



IxInsights #34

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The Intersection of Health 2.0 and Ix

Speakers:

Susannah Fox, Associate Director, Pew Internet & American Life Project
Scott Shreeve, MD, Crossover Healthcare

Background: The March Webinar explored how the disruptive innovations associated with Health 2.0 will affect the evolution of information therapy. Health 2.0 guru Scott Shreeve, MD, of Crossover Healthcare, and consumer Internet trends expert Susannah Fox, Associate Director of the Pew Internet & American Life Project, presented their insights on the relationship between Health 2.0 and Ix. IxAction Alliance members, some of whom were panelists and attendees at the March 2008 Health 2.0 conference in San Diego, also offered their views on this subject.

IxInsights from Susannah Fox

Insight #1: Seventy-five percent of American adults (and 95% of teenagers) report using the Internet or e-mail.

Insight #2: Although Internet adoption varies by demographic group, widespread increases mean that a majority of the low-income population and African-Americans are now online.

- Many factors affect Internet use, including:
 - Income. 93% of Americans with an annual household income of over \$75,000 use the Internet, compared with 61% of those with an annual household income under \$30,000.
 - Language spoken. 79% of English-speaking Hispanics use the Internet, compared with 32% of Spanish-dominant Hispanics.
 - Race. 76% of Whites use the Internet, compared with 56% of Blacks.
 - Age. 92% of those between 18-29 use the Internet, compared with 37% of those over 65.

- Education level. 93% of college graduates use the Internet, compared with 67% of those with a high school diploma and 38% of those with no high school degree.
- Locale. 77% of urban and suburban residents use the Internet, compared with 64% of rural residents.

Insight #3: Seventy-five percent of American adults own a cell phone, and demographic differences have less of an impact than with Internet use.

- In no demographic segment studied by the Pew Internet project was cell phone ownership below 50%.

Insight #4: Broadband users are likely to regard the Internet as an “information appliance.”

- 54% of Internet users have high-speed (broadband) access, and many people report that they are stretching their budgets to afford it.
- Broadband users tend to turn to the Internet first when they need information or have a problem. However, when faced with a health crisis, they still consult a medical professional first.

Insight #5: Internet users can be subdivided into an “elite tech users” group, a “middle-of-the-road tech users” group, and a “few tech assets” group.

- John Horrigan of the Pew Internet project surveyed people about their “technology assets,” or information gadgets, what actions people took with their gadgets, and the attitudes people expressed toward their gadgets.
 - Elite tech users comprise 31% of the population. They are likely to be engaged in Web 2.0 and Health 2.0.
 - Middle-of-the-road tech users comprise 20% of the population. A subset of this category, “mobile centrals,” uses the Internet infrequently but fully embraces the functionality of their cell phones.
 - The few tech assets category comprises 49% of the population.

Insight #6: As mobile centrals are likely to be African American or Latino adults, those planning health interventions targeting these demographic groups should consider using cell phones rather than the Internet as a contact medium.

Insight #7: There are opportunities to reach those in the few tech assets group through technology, but only if they are convinced that they will benefit.

- See Insight #19 below for examples of how nonusers can be transformed into users through convenient transactions.

Insight #8: In contrast to general Internet usage, online participatory medicine involves a much more homogeneous population.

- The people using these resources are almost all White and college-educated, which is different from the current base of Internet users.
- Online health communities that prohibit the discussion of faith are perceived as less welcoming by some African Americans.
- Older Americans and those with less education are less confident navigators of the online world.

IxInsights from Scott Shreeve

Insight #9: “Health 2.0” can be defined as a term or as a movement.

- Matthew Holt, a co-founder of Health 2.0, defines Health 2.0 as a *term* describing health-care use of Web 2.0 technology. This use includes:
 - Personalized searches that find the right answers for individuals;
 - Better presentation of integrated data;
 - Communities that capture the collective knowledge of patients, caregivers, and clinicians;
 - Intelligent tools for content delivery; and
 - Ultimately, patients in charge of care delivery.
- Scott Shreeve conceptualizes Health 2.0 as a *movement* toward next-generation health care, not just the technology that will enable this movement.
 - In the next generation of health care, all constituents (patients, physicians, providers, and payers) will focus on healthcare value (outcomes/prices) and use competition at the medical condition level over the full cycle of care as the catalyst for improving the safety, efficiency, and quality of health care.
 - Enabling technology, in combination with health care system reform, will lead to a new range of services for more engaged and aware consumers.

Insight #10: Health 2.0 represents a value-driven paradigm shift from Health 1.0. In this transition:

- Opacity becomes transparency: Consumers will have ready access to the performance and outcomes information that will help them select treatments and providers.
- Focus on cost becomes focus on value, and pay for process becomes reward for results: As information on health care quality becomes more available, consumers and purchasers will be able to measure value (quality/cost) rather than just cost alone, and providers that offer better value will be rewarded with more business.

- Disease care becomes health care: With more consumers having access to the information they need to prevent disease and stay healthy, health care providers will be called upon to offer wellness counseling and services.
- Physician as the ultimate authority becomes physician as the trusted advisor, professional medical information becomes pervasive medical information, and patient as the passive observer becomes patient as the engaged consumer: Rather than providers' feeling threatened by patients' knowledge and involvement in their own care, providers and patients will share information and decision-making.

Insight #11: As Health 2.0 technologies advance, more people will find personalized technologies at affordable prices.

- As new technologies advance, their costs decrease and their applications multiply. As this “technology maturation” happens with Health 2.0, people will find more services available at more attractive prices.
- The advancement of Health 2.0 technologies will also make it possible for vendors to offer a wider range of highly personalized technologies for “niche patients” at affordable price points, including:
 - Online consultations,
 - Genetic testing,
 - Health-wealth advisors,
 - Nutrition services,
 - Wellness/preventive services,
 - Healthy rewards, and
 - Personal analytics.
- Just introducing new technologies won't “cure” the health care system; system reform needs to be a part of the discussion as well.

Insight #12: Online “care malls” allow health care providers in geographic proximity to list their services on one convenient site for consumers to search and compare.

- Carol.com in the Minneapolis area is an example of this type of mall. Packages of services (a year's supply of diabetic care; a hip surgery) are offered and can be compared across providers.
- Consumers can choose a package that maximizes what they value most, whether that is price, facility location, or some other attribute.

Insight #13: Health 2.0 offerings can help recruit the “unpatient”—those less comfortable in the traditional delivery system.

- Alternative niche services can recruit people who currently fall out of the “medico-industrial complex.”
- People who would not make use of a traditional \$250 office visit might choose to utilize a \$100 convenience care visit, a \$50 American Well e-visit, or a \$1.99/minute Live Wisdom telephone consultation. (Price alone may

not be the only driver; some consumers will choose these services for their convenience or other attributes that they value.)

Group Insights

Insight #14: The principles and tools associated with Health 2.0 can be integrated into the existing health care system to empower and equip patients, the true primary care providers.

- Outstanding questions include:
 - What resources are needed to do this?
 - Who will pay for it?
 - What additional professional resources need to be available when people reach the limits of their self-care capacity, and how will these be provided?

Insight #15: Ix can be an interactive, self-prescribed encounter without an associated clinical visit.

- Traditionally, Ix has comprised three components: physician-prescribed Ix, consumer-prescribed Ix (self-prescribed or peer-to-peer), and system-prescribed Ix. In recent years, Ix has been moving toward a self-sustaining system, where an individual engaged with the system continually gets support as needed.

Insight #16: Some of the people who could benefit most from Health 2.0, including seniors and people with disabilities or chronic diseases, are less likely to be wired.

- However, once these people learn how to navigate the Internet, they tend to become very engaged in accessing information and interacting with online resources.
- Devising ways to reach these audiences in creative ways (e.g., perhaps through cell phones for those who are less comfortable online) will yield benefits for all stakeholders.

Insight #17: Emerging Health 2.0 companies might do well to team up with larger vendors.

- Health plans can only work with a limited number of IT/Ix partners and integrate a limited number of products into their systems, so newer technology vendors could potentially reach a broader audience by integrating their products with existing products.

Insight #18: Providers' concerns about consumers being unable to interpret conflicting information may be exaggerated.

- The Internet has helped people learn to make choices. Every time they do an Internet search, whether on what movie to see or what medical treatment option to select, they are forced to process a huge amount of information.
- To make truly informed decisions, people do need to know which information has been validated, vetted, and supported by their health care provider and which information has not.

Insight #19: Non-users may be converted into Internet users through convenient transactions.

- The availability of online prescriptions, doctor-patient e-mail, and online lab results may attract current non-users to the Internet.
- This is analogous to the mass conversion to online banking and travel booking: People report that convenience was the number one driver in their decision to conduct these transactions online.

Additional Resources

The Pew Internet & American Life Project

The Pew Internet & American Life Project produces reports that explore the impact of the Internet on families, communities, work and home, daily life, education, health care, and civic and political life. The Project aims to be an authoritative source on the evolution of the Internet through collection of data and analysis of real-world developments as they affect the virtual world.

Support for the non-profit Pew Internet & American Life Project is provided by The Pew Charitable Trusts. The Project is an initiative of the Pew Research Center.

For more information, please visit
<http://www.pewinternet.org/>

Contact Susannah Fox: sfox@pewinternet.org

Crossover Healthcare

On his blog, Crossover Healthcare, Scott Shreeve states that:

My primary professional interest is the convergence of medicine, technology, and business. For me, healthcare information technology is the nexus of these diverse interests. My professional objectives are to design, develop, and distribute healthcare

technologies that enhance patient safety, increase clinical efficiency, and improve overall quality of care. However, technology is only the enabler of the wider reform movement that must take place in order to revolutionize the healthcare industry. Crossover Health is dedicated to ensuring that these technologies are effectively applied to health care delivery in order to create a true consumer market for optimal health.

For more information, please visit
<http://crossoverhealth.wordpress.com/>

Contact Scott Shreeve: scottshreeve@gmail.com

References

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