Observations from the Back Row at the 2014 mHealth Summit

I spent two days among the 4,000 attendees at the 2014 mHealth Summit last week. Here’s the “official” description of the conference from its website:

The mHealth Summit, the largest event of its kind, convenes a diverse international delegation to explore the limits of mobile and connected health, including every aspect and every audience. Technology, business, research and policy. Mobile, wireless, digital, wearable, telehealth, gaming, connected health and consumer engagement.

In prior years, the summit has focused on what technology can do, i.e., “we can build an app for that.” This year, the focus shifted to how to integrate technology, i.e., we built the app, now why aren’t they coming?

There are roughly four categories of mHealth solutions now available: (1) health and fitness support tools, (2) self-diagnosis and testing tools; (3) acute care tools; and (4) chronic care management tools. Products in the first two categories of solutions are intended for direct consumer use, while the others are tools designed for providers.

There were several presentations on research relating to consumer adoption of these tools. From them, I gleaned the following conclusions: (1) most consumers recognize the value of these tools; (2) many consumers express interest in using them; (3) some consumers have purchased them; (4) only a few consumers still use the tools several weeks after purchasing them.
Certainly I’m no marketing guru, but it seems to me the direct-to-consumer approach with the first two categories of mHealth tools may require adjustment. Many, if not most, people still look to their doctors for actionable healthcare advice. We may look to WebMD for a preliminary diagnosis for our symptoms, but we most often rely on our doctors for a definitive diagnosis and treatment plan.

Similarly, while the public seems to find new mHealth tools intriguing, most of us are not fully embracing the promise of better health through self-directed therapies and treatment. Could it be we are waiting for our doctors’ advice on how to use these tools to maintain and improve our health? Speaking for myself, I would be far more likely to strap on a wearable device or download an app if I saw it as something prescribed by my doctor.

With respect to the mHealth tools designed for provider use – especially the chronic care management tools – it appears many vendors (and even venture capitalists) are moving forward based on the assumption there is a ready market for these products. Because payment to providers now includes consideration for patient outcomes, these vendors and their investors assume providers will be eager to invest in technology to manage patients.

While mHealth companies may see value-based purchasing as a *fait accompli*, healthcare providers, by necessity, are still firmly entrenched in the fee-for-service world. And in that world, there is little economic incentive to effectively manage patients with chronic conditions, and thus little appetite for high-priced technology tools.

However, if these tools can be used to generate fee-for-service reimbursement – as well as improve patient outcomes – it seems providers’ appetites for these technologies should grow. With the advent of Medicare payment for chronic care management services, and with other payers likely to follow, these technologies can help bridge the chasm between volume- and value-based payment models.

mHealth companies would do well to study how current payment models incentivize provider behavior and how emerging models turn those incentives on their heads. It is the opinion of this conference participant that mHealth companies should
present their products as a way to ease what we know will be a painful transition, rather than just waiting on the other side for the surviving providers to “arrive.”