“...reform should be guided by a simple principle: We will fix what's broken and we build on what works.”
healthspottr is your source for ‘what works’.
we showcase innovation

• new technologies
• new business models
• care delivery models
a healthcare innovation is

• expands access to care
• elevates quality of care
• lowers the cost of care
we especially like

• stuff that is cheap
• stuff that is easy
• and easily transferable
We believe in the future of healthcare. We exist to showcase the people and the innovations that will bring this future to you. We only write about stuff we love, but we'll consider innovations of all kinds: a technology tool, a business model, a new therapy or scientific discovery with the power to shift the healthcare economy.

**Weekly Digest**

- Tenzing Health: Co-op of ‘Sherpas’ to help consumers navigate healthcare wilderness
- Emerick Index: An ethics scorecard for hospitals
- BioIQ wants to be the Amazon.com of self-testing kits

**Future Health 100**

#2 Todd Park
Co-founder
athenahealth
innovation: Physician and consumer health services

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**Special Feature**

**August 27 2009**

**Program Debut**

**Healthspottr Fellows Program:**

$250,000 Prizes for Health Innovators

**Open Call for Nominees**

Today we are pleased to announce the creation of the healthspottr fellows program. As part of our commitment to foster the transformation of healthcare through innovation, healthspottr is launching this annual fellowship program through which outstanding entrepreneurs will be awarded prizes of up to $250,000, each, to accelerate their endeavors.

We are debuting the program as part of our participation in *The Third Rail of Health Care Reform: Day 2*, a national healthcare summit hosted by RAPID Health in support of its health policy research program, COMPARE. The summit takes place Saturday, August 29, in Nashville, Tenn., and is co-sponsored by Vanguard Health Systems, The Martin Foundation and healthspottr.

Details of the healthspottr fellows program: We have assembled an independent committee of industry experts to select our award winners. Candidates will be evaluated for their past accomplishments, as well as for their future potential to
**Free Texting Platform for Healthcare Workers**

**WHAT:** FrontlineSMS:Medic is a build-it-yourself, two-way text messaging system for health workers.

**WHEN:** Piloted in 2008 in Malawi, Africa

**WHERE:** Based in Waterford, Virginia

**WHO:** Ken Banks, Josh Nesbit, Lucky Gunasekara, two others

**WHY:** FrontlineSMS:Medic gives health workers the ability to set up private, two-way communications networks using only its free open source software, a laptop, a modem, and a few cell phones. Enables patient follow-up in situations where logistics would ordinarily make this time-consuming and costly. Ideal for rural areas, but equally useful in urban settings. Does not require Internet access.

**COST:** <$

The best thing about FrontlineSMS:Medic is that it gives physicians and health workers in geographically challenged areas the ability to create a closed communications system with their patients, with virtually no installation costs. The only thing required that cannot be purchased off-the-shelf is a working GSM wireless network. Happily, these are proliferating now.

FrontlineSMS:Medic is an extension of the open source messaging platform pioneered by Ken Banks back in 2005, called FrontlineSMS. Ken built FrontlineSMS with developing countries in mind, where Internet access is poor, so that aid workers and volunteers could do things like monitor elections or circulate news independently of mobile networks, which are comparatively abundant. Since 2005, Banks’ platform has been used in Nigeria, Zimbabwe, Iraq, Cambodia, El Salvador and more. Aid workers in Afghanistan use it currently to alert each other of Taliban attacks. The work helped Banks win support from Stanford University, and a 2007 MacArthur grant.

There in Palo Alto, a Stanford student named Josh Nesbit heard Banks speak. Inspired, Nesbit and three friends customized Ken’s source code to create FrontlineSMS:Medic.

Here’s how it works. Simply download and install Banks’ software, plug in your phone to your PC, input the cellphone numbers of the people you want to reach—such as patients or nursing staff—craft your message, and...
Automated Email for Doctors and Patients

WHAT: HealthLoop is a web-hosted communications tool that facilitates daily, automated feedback between doctors and patients over email. Requires patient registration.

WHEN: Launched in May 2009.

WHERE: Distributed to primary care physicians in the San Francisco Bay Area. Five physicians currently experimenting in trial phase.

WHO: Founded by Dr. Jordan Shlain of Current Health, Steve Cohan from Bebo.com (AOL).

WHY: HealthLoop matters for four reasons. 1) Employs a communication platform doctors and patients already use, for a low barrier to entry. 2) It allows doctors to collect condition data and statistics from patients with zero effort or intrusion into their clinical schedules. 3) It keeps patients connected to their physicians with minimal effort or intrusion. 4) Eliminates unnecessary trips to the doctor’s office, ER.

COST: $ Monthly subscription fee to doctors is $29.99, per seat. Free to patients.

We like many features of this tool. Most important is the automation. As the venture capitalist Roger McNamara likes to say, ‘anything that saves time is worth investing in.’ HealthLoop has the potential to facilitate a huge amount of data collection quickly. It is particularly time-saving for physicians.

Here’s how it works. Doctors subscribe to the service and use it like any other web-based application – off a command ‘dashboard’ that is private to them. When sitting with a patient, doctors must request that the patient agree to register as a HealthLoop participant. (That’s for HIPAA.) From then on, whenever a patient comes under the doctor’s care for a specific purpose, over the duration of the treatment prescribed, the patient receives a daily, automated message to the email account of their choice. The message includes one simple, multiple choice question: ‘Are you Better? The same? Worse? or Much worse?’ Patients respond with a single keystroke, merely clicking the link that best fits their condition. (Screenshot below, left).

Responses feed into the doctor’s private HealthLoop dashboard; a single daily reply for each patient under the doctor’s care. Responses are color coded: red for “worse”; green for “better.” It produces a landscape of visual cues to indicate how the entire patient panel is doing that day. A lot of information, digestible in a glance. (Screenshot below, right.)
# Todd Park
Co-founder athenahealth
San Francisco, CA
patient gets this....

Dr. shlain wants to know how you're doing

1 message

To: carleen@healthspottr.com

Carleen, I would like to follow up on your recent condition - please click on one of the following links.

- I'm feeling Better
- I'm feeling The Same
- I'm feeling Worse
- I'm feeling Much Worse, please call me.
- The condition has completely resolved --no need for more follow ups
doctor sees this...

<table>
<thead>
<tr>
<th>Status</th>
<th>Patient</th>
<th>Messages</th>
<th>Condition</th>
<th>Started</th>
<th>Expected end date</th>
<th>Responses</th>
<th>Wellness</th>
<th>Pain</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 Send</td>
<td>Other ulcerative colitis without complications</td>
<td>1 week ago</td>
<td>08/07/09</td>
<td>4 / 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 Send</td>
<td>Recent Marathon</td>
<td>5 days ago</td>
<td>08/07/09</td>
<td>1 / 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Send</td>
<td>Low back pain</td>
<td>4 days ago</td>
<td>08/03/09</td>
<td>0 / 5</td>
<td>No Responses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Send</td>
<td>Low back pain</td>
<td>6 days ago</td>
<td>08/09/09</td>
<td>6 / 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Send</td>
<td>Diverticulitis of large intestine</td>
<td>1 week ago</td>
<td>08/09/09</td>
<td>5 / 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 Send</td>
<td>Tinea cruris</td>
<td>1 week ago</td>
<td>08/01/09</td>
<td>9 / 12</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Ken Banks

FRONTLINE SMS MEDIC
open source + laptop + SMS + cell phones
= a cheap, self-made network
applied to healthcare

Patient Tracking
Example: Patient on ART (antiretroviral therapy) misses appointment

OpenMRS produces patient alert

Secondary alert, patient tracked by motorcycle

FrontlineSMS blasts out alert to appropriate village health worker, receives VHW response + patient update

Patient refusal or more tracking needed

Patient has died or left the area

Message or question for clinician

New appointment date is set

OpenMRS updated

VHW
Finds patient

VHW

VHW
Tom Emerick
Emerick Index
are MDs salaried?
paid for volume?
are patients screened by impartial MDs before procedures?
flat rate pricing?

what do you charge for X, Y, Z?

mortality rate?

infection rate?
Lyle Berkowitz, MD
What a referring doctor creates
Who says hardcore analysis can’t have a sweet side?

Data-driven automated calls & multimodal communication strategies that engage the healthy person in all of us.

BusinessWeek article on automated calls

"Eliza’s ability to... get people to willingly spend five or more minutes conversing with its automated phone system is significant.”

Read more »

An engaging experience

Learn what it takes »

Conversations that impact...

Select a Program »
Sample “Year in the Life” Strategy

<table>
<thead>
<tr>
<th>Target Segment</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total &quot;_touches&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Utilizers</td>
<td>N/A</td>
<td>Promote My Health Manager and Single-visit sign-on</td>
<td>KP.org act for a family member (child or adult) promotion to women aged 30+ with dependents (&lt;12); targeted student health promotion</td>
<td>Promote THA: promote KP’s wellness/convenience offerings</td>
<td>4 - 6</td>
</tr>
<tr>
<td>New Members</td>
<td>N/A</td>
<td>Welcome call + My Health Manager</td>
<td>Promote mail-order Rx to members with monthly prescriptions and/or Lifesage-based screenings</td>
<td>Promote THA; targeted reminder to sign up with or visit PCP</td>
<td>5 - 7</td>
</tr>
<tr>
<td>Medicare</td>
<td>N/A</td>
<td>Promote mail-order Rx to members with monthly prescriptions</td>
<td>Promote advice nurse; assess 2007 ANOC and make go/no go decision</td>
<td>ANOC reminder (phone) and benefit update</td>
<td>4 - 6</td>
</tr>
<tr>
<td>Small Group Renewal Calls</td>
<td>N/A</td>
<td>Pilot outreach to improve group renewals</td>
<td>Assess pilot and make go/no go decision</td>
<td>Scale up program</td>
<td>1 - 3</td>
</tr>
</tbody>
</table>

All outreach segmented where warranted
85% of members reached request a mailed resource packet on weight management

79% of members reached request a follow-up mailing on smoking cessation

60% of members reached request a mailed resource packet on stress management

I SCREAM. YOU SCREAM. WE ALL SCREAM FOR GREEN BEANS.
“Humana… has Eliza call members to tell them about cheaper drug alternatives. In 18 months it has saved members $11 million.”

-VP of Product Innovation, in U.S. News and World Report

“We saved members about $3.9M based on proactive notification that their physician is out of network; above and beyond that, we saw excellent results with our defined measures of success.”

--Senior Vice President, top 5 national health plan
e-toolkit for PC doctors

PC doc need EMRs most
won’t spend $300,000, even w/ $40,000 sub
a simple, effective alternative
collect patient data electronically
reduce errors (NCQA), improve efficiency
engage patients

free!
4. Now go into footnote #10, “your customizable items.” Now re-enter your
passcode “IPxxx” and your password
and request summary data. You will be
able to see the responses you and your
staff completed.

Now return to the customization screen
and choose “add an open-ended
question.” Write in “We are always trying
to make our health care better. Please
write here any suggestion you might have
to make our care better.” Now choose
“enter”. (You can change/eliminate
wording at any time.)

Finally, return to the customization
screen and enter an email address for
your patients to send their action form.
Again choose enter. Then complete a
survey and test the email. If it does not,
check your spam filter or contact your ISP
to be sure howyouhealth is not blocked.

Sample of summary data is most commonly requested categories (columns). The
rows correspond to the survey items. The last five rows are your custom questions.
You can download a PDF version of the survey at “physicians and businesses” for
the scoring conventions.
Baseline for Ideal Medical Practices

Ideal Medical Practices strive to ensure:
- Unfettered access – patients report that there are no barriers to them when they want or need care.
- High continuity – patients know who to turn to when they have medical needs. Care is “de-fragmented” as much as possible.
- Highly efficient care – patients experience no waits or delays. Overheads are as low as can be.
- Move beyond “compliance” - Unmask what matters to patients in addition to our usual approach to “what's the matter.” Patients become better problem-solvers and self-managers.

In order to attain these objectives participant practices perform a baseline patient survey. By having patients report their experiences, IMPs quickly see how they are doing and how prepared they are in having their patients participate in self-assessments and feedback. Your individual and group results are posted on the website (anonymously).

The Patient Survey (howsYourHealth):

Baseline Responses of IMP Patients with Common Chronic Diseases or Bothersome Pain or Bothersome Emotional Problems

<table>
<thead>
<tr>
<th>Question</th>
<th>IQR**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good financial status*</td>
<td>68-92</td>
</tr>
<tr>
<td>Practice Structure</td>
<td></td>
</tr>
<tr>
<td>Continuity</td>
<td>90-100</td>
</tr>
<tr>
<td>Easy access</td>
<td>44-69</td>
</tr>
<tr>
<td>No waste time</td>
<td>81-100</td>
</tr>
<tr>
<td>Care “perfect”</td>
<td>40-63</td>
</tr>
<tr>
<td>Care “exactly”</td>
<td>46-69</td>
</tr>
<tr>
<td>Collaborative Care</td>
<td></td>
</tr>
<tr>
<td>Ex. Information about chr. dis.</td>
<td>40-58</td>
</tr>
<tr>
<td>Ex. Info for Breathing Prbs.*</td>
<td>33-67</td>
</tr>
<tr>
<td>Aware patient pain</td>
<td>85-100</td>
</tr>
<tr>
<td>Confident self manage</td>
<td>44-63</td>
</tr>
<tr>
<td>Often checks BP*</td>
<td>17-36</td>
</tr>
<tr>
<td>BP less than 150*</td>
<td>72-92</td>
</tr>
<tr>
<td>Blood sugar always 80-150*</td>
<td>17-29</td>
</tr>
<tr>
<td>Safety</td>
<td></td>
</tr>
<tr>
<td>Meds not make ill</td>
<td>79-92</td>
</tr>
<tr>
<td>Outcomes</td>
<td></td>
</tr>
<tr>
<td>No sick day &lt; 3 mo</td>
<td>62-79</td>
</tr>
<tr>
<td>No hosp ed use: 1 yr</td>
<td>54-80</td>
</tr>
<tr>
<td>Fully active - 2 wks</td>
<td>60-76</td>
</tr>
</tbody>
</table>

** Inter-Quartile: Eliminates Top 25% and Bottom 25% of Practices.
5. *Now you must ask patients aged 50-60 (if you are an adult practice) to use [howyouthalth](#) Do Not ask patients with an acute illness...focus on those having routine follow-up for a condition or a "check-up."

Best to request and give a reminder card or give a letter prior to an appointment. A sample letter, a poster, and patient handouts are available at “[for physicians and businesses](#).”

**The Overhead Survey:**

This data below shows the IQR for 20 one doctor practices. (We are gathering information for larger practices but the numbers are too small to report IQRs for them at this time. However, there is no reason to presume that on a physician basis, overheads should be higher in big practices — isn’t bigness supposed to result in some economies of scale?). If your practice is below the IQR in overhead, you are probably quite efficient in the use of financial resources. Others may wish to ask you “how you do it.”

<table>
<thead>
<tr>
<th>Category of Expense</th>
<th>IQR in Monthly $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>150-1200</td>
</tr>
<tr>
<td>Malpractice</td>
<td>422-1062</td>
</tr>
<tr>
<td>Rent</td>
<td>600-1600</td>
</tr>
<tr>
<td>Loans</td>
<td>0-1000</td>
</tr>
<tr>
<td>Tele-Communication</td>
<td>200-384</td>
</tr>
<tr>
<td>Medical Supply</td>
<td>104-300</td>
</tr>
<tr>
<td>Dues/Fees</td>
<td>80-160</td>
</tr>
<tr>
<td>Billing</td>
<td>0-484</td>
</tr>
<tr>
<td>Office Supply</td>
<td>50-178</td>
</tr>
<tr>
<td>CME</td>
<td>40-200</td>
</tr>
<tr>
<td>Software</td>
<td>75-200</td>
</tr>
<tr>
<td>Business Insurance</td>
<td>29-100</td>
</tr>
<tr>
<td>Accountant/Legal</td>
<td>33-99</td>
</tr>
<tr>
<td>Computer Tech Support</td>
<td>24-360</td>
</tr>
<tr>
<td>Hardware</td>
<td>30-120</td>
</tr>
<tr>
<td>Personal/Family Insurance</td>
<td>0-370</td>
</tr>
<tr>
<td>D/L Insurance</td>
<td>0-80</td>
</tr>
<tr>
<td>Auto Insurance</td>
<td>0-98</td>
</tr>
<tr>
<td>Office Square Feet</td>
<td>350-1200</td>
</tr>
</tbody>
</table>
the trojan pony

EMRs demand $$$
and behavior change of MDs
digitization can be done by others, too
every clinic has a clipboard for check-in
push workflow to the patient!
“You’re sitting there and you’re waiting. Why not digitize your own health records?”
healthspottr fellows program

• prizes for health innovators
• $100,000 to $250,000
• few strings
• open nominations
• 1st award in December
thank you!

Carleen Hawn
o: 415-513-5078
c: 917-488-6554
carleen@healthspottr.com