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## Is There a Patient in the House?

by Amy Salzhauer

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# Is There a Patient in the House?

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The U.S. health care crisis is about manpower as well as money. Within the next 15 years, experts predict a shortfall of 800,000 nurses and 200,000 doctors, and the American education system is inadequate to take up the slack. As caregiver supply declines, demand for it will rise. For one thing, there are 80 million baby boomers who will be senior citizens by 2015, and senior citizens suffer a higher incidence of chronic disease. Thanks to improvements in acute care, more of these seniors will survive if they have heart attacks, for example, but those survivors will continue to suffer from chronic heart disease. At the same time, obesity and hypertension are epidemic. “We’re really looking at three different issues that are converging into a perfect storm,” says GE Healthcare Transformation Project Manager Robert Ludlow. “This is an issue that keeps GE’s senior leadership up at night.”

To date, the media have focused chiefly on the short-term problem of how we pay for health care. But large buyers and providers of health care—and a few canny start-ups—are also working on the longer-term problem of how we deliver it. For chronic disease, the best answer may be to take health care out of hospitals and doctors’ offices and move it into people’s homes.

**Tech Talk:** A lot of the most exciting research in home health care is focused on remote patient monitoring—technologies that track physiological changes while the patients go about their daily lives. The concept is neatly summed up in the slogan of Pittsburgh-based BodyMedia: “Health. Care. Anywhere.” Started by a group of engineers from Carnegie Mellon, BodyMedia makes noninvasive body-monitoring systems and has created complex predictive algorithms that can interpret the volumes of medical-grade data generated by its monitors. The patient wears a small armband that can capture such information as her heart rate, blood pressure, and glucose level. And body sta-

tus isn’t the only thing that new monitoring technologies are geared toward tracking. For instance, IBM has developed an electronic pillbox that sends a signal to the patient’s cell phone every time a tablet is removed and alerts the patient if he has skipped a dose or is taking too many pills.

**People Talk:** While technology can do much, patients at home still need human help. Some experts feel that those humans should, when possible, be friends and family. Kaiser Permanente, the MIT Media Lab, and a few other organizations recently supported the formation of the Care Product Institute (CPI), a non-profit group pioneering ways to combine “technology with social support,” according to CPI’s Brent Lowensohn, an authority on health care technology. In the CPI model, a diabetic’s glucose reading might be transmitted to a designated relative who is trained to know what that number means and what to do about it. The family member then can “nudge” the patient to take appropriate actions.

**In the Game:** The U.S. Department of Health and Human Services attributes 75% of the country’s \$1.4 trillion in medical care costs to chronic disease. With so much money on the line, companies of all sizes are entering the market. Among the most notable: American TeleCare, BodyMedia, CardioNet, Polar Electro, Honeywell HomeMed, GE Medical Systems, Philips, Medtronic, and Motorola.

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