizations are coming together to fix health care at [coalition4healthcare.org](http://coalition4healthcare.org)

### 5. E-Prescribe

Visit [ehealthinitiative.org](http://ehealthinitiative.org) to find out about studies, conferences, and events on e-prescribing.

### 6. Use Retail Clinics for Routine Care

Find a retail health clinic in your area at [ccaclinics.org](http://ccaclinics.org).

### 7. Share Information to Fight Cancer

Learn more about collaborative efforts to implement faster, safer, and smarter FDA-approved prescription drugs and medical products at [c-path.org](http://c-path.org).

### 8. Measure Results and Make Them Public

Get ratings for hundreds of Minnesota health-care providers at [mnhealthcare.org](http://mnhealthcare.org).

### 9. Stop Unnecessary Treatments

Do you really need the medical procedure your doctor recommends? Learn how to have a two-way conversation with your doctor at [overtreated.com](http://overtreated.com).

### 10. Reduce Infant Mortality

Help save the lives of premature newborns: Log onto [marchofdimes.com/prematurity](http://marchofdimes.com/prematurity) to be a part of the Prematurity Campaign and make a donation.

### 11. Make Schools Healthier

Make the sugar-free case to the principal and PTA at your child's school. For more information, go to [healthykidssmartkids.com](http://healthykidssmartkids.com).

### 12. Don't Hire Smokers

To find out how to develop a wellness plan like his, go to [takecareemployersolutions.com](http://takecareemployersolutions.com).

### 13. Electronic Medical Records

Get savvy with your own electronic medical records. Sign up for free at [google.com/health](http://google.com/health) or at [healthvault.com](http://healthvault.com).

### 14. Save Primary Care

Connect with others and help save primary care at the AMA Patients' Action Network, <http://patientsactionnetwork.org/index.aspx>.

### 15. Award Prizes for Affordable Drugs

Read blogs, articles, and more at James Love's homepage, [keionline.org](http://keionline.org), to learn about innovative ways to reward breakthrough medicines.

### 16. Visit a Virtual Doc

Find out how to reach a doc 24/7 at [americanwell.com](http://americanwell.com).

### 17. Team Up in Hospitals

To find out more about the Cleveland Clinic's multidisciplinary approach to health care, go to [clevelandclinic.org](http://clevelandclinic.org).

### 18. Let Everyone Shop for the Best Plan

See how members of Congress shop for health insurance at [lewin.com](http://lewin.com).

<http://www.rd.com/living-healthy/18-ideas-to-reform-health-care-now/article101364.html>

# Mobile health and the personal health record

*From the Blogosphere*

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- Vince Kuraitis is an independent consultant working on care management issues and health information technology from a home office in Idaho.
- A recent blog he wrote for the Center for Connected Health focused on introducing the LifeCOMM platform, a set of mobile health services, from Qualcomm, as a new, personal health record (PHR) solution of sorts.
- He argues that it will likely need to integrate well with other emerging platforms from Google, Microsoft and Dossia.
- Vince reports, “LifeCOMM looks like it will share key characteristics with the other PHI platforms:
  - A data repository for personal health information
  - Personalized applications developed by 3rd parties. These applications will draw on personal health information contained in the repository and in turn will add new PHI to the repository.
- A major difference about [LifeCOMM](#), however, is that it will focus on mobile applications:
  - LifeCOMM seeks to fill this gap in the continuum of care by providing mobile device delivered health services that will assist a person in complying with his health care professional’s proscribed care regimen.
  - It’s like putting a nurse that can monitor and evaluate various bio-measurements in that person’s hand. Based on that recurring evaluation, a ‘virtual nurse’ will assist him with advice, information, and education to help him improve and maintain his health-state.”
- He analyzes three levels of standards that will contribute to adoption and use:
  - Qualcomm will likely support only CDMA cellular standards, so Verizon and Sprint networks
  - Qualcomm will likely support Continua device interoperability because they were a founding member
  - Qualcomm will likely support a variant of the Continuity of Care standards

<http://www.connected-health.org/about-us/get-connected-discussion/discussion/lifecomm-will-the-newest-personal-health-information-platform-play-nicely-with-google-and-microsoft.aspx>

# SafeMed ([www.safe-med.com](http://www.safe-med.com))

## Company Spotlight

- SafeMed provides healthcare analytics as a web service
  - Real-time and batch clinical decision support
  - Retro- and prospective population and patient analysis
  - Messaging targeting meaningful behavior change
- Its customers include:
  - Google Health - PHR
  - Blue Cross Blue Shield of Massachusetts
  - Beth Israel Deaconess Medical Center
  - Large PBM
  - Major Disease Management/Wellness company
  - Various EMR solution providers
- Products focus on:
  - Sophisticated interoperability, capturing patient and population data for comprehensive analysis
  - Intelligent inference, revealing previously undiscovered data about a patient's condition
  - Behavior change-based messaging to improve adherence
  - One single engine across entire eco-system for consistent analysis and messaging
- Customers license based on market segment
  - Payer : Per member, per month
  - EMR : Per provider, per month
  - Hospital: Per bed

Computable data sets include medical claims, lab results, pharmacy claims, electronic medical reports, personal health records, health risk assessments and more.

Health Thesaurus ensures interoperability and comprehensive analysis because it translates all codes and data sets -- even self-reported consumer terminology data.

### SafeMed Analysis Engine

*Provides a 360-degree view of patients and populations*

Real-time analysis enables complete and up-to-date alerts to be delivered to all points of care, taking advantage of such teachable moments as PHR, e-prescribing, EMR and first prescription fills.

Patient and provider alerts are crafted to address adherence issues specific to the individual facilitating behavior modification and improved adherence to wellness programs.

# Health 2.0

Focus On

## The Market and Its Conference

- Health 2.0 is a *movement*.
- It's a set of ideas and attitudes about the *wisdom of crowds* and about how networks of health consumers and providers can bring *basic transformation* to the healthcare system.
- The recent *Health 2.0 Conference in San Francisco* is an outgrowth of a blog by Matthew Holt.
- It's the second year of the event which attracted about 1000 attendees with a tuition of \$1,400.
- Sponsors included Kaiser Permanente, J&J, Cisco and dozens of others.
- SureScripts-RxHub* asked me to attend on its behalf and report back for the company and our industry friends on what I found out there about the H2.0 market and its community.

AMERICAN WELL sermo Know more. Know earlier. Right Health. Healthline  
HEALTHGRADES healia your guide to healthy decisions Kosmix OrganizedWisdom  
HealthCentral.com patientslikeme iMedix MedHelp  
Diabetes Mine disaboom WITHIN3 ozmosis  
hellohealth Life RelayHealth mymedlab  
23andMe Navigenics MyDailyApple limeade

**Health 2.0**   
HEALTH 2.0 

**Health 2.0**  
**The Market and Its Conference**  
A Report by Circle Square  
Sponsored by SureScripts-RxHub  
December 2008



# Health 2.0

Focus On

## Health Search

- [Kosmix](#) in partnership with [RightHealth](#) was the standout at the conference in this group. Kosmix does a great job at organizing search results by category. It is particularly strong in showing multi-media links for images, slide shows and videos about the topic. It shows the top Google results along with links from dozens of other specialized health sites.
- [OrganizedWisdom](#) is another company in health search that has an interesting model. It reviews the search terms frequently entered into Google and manually builds responses into sets of Wisdom Cards. These are packaged to provide a deep view into a topic, such as high blood pressure with hundreds of relevant links.
- [Healthline Networks](#): employs an advanced semantic and health grammar capability to add value to search in the form of HealthMaps (diagram on the right). Investors include Aetna and Kaiser as well as traditional venture firms.
- [Healia](#): site includes search, communities, a blog and a deep set of topic centered Health Guides.

The screenshot shows the Kosmix website interface for a search on 'High Blood Pressure'. At the top, there is a search bar with 'High Blood Pressure' entered and a 'GO' button. Below the search bar is a navigation menu with categories: Basic Resources, People & Community, Shopping, Visual, Tools & Widgets, and News & Blogs. The main content area is titled 'High Blood Pressure Overview' and features an encyclopedia entry from Wikipedia, search results from BodyMaps.com, a visual exploration of the circulatory system, and a shopping result for 'Breezy Morning Tea's Pressure Relief Tea'. The visual exploration includes a diagram of the human circulatory system with various layers highlighted, and a grid of related images from Yahoo! and Flickr.

- [SearchMedica](#) and [GoPubMed](#): sites that are focused on search for health professionals; [RSIFocalSearch](#) combines that with CME.
- [MyDailyApple](#): delivers news and search results that are tailored to specific conditions using [Praxeon's](#) proprietary Semantic Fingerprint technology.
- [Wellsphere](#): with origins as a health tools company, it now handles search, communities, tools, blogs and provider search.
- [HealthLibrarian](#): narrows the search to a limited vocabulary of medical concepts and uses these to query public databases including government sites, libraries and clinical trials.

# Health 2.0

Focus On

## Patient Community

- [PatientsLikeMe](#): focuses on less common conditions such as MS, ALS, Parkinson's and many others. Patients can find each other, share experiences, learn about the latest research and in some cases actually participate in research. One current project is research on ALS and lithium.
- [iMedix](#): combines search with patient community in a very interesting model. When searching, a visitor is presented with opportunities to connect with other users interested in the same issues, either via chat or messaging.
- [Inspire](#): provides online patient communities in collaboration with leading patient advocacy organizations such as the ALS Association, Arthritis Foundation, Lung Cancer Alliance, National Organization of Rare Disorders, and the National Osteoporosis Foundation, and others.
- [Disaboom](#): was a stand-out at the conference. It's a practical solution for those with disabilities and cuts across condition categories. It's a well-executed site with a point-of-view that is focused on real world problem solving. It contains specific and useful health information, tips for living with disabilities, a full range of tools for community (profiles, blogging, chats, photos) and a rich marketplace of products and services.



- [TuDiabetes](#): is a bilingual site supporting the diabetes community
- [DiabetesMine](#): is focused on personal stories and blogging about diabetes.
- [DiabeticConnect](#): is a diabetes community that is part of Alliance Health Network, a company building a sophisticated health marketing platform that connects health product companies with health consumers.
- [SugarStats](#): is not primarily a patient community, although it provides one. It is focused on helping diabetics track glucose readings, test result scores, food intake and other statistics critical to living with the disease. It's an amazing collection of logs, diaries and statistical display applications.

# Health 2.0

Focus On

## Physician Community

- [Sermo](#): is the standout of the group with 90,000 registered physicians and 10 pharmaceutical manufacturers sponsoring. It's a physician-only site where physicians pose questions and make observations. Sponsors from pharma, financial services and government agencies can gain access to the wisdom of the group. Physicians can also benefit financially from making highly regarded posts.
- [Ozmosis](#): is also a physician-only site. It provides tools to bookmark and post content – journal abstracts, medical cases, videos, podcasts, blog entries, clinical studies – from anywhere on the Web. It then combines these into searchable repository that is updated in real-time. Relationships among physicians on the network are tracked, similar to LinkedIn.
- [Within3](#): is an exclusive, private environment where health and life sciences professionals connect with others through people they know, find and validate information, and collaborate online. In addition, members interact in private and public communities established by a wide range of professional organizations. It makes money by charging companies who want to develop such communities online, such as a university in Ohio, a technology and psychiatry organization, a cancer center in India, a county medical society and many others.

The screenshot shows the Sermo website interface. At the top is the Sermo logo and a navigation bar with links for Home, Postings, Physicians, Education, Opportunities, Jobs, and My Account. Below the navigation bar, a user profile section displays "My Sermo Rank: 32474th". The main content area is titled "Featured Postings" and includes filters for "Closing Soon (113)" and "Recently Closed (614)". A table lists various medical posts with columns for Title, Status, Category, Age, and Rating. Below the table are links for "Postings in your specialties" and "Postings across the community".

Title	Status	Category	Age	Rating
Gastric Foreign Body	Open	Gastroenterolc	12 hours	★★★★★
Do you think better med packages will help your patients?	Closing	Internal Medic	1 week	★★★★☆
Sudden onset hirsutism	Open	Endocrinology	6 days	★★★★★
Would you design your own P4P plan?	Closing	Family Medicir	1 week	★★★★
Derm 101 #6 – oh, ZZZZZZIT!!	Open	Dermatology	6 days	★★★★★
Are Physicians going too far in distancing from Pharma?	Closing	Ethics and Phi	1 week	★★★★☆
Metastatic Gallbladder cancer or primary ovarian	Open	Pathology	5 days	★★★★★
Postoperative dilemma–fascinating	Open	Case Conferen	5 days	★★★★★
Endometriosis in c-section scar.	Open	OBGYN	1 week	★★★★☆
Sermo Case Conference in All. & Imm.:39 YO M w/ Eosinopl	Open	Case Conferen	1 week	★★★★★

Postings in your specialties: [New](#) [Most Popular](#) [Highly Rated](#) [All \(6167\)](#)

Postings across the community: [New](#) [Most Popular](#) [Highly Rated](#) [All \(27862\)](#)

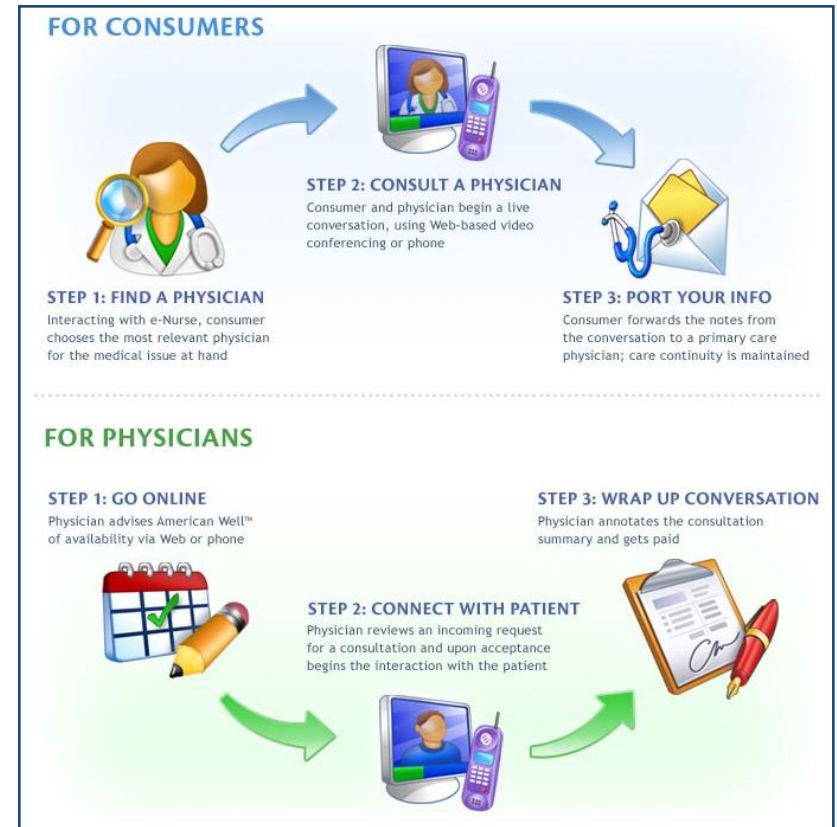
- [MedicalPlexus](#): is a restricted-access network in which doctors and life science researchers can connect, interact, and share their work. Recently launched, it has 1000 users who share large files, create cases, message work group members, participate in grand rounds and other collaborate tasks. It is advertising supported.
- [iMedExchange](#): is a physician-only site that provides a place to network about business, clinical and personal issues. It seeds groups and forums with news and other content to stimulate dialog. It is advertising supported.

# Health 2.0

## Focus On

### Physician – Patient Interaction

- [AmericanWell](#): was the overall standout of the conference across all segments. It is an elegant implementation of an online physician and patient encounter. The demonstration was flawless. It seemed easy to use for both physicians and patients. A first implementation is being rolled out by the Blue Cross plan in Hawaii. The diagram at the right shows an outline of major functions.
- [RelayHealth](#): is a division of McKesson and a pioneer in physician-patient communications. The service allows patients to make appointments, refill prescriptions, get lab results, structure e-visits through email and perform other functions. A patient record can also be managed through Microsoft HealthVault.
- [HelloHealth](#): is a concierge-type service with a first implementation in the Williamsburg neighborhood in Brooklyn, NY. Members can access physicians online and chat, ask questions and request appointments same day or ask for a house call.
- [TelaDoc](#): is a national network of board certified, licensed primary care physicians available to members over the telephone 24 hours a day, 7 days a week, and 365 days a year. It uses to technology approaches to support the telephone interaction.



- [MedHelp](#): is a site where patients get their questions answered by physicians associated with prominent universities and medical centers. It has long-standing partnerships with the Cleveland Clinic, National Jewish, Partners Health, and Mount Sinai to respond to “ask a doctor.”

# Health 2.0

## Focus On

# Provider Location & Ratings

- [HealthGrades](#): is a public company (Nasdaq:HGRD) that rates hospitals, nursing homes, physicians and drugs. Physicians are compared listing five elements: professional misconduct, board certification, years since medical school, gender and foreign languages.
- [Angie's List Medical](#): is using established online tools and a great consumer brand to provide health ratings. It reports that 76% of its 750,000 members asked for the service. Here's a list of example questions they ask members to answer:
  - Was the office staff helpful and courteous?
  - Were the waiting and examination areas clean and comfortable?
  - Did the office staff file insurance claims for you (if applicable)?
  - Did the physician explain things in a way that you could understand?
  - Did you feel you could make your concerns understood to the physician?
  - Did your physician (or office staff) follow up with you to determine if the treatment was effective?
  - What did you like most/least about this physician?
  - What words of advice would you give other members considering this physician?

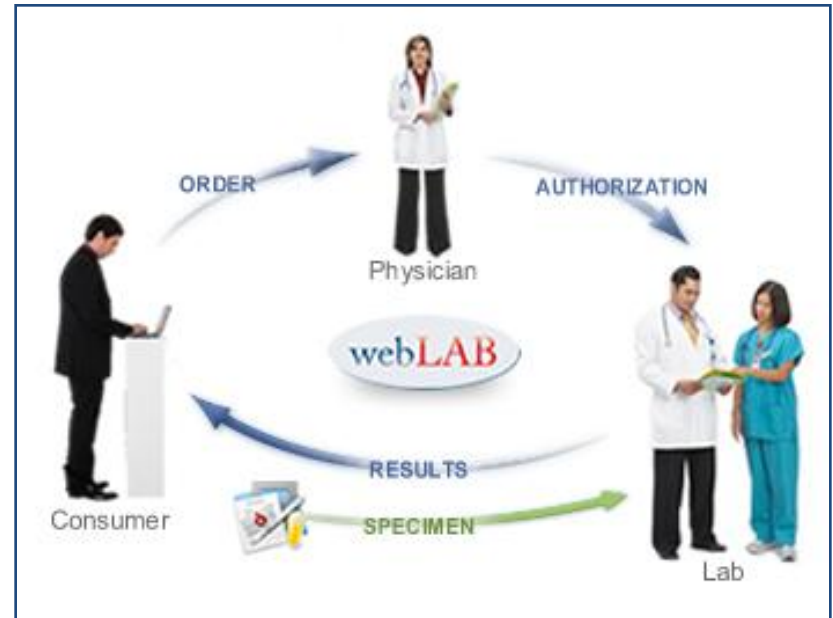
- [ZocDoc](#): began as a dentist booking service in New York City. It has expanded to include physicians and is targeting additional geographies and specialties. It lets individuals find doctors and dentists in their neighborhood, judge their quality by patient reviews & ratings, filter them by insurance and book them online 24/7.

# Health 2.0

Focus On

## Health Self Service

- [MyMedLab](#): packages clinical lab testing services online to consumers. The web user interface is exceptional.
- [Physicians Wellness Network](#): is a community, organized in 2001, now comprising 250 board-certified physicians who authorize and help interpret lab test results through the network's unique online system—webLAB™.
- [Navigenics](#) and [23andme](#) are personal genomics and biotechnology companies that have developed new methods and technologies which can enable consumers to understand their own genetic information. They provide tests for genome-wide, select single nucleotide polymorphisms. 23andme charges \$399; Navigenics includes physician consultations as a \$2500 package. Google has invested \$3.9M in 23andMe, whose co-founder Anne Wojcicki is married to Google co-founder Sergey Brin. Health Evolution Partners, David Brailer's venture company, has a stake in Navigenics.



# Health 2.0

*Focus On*

## **After the Conference: Market Assessment and Forecast**

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Health 2.0 is a movement. It's still finding its center. Here's a summary assessment.

1. The companies adding value to health search had interesting ideas, although creating business value through fitting well into the Google flow seems difficult. **Kosmix and Organized Wisdom** are leaders.
2. The ideas around the wisdom of crowds in patient and provider communities are sound. The implementations are early and business models elusive. **Sermo** is an exception and has found a model that is working.
3. Patient communities as health support groups that can foster healthy behavior and better self care are working. Patient participation is low. **iMedix and Disaboom** were among the most interesting implementations.
4. Companies connecting providers and patients to extend the visit or replace it were the most impressive to me and potentially the most disruptive to traditional health delivery. This seems like a trend on a faster track. **AmericanWell and MyMedLab** are standouts.

The institutions of healthcare have the most to gain from this work and will likely begin to get more involved. Health plans, health systems, physician organizations, pharmacies and others can lower costs and improve the patient experience through some of the Health 2.0 technologies. Aetna, Kaiser Permanente, Regence Group and WellPoint showed real examples of how this work is taking cost out of the business and improving provider and member satisfaction.

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