

### **Digital Health – Designing Behavioral Change**

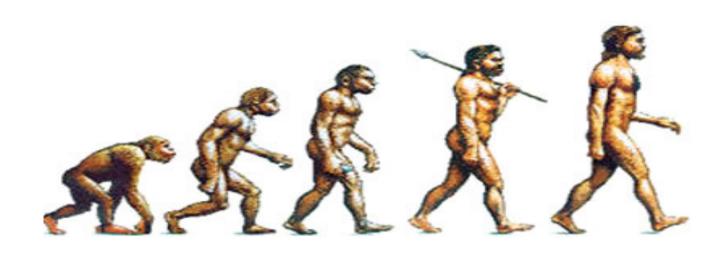
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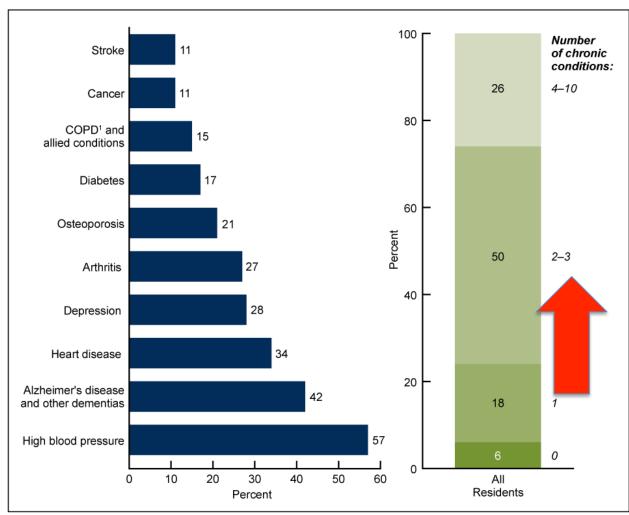


## Disclosure

Recipient of an unrestricted educational and research grant from the Qualcomm Foundation 2013-2015

# Why Mobile Health?





Rand Corporation 2014

#### **The Problems**

- The average North
  American above the age of 50 has 2-3 chronic medical conditions
- Major contributor to mental health diseases
- ☐ This population will rise to 100 million by 2030
- ☐ Cost of > 4 trillion dollars per year



June 19, 2000







August 10, 2009

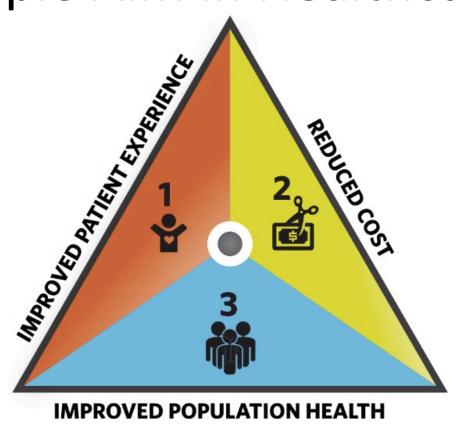


September 11, 2014

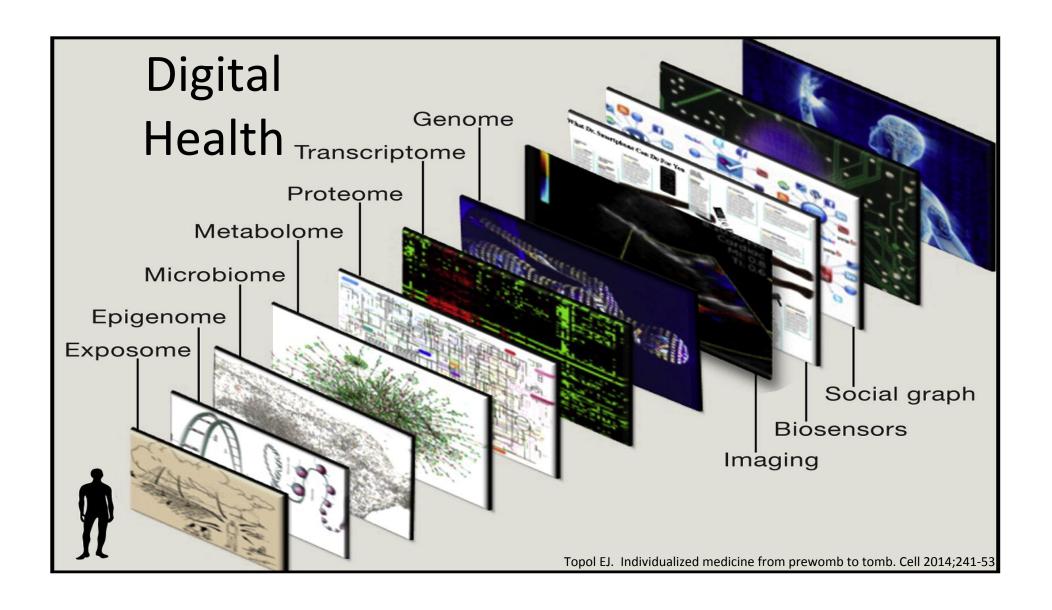


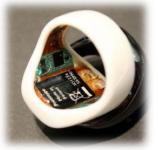
February 23, 2015

# Triple Aim in Healthcare



www.ims.com





**Smart Ring** 



**Smart Tablet** 



**Smart Clothing** 

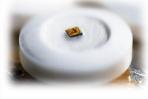


ACTIVITY SENSOR

INTEGRATED RESPIRATION SENSOR



**Smartphone Exam** 



Smartphone

Lab Testing

**Smart Pills** 



**Smart Skin** 

Smartphone Ultrasound



**Smart Genome Sequencing** 



**Smart Necklace** 



**Smart Watch** 

#### VIEWPOINT

#### Wearable Devices as Facilitators, Not Drivers, of Health Behavior Change

#### Mitesh S. Patel. MD, MBA, MS Philadelphia VA Medical Center, University of Pennsylvania. Philadelphia.

#### David A. Asch, MD, MBA

Philadelphia VA Medical Center, University of Pennsylvania, Philadelphia.

#### Kevin G. Volpp, MD, PhD Philadelphia VA Medical Center,

University of Pennsylvania, Philadelphia.

Author Reading at jama.com

Several large technology companies including Apple, Google, and Samsung are entering the expanding market of population health with the introduction of wearable devices. This technology, worn in clothing or accessories, is part of a larger movement often referred to as the "quantified self." The notion is that by recording and reporting information about behaviors such as physical activity or sleep patterns, these devices can educate and motivate individuals toward better habits and better health. The gap between recording information and changing behavior is substantial, however, and while these devices are increasing in popularity, little evidence suggests that they are bridging that gap.

Only 1% to 2% of individuals in the United States have used a wearable device, but annual sales are projected to increase to more than \$50 billion by 2018.1 Some of these devices aim at individuals already motivated to change their health behaviors. Others are being considered by health care organizations, employers, insurers, and clinicians who see promise in using these devices to better engage less motivated individuals. Some of these devices may justify that promise, but less because of their technology and more because of the behavioral change strategies that can be designed around them.

#### Medical News & Perspectives

#### Is There an App to Solve App Overload?

Bridget M. Kuehn, MSJ

ike many physicians, Suzanne Clough, MD, struggled to meet her patients' needs regarding their type 2 diabetes in a few 12-minute visits each year. But too often, patients' concerns about day-to-day condition management weren't fully addressed. Many were frustrated, and some didn't follow her guidance because they weren't seeing results.

The recommendations, she said, "didn't have value [for them]."

Clough wondered whether real-time, 24/7 diabetes management support would help. That question led her on a 10-year journey to develop the WellDoc BlueStar mobile app for patients with type 2 diabetes. It analyzes trends in patiententered data on blood glucose level, carbohydrate consumption, medication use, and other information to provide real-time coaching for the patient. Patients can then securely share the data with their physician through a web portal.

The WellDoc BlueStar app is part of an exploding medical app market, with an estimated 660 million downloads of healthrelated apps in 2013 alone, according to a report by the IMS Institute for Healthcare



Education ~

News & Views ➤

#### Head To Head

Head to Head

#### Can healthy people benefit from health apps?

BMJ 2015; 350 doi: http://dx.doi.org/10.1136/bmj.h1887 (Published 14 Apr Cite this as: BMJ 2015:350:h1887



Article

Related content

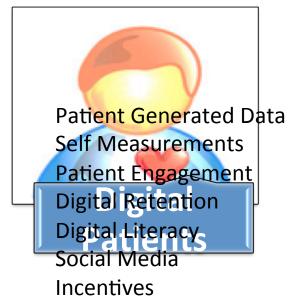
Metrics

Responses

# Digital Health







Bhavnani S. Mobile Health Revolution in Cardiovascular Medicine. Eur J Heart (2015)



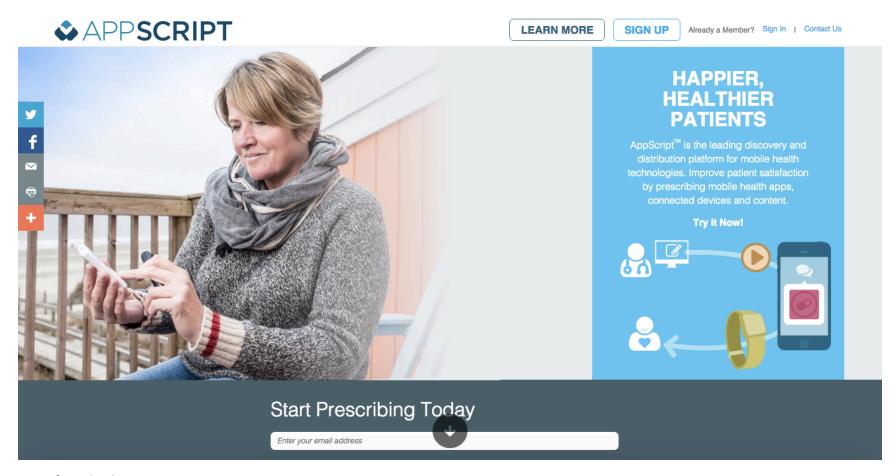
Marty Adelman

Please prescribe 1 Digital health 'app'

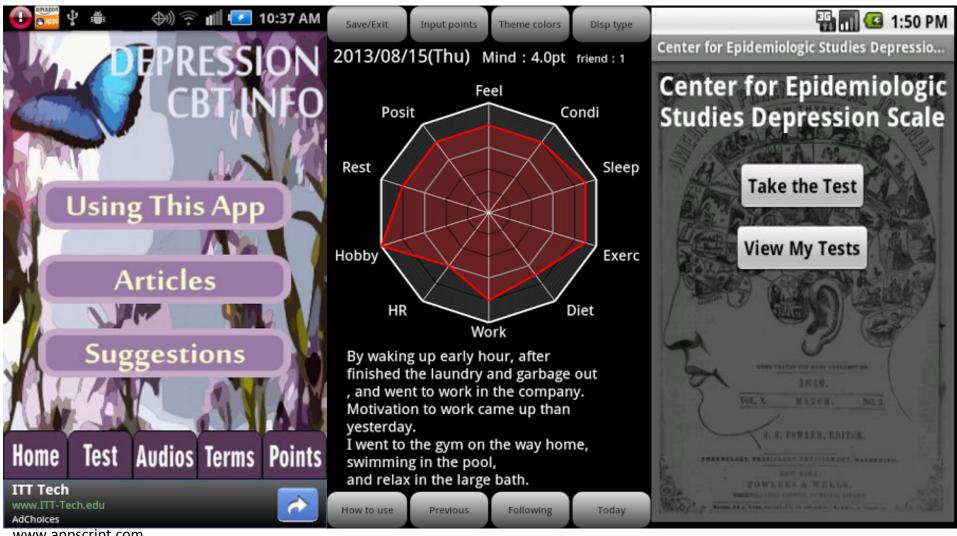
Refil X Signature S. Bhavnaní MD

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G104 - 2480 Spruce Street (at troachesy), Vancouve, 9C, Canada VSH 2P6 Tel: (604) 734-7760 Fax: (604) 558-2480



**Institute of Medical Sciences** 



www.appscript.com

## Artificial Intelligence

#### **Specifications**

- Facial recognition
- Motion sensing
- Automated pill identification

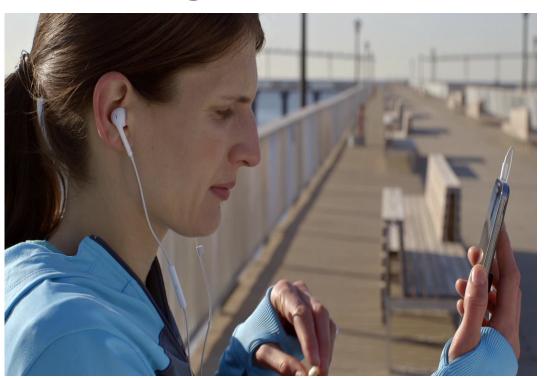
#### **Confirmation**

- Patient
- Prescribed dose
- Date/Time/Place

#### **Communication**

Patient ← Provider







#### Many patients stop taking their medications Adherence rates plummet in just a few months Treatment area 3 months 6 months 12 months Cholesterol Diabetes (type 2) Adherence rates Obesity Hypertension Depression By the end of the first year of treatment, 50 to 90% of patients stop taking their prescribed therapies.

## The Problem

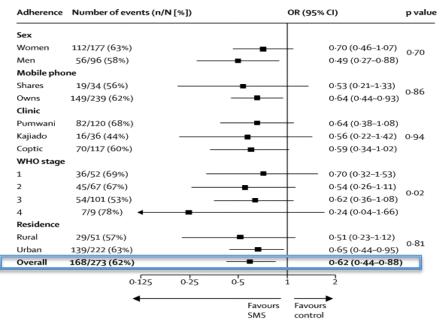
- High chronic disease burden - depression
- ➤ 60% can not identify their medications
- ➤ 30-50% do not follow prescription instructions
- Directly responsible for >10% of healthcare costs (~\$15 Billion)
- > >2 Million serious adverse drug reactions

American Society of Family Practice Healthcare Statistics 2015

### Texting – Powerful Intervention for Behavioral Change

#### WelTel

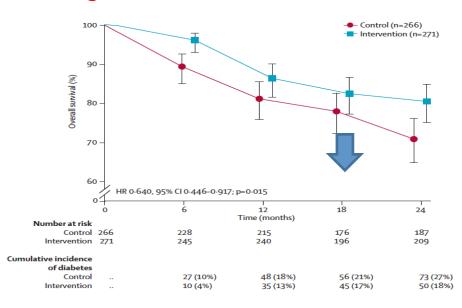
#### **HIV Medication Adherence Trial**



20% higher adherence – Number need to treat of 11 to achieve viral load suppression

#### **Diabetes**

#### **Texting to Prevent Diabetes**



35% reduction in diabetes at 2-years





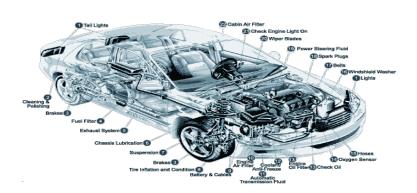
- Reminders
  - Text messages
  - Alarms
- Tamper proof
  - Time release
  - Compliance record once pill is dispensed
- Shares information with clinic and pharmacy



www.clevercap.org

## Nanosensors

### Car

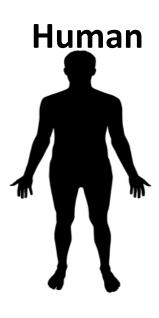


> 400 sensors

### **Smartphone**

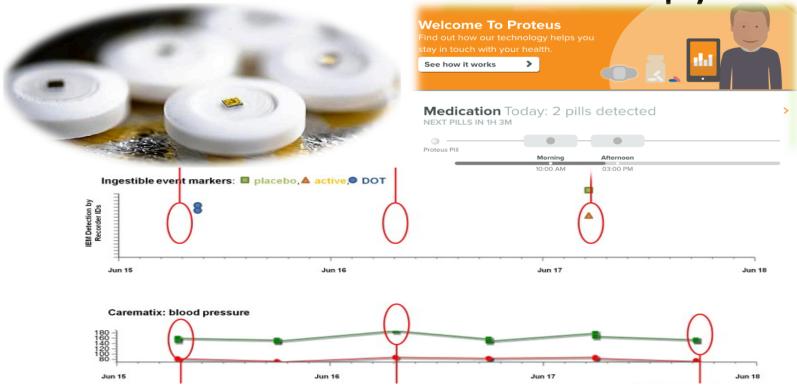


10 sensors



0 sensors

Edible Sensors
Wireless Observed Therapy

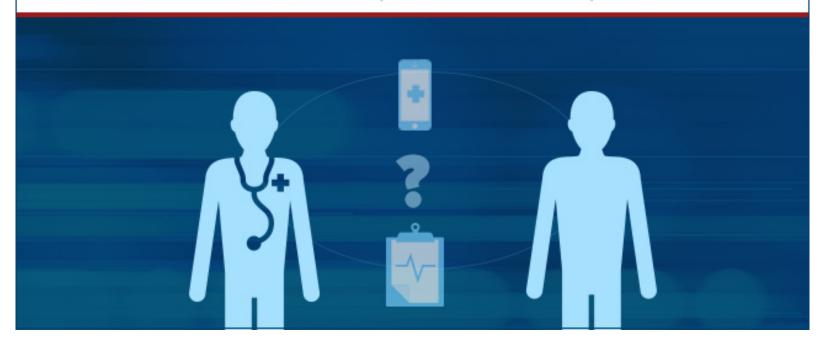


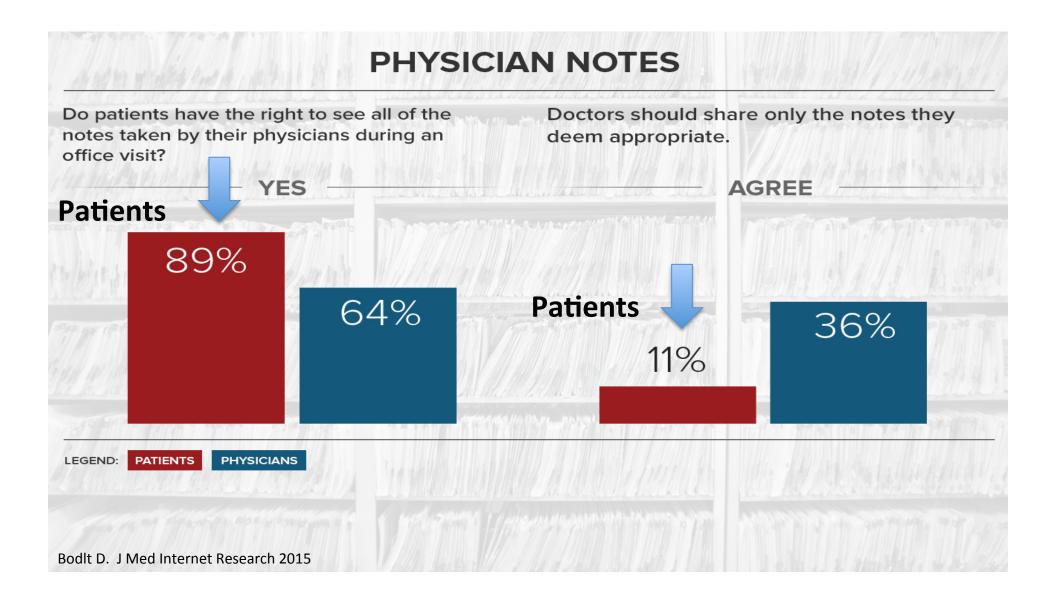
DiCarlo L. A digital health solution for using and managing medications: wirelessly observed therapy. IEEE Pulse. 2012. FDA Approved 2012



# Docs Willing to Share Medical Practice with Patients? *Sort of*

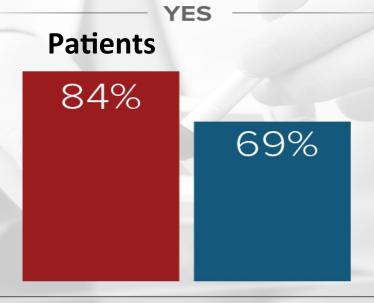
A WebMD/Medscape Patient-Clinician Report





#### PATIENTS' USE OF TECHNOLOGY

Should technology be used by patients to assist in the diagnostic process?

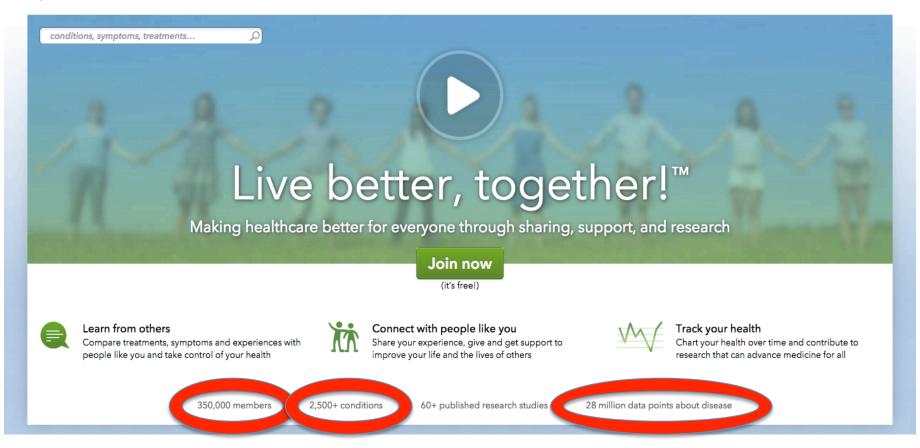


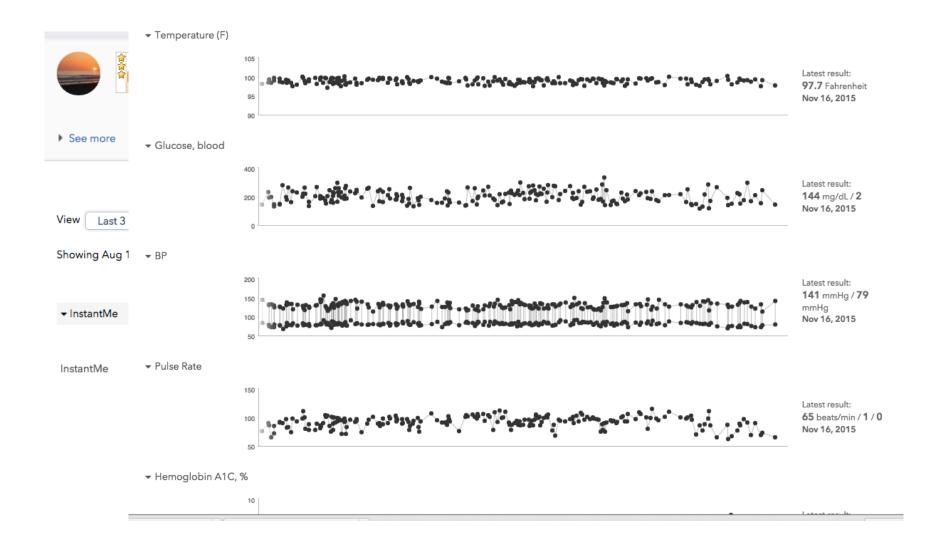
LEGEND: PATIENTS

**PHYSICIANS** 

Bodlt D. J Med Internet Research 2015

patientslikeme<sup>®</sup> Already a member? Sign in.



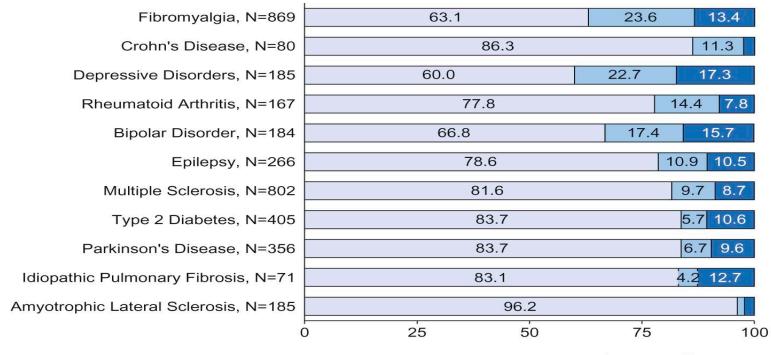


## New approach for analyzing self-reporting of insomnia symptoms reveals a high rate of comorbid insomnia across a wide spectrum of chronic diseases

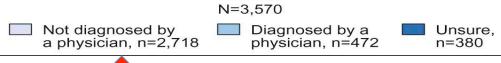
Bozena Katic, James Heywood, Fred Turek, Emil Chiauzzi, Timothy E. Vaughan, Kristina Simacek, Paul Wicks, Sachin Jain, Christopher Winrow, John J. Renger

Sleep Medicine
Volume 16, Issue 11, Pages 1332-1341 (November 2015)
DOI: 10.1016/j.sleep.2015.07.024





Insomnia Diagnosis by Primary Condition, %







Sleep Medicine 2015 16, 1332-1341DOI: (10.1016/j.sleep.2015.07.024)



Headache

It's a Brain Tumor!

# Do High Healthcare Utilizers Engage with Digital Health?

## **Smartphone Glucometer**



Smartphone
Blood Pressure
Wired for Health

Smartphone iECG





Randomized clinical study that will evaluate the impact of remote wireless monitoring for patients with diabetes, hypertension, and arrhythmias. This study will test whether wireless monitoring can reduce health care costs and increase health self-management for patients with chronic health conditions.

The 100 patient, 6 month study will look at the patients' health care insurance claims and compare them to the insurance claims of the 100-person Control Group





# Do High Healthcare Utilizers Engage with Digital Health?

	Baseline		Follow-up		Mean Difference	
	Control N = 85	Monitoring N = 75	Control N = 65	Monitoring N = 65	Control	Monitoring
Total Claims (\$)	4,265 (10,190) 961 (3,166)	7,159 (25,251) 990 (2,340)	5,596 (22,187) 807 (2,734)	6,026 (21,426) 845 (2,273)	1,331 (21,042) 0 (2,372)	-1,133 (31,465) 0 (1,780)
Condition Claims (\$)	1,512 (6,868) 163 (375)	2,434 (14,296) 117 (387)	6,165 (37,153) 111 (379)	630 (21,43) 179 (516)	4,000 (00,700)	0 (000)
Pharmacy Claims (\$)	1,519 (2,687) 325 (1,590)	1,859 (5,315) 345 (1,164)	1,667 (2,780) 611 (1,603)	2,188 (6,340) 340 (1,458)	147 (1,057) 11 (531)	329 (1,860) 0 (321)
Total Visits (#)	4.49 (5.01) 3 (6)	4.92 (6.51) 3 (4)	4.17 (4.21) 2 (7)	4.77 (5.35) 3 (5)	U (2)	U (3)
Office Visits (#)	4.11 (4.41) 3 (5)	4.05 (4.09) 3 (4)	3.95 (3.92) 2 (5)	4.32 (4.48) 3 (4)	-0.15 (3.30) 0 (2)	0.28 (3.60) 0 (2)
ER Visits (#)*	0.17 (0.60)	0.03 (0.17)	0.05 (0.37)	0.06 (0.30)	-0.12 (0.72)	0.03 (0.35)
Inpatient Stays (#)*	0.22 (0.94)	0.85 (4.27)	0.17 (0.89)	0.38 (1.88)	-0.05 (1.16)	-0.46 (4.30)

Bloss CS. bioRxiv online October 28, 2015; doi: http://dx.doi.org/10.1101/029983

# Digital Engagement Know Your Patients Technology Needs





## Improving Digital Engagement

Behavioral science factors for long-term engagement

**Habit Formation** 

**Social Motivation** 

Goal Reinforcement

#### Device related factors

- Design, aesthetics, out-of-the box experience
- Fit and form factor
- User experience and lifestyle compatibility

Kvedar J. Connected health: a review of technologies and strategies to improve patient care with telemedicine and telehealth. Health Aff 2014;33:194-9

# Digital Engagement Patient Participation

#### 3. Development

Formative assessment& feedback by experts

#### 2. Design

Six main&five sub-main learning contents

Educational App Development Process

#### 4. Implementation

Applying to the iPhone& android phone environment

#### 1. Analysis

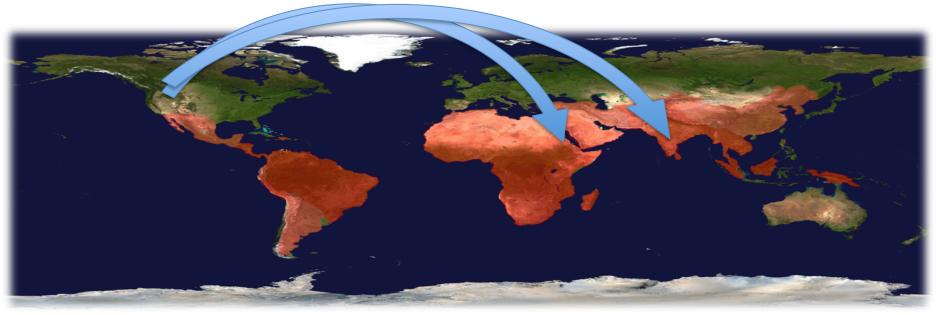
Analyzing patient needs& existing smart application

#### 5. Evaluation

Evaluation after patients use of the app

Cho MJ. Healthc Inform Res 2014 Bhavnani S. Mobile Health Revolution in Cardiovascular Medicine (2015)

# Improving Healthcare Access with mHealth



## Point-of-Care mHealth Devices



Bhavnani S. Deploying mHealth (NIH)

### Community Based *mHealth* Research Model



Solar Alternative Energy Social Networks

> School System



Healthcare System

Community

Community Health Worker



Cellular Carrier

Caregiver

**Patients** 



Bhavnani S. Deploying mHealth (NIH)

# Community Based mHealth Participatory Model mHealth Clinics

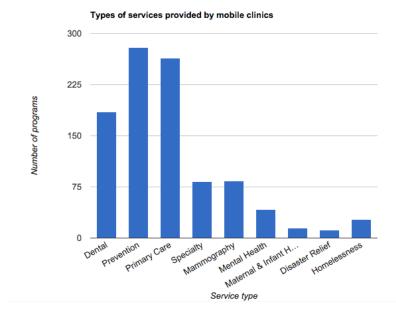


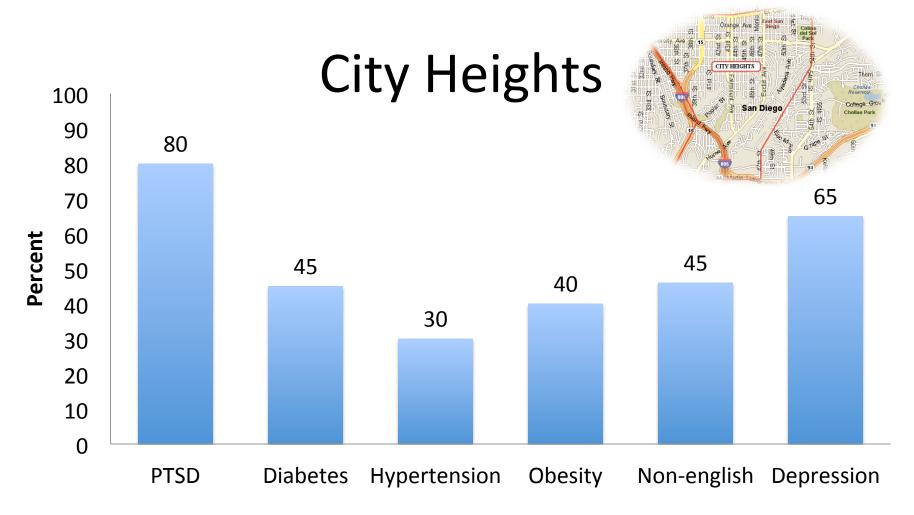
## Mobile Health Map – United States



Number of Mobile Health Clinics >1500 >5 Million visits annually







Somali Family Services (n=1,200 participants)

Medical Clinics City Heights National City Cardiovascular Disease
Hypertension
Diabetes
Obesity
Medications List

Mental Health
Depression PTSD
Nutrition – Activity
Autism – Vaccinations

Data Aggregation Platform

Clinical Trial

**Outcomes** 

Pharmacy

Cultural Linguistic Design



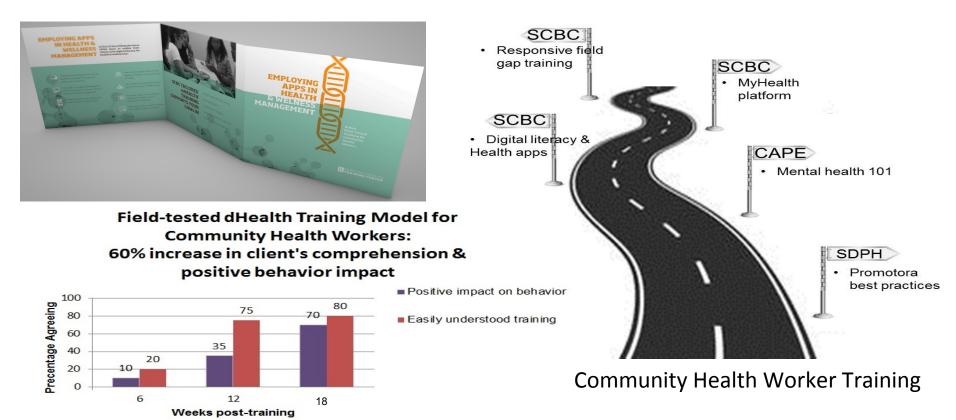
**Community Engagement** 

Community
Services
30K Population

Smartphone connected Asthma Chronic lung disease

Vision and Retinal Screening Breast and Colon Cancer

### **Technology Training**



Digital Health & Underserved Populations Multidimensional Approach

#### Screen

Data collection for an immigrant patient population City Heights N=30,000

Uniform data collection

Patient participation

#### **Treat**

Crowd source medical questions with cultural and linguistic methods

- Pharmacy
- Clinics
- Community health workers

#### Connect

Connections to clinics and community organizations

Creation of a online network of healthcare professionals

#### Intervene

Clinical Trials
Diabetes
Hypertension
Mental Health

Public Policy

Community Health Workforce



### **Mobile Health – Designing Behavioral Change**

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## **Backup Slides**

## #SoMe (Social Media)









apetite surpressed googley eyed no appetite doublevision blind appetite is nonexistent blurry vision miss feeling hung morexic double vision #notevenhungry blindness cant eat aldn't see making me eat like a mouse vision change blurry st appetite lost their evesight didn't get hungry seeing doub can't eat killed my apetite googly eyed lost teh appetite lost apetite crosseved killed my appetite seeing weird colour stomach small changes in vision change in vision change blurry stomach small changes in vision change blurry stomach small change blurry

## **Typos**

risual snow dont want to eat apetite surpressed googley eyed no appetitey doublevision blind appetite is nonexistent plurry vision miss feeling hung stappetite lost their eyesight can't eat killed my apetite googly eyed lost teh appetite lost apetite crosseyed killed my appetite seeing weird colour stomach small changes in vision lost my appetite plurry vision miss feeling hung venhungry blindness cant eat didn't get hungry seeing doub doublevision miss feeling hung venhungry blindness cant eat didn't get hungry seeing doublevision miss feeling hung didn't get hungry seeing doublevision miss feeling hungry seeing doublevision miss

MedDRA 10047571

Visual impairment

SNOMED 397540003

MedDRA 10061428

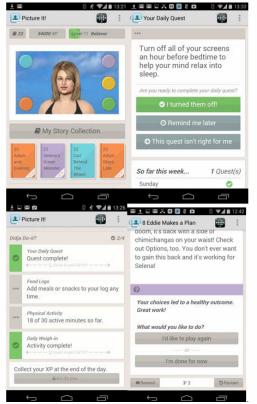
Loss of appetite

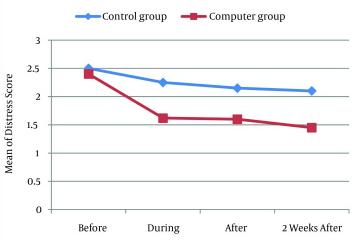
SNOMED 79890006

### Interactive Patient Participation



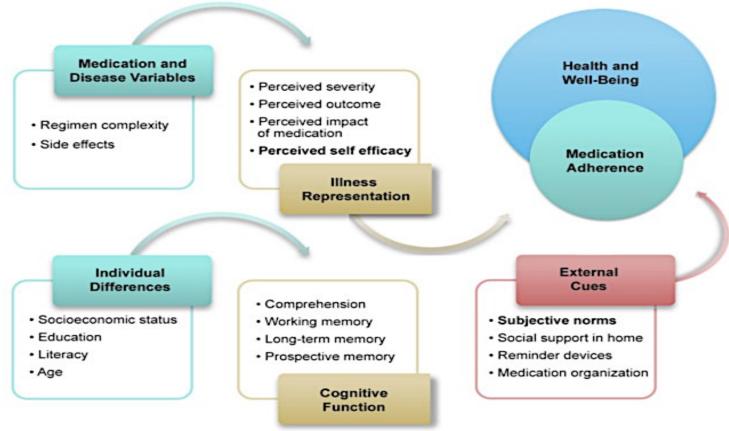
Gamification





Kamel Boulos MN, Digital games for type 1 and type 2 diabetes: underpinning theory with three illustrative examples. JMIR Serious Games. 2015

### Digital Health for Behavioral Change



Conceptual Framework of Medication Adherence Derived from the Health Belief Model