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Mark Masselli: This is Conversations on Health Care. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, it's the week of the first Monday of October and you know what that means.

Margaret Flinter: Right. It's leaf peeping season in New England.

Mark Masselli: It is.

Margaret Flinter: But it's also the traditional start of the Supreme Court session. And it is hard to believe it was just a few months ago in June that the high court handed down its landmark decision, upholding the Affordable Care Act.

Mark Masselli: Have to take a moment and just reflect on that. It was a transformational call by the court and it will have a profound impact on Americans.

Margaret Flinter: And I think our hospital system's going to feel a profound impact this week as well as the rules about fining hospitals for having high rates of Medicare patient readmissions, those are readmissions that happen less than 30 days after a patient was discharged, go into effect. I think 20% of Medicare patients nationally are readmitted to the hospital within 30 days of being released so a big and costly problem.

Mark Masselli: And the measure is designed to spur more quality control at hospitals, especially as it pertains to the aftercare patients receive.

Margaret Flinter: And I hope the precare as well because it should stimulate more robust communication between primary care and hospitals and homecare and spur some innovation in the remote patient management methods that might help in lowering that high rate of readmissions.

Mark Masselli: Also this week the presidential debates are getting underway.

Margaret Flinter: And as we head into debate season, a poll out of Iowa shows that more voters there are warming to the idea of the health care law with a higher percentage of voters now seeing the laws having some positive impact on their own personal health and health care.

Mark Masselli: Speaking of changes to the way health care is delivered in this country, our guest today is something of an expert in the way mobile technologies are spurring an innovation in health care.

Margaret Flinter: Susannah Fox is Associate Director of Digital Strategy at the Pew Internet & American Life Project, and she has been analyzing the social life of health care.

Mark Masselli: Susannah is an expert on the cultural shifts taking place at the intersection of technology and health care.

Margaret Flinter: And FactCheck.org's Lori Robertson looks at ads from the campaign trail that maybe are bending the truth a bit.

Mark Masselli: But no matter what the topic, you can find all of our shows by Googling CHC Radio.

Margaret Flinter: And as always, if you have comments, email us at [www.chcradio.com](http://www.chcradio.com), or find us on Facebook and Twitter because we love to hear from you.

Mark Masselli: We will get to our interview with Susannah Fox in just a moment but first here is our producer Marianne O'Hare with this week's Headline News.

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Marianne O'Hare: I am Marianne O'Hare with this Headline News. As the candidates (02:29 inaudible) in their first Presidential debate, health care is still a hot topic. Candidate Romney repeating vows to eliminate the health reform law however, he does say there are now some aspects he might consider keeping. Meanwhile a recent analysis shows more Americans would be uninsured under the Romney-Ryan ticket. That number would rise from an estimated 50 million to 78 million according to a recent independent study. And a recent census report reveals a drop in visits to the doctor among working Americans. Census statistics show visits dropped from close to 5 visits per year per working adult in 2001 down to 3.9 visits in 2010. Analysts point to the tough economy, more uninsured Americans and higher out-of-pocket deductions as primary culprits.

Meanwhile, the Obama administration is applying pressure on states to take steps to prepare for Medicaid expansion under the Health Care Law. That is expected to handle up to half the folks who will become insured under the Affordable Care Act. Many states are flat out refusing to do so at present and are risking losing billions of federal dollars. The federal government is fully covering the new Medicaid expansion for the first few years but some states are struggling now with covering Medicaid expenses and worry about the uncalculated burden in the future.

And think you are minding the store regarding your kids' exposure to TV? You may be surprised. A study out shows kids are exposed to background TV up to 4 ½ hours per day; infants and toddlers exposed to 5½ hours of background TV, a no-no according to the American Academy of Pediatrics which recommends no TV before the age of two. I am Marianne O'Hare with this Headline News.

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Mark Masselli: We are speaking today with Susannah Fox, Associate Director of the Pew Research Center's Internet & American Life Project, a non-partisan, nonprofit organization, which studies the social impact of the Internet. Ms. Fox is a leading analyst at the intersection between technology and health care and has been charting the growth of social network and health information sharing for a dozen years. She is a regular contributor to e-Patients.net and was an editor at US News & World Report. Susannah, welcome to Conversations on Health Care.

Susannah Fox: Thank you for having me.

Mark Masselli: You know, you have been analyzing and compiling data on a steady growth of the Internet and its intersection with health care for the past dozen years but you have focused on the specific area, the social life of health information. Let our listeners know what you mean by the social life of health information and connect the dots of why it's so important to understand this if we want to see patients achieve better health outcomes.

Susannah Fox: When we started our research back in the year 2000, only about half of American adults had access to the Internet; only 5% had broadband. And the Internet was really seen back then as a slow stationary information bending machine. You went up to it, you asked a question and it gave you back the beginnings of an answer. What we see now with the rise of smartphones and broadband is that people expect to get so much more from the Internet and they expect to be able to have the answers right in their pocket or in their purse. And that changes our relationship with information so that people now not only have access to information but they have access to each other. And in health care, that means that there is always access to somebody who is just ahead of you on a treatment path, someone who may be just had a baby and can tell you about how it went or who just had that surgery that your mother is considering and can tell you about the recovery time. What we see in our research is that 1 in 5 Internet users say they have looked online for someone like them and that increases if we just focus on people who are living with a chronic disease. 1 in 4 Internet users living with a chronic condition say they have looked online for someone like me. So the social life of health information is in this sharing that's going on that's available night and day wherever you are.

Margaret Flinter: So Susannah, here we are, it's 2012, people are accessing health information online, mobile technologies are going to move us even further in this arena. What are your thoughts on how this impacts how people will actually access health care?

Ms. Susannah Fox: I need to talk a little bit about the three revolutions that we have actually seen now. The first revolution was broadband and I mentioned that back in the year 2000 only 5% of American households had it; now up to 2/3rds. The second revolution was the mobile revolution where now up to 88% of American adults who have a cell phone, half of those are smartphones which can access the Internet. And the third revolution is social networking. We are now up to two-thirds of Internet users who are now using social networking sites like Facebook and LinkedIn. And older adults are actually a fastest growing group.

What this means for health care is that again, people are expecting to have access to information and to each other and to services anytime, wherever they are. That means that people are starting to look at what kinds of services they can get online that might make their life easier. And so health care service providers would do well to look at other industries that have been disrupted already such as banking and travel and even the news business because that's what we have seen over the last decade here at the Pew Research Center that as those industries have been forced to change, they have been forced to take into account these three revolutions of broadband, mobile and social. And so those are the areas that I am looking at in terms of health care delivery, how can health care delivery take advantage, not just be blindsided but really take advantage of the revolutions that have changed the information and communications landscape.

Mark Masselli: I want to pull the thread on your earlier statement that 1 out of 5 of the people who are searching the Internet were looking for someone like them or someone like me. And we have had a couple of health information pioneers on our show who have been developing services it seems to me for patients who are out there looking. We have had e-Patient Dave deBronckart who fought for the right to gain access to his own medical records and launched a movement, and Jamie Heywood, Founder of the data sharing site PatientsLikeMe, where folks suffering from a variety of diseases publicly share their medical experiences in open forum. So tell us more about these e-Patient trends you have been studying at Pew and how are they impacting the medical community and health care in general in the country.

Susannah Fox: Just as we saw broadband go from a tiny fraction of the population to now 2/3rds of American households, we are seeing the same thing, the beginning of a trend where there has always been a small group of patients who were willing to dig in, who asked for their medical records, maybe they didn't receive them, who wanted to get involved in the research to help save their own lives or the lives of their loved ones. And for many, many years they did not have

access to the tools that could really help them to contribute and now they do. What we are seeing now is that sites like PatientsLikeMe are giving powerful tools to the people with the most at stake, patients and the people who love them.

And what I have seen in my research is that you really don't want to stand in between the mother of a child with a rare condition and information that will save that child's life. And the Internet can be a secret weapon in that battle or in that long-long journey even just to get to a diagnosis. And what I have also seen in our research is that the Internet can just continue and amplify the behaviors that all of us do anyway. It's very human to want to share what's going on in our lives and to compare notes with a neighbor or someone who is going through the same thing. And what the Internet allows us to do is to broaden our neighborhood to include the whole world so that anyone who feels rare and alone in their diagnosis doesn't have to be anymore. And PatientsLikeMe gives people the tools to not only find each other but PatientsLikeMe allows people to track, to measure and compare across this wider neighborhood so that they can go toe-to-toe with scientists and with clinicians and say, what I have here is my daily log of symptoms and how this particular drug is affecting me and a hundred other people who have my same condition.

Margaret Flinter: Well Susannah, I want to pick up on that trend of self-tracking, not just for the rare and most unusual conditions but really people are using their phone and Internet apps to track everything from their calorie intake to glucose levels, even tracking their moods as they manage various chronic illnesses. And I understand you are keynoting an event on this topic on what the future looks like for self-tracking. So, with all the innovation, the thousands of apps available but still no one platform to easily interface between patients and their health care providers, what's your sense of how this tracking ultimately is affecting people's health? And I always ask that other question, are you sure anybody's home on the other side in terms of the provider offices with being able to have the time and the attention and the tools to make use of that data in a meaningful way?

Susannah Fox: Well you have put your finger on a perennial issue with the Internet and technology and health care and that is we continually see two silos growing up in parallel. And one is on the patient side where patients are starting to have access to these powerful tools of self-tracking and networking within their own communities and on the other side we have this push towards electronic medical records but again, it's very rare to see the two silos connect.

Mark Masselli: We are speaking today with Susannah Fox, Associate Director of the Pew Research Center's internet and the American Life Project, funded by the Pew Charitable Trust. She has been analyzing trends at the intersection of technology and health care for over a dozen years. Now Susannah, you focus quite a bit on research on another way people are utilizing the Internet and health

care and that's tracking patient safety issues. Tell us about your findings you were able to share on the potential social media has in the area of patient safety.

Susannah Fox: Our research indicates that many people are looking for ways to educate themselves about issues like what can they expect as they go into a new diagnosis or a new treatment. What we find is that 80% of Internet users are doing this type of research online; 20% are contributing reviews about hospitals, about doctors, and they are also posting their own personal stories about what happened to them when they went through a treatment. Now that's actually about what we would expect given the Pareto Principle which is 80-20 rule that 80% of the audience is just listening and 20% is contributing. But what's really interesting is that the two revolutions that I mentioned, the mobile revolution and the social networking revolution, are starting to have an effect on that, that when you hand someone a smartphone, they are more likely to contribute to the conversation online.

So, as you watch the spread of smartphones throughout the population, think about what it will mean when everyone who has something to share about an experience at a certain hospital or with a certain clinician or with a certain drug, what if they had the means to share it. And the other really interesting trend that we are watching is something we call the diagnosis difference, that it also makes a difference when someone has a chronic condition, they are more likely to contribute to these online review sites that review hospitals and clinicians and drugs. As more people with chronic conditions go online what's going to happen? Is there going to be an opportunity for more sharing and will that principle of more people listening than contributing change?

Margaret Flinter: Well Susannah, certainly one of the most accessible connecting tools that plays into all this is texting. And a recent guest on our show BJ Fogg from Stanford had made the observation that texting far exceeds any other platform in terms of eliciting an instant response. Tell us about your research on the growth of texting and its emerging power as a tool that facilitates patient engagement with each other as well as with their providers.

Susannah Fox: 88% of American adults have a cell phone and that's also pretty high among teenagers. And I bring up teenagers of course because they are the champions at texting. And we have even seen in our research just looking at teens, there is a wonderful quote by a teen who said, "Email is for old people", that this person, that this teenager literally only uses email if they are communicating with a teacher or a parent, and that really if you want to reach a teenager, then you need to send them a text. Some research was done in the Netherlands that showed that when someone receives a text, they are likely to open it within the first two or three minutes of receiving it. And I have heard that called the FedEx Principle. You know the idea is that when the mail arrives, maybe you look at it but when a FedEx arrives then you open it right away, it must be something important. And that's still true of text messages. Your phone

buzzes, you are interested, you wonder who it is, you can't resist and you look at it.

There was a study that was done by the Center for Connected Health in text message reminders to people who have had skin cancer. At 7 a.m. everyday, their dermatologist would send a text message with the weather report reminding the person to put on sunscreen. And what they found is that those text messages were very likely to be opened. And they gave them a tube of sunscreen that had a cap that sent a message back to the researchers if the cap was opened, which meant that the person was putting on sunscreen. And they increased compliance of putting on sunscreen by I think 20%. It's that text message that can reach the person instantly. You can imagine how that might be used in other health care contexts.

Mark Masselli: So Susannah, you had the opportunity to attend Wesleyan University, which is right here in our backyard, and you talk about it in your talks of the encounter that you had with a freshman geology professor who really altered your way of thinking. You call yourself an Internet geologist. Now there are other technologies that are changing the landscape of health care and you have surveyed other trends like the future of robotics in the integrated networks in health care. Tell us about other trends you have analyzed in that area that are poised to transform health care.

Susannah Fox: Pew Internet does a series of reports about the future. And we elicit responses from experts all across different fields and what we do is give them a tension pair where we ask them to think about what the future might hold where we make a prediction, and that's where we get some really, really interesting insights. And indeed, we are seeing that people are in general quite hopeful about technology even in health care. Health care is a sector that frankly has been quite slow to change but we are now starting to see a recognition that technology can be useful. I guess what I am really interested in is tapping into the power of networks. I think there are some fabulous things going on in terms of long distance care and robotics. I am personally very interested in the daily choices that people make that make the difference in avoiding hospitalization and what people can learn from each other. So I am just very much interested in the velocity of the social interaction that comes from ubiquitous broadband, ubiquitous mobile and ubiquitous social networking.

Margaret Flinter: We have been speaking today with Susannah Fox, Associate Director of the Pew Research Center's Internet and American Life Project, which studies the social impact of the Internet and the intersection between technology and health care. Susannah, thank you so much for joining us on Conversations today.

Susannah Fox: Thank you.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award-winning journalist and managing editor of FactCheck.org, a non-partisan, non-profit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori, what have you got for us this week?

Lori Robertson: Well, Mark and Margaret, we have taken a close look at those stump speeches from both President Obama and Mitt Romney, and not surprisingly, both made some shaky statements about health care. Obama often attacks Romney's Medicare plan saying that it's a voucher system that would leave seniors "at the mercy of insurance companies". But Romney's plan to have private plans compete for seniors business is structured really much the same way Obama's Health Care Law sets up subsidized private insurance for those under age 65, and it's the same way Medicare Advantage works. There is no voucher of what are essentially subsidies under Romney's plan are paid directly to insurance companies. Romney meanwhile claims on the stump that insurance premiums have gone up by \$2500 under Obama. But that's not true. Employer-sponsored family policies have gone up by \$1700 over the last two years plus, most of that cost was paid by employers and experts told us that only a small part of this increase was due to the federal health care law which required more generous insurance coverage. Romney also claims that he will bring down the cost of health care by dealing with malpractice cost. But medical malpractice doesn't have a big impact on health care spending. And that's my fact check for this week. I am Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked email us at [www.chcradio.com](http://www.chcradio.com). We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. When Barry Katz's wife was diagnosed with ovarian cancer, it began a 4 year odyssey of treatments, of illness, ultimately her passing. With two daughters to raise and a business to run, Barry found the role of caregiver all the more challenging as his wife became sicker. He was preparing for his daughter's bat mitzvah and a business launch when he learned that his wife's battle was nearing the end. In desperation, he reached out to family for help and it arrived instantly. He decided he would use his family's experience to launch a new business venture, one that would help other families going through what he had get the help they needed. His idea, [lotsahelpinghands.com](http://lotsahelpinghands.com), an online platform that brings communities together to help caregivers dealing with loved ones in a crisis.



What Barry found was you can be overwhelmed with offers for help or not have enough people reaching out to help when you really need it. Whether it's a family caring for a special needs child, a parent with Alzheimer's or a wounded veteran, Lotsa Helping Hands allows caregivers to setup an online community of volunteers who can do everything from helping provide family meals to taking a patient to treatment to making sure a child gets picked up at school. Since founding Lotsa Helping Hands 5 years ago, 750,000 volunteers have helped 25,000 people around the world. Families setup online communities with (24:04 inaudible) and volunteers pledge online for a specific task. Barry's design of the site was intended to ensure several things that it would always be free to those who use it, that it would be an intuitive site to navigate, that it was private and secure and that it provided a robust platform for feedback. The tens of thousands of testimonials speak volumes about its success with most saying essentially that in the most troubling time of need, Lotsa Helping Hands helped make the unbearable bearable. An online portal that brings volunteers, who want to help, together with caregivers who desperately need their help, now that's a bright idea.

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Margaret Flinter: This is Conversations on Health Care. I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, peace and health.

Conversations on Health Care, broadcast from the campus of WESU at Wesleyan University, streaming live at [www.wesufm.org](http://www.wesufm.org), and brought to you by the Community Health Center.