

## **mHealth - Closing the Clinical and Consumer Gap**

mHealth is big news. It's becoming better understood, increasingly accepted and more widely adopted and yet still there are only pockets of areas where it is being used to its full potential. So why is this and what are the catalysts that will enable mHealth to become truly disruptive?

In some areas, such as wellness, fitness and even self-diagnostics there is undoubtedly a lot of buzz and in turn a high pick-up of mHealth, and more specifically, applications. How many times have you read about a fitness app that tracks your progress or a diet app that tracks your calories and instantly downloaded it? The problem is, how often has that same app lay defunct only to eventually be deleted to free up memory space? Despite all the best intentions, such apps have a high drop off rate, lack clinical buy-in and therefore make the health economic benefits difficult to quantify.

But what about apps that genuinely have the ability to help individuals and clinicians manage both acute and chronic conditions? Generally, people use these if they have health issues, clinicians often provide encouragement for continued use and therefore the drop-off rate tends to be lower. For this reason they have great potential to show health economic and care quality impact. The issue here is that high regulation, outdated reimbursement and underestimation of the scale of change management required prevent such clinical applications ever reaching a critical mass that demonstrates real benefits.

### **How can we make a business for mHealth?**

The arrival of personalised medicine and population health management is giving individuals a stronger desire to be more in control of their health and care but an unsustainable consumer business and a highly regulated healthcare market, leaves mHealth with limited ability to support them.

Countries in Western Europe in particular have high market potential due a digital maturity and large population, however, these countries are also subject to the highest level of regulation. Whereas many Northern, Central and South Central European countries provide a lesser potential due to low population but on the positive side they have less challenging regulatory frameworks. The UK presents a unique opportunity where demand is high and regulation is relatively uncomplicated, however small incentives for providers to use such technology often mean it is not prioritised.

But the issue is not just the market potential, it is about offering the market something that it both needs and wants and this can only truly be achieved by closing the gap between consumer and clinical applications. This topic will be a key theme at the upcoming [mHealth Summit](#) in Latvia in May - If app developers want to be involved in big business they will have to address the clinical side and the clinical side will have to include the consumer driven data.

### **From silos to cross-platform**

Of course this is not the only challenge, as we start to move away from the consumer market to a more regulated clinical one, we face the silo challenge whereby lack of integration across health and care settings results in few cross border workflows, processes, data exchanges and access. mHealth challenges and changes the way we have traditionally delivered healthcare and therefore only makes sense if it can work across those silos.

### **Disruption and drivers**

A key consideration must also be about developing an app that addresses the pain points of patients and that has a positive health economic impact. Disruption is the most prominent blocker on the road to implementation, it is

therefore important to start with services and solutions featuring less cross border disruption and change and then look to scale up offerings from least disruptive. As the technology becomes more disruptive it is more important to have a clear business model, change management and committed driver to avoid further resistance.

Apps linked to drug adherence, information and appointments, all which have a high number of users tend to be adopted more quickly, whereas those that have the potential to cause more disruption such as acute outpatient care and disease management will undoubtedly see a longer time to adopt.

### **Desire versus require**

A common myth is that people do not want digital services or that they are only relevant for the younger generation. However, studies show that more than 75% of patients would like to use digital services, including more than 70% of over 50 year olds. The reason why they do not is not usually due to the sensitive nature of medical care, it is rather that the services do not meet their basic needs.

Research has found that typically patients don't necessarily want complicated features and apps, instead they want an efficient service with better access to information access and stronger integration with other channels. In Germany for example, finding and scheduling doctors' appointments and selecting the right specialist are key requirements and do not typically demand high IT investments nor complicated functionality.

Meanwhile apps that focus on chronic disease, co-morbidities, undiagnosed populations, medication management and avoidance of acute conditions by driving awareness about external factors such as smoking or food intake are increasingly desired.

### **Big does not mean clever**

So where to start? You have brought clinical and consumer applications together, understood your patient and market needs and are looking to deliver a solution that works across the numerous health and care silos. The key is to not walk before you can run - a comprehensive cross border platform of services is the end goal and not a prerequisite to create value. The necessity is not to "go big" right from the start only then will mHealth be scalable enough to deliver true benefits.

Rainer Herzog, General Manager, HIMSS Europe.

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### **Editor's notes**

*Rainer Herzog will be available for interviews during the mHealth Summit Europe and eHealth Week on 11-13 May in Riga, Latvia. To apply for a press pass please fill out our [online form](#). To arrange an interview or to enquire about press passes for the event please contact Inés Burton [iburton@himss.org](mailto:iburton@himss.org).*

### **About the mHealth Summit Europe**

*The [mHealth Summit Europe](#) will be back in 2015 as a part of [eHealth Week](#) in Riga, Latvia on 11-12 May. The Summit will be opening eHealth Week like no other event, providing international thought leadership on how we can fulfil the mHealth promise with a focus on "Energizing the mHealth Agenda in Europe". The event addresses opportunities and challenges, as well as strategies for taking mHealth from pilots to true implementation.*

