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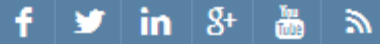
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## Better Healthcare Newsletter from Patrick Malone

Yes, there's an app for that  
...  
and loads of health hype,  
too



Dear Jessica,

That electronic device in your palm has become more than your best friend. [Half the adults around the world have become so addicted to their smart phones that wags say we are a new species: \*Phono sapiens\*.](#)

Can our phones work medical miracles too? To be sure, no smart phone, for now anyway, [can detect cancerous moles, boost vision, or treat acne](#), some of the bogus claims already shot down by health regulators. But there are thousands more apps that claim health-boosting properties, and it's time to take a closer look.

### IN THIS ISSUE

For the record, health apps can be useful

Digital diagnoses? Professionals still matter

Guard your health data by protecting apps, devices

MDs, nurses tap apps, too

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### BY THE NUMBERS

6,312

Numbers of exercise-related apps available for download in the Apple Store, as tallied in Spring 2015 by the American Heart Association.

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\$26 billion

This much-touted tech trend may not be all that it's made out to be, yet. Wise skeptics, please advance to the head of the class.

## For the record, health apps can be useful



Some of the best health advice doesn't need a smart phone. Abundant [research says that you can optimize your well-being](#) if you: eat healthy, exercise regularly, sleep well, control life's stresses, and don't smoke or drink alcohol to excess. Where apps and other elements of mobile health are proving most popular and productive is in helping us stay on that simple but narrow pathway.

The [American Heart Association](#) and other [health care leaders](#) say that apps play a positive role in increasing our engagement with health metrics and concerns. With smart phones' capacity to connect to the Internet and the cloud, apps and devices can tie us in to valid, valuable health information and steer us away from the clickbait bunk that proliferates on the Web. Apps also make it fun to track our heart rate, calorie intake, hours of sleep, and number of steps per day.

This data could be collected before, with pencil, paper, and pedometer, and reference lists of the calories in common foods.

Market size in 2017 of health-related or mHealth apps, as estimated by Research2guidance, a mobile market research firm, which also said in late 2015 that there were 100,000 mHealth apps available.

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16%

Percentage of health care professionals who say they use health-related apps with their patients now.

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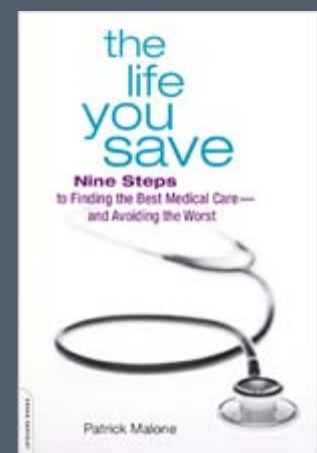
### QUICK LINKS

[Our firm's website](#)

[Read an excerpt from Patrick Malone's book:](#)

#### [The life you save](#)

Nine Steps to Finding the Best Medical Care — and Avoiding the Worst



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But apps make it fast and easy. They're booming, with some market research experts estimating there are now more than 100,000 health- or medical-related apps in existence, and the size of the market burgeoning to \$26 billion by next year. Apps focused on exercise and weight control, the heart association found, are the two most popular health-related types; next are apps to help monitor and control diabetes and those aimed at tracking and reducing smoking, cholesterol, or high blood pressure.

Reminding people of healthy activities and detailing the results can matter: one hospital found that a focused initiative to get patients to keep and share mHealth data, notably weight loss and gain, led to a 44 percent reduction in the 30-day hospital-readmission rate, a 38% drop in 90-day re-admissions, and an 11.3% reduction in per member per month costs over five years.

Another surprising boon of health and medical apps is our willingness to share personal, intrusive information with them, stuff far beyond just our (excess) poundage. Many of us will be more candid with an app than we will be with our doctors. Many women not only have found a useful tool in apps that record their monthly reproductive cycles, they also are gaining access to important information about and to actual, various means of birth control. Public health experts are targeting HIV-AIDS information, including ways to access fast and confidential testing, to gay men using apps to seek casual sexual encounters.

But health and medical apps have not reached technological maturity and maximum effectiveness. They're now more mundane than miraculous, and careful evidence of their value has yet to be established. Their novelty and nagging can wear thin: A recent study found that super popular activity trackers actually may discourage exercise and undercut users' efforts to lose weight. That's because users, if they're off to slow-start activity day, may look at their apps and decide, what the heck, let's just skip even trying.

There are thousands of app developers, most of whom see



Read our Patient Safety Blog, which has news and practical advice from the frontlines of medicine for how to become a smarter, healthier patient.



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## PAST ISSUES

The cancer quandary: improved outcomes, soaring costs  
Coping with calamitous news reports  
Take that vacation. It's good for you.  
Protecting yourself from bug-borne sting and bite diseases this summer  
Listen up: Sound ideas to protect your hearing

[More...](#)

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spare return on their investment, market research experts say. But with so many enthusiasts pushing apps and their potential, remember this: Beware the hype.

## Digital diagnoses? Professionals still matter



Federal regulators are watching, warily, the mHealth boom. A challenge for both overseers and pioneers lies in how and where rapid technological advances will take health- and medical-related apps. The future's not easy to see. But some trends are developing.

Tech giants like Apple and Google are exploring how smart phones and apps can be paired with “wearables,” the best known and most popular of which, of course, are branded smart watches. These devices and their competitive cousins, activity trackers like the Fitbit, offer another way for device-based apps to up their game. The watches, notably Apple's, put sensors on the skin (and therefore the body), experts say, opening up valuable new capacities: beyond heart rate, such sensors soon may detect and monitor body chemistries; blood sugar measures may be just around the corner. And will those be followed by detectors of minute changes in the body's electrical systems? Advances like these could open new ways to better assist users with epilepsy, or diabetes, and other diseases. Already there are higher-level apps and wearables for self-administered electrocardiograms and testing for fluid in the lungs. Soon there

may be smart phone devices and apps for parents to test their kids for ear infections.

In technical terms, apps now are relatively light weight and uncomplicated. But if they increase their complexity and use, federal officials say they may turn into medical devices, subject to requires for rigorous testing, effectiveness and safety. If apps get smarter and go beyond recording information to measuring, analyzing, assessing, and recommending (diagnosing) health or medical conditions that, too, would set off alarms for regulators and caregivers.

Silicon Valley, already a major talent magnet, has started to pull in even more medical expertise as tech titans try to translate “blue sky” ideas linking smart devices, wearables, apps, the Internet, Wi-Fi, Big Data, and the cloud into concrete, lucrative health and mHealth material—all within the constraints of federal oversight, the medical establishment, and insurers.

Eyebrows went up recently when [Apple bought a firm that specializes in medical records](#), notably by tapping into many different proprietary systems now in use. “Interoperability,” allowing competing, proprietary systems like electronic health record systems to talk with each other and to share crucial information, has been a bane of hospitals. Will tech firms solve this woe so consumers can walk in their doctors’ offices or hospitals, pull out their phones, launch a cloud-connected app, and instantly access their health records?

Will apps also get even savvier and play diagnostic or other heavier duty roles in health care? Futurists see them doing so. But for now experts say consumers should [exercise caution about excessive consultation with apps or online sites about their conditions or illnesses](#). Such [diagnostic e-tools, even if tapped by millions of users, aren’t so good](#), researchers warn. Instead, human, expert involvement—even by phone or teleconference—may be better.

But apps also [already are assisting medical caregivers, providing](#)



them valuable, convenient reference materials while walking around, boosting the services they can provide to patients, and supporting potentially important research. Apps can provide major support to studies by letting patients record an array of needed data, to communicate robustly with clinicians involved, and to widen significantly the number of participants by making their roles easier, faster, and more convenient.

Here's hoping that the best aspects of app technology come to pass and we're all healthy and beneficiaries of it!

## Guard your health data by protecting apps, devices



You wouldn't jump on the subway and scatter your medical records around. You wouldn't get up from lunch in the office cafeteria and leave your lab test results on the table. So why aren't you protecting your smart devices and the health apps on them?

Smart devices are pricey, a couple of hundred dollars a pop, and, it's all too common for users to lose or have them stolen. Be sure your smart phone is password protected; this is just the first level of common sense security. Make sure you have installed apps that help you geo-locate a lost device, and that you know how to wipe out, remotely, its contents.

When it comes to apps, be smart, and acquire them only in reputable sites, such as the Apple or Google Play stores. Know that it also is all



If you see a nurse or doctor at your hospital with cell phone in hand, don't assume they're lollygagging with personal business. Caregivers also have been swept up in the trends of smart phones and apps for serious clinical use.

Research finds that significant numbers of them tap apps for: information and time management; health record maintenance and access; communications and consulting; reference and information gathering; patient management and monitoring; clinical decision-making; and medical education and training. They, like other consumers, relish how smart devices and apps let them quickly and conveniently check key reference works or to do complex calculations, say, when medications must be administered based on a patient's age, gender, weight, height, and

too easy to hack both apps and smart phones. In your device, activate automatic updates to the operating system, and, similarly, ensure that you keep your apps current; many updates are for security purposes. Don't be a high-tech snob and think that your device, operating system, or app is so cool that hackers can't or won't attack it.

Be careful where you work, especially when on the road. Public Wi-Fi may expose confidential information, including passwords and data you access (including financial or health information pulled from online sites or shared via apps).

You may not think about it, but one of the most valuable commodities you give up on health apps is your data — tons of it. Not only are you surrendering demographic information (age, location, ethnicity or nationality, gender), you're also volunteering to private, for-profit enterprises detailed, confidential information about you and your health. You're telling an app and its maker about your sleeping habits, location at every minute of the day, diseases you have, and even data about your sexual practices.

I've written a lot about how important it is for all of us to get and read our own health records. So it concerns me when consumers blithely give away crucial medical information via apps and online sources.

What legal limits will there be on what companies will do with your health data from apps? Is it anonymized to protect you, as would be required in formal, health care

other clinical factors.

Nurses may tap apps more than doctors, some studies say. They find them particularly useful in double-checking recommended care and medications, rather than interrupting colleagues.

Doctors and nurses both like apps that allow them to communicate better and more efficiently with patients. But these must be used with care, health care experts warn, to ensure that strict patient privacy rules do not get breached.

Curious to see what apps appeal or don't to the medical crowd? They've got a site [iMedicalApps](#) that offers reviews.

situations? To what extent can a company capitalize on or exploit your health information for gain? How much can the information be shared, with whom and under what circumstances?

Some of these legal issues, of course, get dealt with — and too quickly dismissed — in Terms of Service agreements that many online services and apps flash at you at the beginning. Too many people ignore these at their legal peril; one study found that college kids skimmed the long, complex notices so fast that they didn't notice they were giving away their first-borns for a half century after signing a hypothetical agreement. [A bevy of creative users of Google's "free" YouTube service are discovering too late that they have given away valuable rights](#) to their music, performances, photos, videos, art, and other material by too quickly approving a "ToS" agreement, then publicly posting material. Do you want to be in a similarly unhappy position with your vital, private health or medical data?

## Recent Health Care Blog Posts

Here are some recent posts on our patient safety blog that might interest you.

- [Federal regulators, with oversight on 1.5 million nursing home residents and more than \\$1 trillion in Medicare and Medicaid funding, finally have stepped in with new rules to bar nursing homes from forcing arbitration onto their customers.](#) That means that nursing homes will no longer be able to push significant problems involving negligence, elder abuse, sexual harassment, and even wrongful death, out of public view and the civil courts, and into the private system of arbitration. This is a big win for consumers. As the [New York Times](#) has reported so well, nursing home patients find themselves needing care typically when they are most fragile. They're ailing, weak, confused, and distraught over their loss of independence. Their loved ones are in duress, too, scrambling



to secure hard-to-find quality care for these debilitated elderly. But that's the exact moment when nursing homes insist that mounds of paperwork must be signed. And that's where the vulnerable get exploited with fine-print clauses in which they waive important rights, including the option to sue nursing homes for negligence and other important causes in civil courts.

- New information has surfaced about [Big Pharma's relentless campaign to sell the public on prescription, opioid painkillers](#)—powerful, addictive drugs whose wide availability and abuse now has become a killer scourge that claims almost 80 Americans' lives each day. These latest news reports, especially focusing on OxyContin, one of the most potent and abused painkillers, also paint an ugly picture of doctors as easy marks, all too willing to risk their patients' well-being in exchange for doughnuts, lunches, and cheap gift certificates at book stores. Kudos first to Stat, the online health information site, for following up the commendable efforts by West Virginia officials to hold two drug companies, Purdue Pharma and Abbott Laboratories, accountable for millions of dollars in harms that abuse of OxyContin caused after the small, poor state was flooded with the prescription painkiller.
- We've seen this playbook before, and it's never pretty how wealthy industries can distort scientific research and harm the public health for decades. Think tobacco and cancer, oil and climate change, football and brain injury. Now: sugar. [Big Sugar secretly paid influential experts, steered and reviewed their inquiry, and, as a result, American health policy at a critical point in the 1960s—and since—has emphasized the role of fats and downplayed sugar's harms in the rising incidence of heart disease](#), researchers have found. This influence-peddling involved then-prominent (now dead) Harvard nutrition experts and the highly respected New England Journal of Medicine (NEJM). The prevailing ethics then differed. Authors were not required by medical journals to disclose conflicts of interest, as they are supposed to now. Still, the noted nutritionist-researchers' acceptance of \$50,000 (in today's dollars) and their willingness to acquiesce to demands by the Sugar Research Foundation, a trade group, is stunning by today's standards.
- A study involving more than 80,000 men followed for 10 years gives some [important clues, but no final answers, on what patients with a diagnosis of prostate cancer should do](#). It's long been a puzzle because prostate cancer is one of the most common and deadliest cancers for men, yet in many cases it's so slow to grow that men die with, not from, prostate cancer. Here's the bottom line, which the researchers emphasized needs to be continued for an even longer time for its findings to be more authoritative: "At a median of 10 years, prostate-cancer-specific mortality was low irrespective of the treatment assigned, with no significant difference among treatments. Surgery and radiotherapy were

associated with lower incidences of disease progression and metastases than was active monitoring."

HERE'S TO A HEALTHY REST OF 2016!

Sincerely,

A handwritten signature in black ink that reads "Patrick Malone". The signature is fluid and cursive, with the first letter of each name being capitalized and prominent.

Patrick Malone

Patrick Malone & Associates

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