Transcript: Mobile Health – Are We Ready for It?

Barry: Welcome to the Senior Care Corner Show. I'm Barry.

Kathy: And I'm Kathy. Thanks for joining us today.

Barry: You'll find us online at SeniorCareCorner.com with solutions, tools and information for families and other caregivers of senior adults.

Well Kathy, we've got another interesting show lined up today. Our feature segment goes into the questions of whether or not we're ready for mobile health given all the discussion, from us and others of late, and if in fact it's already here. Before we get to that though, I believe you've got some news items to share with us?

Kathy: I do! Today I have found some very interesting informative articles for us.

PET Scans Helpful, But Not Definitive for Alzheimer's Diagnosis

PET scan technology may help identify the onset of the disease but there is still no definitive way to diagnose Alzheimer's disease in living patients. Currently, experts are trying to determine who would benefit from this expensive test.

One hallmark of Alzheimer's disease is amyloid plaque. PET imaging can visualize this plaque while patients are still alive.

People who should be considered for a scan include:

- Those with persistent or progressive unexplained memory loss or confusion and those with problems in tests of thoughts and memory.
- People with possible Alzheimer's but whose symptoms don't present in the usual way.
- People with progressive dementia before the age of 65.

It is not recommended for those over 65 or those with known Alzheimer's or those without any symptoms. Amyloid found does not in itself diagnose Alzheimer's disease but just acts as one tool along with other data to support a diagnosis.

The Centers for Medicare and Medicaid Sciences will be deciding if the cost of these scans will be covered under their programs. Currently the scans cost anywhere from $3,000 to $6,000 or more.

Benefits of taking the test and finding amyloid plaques includes beginning a medical plan, relief in a diagnosis, ability to pursue other cause of problems or an alternate treatment plan if no plaque is found and the possibility of beginning a clinical trial. Up to this point, scans have been primarily used in research.

Barry: Well that's interesting. Just one more question ahead of us and one more expensive test that may or may not tell us what we need to know.

Kathy: Right. So, we're trying to determine if that's going to be a valuable test or not. We shall see. Our next news item:

New NIH resources help the growing number of Americans with Vision Loss

The National Eye Institute, a part of the National Institutes of Health, has just released new materials that can help Americans suffering with vision loss.

As part of Low Vision Awareness Month, a series of videos and a large print book titled *Living with Low Vision: What You Should Know* was developed to help people with low vision seek help to maximize their remaining eyesight. This will enable them to live a safe and productive life.

The video series features patient stories, assists health care professionals to connect patients with services for those with vision loss and coping strategies to improve function.

Low vision means that everyday tasks are difficult to accomplish even with the use of glasses, contact lenses, medicine or surgery. In older people with age-related macular degeneration, diabetic retinopathy, cataract and glaucoma who experience low vision loss, accomplishing their daily activities of living is impaired.

It is estimated that 2.9 million Americans live with low vision. A low vision specialist can help build a plan to help older people and can make a world of difference helping them adjust to their vision loss.

Barry: Very interesting yet one more thing there with their eyes and one more reason to take care of them.

Kathy: Alright, our third news item today:

New Stroke Guidelines Stress Treatment within One Hour of Arrival in ER

New guidelines for stroke care find it is crucial to get clot-busting drugs and other treatments within one hour of arriving at the emergency room.

The American Stroke Association has just published new guidelines for hospitals to improve their processes and get the necessary treatment started fast.

It is the process that is vital when a patient arrives at the hospital. The best outcome will come when this process is followed. The most common type of stroke known as an ischemic stroke is caused by a blood clot in an artery in the brain. This type accounts for 90% of all strokes. Treatment of ischemic stroke begins with a brain scan to find the clot and then given an injection

to break up the clot. This injection known as tPA needs to be given within four and a half hours of the first appearance of symptoms.

Because the time frame is so important, stroke guidelines stress calling 911 and getting to the hospital by ambulance. They suggest that you do not take your loved one by personal vehicle. Going by ambulance means that the hospital will be ready and the process of treatment will be already underway. Going yourself by car doesn't get this urgent process underway in the same manner. An ambulance trip may also get you taken to a stroke center instead of community hospital for improved treatment and recovery.

"Time is brain" according to neurologists. Getting to the hospital too late means brain death.

Be alert to the signs of stroke with this method known as "FAST":

Face drooping

Arm weakness

Speech difficulty

Time to call 911

If these symptoms develop, take action even if the symptoms go away according to doctors.

Barry: I find that interesting that they would stress the importance of starting to receive treatment of within an hour. I guess you think that somebody wouldn't enter the hospital with a stroke; they'd automatically get treatment within an hour or if not a lot sooner.

Kathy: Well what they're saying is people are waiting from the time they get the first symptom before they decide to go to the hospital and then they're driving themselves and by the time they get into a scan and get a diagnosis; it's already over the four hour limit. So they want people to act fast, get to the hospital in an ambulance and get this process started.

Barry: Okay.

Kathy: Alright, our fourth and final news item today:

Acts of Kindness Can Make You Happier

Researchers in a recent study found that performing small acts of kindness can make people happier. However, how this happens is still a puzzle.

It has been known that positive attitudes and activities boost positive emotions, thoughts and behavior which will in turn improve your well-being. Researchers are now focusing on how people can deliberately change their thinking and actions to be happier.

It seems that the 'dosage' of an activity is important. Variety, frequency and motivation play a role in happiness and not any particular act of kindness.

Performing a variety of kind and grateful behaviors helps maximize happiness while doing the same kindness repeatedly does not boost happiness. Additionally, if you have social support for your kind action it will also boost your happiness.

Barry: Thanks Kathy interesting news items. We want to move onto our feature segment here.

Are We Ready for Mobile Health - - and is it Here Already Show

There seems little doubt that mobile is going to be a significant part of our healthcare and even our healthcare system - - and is in fact already part of it for some of us. That assessment's based in part on the momentum we've seen and heard, notably at the International CES, and part on well simply some hope - - because our healthcare system needs some radical change to the current system if we're going to continue to enjoy the high levelof care we have today. Of course, in order to enjoy it we have to be able to afford it so SOMETHING has to be done to stem the tide of increasing cost we keep seeing - - and feeling in our wallets.

We've seen many trends, of course, that didn't pan out and too many that did stick, even if we wish they didn't. We want to talk about why we think mobile health is a trend that will last and why we think it should. At the same time, we're going to express some caution. Mobile health might not be right for everyone now at least the way it is in place today. Even more important to understand is that some of what's available now - - and likely some of what will be available in the future - - just isn't right for anyone.

Mobile Health IS Needed

That the US healthcare system needs to change is a belief so universally held it's become fact rather than opinion. HOW it needs to change is, unfortunately, something subject to significant differences in opinion.

Kathy: From my perspective, something structural has to change. As budgets are tightened and reimbursements are reduced, short run responses often include cutting the hours, pay and both of healthcare workers, including professionals such as doctors, nurses and other crucial front line staff. In the short run these cuts will impact the level of care provided. Whether that results in negative patient outcomes is a subject for debate, but it really has an impact on the people providing care. People may say "boohoo" doctors based on their impression are making tons of money, but keep in mind, Barry, that doctors aren't the only part of the healthcare team.

Barry: Well from what I've seen, many aren't making the big money that is commonly thought or even what they did in the past, anyway.

Kathy: I don't argue with that, but it's not really the point. As it becomes less attractive to be a doctor, nurse or any one of the other professionals on whom our health depends, we'll see few

people motivated to pursue those career paths, which can only hurt us as our population ages and the need of many for healthcare services only is increasing.

Barry: Good point, Kathy. Not only are costs high in the short term and expected to continue increasing, but access to care may be reduced if there are simply too few providers. That leads us right to the need for new ways to access healthcare providers and for them to deliver the care we need - - not to mention ways of caring for ourselves and loved ones that make more efficient use of those professionals and their time and skills.

Fortunately, those areas are where the innovation in mobile health should really have great impacts. We often report on the innovation that's in the pipeline and will continue to do so, though it will be nice to see even more of it exit that pipeline and go into use meet our needs. Rather than speculate about what might be coming or talk about what we need, today we're going to talk about what's here and how we might actually use mobile health technology based on what we're doing today.

Mobile Healthcare Today

Kathy: What's out there in mobile healthcare already, Barry?

Barry: As in many other areas, Kathy, the answer to the question depends, at least in part, on how you define mobile healthcare. Let's start with our smartphones and tablets, which are the definition of mobile to many consumers. I did a search on the term "health" in the iPhone/iPad app store a few minutes ago and got back more than 7,600 results and have seen reports of more than 100,000 apps being available across all platforms, which probably includes healthcare apps available on computers. Not all of those are what we would really consider healthcare type apps, but even if you eliminate a bunch of them that's still a big number.

Many of those apps work alone but a growing number tie to some external monitors or testing equipment. If you want to do so right now, you could buy the gear to check your blood pressure, monitor your heart rate or even perform blood sugar testing for diabetes. Even that is just scratching the surface of the many things already available even for just the iPhone. But that's no surprise, because Apple was promoting the iPhone as a platform for collecting and sending medical device data as early as 2009. It's not tied solely to the iPhone, either, as developers are certainly going to go where the people are. With android devices being so popular, you just know that platform will be popular with developers as well, just as will other systems that reach a level of popularity that makes developing and maintaining interfaces profitable.

Kathy: I know those apps are out there, but does that mean we're going to use them or that they are going to be beneficial for us?

Barry: Well, you're asking two very different questions there, Kathy. Let me take the first one first.

As I learned from yet another report from Pew research…

Kathy: Their reports are so helpful and timely, aren't they?

Barry: about 70% of adults in the US track some sort of health indicator. It might be a disease symptom or something more regular like their weight, diet, how often they exercise or one of many other things. While most of those are tracking their weight, what they eat or how often they exercise, a full third of the adults surveyed said they track health indicators. Those indicators covered many areas, including blood pressure, their patterns of sleep, the frequency and severity of headaches, and the usual much much more. Of course, many of those doing tracking have chronic health conditions that make tracking valuable if not totally essential, but then nearly half of the adults in the US have least one chronic health condition, so the situation is not at all isolated to a few.

Kathy: How many of them are using smartphone apps for their tracking?

Barry: I was surprised to see that it's not many so far, Kathy. Half of those tracking an aspect of their health said they keep track of the information in their heads and another third said they do it in writing, such as in a journal. Of those left, many use a medical device, such as their glucose meter, to track so it leaves relatively few to use a smartphone. You know, I really thought that by now it would be higher than that.

The key as I see it isn't how they're tracking now, but their interest in and willingness to track information. I suspect that many of those would convert to tracking with their smartphone if it were to become an almost automatic step and something that took little effort to make a part of their day.

Kathy: I would think tracking on a smartphone, especially with an app that simplified the process, would make us more effective trackers and thus have better results. Have you seen any evidence of that?

Barry: Well Kathy, I did see a study recently from Northwestern University, it's something they published late in 2012 that really did see just that. They followed 70 people, averaging in age of 58, trying to lose weight and they followed them for a year. The members of that group who tracked their progress with apps lost up to 15 pounds more than those who simply tracked with notes written by hand. It's a very small study, of course, but results that really aren't surprising to us.

Kathy: I'd be interested in seeing a bigger study to see if those results hold up. Going back to the Pew report though, were all of those tracking health information doing so for themselves?

Barry: Good question especially given that a lot of the people we are talking to here are family caregivers and it is something I did mean to bring up earlier, so I appreciate you asking. Pew reported that a full 12% of US adults are tracking health indicators for a loved one; most often an adult loved one. It will be interesting to see how that changes over time with our population aging with more, older adults receiving care from increasingly tech savvy family members.

Kathy: What did Pew report about the impact of this tracking?

Barry: Well Kathy, half of those who tracked with formal notes reported a change in their overall approach to their health, almost half again as many as those who did so in their heads. There was a similar disparity in the likelihood that tracking led them to ask their doctors new questions. So they really did benefit from that tracking.

More than half of those who used formal tracking also said their note keeping affected one or more of their health decisions, a much greater number than those who tracked in their heads.

While intuitive, those stats are promising for the effect to get people to track more, which I expect can only be easier with some of the mobile tech either available already or hopefully close to the end of the pipeline.

Future of Mobile Health

Kathy: What will it take to get more people to track with apps Barry?

Barry: Well that remains to be seen of course, Kathy, I expect a couple of things at the top of the list are first proven results and then ease of use. Many habits are hard to change. From the Pew study it seems like those with chronic conditions are more motivated to change, which certainly isn't surprising. Having that chronic condition may answer the "what's in it for me" question that so many of us ask before taking on additional effort or having to refocus some of our attention during days that are already too busy with the commitments we have.

I also think the integration of more systems will help, though I haven't yet seen much yet that gives me optimism. Health apps and devices we find available for consumers seem to be primarily standalone items. In other words, we have to open a new app for most any new tasks or piece of equipment, which makes opening ANY too big a task for many people. It's just too many things to keep track of even when they're in apps. We've seen that with so called smart homes. We've already have the capability of controlling many aspects of our homes, including the lights, appliances, thermostat and more, but in many cases doing so requires a separate app for each thing because they don't work together. I've heard many people at CES who consider these things toys that work with them every day say they just, even they just have too many apps on their phones and they don't bothering using them that much. They and their industry, though, are learning that commercial success on a big scale requires ease of use for consumers, which of course means the ability of many devices to work from a single interface or even just a single app in your smartphone or computer.

Healthcare technology is well behind the other areas and will take longer for this to come together, but with the example set by other industries will hopefully learn more quickly. On the other hand, given the sensitive nature of our health information, it may be harder for different companies or developers to work with a common collection point or dashboard. It's going to be interesting to see how they address that hurdle. You may recall that in CES in the digital health session talking about apps, they suggested that they're going to go through the same learning

pains as of other industries and they're going to develop all their own separate apps and hopefully eventually come together. I hope we don't see that but we may will.

Of course, I'm not so sure I want too many companies and government agencies having access to the data on what appliances run in our homes when access to that data gives those with malicious intent the ability to know when we're home or to corrupt the devices in our home. Time and again we've seen how industry and government fall down on the job of protecting our data security. I'm willing to give up some of that privacy in exchange for benefits, but not all of it; especially when it comes to healthcare that can be so meaningful in so many aspects of our life.

Kathy: I agree. But could mobile health improve the quality of our care?

Barry: I think so, and really do want to think so, but maybe more important it might be able to reduce or avoid what might otherwise be a decline in access to care, with many more healthcare professionals seeing more patients, we really need to make the process more efficient. No, not just faster or easier, but find a way for patients to get the same or even better care. Making it easier for patients and healthcare providers to link up and share information could make it possible for more value to be provided through the same and hopefully even less time, letting the patient get what's needed while providers can meet - and I mean really meet - the needs of even more patients.

Kathy: Okay, but there will be a cost even for this. Who is going to pay that?

Barry: You're hitting on the keys again there, Kathy, and this is one of the key questions that may even be holding some things up. If people aren't willing to say it but it's only natural for business to look for the source of profit in each product they develop and we really shouldn't expect healthcare to be any different. If the profit's not there, they may well put valuable development resources to work where there WILL be profit.

One thing we hear from what seemed to be too many people talking at CES and elsewhere is that patients or their families ought to be willing to pay for innovations. But is that really the right answer? Well that may be a good answer when you're talking to health insurance and government managers, but sounds wrong to us when it comes to patients, especially those who can't even afford the current care. If innovation is going to lower the cost of care and keep people out of hospitals, which are the hopes and the expectations that means insurance companies and government agencies, those who are actually paying for the care will be the ones who benefit from innovation from an economic standpoint. Yes it's the patients and their families that have the ultimate interest, but still obviously money is a factor.

Using Current Health Apps

Kathy: Do you have any advice for others who are waiting anxiously for the mobile health innovations that are coming? Do they bridge the gap by using existing apps?

Barry: Another good question, Kathy. When it comes to our health, especially the health of loved ones, the usual admonition of "buyers beware" doesn't go far enough. Yes, we should be aware of what's out there and what kind of information we get, but also realize that there are many apps and other sources of information that aren't going to help us - - and some that might even damage our health by giving us bad information or otherwise causing us to take the wrong action and even no action at all in treating a medical condition.

For example, in 2012 the Federal Trade Commission fined the developers of two apps that claimed to be able to cure acne using your smartphone. Of course that was after one of those apps had already been purchased by more than 11,000 people for $2 each.

Kathy: But at least the apps didn't cause harm, right, at least not beyond losing a couple bucks and being delayed in finding another acne treatment?

Barry: I agree, but that isn't always the case. Lately we've been reading and hearing a lot about apps that purport to help identify and diagnose melanoma skin cancer. A quick look at the iPhone app store reveals a number of those out there now. An app that tells you what to look for in skin cancer is one thing, and that's good if it's giving you accurate information, but an app that claims to be able to identify cancerous moles can be dangerous if it really doesn't. If someone using the app is told incorrectly that a cancerous mole is safe and decides not to seek treatment from a professional, then certainly there is a risk of real harm.

Kathy: So what do we do?

Barry: Well know your source and use only those you can trust for information that's important. It's really no different in that regard from the internet itself, which has millions of information sources, and really something we have been doing for years - - of course many of us have been learning the hard way.

Just about anyone can create a smartphone app and put whatever information they want into it, so simply having an app shouldn't imply valuable or even accurate information.

Find trusted sources and even then I would compare multiple trusted sources, since information can vary from source to source.

Kathy: What trusted sources are out there?

Barry: Well for health information, we are light on the apps relative to what's on the web itself. The CDC just came out with an app, which I found to have some good information in it, but many other government related health agencies don't seem to have them out there yet. Many of us consider our health insurance providers to be good sources of information, but most company apps I've found don't provide health information, instead they focus on helping you find providers or keep track of medical data.

Remember that apps aren't the only source of information on our smartphones. Yes, they're typically easy to use, but the entire web is still at our disposal if we do nothing more than open the mobile browsers and search. Even better, I guess, we don't even have to do that, since Google and Bing offer search apps that are available on most smartphones.

I guess there's a ways to go before we see all that mobile apps eventually have to offer, both on their own and with connected medical test equipment and devices. There's sure to be a lot of excitement to come. I for one can't wait.

But in the meantime Kathy, are you going to excite us with a quick tip today?

Kathy: Well I hope so.

Eating Less Sodium … That is Salt

Nine out of ten Americans eat more sodium or salt than they need which can increase their risk for developing heart problems and high blood pressure but more importantly worsening the conditions our seniors now have.

Ideally, we should be limiting our intake of sodium to about 2,300 milligrams or 1 teaspoon of salt each day. Your doctor may say that your senior needs even less depending on their health status.

The best way to accomplish this change is slowly, so here are some tips to help you and your senior lower the sodium in the daily diet.

1. Take the salt shaker off the table and replace it with a fresh pepper grinder.
2. Check the labels for sodium content and chose products that contain less than 5% of the daily value for sodium (300 mg is a good target per serving). Use foods that are low sodium or no salt added.
3. Use fresh vegetables or frozen without salt.
4. Limit processed foods that are usually high in sodium per serving; some are more than the entire amount recommended for the day.
5. Limit salted, cured foods such as hot dogs, luncheon meats, ham, bacon, sauerkraut and pickles.
6. Make friends with your spice isle of the grocery store, try new flavors of seasonings to enhance the natural food flavor but beware of blends that have salt as the first ingredient.

Reducing the intake of sodium is an easy way to gain health benefits! Good luck!

Barry: Well thank Kathy. Maybe I kind of set you up with the excited remark, but that certainly is essential information. And I appreciate it.

Well that's it for today's show folks. Thank you for joining us. We hope you've gotten some information out of here you'll find valuable. And we look forward to seeing you again next time.

In the meantime, we hope you stop by and see us at SeniorCareCorner.com or on Facebook at Senior Care Corner. And track our updates from our blog and other information we provide.

We also would like to hear from you and get your thoughts and comments about topics we should cover, things we're doing well (yeah we'd like to hear that!) but even more important things you think we might be able to do a better job with, both in how we're presenting information but what we ought to be covering more to help meet your needs. So we ask that you stop by and leave us a comment or contact us through the contact page on the website. Let us know what you think and until next time, we hope you have a great day!