

Interview: Verizon Wireless on mHealth

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John Maschenic, Associate Director, Vertical Data Sales, Verizon Wireless has been responsible for the company's enterprise data sales organization for the last seven years and has focused on healthcare since 2005. Since much of the discussion currently underway in the mHealth industry has been

focused on application development, hospital uptake of mHealth services, and mobile phone capabilities, we decided to catch up with Verizon Wireless to discuss the wireless carrier's role in mHealth. The interview also covers the launch of the Pill Phone app last year, stimulus money, EMRs and how mobile health service developers can work with Verizon Wireless.

Verizon Wireless was one of the first carriers to have a rather high profile launch of a mobile healthcare application: The Pill Phone app from Vocel. How did that application's launch last April come to be?

I actually met the company, Vocel, at the Wireless Life Sciences Alliance summit and it was there that we created our relationship. I saw the value of their application, which takes the Pill Book and moves it to the mobile phone as the Pill Phone. I started them down the process of getting them certified and made available on the BREW deck for our consumer base. It was one of the first health-related applications Verizon Wireless supported, but there was an application called the Mayo Clinic Emergency Room Finder [that launched in early 2007 and is powered by Garmin's GPS technology]. Those were the first two healthcare-related applications but the other one, which is more about fitness, was Bones in Motion [that launched in late 2006]. Bones in Motion is for people who are doing running or jogging and other outdoor activities that they may want to track and enter into a mapping application that lets them compete in a virtual marathon, see how long it takes to run a mile and so on... I noticed that [there was a market for this application] right away because most of the applications

that have been developed are geared to the consumer but involve very little interaction with care givers.

Any general characteristics you can share about upcoming health applications from Verizon Wireless?

I'd have to say that's an open-ended question since many of the applications we're looking at currently are proprietary. So we aren't ready to share any further information, because they are not market ready. There is a focus on things like telemedicine and increasing [a caregiver's] reach into the home.

Looking back at the press release that announced the Pill Phone for Verizon Wireless subscribers, it included—right up front—a note that the FDA had cleared the Pill Phone. Was Verizon Wireless in any way involved in that clearance process. In other words did the FDA have to approve anything on your end?

No, that was fully on Vocel to get FDA 510K approval. Don't make my life too hard.

What did Verizon Wireless' original forays into healthcare look like?

If you go back in time, our first forays was looking at the physicians and clinicians and finding ways to extend their workflow to mobile devices. That work included partners like PatientKeeper, MercuryMD (now part of Thompson-Reuters), DoctorFirst and Epocrates. That's really where we started: Looking at clinics and the physician side of the business and extending their workload to their wireless devices.

And that work is still ongoing, correct? Seems like there is still a lot of opportunity to extend workflow to wireless devices, especially given the push for EMR implementation.

That is the trend right now with all the movement going on today and the announcements made by the Obama administration, there's a lot more renewed focus on the EMR side of the house.

Do you think the stimulus money for EMR will in any way trickle down those looking to extend that workflow to mobile devices?

Honestly, I don't think it impacts us at all. Understanding how the stimulus works is what I've been doing for the past two weeks, but the reality is it does not impact us as a company directly. It does, however, cause our customers to have more interest in utilizing our services to meet those requirements. They are going to ask us more questions on how they are going to do it. It increases opportunity

and awareness of additional services that could be offered more than anything else.

I can give you an example without divulging any company names, but we have been working with a rather large company right now who provides continuum of care for congestive heart failures and other folks with cardiac arrest issues. We have extended through them the ability to do continuum of care for three to six weeks after they leave the hospital. They go home with a package solution that includes a Bluetooth ECG reader that hooks up to a handheld device. This looks for anomalies or arrhythmias. When those occur it communicates back to a central monitoring station and if need be that alert gets pushed back to the MD.

The data flow's effect on workloads is a big issue for caregivers. Physicians are nervous and potentially overwhelmed by the idea of massive amounts of data coming in from these wireless monitors. So, while the data could lead to better outcomes, it might also lead to inefficiencies, right?

Right, the doctors only want to know the data when things are bad. The anomalies, the arrhythmias and the adverse effects—that's all they want to be notified of—they don't want to be notified that you are healthy. That would increase their workflow and workload and that's where you get the pushback. As a company what we are trying to do is similar to what the Pill Phone did: Interact with the physician and interact with the patient and provide the important information to both parties. Tell me when the patient is not healthy so I can take some action.

Given your role facilitating the communication between physicians and patients, how does Verizon Wireless ensure HIPAA compliance?

HIPAA does come into play, but the funny caveat to that is that we are not HIPAA bound because we don't maintain any information on the network. At the end of the day, it's really the application developers that need to adhere to HIPAA. If you look at Pill Phone on my phone, you will see you need a password to get the medical information—you can access my contacts but not my medical information. We put it up to the application developers to ensure its HIPAA compliant.

When it comes to the health regulations side of things, then, Verizon Wireless' roles do not come into play?

We are considered the conduit. We pass the information along. We do not store it or look at it. That's why we are not really affected by HIPAA, because we are classified as a conduit.

These days most applications seemed to be sold via application stores run by device makers, carriers and perhaps third parties. Do you think the

applications and services that carriers used to market directly to consumers will soon only be found in these application stores or is that not a trend that will affect mobile health applications?

That's another open-ended question because the decision rests on what can we do to make these applications more accessible and readily available to customers. I think we have seen this trend and it makes sense: Make the application available to the customer through a single interface. Being able to get to that storefront and determining that you need a healthcare application or a wellness application and being able to download that application directly to that device is key.

So how does a company who has an mHealth application begin the process of getting it certified by Verizon Wireless for use by its subscribers? What's the process for the next Vocel?

Majority of the time those applications are going to hit my desk first. There's also an Open Development team now and they take requests for applications that would be considered non-Verizon Wireless branded applications and solutions. Sometimes developers would go directly to the BREW team.