

The Internet of Things in Health

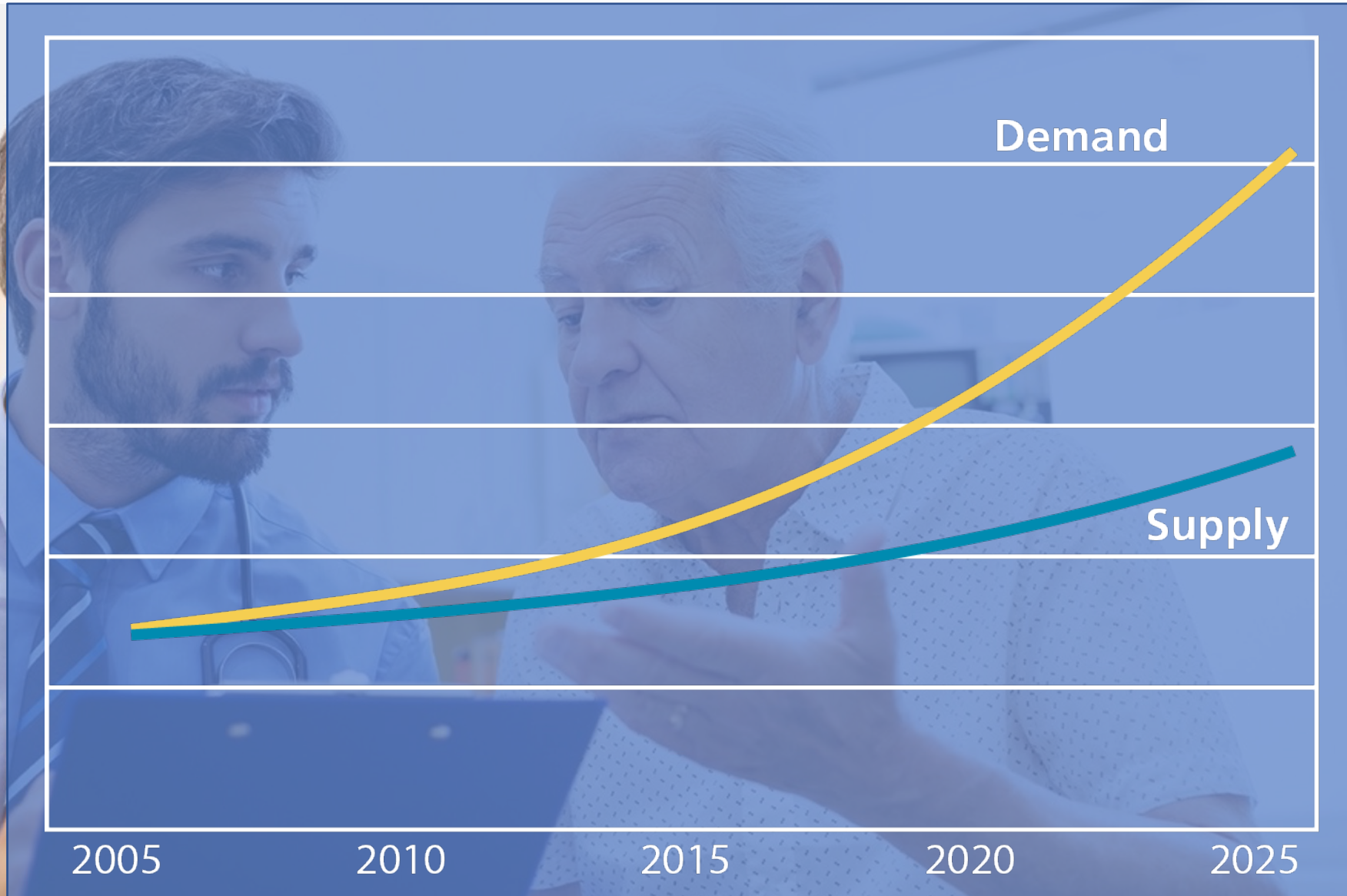
Opportunities and Challenges

Joseph C. Kvedar, MD

Professor of Dermatology, Harvard Medical School
Senior Advisor, MGH Center for Innovation in Digital Healthcare
Immediate Past Chair, American Telemedicine Assn
Co-chair AMA DMPAG
Editor-in-Chief *npj* Digital Medicine



Ratio of providers to patients





Wearables for health?

Two categories of wearable benefits



Tracking for
motivated individuals



Chronic disease
management

NOT useful for tracking for non-motivated individuals

United Healthcare Motion

- Eligible members get subsidized access to smart watches and fitness trackers
- Participants earn up to \$1000 annually for meeting daily program goals

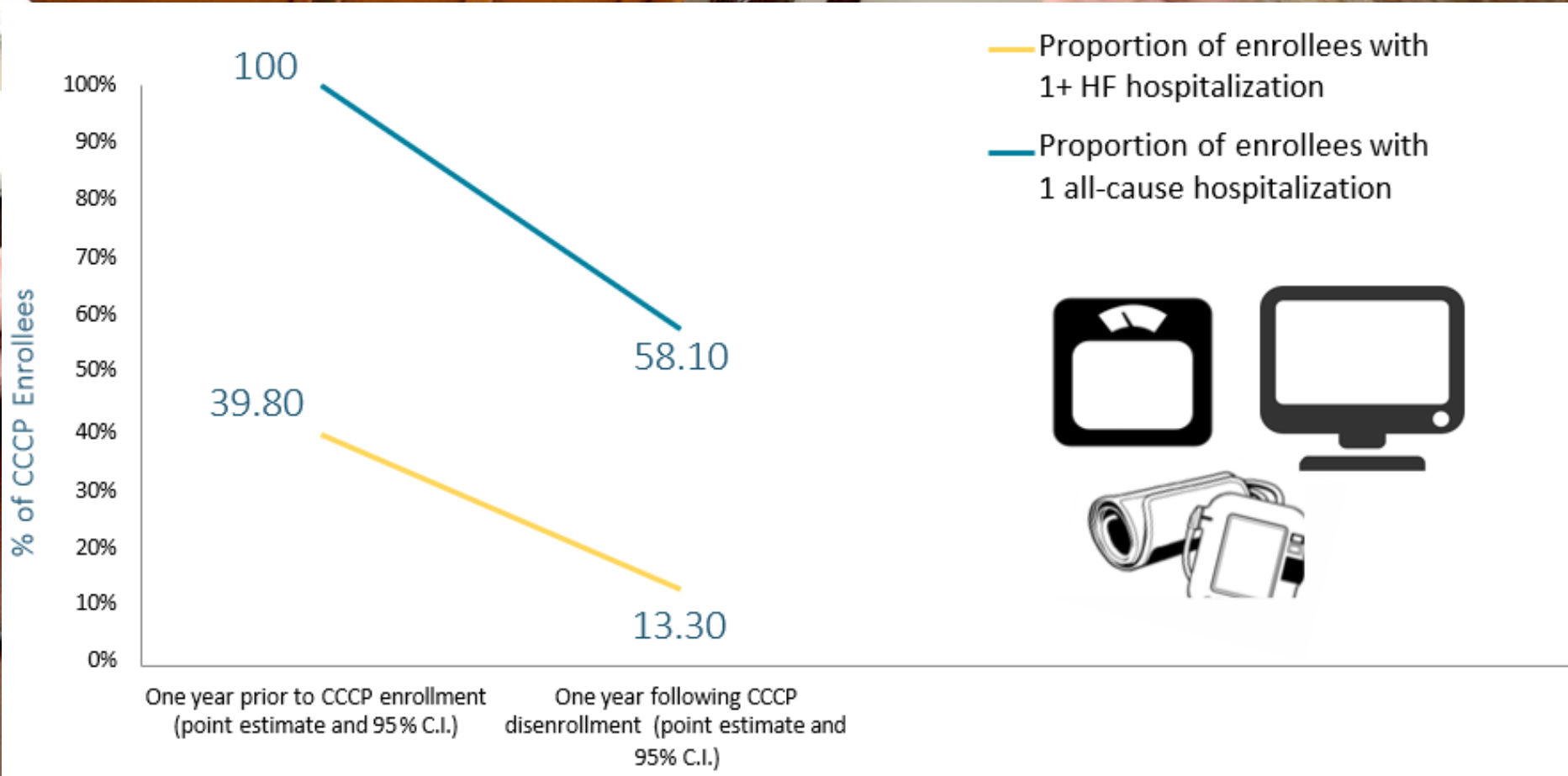


Chronic disease management

- Apple watch and atrial fibrillation detection
- Titrating blood pressure medication
- Managing diabetes
- Managing congestive heart failure



Connected Cardiac Care

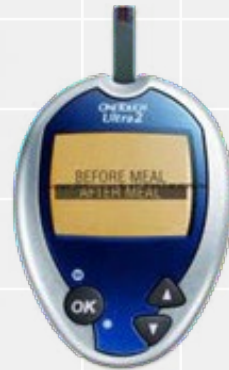


Blood pressure and diabetes

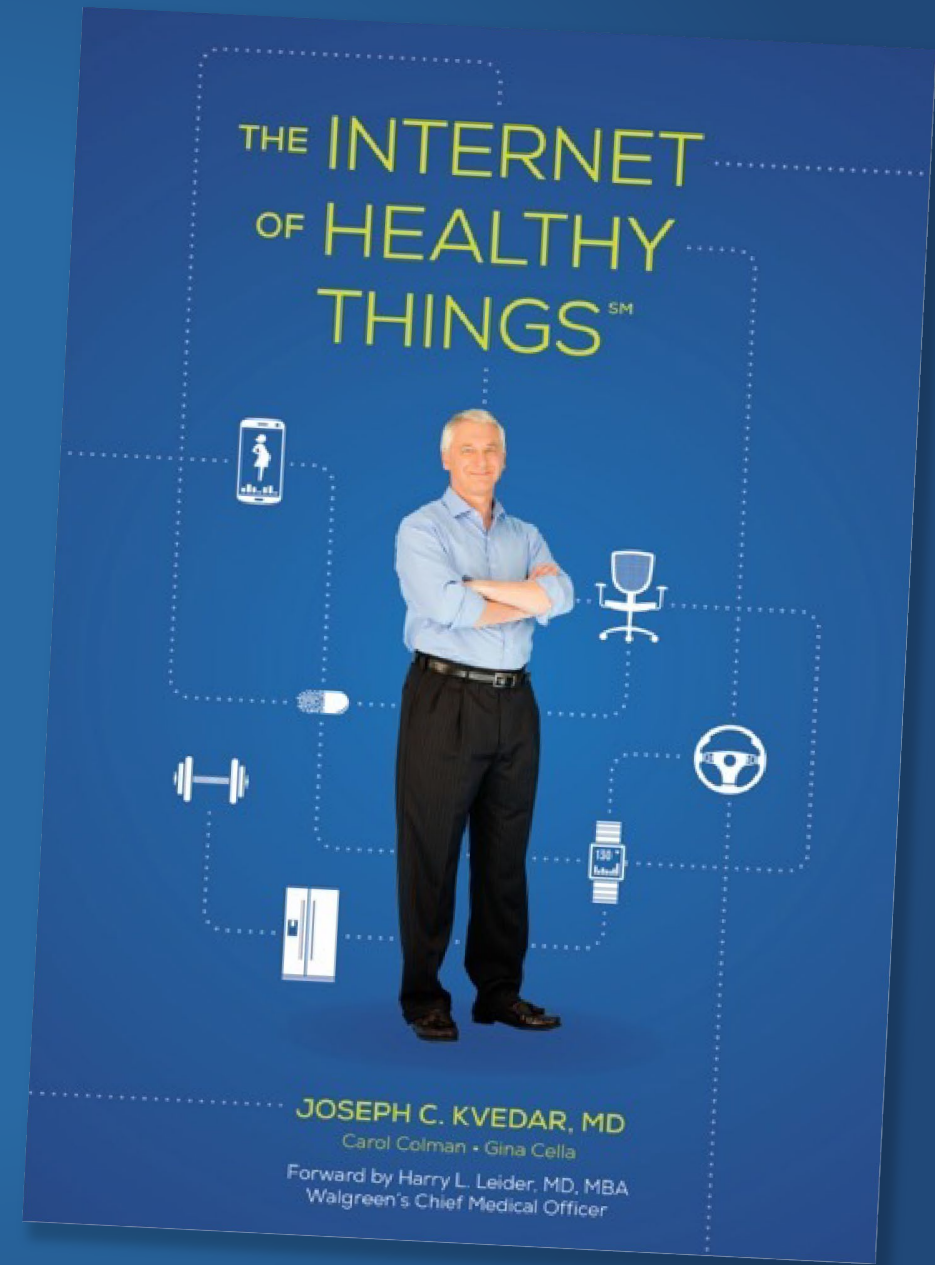


Average drop of HbA1c: 1.5

69% achieved a drop in BP



THE INTERNET OF HEALTHY THINGS



AUTOMATING HEALTHCARE



Data Aggregation/ Normalization
New Sensors

+



Analytics

+



Engagement

AUTOMATING HEALTHCARE



Data Aggregation/ Normalization
New Sensors

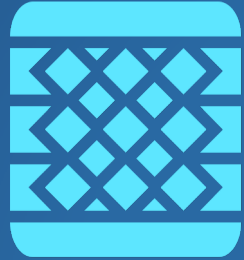


Analytics



Engagement

DATA AGGREGATION BARRIERS



Normalization



Frictionless data capture



Integration

AUTOMATING HEALTHCARE



Data Aggregation/ Normalization
New Sensors



Analytics



Engagement

ANALYTICS BARRIERS



For healthcare it is not good enough to say "people like Joe did X, therefore, Joe will likely do X"

We have to take predictive analytics down to the **individual** level

AUTOMATING HEALTHCARE



Data Aggregation/ Normalization
New Sensors

+



Analytics

+



Engagement

ENGAGEMENT BARRIERS



Consumer centric design



Personalization



Fitting into everyday life



Sentinel effect

Barriers to IoT device and app adoption

States implement their own health data privacy frameworks

Ensuring interoperability and proper EHR integration

Hacking into healthcare system database – establish network security

Barriers to IoT device and app adoption

Insufficient funding and resources to implement or maintain security systems

Lacking capacity and resources to identify security requirements adequately

Lack of consistent policies, practices and regulatory frameworks

Recommendations for US Government and Congress to remove barriers

Create federal framework for privacy to reduce complexity of compliance and confusion

More education for providers and health systems

Increase funding for staff capacity to implement requirements and processes

Recommendations for US Government and Congress to remove barriers

Solicit feedback on successful privacy and security processes; collect use cases

Empower AGs to take enforcement action when privacy laws are violated

Ensure transparency and explainability on the use of AI to ensure outputs are secure, trustworthy, clinically appropriate and reliable

FDA – an Entrepreneur's Perspective

Understaffed and poor response times

Need to fit in a box – no innovative thinkers

Culture is to say no

Barriers/Solutions - CMS

CMS does not consistently deal with SaMD* from a coverage/payment perspective

It is presently considered an indirect practice expense so essentially a loss to providers

Not covered as DME either

Acknowledge that SaMD is a medical device and treat it as such for coverage/payment

Proactively help stakeholders identify which benefit categories are appropriate for SaMD

*includes prescription digital therapeutics, AI, and mobile medical apps



Connect with me

Author of 2 Books

> *The Internet of Healthy Things*

> *The New Mobile Age*

Available at Amazon.com

Website

Joekvedar.com

LinkedIn

@JoeKvedar

Twitter

@jkvedar

Instagram

@drkvedar

Contact Me

jkvedar@mgb.org