
#hcs - February 16, 2014

6:00

[HealthSocMed | #hcs@HealthSocMed](#)

Welcome to ([#hcs](#)) healthcare communications & social media. If you're joining tonight, please introduce yourself! ([@danamlewis](#) moderating)

6:00

[Ruchi Shah@rshah73](#)

Hi! My name is Ruchi and I'm a junior biology major. [#HCSM](#)

6:00

[Gnosis Media Group@GnosisArts](#)

[#hcs](#): marcomm practices in healthcare. Mod: [@HealthSocMed](#) When: Sun 8:00pm CST. [#tweetchatshappeningnow](#)

6:01

[HealthSocMed | #hcs@HealthSocMed](#)

We will assume all tweets within [#hcs](#) during following hour are your own & not those of your employers (unless specifically declared).

6:01

[Real Talk Dr. Offutt@RTwithDrOffutt](#)

tweeps - MUTE ME for an hour as i will be on [#hcs](#) twitter chat - or follow along if interested! [#teen](#) [#teen](#)health

6:01

[Heather Z@ZHeatherChamp](#)

Good evening! Person w/ & advocate for [#raredisease](#). I have Cowden's Syndrome and Lhermitte-duclos Disease. [#btsm](#)
[#pten](#) [#hcsn](#)

6:01

[Dan Goldman@danielg280](#)

Dan Goldman, frozen lawyer from [@MayoClinic](#). Good evening, everyone. [#hcsn](#)

6:02

[Laurel Ann Whitlock@twirlandswirl](#)

[@HealthSocMed](#) [@danamlewis](#) Trying to get in! TweetChat fails me again.... [#hcsn](#)

6:02

[Marissa Lo@marissawyl0](#)

Hi, everyone. My name is Marissa and I am an occupational therapy student in Canada [#hcsn](#)

6:02

[Alan Brewington@abrewi3010](#)

Hello, Alan here. How is everyone? [#hcsn](#)

6:02

[Laurel Ann Whitlock@twirlandswirl](#)

Ah! Here we go. Photographer in Orlando, ahoy! [#hcsn](#)

6:02

[Real Talk Dr. Offutt@RTwithDrOffutt](#)

Laura Offutt here - MD, Mom, using SoMe and [#hcsn](#) to reach [#teens](#) about [#TeenHealth](#) issues on twitter, blogger, pheed and tumblr

6:03

[Mark Ryan@RichmondDoc](#)

Mark, family doc in [#RVA](#), enjoying a sunny day after some unwanted winter weather. Hope everyone is well! Multitasking as usual... [#hcsn](#)

6:03

[Robert Mahoney@mahoneyr](#)

Hello and happy Sunday, [#hcsn](#)

6:03

[T2D Research@T2DRemission](#)

[#hcsn](#) Michael Massing in Connecticut, where it looks like the aftermath of a blizzard delivered in installments.

6:03

[Yinka Vidal@YinkaVidal](#)

[@HealthSocMed](#) [@danamlewis](#) [#hcsn](#) Hi Dana and everybody!

6:03

[Heather Z@ZHeatherChamp](#)

[@RichmondDoc](#) What I wouldn't do for some winter weather!
[#hcs](#)

6:03

[Ronette LealMcCarthy@LealMcCarthy](#)

Ronette McCarthy, legal counsel [@CremationECC](#) in Chicago.
[#hcs](#)

6:03

[Dana Lewis | #hcs@danamlewis](#)

[@twirlandswirl](#) sorry - typo! tchat.io/rooms/hcs [#hcs](#)

6:03

[Heather Z@ZHeatherChamp](#)

[@YinkaVidal](#) Hello! [#hcs](#)

6:03

[Twice Diabetes@TwiceDiabetes](#)

Hi, Melinda from Aust here, diabetes advocate, blogger SM
junkie [#hcs](#)

6:04

[Shana Dykema@megratu](#)

Hi [#hcs](#)! Happy start of the week!

6:04

[Dana Lewis | #hcsmdanamlewis](#)

Welcome to [#hcsmd](#), all! <--Dana Lewis, [#hcsmd](#) creator/moderator, thinker | doer | teacher of health & digital; chief data producer @ [#DIYPS](#)

6:04

[Donna Behen@MadonnaPatricia](#)

Donna here. Health writer and editor. [#hcsmd](#)

6:04

[HealthSocMed | #hcsmd@HealthSocMed](#)

Welcome, everyone, to [#hcsmd](#)! Special hi to any first-timers joining tonight :), and of course our friendly lurkers. Tweet in anytime!

6:04

[Laurel Ann Whitlock@twirlandswirl](#)

[@RichmondDoc](#) Yeah, we got down to the 40s here, it was awful. ;) [#florida](#) [#hcsmd](#)

6:04

[Yinka Vidal@YinkaVidal](#)

[@LealMcCarthy](#) [@CremationECC](#) [#hcsmd](#) Hi Ronette.

6:04

[Mark Ryan@RichmondDoc](#)

[@ZHeatherChamp](#) Be careful what you wish for... ! [#hcsmd](#)

6:04

[Heather Z@ZHeatherChamp](#)

[@RichmondDoc](#) Nono! This is the hottest winter I can remember. :) [#hcs](#)

6:05

[Yinka Vidal@YinkaVidal](#)

[@DocForeman](#) [#hcs](#) Hi April.

6:05

[Jennifer Chevinsky@jchevinsky](#)

Jen, [@BioethxChat](#) moderator & med/bioethics student
[#bioethx](#) [#hcs](#)

6:05

[T2D Research@T2DRemission](#)

Hi Lauren! Thanks for the follow up on Story Maker, which no one seems to have ported to Apple Land. [#hcs](#)

6:06

[Michael D. Newton@mnewtonPharmD](#)

Totally doing this! RT [@ASCO](#): Here's how to add your Twitter Handle to your 2014 ASCO Meeting Badge: [ow.ly/tmiVK](#)
[#ASCO14](#) [#hcs](#)

6:06

[Shana Dykema@megratu](#)

Hey [#hcs](#) | works in [#quality](#) & [#ptsafety](#) [@SCHospitals](#) - coordinator of state-wide high reliability [#healthcare](#) efforts.

6:06

[Ronette LealMcCarthy@LealMcCarthy](#)

[@jchevinsky](#) [@BioethxChat](#) Hello!! [#hcs](#)

6:06

[Yinka Vidal@YinkaVidal](#)

[@jchevinsky](#) [@BioethxChat](#) [#hcs](#) Hi Jen.

6:06

[Dan Goldman@danielg280](#)

Tweetchat doesn't seem to be updating. What's the hot alternative these days? [#hcs](#)

6:06

[Laurel Ann Whitlock@twirlandswirl](#)

[@danielg280](#) Same problem I had. Trying out [tchat.io](#), no opinion yet. [#hcs](#)

6:06

[Janet Kennedy@GetSocialHealth](#)

Hi all - Janet Kennedy here. It's my first [#hcs](#) chat! I'm a social media coach from Raleigh, NC.

6:06

[Mark Ryan@RichmondDoc](#)

[@danielg280](#) [tchat.io/rooms/hcs](#) [#hcs](#)

6:06

[Dana Lewis | #hcsmdanamlewis](#)

[@danielg280](#) try tchat.io/rooms/hcsm [#hcsmd](#)

6:07

[P. F. Anderson@pfanderson](#)

Patricia, happy & content with life after an afternoon crafting w/ daughter & daughter-in-law, here for [#hcsmd](#) as medical librarian

6:07

[HealthSocMed | #hcsmdHealthSocMed](#)

We'll get started with topic 1 (T1) in just a few minutes. Remember if you jump in to [#hcsmd](#) later to introduce yourself!

6:07

[Twice Diabetes@TwiceDiabetes](#)

[@danielg280](#) Seems 2 be potluck what works when I'm on twubs 2 day, seems 2 be going ok [#hcsmd](#)

6:07

[Dr. Amanda Young@MNPsyD](#)

I got distracted by The Walking Dead and almost missed it. Hello all! [#hcsmd](#)

6:07

[Dan Goldman@danielg280](#)

[@CatchTheBaby](#) Thx. it's been a particularly brutal winter.... [#hcsmd](#)

6:07

[Yinka Vidal@YinkaVidal](#)

[@pfanderson](#) [#hcs](#) Hi Pat! Hope all is well with you!

6:08

[Heather Z@ZHeatherChamp](#)

[@twirlandswirl](#) tchat is working fine. That's what I'm using.
[#hcs](#)

6:08

[Nicole Ferrito@NicoleFerrito](#)

Hello, I am a communication studies student at The College of New Jersey interested in eHealth Literacy among older patients [#hcs](#)

6:08

[Ruth Ann Crystal, MD@CatchTheBaby](#)

[@pfanderson](#) nice [#hcs](#)

6:08

[T2D Research@T2DRemission](#)

[@laurencstill](#) Yeah, unless I missed it somehow. Open source has its own rules. ;^) [#hcs](#)

6:08

[Heather Z@ZHeatherChamp](#)

[@NicoleFerrito](#) That's awesome. I think by way of me, my mom is "sorta" exposed to eHealth stuff. Guilty by association. :) [#hcs](#)

6:09

[Dan Goldman@danielg280](#)

Thanks, all. Giving [Tchat.io](#) a whirl. [#hcs](#)

6:09

[Ruth Ann Crystal, MD@CatchTheBaby](#)

Ob/Gyn doc in California. Will be in and out of the [#hcs](#) chat tonight. Hi to all!

6:09

[HealthSocMed | #hcs@HealthSocMed](#)

TOPIC 1 - Given how much data can be self-tracked: how are HCPs dealing w/ pt-tracked data? Pts, how are you presenting data to HCPs? [#hcs](#)

6:09

[Jennifer Chevinsky@jchevinsky](#)

[@danielg280](#) trying [Tchat.io](#) for the first time too! ...seems to be working ok [#hcs](#)

6:09

[Yinka Vidal@YinkaVidal](#)

[@NicoleFerrito](#) [#hcs](#) Nicole, You come to the right place.

6:09

[Heather Z@ZHeatherChamp](#)

[@GatesJaclyn](#) Hi there! [#hcs](#)

6:09

[Dana Lewis | #hcs@danamlewis](#)

T1 live at [#hcs](#) - how are HCPs dealing with plethora of available data patients can self-track? How are pts bringing in new data?

6:09

[P. F. Anderson@pfanderson](#)

[@ZHeatherChamp](#) [@CatchTheBaby](#) [@YinkaVidal](#) Thanks, all!
Time with loved ones is very precious. [#hcs](#)

6:10

[Kathy Nieder MD@docnieder](#)

Kathy checking in from soon to be not so frozen Louisville.
[#hcs](#)

6:10

[Jaclyn Gates@GatesJaclyn](#)

Hey my name is jaclyn and im a senior comm major at tcnj!
[#hcs](#)

6:10

[Laurel Ann Whitlock@twirlandswirl](#)

[@HealthSocMed](#) Plenty of apps now to help record, track, analyze data. [#hcs](#)

6:10

[Lauren@laurencstill](#)

[@T2DRemission](#) I'm a huge proponent of leveraging [#opensource](#) work, and is always my go-to solution, even in [#HealthIT](#) [#hcs](#)m ;-)

6:10

[T2D Research@T2DRemission](#)

[@pfanderson](#) Hi, Patricia! Will have some follow up on vlog production on the other feed tomorrow. [#hcs](#)m

6:10

[P. F. Anderson@pfanderson](#)

[@T2DRemission](#) Awesome! Thank you! [#hcs](#)m

6:10

[Mark Ryan@RichmondDoc](#)

T1 However, I think we need to be mindful of what data we collect and if it is even useful. Often data collected might not help much. [#hcs](#)m

6:11

[Intake.Me@Intakeme](#)

Sorry to be a little late - Emily from [Intake.Me](#). Great first question [@danamlewis](#)! [#hcs](#)m

6:11

[Kathy Nieder MD@docnieder](#)

T1 - Pts still mostly bring me data written on paper--Blood sugars, Blood pressures. I live in KY so we're a little behind the times [#hcs](#)

6:11

[Heather Z@ZHeatherChamp](#)

A1: Data that can be self-tracked? I'm not sure how this would even work. New data such as.....? [#hcs](#)

6:11

[Ruth Ann Crystal, MD@CatchTheBaby](#)

[@danielg280](#) Sorry to hear that Dan. [#hcs](#)

6:11

[Mark Ryan@RichmondDoc](#)

T1 My favorite example is in diabetes: in type 2 diabetes, self-monitoring glucose has equivocal benefit, and may reduce QoL. [#hcs](#)

6:11

[P. F. Anderson@pfanderson](#)

[@danamlewis](#) This was the FIRST topic brought up by [@MedPedsDoctor](#) at his talk for [#umpedsgr](#) this week! [#hcs](#)

6:11

Lauren@laurencstill

T1: PCPs, docs want aggregate data. Still a fight to transmit information from fitbit, etc to provider. My main focus of work. [#hcs](#)

6:12

[P. F. Anderson@pfanderson](mailto:P.F.Anderson@pfanderson)

[@danamlewis](https://twitter.com/danamlewis) T1: The doc I have now says, "I don't know much about this, but I'll learn." [#hcs](#)

6:12

[Alan Brewington@abrewi3010](mailto:Alan.Brewington@abrewi3010)

A1 I think HCP are still somewhat skeptical of self track data. They don't trust pat data collection techniques. [#hcs](#)

6:12

[Heather Z@ZHeatherChamp](mailto:Heather.Z@ZHeatherChamp)

[@twirlandswirl](https://twitter.com/twirlandswirl) Ah, OK, I get it now. I do use a few of those apps. My docs aren't that impressed/interested in it. [#hcs](#)

6:12

[Jennifer Chevinsky@jchevinsky](mailto:Jennifer.Chevinsky@jchevinsky)

T1 Have seen lots of tracking data still written in notepad or binders; not sure which are best for online/computerized tracking [#hcs](#)

6:12

[April Foreman@DocForeman](#)

[@HealthSocMed](#) As both a pt. and HCP who uses pt. tracking data, I love it. Biggest prob is getting it into EMR securely and easily. [#hcs](#)

6:12

[Intake.Me@Intakeme](#)

T1 from our work with [#epatients](#), definitely hearing many pts frustrated by docs being disapproving when they bring in their own data. [#hcs](#)

6:12

[Mark Ryan@RichmondDoc](#)

T1 So...if glucose self-monitoring is inconsistently useful, what about daily weights? Exercise records? Peak flows? Which add value? [#hcs](#)

6:12

[Shana Dykema@megratu](#)

[@HealthSocMed](#) A1 From the oversight POV, we aren't seeing much pt-tracked data atm (or at least, no data on what pts are tracking). [#hcs](#)

6:12

[Twice Diabetes@TwiceDiabetes](#)

[@RichmondDoc](#) In type 1 D u NEED to test but it's for immed action not HCP review later IME, not had any help w fixing probs from data [#hcs](#)

6:12

[Asmi Panigrahi@usplusme](#)

Hi everyone, I'm a college student from New Jersey interested in Public Health and Health Communication! [#hcs](#)

6:12

[Yinka Vidal@YinkaVidal](#)

[@danamlewis](#) [#hcs](#) A1 Some physicians are already complaining about avalanche of patient medical information while missing Critical Results

6:12

[Laurel Ann Whitlock@twirlandswirl](#)

[@ZHeatherChamp](#) Which is sad. It's easy-access information. Shouldn't be a be all/end all, but a good tool. [#hcs](#)

6:13

[Shana Dykema@megratu](#)

[@HealthSocMed](#) A1 Except for the [@DeptVetAffairs](#) facilities, of course. [#hcs](#)

6:13

[Lauren@laurencstill](#)

Provider don't want to know what you had for lunch on March 15, they want the bigger picture, and they want it to be meaningful. [#hcs](#)

6:13

[Robert Mahoney@mahoneyr](#)

T1 Key to self-tracked data is it must be actionable and relevant. Pts can collect lots of data that HCP's can't do much with. [#hcs](#)

6:13

[April Foreman@DocForeman](#)

[@laurencstill](#) Yep. It can totally be done. We have all of the [#HITsm](#) tools. But getting it done is also political process. [#hcs](#)

6:13

[P. F. Anderson@pfanderson](#)

[@ZHeatherChamp](#) High blood pressure? Android app [play.google.com/store/apps/det...](https://play.google.com/store/apps/details?id=com.zheatherchamp.hypertension) iOS app itunes.apple.com/us/app/blood-p... Here's my data, doc! [#hcs](#)

6:13

[Twice Diabetes@TwiceDiabetes](#)

[@RichmondDoc](#) Suggest daily weights at least in t1 would exacerbate the already high rates of disordered eating in pts [#hcs](#)

6:14

[Mark Ryan@RichmondDoc](#)

[@TwiceDiabetes](#) Type 1 diabetes & (maybe) poorly controlled type 2, self-monitoring may be useful. But how many w/ stable T2 monitor? [#hcs](#)

6:14

[Shana Dykema@megratu](#)

[@Intakeme](#) Not surprising - we hear that a lot, too (esp w/ diabetes/chronic disease patients). [#hcsn](#)

6:14

[Dan Goldman@danielg280](#)

Obviously, accuracy is an issue. But that is an issue with any third party data. Do docs always trust data from other providers? [#hcsn](#)

6:14

[April Foreman@DocForeman](#)

[@megratu](#) [@HealthSocMed](#) My patients want to do it, I have lots of experience w/ it. Freaks my administration out. So it doesn't happen [#hcsn](#)

6:14

[Real Talk Dr. Offutt@RTwithDrOffutt](#)

T1 [#hcsn](#). Our group encourages pt data. And just had mtg on useful aps.

6:15

[Clay Chappell, MD@CChappellMD](#)

A1: Diabetes would be the obvious example. As a cardiologist, I often track heart rate and BP trends. Doesn't have to be high tech. [#hcsn](#)

6:15

[Twice Diabetes@TwiceDiabetes](#)

On old insulin regime I showed pattern as clear as day that overt hypos, there was no fix for 20yrs until insulin pumps avail. [#hcsn](#)

6:15

[Sylvia English@blancfang](#)

[#hcsn](#) Hi I'm a New Zealander studying [#bioethx](#) in NYC, interested in public health and promotion in popular media

6:15

[Alan Brewington@abrewi3010](#)

A1 patients trying to self track is a good thing. Will help with medical literacy rates I hope. [#hcsn](#)

6:15

[Twice Diabetes@TwiceDiabetes](#)

No use collecting data unless there is a specific purpose. [#hcsn](#)

6:15

[Robert Mahoney@mahoneyr](#)

T1 Also have to look at accuracy. Hard for trained RN's to get reliable daily weights, e.g.; not all pts may be able to, either. [#hcsn](#)

6:15

[Mark Ryan@RichmondDoc](#)

[@TwiceDiabetes](#) There will be some measures (e.g. glucose in T1) where self-monitoring directs care: need to find those situations. [#hcs](#)

6:15

[T2D Research@T2DRemission](#)

[@RichmondDoc](#) Understand equivocal outcomes. Need to review research, although I suspect from my own self tracking: wrong questions. [#hcs](#)

6:15

[Lauren@laurencstill](#)

How much email fatigue do you have? Now multiply that, 1500 patients, their fitbits and vaults and glookos. We need interoperability. [#hcs](#)

6:15

[Yinka Vidal@YinkaVidal](#)

[@laurencstill](#) [#hcs](#) Can we train patient to collect meaningful data without including kitchen sink and other not so useful info?

6:15

[Dan Goldman@danielg280](#)

That has always been the promise of standardized PHR's like HealthVault: some standardizing and vetting of third party data. [#hcs](#)

6:15

[Intake.Me@Intakeme](#)

T1: as a [#medstudent](#) & believer in evidence-based med. I know that evidence behind self-tracking is limited - makes action difficult. [#hcsn](#)

6:15

[Dr. Amanda Young@MNPsyD](#)

Yes. MT [@DocForeman](#) As both pt. and HCP who uses pt. tracking data, I <3it. Biggest prob is getting it into EMR securely and easily. [#hcsn](#)

6:16

[Mark Ryan@RichmondDoc](#)

[@TwiceDiabetes](#) [#hcsn](#) I was also thinking about daily weights in heart failure. Not sure that I have seen a significant benefit from that.

6:16

[Ruth Ann Crystal, MD@CatchTheBaby](#)

[@DocForeman](#) I'm actually working on this for Gestational Diabetics to be able to send FS from smart phone to OB and Endo at same time [#hcsn](#)

6:16

[Lauren@laurencstill](#)

[@YinkaVidal](#) It's tough. trying to, but without vender help with APIs, aggregating meaningful PCP/doc info is near impossible. [#hcsn](#)

6:16

[Kathy Nieder MD@docnieder](#)

T1 Like [@CChappellMD](#) pts check their BPs to see what control they have, but we're still on paper. My EHR wouldn't accept the data. [#hcsn](#)

6:16

[Heather Z@ZHeatherChamp](#)

A1: My primary has shared a few apps with me. But more for MY benefit than OUR shared benefit. [#hcsn](#)

6:16

[Laurel Ann Whitlock@twirlandswirl](#)

I can see why bringing in accumulated data might not elicit the best response. I'm scared to suggest ideas I have about my own health. [#hcsn](#)

6:16

[OneGrenouille@onegrenouille](#)

T1 send urgent data via hospital esystem, everything else send over day b4 appt. Had to gain provider trust [#hcsn](#)

6:16

[Asmi Panigrahi@usplusme](#)

[@abrewi3010](#) When you say medical literacy, do you include ehealth literacy in that category? [#hcsn](#)

6:17

[bacigalupe@bacigalupe](#)

How many patients do actually come to the doctor with self-tracking data? Do we have the data? [#hcs](#)

6:17

[Mark Ryan@RichmondDoc](#)

T1 We do need to be cautious: what seems intuitively useful and valuable re: care decisions *might* not actually improve health/care. [#hcs](#)

6:17

[Twice Diabetes@TwiceDiabetes](#)

[@RichmondDoc](#) is that in reln to fluid buildup? [#hcs](#)

6:17

[Jaclyn Gates@GatesJaclyn](#)

T1: I believe having apps to neatly track data helps a ton!
[#hcs](#)

6:17

[Sylvia English@blancfang](#)

[@TwiceDiabetes](#) agree, and collaboration between dr and pt can help find the best things to self track [#hcs](#)

6:17

[April Foreman@DocForeman](#)

[@CatchTheBaby](#) ((HUGS)) Is it too soon to say I love you?
[#hcs](#)

6:17

[Intake.Me@Intakeme](#)

Nice approach. Need EMRs support learning. RT
[@pfanderson](#) T1: The doc I have now says, "I don't know
much about this, but I'll learn." [#hcs](#)

6:17

[Shana Dykema@megratu](#)

[@twirlandswir](#) Depends on the doctor and their age/training,
too. [#hcs](#)

6:17

[Robert Mahoney@mahoneyr](#)

Yup [@megratu](#). Some success stories: glucose, ambulatory
BP; just need to have reliable collection process. [#hcs](#)

6:17

[Heather Z@ZHeatherChamp](#)

[@GatesJaclyn](#) I agree; but more for my benefit (patient) than
theirs (doctor). [#hcs](#)

6:17

[Ruth Ann Crystal, MD@CatchTheBaby](#)

[@DocForeman](#) We have a platform that can put data into
[#EMR](#) as a pdf file now, but in future can populate via HL7.
[#hcs](#)

6:17

[Dan Goldman@danielg280](#)

[@DocForeman](#) Makes sense. I think more probs with objective data such as numbers, where could be inaccurate or incentive to fudge [#hcsn](#)

6:18

[Lauren@laurencstill](#)

[@DocForeman](#) um, hello [@CommonWell](#) has been around for a year, and still nothing has been accomplished. Poor allocation. [#hcsn](#)

6:18

[Mark Ryan@RichmondDoc](#)

[@TwiceDiabetes](#) [#hcsn](#) Yes, that's the idea--that daily weights might show early trends in fluid build-up and allow earlier treatment.

6:18

[Yinka Vidal@YinkaVidal](#)

[@RTwithDrOffutt](#) [#hcsn](#) How should physicians handle patient information overload? Should critical data be highlighted or separated?

6:18

[Clay Chappell, MD@CChappellMD](#)

[@TwiceDiabetes](#) [Agree.Many](#) things that can be measured, but we have to know what the fix is if values fall out of desirable parameters. [#hcsn](#)

6:18

[Sarah E Edwards@FindHealthSarah](#)

[#hcs](#)m, There are so many data outlets, you have to imagine this would be a double edged sword for docs.

6:18

[Shana Dykema@megratu](#)

A1 I think pt-tracked data is more useful for looking at trends, rather than individual data points. & it can be VERY useful.
[#hcs](#)m

6:19

[bacigalupe@bacigalupe](#)

Living the quantified self: the realities of self-tracking for health
[simplysociology.wordpress.com/2013/01/11/liv...](#) [#hcs](#)m

6:19

[Laurel Ann Whitlock@twirlandswirl](#)

[@megratu](#) Oh, it's definitely not across the board. But I've had doctors laugh at me when I suggest something I'm worried about. [#hcs](#)m

6:19

[T2D Research@T2DRemission](#)

[@TwiceDiabetes](#) [@RichmondDoc](#) T1 Agreed. Intense SMBG makes sense for T2s only if followed by immediate action.
[#hcs](#)m

6:19

[P. F. Anderson@pfanderson](mailto:P.F.Anderson@pfanderson)

[@intakem](#) That's why it makes sense to validate data by comparing to clinic readings for same measures [#hcs](#)

6:19

Lauren@laurencstill

[@FindHealthSarah](#) It is. It's a matter of meaningful data, and not a data dump. It's doable, but requires collaboration. [#hcs](#)

6:19

[Asmi Panigrahi@usplusme](mailto:Asmi.Panigrahi@usplusme)

[@twirlandswirl](#) Perhaps it is your doctor-patient relationship which contributes to your apprehension? [#hcs](#)

6:19

[Laurel Ann Whitlock@twirlandswirl](mailto:LaurelAnnWhitlock@twirlandswirl)

[@abrewi3010](#) Kinda just said this to someone else, but I've been laughed at and dismissed before. [#hcs](#)

6:19

[Jennifer Chevinsky@jchevinsky](mailto:JenniferChevinsky@jchevinsky)

T1 IMO helping pts put results into Excel could bring benefit-see trends; once understand patterns can ease up on everyday tracking [#hcs](#)

6:19

[P. F. Anderson@pfanderson](#)

[@MNPsyD](#) [@DocForeman](#) Here, they don't WANT my data electronically, prefer to scan as image OR pdf to add to EHR
[#hcs](#)

6:19

[Lauren@laurencstill](#)

[@pfanderson](#) [@intakeme](#) Well, doesn't that give me an idea.....
[#hcs](#)

6:20

[Alan Brewington@abrewi3010](#)

[@usplusme](#) I would say [yes.Any](#) collection of data involves more action than just taking pills. Need to understand more which raises lit [#hcs](#)

6:20

[Ruth Ann Crystal, MD@CatchTheBaby](#)

[@DocForeman](#) See [GestInTime.com](#) for info. In future, pts of other specialties will be able to send their data to HCP too.
[#hcs](#)

6:21

[Intake.Me@Intakeme](#)

[@pfanderson](#) Right. What I'm thinking is that there is just a greater need for info mgmt in general to support more "N of 1" expts. [#hcs](#)

6:21

[Twice Diabetes@TwiceDiabetes](#)

[@Intakeme](#) I think u r right, I am insulin dept, have been since I was 1 year old, so blood glucose tests essential [#hcs](#)

6:21

[Yinka Vidal@YinkaVidal](#)

[@CChappellMD](#) [@TwiceDiabetes](#) [#hcs](#) How to handle data standardization otherwise results comparison may be difficult?

6:21

[Shana Dykema@megratu](#)

[@pfanderson](#) [@MNPsyD](#) [@DocForeman](#) Interesting! Doesn't seem too useful that way though... [#hcs](#)

6:21

[Nicole Ferrito@NicoleFerrito](#)

I agree that a patient should be careful that they are collecting reliable data to bring to their HCP [#hcs](#)

6:21

[Kathy Nieder MD@docnieder](#)

[@pfanderson](#): [@MNPsyD](#) [@DocForeman](#) maybe not they don't want it, more likely they can't use it--no [#EHR](#) interoperability w/apps & data [#hcs](#)

6:21

[P. F. Anderson@pfanderson](#)

[@laurencstill](#) [@intakem](#) Say more? [#hcs](#)

6:21

[Ruth Ann Crystal, MD@CatchTheBaby](#)

T1: For health data to be useful, it needs to be sent in an easy to read format. [#hcsn](#)

6:21

[bacigalupe@bacigalupe](#)

Do we self-track what seems connected with what we think matters in health/illness (perception) but not what really matter? Question [#hcsn](#)

6:22

[Alan Brewington@abrewi3010](#)

[@twirlandswirl](#) no doctor/med professional should ever laugh at or dismiss you. You fire the doc? [#hcsn](#)

6:22

[Laurel Ann Whitlock@twirlandswirl](#)

I understand HCP saying "too much info, too many patients," but to each individual patient, it is just them, and their life/health. [#hcsn](#)

6:22

[Dr Geralyn Datz@DrDatz](#)

What it takes to overcome pain "[@adiemusfree](#): Dealing with chronic pain takes flexible persistence [wp.me/p4flf0-u](#)" [#mhsm](#) [#hcsn](#) [#pain](#)

6:22

[Real Talk Dr. Offutt@RTwithDrOffutt](#)

"@ShoaClarke: [#hcs](#)m T1 biggest benefit of patient tracking data is that it engages them in their own health care" Strogly agree

6:22

[Mark Ryan@RichmondDoc](#)

[@TwiceDiabetes](#) [#hcs](#)m A quick glance at EBM resource suggests that daily weights is based on "expert consensus" = no good evidence

6:22

[Janet Kennedy@GetSocialHealth](#)

RT [@HealthSocMed](#): Welcome to [#hcs](#)m! Special hi to any first-timers. <The content is flying by! I'm looking for a spot to jump in!

6:23

[Robert Mahoney@mahoneyr](#)

Question may not be what "matters" but what your HCP can use. [@bacigalupe](#) [#hcs](#)m

6:23

[Lauren@laurencstill](#)

[@pfanderson](#) [@intakem](#) data plot juxtaposition, and alerts. Putting real time data against clinical check-ups. [#hcs](#)m

6:23

[Laurel Ann Whitlock@twirlandswirl](#)

It can be debilitating to hear that there is too much going on to worry about just you, especially to pts with anxiety/depression/ etc. [#hcsn](#)

6:23

[Jennifer Chevinsky@jchevinsky](#)

[@bacigalupe](#) Think may be true- instead of having pts track barriers to self-care/taking meds, stick to numbers, numbers, numbers : / [#hcsn](#)

6:23

[Ruchi Shah@rshah73](#)

[@CatchTheBaby](#) I completely agree, a complicated format often discourages patients from recording their health data [#HCSM](#)

6:23

[Rx Medical Web@rxmedicalweb](#)

Why Local Directories are Essential to your Practice [is.gd/thjiow](#) [#hcsn](#), [#healthcare](#)

6:23

[Laurel Ann Whitlock@twirlandswirl](#)

[@abrewi3010](#) Unfortunately, my financial situation prevents me from being too picky. Not my current doc, though, I have moved since. [#hcsn](#)

6:23

[T2D Research@T2DRemission](#)

[@YinkaVidal](#) [@laurencstill](#) Any more difficult than other things providers try to train patients to do, with widely varying success? [#hcs](#)

6:24

[Ruth Ann Crystal, MD@CatchTheBaby](#)

[@docnieder](#) [@pfanderson](#) [@MNPsyD](#) [@DocForeman](#)
Supposidly w/ [open.epic.com](#) data can flow into EPIC [#EMR](#).
[#hcs](#)

6:24

[Shana Dykema@megratu](#)

[@bacigalupe](#) I think pts may have difficulty differentiating the two, hence some of the apprehension around pt tracking.
[#hcs](#)

6:24

[Asmi Panigrahi@usplusme](#)

[@abrewi3010](#) Interesting point, I agree! [#hcs](#)

6:24

[Sylvia English@blancfang](#)

[@CatchTheBaby](#) would you favour separation or highlighting in that case? [#hcs](#)

6:24

[Mark Ryan@RichmondDoc](#)

[@T2DRemission](#) [@TwiceDiabetes](#) I suspect fewer T2 monitor than we think, but insurers pay \$millions for monitors that aren't needed. [#hcs](#)

6:24

[Intake.Me@Intakeme](#)

[@pfanderson](#) Right. I feel like this is what ultimately all this data tracking is aiming to accomplish. Don't you agree? [#hcs](#)

6:25

[Rasu Shrestha MD MBA@RasuShrestha](#)

T1 We need to win the battle in the signal-to-noise ratio in [#health](#) data! Right now, we're doing so great! [@CatchTheBaby](#) [#HCSM](#)

6:25

[Mark Ryan@RichmondDoc](#)

[@Intakeme](#) [@TwiceDiabetes](#) That's pretty close to my understanding, though ? benefit in stable T2 even if on insulin. [#hcs](#)

6:25

[T2D Research@T2DRemission](#)

[@jchevinsky](#) Agreed, direct line from in situ result to corresponding (in)action is critical. [#hcs](#)

6:25

[Annette McKinnon@anetto](#)

If you track your data and there are anomalies at least you know how off they are. Easier to talk numbers than feelings with Dr [#hcs](#)

6:25

[Dr. Amanda Young@MNPsyD](#)

[@CatchTheBaby](#) [@docnieder](#) [@pfanderson](#) [@DocForeman](#) It would be wonderful for it to be plugged right into EPIC. [#hcs](#)

6:25

[Dr GERALYN Datz@DrDatz](#)

Change your life! "[@trackeractivity](#): Wearable tech fitness trackers outpace other devices: What to look for.. [binged.it/1gsNG3M](#)" [#hcs](#)

6:25

[Asmi Panigrahi@usplusme](#)

[@blancfang](#) Cool link that you posted to [@bacigalupe](#) Personally I find the idea of self-tracking of health to be incredibly empowering! [#hcs](#)

6:25

[Lauren@laurencstill](#)

[@CatchTheBaby](#) [@docnieder](#) [@pfanderson](#) [@MNPsyD](#) [@DocForeman](#) So what? Who are you serving when feeding data _into_ a silo?? [#hcs](#)

6:25

[April Foreman@DocForeman](#)

[@CatchTheBaby](#) [@docnieder](#) [@pfanderson](#) [@MNPsyD](#) But for each kind of data and system for collecting it costs \$\$ to produce securely. [#hcsn](#)

6:26

[OneGrenouille@onegrenouille](#)

+1 RT [@MNPsyD](#): [@CatchTheBaby](#) [@docnieder](#) [@pfanderson](#) [@DocForeman](#) It would be wonderful for it to be plugged right into EPIC. [#hcsn](#)

6:26

[P. F. Anderson@pfanderson](#)

Ian Eslick n=1 trials, My IBD vimeo.com/63423056 [#hcsn](#)

6:26

[Ruth Ann Crystal, MD@CatchTheBaby](#)

[@jchevinsky](#) [@bacigalupe](#) We want pts to use our system to track mood and other less digitized data as well as FS levels [#hcsn](#)

6:26

[Dan Goldman@danielg280](#)

Kind of a heisenberg principle of medical data? by patient measuring it they change it, tho hopefully for the better. [#hcsn](#)

6:26

[Twice Diabetes@TwiceDiabetes](#)

[@RTwithDrOffutt](#) [@ShoaClarke](#) tracking(not monitoring) data that the dr does nothing helpful with or chastises u 4 is very disengaging. [#hcsn](#)

6:27

[Jennifer Chevinsky@jchevinsky](#)

T1 Perhaps HCPs just need to be conscious of requests- recognize the level of inconvenience for patient and assess how necessary [#hcsn](#)

6:27

[Kartik Rai@krai9](#)

[@twirlandswir](#) I agree with this; but, how can we fix this problem while allowing physicians to maintain autonomy of their profession? [#hcsn](#)

6:27

[P. F. Anderson@pfanderson](#)

C3N - Chronic Collaborative Care Network [c3nproject.org](#) helps patients design effective n=1 n-of-1 experiments [#hcsn](#)

6:27

[bacigalupe@bacigalupe](#)

[@pfanderson](#) Self-tracking adds complex layer to how patients (and drs) think about health or what causes what, but we don't know yet [#hcsn](#)

6:27

Lauren@laurencstill

[@danielg280](https://twitter.com/danielg280) There are ways to remove that bias, and keeping it objective. [#hcsm](https://twitter.com/hcsm)

6:28

[HealthSocMed | #hcsm@HealthSocMed](https://twitter.com/HealthSocMed)

Great T1 at [#hcsm](https://twitter.com/hcsm) - moving on to T2 shortly.

6:28

[P. F. Anderson@pfanderson](https://twitter.com/PFAnderson)

[@bacigalupe](https://twitter.com/bacigalupe) Agreed. Takes culture shift and education on both sides [#hcsm](https://twitter.com/hcsm)

6:28

[bacigalupe@bacigalupe](https://twitter.com/bacigalupe)

Right now all that self-tracking data is information, I think bigger problem is how to process, how to talk about it, what to do, etc. [#hcsm](https://twitter.com/hcsm)

6:28

[Intake.Me@Intakeme](https://twitter.com/Intake.Me)

Also the problem of what to track: docs may focus on what they know, which may be different from what patients bring to the visit. [#hcsm](https://twitter.com/hcsm)

6:28

[Ruth Ann Crystal, MD@CatchTheBaby](#)

[.@RichmondDoc](#) [@TwiceDiabetes](#) However, daily weights could be helpful for CHF patients (ie increased wt = incr fluid retention) [#hcsn](#)

6:28

[Laurel Ann Whitlock@twirlandswirl](#)

[@krai9](#) Respectful discourse. You can acknowledge someone's effort/concern without needing completely validate it. [#hcsn](#)

6:28

[Lauren@laurencstill](#)

[@Intakeme](#) Not their job. Should be the job for data scientists. [#hcsn](#).

6:28

[Laurel Ann Whitlock@twirlandswirl](#)

[@krai9](#) And, I mean, yeah, we do pay doctors to do that, really.... [#hcsn](#)

6:28

[Rasu Shrestha MD MBA@RasuShrestha](#)

T1 Patient portal is key in achieving [#interoperability](#) between [#wearabletech](#) data and [#HCP](#) [@laurencstill](#) [#HCSM](#)

6:28

[P. F. Anderson@pfanderson](#)

[@megratu](#) [@MNPsyD](#) [@DocForeman](#) Agreed. What's searchable is the doc's comments on the data. Does make it more private. [#hcsn](#)

6:29

[Mark Ryan@RichmondDoc](#)

[@Intakeme](#) I am guessing that once we have a way to ID useful data and automate the scan for "blips" in the data, will be more usable. [#hcsn](#)

6:29

[P. F. Anderson@pfanderson](#)

[@laurencstill](#) [@intakem](#) Love it! [#hcsn](#)

6:29

[Intake.Me@Intakeme](#)

Tracking data requires preparation for both doctors & patients, which is difficult in our visit-to-visit healthcare system. [#hcsn](#)

6:29

[Patrick D. Herron@patrickdherron](#)

[@HealthSocMed](#) hello from NYC/Bronx! Patrick of [@EinsteinMed](#) [#hcsn](#)

6:29

[Kathy Nieder MD@docnieder](#)

Agree RT [@RasuShrestha](#): T1 Patient portal is key in achieving [#interoperability](#) btw [#wearabletech](#) data and [#HCP@laurencstill](#) [#hcs](#) [#hcs](#)

6:29

[Jennifer Chevinsky@jchevinsky](#)

T1 idea of tracking IMO also has ties to [#mindfulness](#); northeast culture very fast speed, not used to being mindful of self [#hcs](#)

6:29

[bacigalupe@bacigalupe](#)

Why pedometers are not used by the majority of the population? Why don't we talk about them although they could be great preventive? [#hcs](#)

6:29

[Mark Ryan@RichmondDoc](#)

[@CatchTheBaby](#) When I checked on the SOR for that advice, found it to be class C = expert opinion = no evidence [@TwiceDiabetes](#) [#hcs](#)

6:29

[Intake.Me@Intakeme](#)

[@laurencstill](#) curious as to what you think that would look like. Having a data scientist to do a consult at every office visit? [#hcs](#)

6:30

[P. F. Anderson@pfanderson](#)

[@Intakeme](#) That seems like the point to me, also. Paradigm shift in healthcare [#hcs](#)

6:30

[Yinka Vidal@YinkaVidal](#)

[@Intakeme](#) [#hcs](#) Are you suggesting some physicians may be intimidated by patient data and info presented in office visit?

6:30

[Ruth Ann Crystal, MD@CatchTheBaby](#)

[.@blancfang](#) Right now GestInTime sends compiles data into a pdf. Abnormal values are highlighted in red. Data inputted from phone [#hcs](#)

6:30

[brett johnson@granitehead](#)

[@pfanderson](#) [@Intakeme](#) [#hcs](#) n-of-1 trials demand serious attention among the health research and clinical care communities. inch x inch.

6:30

[OneGrenouille@onegrenouille](#)

Yes [@RTwithDrOffutt](#) - pt needs to know what is urgent and what to share at visit. Provider educating pt is key. Otherwise overload [#hcs](#)

6:30

[Lauren@laurencstill](#)

[@bacigalupe](#) I have two sitting on my bedside table. It's active, not passive. I don't want to think about my data. [#hcs](#)

6:30

[Sarah E Edwards@FindHealthSarah](#)

T1 Question: If you're a pt w/ undiagnosed mystery illness, does pt research help or hurt when bringing ideas up to the md? [#hcs](#)

6:31

[Mark Ryan@RichmondDoc](#)

[@YinkaVidal](#) Sadly, not all docs willing or ready to partner with patients who are looking to be active participants in care [@Intakeme #hcs](#)

6:31

[Shana Dykema@megratu](#)

[@Intakeme](#) I agree, depends largely on background & training outside of [#meded](#) right now. [#hcs](#)

6:31

[Sylvia English@blancfang](#)

[@laurencstill](#) [@danielg280](#) the bias would distort data but surely we want to encourage actions toward better health overall [#hcs](#)

6:31

[Ruth Ann Crystal, MD@CatchTheBaby](#)

[.@MNPsyD](#) [@docnieder](#) [@pfanderson](#) [@DocForeman](#)

Software developers say that EPIC integration has been hard.
Maybe Open Epic to help. [#hcs](#)

6:31

[Yinka Vidal@YinkaVidal](#)

[@Intakeme](#) [@laurencstill](#) [#hcs](#) Cost money!

6:31

[P. F. Anderson@pfanderson](#)

[@Intakeme](#) Preparation & education on both sides, at least right now. Eventually, will be automatic, part of smart house, opt-in. [#hcs](#)

6:31

[Mark Ryan@RichmondDoc](#)

[@RasuShrestha](#) The question for me is if increased pt self-tracked data = increased patient engagement. Not sure they're equivalent. [#hcs](#)

6:31

[Intake.Me@Intakeme](#)

[@YinkaVidal](#) I agree with [@RichmondDoc](#) - many reasons: lack of will, lack of training, lack of time, lack of motivation/evidence. [#hcs](#)

6:32

[Lauren@laurencstill](#)

[@Intakeme](#) of course not. Firehose, WYSIWYG toggles to filter information specific to patient needs. [#hcsn](#)

6:32

[AnnMarie Walsh@padschicago](#)

RT [@MNPsyD](#) RT [@HealthSocMed](#): TOPIC 2 - How can pharma, med device, or insurers communicate w/pts online? Best practice or recs? [#hcsn](#)

6:32

[Real Talk Dr. Offutt@RTwithDrOffutt](#)

T2 [#hcsn](#). Good to communicate new txs, but must clearly separate marketing and health info. Clear regulations exist for this.

6:32

[Kathy Nieder MD@docnieder](#)

[@CatchTheBaby](#) You mean Epic integration with apps and devices? [#hcsn](#)

6:32

[Rasu Shrestha MD MBA@RasuShrestha](#)

T2 [#PatientPortal](#) is an important tool to engage and empower the patient! [#HCSM](#) [@HealthSocMed](#)

6:32

[bacigalupe@bacigalupe](#)

To provide my opinion for T2, I would need to know where to send an invoice. [#hcs](#)

6:33

[Lauren@laurencstill](#)

[@YinkaVidal](#) [@Intakeme](#) I charge half of what the average specialist hourly rate costs. Com'on now. [#hcs](#)

6:33

[Robert Mahoney@mahoneyr](#)

T2 Should be clear what should be discussed between medical salespeople and patients without HCP involved. [#hcs](#)

6:33

[P. F. Anderson@pfanderson](#)

[@granitehead](#) [@Intakeme](#) It's both a culture change & a paradigm shift [#hcs](#)

6:33

[Mark Ryan@RichmondDoc](#)

T2 Most of the interaction that I see from industry = advertising or disease-mongering; "education" often = camouflage. [#hcs](#)

6:33

[Kartik Rai@krai9](#)

[@twirlandswirl](#) true but what I've seen, pts try to take very active role in their health and can sometimes interfere w/ doctor duties [#hcsn](#)

6:33

[Kathy Nieder MD@docnieder](#)

T2 The idea of pharma communicating directly w/pts makes me a little crazy [#hcsn](#)

6:34

[Clay Chappell, MD@CChappellMD](#)

A2: I'm not sure it's in pts. best interest to have direct communication with pharm/device companies. Lots of misinformation. [#hcsn](#)

6:34

[T2D Research@T2DRemission](#)

[@RichmondDoc](#) [@TwiceDiabetes](#) As one example, intense SMBG works much better for me than daily weight for diet and weight management. [#hcsn](#)

6:34

[April Foreman@DocForeman](#)

[@CatchTheBaby](#) [@MNPsyD](#) [@docnieder](#) [@pfanderson](#) EPIC integration isn't hard so much as expensive and difficult to get license to do. [#hcsn](#)

6:34

[Ruth Ann Crystal, MD@CatchTheBaby](#)

[@laurencstill](#) [@docnieder](#) [@pfanderson](#) [@MNPsyD](#)
[@DocForeman](#) Our beta version), HCP can check data or pt
can send. HCP can download to EMR [#hcs](#)

6:34

[Jennifer Chevinsky@jchevinsky](#)

T2 creation of online, encrypted, direct email service 4 health
b great help; HCPs hav secure networks, unfortunately pts
may not [#hcs](#)

6:34

[Yinka Vidal@YinkaVidal](#)

[@HealthSocMed](#) [#hcs](#) T2: Always have a way to double
check all medical info or data that needed clinical intervention,
or treatment design.

6:34

[Steve Sisko@ShimCode](#)

Fee for Service => Managed Care => Quality Care => Value
Care => Wellness Care! (Still fighting Managed Care!) [#hcs](#)
[#patientengagement](#)

6:34

[Patrick D. Herron@patrickdherron](#)

[#hcs](#) T2: 1) just bc we can...should we? 2) there is the
access to tech-health resources for many pts.

6:34

[Leah Kavanagh@LeeMK89](#)

We're #hiring! #CAHPSA bit.ly/1ceVbtA Know anyone great?
[#colorado](#) [#utah](#) [#texas](#) [#newmexico](#) [#healthcare](#)
[#tweetmyjobs](#) [#hcs](#)

6:34

[AnnMarie Walsh@padschicago](#)

RT [@Intakeme](#) RT [@RasuShrestha](#): T2 [#PatientPortal](#) is an important tool to engage and empower the patient! [#HCSM](#)
[@HealthSocMed](#)

6:35

[Alan Brewington@abrewi3010](#)

A2 keep the selling to a minimum. Make patient accounts one stop access points, pay bills, see stmts, collect info from docs
[#hcs](#)

6:35

[CancerGeek@CancerGeek](#)

T2: Mos tot what vendors put out in SoMe is broadcasting what legal will allow them to say about products/services vs educating topics [#hcs](#)

6:35

[Lauren@laurencstill](#)

[@bacigalupe](#) How about open source work? Why cant [#hcs](#) be more open sourced? [#hcs](#)

6:35

[Rasu Shrestha MD MBA@RasuShrestha](#)

T2 Any communication from pharma should at best be educational; and should NOT be pushed on to patients!
[#HCSM](#)

6:35

[Aurelia Cotta@AureliaCotta](#)

[@bacigalupe](#) because why pay big \$ for a pedometer, something that just makes you feel guilty. I can get that at home. [#hcsm](#)

6:35

[Real Talk Dr. Offutt@RTwithDrOffutt](#)

[@docnieder](#) [#hcsm](#). I am torn as they have resources for pt education and outreach, but meded and marketing must be clearly separate.

6:35

[Ruchi Shah@rshah73](#)

[@jchevinsky](#) I think emails would be ideal because they are one of the most personal forms of communication but impractical [#HCSM](#)

6:36

[Patrick D. Herron@patrickdherron](#)

[@patrickdherron](#): [#hcsm](#) T2: 1) just bc we can...should we? 2) there is lack of access to tech-health resources for many pts.

6:36

[Kathy Nieder MD@docnieder](#)

Mostly \$\$\$\$ reasons RT [@laurencstill](#): [@bacigalupe](#) How about open source work? Why cant [#hcs](#) be more open sourced?

6:36

[Rasu Shrestha MD MBA@RasuShrestha](#)

T2 Any communication from pharma should be at best opt in only, with easy opt out for patients! [#HCSM](#)

6:36

[Yinka Vidal@YinkaVidal](#)

[@docnieder](#) [#hcs](#) Why? In Coagulation clinics, it's the interaction between pharma and patients. And medication is adjusted based on results

6:36

[P. F. Anderson@pfanderson](#)

[@docnieder](#) Lots of docs feel the same way about the Internet, families, friends, etc. Biased info can come from anywhere. [#hcs](#)

6:36

[Dan Goldman@danielg280](#)

Obv. same HIPAA issues as with providers: can't have open communication with patient about their specific health issues in the open. [#hcs](#)

6:36

[Aurelia Cotta@AureliaCotta](#)

[@bacigalupe](#) the original ones came in cereal boxes. Not that accurate, gave them all a bad name. Not paying \$200 for one now [#hcsn](#)

6:36

[Ruth Ann Crystal, MD@CatchTheBaby](#)

[@DocForeman](#) [@docnieder](#) [@pfanderson](#) [@MNPsyD](#)
Security is similar to [#EMR](#) (HIPAA secure). Ours collects diff kinds of data from 1 portal [#hcsn](#)

6:36

[Lauren@laurencstill](#)

[@danielg280](#) [@blancfang](#) I only mention something because I'm looking for an objective way to track mood. It's tough, but can be done. [#hcsn](#)

6:36

[Shana Dykema@megratu](#)

[@HealthSocMed](#) A2 I think it's best for pharma & med device to stay out of pts' lives - let doc be the gatekeeper. [#hcsn](#)

6:37

[Intake.Me@Intakeme](#)

[@laurencstill](#) I like that idea. Implies a set "communication portal" btw a patient's data and their provider. [#hcsn](#)

6:37

[Jennifer Chevinsky@jchevinsky](mailto:Jennifer.Chevinsky@jchevinsky)

[@CChappelMD](#) good point, maybe communication should be via HCP; like criticism of direct 2 consumer genetic testing, maybe not greatest [#hcsn](#)

6:37

[Dan Goldman@danielg280](mailto:Dan.Goldman@danielg280)

Needs to be general info/education. Raises same issues/concerns as does DTC pharma advertising. [#hcsn](#)

6:37

bacigalupe@bacigalupe

[@docnieder](#) [@laurencstill](#) probably because lot of [#hcsn](#) conversations are about what could generate a profit?

6:37

[Shana Dykema@megratu](mailto:Shana.Dykema@megratu)

[@HealthSocMed](#) I like the French model - no ads for pharma/med device on TV. Pts aren't experts in med care. Stop advertising to them. [#hcsn](#)

6:37

[Kathy Nieder MD@docnieder](mailto:Kathy.NiederMD@docnieder)

[@pfanderson](#) My bias is based on 25+ years of dealing with pharma reps. They drink too much of the Kool-Aid [#hcsn](#)

6:37

Alan.Brewington@abrewi3010

A2 patients need to be in control of online communication since their HCP not there. [#hcsn](#)

6:37

Sylvia.English@blancfang

[@rshah73](#) [@jchevinsky](#) security would be a key issue with emailing HC info [#hcsn](#)

6:38

brett.johnson@granitehead

[@jchevinsky](#) [#hcsn](#) T2: first step is having access. is this really any different than having a phone triage nurse? (without the stupid muzak)

6:38

Intake.Me@Intakeme

T2: I think that insurers could communicate with pts better-most are still sending uninformative snailmail about their initiatives [#hcsn](#)

6:38

OneGrenouille@onegrenouille

[@megratu](#) beg to disagree - as patient with [#raredisease](#), have to bring some drs articles re testing and treatment. Pt is expert here. [#hcsn](#)

6:38

[Shana Dykema@megratu](#)

[@CatchTheBaby](#) [@MNPsyD](#) [@docnieder](#) [@pfanderson](#)
[@DocForeman](#) Make open source EHR and see how easy &
simple they become. [#hcs](#)

6:38

[Kathy Nieder MD@docnieder](#)

[@CatchTheBaby](#) It's an improvement, I guess [@DocForeman](#)
[@MNPsyD](#) [@pfanderson](#) [#hcs](#)

6:38

[Lauren@laurencstill](#)

[@bacigalupe](#) [@docnieder](#) Plenty of [#opensource](#) and [#npo](#)
still generate profits and support. Everyone's out for their own.
[#hcs](#)

6:38

[Twice Diabetes@TwiceDiabetes](#)

T2 Transparency is key, med device & pharma r essentially
marketing, need to be clear about that [#hcs](#)

6:38

[Rasu Shrestha MD MBA@RasuShrestha](#)

I suspect [#wearabletech](#) such as pedometers mostly worn by
those that need them least. Hope the trend changes. [#HCSM](#)
[@bacigalupe](#)

6:39

[Ruth Ann Crystal, MD@CatchTheBaby](#)

[@docnieder](#) Yes via [open.epic.com](#). But, data only goes into EPIC. You can't get data out. This is a problem. [#hcs](#)

6:39

[T2D Research@T2DRemission](#)

T2: Hardliner on pharma. They should be heavily regulated and shut up. Want drug info from research, regulators, providers, period. [#hcs](#)

6:39

[bacigalupe@bacigalupe](#)

[@JillianPenrod](#) the research expands on fascination with individual beings rather than with people in relation. [#hcs](#)

6:39

[CancerGeek@CancerGeek](#)

T2: Question becomes as consumers demand to know more, how will vendors/pharma/payers/HC react & be forced to open the curtain [#hcs](#)

6:39

[P. F. Anderson@pfanderson](#)

[@docnieder](#) I agree, but I prefer solutions that don't involve censorship, those that promote open info flows. Thus educate on bias :) [#hcs](#)

6:39

[Annette McKinnon@anetto](#)

[@Intakeme](#) I don't trust pharma and med device makers enough to want to interact with them as a patient [#hcs](#)

6:39

[Ruth Ann Crystal, MD@CatchTheBaby](#)

[.@docnieder](#) [@DocForeman](#) [@MNPsyD](#) [@pfanderson](#)
Change is very, very slowwww. But I think that govt will require it. [#hcs](#)

6:40

[Shana Dykema@megratu](#)

[@onegrenouille](#) You are the exception to the rule then. Most pts aren't when they go to doc asking for Lipitor or Ambien. [#hcs](#)

6:40

[P. F. Anderson@pfanderson](#)

[@megratu](#) [@CatchTheBaby](#) [@MNPsyD](#) [@docnieder](#)
[@DocForeman](#) It will happen, I'm counting on it [#hcs](#)

6:40

[Kathy Nieder MD@docnieder](#)

[@megratu](#): [@CatchTheBaby](#) [@MNPsyD](#) [@pfanderson](#)
[@DocForeman](#) Can't just make open source when #1 vendor has >50% all pts in it Too much \$\$ [#hcs](#)

6:40

[bacigalupe@bacigalupe](#)

[@RasuShrestha](#) exactly, most of this conversation about self-tracking it is still about the well to do. [#hcs](#)

6:40

[April Foreman@DocForeman](#)

[@laurencstill](#) [@danielg280](#) [@blancfang](#) Lauren: [jopm.org/columns/innova...](#) [#hcs](#) [#sps](#) [#hits](#)

6:40

[Jennifer Chevinsky@jchevinsky](#)

T2 love 2 b able 2 login 2 'MyHealth' database- see all my HealthInfo from any comp- not askng office 2 fax charts. omg. [#prehistoric](#) [#hcs](#)

6:40

[Twice Diabetes@TwiceDiabetes](#)

[@T2DRemission](#) [@RichmondDoc](#) I'm all for intense SMBG, but that's completely different from tracking my intense SMBG [#hcs](#)

6:40

[John Brownlee@clearJB](#)

If I have a device implanted in my body forever I want engagement with the company who made it [#hcs](#)

6:40

bacigalupe@bacigalupe

The best self-tracking app is to have a PCP you have a relationship with. [#hcsn](#)

6:41

Sylvia_English@blancfang

[@T2DRemission](#) this very much fits with how things are done in NZ, pharma highly regulated there [#hcsn](#)

6:41

Mark_Ryan@RichmondDoc

[@megratu](#) [@onegrenouille](#) There is a difference in pts bringing in information from good journals, etc. and in asking for advertised Rx [#hcsn](#)

6:41

CancerGeek@CancerGeek

[@megratu](#) Prob w French model is that every 4 years if no invest in new equip reimbursement go down. Is it necessary? [#hcsn](#)

6:41

[Kathy Nieder MD@docnieder](mailto:Kathy_Nieder_MD@docnieder)

[@laurencstill](#) Not an OS issue, a database and closed source code issue for the database [#hcsn](#)

6:41

[Rasu Shrestha MD MBA@RasuShrestha](#)

.[@CChappellMD](#) [@jchevinsky](#) Very true! Critical role for test order appropriateness and clinical decision support! [#hcs](#)

6:41

[Shana Dykema@megratu](#)

[@YinkaVidal](#) [@HealthSocMed](#) I know, they've been doing it for years. Doesn't mean it's the best or right way to do things. [#hcs](#)

6:41

[CancerGeek@CancerGeek](#)

[@bacigalupe](#) Only if PCP is proactively monitoring & notifying when there is a blip in data. Not there yet. [#hcs](#)

6:42

[Real Talk Dr. Offutt@RTwithDrOffutt](#)

[@T2DRemission](#) [#hcs](#). With low research funding outside industry, much research is done there. Not ideal, certainly, but heavily regulated

6:42

[bacigalupe@bacigalupe](#)

We look for self-tracking as a tech solution because we think we can change big health problems with an app. Reduce our anxiety. [#hcs](#)

6:42

[Shana Dykema@megratu](#)

[@rshah73](#) Most pts have no idea what drugs they need or the axns/interaxns of those drugs. Pharma shouldn't advertise to pts. [#hcs](#)

6:42

[Mark Ryan@RichmondDoc](#)

[@TwiceDiabetes](#) [@T2DRemission](#) But worth noting that for the average person, at least in the aggregate, intensive SMBG may not help. [#hcs](#)

6:42

[April Foreman@DocForeman](#)

[@bacigalupe](#) I see my PCP every year or 2...And only get a short time w/ them. Not best way to share a lot of data quickly. [#hcs](#)

6:42

[Lauren@laurencstill](#)

[@docnieder](#) You do realize that most DB schemas are opensourced, as with OS and toolkits, rights? [#hcs](#)

6:42

[Karen Anaid Solis@karenasolis](#)

[@RasuShrestha](#) [@bacigalupe](#) We should walk more and seat less!! Sedentarism it's killing us!!! [#hcs](#)

6:43

[CancerGeek@CancerGeek](#)

T2: As a medical community, we all have an equal responsibility w knowledge. HCP, Vendors, Payers, & Patients.
[#hcsn](#)

6:43

[P. F. Anderson@pfanderson](#)

[@docnieder](#) [@megratu](#) [@CatchTheBaby](#) [@MNPsyD](#)
[@DocForeman](#) I wonder if [#globalhealth](#) depends on open system, 1st world countries adopt? [#hcsn](#)

6:43

[Ruth Ann Crystal, MD@CatchTheBaby](#)

[.@pfanderson](#) [@megratu](#) [@MNPsyD](#) [@docnieder](#)
[@DocForeman](#) Thx for info! I will check it out. [openmrs.org](#)
[#open](#) [#EHR](#) [#hcsn](#)

6:43

[Shana Dykema@megratu](#)

[@RichmondDoc](#) [@onegrenouille](#) Correct! But the industry still shouldn't seek out less informed or educated patients. [#hcsn](#)

6:43

[HealthSocMed | #hcsn@HealthSocMed](#)

Moving on to our final topic of the night (T3) in a minute!
[#hcsn](#)

6:44

[Shana Dykema@megratu](#)

[@RichmondDoc](#) [@onegrenouille](#) Agreed. I don't like the advertising side of things, especially from pharma. [#hcs](#)

6:44

[Lauren@laurencstill](#)

[@docnieder](#) The entire technical foundation for these silos is open sourced. But we accept the silo. [#hcs](#)

6:44

[OneGrenouille@onegrenouille](#)

[@RichmondDoc](#) [@megratu](#) mostly agree, sometimes specific drugs 4 illness are targeted FDA tries to pull or won't approve but lit says ok [#hcs](#)

6:44

[Dan Goldman@danielg280](#)

[@jchevinsky](#) That was the promise of PHR's like HealthVault and now defunct Google PHR. [#hcs](#)

6:44

[P. F. Anderson@pfanderson](#)

[@CatchTheBaby](#) [@MNPsyD](#) [@DocForeman](#) That's likely. But doc said, "I prefer data as PDF" not "System can't handle data" [#hcs](#)

6:44

[Yinka Vidal@YinkaVidal](#)

[@megratu](#) [@HealthSocMed](#) [#hcs](#) You're right! Money speaks louder in healthcare today than patient's welfare. Now advertise cancer treatments

6:44

[Dr Geralyn Datz@DrDatz](#)

8 signs you need therapy. Fantasy = making a mass mailing of this to everyone in the US huffingtonpost.com/2014/02/12/8-s... [#mhsm](#) [#hcs](#) [@HuffingtonPost](#)

6:44

[Rasu Shrestha MD MBA@RasuShrestha](#)

I agree. Any implanted device first needs to be easily identifiable. FDA is making headway in this: marketwatch.com/story/fda-rele... [#HCSM](#) [@clearJB](#)

6:44

[HealthSocMed | #hcs@HealthSocMed](#)

TOPIC 3 - Sound off - are you a patient or a consumer of health care? Does the terminology matter? Why/not? Discuss. [#hcs](#)

6:45

[Twice Diabetes@TwiceDiabetes](#)

[@RichmondDoc](#) [@T2DRemission](#) U refer of course to t2s, very good evidence 2 support intensive smbg for type 1s. [#hcs](#)

6:45

[Jennifer Chevinsky@jchevinsky](#)

[@CChappelIMD](#) IMO when pts are seeking outside services bc dont have good relationship w PCP; good PCP 'cure' many 'health probs' [#hcsn](#)

6:45

[T2D Research@T2DRemission](#)

[@YinkaVidal](#) You have my vote. [#hcsn](#)

6:45

[Karen Anaid Solis@karenasolis](#)

When doctors are not experts in your illness [#raredeisease](#) and symptoms it's a main target for you to track your data and show them [#hcsn](#)

6:45

[Mark Ryan@RichmondDoc](#)

[@onegrenouille](#) Important to consider whose research endorses them. Are there conflicts of interest? Who pays the bills? [#hcsn](#) [@megratu](#)

6:45

[Robert Mahoney@mahoneyr](#)

I appreciate when pts ask me re: treatment options they've heard of so long as they're realistic [#hcsn](#) [@megratu](#) [@RichmondDoc](#) [@onegrenouille](#)

6:46

[P. F. Anderson@pfanderson](#)

[@CatchTheBaby](#) [@megratu](#) [@MNPsyD](#) [@docnieder](#)
[@DocForeman](#) That seems to be top one, but there are others
[#hcsn](#)

6:46

[Ruth Ann Crystal, MD@CatchTheBaby](#)

[.@pfanderson](#) [@megratu](#) [@MNPsyD](#) [@docnieder](#)
[@DocForeman](#) HCPs from [@VeteransHealth](#) like their EMR.
Open, but design was bad so revamping [#hcsn](#)

6:46

[Mark Ryan@RichmondDoc](#)

[@TwiceDiabetes](#) [@T2DRemission](#) As noted in my earlier
comments, yes, my skepticism on SMBG is focused in type 2
DM. [#hcsn](#)

6:46

[Lauren@laurencstill](#)

I'm a patient, caretaker and developer of [#healthIT](#) technology.
I strive for [#opendata](#) nothing more. [#hcsn](#)

6:46

[Kathy Nieder MD@docnieder](#)

[@laurencstill](#) I'm not tech savvy, I know no hc system can start
an integrative system from scratch, so [#Epic](#) & [#Cerner](#) have
the edge [#hcsn](#)

6:46

[April Foreman@DocForeman](#)

[@HealthSocMed](#) I am a patient. I'm not a recreational purchaser. Or a user. I am at the mercy of the expert I work with. [#hcs](#)

6:46

[bacigalupe@bacigalupe](#)

T3: Profic making enterprises like consumers = privilege; universal health care systems prefer patients = healthcare is a right. [#hcs](#)

6:46

[Annette McKinnon@anetto](#)

[@Intakeme](#) Yes, that's different. Insurers here with enlightened companies using their services provide EAPs. Employee Assistance Plans [#hcs](#)

6:46

[Twice Diabetes@TwiceDiabetes](#)

[@RTwithDrOffutt](#) [@ShoaClarke](#) Agreed, but IME there's a very punitive attitude towards diabetics, so ear bashing not uncommon [#hcs](#)

6:46

[Yinka Vidal@YinkaVidal](#)

[@megratu](#) [@HealthSocMed](#) [#hcs](#) It benefits patient to find why so many people are dying of cancer, not how much money we make in treatments!

6:47

[Mark Ryan@RichmondDoc](#)

[@mahoneyr](#) yes--there needs to be a willingness to listen on *both* sides of the stethoscope. [@megratu](#) [@onegrenouille](#) [#hcs](#)

6:47

[Robert Mahoney@mahoneyr](#)

Dr who wants data as PDF sounds like doctor who's not actually going to use data [#hcs](#) [@pfanderson](#) [@CatchTheBaby](#) [@MNPsyD](#) [@DocForeman](#)

6:47

[April Foreman@DocForeman](#)

[@CatchTheBaby](#) [@pfanderson](#) [@megratu](#) [@MNPsyD](#) [@docnieder](#) [@VeteransHealth](#) Yep. I do like the integration. Code is 20 yrs. old, though. [#hcs](#)

6:47

[Real Talk Dr. Offutt@RTwithDrOffutt](#)

T3 [#hcs](#). I hate 'consumer'. Are docs salespeople? Term illustrates big prob with health system in USA .

6:47

[Ruth Ann Crystal, MD@CatchTheBaby](#)

[@pfanderson](#) [@MNPsyD](#) [@DocForeman](#) Makes sense. Doctors don't think like a computer (or an engineer) so pdf more doctor friendly maybe. [#hcs](#)

6:47

[Karen Anaid Solis@karenasolis](mailto:KarenAnaidSolis@karenasolis)

T3: [@HealthSocMed](#) Im an [#ePatient](#) not just patient, the health care it's not the responsible of my well being. Are different topics [#hcs](#)

6:47

[P. F. Anderson@pfanderson](mailto:P.F.Anderson@pfanderson)

[@CatchTheBaby](#) indivohealth.org | open-emr.org | oemr.org | osehra.org [#opensource](#) [#EHR](#) [#hcs](#)

6:47

bacigalupe@bacigalupe

We need citizen-patients. [#hcs](#)

6:47

[AnnMarie Walsh@padschicago](mailto:AnnMarieWalsh@padschicago)

Due to the [@TweetChat](#) auto refresh frustrations, [#hcs](#) please note that I still <3 you and am missing you tonight. :(

6:47

[Jennifer Chevinsky@jchevinsky](mailto:JenniferChevinsky@jchevinsky)

[@danielg280](#) just seems have the tech- just need time/ investment in creation. would b hugely helpful & reduce health \$ in long term [#hcs](#)

6:48

[Dan Goldman@danielg280](#)

I think we are becoming consumers, in both the good & bad sense: Good: collecting data and making educated "purchase"
1/2 [#hcsn](#)

6:48

[Rasu Shrestha MD MBA@RasuShrestha](#)

[#Interoperability](#) is key to moving from data to information!
[#EMR](#) [#HCSM](#) [@docnieder](#) [@laurencstill](#)

6:48

[P. F. Anderson@pfanderson](#)

[@mahoneyr](#) [@CatchTheBaby](#) [@MNPsyD](#) [@DocForeman](#)
Maybe. But he changed all my Rx because of the data supplied. PDF was just to substantiate [#hcsn](#)

6:48

[T2D Research@T2DRemission](#)

[@RichmondDoc](#) [@TwiceDiabetes](#) As previously noted. Again, need to review research, and my hunch is research asks wrong questions. [#hcsn](#)

6:48

[Annette McKinnon@anetto](#)

T3 I'm a collaborative patient. Consumer of something so basic as healthcare conveys wrong idea [#hcsn](#)

6:48

[bacigalupe@bacigalupe](#)

To be a citizen-patient you need a healthcare system that cares about health (and not the brutal business of illness).
[#hcs](#)

6:48

[Ruth Ann Crystal, MD@CatchTheBaby](#)

[@DocForeman](#) [@pfanderson](#) [@megratu](#) [@MNPsyD](#)
[@docnieder](#) Interesting re: [@VeteransHealth](#) EMR's 20 yr old code. [#hcs](#)

6:48

[Shana Dykema@megratu](#)

[@YinkaVidal](#) [@HealthSocMed](#) Or who is funding what.
Patients need open education, not commercials. [#hcs](#)

6:48

[Dr. Amanda Young@MNPsyD](#)

[@DocForeman](#) [@HealthSocMed](#) I'm a patient, but I like to be a well-informed one. [#hcs](#)

6:49

[Yinka Vidal@YinkaVidal](#)

[@karenasolis](#) [#hcs](#) Also remember disease progression or manifestations may differ from patient to patients.

6:49

[Lauren@laurencstill](#)

[@docnieder](#) and they rely on [#openbsd](#) [#mysql](#) and [#python](#) and C family and so so much more. They relied on the community for that edge. [#hcsn](#)

6:49

[Mark Ryan@RichmondDoc](#)

T3 I strongly prefer patient over "consumer" or "client". To me, the doctor/patient relationship is more than a customer/service one. [#hcsn](#)

6:49

[Dan Goldman@danielg280](#)

[@jchevinsky](#) Yes. Tools (tho flawed) are there. Not much interest/adoption yet. [#hcsn](#)

6:49

[Alan Brewington@abrewi3010](#)

A3 I'm a patient. Consumer implies I have a choice of being in pain or not. My health isn't a commodity that can be bought or sold [#hcsn](#)

6:49

[Kathy Nieder MD@docnieder](#)

[@CatchTheBaby](#) Epic's code is just as old or older MUMPS [#hcsn](#)

6:49

[Shana Dykema@megratu](#)

[@CatchTheBaby](#) [@DocForeman](#) [@pfanderson](#) [@MNPsyD](#)
[@docnieder](#) [@VeteransHealth](#) It's def. old but worked for a
long time! Good "model." [#hcs](#)

6:49

[Alex Burgess@AlexHBurgess](#)

Topic 3 - I am a patient AND a healthcare consumer. Labels
are important, and so is reality. [#hcs](#)

6:49

[Intake.Me@Intakeme](#)

I don't think the terms matters as much as the understanding
that HCPs need to work for community & health is more than
healthcare. [#hcs](#)

6:49

[Robert Mahoney@mahoneyr](#)

I guess it works for some. I just hate PDF data. I like discrete
data. [#hcs](#) [@pfanderson](#) [@CatchTheBaby](#) [@MNPsyD](#)
[@DocForeman](#)

6:49

[OneGrenouille@onegrenouille](#)

T3 - I don't care what you call me as long as it's not derogatory
and there is mutual respect [#hcs](#)

6:49

[Rasu Shrestha MD MBA@RasuShrestha](#)

PDF is just mildly better than paper in terms of data
[#interoperability!](#) [#HCSM](#) [@mahoneyr](#) [@pfanderson](#)
[@CatchTheBaby](#) [@MNPsyD](#) [@DocForeman](#)

6:50

[Jennifer Chevinsky@jchevinsky](#)

T3 IMO neither patient nor consumer describes relationship properly; patient lacks empowerment, consumer lacks the connection/bond. [#hcsm](#)

6:50

[Sylvia English@blancfang](#)

T3: Working in an Ugandan HIV clinic, Pts preferred being called 'clients' to avoid stigma [#hcsm](#)

6:50

[April Foreman@DocForeman](#)

[@RTwithDrOffutt](#) And if my doc doesn't agree w/ me, or isn't good, then I don't have recourse, other than to quit, try again.
[#hcsm](#)

6:50

[Real Talk Dr. Offutt@RTwithDrOffutt](#)

[@danielg280](#) [#hcsm](#). Agree with both your points. Good to be informed, bad that HC. Is commodity and not a right.

6:50

[Mark Ryan@RichmondDoc](#)

T3 to describe oneself as doctor to a patient carries a different responsibility than to be a service provider: its something special. [#hcs](#)

6:50

[April Foreman@DocForeman](#)

[@RTwithDrOffutt](#) Consumer implies a level of free agency about your health that you really don't have. [#hcs](#)

6:50

[Mark Ryan@RichmondDoc](#)

T3 So, I know that when I see my doctor I want to be their patient. I want to have that type of relationship w/ them. [#hcs](#)

6:51

[Yinka Vidal@YinkaVidal](#)

[@MNPsyD](#) [@DocForeman](#) [@HealthSocMed](#) [#hcs](#) Trust me in some situations, too much info about their illness may scare some patients.

6:51

[Jennifer Chevinsky@jchevinsky](#)

T3 consumer makes it seem like a business deal; would want my HCP to have a personal investment in my care, not just 'business' [#hcs](#)

6:51

[Laurel Ann Whitlock@twirlandswirl](#)

[@HealthSocMed](#) I feel like consumer is more empowered and patient is more dependent. [#hcs](#)

6:51

[Karen Anaid Solis@karenasolis](#)

[@YinkaVidal](#) Agree!!! just track it's not the cure, but helps to your doctor, mental health and personal challenges on your health [#hcs](#)

6:51

[P. F. Anderson@pfanderson](#)

[@HealthSocMed](#) Call me an old fogie. Think of myself as a patient, don't like the term "consumer." Ditto library patron, not customer [#hcs](#)

6:51

[Ruth Ann Crystal, MD@CatchTheBaby](#)

[.@docnieder](#) Should we vaccinate? ;) [#hcs](#)

6:51

[Robert Mahoney@mahoneyr](#)

T3 If patients are "consumers" ... What is it they're "consuming"? [#hcs](#)

6:51

[bacigalupe@bacigalupe](#)

Almost 1 in 4 Americans do not have a primary care provider (PCP). Let's get everyone one. [#hcs](#)

6:51

[Dr. Amanda Young@MNPsyD](#)

Agree RT [@DocForeman](#) 56s [@RTwithDrOffutt](#) Consumer implies a level of free agency about your health that you really don't have. [#hcsn](#)

6:52

[Lauren@laurencstill](#)

[@mahoneyr](#) they are the product, nothing more. [#hcsn](#)

6:52

[Shana Dykema@megratu](#)

[@DocForeman](#) [@RTwithDrOffutt](#) Agreed - consumers generally have some degree of price transparency & ability to compare svcs. [#hcsn](#)

6:52

[P. F. Anderson@pfanderson](#)

[@mahoneyr](#) [@CatchTheBaby](#) [@MNPsyD](#) [@DocForeman](#)
Lots more power in the raw data, searchable, integrate, recombine, ... I'm w/ you [#hcsn](#)

6:53

[P. F. Anderson@pfanderson](#)

[@jchevinsky](#) Nicely said :) Points out significant issues across all available terms [#hcsn](#)

6:53

[Shana Dykema@megratu](#)

[@mahoneyr](#) Health care services? Economics talks about health as a good...doesn't really work outside the metaphorical. [#hcsn](#)

6:53

[Yinka Vidal@YinkaVidal](#)

[@HealthSocMed](#) [#hcsn](#) It depends on whether you're buying multivitamins or needed some serious medical intervention.

6:53

[P. F. Anderson@pfanderson](#)

[@RasuShrestha](#) [@mahoneyr](#) [@CatchTheBaby](#) [@MNPsyD](#) [@DocForeman](#) Actually, he wanted paper, had it SCANNED into the record ;) [#hcsn](#)

6:54

[Intake.Me@Intakeme](#)

[@CatchTheBaby](#) you can't look for data trends on a pdf unless you try to export the data somehow though. [#hcsn](#)

6:54

[Dan Goldman@danielg280](#)

Pat-sumer? [#hcsn](#)

6:54

[bacigalupe@bacigalupe](#)

One error healthcare places never make: not asking for your health insurance. Clearly, we are treated as consumers. Plastic 1st [#hcs](#)

6:54

[Shoa Clarke, MD PhD@ShoaClarke](#)

[#hcs](#) T3 I will always see my patients as patients and me their doctor. For me there is meaning in that relationship.

6:55

[Mark Ryan@RichmondDoc](#)

[@T2DRemission](#) [@TwiceDiabetes](#) "DCCT looked only at patients with type 1 diabetes and cannot be extrapolated to patients with...type 2" [#hcs](#)

6:55

[HealthSocMed | #hcs@HealthSocMed](#)

Time to wrap up tonight's [#hcs](#) chat! Last thoughts for the week ahead?

6:55

[T2D Research@T2DRemission](#)

[@TwiceDiabetes](#) [@RichmondDoc](#) Indeed, an important distinction. DCCT a lifesaving, life-enhancing milestone. [#hcs](#)

6:55

[Kari Ulrich@FMDGirl](#)

T3 Both and that is good. [#HCSM](#)

6:55

[P. F. Anderson@pfanderson](#)

[@DocForeman](#) [@RTwithDrOffutt](#) I agree. Consumer applies for the wealthy folk in large cities, not for typical folk receiving healthcare [#hcsn](#)

6:55

[Ruth Ann Crystal, MD@CatchTheBaby](#)

[.@pfanderson](#) [@mahoneyr](#) [@MNPsyD](#) [@DocForeman](#) Yes, raw data has more power than pdf, but EMR would need place to put this data. Next gen? [#hcsn](#)

6:55

[Rasu Shrestha MD MBA@RasuShrestha](#)

T3 One can aim to have a doctor-patient RELATIONSHIP; but only at best a doctor-consumer TRANSACTION. [#HCSM](#)

6:55

[Steve Sisko@ShimCode](#)

"Building Healthcare Coalitions" [slide deck] [ow.ly/tGzTe](#)
[#hcsn](#)

6:55

[reauGina Veazey@ginaveazey](#)

T3 We must embrace all roles/identities for best care, lowest cost. To identify with only one at times is a false choice. [#hcsn](#)

6:55

[Kathy Nieder MD@docnieder](#)

[@CatchTheBaby](#) Unfortunately in our system a PDF is a scanned file--equivalent to a picture-in fact that's what it is. No OCR [#hcs](#)

6:56

[Lauren@laurencstill](#)

Last thoughts? As always, [#opendata](#), [#openAPI](#) and [#openplatforms](#). We can't do this without collaboration. [#hcs](#)

6:56

[Robert Mahoney@mahoneyr](#)

Seems weird to think of the patient care I provide as a "consumable". And the tests I order seem even less "consumable". [@megratu](#) [#hcs](#)

6:56

[Mark Ryan@RichmondDoc](#)

[@T2DRemission](#) [@TwiceDiabetes](#) Even in T1, "Intermediate, disease-oriented outcomes, such as a progression of retinopathy, ... [#hcs](#)

6:56

[Christopher Johnson@ChrisJohnsonMD](#)

[@danamlewis](#) T3: A patient. Corollary to this: healthcare is not a commodity. [#hcs](#)

6:56

[Mark Ryan@RichmondDoc](#)

[@T2DRemission](#) [@TwiceDiabetes](#) ...do not necessarily correlate with significant patient-oriented outcomes such as blindness." [#hcsn](#)

6:57

[Mark Ryan@RichmondDoc](#)

[@T2DRemission](#) [@TwiceDiabetes](#) [#hcsn](#) It may be that intensive control is better for many or some or all...but also maybe not. [#hcsn](#)

6:57

[Alan Brewington@abrewi3010](#)

Patients don't always have to agree with each other's plan of attack but we should always support each other. [#hcsn](#)

6:57

[Karen Anaid Solis@karenasolis](#)

Commitment with my data and learn with others about their own experience on that topic. Thanks everybody!!! nice week [#hcsn](#)

6:57

[Ruth Ann Crystal, MD@CatchTheBaby](#)

[.@pfanderson](#) [@RasuShrestha](#) [@mahoneyr](#) [@MNPsyD](#) [@DocForeman](#) Agree, pdf not as good for data crunching. Our portal could send raw data too. [#hcsn](#)

6:58

[Ruth Ann Crystal, MD@CatchTheBaby](#)

[.@megratu](#) [@pfanderson](#) [@mahoneyr](#) [@MNPsyD](#)
[@DocForeman](#) good point Shana [#hcs](#)

6:58

[Kathy Nieder MD@docnieder](#)

Against all EHRs or just Epic? :)
[@CatchTheBaby](#): [.@docnieder](#) Should we vaccinate? ;)
[#hcs](#)

6:58

[Kari Ulrich@FMDGirl](#)

Don't forget Rare Disease week is coming up Feb 25-28!
[#abcDRBchat](#) [#HCSM](#)

6:58

[P. F. Anderson@pfanderson](#)

[@megratu](#) [@mahoneyr](#) [@CatchTheBaby](#) [@MNPsyD](#)
[@DocForeman](#) The main value then is the legal/insurance
coverage, hoping no one really looks [#hcs](#)

6:58

[Robert Mahoney@mahoneyr](#)

The only thing that ever seems to get consumed is time.
[@megratu](#) [#hcs](#)

6:59

[Dewey Mooring@JenningsDewey](#)

A majority of social media users would share their health data to help other [#patients](#) but only if: bit.ly/1ckMeMb [#hcmktg](#) [#hcsM](#)

6:59

[Yinka Vidal@YinkaVidal](#)

[@danamlewis](#) [#hcsM](#) New technology as [#SoMe](#) is still evolving. We have a long way to go yet. Years from now be a totally different ball game!

6:59

[Rasu Shrestha MD MBA@RasuShrestha](#)

[.@ChrisJohnsonMD](#) [@danamlewis](#) I agree; although parts of healthcare becoming quickly commoditized! [#hcsM](#)

6:59

[Gunter G. Fuchs@foxggf](#)

RT [@ONC_HealthIT](#): Wondering about diseases NowTrending? Tracking disease 140 characters at a time. flip.it/ssu2D [#hcsM](#)

6:59

[T2D Research@T2DRemission](#)

[@RichmondDoc](#) [@TwiceDiabetes](#) Yes, well, the retinopathy correlation extends down to the 90s mg/dL, and may be independent of diabetes. [#hcsM](#)

6:59

[Jennifer Chevinsky@jchevinsky](#)

CT: Recognize power dynamic. Only ask for usable tracking info. Always be open to reassessing plans. Mutual Respect!
[#hcsn](#)

6:59

[bacigalupe@bacigalupe](#)

To choose and to consume, you need access and wealth. I know, broken record. But choice of deciding is not equal to all patients. [#hcsn](#)

7:00

[GNU/rigel@RigelMD](#)

[@bacigalupe](#) where will we get them from? We don't have enough, aren't making enough [#hcsn](#)

7:00

[Kari Ulrich@FMDGirl](#)

Rare Disease Chat- will be tweeting with my [@mayo](#) peeps
[rarediseases.org/news-events/ne...](#) [#HCSM](#)

7:00

[T2D Research@T2DRemission](#)

[@RichmondDoc](#) [@TwiceDiabetes](#) Back to original agreement that existing research is equivocal. Hope to help with that. B^)
[#hcsn](#)

7:00

[Real Talk Dr. Offutt@RTwithDrOffutt](#)

[#hcs](#)m T3. Disagree that patient is paternalistic non-empowering. Relationship w your hcp determines that. I don't mind being called pt.

7:00

[HealthSocMed | #hcs](#)m@HealthSocMed

That's a wrap on another awesome [#hcs](#)m chat! Thanks, all! See you again next Sunday at 8pm CT - and remember to DM or [@HealthSocMed](#) topics!