



eHEALTH INITIATIVE
Real Solutions. Better Health.

National Council on Chronic Disease and Technology:

Mobile apps and Chronic Disease Management

Wednesday, May 15, 2013

2:00 – 3:00 pm ET

Reminder

*Please mute your line
when not speaking
(* 6 to mute, *7 to unmute)*

Reminder

This call is being recorded

Agenda

- Welcome and introduction
- Roll call
- Presentations: Happtique, WellDoc
- Discussion/Questions
- Next Steps

Co-Chair

The Council is chaired by:

- **Matthew Holland**
Executive Director
Government Services
WebMD



Overview

- In 2013, the Council will explore how health IT can improve the management and prevention of chronic conditions.
- Bi-monthly meetings will serve to identify best practices and case studies, and discuss critical emerging issues
- Unless otherwise notified, the Council will convene on the third Wednesday of every other month from 2:00-3:00pm ET

Today's Speakers

- Martin Mendiola, MD, MPH
 - Director, Clinical Program Development at Happtique, Inc.
- Malinda Peeples, RN, MS, CDE
 - VP Clinical Advocacy at WellDoc



Happtique Solutions for Managing Chronic Disease

Martin F. Mendiola, MD, MPH
Director, Clinical Program Development

Our Mission

- ▶ Mobile technology is transforming the delivery of healthcare and the patient's role in the management and monitoring of personal health. Happtique is leading the way.



At Happtique, our mission is to **integrate mobile health into patient care** & daily life.

Born out of Greater New York Hospital Association



- **Healthcare Credibility:** GNYHA membership of 250 hospitals and continuing care members, serving over 23,000 facilities nationwide
- **Business Focus:** GNYHA Ventures was founded to address operational and efficiency concerns on the business side of healthcare
- **Legacy of Innovation:** Each GNYHA company grew from needs expressed by healthcare providers – to save money and improve patient care

Adoption of Mobile Technology – Driving mHealth

The Patient:

They're all mobile, all the time



87%

Own a cell phone



1 OUT OF 5

Smartphone owners already have at least one health app



74%

Can't go more than a single day without their mobile device

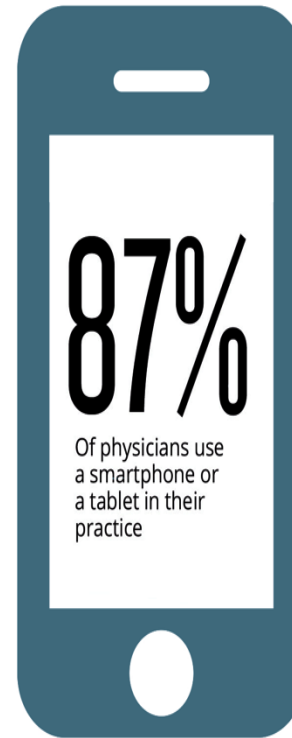


7 OUT OF 10

Track a health indicator for themselves or for a loved one

The Healthcare Professional:

They're already using mobile in the office



87%

Of physicians use a smartphone or a tablet in their practice

80%

Of physicians use mobile technology to directly facilitate patient care

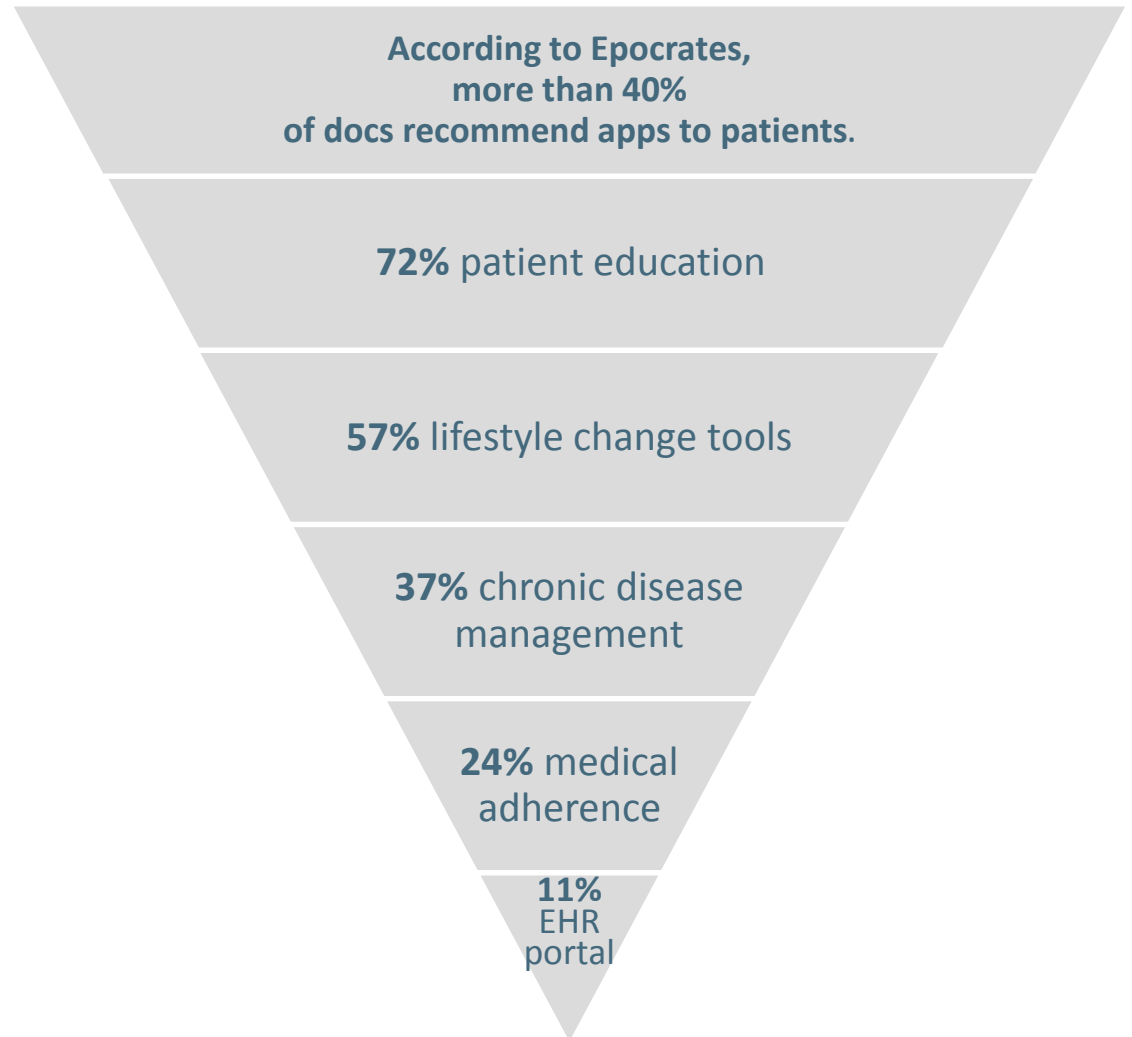
61% Of physicians use clinical apps

Apps will revolutionize healthcare

“The smart phone will be the hub of the future of medicine. And it will be your health medical dashboard. **These days, I’m prescribing a lot more apps than I am medications.**”

- Dr. Eric Topol

Chief Academic Officer,
Scripps Health
Top Cardiologist and KOL



Benefits of mHealth Technology

HEALTHIER PATIENTS		IMPROVED CARE		REDUCED HEALTHCARE COSTS	
WellDoc™ Mobile Diabetes Management RCT	Improvements in: <ul style="list-style-type: none"> ▪ HbA1C ▪ Medication optimization (84% meds titrated /changed) 	The Impact of Mobile Handheld Technology on Hospital Physicians' Work Practices and Patient Care	Improvements in: <ul style="list-style-type: none"> ▪ Medication compliance ▪ Asthma symptoms ▪ HbA1C ▪ Stress levels ▪ Smoking quit rates ▪ Self-efficacy 	The Socio-Economic Impact of Mobile Health	Cost reductions in: <ul style="list-style-type: none"> ▪ Data collection ▪ Care for the elderly
Mobilizing for Health Initiative: Diabetes Care and Management	Reductions in: <ul style="list-style-type: none"> ▪ Hospital stays ▪ ER visits 				
Healthcare via Cell Phones	Improvements in: <ul style="list-style-type: none"> ▪ Medication compliance ▪ Asthma symptoms ▪ HbA1C 				

What's holding docs back from prescribing apps?



They don't know how to find relevant apps.



They don't trust that the app safeguards user data, has credible content and functions as described.



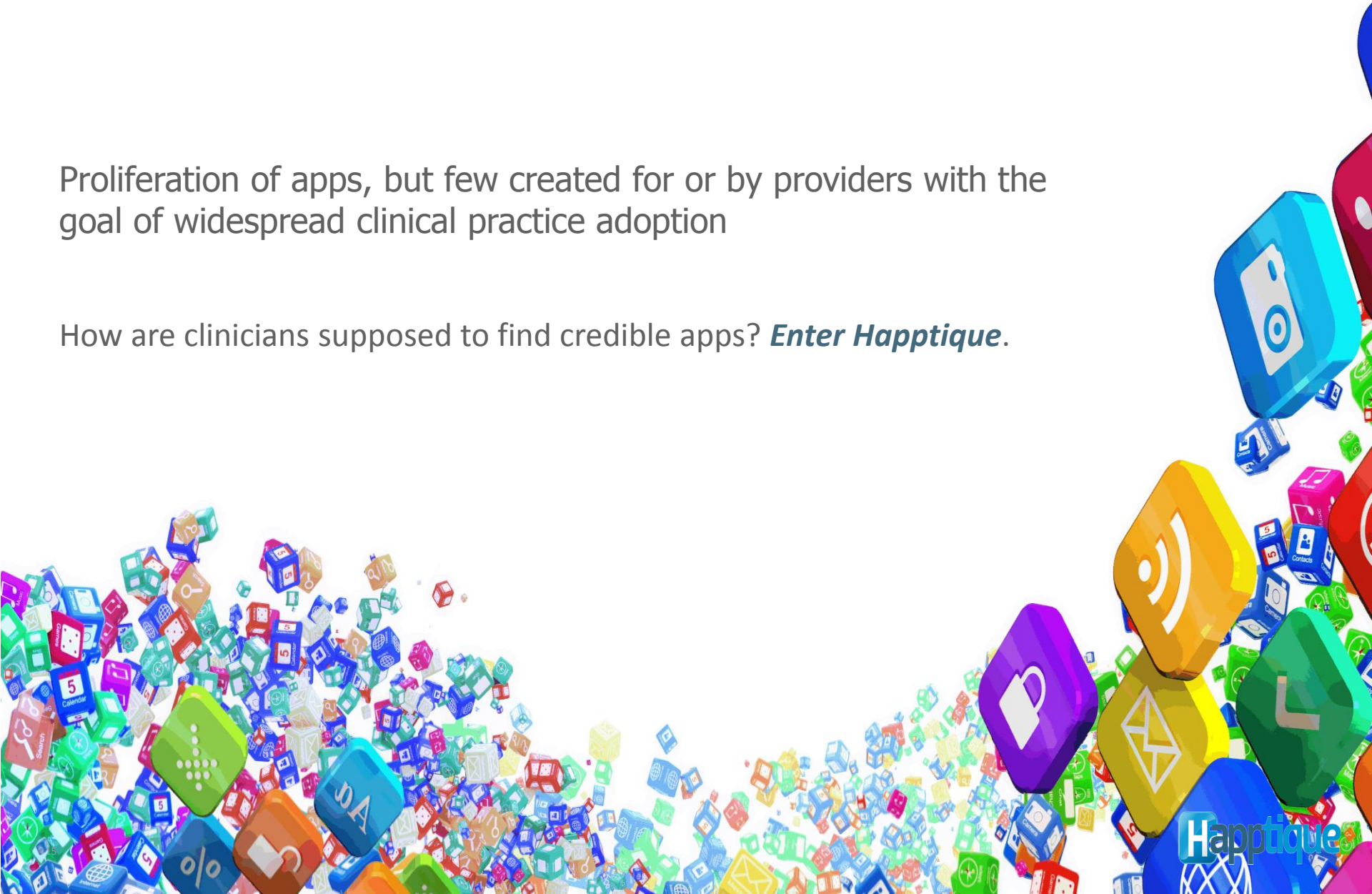
How can they deliver apps securely and effectively?

HAPPTIQUE HELPS ADDRESS **EACH** OF THESE ISSUES.

The Problem? 40,000+ Health Apps Exist

Proliferation of apps, but few created for or by providers with the goal of widespread clinical practice adoption

How are clinicians supposed to find credible apps? *Enter Happtique.*



Start prescribing with Happtique's catalog system

Use Happtique's sample catalogs for medical specialties (professionals) or disease states (patients)

- Top App Lists from academic institutions
- Medical specialty society
- Established private sector organizations
- FDA
- Non-FDA governmental departments
- Reputable app developers

Coming Soon:

HACP will test if apps contain credible content, data safeguards, and function as described



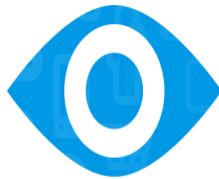
Happtique Health App Certification Standards

Developed under the direction of a Blue Ribbon Panel along with input from healthcare and information technology organizations and representatives of key Federal agencies.

The Standards address four areas:



Operability



Privacy



Security



Content

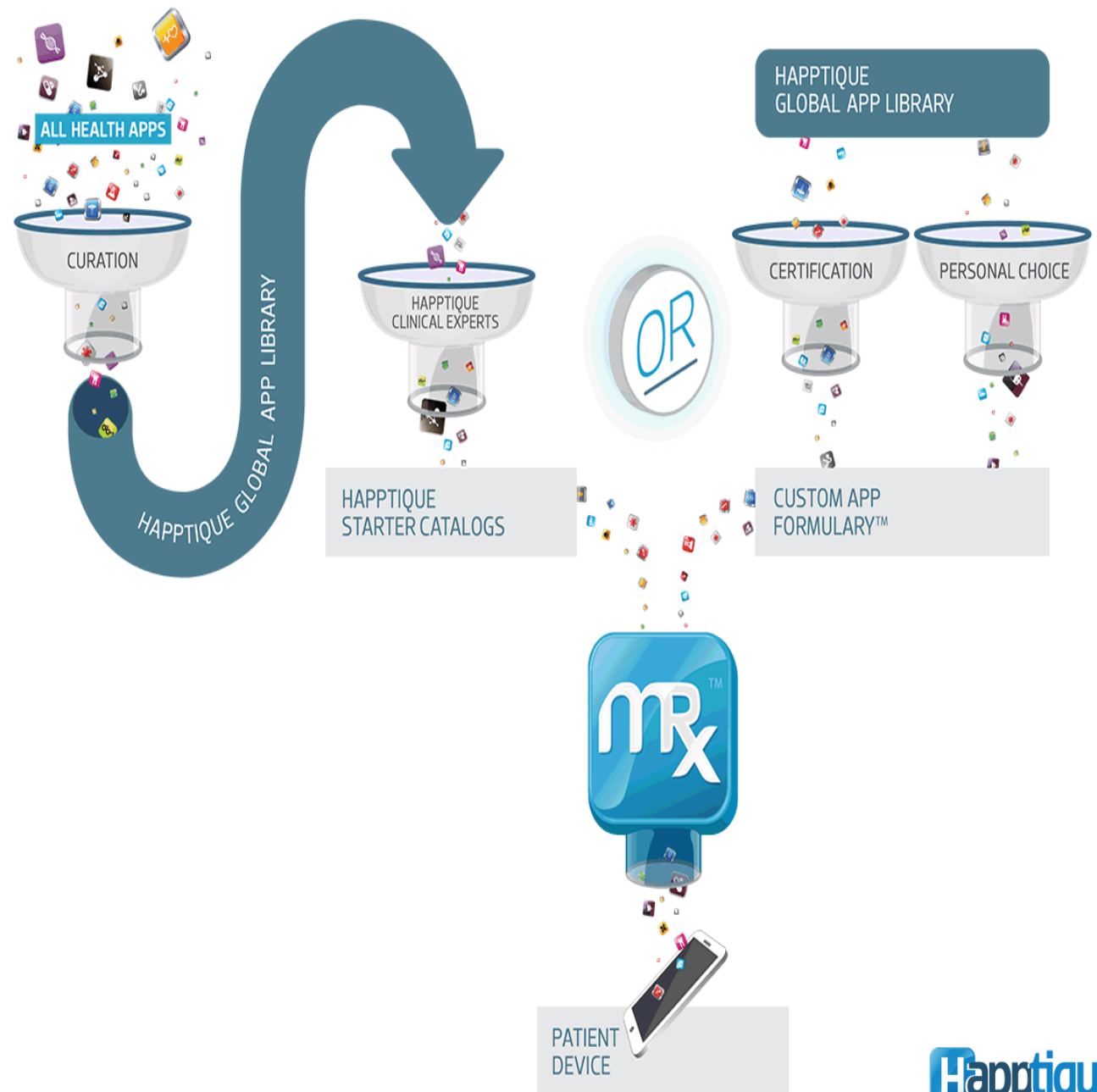
Each of these areas consists of multiple Standards and associated Performance Requirements that seek to specify how each Standard will be applied with respect to the application being assessed.

Securely Prescribe Apps, Send Digital Content



- Allows for the secure prescribing of apps, videos and documents to patients.
- Patient receives email and clicks a link to fill the app prescription.
- Provider can view app prescription history and resend an app prescription at any time.

Recap: Happtique's Synergistic mHealth Solutions

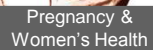
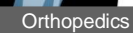
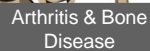
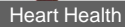


Case Study 1: Howard D

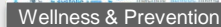
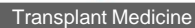


- A middle-aged male with a history of hypertension, diabetes, osteoarthritis, and chronic bronchitis that smokes 1.5 packs of cigarettes daily and has a BMI of 37.
 - A recent scare that sent him to the ER causes him to reevaluate some of his lifestyle decisions. As he was leaving the hospital, the ER physician said that losing weight and quitting smoking were two of the best things that he could do to improve his overall health
 - Without a PCP, this is the only healthcare professional to advise Howard.
 - At home, the patient decides to investigate his mHealth options to help him lose weight and quit smoking

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Senior Health



Case Study 2: Connie W.



- 60 year-old female with a history of uncontrolled hypertension presents to her PCP with a BP of 163/ 92.
 - After some preliminary questions, the physician seems visibly frustrated once he realizes that Connie hasn't been taking the medications that he prescribed to her on her last visit. Connie says that she constantly forgets to take them and always remembers at inopportune times.

Medication Compliance Stats:

- Patients with chronic diseases normally take **50%** of prescribed doses
 - HTN patients who take less than 80% of antihypertensive doses have a fourfold increase of having a cardiac event
 - Only 72% of hypertensive patients take their medications at least 80% of the time
- **84%** of patients cite forgetfulness as the main reason for noncompliance
- **10-15%** of all hospitalizations in the US are due to medication non-compliance
- The World Health Organization has identified medication non-adherence as the leading cause of preventable morbidity, mortality, and unnecessary health care costs.

The Platform



The Platform

Prescribe apps & content with touch of a button



Harnessing app potential: “RoA” for med compliance

Average discharges per year,
short stay hospitals in U.S.

36,100

Average readmissions within 30 days of
hospital discharge

17.6%

Hospital readmissions caused by med non-
compliance

10%

Average hospital stay due to med non-
compliance

4.2 days

Average cost per patient day, US hospitals

≈ \$2,000

Savings by preventing 10% of these
readmissions (10% of 10%) with med
compliance app

≈ \$533,702



THE KEY TO YOUR mHEALTH STRATEGY.

Questions?

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