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Dipping Into the Waters of Mobile Health

August 31, 2010 by [John](#)

Introductory Remarks: Chilmark Research is pleased to welcome a new addition to our staff, Cora Sharma. Cora will be leading our research efforts in the mobile health app market (mHealth) and below is her first post on the subject. Cora has a great background having received a BSc in Computer Science, worked in the software sector for several years and recently graduated from MIT's Sloan School of Business. While at Sloan, Cora did an internship with McKesson where she found her calling, HIT and the desire to become an analyst. She's a great addition to Chilmark Research and I'm confident she'll produce some excellent research. – Stay tuned.



The concept of mobility in healthcare is nothing new to providers, vendors, and to Chilmark Research alike. The current media and investor buzz surrounding mHealth stems from the belief that: 1) mobile technology has finally matured to a point where age-old healthcare processes can finally be revamped; and 2) mobile technology has not only matured but has actually been adopted

en-mass by physicians and shows no signs of abating.

Doctors Love Smartphones, but are GaGa over the iPad

Recent reports from SpyGlass Consulting and Manhattan Research show that the vast majority of physicians already use smartphones. Pamela Dolan at the AMA has a nice [commentary](#) on these latest numbers. Chilmark Research's recent talks with industry folks shows that the iPad is also gaining significant traction with physicians. At a recent conference in Denver where Chilmark Research attended and spoke, the CIO of Catholic Health Initiative (CHI) sees providing their doctors with mobile apps (in CHI's case on the iPad) as critical to the success of complying

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Very Odd, WSJ gives innov award to NHIN CONNECT, an

with meaningful use requirements.

mHealth Apps in Acute Care

Given that physicians have now 'gone mobile', does this imply that they will no longer be satisfied with computers-on-wheels (COWs), demanding mobile access to every piece of data buried in Health Information Systems (HIS)? If yes, providing doctors with mobile access to patient and hospital data could be just the perk needed to attract more affiliated physicians, satisfy existing ones and ultimately drive the adoption and use of HIT by clinicians.

Here is a brief look at the mHealth acute care vendor landscape:

- Pure play inpatient mobile solutions companies like PatientKeeper and MedAptus have built their businesses on providing clinicians with mobile apps, each having started with charge capture and quality measures. PatientKeeper expanded into CPOE with a limited roll-out that is scheduled to go GA in 2011. As the mHealth market continues to gain momentum, it will be interesting to follow the fate of these two companies.
- The big boys of HIS (Cerner, Eclipsys/Allscripts, Epic, GE Healthcare, McKesson, MEDITECH, Siemens) all have mHealth stories, albeit weak ones that revolve mostly around mobile browser access to their core EHR. Early this year Epic released the Haiku app to Apple's AppStore, resulting in some fanfare from the tech community. Also, the Citrix Receiver app makes it possible to run Windows-based apps like McKesson and Cerner securely on the iPhone/iPad and Android, though with obvious usability issues associated with being a non-native app.
- Potential entrants/disruptors from outside the industry face a battle with the big boys, who seem to want to reduce mobility to an extra feature on their systems. Diversinet is making a play in secure doctor-doctor and doctor-patient communications for the enterprise. The company has made extensive investments to the tune of some \$80M spent over the last decade developing IP in encryption and identity management.

mHealth Apps in Ambulatory

There are a multitude of physician content and productivity apps in the AppStore, from anatomical diagrams to medical calculators to ICD-9 lookup and arguably the most successful category, medical content apps.

Mobile medical content companies such as Epocrates and Medscape have had a presence on physicians' phones/PDAs for years. We are closely following Epocrates' expansion into the SaaS EHR market. If mobile EHR access is a truly compelling value proposition for ambulatory physicians (we aren't convinced it is), then Epocrates may be able to leverage the brand's mobile association and large, existing installed base to stand out from the 400+ competing EHR vendors.

A number of ambulatory EHR vendors (AllScripts, eClinicalWorks, Greenway and NextGen) have recently introduced their own EHR mobile apps, most built for Apple's mobile OS. Currently, it appears that little is on offer from EHR vendors for Google's Android mobile OS, though that may change as Android becomes an increasingly compelling alternative to Apple.

Onward Ho!

Dipping our research fingers into the mHealth market, Chilmark Research is launching a new initiative that will culminate in the report: *Enterprise Adoption of mHealth apps: Trends, Issues and Challenges*. Over the course of the next couple

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of months (target release date is in advance of NIH's mHealth Summit in DC) we will interview executives from the major HIS vendors, best-of-breed vendors, tech entrants, and leading Hospitals/IDNs. Through both primary and secondary research we will answer such questions as:

- What top mobile apps are currently being adopted in the enterprise?
- What are the priority unmet needs among leading Hospitals/IDNs?
- What challenges are currently hindering adoption of mHealth apps in the enterprise?

In the meantime we will be posting every other week specifically to give updates on our mHealth research. Onward Ho!

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Arthur Williams, MD

on September 28, 2010 at 2:23 pm | [Reply](#)

My partner and I head two hospitalists groups in the Boston area, one acute care, the other a rehab hospital. For years our handoff communications went through paper mail or fax. We were very diligent about communication. Even so, specialist from acute care settings and primary care physicians in the community complained that our group was like a black box – that they were not getting good communication about the care we were providing. The hospital even setup a physician portal so that any on-staff doctor could log in remotely and access their patient's information. But this "pull" model never caught on, as most doctors expect data to be "pushed" out to them.



One of our new physicians suggested we look at Concentrica, which is an online network for secure clinical communication. This is free to physicians to communicate with each other. The national directory of physicians meant that we could quickly send to any physician, without having to know their fax or email. Like an online email system, recipients can reply and forward messages, so now we could get immediate feedback from colleagues in other locations, and in important cases, have a real dialog about patient care. The "Group Discussions" feature allows the specialist in town, the hospitalist, and the PCP to all join in an online dialog about one patient. The application works well on our smartphones.

When our group wanted to send documents on our behalf, we upgraded to the subscription version, which cost less than paying someone in our office to fax the documents. There is an audit trail so we can see who received their messages. One feature we really liked was that if the message was not accessed online it was faxed, so we knew our clinical work was getting there. For our group it made it easy to communicate with other physicians, to get our documents out, gave a way for others to respond, and was cost effective.

Arthur Williams, MD

Lisa Suennen

on September 1, 2010 at 8:31 am | [Reply](#)

You guys should take a look at the work Patient Safe Solutions is doing in this area to address hospital patient safety...pretty cool mobile apps with serious ROI both clinically and financially.



corasharma

on September 1, 2010 at 8:03 pm | [Reply](#)

Thanks Lisa. It looks like Patient Safe Solutions will build hardware/software for nurses who will operate the handhelds I had assumed that these would be proprietary devices and not consumer smartphones (iPhone, Balackberry). This also reminds me I need to dig up some research on all clinicians' (not just physicians) smartphone adoption.



Gerald Thisis

on September 1, 2010 at 9:18 am | [Reply](#)

Don't forget the " little people" who have build and will build m-health solutions.



Alex Bettencourt

on September 1, 2010 at 10:59 am | Reply

Yes, other "little people" include us, RememberItNow! eHealth made easy.



Congrats on the new job! Feel free to visit our site and learn about our mobile PHR or email me. We would love to hear your insight on patient-centric PHR.

Best,

Alex Bettencourt

ABettencourt@rememberitnow.com

<http://www.rememberitnow.com>

corasharma

on September 1, 2010 at 7:52 pm | Reply

Hi Gerald, Yes, healthcare being the cottage industry it is, tech-savvy providers or small best-of-breed companies will always build mHealth solutions to fit unique problems. With more ambulatory physicians moving up into larger practices and IDNs, however, it has been predicted that the 'big boys' will benefit from this and not the 'little guys'.



Girish Pathria

on September 4, 2010 at 12:19 pm | Reply

Sounds great! I would be interested in knowing from physicians in how to address the challenges related to adoption of mobile apps:



- * Improved interface
- * Improved delivery
- * Improved content/functionality
- * Cost
- * Access everywhere (firewall may not allow access where it is needed most)
- * Reliability/quality of content
- * Integration with other clinical applications
- * Other?

Is that included in your primary research?

- Girish

Cora Sharma

on September 8, 2010 at 8:20 pm | Reply

Hi Girish, yes, I will be researching technical challenges (data/security and otherwise), which simply add to the cost of app deployment in the enterprise. More interesting are the key business drivers that make the cost worth it.



John Lynn

on September 8, 2010 at 2:55 pm | [Reply](#)

Welcome Cora to the healthcare IT blogging world. I look forward to your posts on the Chilmark blog. I agree that it will be a challenge balancing the big name players that have an mHealth play with the smaller niche mHealth software providers.



Looks like a great hire John.

corasharma

on September 8, 2010 at 7:10 pm | [Reply](#)

Thank-you John, and I have enjoyed reading EMR and HIPAA since mid-2009.



John Lynn

on September 16, 2010 at 4:37 pm

Great to hear Cora! I can't remember seeing you ever comment; -)



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