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Mark Masselli: This is Conversations on Healthcare, I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well Margaret officials are gearing up for the next round of open enrollment under the Affordable Care Act. And while the transition maybe smooth for some customers it could be confusing for others.

Margaret Flinter: That's right Mark, millions of customers who signed up for automatic renewal during the first open enrollment are begging to get those renewal notices in the mail already.

Mark Masselli: The Department of Health and Human Services has recommending that anyone who purchased insurance through an exchange during the first open enrollment should check to make sure they are current with all their information. They also may find plans that are more to their liking during the next round of open enrollment which starts November 15<sup>th</sup>.

Margaret Flinter: And here is where it can get tricky Mark, it's the second open enrollment season but it's the first renewal period on the exchanges and it's the first time the health subsidies will factor into to tax season.

Mark Masselli: And certainly they'll be help by health insurance navigators who will stay busy during this open enrollment period. But the good news is experts don't anticipate the same insurance exchange meltdowns that occurred during the first open enrollment and that's a positive note.

Margaret Flinter: Meanwhile all of this online interaction in the name of healthcare is a relatively new phenomenon. Mark, health information technology is poised to become the single biggest growth area in the healthcare industry as we engage in 21<sup>st</sup> century practices a very rapidly evolving field.

Mark Masselli: In fact we're just coming off national health IT week where virtual community of health information technology professionals and enthusiast got together virtually to promote policies that will help the health IT landscape in the midst of rapid development in innovation.

Margaret Flinter: Our guest today is at the forefront of this emerging discipline in healthcare. Indu Subayia, co-founded Health 2.0 in 2006 when the idea of matching web 2.0 concepts to healthcare challenges seem like something of a fringe idea. Nine years later their work is clearly in the mainstream.

Mark Masselli: Their global conference are noted for showcasing the most innovative ideas that are bound to have the impact on healthcare for the future, a great conversation ahead.

Margaret Flinter: But no matter what the topic you can hear all of our shows by going to [chcradio.com](http://chcradio.com).

Mark Masselli: And as always if you have comments please email us at [chcradio.com](mailto:chcradio.com) or find us on Facebook or Twitter because we love hearing from you.

Margaret Flinter: We'll get to our interview with Indu Subayia in just a moment.

Mark Masselli: But first here is our producer Marianne O'Hare with this week's headline news.

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Marianne O'Hare: I'm Marianne O'Hare with these Healthcare Headlines. The Obama Administration is engaging in fights on a number of fronts globally with 3000 military personnel heading to West Africa where the Ebola epidemic continues to spiral out of control. With 2200 dead including many health workers and thousands more infected beleaguered officials and NGOs on the ground have called for a global response to the emerging crisis. The military personnel will coordinate logistical support to overwhelmed healthcare systems and boost a number of beds needed for the growing number of victims. This comes in the wake of concerns the out of control virus could mutate into a more quickly transmittable disease.

There are many reasons kids in this country are prescribed antibiotics and although the American Academy of Pediatrics has urged a rollback of prescriptions for things like earaches or colds apparently providers are reluctant to scale back on their prescribing habits. According to a recent study while only 27% of ear and throat infections are bacterial children are being prescribed antibiotics close to 60% at a time which translates into about 11 million needless antibiotic prescriptions being built out each year.

The numbers of uninsured Americans continues to go down in a wake of the Affordable Care Act 3.8 million Americans gaining coverage in the first half of this year according to recent estimates from the Department of Health and Human Services. Meanwhile as officials prepared for the next round of open enrollment under the ACA there's a new marketing campaign of foot expect more testimonials from real people who gained affordable coverage and more hard information about important deadlines that need to be met to gain coverage and sustain it as well.

And while many providers remain skeptical of the healthcare law, their mood about the profession is on the rise. Doctors are over extended skeptical of changes brought by the federal health law but more optimistic about the future of medicine than they were two years ago. That according to a survey of 20,000 US physicians 71% of those pole said they would chose to become doctors again if they were making a choice today up from 66% two years ago. And 50% would recommend it to their children compared with 42% in 2012. I'm Marianne O'Hare with these Healthcare Headlines.

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Margaret Flinter: We're speaking today with Dr. Indu Subayia a Co-Founder and a Co-Chair of Health 2.0 which promotes and showcases emerging health tech innovations through a worldwide series of conferences price challenges and Code-a-Thons. Dr. Subayia is a recognized thought leader in health innovation industries having earned her MD at Stony Brook University School of Medicine and her MBA from UC Berkeley. Indu welcome to Conversations on Healthcare.

Dr. Indu Subayia: Thank you so much it's great to be here.

Mark Masselli: You and co-chair Matthew Holt formed a Health 2.0 back in 2006. You sort of describe this is pretty close to the fringe sort of an initiative and you held your first ever health conference in 2007 and your first ever Health Hackathon in 2010 in a few short years the intersection of health and tech has become very much mainstream. What was the genesis for starting the movement of applying web 2.0 concepts to the healthcare space and who are the primary participants and stakeholders driving the Health 2.0 experience?

Dr. Indu Subayia: So if you recall all the way back to 2007 this was the year right after Twitter launch it was the year the iPhone ---

Mark Masselli: Hard to believe that it's that short of a time -- ancient history now.

Dr. Indu Subayia: It is and it was the year we have the iPhone but we did not have the app store. So this is either really, really early days in this new wave of web and mobile technologies. And what Matthew and I notice at the time was that there were a lot of social sharing going on among patients living with diseases on the internet outside of the traditional healthcare system. And they were using online communities much like Facebook. And we thought that's really interesting that people are self-organizing in healthcare outside of the mainstream healthcare organizations using social media. And so at our first event a company called Patients Like Me, one of the very first online patient communities that people with very, very serious conditions demonstrated as did Google Health and (inaudible 7:01) federation. And (inaudible 7:03) sprit of the first conference people using the web in new ways to connect with each other kind of

outside of the doctor's office and that's why we called ourselves more of a fringe movement because this didn't come, you know, from the hospital or from the health plan it really kept from people.

Margaret Flint: For those of us that are operating within the healthcare space the sheer amount of new technology emerging into the marketplace can be pretty overwhelming in its scope. How do you determine which technological innovations are likely to have a significant impact on healthcare delivery or cost or outcomes. Maybe you could share some of your success stories with us.

Dr. Indu Subayia: So we are looking at the space now and following about 3000 companies in this early stage (inaudible 7:46). And it's staggering considering that at our first conference there were maybe about 30 companies and we classify them into categories based on stakeholder that they're serving. And so a large number of companies offered consumers spent many, many companies in this space are also a tool to doctors, nurses, healthcare administrators, policy officials basically tools that are using data lightweight technology those are our criteria. So what we consider to be Health 2.0 technology. Well one of the things that we need to take care of a Health 2.0 is if we don't actually place based on companies. We like to showcase what's new, what's kind of pushing the envelope even if it's not quite making money yet really what's changing the game, what's going to make us see things in a new light. And sometimes those companies don't last more than a few years but they give us an example and they certainly inspire others to follow on.

Mark Masselli: You know, we've always been fascinated with Hackathon but for those who dwell outside the tech innovation space what is the process like how does it accelerate the process of innovation and product development?

Dr. Indu Subayia: So Hackathon sometimes just a one day event where programmers gather in a room and people self-organized into teams to solve particular problems. And by the end of the day actually have live working solutions which is really staggering or something -- when I first saw it I really couldn't believe how fast. So we find that teams that have a patient on them those are the types of interdisciplinary teams that really build the best solutions. So we'll have doctors in the room, we'll have people living with conditions in the room and we let people select their own topic so at the start of the day a few people will go up to the (inaudible 9:36) and say I'm working on, you know, a solution for people with movement disorder and I'd like to use the Xbox Kinect and we've actually had this happen in one of our events. And at the end of the day they've used a gaming system to help people with movement disorders that's really everything. And often they would go on to be real products and one example I'll give you is we were in San Diego during one of these -- with the department of health and at the end of the

weekend they hired the team as it built a mobile application for all of San Diegans to follow their health and that team actually got a job at the end of the (Cross Talk)

Margaret Flinter: You've said that we're at this huge moment where we're now stacking data from multiple sources and that the patients themselves are the source of that data often with wearable devices, electronic scales. Your approach to designing for Health 2.0 is in creating interfaces that work between this what you called data utility layers and the health interface layers. Tell us more about this concept.

Dr. Indu Subayia: There needed to be a term that really encompass tools and technologies that went beyond the phone. And so we actually did a poll of the audience and people voted on the term the health interface layer because if you think about it today your car might be a dashboard that has sensors for your health. And so there are platforms now in health that have the ability to aggregate data across millions of records. So an example might be, you know, Samsung and Apple coming into healthcare they reach millions and millions of folks and what would it mean to have data at that scale. So we think of those platforms working side by side with the devices answers saying in our environment that capture data and together that's kind of building this ecosystem that we consider, you know, the boundaries of Health 2.0

Mark Masselli: We're speaking today with Dr. Indu Subayia Co-Founder and Co-Chair of Health 2.0 a coalition of 85 chapters. Now in five continents that offer leading market intelligence on new health technology companies. You and Co-Founder Matthew Holt have spend some years in the health future space anticipating which technology stand poise to have a the most transformative impact on care delivery. We were just out in the west coast at a -- the first international meta project ECHO event. You've seen Telehealth in action and tell us what tech innovations have caught your attention and what needs to be done to spur our government policies to support of these technologies.

Dr. Indu Subayia: I think we're looking at technologies that are low cost so I think the role of a remote health and whether that's coming by the way of a kiosk. There is now many of these around the country involved, in public places that don't have a health professional attached, that's something that we find excitingly you can go and get your vital signs done at a little station and that data is sent to a care provider. Also looking at the category of non-invasive diagnostic pet and an example that we just saw recently coming out of New York was a device that kind of looks like a plastic, you know, water gun if you will and you can hold it to someone's eye and within a few seconds get the results of an eye exam that would actually in clinical trials comparable to that bulky equipment you see at your optometrist office. If you think of eye disease around the world it's a leading cause a blindness and these types of low cost technologies that can be substitute in some cases for very expensive things that (inaudible 13:33) that's very

promising. And there's also a new company called (inaudible 13:38) that has claimed that it can from just a pin prick or just one drop of blood run a lot of the same lab test that you now need to collect, you know, four and five tubes of blood that you go to for your physical and that take days and days to analyze. And so I think they -- looking to the category of lightweight diagnostic testing that can send the result to a provider who is far away and get the answers back quickly that's going to change things a lot for a lot of folks.

Margaret Flinter: Well I think we can take as part of the take on message on this the world of apps is exploding. The world of wearables is exploding over a 100,000 health and wellness apps currently on the market. And we all can see the benefit just from the examples you just gave of using apps to help us make healthcare more accessible and available. And it seem to me from whether I've read you are also becoming a bit of an interface for developers and angel investors to facilitate this process of moving from concept to market place. And tell us more about that, tell us about how does that collaboration work in the global Health 2.0 community in terms of interface between developers and investors they can really help take some of these potentially very beneficial products to scale into market.

Dr. Indu Subayia: Sure and I think one of the trends we've seen most recently is that people investing in the space are not just financial investors but they are often providers themselves or large technology companies. There's been a great increase in the number of corporate investors in digital health technology which I think is very interesting. So there are number of different ways that Health 2.0 facilitate those interactions. We have events that actually are a little bit more fancy but speed dating but effectively allow companies to meet with investors based on the criteria the investors asks for. Often interesting partnerships and investment to come out of that we find if we're more -- if we really prepare a pool of companies for investors ahead of time and showcase the ones that really match their interest that's something that does worked well. And also run a number of 6 and 12 months online challenges and so an example might be a hospital that is looking to purchase the technology for its senior citizen to help them decrease loneliness in home. An example right there with Palo Alto Medical Foundation they put up money for the best companies that could solve that problem and they then have a competition. They chose the winner that makes the most (inaudible 16:17) for them, they award a small amount of price money and then they pilot that technology. And so we find that this combination of smaller investment but actual access to piloting sometime it's just work better than a big amount of money invested in an early stage companies that then takes years to figure out what it's doing. So this concept of competition, platforms and early stage can (inaudible 16:43) changing things.

Mark Masselli: Always interested in how you spread this wealth of information you've got a Health 2.0 conference getting underway in San Francisco later this month. Your earlier conferences had just probably in a telephone booth but now you have thousands who come and sort of a wide range I note that our good friend Eric Topol has come in to be one of your speakers there. But talk to us about the themes this year and also is this streamed out?

Dr. Indu Subayia: No we tried streaming it and you kind of have to mix experience with that so I believe we're not streaming this year.

Mark Masselli: Okay.

Dr. Indu Subayia: But we work very hard to make very accessible to anyone who wants to come in if you are a patient it's actually free to attend Health 2.0. If you're a startup we offer a very, very (inaudible 17:35) configuration, so it's really meant to be an inclusive conference for everyone. And we do post all of our videos online right after the conference and there's a very active Twitter stream that anyone can follow remotely. And this year boy there is a lot to look forward to this year Dr. Eric Topol keynotes will be one to watch. I'll be interviewing the President of Samsung Electronics, President Young Sohn will talk about their strategy in the space. The founders of MyFitnessPal probably the largest platform now for soft tracking around the world, (inaudible 18:10) attendance in an interview on the first day. We're also having Bernard Tyson the new CEO of Kaiser he I think has a strong imperative around underserved communities so I think we'll be seeing that message coming out of Kaiser and as you know their model for many health systems around the country so a lot of impact there. And there's going to be a wearable fashion runway (Cross Talk) a fun experience people actually modeling some of the technology from smart T-shirt to actually a pair of socks this year that can track whether you're going uphill or downhill on your run, so we will be showing that off. Qualcomm is likely to be a new type of wearable with possibly a guaranteed [PH] attached to Medtronic is going to give you a new type of diabetic sensor that will connect to a mobile technology. So that's always exciting in Health 2.0, we launch new companies every year more than ten with IBM is bringing Watson figuratively. And Watson will not only possibly make the rest of (inaudible 19:17) but will also tell us how it is solving the challenge of keeping up with journal articles, you know, a lot of doctors just don't get to read as much as they want to about the scientific literature and Watson is going to demonstrate how they can take (inaudible 19:32) humans a year.

Mark Masselli: No chess matches with Watson.

Dr. Indu Subayia: No chess right, right the unshared (inaudible 19:37) yeah it should be a fun show.

Margaret Flinter: We've been speaking today with Dr. Indu Subayia Co-Founder and Co-Chair of Health 2.0, a coalition of 85 chapters worldwide that offer leading market intelligence on new health technology companies. You can learn more about her work by going to [www.health2con.com](http://www.health2con.com) and that's the number two. And you can follow her on Twitter by going to Blue Topaz. Indu thank you so much for joining us on Conversations on Healthcare today.

Dr. Indu Subayia: It is wonderful to be here.

Mark Masselli: At Conversations on Healthcare we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award-winning journalist and managing editor of FactCheck.org a nonpartisan, nonprofit 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 birth control have become an issue in a few senate races across the country. And some republican candidates are proposing the sale of oral contraceptives or the pill over the counter without a prescription. The idea isn't new reproductive health organization formed a working group to explore the issue a decade ago. They support over the counter birth control pills as a way to increase access for women. But congress can't make this happen instead it's up to a drug manufacturer to submit an application to the food and drug administration and the FDA to then review and approve it. And when it comes to the pill there are many different brands and formulations that would have to go through the same process.

In Colorado republican Cory Gardner has been pushing the idea and says over the counter sales would make the pill cheaper. But it's not clear whether that would be the case, the available research is mixed and it doesn't specifically address the pill. Research from 2005 found out of pocket cost decrease for antihistamine but a 2002 study found consumers cost went up for certain drugs that move from prescription to over the counter status. Emergency contraception or morning and after pill went up a bit in price when it became available without a prescription.

Under the Affordable Care Act most private insurance plans are required to cover the full cost of female contraception including the pill, sterilization, IUDs and more with no cost sharing. What would happen if the pill were sold over the counter? Gardner's campaign says he wants women to be able to be reimbursed through their insurance. But that didn't stop Planned Parenthood votes from saying in the TV ad that he wants women to "pay for all of it" that's not what Gardner has proposed, and that's my fact check for this week I'm 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 Healthcare.

Mark Masselli: Each week conversations highlight some bright idea about how to make wellness a part of our communities and to everyday lives. In the emergency room or the ICU clinicians are confronted with (inaudible 23:03) unpredictable medical crisis that sometimes can be challenging to diagnose. Most of these clinicians are now communicating with colleagues via their smart phones often sending images of a patient's unique symptoms or chest X-rays to one another for shared diagnosis. ICU physician Dr. Josh Landy was noticing a growing trend of image sharing via smart phones to crowd source second opinions from friends and colleagues across the country. But he also was concerned about the potential violation of HIPAA regulations. So he developed an app for that he created Figure 1 a sort of Instagram for doctors in which images can be de-identified but shared across a dedicated social media platform that would allow input from clinicians within their network. Doctors are using the app to communicate not only with colleagues within their hospital settings but around the world where someone might have superior expertise with a certain condition. The app was recently used to share a chest image of one of the patients who presented with the mid eastern virus MERS. Dr. Landy says the apps get about a half a million image views a day with about 80 million total view so far. He sees the potential for this platform only growing as more young digital natives enter the medical workforce. Figure 1 is a free download through Apple app stores and Google Play. A free downloadable app offering secure HIPAA compliant image sharing among clinicians around the world to reduce the time it takes to zero in on a diagnose by tapping the collective expert instantly, now that is a bright idea.

(Music)

Margaret Flinter: This is Conversations on Healthcare, I'm Margaret Flinter.

Mark Masselli: And I'm Mark Masselli, peace and health.

Conversations on Healthcare, 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.