(Music)

Mark Masselli: This is Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Margaret, we're a nation in mourning again. Another shattering and senseless tragedy that resulted in the lives of so many lost young people and adults. It's almost too much to bear this time.

Margaret Flinter: Our hearts go out to the families of the victims and to the community of Sandy Hook in Newtown, and Mark indeed, the country and the world; it seems the entire world is engaged in grieving this terrible event.

Mark Masselli: And there'll be lots of time to analyze the impact of this across the country, certainly. Conversation will begin on gun control but now is the time to really focus in on the healing and all of our prayers are out to the families and the first responders, and the community that was impacted.

Margaret Flinter: We acknowledge and appreciate President Obama coming to Connecticut on Sunday evening to be with the families and the first responders and to speak so eloquently to the lives that were lost on Friday at Sandy Hook Elementary School, in Newtown, Connecticut.

Mark Masselli: Today we have Patricia Mechael, who is the Executive Director of the mHealth Alliance, a division of the United Nations Foundation that is committed to improving global health through mobile health technology.

Margaret Flinter: Dr. Mechael will be talking about the work her organization is doing to bring together all the stakeholders in mobile health with the goal of leveraging the potential that these technologies have for improving health care around the world.

Mark Masselli: We'll be looking forward to that, Margaret. We'll also hear from factcheck.org's managing editor, Lori Robertson. She and her team get to the truth of the matter when there are misstatements made in the political arena, but no matter what the topic, you can hear all of our shows by Googling CHC Radio.

Margaret Flinter: And as always, please email us at CHCRadio.com or find us on Facebook on Twitter. We do love to hear from you.

Mark Masselli: We'll get to our interview with Dr. Mechael in just a moment.

Margaret Flinter: But first, here is our producer Marianne O'Hare with this week's headline news.

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Marianne O'Hare: I am Marianne O'Hare, with these health care headlines. The aftermath of another mass shooting, calls are being made now to view two issues differently; the nation's gun laws and access to behavioral health. California Congresswoman Dianne Feinstein says she will submit a bill in the 2013 session of Congress that will limit the sale and use of assault weapons. Gunshots wound 100,000 Americans a year; 30,000 die out of those and of those 10,000 are outright murders.

Meanwhile, Congress passed a law in 2008 that places behavioral health coverage on par with primary health issues but many who need treatment often have difficulty finding behavioral health treatment clinicians or getting their insurance to pay for it. President Obama discussed the need to look closer ways we can address the behavioral health needs of this country and fill that gap.

Meanwhile, insurance exchange decisions are in this week and the final tally, 32 states are refusing to set up their own insurance exchanges as directed by the Affordable Care Act, to meet the handling of the newly insured. 18 states have agreed to set them up, 19 have flat out refused and the remaining states are leaning towards a partnership with the Federal government which will have to take on the full exchange responsibility for those states refusing to comply.

And the guy who's helped give the gift of hearing to 200,000 folks around the world and counting has died. Dr. William House, inventor of the cochlear implant has died at the age of 89. He created the first inner ear implant in 1961 which the patient's body eventually rejected and his first lasting device was implanted in 1969. The FDA did not give approval for the device until 1984. I am Marianne O'Hare, with these health care headlines.

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Mark Masselli: We're speaking today with Dr. Patricia Mechael, Executive Director of mHealth Alliance, a United Nations Foundation organization which has built a public-private coalition of mobile health groups. The mHealth Alliance seeks to serve as a global catalyst for driving mHealth to sustainable scale, unlocking the best possible benefits for public health in the developing countries. Dr. Mechael is a global thought leader in the mHealth arena, earning one of the first doctorates in mobile health at the London School of Hygiene and Tropical Medicine in 2006. Dr. Mechael has done field work in over 30 countries around the world and is co-author of *mHealth and Practice: Mobile Technology for Health Promotion in the Developing World.* Welcome to the Conversations on Health Care.

Dr. Patricia Mechael: Thank you. I am really glad to be here.

Mark Masselli: Dr. Mechael, since you received your doctorate in 2006, which focused in on the role of mobile phones in relation to health in Egypt, the number of global cell phone subscribers has grown exponentially; from around 2.5 billion to nearly 6 billion. Now, the mHealth Alliance grew out of a meeting at Bellagio, Italy back in 2008 and over those years what has been the biggest and most exciting development in mobile technology in mHealth?

Dr. Patricia Mechael: The mHealth Alliance was created to help bring some and sense and sensibility to a lot of the fragmentation that was happening in the use of mobile technologies for health where you had the work being done by the public sector, work being done by the private sector, a lot of mHealth pilots and so really looking at what are the enabling environment issues that need to be put into place, or what many of us call the mHealth comments, that'll really help the access to mobile technology and in the advancements in technology to really be most effectively leveraged to reach as many as people as possible, particularly in developing countries where access to telecommunications infrastructure prior to cell phones was practically non-existent.

Margaret Flinter: Dr. Mechael, as I look at your bio and listening to Mark's comments; the fact that you earned a doctorate focusing on mobile health at such a remarkable institution kind of says that mobile health is here to stay. It's become a germane area for research and for a rigorous evaluation of the impact that it's having. Maybe you can tell us a little bit about your research and what the results of that research are and how mHealth is making that impact.

Dr. Patricia Mechael: My current studies are focused on the natural progression of cell phone use for health. My actual data collection happened in 2002 to 2003 in Egypt and so even then a lot of people in the general population were using cell phones to access health insurance, to speak with their health care providers. A lot of the health sector was using the cell phones to support things like disease surveillance, readiness of health facilities to address emergencies, as well as telemedicine or mobile telemedicine to access information.

What we've seen over time is just an increase in much more systematic use of mobile technologies to support health, as well as real rise in applications both on the phone itself, as well as servers that interact with individual cell phones either through text messaging or interactive voice recognition systems and that sort of thing. And so, more recently, in some of the research that I've done what we've seen is that mobile technologies are showing some real positive impacts on health, particularly in areas like treatment and prevention, remote patient monitoring, as well as case management for different health issues and we're also starting to see a real rise in the studies that are coming out of developing countries in publications like the **Lanxess**, so we now have studies on mHealth for HIV, mHealth for Malaria, mHealth for Maternal, Newborn and Child Health, and so it's a really exciting time and we're starting to get the data that's really pointing out at directions in which people should be investing.

Mark Masselli: Dr. Mechael, one of the annual events that Margaret and I have enjoyed going to at mHealth Summit is the awarding of grants to innovators in the field who've demonstrated programs that are utilizing mHealth technology to make a difference in health of those of the underserved global populations. Tell about this year's recipients and what makes them stand out and also tell us the likelihood of some of those programs cross-walking over and being deployed in the United States.

Dr. Patricia Mechael: This year's grantees range in everything from direct to mothers and family messaging to support tools for health workers in countries such as Malawi, Tanzania, India in a really breadth and depth that mobile technology can and are being used to support the work of organizations who address maternal and child health issues.

Margaret Flinter: Dr. Mechael, I'm so glad you referenced the maternal and child health issue and you did it in the same breath with addressing workforce issues. And these things go so hand in hand both in the United States of course and in developing countries. Earlier this year, we spoke with some of the folks who've been so involved with United Nation Millennium Development Goals and with the project that came together with a number of leaders in government and International Aid Organization Secretary of State Hillary Clinton spearheaded it, but the banner was the Child Survival Call to Action which I'm sure you've been very familiar with, and in looking at their work it seemed clear that mobile health offered some real promising avenues as you've just described but yet the workforce issue doesn't go away, right? There still has to be these linkages and this training. Maybe tell us a little bit about how mHealth connects in that training space, how you relate to those; whether it's in the United States or it's in a rural village in Africa, how you bring mHealth to a new workforce and train health care workers really in an entirely different paradigm than they may have been trained in before.

Dr. Patricia Mechael: Sure. I mean, mHealth is becoming front and center of a lot of the major initiatives; mostly because of one, as you mentioned earlier, just the fact that there are 6 billion cell phones in a population of 7 billion people and many of these cell phones are already in the hands of health workers, so what we're seeing is that often times, the health workers are trained; one, they are posted to very isolated environments to serve populations with very limited supplies, access to equipment, etc. So, the power of mobile in that environment is quite significant. You can leverage the mobile or mobile learning, which a number of organizations have done. You can also position the phone or decision support with the use of algorithms and smart algorithms for early detection and treatment of malnutrition through the health workers.

Then you can also leverage the technology to look at issues of supply chain management and make sure that the frontline health workers have either the test

kit set they need or the supplies that they need, the medicines that they need, to distribute and provide care in increasingly decentralized health systems.

Earlier this year, actually during the Child Survival Call to Action, we launched a partnership with the US, the United States Agency for the National Development called Empowering Frontline Health Workers, which is a partnership comprised of ten partners that range from UNICEF to Qualcomm, Voda Phone, GlaxoSmithKline and a number of others to look at how do we take all of the content and the technologies that are out there that are being positioned to support the work of health workers and bring them together, and then make them more accessible to help scale up some of the frontline health worker programs.

There is a campaign to train and deploy one million new frontline health workers, but in order to do that I think technology is going to play a fundamental and critical role.

Mark Masselli: We're speaking today with Dr. Patricia Mechael, Executive Director of the mHealth Alliance; a United Nations Foundation organization which seeks to serve as a global catalyst for driving mHealth to improve global health. Dr. Mechael has done field work in over 30 countries around the world and is a co-author of *mHealth and Practice: Mobile Technology for Health Promotion in the Developing World.*

Dr. Mechael, as interest in mHealth initiatives in developing countries accelerates, I think there is a need for research into best practices in using mobile technologies to promote healthier behaviors. What best practices do you see emerging and what research is being done, and sort of talk a little bit about the theoretical framework that this research is based on.

Dr. Patricia Mechael: Sure. I think often times anecdotally, we fundamentally believe that that mobile technology can play a very important role in behavior change. And so a lot of health promotion and prevention work is predicated on the fact that people can and will change their behaviors if they have access to the right type of information; when and where they need that information and if it's in a very relatable way, and so we're starting to see the real emergence of (13:14 inaudible) in the years of mobile of technology for health promotion and behavior change, and there is a lot of work that has been done on things like user focus design of technologies, the use of field work and frame work to understand people's behavior to absorbing knowledge and then translating that knowledge into actual change. But this has been one of the hardest areas, I think, in the research space to really solely evaluate, because often times there are number of confounding factors that will have an impact on people's behaviors and then it's also very difficult to actually measure the health outcomes.

We've seen some really good work that has been done in this area around smoking cessation with really large randomized controlled trials that have shown

the combination of mobile phone technology with support systems can generate increases in the numbers of people who quit during the reduction have relapsed. We've also seen that when technology is linked to a specific clinical outcome, that is a lot easier as well to measure behavior change. So, with programs that leverage most technology for remote patient monitoring for diabetes, for example, it's much easier to make the connection between changed behaviors; whether they are behaviors in diets and eating, and sort of in relation to the insulin levels or blood sugar levels, etc.

Margaret Flinter: Dr. Mechael, as we enter this brave new world of (inaudible 15:01); the prospect of certainly covering many more Americans, but also the reality of Medicaid and Medicare and the stresses they have on their systems, one has to think that the leaders of our both large private health insurance industries but also our public insurance programs are looking at this as a potential solution. Could you share with us any of the conversations that are going on in those sectors about how we can look at programs; certainly Text for Baby was a great example of reaching out right in the United States to pregnant women, trying to improve those outcomes but what's the thinking at the governmental level about how this tool fits in in a transformed health system post the implementation of the Affordable Care Act?

Dr. Patricia Mechael: Sure. So, there is a great deal of interest on the part of the payers and using technology and leveraging mobile technology in particular to move up towards more personalized and citizen-centered health care in an effort to reduce the cost of health service delivery, as well as the burden on them, on the payer's side, and so there has been a number of (inaudible 16:03). One for example that comes to mind is the work of **WellDoc** and their ability to show the cost effectiveness of using mobile technology for diabetes management and to make the case for why the insurance companies should actually be paying for the service because it was going to save them money in the longer term from more complicated cases of diabetes coming into the health system and really catching as early on as possible and then not having to push them up to more expensive sites of care.

And so we're seeing this in a number critical areas where Medicaid are stepping in particularly as some of the current patient monitoring systems are gearing themselves towards the aging population and so how can you keep people in their homes for a longer period of time and only have them come in to interface with the health system when they absolutely need to interface with the health system. Cutting out some of the routine visits by using remote patient monitoring devices that only require people to interface with the health system when an alert is triggered. And then on the prevention side with things like smoking cessation programs like Text for Baby; again, an ounce of prevention is worth a pound of cure. Is that how that goes?

Mark Masselli: Yes.

Margaret Flinter: Absolutely.

Dr. Patricia Mechael: I'm making it up, anyways, so there is a great deal of interest in investing in more and more prevention type services in an effort to then again reduce the cost of care later on down the line.

Mark Masselli: Well I think we've heard in this interview that you've got a bird's eye view of what's happening around the globe in mHealth partnerships and you working with governments and NGOs and faith based groups all over but mobile technology is also a big business, so tell us a little bit about the partnerships you've forged with technology providers and how is mHealth Alliance working with the business stakeholders to achieve the goals of your mission.

Dr. Patricia Mechael: Sure. We see industry and the private sector very much as a critical partner in the work to advance in health scale. And then also, to really think about sustainability. At the moment right now, a lot of mHealth in developing countries in particular is being financed by private philanthropies or by a lot of organizations, but that funding is not necessarily going to be sustainable over the long term and so we really think that industry of West will play a critical role in working together one, on a grand scale and then two, to identify where some of the business models and some of the win-wins for multiple parties are. We can start to see some revenue generation opportunities on the corporate side as well as critical health benefits and reach on the public side and so it's a really interesting time and dynamic to kind of think through strategically how to broker these types of partnership relationships, etc., and that's really the spirit with which the mHealth Alliance was created in the first place was to really help serve as a neutral broker that would bring together all the critical stakeholders around these issues and help them in a way where the person is at the center of the work and that their helping is really what we're aiming to do and then if there are ways to do that where revenue can be generated in a responsible fashion, then everybody wins.

Margaret Flinter: We've been speaking today with Dr. Patricia Mechael, the Executive Director of the mHealth Alliance, a United Nations Foundation organization that's dedicated to leveraging the power of mobile health technology to improve the unmet health needs of the global population. You can learn more about the work they do by going to mhealthalliance.org. Dr. Mechael, thank you so much for joining us on Conversations on Health Care today.

Dr. Patricia Mechael: Thank you.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy.

Lori Robertson is an award-winning journalist and managing editor of factcheck.org; a non-partisan, non-profit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori, what have you got for us this week?

Lori Robertson: Well, Mark and Margaret, this week we'll look at a new fee on health insurance plans to help cover those with pre-existing conditions. A few readers have asked us whether it was true that the Federal Health Care Law was going to impose a $63 per capita fee on those buying insurance. It turns out it's true. Here are the details on what the Department of Health and Human Services recently proposed: the insurance fee goes into a fund that helps insurance companies cover those who are currently uninsured and have pre-existing conditions. Starting in 2014, insurance companies must offer coverage to anyone, regardless of their medical histories. Though the health insurance industry was in favor of this fund, but the money will come from a $5.25/month fee; that works out to $63 for the year in 2014 on all health care payers. That's employers who provide coverage or plans bought on the individual market. It will continue through 2017 and then end, and the amount assessed will decline each year. So it's temporary and designed to ease the transition as those with medical conditions get insurance, but for the three years that's in effect, it's expected that employers will largely pass along that fee to employees, increasing their health care cost to help pay for coverage for those with pre-existing conditions. And that's my fact check for this week. I am Lori Robertson, manager editor of factcheck.org.

Margaret Flinter: factcheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, email us at chcradio.com, we'll have factcheck.org's Lori Robertson check it out for you, here on Conversations on Health Care.

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Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our community's and everyday lives. When you think of Detroit, you don't immediately think of agricultural mecca but community activist Ashley Atkinson is seeking to change that perception. Recently recognized by the Robert Wood-Johnson Foundation as one of the nation's top young leaders, Atkinson's vision is gaining some attention.

Currently, only about 2% of Motor City's fruits and vegetable consumption is from local gardens. Atkinson is seeking to dramatically alter that statistic by aiming to achieve food sovereignty where most of the region's produce production will take place right in their backyard. Atkinson envisions a green revolution where the economically depressed city with thousands of vacant lots will be transformed into a network of community gardens. Already, her team has transitioned 135

acres of unused city land into 1,400 community gardens, tended by thousands of families, school children, entrepreneurs; even whole communities are getting involved.

Ashley Atkinson: Local farmers, Michigan farmers don't have a lot of resources to compete with industrial agriculture and places like this actually bring together consumers and producers trying to not only provide fresh fruits and vegetables to the community but make a living.

Mark Masselli: The gardens are a network, so that production of produce is balanced to yield a more comprehensive and diversified crop. Her program is growing. As Director of the Urban Agriculture and Open Space Green of Detroit, she is seeking to demolish a score of dilapidated homes, replacing them with more gardens and her system is being replicated in other cities as well. A community driven effort to transform areas of urban decay into lush productive gardens with the goal of providing that community with the abundance of locally grown produce to improve the health of that community, now that's a bright idea.

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Margaret Flinter: This is Conversations on Health Care. I am Margaret Flinter.

Mark Masselli: And I'm Mark Masselli, peace and health.

Conversations on Health Care, broadcast from the campus of WESU at Wesleyan University, streaming live wesufm.org and brought to you by the Community Health Center.