

Digital Health's Summer Summit Wrap-Up

No moss growing under our feet this summer. We've been busy at work, running some new summer summits as well as planning for an exciting year at CES in 2013. Whether you're a digital health professional or just someone who's going to have to visit a doctor someday, this overview of our [Digital Health Summer Summit](#) is required reading.

Held during the height of San Diego's June gloom, at the Omni Hotel, the mission was to take a deeper dive into the digital health waters by creating an environment where all of the various stakeholders could exchange ideas and best practices.

Thanks to Amanda Goltz of [Pacific Business Group](#) for sharing her top twitter captures with us:



"Instead of looking for healthcare, I want to see consumers care about health." ~ [Nick Martin](#), UnitedHealth Group

"The government's burden is the entrepreneur's opportunity!" ~ [Jody Holtzman](#), AARP

"FDA is an evolving hurdle that needs to be understood and respected." ~ [Aidan Petrie](#), Ximica

"The US takes 90% of the world's pain killers." ~ [Aidan Petrie](#), Ximica

"Starbucks spends more on employee healthcare than coffee beans." ~ [Amanda Goltz](#), Pacific Business Group on Health

"Your zip code can play more of a role in your health outcome than your disease state." ~ [Richard Migliori](#), UnitedHealth Group

Our personal favorite tweet came from attendee Aidan Petrie: "For every line of code, you need 20 lines of justification for FDA clearance."

Who looks at health care websites? Sharecare@sharecarenow, a growing web health portal explained that their users came in "thirds" – a third of visitors to their site come directly from Dr. Oz (a celebrity medical advisor), a third from Google search, and a third from partners like Weight Watchers. If you're looking to create a media property with any sort of respectable following, the ShareCare prescription is a good one to follow.

Platform Development: Apple vs. Android was a hot topic of discussion for medical app developers and institutions. The consensus, reached through discussion led by Agamatrix, was that the Apple platform is more carefully curated. Apps are more apt to be vetted for quality on iOS, and the Apple infrastructure is more stable, with less versioning problems. Hope Google is taking notes.

Ten Commandments: In a fascinating and far-reaching conversation, [Lisa Suennen](#), Managing Member of Psilos Group, and [Don Jones](#), Vice President of Wireless Health, Global Strategy spilled

the beans on what's behind the digital curtain in health care. Journalist and brand builder Denise Lee Yohn summed up the conversation in her [Ten Commandments of Digital Health](#).

Patients: Entitlement vs. Responsibility: OK. Patients take their fair share of abuse – mostly for non-compliance with doctor's orders. CEO Robert Pakter of [PillJogger, Inc](#) says, "When patients don't take their medicines for chronic problems such as diabetes, hypertension, asthma and the like, it's well-documented that they'll have more acute illnesses" said Dr. Pakter. Each year, it's been estimated to cost up to \$300 billion in avoidable health costs in the US, and cause up to 100,000 avoidable deaths. Sharecare chimed in by reminding us that diabetes costs the US \$175 billion annually, and 95% of that cost is preventable. Ben Chodor, CEO of [Happtique](#), a boutique for health applications, reminded the audience that health apps are not just websites on your phone. The difference? Customization, personalization and most important of all, the ability to change behavior.

It's All in the Execution: [Qualcomm's Jack Young](#), from the Qualcomm Ventures Group, was generous enough to share his abundant and astute knowledge of how to get a product from idea to a funded, executable reality. Deciding between venture capital, a loan, family and friends, and angel investors is a job in and of itself. Advice on how not to be a perpetual fundraiser, and finding the right partnerships made us begin to believe that getting any medical product out the door is a miracle.

The Connected Health Network: [Independa](#) focused on home connectivity by showcasing the capabilities of their new tablet as the center of the home/health universe. Their tablet, which uses Qualcomm's Bnet system for interconnectivity, allows everything from patient care to home control, television remote to email, to all be controlled easily from a single tablet device.

Who Will Pay for What: The big question of "who's going to be paying for the adoption of all of these technologies" had about as many answers as a centipede has legs. Consensus wasn't betting on the consumer, but on changes in health benefits laws.

The onus on patients was for more involvement in their own care, more compliance with procedures, and more benefits for those who stay healthy by doing the right things. Gamification and reward principles will ultimately play heavily as much of [United HealthCare's](#) pioneering research has indicated.

United HealthCare offered a compelling testimonial of how individual patient care becomes an aggregate of crowd-sourced information that can help create better treatment and compliance plans where the ROI is justified by the outcomes. Comprehensive wellness programs and rewards indicate serious gains in patient health. Through its Optum program, UHC saw patients taking responsibility (rather than entitlement) for enrolling in wellness programs, losing weight and reduced ER usage to name a few. Online systems that lets users download ID cards, use GPS coordinates to identify healthcare locations, and personalize with their own notes are a few of the success stories shared.

We're not going to even try to synthesize the copious volumes of information that [Frost and Sullivan](#) supplied about the overall health of the telecare health systems, but this look at the top areas for growth sums up the landscape:

Other sessions included step-by-step procedures for winning FDA approval, where Stuart Blitz and John Flaherty of [Agamatrix](#) took extraordinary pains describing the various classes of FDA approval and how to budget and get it right the first time. As if the FDA

Telehealth Matrix—Top 20 Telehealth Markets



wasn't daunting enough, Blitz and Flaherty took us on an international tour of regulatory procedures. Hint: Europe is the easiest place to start.



As for insurance providers versus the consumers, it's a matter of who will pay for what, and when. Blitz and Flaherty summed it up in this graphic:

Interesting ideas abounded, from HealthTap's novel solution of having doctors reply to patients questions online incentivized by trust and ratings, to the role of health media properties, to a group of young rockstars from RockHealth, a San Diego-based digital health incubator. Their members showed everything from [AchieveMint](#), an intelligent incentive network that rewards consumers who make healthy choices, to one of our favorites, [Cardiio](#). Cardiio is software that turns ordinary cameras into biosensors.

Who will pay for what?

	PATIENT	INSURANCE/ COMPANIES/ OTHER 3RD PARTIES
HARDWARE	Yes	Yes
SOFTWARE	\$0.99	Not Yet
SERVICES	Aesthetic/Lifesaving	Varies Wildly
ADS	--	--
MEDICAL CONSUMABLES	No	Yes
DIETARY CONSUMABLES	Yes	No
DATA	Ha	Outlook Hazy, Try again later...