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#hcsM - March 16, 2014

6:00 [HealthSocMed | #hcsM@HealthSocMed](#)

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

6:00 [Kurt Waltenbaugh@KurtWaltenbaugh](#)

[@RasuShrestha](#) Love it! Imagine an EMR designed by physicians based on patient health, not billing episodes... [#hcsM](#) [#patientengagement](#)

6:00 [Gnosis Media Group@GnosisArts](#)

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

6:01 [Mark Salke@marksalke](#)

[@smanna750](#) They're not showing the race on Fox here, are they where you are, Anna? [#hcsM](#)

6:02 [HealthSocMed | #hcsM@HealthSocMed](#)

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

6:02 [Mark Salke@marksalke](#)

Hi everyone. I'm Mark from Ann Arbor MI. [#hcsM](#)

6:02 [Bill Wong@BillWongOT](#)  
[@HealthSocMed](#) [@danamlewis](#) I am here- Monterey Park,  
CA, Occupational therapist [#hcs](#)

6:02 [Mark Dimor@MarksPhone](#)  
hi mark here [#hcs](#)

6:02 [T2D Research@T2DRemission](#)  
Michael Massing, health and medical science editor, diabetes  
advocate [#hcs](#)

6:02 [Glenn Lanteigne@GlennLanteigne](#)  
Hi [@HealthSocMed](#) and [@danamlewis](#) Glenn here from  
Toronto tonight sitting in on [#hcs](#)

6:03 [Lauren@laurencstill](#)  
Hey all! Working on an open letter to [@HIMSS](#) [#HIMSS14](#),  
any help is appreciated! [himssplzrespond.com](#) [#hitsm](#) [#hcs](#)  
[#hitchicks](#)

6:03 [Alan Brewington@abrewi3010](#)  
Hi everyone. Alan here. [#hcs](#)

6:03 [Carmen Gonzalez@crgonzalez](#)  
Hi peeps! Carmen Gonzalez, Quality Improvement  
Communication Project Manager, March Madness fan, and  
HBO [#DeadwoodMarathon](#) devotee [#hcs](#)

- 6:03 [Twice Diabetes@TwiceDiabetes](#)  
Melinda from Sydney Australia, type 1 diabetes advocate  
[#hcs](#)
- 6:03 [couragesings@couragesings](#)  
hello from [#BritishColumbia](#), Canada! [#hcs](#)
- 6:03 [georgemargelis@georgemargelis](#)  
Hi George Margelis geek doctor from Sydney Australia joining  
in [#hcs](#)
- 6:04 [Laurel Ann Whitlock@twirlandswirl](#)  
Laurel, photographer in Orlando. Chiming in, because that's  
what I do. ;) [#hcs](#)
- 6:04 [HealthSocMed | #hcs@HealthSocMed](#)  
Welcome, everyone, to [#hcs](#)! Special hi to any first-timers  
joining tonight :), and of course our friendly lurkers. Tweet in  
anytime!
- 6:04 [harriseve@harriseve](#)  
hi, [#hcs](#) Eve here in SanFrancisco with spring fever! May not  
be able to sit still for an hour :)
- 6:04 [Sunny Chan@waisunchan](#)  
Happy Paddy's weekend from Ottawa [#hcs](#)

6:04 [Laurel Ann Whitlock@twirlandswirl](#)  
[@georgemargelis](#) You had me at geek! :) [#hcs](#)

6:04 [Marie Ennis-O'Connor@JBBC](#)  
[@HealthSocMed](#) great to be here for another stimulating  
[#hcs](#)

6:05 [Marjorie Stiegler,MD@DrMStiegler](#)  
Hello all! [@HealthSocMed](#) [#hcs](#) Physician and decision  
scientist here, interested in decision behavior, cognitive  
modifiers to EBM

6:05 [Robert Mahoney@mahoneyr](#)  
Evening, [#hcs](#), from windy Saint Louis

6:05 [georgemargelis@georgemargelis](#)  
MT is geek an adjective? :) [@twirlandswirl](#) [@georgemargelis](#)  
You had me at geek! :) [#hcs](#)

6:05 [Carmen Gonzalez@crgonzalez](#)  
[@harriseve](#) I feel the same way...got in one run today, but I  
see a stroll in my future. :) [#hcs](#)

6:05 [Annette McKinnon@anetto](#)  
Annette here from Toronto. Blogger and [#MedX](#) ePatient  
Scholar 2014. Wearing a cast so slow [#hcs](#)

6:05 [Robert Mahoney@mahoneyr](#)  
If my [#hcs](#) tweets are funny, you can assume they are mine,  
not my employer's.

6:05 [Marie Ennis-O'Connor@JBBC](#)  
[@harriseve](#) hello Eve :- ) [#hcs](#)

6:05 [Dana Lewis | #hcs@danamlewis](#)  
Welcome to [#hcs](#), all! <--Dana Lewis, creator/moderator of  
[#hcs](#), thinker | doer | teacher of health & digital. Chief Data  
Producer [#DIYPS](#)

6:06 [Mark Salke@marksalke](#)  
Well Australia is well represented tonight! [@JBBC](#)  
[@HealthSocMed](#) [#hcs](#)

6:06 [Laurel Ann Whitlock@twirlandswirl](#)  
[@georgemargelis](#) [@georgemargelis](#) It's a very versatile word.  
Don't judge it. :P [#hcs](#)

6:06 [Carmen Gonzalez@crgonzalez](#)  
[@mahoneyr](#) Are you saying at work, you provide the  
humor? ;) [#hcs](#)

6:06 [Brian Ahier@ahier](#)  
Hi [@danamlewis](#) I'm listening in on [#hcs](#) chat tonight ~ will  
chime in when I can ;-)

- 6:06 [Marie Ennis-O'Connor@JBBC](#)  
[@marksalke](#) Hi Mark - good to see you again [#hcs](#)
- 6:07 [April Foreman@DocForeman](#)  
April, psychologist serving [#Veterans](#) thru [#Suicide](#)  
[#Prevention](#), getting ready for an interesting week:  
[youtube.com/watch?v=iZm\\_Ni...](https://www.youtube.com/watch?v=iZm_Ni...) [#hcs](#) [#sps](#)
- 6:07 [Yinka Vidal@YinkaVidal](#)  
[@DrMStiegler](#) [@HealthSocMed](#) [#hcs](#) Welcome Marjorie!  
Like interest in neurochemistry of human behavior
- 6:07 [Marie Ennis-O'Connor@JBBC](#)  
[@waisunchan](#) good man! [#hcs](#)
- 6:07 [georgemargelis@georgemargelis](#)  
MT Aussie Aussie Aussie! [@marksalke](#) Well Australia is well  
represented tonight! [@JBBC](#) [@HealthSocMed](#) [#hcs](#)
- 6:07 [Mark Dimor@MarksPhone](#)  
[@mahoneyr](#) I take another view, if my tweets are smart  
someone else did it [#hcs](#)
- 6:07 [T2D Research@T2DRemission](#)  
[#hcs](#) My tweets are my employer's since I am self-employed  
(and wishing my boss were better organized).

6:07 [Mark Salke@marksalke](#)  
[@JBBC](#) Hi Marie. Same here! [#hcs](#)

6:07 [Robert Mahoney@mahoneyr](#)  
When Twitter is updating in Australia, does the thingie spin in the other direction? [#hcs](#)

6:07 [Marie Ennis-O'Connor@JBBC](#)  
[@CancerGeek](#) thank you ;-) [#hcs](#)

6:07 [HealthSocMed | #hcs@HealthSocMed](#)  
We'll get started with topic 1 (T1) in just a few minutes.  
Remember if you jump in to [#hcs](#) later to introduce yourself!

6:07 [Twice Diabetes@TwiceDiabetes](#)  
[@georgemargelis](#) can't resist saying oi oi oi just 2 finish that! :  
( [@marksalke](#) [@JBBC](#) [@HealthSocMed](#) [#hcs](#)

6:08 [Carmen Gonzalez@crgonzalez](#)  
[@MarksPhone](#) Hola, Mark! [#hcs](#)

6:08 [Robert Mahoney@mahoneyr](#)  
Only I think so. My colleagues would not agree. [@crgonzalez](#)  
[#hcs](#)

6:08 [georgemargelis@georgemargelis](#)  
MT :) [@TwiceDiabetes](#) [@georgemargelis](#) can't resist saying oi  
oi oi just 2 finish that! :( [@marksalke](#) [@JBBC](#)  
[@HealthSocMed](#) [#hcs](#)

6:08 [Marie Ennis-O'Connor@JBBC](#)  
[@TwiceDiabetes](#) ha :- ) [#hcs](#)

6:08 [Mark Salke@marksalke](#)  
:) RT [@TwiceDiabetes](#): [@georgemargelis](#) can't resist saying oi  
oi oi just 2 finish that! :( [@marksalke](#) [@JBBC](#)  
[@HealthSocMed](#) [#hcs](#)

6:09 [Matthew Katz@subatomicdoc](#)  
Lessons In the Art of Dying [bit.ly/1gooPdw](http://bit.ly/1gooPdw) > [@washingtonian](#)  
[#hpm](#) [#medsm](#) [#hcs](#)

6:09 [HealthSocMed | #hcs@HealthSocMed](#)  
TOPIC 1 - HCPs can prescribe apps - but should they? What  
makes a good health app? Should apps Rx's come w an  
expiration date? [#hcs](#)

6:09 [Mark Dimor@MarksPhone](#)  
[@crgonzalez](#) How are you dear heart? [#hcs](#)

6:09 [Laurel Ann Whitlock@twirlandswirl](#)  
Tough questions we're here to answer. [@mahoneyr](#) When  
Twitter is updating in Australia, does the thingie spin in the  
other direction? [#hcs](#)

- 6:09 ✨[Anna](#) ✨ [@smanna750](#)  
Anna [#crohns](#) [#gastroparesis](#) frequent flyer to Dr's, hospitals,  
and radioactive rooms [#hcs](#)
- 6:09 [Carmen Gonzalez](#) [@crgonzalez](#)  
[@MarksPhone](#) Feeling good, working hard, running harder.  
And you? [#hcs](#)
- 6:10 [Twice Diabetes](#) [@TwiceDiabetes](#)  
t1 HCPs should prescribe apps when they know they will help  
their pts [#hcs](#)
- 6:10 [Eddie Cliff](#) [@Eddie\\_Cliff](#)  
[@georgemargelis](#) [@marksalke](#) [@JBBC](#) [@HealthSocMed](#)  
indeed it is! Eddie, med student from Melbourne here! [#hcs](#)
- 6:10 [Marie Ennis-O'Connor](#) [@JBBC](#)  
T1 reviewing apps is like reviewing health websites - same  
criteria applies [#hcs](#)
- 6:10 [Dana Lewis](#) | [#hcs](#) [@danamlewis](#)  
T1 live at [#hcs](#) - should health care providers prescribe  
apps? When/not? And should they have an end data to the rx?
- 6:10 [Bill Wong](#) [@BillWongOT](#)  
[@HealthSocMed](#) good one- I think it fits the clients' needs. In  
my case, since it can last a lifetime, so there is no expiration  
date. [#hcs](#)

- 6:10 [couragesings@couragesings](#)  
RT [@danamlewis](#) T1 live at [#hcs](#)m - should health care providers prescribe apps? When/not? And should they have an end data to the rx?
- 6:10 [Marjorie Stiegler,MD@DrMStiegler](#)  
Awesome, glad to be connected! RT [@YinkaVidal](#):  
[@DrMStiegler](#) [#hcs](#)m Welcome Marjorie! Like interest in neurochemistry of human behavior
- 6:10 [Marie Ennis-O'Connor@JBBC](#)  
T1 first determine who wrote the app, how was the medical info it is based on reviewed, is it up to date, etc [#hcs](#)m
- 6:10 [Carmen Gonzalez@crgonzalez](#)  
T1-- As with any Tx, the prescription should be tailored to meet patients' needs. [#hcs](#)m
- 6:10 [georgemargelis@georgemargelis](#)  
T1: Yes they should but need to ensure data integrity and security and link to clinical systems [#hcs](#)m
- 6:10 [Yinka Vidal@YinkaVidal](#)  
[@HealthSocMed](#) [#hcs](#)m Yes, if it helps effective communication and traffic of medical info and exchange.
- 6:10 [Glenn Lanteigne@GlennLanteigne](#)  
Looking forward to tonight's [#hcs](#)m topic. Happy St. Patrick's Day everyone ♣

6:11 [Laurel Ann Whitlock@twirlandswirl](#)  
[@mahoneyr](#) I had a doctor write me a prescription (yes,  
literally) for 8 hours of sleep a night once. [#insomniac](#) [#hcs](#)

6:11 [Alan Brewington@abrewi3010](#)  
A1 I have no prob with HCP prescribing apps. I do think if the  
HCP is making \$\$ from it that should be disclosed upfront.  
[#hcs](#)

6:11 [Marie Ennis-O'Connor@JBBC](#)  
[@Eddie\\_Cliff](#) hi eddie - good to see you again [#hcs](#)

6:11 [harriseve@harriseve](#)  
RT [@mahoneyr](#): T1 what is the difference between an app  
"prescription" and a recommendation? [#hcs](#)

6:11 [Twice Diabetes@TwiceDiabetes](#)  
RT [@harriseve](#) RT [@mahoneyr](#): T1 what is the difference  
between an app "prescription" and a recommendation? [#hcs](#)

6:11 [Marie Ennis-O'Connor@JBBC](#)  
[@GlennLanteigne](#) everyone;s Irish this weekend :-)  
[#hcs](#)

6:11 [Robert Mahoney@mahoneyr](#)  
Maybe this can be T2? [@twirlandswirl](#) [#hcs](#)

6:11 [April Foreman@DocForeman](#)  
Good app: 1) Enhances the provider/pt. relationship in some way; 2) Interacts with EHR securely [#hcsn](#)

6:11 [Laurel Ann Whitlock@twirlandswirl](#)  
Outdated apps that provide information could be dangerous if they expire with old, now-inaccurate data. Tech is dynamic, needs updates [#hcsn](#)

6:12 [Eddie Cliff@Eddie\\_Cliff](#)  
[@HealthSocMed](#) very app-dependent; some are timeless while others need regular updating [#hcsn](#) Don't know if an expiration date is appropriate

6:12 [Jennifer Chevinsky@jchevinsky](#)  
Jen- [@BioethxChat](#) ([#bioethx](#)) moderator and med/bioethics student, joining in [#hcsn](#) tonight!

6:12 [Mark Salke@marksalke](#)  
Welcome, Eddie! RT [@Eddie\\_Cliff](#): [@georgemargelis](#) [@marksalke](#) [@JBBC](#) [@HealthSocMed](#) indeed it is! Eddie, med student from Melbourne here! [#hcsn](#)

6:12 [Lauren@laurencstill](#)  
T1: Until docs can technically evaluate the security, privacy concerns presented by [#mhealth](#) apps, they should avoid Rx'ing them. [#hcsn](#)

6:12 [Lauren@laurencstill](#)  
[@TwiceDiabetes](#) [@harriseve](#) [@mahoneyr](#) [#HIPAA](#) liability. [#hcsn](#)

6:12 [Eddie Cliff@Eddie\\_Cliff](#)  
[@JBBC](#) Good to see you again too - have been less active on twitter chats due to recent (4 months of) travel! [#hcs](#)

6:12 [Robert Mahoney@mahoneyr](#)  
How much do you have to pay for quality care like that?  
[#hcs](#) [@twirlandswirl](#)

6:12 [Sunny Chan@waisunchan](#)  
T1 Health apps should be secure, approp to the user, easy to understand, with results easy to interpret. Ideally be used timelessly [#hcs](#)

6:12 [Michael Katz@MGKatz036](#)  
I used to prescribe Flappy Bird, but once that was pulled from the app store, I switched to Super Hexagon. [#hcs](#)

6:12 [Marie Ennis-O'Connor@JBBC](#)  
[@harriseve](#) [@mahoneyr](#) that's a great question! Do you remember a couple of years ago Haptique tried to have an app prescribing site? [#hcs](#)

6:12 ✨[Anna](#) ✨ [@smanna750](#)  
I put a food tracker app on my phone for my crohns. Put what I ate, rated pain, bowl movements ect. It came in handy to show my GI [#hcs](#)

- 6:13 [Bill Wong@BillWongOT](#)  
[@laurencstill](#) well- as an OT, sometimes I will recommend apps to my clients, too. [#hcs](#)
- 6:13 [couragesings@couragesings](#)  
T1: maybe better to think of 'suggesting' an app vs. 'prescribing' an app [#hcs](#)
- 6:13 [Alan Brewington@abrewi3010](#)  
A1 patient should also be told where/how the data the app collects will be used. Is app going to sell their data for example [#hcs](#)
- 6:13 [Laurel Ann Whitlock@twirlandswirl](#)  
[@jchevinsky](#) [@BioethxChat](#) Uh-oh. I have bad attendance with you. Do I need an excuse note? :P [#hcs](#)
- 6:13 [harriseve@harriseve](#)  
disclosures should include: potential or appearance of COI + app's biz model / back end: where does patient PHI go? T1 [#hcs](#)
- 6:13 [Bill Wong@BillWongOT](#)  
[@laurencstill](#) I will either try them out and/or ask my peers before recommending them, though. [#hcs](#)
- 6:13 [Carmen Gonzalez@crgonzalez](#)  
T1:Wish doc asked more about my running, suggesting alternative regimens to enhance [strength.He](#) helps the sick but ignores the healthy [#hcs](#)

- 6:13 [Fran London@notimetoteach](#)  
[@HealthSocMed](#) Information is not education. [#hcs](#)
- 6:13 [Yinka Vidal@YinkaVidal](#)  
[@TwiceDiabetes](#) [@harriseve](#) [@mahoneyr](#) [#hcs](#) Same thing.  
Prescription is a medical term, recommendation is general.
- 6:13 [Mark Dimor@MarksPhone](#)  
Like Rx'n a drug what's the evidence for the app was it proven  
safe 7 effective? But we Rx a lot of stuff that is marginal at  
best [#hcs](#)
- 6:14 [Laurel Ann Whitlock@twirlandswirl](#)  
[@MGKatz036](#) Good on you for adapting to the changing face  
of medicine. ;) [#hcs](#)
- 6:14 [Eddie Cliff@Eddie\\_Cliff](#)  
[@waisunchan](#) UI is absolute key - so often undervalued by  
health professionals when designing apps. Make or break.  
[#hcs](#)
- 6:14 [Robert Mahoney@mahoneyr](#)  
What condition did you find Flappy Bird useful for?  
[@MGKatz036](#) [#hcs](#)
- 6:14 [Bill Wong@BillWongOT](#)  
[@abrewi3010](#) well... but what if your clients are kids? Also,  
what if you are lending them to use the apps on your device?  
[#hcs](#)

6:14 [Laurel Ann Whitlock@twirlandswirl](#)  
[@mahoneyr](#) It was Student Health Care at my university, so it was free, with a 4-hour wait. Maybe that's why I wasn't sleeping? :P [#hcs](#)

6:14 [Marie Ennis-O'Connor@JBBC](#)  
A1 good app is designed with end user firmly in mind - sometimes not the case! [#hcs](#)

6:14 [April Foreman@DocForeman](#)  
[@crgonzalez](#) What happens when you tell your doc what you'd like? [#hcs](#)

6:14 [Lauren@laurencstill](#)  
[@BillWongOT](#) Big issue in [#healthIT](#) is inability to validate apps from a security/privacy POV. How to mitigate? [#hcs](#)  
[#mhealth](#)

6:14 [Real Talk Dr. Offutt@RTwithDrOffutt](#)  
[#hcs](#). Tweeps, mute me till 10 EDT for twitter chat.

6:15 [Jennifer Chevinsky@jchevinsky](#)  
[@twirlandswirl](#) [@BioethxChat](#) haha, maybe there is an app for that :p ..no excuses needed! Enjoy when you can stop in!  
[#hcs](#)

6:15 [Mark Salke@marksalke](#)  
[@Eddie\\_Cliff](#) [@waisunchan](#) Seems UI is under-valued on just about every app development team , dude. That's gotta change. [#hcs](#)

6:15 [Alan Brewington@abrewi3010](#)  
A1 the app shouldnt require the patient to purchase additional technology. If patient cant run the app the HCP should not prescribe it [#hcs](#)

6:15 [Laurel Ann Whitlock@twirlandswirl](#)  
[@mahoneyr](#) (In her defense, at that point in my life, I really was sleeping about 4 hours a night, every other night, roughly.) [#hcs](#)

6:15 [Carmen Gonzalez@crgonzalez](#)  
[@DocForeman](#) Dude...it took 2.5 weeks to get lab results sent to my email. This is the 2nd doctor in the health plan who is old school [#hcs](#)

6:16 [Sunny Chan@waisunchan](#)  
T1 Health apps are useless if intended users find the app confusing to navigate and unable to interpret the results. Give guidance [#hcs](#)

6:16 [Clay Chappell, MD@CChappellMD](#)  
A1: Tracking apps like calories, exercise, BP, BG, labs come to mind. No problem recommending to tech savvy pts. [#hcs](#)

6:16 [Real Talk Dr. Offutt@RTwithDrOffutt](#)  
[#hcs](#). Laura here, late. Using SoMe to engage teens in talking about [#Teenhealth](#) issues.

6:16 [Laurel Ann Whitlock@twirlandswirl](#)  
[@RTwithDrOffutt](#) Or read and be enlightened! [#hcs](#)

- 6:16 [Mark Dimor@MarksPhone](#)  
And what are you Rx'n the app for? How do you confirm it is used and working? [#hcsn](#)
- 6:16 [Laurel Ann Whitlock@twirlandswirl](#)  
[@RTwithDrOffutt](#) (If this is enlightening. Are we enlightening? I hope we're enlightening....) [#hcsn](#)
- 6:16 [Mark Salke@marksalke](#)  
[@TwiceDiabetes](#) User Interface. Refers to ease of use. [#hcsn](#)
- 6:16 [couragesings@couragesings](#)  
wonder if suggestions for apps better if came from patients vs. docs (unless doc is up on current apps)? Patients R ones using apps. [#hcsn](#)
- 6:17 [Twice Diabetes@TwiceDiabetes](#)  
[@T2DRemission](#) [@notimetoteach](#) [@HealthSocMed](#) So true, but neither is telling ppl what 2 do without giving info 2 make informed choice [#hcsn](#)
- 6:17 [Laurel Ann Whitlock@twirlandswirl](#)  
[@TwiceDiabetes](#) User Interface, the "public" face of the app you interact with. [#hcsn](#)
- 6:17 [Twice Diabetes@TwiceDiabetes](#)  
[@couragesings](#) I believe better from pts [#hcsn](#)

6:17 [Yinka Vidal@YinkaVidal](#)  
[@DocForeman](#) [@crgonzalez](#) [#hcs](#) Med Apps, a mode of communication. Both must agree to speak same language. System must talk to each other

6:17 [Jennifer Chevinsky@jchevinsky](#)  
Wonder how aware hcps are of apps that would be useful for patients that aren't overly clinical. Patient groups might be more useful! [#hcs](#)

6:17 [Lauren@laurencstill](#)  
[@CChappelIMD](#) None, really? What about identity theft concerns? [#MITM](#) [#hcs](#) [#phi](#)

6:18 [Robert Mahoney@mahoneyr](#)  
Not sure the liability works in my favor. [@harriseve](#) [@JBBC](#) [@laurencstill](#) [#hcs](#)

6:18 [Alan Brewington@abrewi3010](#)  
[@BillWongOT](#) if ur clients are kids then the parents should be fully briefed. I would be careful lending to clients. [#hcs](#)

6:18 [Fran London@notimetoteach](#)  
Our Journey in the Hospital facilitates conversation between families & HCP and prompts teach back. [#hcs](#) [#free](#) [#app](#)

6:18 [couragesings@couragesings](#)  
[@TwiceDiabetes](#) that's what I would think too; pts are ones probably more familiar with what works/doesn't [#hcs](#)

6:18 [Bill Wong@BillWongOT](#)  
[@abrewi3010](#) in school, it will be hard. [#hcs](#)

6:19 [dailyRx@dailyRx](#)  
The [@dailyRx](#) app gets [@Walgreens](#) API. Check out their developer blog post. [@Walgreens](#) refill, dailyRx app. [bit.ly/1cwBIRX](#) [#HCSM](#)

6:19 [Laurel Ann Whitlock@twirlandswirl](#)  
[@mahoneyr](#) My favorite part was every single time I had a migraine, in order to be excused from class, I had to wait there for a note. [#hcs](#)

6:19 [Amol Utrankar@AmolUtrankar](#)  
I'd like to see app makers bring doctors & patients into the design process. Disruption often happens to medicine, not within it [#hcs](#)

6:19 [Mark Salke@marksalke](#)  
[@CChappellMD](#) Clay I think value in managing chronic conditions, too. Collecting, trending, even gamifying. [#hcs](#)  
Improving pt adherence.

6:19 [Lauren@laurencstill](#)  
[@harriseve](#) [@JBBC](#) [@mahonyr](#) [hl7standards.com/blog/2013/12/1...](#) [#hcs](#) [#mhealth](#) [#PHI](#) /cc [@haroldsmith3rd](#)

6:19 [Annette McKinnon@anetto](#)  
T1 What can be done for stable chronic disease? Must be some good creative app ideas out there [#hcs](#)

6:19 [Bill Wong@BillWongOT](#)  
[@abrewi3010](#) also, the ipad is always with me, since it is also my documentation device, too. [#hcs](#)

6:19 ✨[Anna](#) ✨[@smanna750](#)  
I also use an app to remind me to take my afternoon meds. Those are the easiest to forget [#hcs](#)

6:19 [Glenn Lanteigne@GlennLanteigne](#)  
For T1: Doctor prescribes mobile apps to patients | IT Business [itbusiness.ca/news/doctor-pr...](#) [#hcs](#)

6:19 [Heather Mullen@mullenpei](#)  
T1 - what about fitbit or the nike app built into phones [#hcs](#) ?  
Active living health apps

6:19 [Yinka Vidal@YinkaVidal](#)  
[@laurencstill](#) [@CChappellMD](#) [#hcs](#) Program must be on a secured system or application.

6:20 [Twice Diabetes@TwiceDiabetes](#)  
Is it appropriate to gamify medical conditions? Gen. pts really hate it despite others thinking it's great :( Cpt Novolin eg [#hcs](#)

6:20 [harriseve@harriseve](#)  
in 2012 I \*assumed\* there was a proven smoking-cessa&n app. NOT TRUE then. Now? How to vet? [#hcs](#) T1

6:20 [Robert Mahoney@mahoneyr](#)  
T1 Does prescribing an app imply some responsibility on the patient's part? Are you "noncompliant" if you don't use it?  
[#hcs](#)

6:20 [couragesings@couragesings](#)  
[@TwiceDiabetes](#) Exactly!! [#hcs](#)

6:20 [Laurel Ann Whitlock@twirlandswirl](#)  
[@smanna750](#) That's a fantastic practical application of an app. [#hcs](#)

6:20 [Michael Tal Sharon@tseworldwide](#)  
Married to pediatrician and obesity med that counsels overweight kids on changing habits. Any Fan faves for fitness health gaming? [#hcs](#)

6:20 [Lauren@laurencstill](#)  
[@YinkaVidal](#) [@CChappellMD](#) and how are clinicians validating that? [#hcs](#)

6:20 [Bill Wong@BillWongOT](#)  
[@anetto](#) I have a Chinese language app for stress reduction on my phone. [#hcs](#)

6:21 [Glenn Lanteigne@GlennLanteigne](#)  
For T1: Most patients want their doctors to prescribe apps | mobihealthnews [mobihealthnews.com/23418/most-pat...](http://mobihealthnews.com/23418/most-pat...)  
[#hcs](#)

- 6:21 [Intake.Me@Intakeme](#)  
T1: I've seen docs prescribe healthy food & self-reflection. No reason why they shouldn't prescribe apps as well. [#hcs](#)
- 6:21 [Mark Salke@marksalke](#)  
[@TwiceDiabetes](#) In the sense of improving adherence to health maint. Earning points/rewards etc seems natural. [#hcs](#)
- 6:21 [Clay Chappell, MD@CChappellMD](#)  
[@laurencstill](#) Depends on what is being tracked, but if pts use apps for banking,etc. same precautions should apply. [#hcs](#)
- 6:21 [Robert Mahoney@mahoneyr](#)  
I think some of these uses of the word "prescribing" have some gimmick factor. [@GlennLanteigne](#) [#hcs](#)
- 6:21 [Annette McKinnon@anetto](#)  
[@BillWongOT](#) Now that sounds more useful than Candycrush [#hcs](#)
- 6:22 [Intake.Me@Intakeme](#)  
T1: For docs though, hard to get a sense of which apps are good for pts and which aren't since few are clinically evaluated. [#hcs](#)
- 6:22 [Lisa Fields@PracticalWisdom](#)  
[@drdonsdizon](#) [@ASCO](#) Blogs Too RT [@subatomicdoc](#)  
Question: what do you think are top patient-oriented socmed sites? [#hcs](#) [#epatient](#) [#HCLDR](#)

- 6:22 [couragesings@couragesings](#)  
As a pt, I think I would have much better success going to pt communities for suggestions of apps for particular health conditions.. [#hcs](#)
- 6:22 [Mark Salke@marksalke](#)  
[@Intakeme](#) A meditation app? [#hcs](#)
- 6:22 [Twice Diabetes@TwiceDiabetes](#)  
[@marksalke](#) Seems natural but can u imagine a lifetime of that? I don't like the idea 4 t1 diabetes [#hcs](#)
- 6:22 [Marie Ennis-O'Connor@JBBC](#)  
[@mahoneyr](#) [@harriseve](#) happtique didn't work!  
[imedicalapps.com/2014/01/happti...](#) [#hcs](#)
- 6:22 [Heather Mullen@mullenpei](#)  
T1 [#hcs](#) even encouraging patients 2 use basic apps like notepad to record data for next appt or I use it to record meds given to sick kids
- 6:22 [Carmen Gonzalez@crgonzalez](#)  
[@T2DRemission](#) Are there any curating services being offered by patient groups or resources like Diabetes Mine? [#hcs](#)
- 6:22 [Yinka Vidal@YinkaVidal](#)  
[@laurencstill](#) [@CChappellMD](#) [#hcs](#) By test driving the system/med apps first prior to recommendation for usage

6:23 [April Foreman@DocForeman](#)  
[@Intakeme](#) Amen. Very few docs w/ real-time practice using an app w/ pt. as part of clinical relationship. [#hcs](#)

6:23 [Intake.Me@Intakeme](#)  
T1: As app developers, we need to be co-creating apps with patients AND doctors to make something that will improve healthcare. [#hcs](#)

6:23 [Lauren@laurencstill](#)  
SAD! RT [@haroldsmith3rd](#) [@harriseve](#) [@JBBC](#) [@mahonyr](#) [@laurencstill](#) they've been relegated to "remember" already? [#hcs](#) [@Happtique](#) [#mhealth](#)

6:23 [Twice Diabetes@TwiceDiabetes](#)  
Is it up to HCPs to gatekeep apps? [#hcs](#)

6:23 [Laurel Ann Whitlock@twirlandswirl](#)  
[@TwiceDiabetes](#) I'm a gamer, and I think it's a great idea. I enjoy anything I can relate to gaming. Mileage may vary per pateint. [#hcs](#)

6:23 [harriseve@harriseve](#)  
The best ones do -> MT [@AmolUtrankar](#): I'd like to see app makers bring doctors & patients into the design process. [#hcs](#)

6:23 [Bill Long, MD, FAAP@Docbluebird](#)  
T1 Bill Long coming in late here. Apps that help w/ health OR disease mgmt are useful and may be "timeless" [#hcs](#)

6:23 [Mark Salke@marksalke](#)  
[@TwiceDiabetes](#) I hear you, I do. But if it helps manage diabetes better, it seems a good idea. The rewards may not be best incentive. [#hcs](#)

6:23 [Robert Mahoney@mahoneyr](#)  
Maybe analogous but legally a bit murky. [@RTwithDrOffutt](#)  
[#hcs](#)

6:23 [Marie Ennis-O'Connor@JBBC](#)  
[@Intakeme](#) so long as they know what they are prescribing - should they review/try out apps before they recommend?  
[#hcs](#)

6:24 [Fran London@notimetoteach](#)  
[Medicina.com](#) suggests apps and social media sites, but not enough clinicians review them yet. [#hcs](#)

6:24 [Annette McKinnon@anetto](#)  
[@TwiceDiabetes](#) Have more faith in HCPs than pharma to suggest apps [#hcs](#)

6:24 [Marie Ennis-O'Connor@JBBC](#)  
[@georgemargelis](#) agree. lots of apps generating data, but no clear idea for user of what to do with data [#hcs](#)

6:24 [Laurel Ann Whitlock@twirlandswirl](#)  
[@mahoneyr](#) [@Intakeme](#) Good concern. Dangerous ads could be targeted at susceptible groups and imply actual medical advice. [#hcs](#)

6:24 [couragesings@couragesings](#)  
[@BillWongOT](#) Good point ~ it probably depends on what knowledge treatment providers have of apps [#hcs](#)

6:24 [Lauren@laurencstill](#)  
[@YinkaVidal](#) [@CChappellMD](#) ok, test drive HOW? [#pentest](#)?  
[#MITM](#) exploits? [#encryption](#)? Do we really expect docs to understand this? [#hcs](#)

6:24 [Alan Brewington@abrewi3010](#)  
A1 HCP needs to make sure the patient doesn't go thru emotional ups and downs with app. Pat still needs to live normally [#hcs](#)

6:24 [Intake.Me@Intakeme](#)  
[@JBBC](#) I think that's part of why most docs don't prescribe apps - want to do their due diligence on apps but lack the time.  
[#hcs](#)

6:25 [Yinka Vidal@YinkaVidal](#)  
[@mahoneyr](#) [@Intakeme](#) [#hcs](#) Nothing is free. Free apps must get something from users. Which is better free apps or paid ones?

6:25 [Bill Wong@BillWongOT](#)  
[@twirlandswirl](#) [@TwiceDiabetes](#) in OT, Kinect, PS4, and Wii can be used in Rehab and pediatrics settings. [#hcs](#)

6:25 [Amol Utrankar@AmolUtrankar](#)  
[@harriseve](#) If you're able to suggest any interesting case studies that speak to dr/pt participation in app design, would love to hear [#hcsn](#)

6:25 [Bill Long, MD, FAAP@Docbluebird](#)  
T1 however, apps that contain specific treatments, medications, need to be reviewed, updated, vetted, before I'll rx [#hcsn](#)

6:25 [Marie Ennis-O'Connor@JBBC](#)  
[@Intakeme](#) oh for sure and I understand that which is where FDA regulation, though not a perfect system, may help [#hcsn](#)

6:26 [couragesings@couragesings](#)  
RT [@BillWongOT](#) [@couragesings](#) yes... Typically we use social media to exchange these information. [#hcsn](#)

6:26 [Eddie Cliff@Eddie\\_Cliff](#)  
[@JBBC](#) [@georgemargelis](#) would also be great (one day) for research teams to be able to access deidentified data! [#hcsn](#)

6:26 [Mark Salke@marksalke](#)  
[@mahoneyr](#) [@Intakeme](#) Deep question. Fraught with concerns, there. [#hcsn](#)

6:26 [Annette McKinnon@anetto](#)  
T1 I prefer [@SusannahFox](#) soft version of tracking. Do my pants fit? [#hcsn](#)

- 6:26 [Robert Mahoney@mahoneyr](#)  
Whether you pay or not, you have to read the privacy policy very carefully if you're using it for patient care. [@YinkaVidal](#) [@Intakeme](#) [#hcs](#)
- 6:26 [HealthSocMed | #hcs@HealthSocMed](#)  
Great T1 - moving on to T2 (topic 2) next! [#hcs](#)
- 6:26 [Amol Utrankar@AmolUtrankar](#)  
[.@Docbluebird](#) Who would you like to see do the vetting (of prescribed apps)? Drs themselves? Soc. networks? Professional groups? [#hcs](#)
- 6:27 [Eddie Cliff@Eddie\\_Cliff](#)  
[@Intakeme](#) [@JBBC](#) the challenge is that healthy food & mindfulness both evidence-supported; most (if not all) apps are yet to be [#hcs](#)
- 6:27 [Mark Salke@marksalke](#)  
Reality is if we had to pay what they cost we'd never buy 'em. [#hcs](#) [@Intakeme](#) [@twirlandswirl](#) [@mahoneyr](#)
- 6:27 [Bill Wong@BillWongOT](#)  
[@Docbluebird](#) I agreed... If it's my case, targeted skills are more important, testing stuff out is good enough. [#hcs](#)
- 6:27 [Real Talk Dr. Offutt@RTwithDrOffutt](#)  
[@PracticalWisdom](#) [@drdonsdizon](#) [@ASCO](#) [@subatomicdoc](#). Hoping to become one for teens! On pheed, blogger, tumblr, and twitter. [#hcs](#)

6:27 [Alan Brewington@abrewi3010](#)  
A1 developers need to co-design with patients on apps that docs might prescribe. Only patients can judge impact on other patients [#hcs](#)

6:27 [Carmen Gonzalez@crgonzalez](#)  
[@mahoneyr](#) Given that caregivers are involved in 70% of the patient's medication routine, that non-adherence is a shared responsibility [#hcs](#)

6:27 [Fran London@notimetoteach](#)  
[@YinkaVidal](#) [@mahoneyr](#) [@Intakeme](#) Grants funded the apps from Phoenix Children's Hospital, so they are free for all.  
[#hcs](#)

6:27 [HealthSocMed | #hcs@HealthSocMed](#)  
TOPIC 2 - It's easy to get burnt out on SM and on data. With surplus of data we can track for our health, how do you prevent burnout? [#hcs](#)

6:27 [Marie Ennis-O'Connor@JBBC](#)  
[@abrewi3010](#) great point! [#hcs](#)

6:27 [Twice Diabetes@TwiceDiabetes](#)  
[@AmolUtrankar](#) [@Docbluebird](#) If Drs r going to prescribe then "they" need to vet or be happy w delegated vetting. [#hcs](#)

6:27 [Lauren@laurencstill](#)  
[@YinkaVidal](#) [@CChappellMD](#) totally missing the point.....  
[#hcs](#)

6:27 [Robert Mahoney@mahoneyr](#)

If I need an app to tell me my pants are too tight, it's time to hang it up. [@anetto](#) [@SusannahFox](#) [#hcs](#)

6:28 [Sunny Chan@waisunchan](#)

T1 If a Doctor prescribes an App, they really should vet it also- liken to ensuring adverse effects to Pt of a drug [#hcs](#)

6:28 [Laurel Ann Whitlock@twirlandswirl](#)

[@marksalke](#) [@Intakeme](#) [@mahoneyr](#) \$600 for a phone, no problem. \$1.99 for an app? Now that's just crazy talk. [#hcs](#)

6:28 [Bill Wong@BillWongOT](#)

[@HealthSocMed](#) I think it is how to use it constructively. [#hcs](#)

6:28 [Carmen Gonzalez@crgonzalez](#)

T2-- Burnout is handled through balance. Take a break from the gadgets regularly. Don't let the tail wag the dog. [#hcs](#)

6:28 [Annette McKinnon@anetto](#)

T2 Anyone with chronic illness is always fighting burnout on many levels [#hcs](#)

6:28 [Eddie Cliff@Eddie\\_Cliff](#)

[@HealthSocMed](#) the rule of 1s is a great way to reduce data overcollection [#hcs](#)

- 6:29 [Laurel Ann Whitlock@twirlandswirl](#)  
[@waisunchan](#) But it's so easy to change an app. They're so fluid. [#hcs](#)
- 6:29 [Dana Lewis | #hcs@danamlewis](#)  
T2 live at [#hcs](#) - given the amount of data that apps helps us track, how do we (patients) prevent burnout?
- 6:29 [Intake.Me@Intakeme](#)  
[.@twirlandswirl](#) [@marksalke](#) [@mahoneyr](#) maybe if we as consumers want our info to be sold less, this should change. [#hcs](#)
- 6:29 [Lauren@laurencstill](#)  
[@twirlandswirl](#) "Random" programmer checking in with [@haroldsmith3rd](#). Talk to us, we listen, and want to help. [#hcs](#)
- 6:29 [Jim Rattray@jimrattray](#)  
T2 Before you start collecting your own personal health data, you need to have a clear understanding of WHY! [#hcs](#)
- 6:29 [Eddie Cliff@Eddie\\_Cliff](#)  
[@HealthSocMed](#) also trying to use apps which integrate data and place emphasis on significant data. [#hcs](#)
- 6:29 [April Foreman@DocForeman](#)  
[@HealthSocMed](#) Target what I consume as a provider and as a pt. based on my professional and personal health goals. [#hcs](#)

6:29 [Bill Wong@BillWongOT](#)  
[@twirlandswirl](#) [@marksalke](#) [@Intakeme](#) [@mahoneyr](#) I agree!  
How about some speech to text ones- can be pretty hefty, too!  
[#hcs](#)

6:29 [georgemargelis@georgemargelis](#)  
T2: Capture data as byproduct of app use, don't expect  
patients to enter too much data [#hcs](#)

6:29 [Yinka Vidal@YinkaVidal](#)  
[@notimetoteach](#) [@mahoneyr](#) [@Intakeme](#) [#hcs](#) Good!  
They're already tested then for accuracy and reliance of  
medical data

6:29 [T2D Research@T2DRemission](#)  
[@PracticalWisdom](#) [@drdonsdizon](#) [@ASCO](#) [@subatomicdoc](#) I  
would chime in here with [@patientslikeme](#) [#hcs](#)

6:30 [Robert Mahoney@mahoneyr](#)  
Or, sometimes, \$20 for your blood pressure medicine  
[@twirlandswirl](#) [@marksalke](#) [@Intakeme](#) [#hcs](#)

6:30 [Laurel Ann Whitlock@twirlandswirl](#)  
[@BillWongOT](#) [@marksalke](#) [@Intakeme](#) [@mahoneyr](#) I once  
tried to talk-to-text "I hate red lights." It parsed "lol soup."  
[#hcs](#)

6:30 [Fran London@notimetoteach](#)  
[@Eddie\\_Cliff](#) [@Intakeme](#) [@JBBC](#) Recovery Record or RR is  
a free app that supports mindful eating. [#hcs](#)

- 6:30 [Alan Brewington@abrewi3010](#)  
A2 tracking data out of personal curiosity is a good thing.  
Tracking data that causes stress is a bad thing. [#hcsn](#)
- 6:30 [Annette McKinnon@anetto](#)  
[@BillWongOT](#) Like those apps - speech to text demonstrably  
helpful [#hcsn](#)
- 6:30 [Yinka Vidal@YinkaVidal](#)  
[@CChappellMD](#) [@laurencstill](#) [#hcsn](#) Thanks! Excellent point!
- 6:31 [T2D Research@T2DRemission](#)  
[@twirlandswirl](#) Hear, hear! re: food logging and nutrient  
analysis apps! [#hcsn](#)
- 6:31 [Jonathan Hausmann MD@hausmannMD](#)  
I have recommended [@Get\\_Headspace](#) app to my patients  
with chronic pain. [#hcsn](#)
- 6:31 [Jim Rattray@jimrattray](#)  
[@georgemargelis](#) First help pts understand WHAT the data  
will tell them [#hcsn](#)
- 6:31 [Real Talk Dr. Offutt@RTwithDrOffutt](#)  
[#hcsn](#) T2. Like anything good, there can be too much of a  
good thing. Set personal limits and boundaries?

- 6:31 [Mark Salke@marksalke](#)  
A2: Data is irrelevant until it means something to us personally. Apps need to make data into useful info. That's the challenge. [#hcs](#)
- 6:31 [Mercury360@Health@m360health](#)  
4 [#Marketing](#) Tactics for [#Hospitals](#) on Instagram via [@parkerwhite](#) [bit.ly/O8MBE7](#) [#hcs](#)
- 6:32 [Jim Rattray@jimrattray](#)  
[@RTwithDrOffutt](#) Data without education is meaningless. [#hcs](#)
- 6:32 [Bill Long, MD, FAAP@Docbluebird](#)  
T1 anyone trust a translation app to do medical translation for non-English-speaking patients? Who is checking accuracy of those? [#hcs](#)
- 6:32 [Bill Wong@BillWongOT](#)  
[@T2DRemission](#) [@twirlandswirl](#) or perhaps money management ones too. [#hcs](#)
- 6:32 [Laurel Ann Whitlock@twirlandswirl](#)  
(Okay, so I kinda broke my finger a little bit a few days ago, it's starting to slow down my tweeting....) [#addict](#) [#hcs](#)
- 6:32 [Lauren@laurencstill](#)  
[@YinkaVidal](#) [@CChappellMD](#) if you're interested in critically evaluating [#mhealth](#) app security, privacy, LMK [#hcs](#)

- 6:32 [Alan Brewington@abrewi3010](#)  
A2 patients need to remember to live for life, not live to track data. Once the line is crossed then patient should walk away. [#hcsn](#)
- 6:32 [Bill Wong@BillWongOT](#)  
[@T2DRemission](#) [@twirlandswirl](#) then there are the good o' Starbucks app. [#hcsn](#)
- 6:33 [Robert Mahoney@mahoneyr](#)  
T2 the amount of data you can collect on yourself is dizzying. Better to have a goal and collect only the data that helps toward it. [#hcsn](#)
- 6:33 [Intake.Me@Intakeme](#)  
T2: to prevent overwhelm - always keep an eye on your why: why are you tracking X? or using social media? [#hcsn](#)
- 6:33 [courageings@couragesings](#)  
RT [@crgonzalez](#) RT [@jimrattray](#): [@georgemargelis](#) First help pts understand WHAT the data will tell them [#hcsn](#)
- 6:33 [Amol Utrankar@AmolUtrankar](#)  
[#Data](#) in itself lacks value. Needs validity, context, and narrative. [#hcsn](#)
- 6:33 [Natalia Shche, Ph.D.@creativepharma](#)  
T1 how long pts tend to stick with using an app (assuming it's a really good one); personally after initial wow!- it 'collects dust' [#hcsn](#)

6:33 [Amy Edgar@ProfAmyE](#)  
[@ePatientDave](#) [#hcs](#)

6:33 [Robert Mahoney@mahoneyr](#)  
If your patient slaps you and walks out, the app got the translation wrong. [@Docbluebird](#) [#hcs](#)

6:33 [Bill Long, MD, FAAP@Docbluebird](#)  
From my DD w/Type 1 DM "[@kelseemae](#): [@Docbluebird](#) I use my calorie king app to count carbs all the time! I'd be lost without it!" [#hcs](#)

6:33 [Lauren@laurencstill](#)  
[@twirlandswirl](#) [@haroldsmith3rd](#) Most devs I know wouldn't be in [#healthIT](#) [#mhealth](#) if they weren't passionate. Too many obstacles. [#hcs](#)

6:33 [T2D Research@T2DRemission](#)  
[@TwiceDiabetes](#) [@marksalke](#) [#hcs](#) Hearing T1 diabetics talk about intractability, I can imagine an app seeming like daily misplaced scolding.

6:33 [Mark Salke@marksalke](#)  
My voice to text app on my phone works really well. Srsly. Better than apps. [@twirlandswirl](#) [@BillWongOT](#) [@Intakeme](#) [@mahoneyr](#) [#hcs](#)

6:34 [Bill Wong@BillWongOT](#)  
[@jimrattray](#) [@RTwithDrOffutt](#) same goes with a good app, too. Not good to say "here you go" w/o any instruction. [#hcs](#)

6:34 [Jim Rattray@jimrattray](#)  
[@abrewi3010](#) Absolutely correct. But data can help them re-  
shape their lives and live healthier. [#hcs](#)

6:34 [Carmen Gonzalez@crgonzalez](#)  
[@BillWongOT](#) That gives me an idea about Starbucks  
creating walking clubs enhancing their app w/ a pedometer. 5  
miles=1 free diet latte [#hcs](#)

6:34 [Sunny Chan@waisunchan](#)  
T2 Only worth patients collect data that is relevant &  
understandable to them, so that they know how act upon  
whatever results may be [#hcs](#)

6:34 [Bill Wong@BillWongOT](#)  
[@crgonzalez](#) I think nowadays there are charity apps for this  
kinda thing. [#hcs](#)

6:35 [Glenn Lanteigne@GlennLanteigne](#)  
For T2: 7 Strategies to Prevent Burnout | Psychology Today  
[m.psychologytoday.com/blog/pressure-...](http://m.psychologytoday.com/blog/pressure-...) [#hcs](#)

6:35 [April Foreman@DocForeman](#)  
[@creativepharma](#) Yep. It's the "gold standard" when the use is  
sustained. [#hcs](#)

6:35 [Matthew Ray Scott@matthewrayscott](#)  
The brands of today are the new media of tomorrow [#hcs](#)

- 6:35 [Mark Salke@marksalke](#)  
Cats would not like FB, would they? [#antisocial](#) [@laurencstill](#)  
[@twirlandswirl](#) [@haroldsmith3rd](#) [#hcs](#)
- 6:36 [Annette McKinnon@anetto](#)  
T2 Easier to find good factual algorithms for med decisions  
than useful health apps [#hcs](#)
- 6:36 [Jim Rattray@jimrattray](#)  
[@AmolUtrankar](#) [@Intakeme](#) Know WHY ... and then teach  
WHAT to do with that data! [#hcs](#)
- 6:36 [Yinka Vidal@YinkaVidal](#)  
[@jimrattray](#) [@abrewi3010](#) [#hcs](#) medical data may scare  
some people unaware of interpretations. Deal with this all the  
time with patients.
- 6:36 [Lauren@laurencstill](#)  
So [@validic](#) is making great strides to [#mhealth](#) data  
interoperability, management, as is [@Human\\_API](#) and  
[@andreimpop](#). Check em out. [#hcs](#)
- 6:36 [Twice Diabetes@TwiceDiabetes](#)  
RT [@anetto](#) T2 Easier to find good factual algorithms for med  
decisions than useful health apps [#hcs](#)
- 6:36 [Laurel Ann Whitlock@twirlandswirl](#)  
[@marksalke](#) [@laurencstill](#) [@haroldsmith3rd](#) My cat LOVES  
his Facebook. (Okay, maybe I love his Facebook....) [#hcs](#)

6:37 [Mark Salke@marksalke](#)  
Iterative enhancement? yes! [@T2DRemission](#)  
[@TwiceDiabetes](#) [#hcs](#) Just be sure to include users.

6:37 [couragesings@couragesings](#)  
Have a conversation with what the patient actually wants ~  
ask! [#hcs](#)

6:37 [Glenn Lanteigne@GlennLanteigne](#)  
For T2: Patient Burnout: Watch out before it gets too late | Dr  
Nipun Aggarwal,MD, MBA, MHT [draggarwal.org/2012/06/11/pat...](#) [#hcs](#)

6:37 [Alan Brewington@abrewi3010](#)  
[@YinkaVidal](#) [@jimrattray](#) health literacy rate of the patient is  
important consideration when tracking data. [#hcs](#)

6:37 [Amol Utrankar@AmolUtrankar](#)  
[@mahoneyr](#) Interesting. In what form, analog/digital? Are you  
often able to use patient-provided data or does it not fit into  
workflow? [#hcs](#)

6:38 [Twice Diabetes@TwiceDiabetes](#)  
WWhat a novel idea !!! :)RT [@couragesings](#) Have a  
conversation with what the patient actually wants ~ ask!  
[#hcs](#)

6:38 [Jim Rattray@jimrattray](#)  
[@abrewi3010](#) I agree. I track with [@loseit](#) & [@Jawbone](#) UP.  
Data points must provide context to overall health, both  
physical & mental [#hcs](#)

6:38 [couragesings@couragesings](#)  
RT [@TwiceDiabetes](#) WHat a novel idea !!! :)RT  
[@couragesings](#) Have a conversation with what the patient  
actually wants ~ ask! [#hcsms](#)

6:38 [Bill Wong@BillWongOT](#)  
[@couragesings](#) yes... Like my dad, he would be averse to  
using them. Hard time using a regular cell phone already.  
[#hcsms](#)

6:38 [Dr. Gia Sison@giasison](#)  
Running late hi to all Gia here from Manila signing in [#hcsms](#)

6:39 [Jim Rattray@jimrattray](#)  
[@YinkaVidal](#) [@abrewi3010](#) Translate medical data into  
terminology patients can understand! [#hcsms](#)

6:39 [Robert Mahoney@mahoneyr](#)  
Usually sheets of paper with lots of writing/typing. Or  
notebooks. Certainly not HL7. [@AmoUtrankar](#) [#hcsms](#)

6:39 [Carmen Gonzalez@crgonzalez](#)  
[@couragesings](#) Coming up...an app for docs to have convos  
with patients! [#hcsms](#)

6:39 [Twice Diabetes@TwiceDiabetes](#)  
RT [@couragesings](#) RT [@crgonzalez](#): [@couragesings](#) Coming  
up...an app for docs to have convos with patients! [#hcsms](#)

6:39 [Natalia Shche, Ph.D.@creativepharma](#)  
[@DocForeman](#) may also depend on pts; e.g. those who keep updating their FB status, checking in etc. may stick in ...[#hcs](#)

6:39 [courageings@couragesings](#)  
[@crgonzalez](#) Now we're talking!! ;) [#hcs](#)

6:39 [Mark Salke@marksalke](#)  
It is Jim, but requires data. Which raises concerns about privacy. [@jimrattray](#) [@BillWongOT](#) [@RTwithDrOfutt](#) [#hcs](#)

6:39 [Robert Mahoney@mahoneyr](#)  
At the risk of how this sounds...I'll ask them. [@Intakeme](#)  
[#hcs](#)

6:39 [Yinka Vidal@YinkaVidal](#)  
[@jimrattray](#) [@abrewi3010](#) [@loseit](#) [@Jawbone](#) [#hcs](#) You mean apps must show meaningful references and clinical implications?

6:40 [Laurel Ann Whitlock@twirlandswirl](#)  
[@mahoneyr](#) [@AmolUtrankar](#) It's hard, as a patient, you wonder if there's one important piece of data you're leaving out. What to cut? [#hcs](#)

6:40 [Lauren@laurencstill](#)  
[@TwiceDiabetes](#) [@couragesings](#) Obstacles making that meaningful. Legacy [#healthIT](#) have long dev cycles before pt input is implemented. [#hcs](#)

- 6:40 [SPSMChat@SPSMChat](#)  
[@DocForeman](#): We noticed a vlog you did today about this.  
Tell us more about this: [youtube.com/watch?v=iZm\\_Ni...](https://youtube.com/watch?v=iZm_Ni...)  
[#spsm](#) [#hcs](#) [#mhsm](#)
- 6:40 [Amol Utrankar@AmolUtrankar](#)  
[@Intakeme](#) [@mahoneyr](#) Raises an even more interesting Q:  
Who defines what data is “meaningful?” Doctors? Patients?  
Etc.? [#hcs](#)
- 6:40 [Laurel Ann Whitlock@twirlandswirl](#)  
[@mahoneyr](#) [@AmolUtrankar](#) (I do, of course, understand  
where you're coming from, too.) [#hcs](#)
- 6:40 [Alan Brewington@abrewi3010](#)  
[@jimrattray](#) [@loseit](#) [@Jawbone](#) I just got a [#Garmin](#) Vivofit for  
my own personal curiosity. [#hcs](#)
- 6:40 [Ann Wax@annwax](#)  
sorry that I am coming in late tonight [#hcs](#)
- 6:40 [Dr. Gia Sison@giasison](#)  
[@courageings](#) [@crgonzalez](#) Looking forward [#hcs](#)
- 6:40 [Fran London@notimetoteach](#)  
[@TwiceDiabetes](#) [@courageings](#) [@crgonzalez](#) Our Journey in  
the hospital provides conversation topics as well as resources  
[#hcs](#)

6:40 [Jim Rattray@jimrattray](#)  
[@marksalke](#) [@BillWongOT](#) [@RTwithDrOffutt](#) Yes, privacy is paramount! [#hcs](#)

6:41 [Robert Mahoney@mahoneyr](#)  
Part of my job is to know what is meaningful to me. But sometimes a tension between that and what the pt wants to say. [@Intakeme](#) [#hcs](#)

6:41 [Eddie Cliff@Eddie\\_Cliff](#)  
[@waisunchan](#) a bit like only ordering investigations whose results will change management! [#hcs](#)

6:41 [georgemargelis@georgemargelis](#)  
T2: Burnout issue related to clinical model, need to work with px to get optimum interaction without burnout [#hcs](#)

6:41 [Intake.Me@Intakeme](#)  
Both perspectives being raised by members of this chat. RT [@AmoUtrankar](#) Who defines what data is “meaningful?” Doctors? Patients? [#hcs](#)

6:42 [couragesings@couragesings](#)  
[@TwiceDiabetes](#) [@mahoneyr](#) [@Intakeme](#) Yes! So much of the time docs assume they know what pts want & forget to ask us!! [#hcs](#)

6:42 [HealthSocMed | #hcs@HealthSocMed](#)  
Moving on to T3, our final topic for the night, in a few! [#hcs](#)

6:42 [Eddie Cliff@Eddie\\_Cliff](#)  
[@notimetoteach](#) [@Intakeme](#) [@JBBC](#) why / how do you need  
an app to support mindful eating?! Surely the whole purpose is  
to focus... [#hcs](#)

6:42 [Mark Salke@marksalke](#)  
Haha! Didn't say that. It's a trade-off. Opt-in is the only way it'll  
work., IMO. [@jimrattray](#) [@BillWongOT](#) [@RTwithDrOffutt](#)  
[#hcs](#)

6:42 [Yinka Vidal@YinkaVidal](#)  
[@jimrattray](#) [@abrewi3010](#) [#hcs](#) Know at times, this may be  
challenging. Medical profession speak different language  
based on specialties.

6:42 [Laurel Ann Whitlock@twirlandswirl](#)  
[@Intakeme](#) [@AmoUtrankar](#) Think there's a dichotomy  
between "this is medically relevant" and "this happens X times  
a day and bothers me" [#hcs](#)

6:42 [Lauren@laurencstill](#)  
[@AmoUtrankar](#) [@Intakeme](#) [@mahoneyr](#) actionable is term I  
prefer. Data I can use in healthcare decision, but that brings  
FDA regulation. [#hcs](#)

6:42 [Robert Mahoney@mahoneyr](#)  
As HCP, meaningful to me = will help me solve your problem.  
[@Intakeme](#) [@AmoUtrankar](#) [#hcs](#)

6:42 [Clay Chappell, MD@CChappellMD](#)  
[@laurencstill](#) You make some good points. Are pts. ready to broadcast their lab results like they are their Facebook status? Prob not [#hcs](#)

6:42 [Jim Rattray@jimrattray](#)  
[@abrewi3010](#) [@loseit](#) [@Jawbone](#) Personal curiosity is where it starts. We need to find ways to engage out patients' curiosity! [#hcs](#)

6:43 [Eddie Cliff@Eddie\\_Cliff](#)  
[@Intakeme](#) [@AmoUtrankar](#) doctor can educate patient as to what they think is meaningful but ultimately pt's choice [#hcs](#)

6:43 [couragesings@couragesings](#)  
RT [@Eddie\\_Cliff](#) [@Intakeme](#) [@AmoUtrankar](#) doctor can educate patient as to what they think is meaningful but ultimately pt's choice [#hcs](#)

6:43 [Ann Wax@annwax](#)  
[@mahoneyr](#) I have found that when pt's hv anxiety re their illness thr appears to be more data [#HCSM](#)

6:43 [Yinka Vidal@YinkaVidal](#)  
[@jimrattray](#) [@abrewi3010](#) [@loseit](#) [@Jawbone](#) [#hcs](#) Agree!

6:43 [P. F. Anderson@pfanderson](#)  
Swamped w/ slide prep for talk on Tuesday, sorry to be missing [#hcs](#), but popping in to say HI!

- 6:43 [Dr. Hassan Zahwa@DrZahwa](#)  
RT ahier: Hi danamlewis I'm listening in on [#hcs](#) chat tonight  
~ will chime in when I can ;-)
- 6:43 [Laurel Ann Whitlock@twirlandswirl](#)  
[@Intakeme](#) [@AmolUtrankar](#) What means the most to you as a  
HCP might not be what makes the patient suffer more. [#hcs](#)
- 6:43 [Twice Diabetes@TwiceDiabetes](#)  
[@Intakeme](#) [@AmolUtrankar](#) Pts use an app 2 give them  
meaningful info, would need exc. reason to use an app I didn't  
find useful [#hcs](#)
- 6:43 [Amol Utrankar@AmolUtrankar](#)  
[@mahoneyr](#) [@Intakeme](#) Can also see patient viewpt:  
"meaningful = something my HCP ought to care about" ..?  
[#hcs](#)
- 6:43 [HealthSocMed | #hcs@HealthSocMed](#)  
TOPIC 3 - Checklists work great for some areas of HC. Could  
patients use checklists? When? Or why may they not be  
effective for pts? [#hcs](#)
- 6:43 [Jim Rattray@jimrattray](#)  
[@YinkaVidal](#) [@abrewi3010](#) Ah ... speaking the SAME  
language is key to patient engagement! [#hcs](#)
- 6:44 [Carmen Gonzalez@crgonzalez](#)  
[@pfanderson](#) Howdy! [#hcs](#)

- 6:44 [Fran London@notimetoteach](#)  
[@Eddie\\_Cliff](#) [@Intakeme](#) [@JBBC](#) focus, eat, then record and reflect. It helps you identify problem situations or triggers.  
[#hcs](#)
- 6:44 [Dana Lewis | #hcs@danamlewis](#)  
T3 live at [#hcs](#) - checklists are usually talked about for HCPs. Could checklists be used for pts? When, or why not?
- 6:44 [P. F. Anderson@pfanderson](#)  
[@jimrattray](#) [@YinkaVidal](#) [@abrewi3010](#) Here you go - my team's app :) [#PlainLan](#) Medical Dictionary [itunes.apple.com/us/app/plain-l...](https://itunes.apple.com/us/app/plain-l...) [#hcs](#)
- 6:44 [Robert Mahoney@mahoneyr](#)  
Like when I bring my car to mechanic and want to talk all about it and they just want to look under the hood  
[@AmolUtrankar](#) [@Intakeme](#) [#hcs](#)
- 6:44 [Annette McKinnon@anetto](#)  
T3 Patient goals need to be considered by providers. Goals developed through conversation [#hcs](#)
- 6:44 [P. F. Anderson@pfanderson](#)  
[@jimrattray](#) [@YinkaVidal](#) [@abrewi3010](#) Not as complete as we'd wish, but a start. [#hcs](#)
- 6:44 [Ann Wax@annwax](#)  
[@courageings](#) [@Eddie\\_Cliff](#) Many times a HCP can help educate a pt with what is important, bt whn anxiety kicks in it is hard. [#hcs](#)

6:44 [Lauren@laurencstill](#)  
[@CChappellMD](#) you'd be surprised. Me? No, but check out  
[@stayinyourprime](#), [@patientslikeme](#) and other [#crowdsource](#)  
[#healthIT](#) solutions. [#hscsm](#)

6:45 [Mark Salke@marksalke](#)  
How do I say this? It's only meaningful when it means  
something to us individually. When we have a stake.  
[@Intakeme](#) [@mahoneyr](#) [#hscsm](#)

6:45 [Carmen Gonzalez@crgonzalez](#)  
T3: Checklists can be helpful but they must match the health  
literacy of pt., e.g. use of infographics when vocabulary is  
limited [#hscsm](#)

6:45 [Yinka Vidal@YinkaVidal](#)  
[@CChappellMD](#) [@laurencstill](#) [#hscsm](#) I hope not! Lab results  
are private patient info

6:45 [couragesings@couragesings](#)  
YES! Work \*with\* pt! RT [@anetto](#) T3 Patient goals need to be  
considered by providers. Goals developed through  
conversation [#hscsm](#)

6:45 [Jonathan Hausmann MD@hausmannMD](#)  
As a doctor, I think checklists are helpful to make sure I don't  
forget the little things that often make a big difference! [#hscsm](#)

6:45 [P. F. Anderson@pfanderson](#)  
[@danamlewis](#) Absolutely! I would love checklist from my docs.  
Would make their to-dos more clear. Helpful for managing  
meds. [#hcs](#)

6:45 [harriseve@harriseve](#)  
I heartily endorse checklists for [#epatients](#), e.g., "prior to  
surgery" (arrange caregivers, prep home, prepare mentally...)  
[#hcs](#) T3

6:46 [Intake.Me@Intakeme](#)  
T3 is our topic for [#patientchat](#) this Friday (10am PST/1pm  
EST) - docs have checklists, but what should be in an  
[#epatient](#) checklist? [#hcs](#)

6:46 [Sunny Chan@waisunchan](#)  
T3 Checklists work for Docs, but giving Pts checklists could be  
one sure way to ensure burnout esp if they're long and  
confusing [#hcs](#)

6:46 [Annette McKinnon@anetto](#)  
T3 My patient checklist may not be clinically relevant [#hcs](#)

6:46 [Laurel Ann Whitlock@twirlandswirl](#)  
[@hausmannMD](#) 1) Tie shoes. 2) Zip up fly. 3) Practice  
medicine! [#hcs](#)

6:46 [Dr. Gia Sison@giasison](#)  
T3 IMO best to have one just to have all bases  
covered. Patients encouraged to have one too [#hcs](#)

- 6:46 [Lauren@laurencstill](#)  
T3: I've been managing my personal life via whiteboard for forever, lately [@trello](#). Why not my personal health, too? [#hcs](#)
- 6:46 [Chris Sebastian@csebastian](#)  
A3 checklists are useful if you have identified a problem and its solutions. Not all patients are at this stage. [#hcs](#)
- 6:46 [Eddie Cliff@Eddie\\_Cliff](#)  
[@danamlewis](#) checklist apps are a fantastic use of tech in health; for exercise, medication compliance, lifestyle change [#hcs](#) [@Atul\\_Gawande](#)
- 6:46 [Laurel Ann Whitlock@twirlandswirl](#)  
[@T2DRemission](#) [@couragesings](#) [@TwiceDiabetes](#) [@mahoneyr](#) [@Intakeme](#) Yes yes yes yes yes. [#hcs](#)
- 6:46 [Carmen Gonzalez@crgonzalez](#)  
[@waisunchan](#) True. They should span one page or less [#hcs](#)
- 6:46 [Real Talk Dr. Offutt@RTwithDrOffutt](#)  
[@notimetoteach](#) [@Eddie\\_Cliff](#) [@Intakeme](#) [@JBBC](#) [#hcs](#)  
agreed. Documentation aids reflection and insight.
- 6:46 [Bill Long, MD, FAAP@Docbluebird](#)  
T3 checklists could be a good way to incorporate motivational interviewing with pts w/ chronic problems, maps for improvement. [#hcs](#)

- 6:46 [Glenn Lanteigne@GlennLanteigne](#)  
Great Resource for T3: Fact Sheets & Checklists  
[empoweredpatientcoalition.org/fact-sheets-a-...](http://empoweredpatientcoalition.org/fact-sheets-a-...) [#hcs](#)
- 6:46 [Twice Diabetes@TwiceDiabetes](#)  
t3 Some instances checklists are useful but not as a way of life  
[#hcs](#)
- 6:47 [Amol Utrankar@AmolUtrankar](#)  
In [@Atul Gawande](#)'s Checklist Manifesto, checklists re-distribute power among surgical teams. Similarly useful for dr-  
pt communication? [#hcs](#)
- 6:47 [Robert Mahoney@mahoneyr](#)  
Maybe as a hospitalist I am more problem-focused than some  
HCPs. My job is to diagnose, comfort, and treat.  
[@AmolUtrankar](#) [@Intakeme](#) [#hcs](#)
- 6:47 [Jim Rattray@jimrattray](#)  
[@hausmannMD](#) I agree. And patients need education about  
what questions to ask! [#hcs](#)
- 6:47 [Fran London@notimetoteach](#)  
[@hausmannMD](#) [#hcs](#) Best to teach in the teachable  
moment, then check the list to see if you missed something.
- 6:47 [Dr. Gia Sison@giasison](#)  
T3 Checklists are like the goal-setting part in HC consults  
[#hcs](#)

6:47 [georgemargelis@georgemargelis](#)  
T3: Checklists made for patients are a good idea, but need to be tested to ensure safety [#hcs](#)

6:47 [Fran London@notimetoteach](#)  
[@hausmannMD](#) Patient-centered, not list- centered teaching.  
[#hcs](#)

6:47 [April Foreman@DocForeman](#)  
Checklist for pre-appt., during appt., leaving appt. post-appt.  
For sure. [#hcs](#)

6:47 [Robert Mahoney@mahoneyr](#)  
T3 patients should definitely make checklists of what they want to achieve/learn from an encounter. [@HealthSocMed](#)  
[#hcs](#)

6:48 [David McNierney@davidmcnierney](#)  
[@GlennLanteigne](#) In general, is the challenge to prove the therapeutic value of mhealth apps to the medical community?  
[#hcs](#)

6:48 [Yinka Vidal@YinkaVidal](#)  
[@waisunchan](#) [#hcs](#) T3 If patient is well instructed, it may help. Inadequate instructions may create problems

6:48 [Amol Utrankar@AmolUtrankar](#)  
Like - what if a patient's conversation with his /hermedical team was guided by a checklist that the patient administered?  
[#hcs](#)

6:48 [Jonathan Hausmann MD@hausmannMD](#)  
[@notimetoteach](#) Agreed! [#hcs](#)

6:48 [Dr. Gia Sison@giasison](#)  
[@mahoneyr](#) [@AmolUtrankar](#) [@Intakeme](#) Well said Robert  
[#hcs](#)

6:48 [Intake.Me@Intakeme](#)  
[@twirlandswirl](#) [@marksalke](#) [@mahoneyr](#) even within this  
[#hcs](#) chat: easy for us to talk across from each other  
because our starting pts differ.

6:48 [P. F. Anderson@pfanderson](#)  
[@jimrattray](#) [@hausmannMD](#) Perhaps partner with patient  
educator, HCPs & epatients on developing pt checklists [#hcs](#)

6:48 [Alan Brewington@abrewi3010](#)  
A3 checklists for patients seem like medicine of old, busy work  
to force compliance. It would depend on the situation if useful  
[#hcs](#)

6:48 [Ann Wax@annwax](#)  
[@giasison](#) checklists can be impersonal for some patients'  
[#hcs](#)

6:48 [Glenn Lanteigne@GlennLanteigne](#)  
For T3: [#hcs](#) Coping Checklist for Patients and Caregivers  
[m.cancer.org/treatment/trea...](#)

- 6:48 [Eddie Cliff@Eddie\\_Cliff](#)  
[@mahoneyr](#) [@HealthSocMed](#) mmm self-driven checklists particularly effective [#hcs](#)[m](#) [#loveagoodlist](#)
- 6:49 [Jim Rattray@jimrattray](#)  
[@YinkaVidal](#) [@waisunchan](#) A with all topics tonight, it's a matter of patient education & engagement! [#hcs](#)[m](#)
- 6:49 [Robert Mahoney@mahoneyr](#)  
#1 is optional. #2 is not. [@twirlandswirl](#) [@hausmannMD](#)  
[#hcs](#)[m](#)
- 6:49 [Twice Diabetes@TwiceDiabetes](#)  
[@jimrattray](#) [@YinkaVidal](#) [@waisunchan](#) I'd say HCP education & engagement is equally important! [#hcs](#)[m](#)
- 6:49 [Fran London@notimetoteach](#)  
[@jimrattray](#) [@hausmannMD](#) And they need to feel comfortable asking. An app offered by the team gives them permission. [#hcs](#)[m](#)
- 6:49 [GayleSchrierSmith,MD@MDPartner](#)  
[@danamlewis](#) Parents often use checklists to track child development milestones. [#hcs](#)[m](#)
- 6:49 [Jim Rattray@jimrattray](#)  
[@pfanderson](#) [@hausmannMD](#) Patients & families are key participants in developing checklists! [#hcs](#)[m](#)

6:49 [Yinka Vidal@YinkaVidal](#)  
[@jimrattray](#) [@hausmannMD](#) [#hcs](#) I believe many patients would benefit from patient advocates or navigators.

6:49 [Alan Brewington@abrewi3010](#)  
A3 checklists don't foster engagement I think. Checklists developed in patient communities might have more success.  
[#hcs](#)

6:50 [Lauren@laurencstill](#)  
[@YinkaVidal](#) [@CChappellMD](#) yet, as a patient I decide who has access. If I want to broadcast, my choice. [#SoMe](#) is no different. [#hcs](#)

6:50 [Sunny Chan@waisunchan](#)  
T3 If docs are going to give Pts check lists to complete regularly, they need to be clear, short, relevant, user friendly & Pt guided [#hcs](#)

6:50 [Robert Mahoney@mahoneyr](#)  
Sometimes easier said than done, though. Tough not to be anxious and to worry about "what I forgot to say" [@annwax](#)  
[#hcs](#)

6:50 [couragesings@couragesings](#)  
Some checklists try 2 neatly tie up symptoms into a box; not all health can be wrapped up this way. Follow up/engagement w/pt imp. [#hcs](#)

6:50 [Bill Wong@BillWongOT](#)  
[@abrewi3010](#) I think it depends on how they are used. [#hcs](#)

6:50 [Dr. Gia Sison@giasison](#)  
[@annwax](#) True Ann, it's the approach that'll make a difference  
[#hcsn](#)

6:50 [harriseve@harriseve](#)  
Why, thank U! MT [@YinkaVidal](#): [@jimrattray](#) [@hausmannMD](#)  
[#hcsn](#) I believe many patients would benefit from [#patient](#)  
advocates or [#navigators](#).

6:50 [Yinka Vidal@YinkaVidal](#)  
[@jimrattray](#) [@waisunchan](#) [#hcsn](#) I agree with patient  
education and engagement. Problem: Do we have the time?

6:51 [Mike Thompson, MDPH@mtmdphd](#)  
[#MMSM](#) Hashtag Influencers, Transcript & Analytics [#hcsn](#)  
[sympplr.com/healthcare-has...](https://sympplr.com/healthcare-has...) via [@sympplr](#)

6:51 [Jim Rattray@jimrattray](#)  
[@YinkaVidal](#) [@hausmannMD](#) You betcha! Patient advocates  
& navigators are among the most important recent innovations  
in health care! [#hcsn](#)

6:51 [Carmen Gonzalez@crgonzalez](#)  
Thanks for a great chat tonight. You rocked it again. [#hcsn](#)

6:51 [Austin Chiang, M.D.@AustinChiangMD](#)  
[#hcsn](#) Always looking for ways to tie social media and  
healthcare! Follow me and let's collaborate!

6:51 [Laurel Ann Whitlock@twirlandswirl](#)  
[@mahoneyr](#) [@hausmannMD](#) See? I'm being so helpful.  
[#hcs](#)

6:51 [Annette McKinnon@anetto](#)  
T3 In rheumatology i fill out forms every visit. Don't get looked  
at often [#hcs](#)

6:51 [Jim Rattray@jimrattray](#)  
[@YinkaVidal](#) [@waisunchan](#) We need to build in the time. It will  
ultimately save time, money and lives! [#hcs](#)

6:52 [couragesings@couragesings](#)  
RT [@anetto](#) T3 In rheumatology i fill out forms every visit.  
Don't get looked at often [#hcs](#)

6:52 [Dr. Gia Sison@giasison](#)  
[@pfanderson](#) Good luck Patricia! Missing you [#hcs](#)

6:52 [Lauren@laurencstill](#)  
[@mahoneyr](#) [@twirlandswirl](#) [@hausmannMD](#) I'm sure there's a  
county in the south that legally requires the reverse (unless  
gay). [#hcs](#)

6:52 [Donna Shelley@dshelley0](#)  
[@danamlewis](#): "T3 live at [#hcs](#) - checklists for HCPs. Could  
checklists be used for pts? When, or why not?" Discharge,  
diagnosis, followup

- 6:52 [Laurel Ann Whitlock@twirlandswirl](#)  
[@anetto](#) I can't even count the number of times HCPs have outright told me they don't look at the forms they make us fill out.... [#hcs](#)
- 6:52 [Dr. Amanda Young@MNPsyD](#)  
Good point MT [@notimetoteach](#) 50s [#hcs](#) Treatment doesn't end in the hospital. If the pt doesn't know what to do at home, all is lost.
- 6:52 [Fran London@notimetoteach](#)  
[@YinkaVidal](#) [@jimrattray](#) [@waisunchan](#) Do we have the time NOT to teach? [#hcs](#) [#readmissions](#)
- 6:52 [Twice Diabetes@TwiceDiabetes](#)  
[@courageings](#) [@anetto](#) YES, I've given pages of bsl readings to endo, they look confused & say "no pattern here" - useless waste xtime [#hcs](#)
- 6:52 [courageings@courageings](#)  
At the end of the day, nothing can replace the communication & teamwork between doc/patient [#hcs](#)
- 6:53 [GayleSchrierSmith,MD@MDPartner](#)  
[@danamlewis](#) I've been prescribing the [@fitbit](#) app after my own doc suggested it, and it continues to be a great tool for my health. [#hcs](#)

- 6:53 [Twice Diabetes@TwiceDiabetes](#)  
YES! RT [@courageings](#) At the end of the day, nothing can replace the communication & teamwork between doc/patient [#hcsn](#)
- 6:53 [Real Talk Dr. Offutt@RTwithDrOffutt](#)  
[@Eddie\\_Cliff](#) [@danamlewis](#) [@Atul\\_Gawande](#). agreed. Simple tool if done well and not overly complex. [#hcsn](#)
- 6:53 [Alan Brewington@abrewi3010](#)  
[@BillWongOT](#) it's a hard question to answer with only 140 characters. I think checklists are situational dependent [#hcsn](#)
- 6:53 [Robert Mahoney@mahoneyr](#)  
Well, that's true too. Step four is to hand off properly to PCPs and caregivers. [@notimetoteach](#) [@AmoUtrankar](#) [@Intakeme](#) [#hcsn](#)
- 6:53 [Yinka Vidal@YinkaVidal](#)  
[@TwiceDiabetes](#) [@jimratray](#) [@waisunchan](#) [#hcsn](#) Time is important! HCP are already claiming & anticipating patient overload w/ [#AffordableCare](#)
- 6:53 [Fran London@notimetoteach](#)  
[@YinkaVidal](#) [@jimratray](#) [@waisunchan](#) [#hcsn](#) The key is evidence-based teaching methods that don't waste time [#assessment](#) [#TeachBack](#)
- 6:54 [Laurel Ann Whitlock@twirlandswirl](#)  
Though, speaking of forms, I went to the student health care center (same one, [@mahoneyr](#)) in college once with a bad cold that... [#hcsn](#)

6:54 [Poeta Chica](#) ⇄ [@PoetaChica](#)  
[@anetto](#) Absolutely! The apps for [#chronicillness](#) are often skimpy, not well made, or not fully functional for both pt and dr.  
[#hcsn](#)

6:54 [David McNierney@davidmcnierney](#)  
[@GlennLanteigne](#) Haven't seen thorough analysis, but IMS identified this as a significant adoption challenge [goo.gl/7t23th](http://goo.gl/7t23th)  
[#hcsn](#)

6:54 [Laurel Ann Whitlock@twirlandswirl](#)  
...had actually turned into pneumonia, and for "reason for visit" I wrote "plague of indeterminate origin." [#hcsn](#)

6:54 [Jim Rattray@jimrattray](#)  
[@notimetoteach](#) [@YinkaVidal](#) [@waisunchan](#) Not if we truly want to have health reform that actually results in better health! [#hcsn](#)

6:54 [Austin Chiang, M.D.@AustinChiangMD](#)  
T3 One size doesn't fit all...especially when patients have multiple medical problems! [#hcsn](#)

6:54 [Intake.Me@Intakeme](#)  
Agreed. & health tech's goal should be to support this. RT [@courageings](#) nothing can replace communication & teamwork btw doc/patient. [#hcsn](#)

- 6:54 [Jonathan Hausmann MD@hausmannMD](#)  
If all of my patients followed my one-box checklist of "Exercise," I would be a very good doctor! [#HCSM](#)
- 6:55 [Laurel Ann Whitlock@twirlandswirl](#)  
When I had a relapse a month later, I returned, and for reason for visit wrote "plague, pars secundus." [#icrackmyselfup](#)  
[#hcsm](#)
- 6:55 [couragesings@couragesings](#)  
[@jimrattray](#) [@anetto](#) YES!! [#hcsm](#) Actually listening, really listening to what the patient's needs are, so critical!
- 6:55 [HealthSocMed | #hcsm@HealthSocMed](#)  
Time flies on Sunday nights! Time to wrap up tonight's [#hcsm](#) chat. Last thoughts for the week ahead, everyone?
- 6:55 [Dana Lewis | #hcsm@danamlewis](#)  
Wrapping up tonight's [#hcsm](#) chat - last thoughts, everyone?
- 6:55 [Laurel Ann Whitlock@twirlandswirl](#)  
(I know none of that contribution was valuable content, but it was a running joke for awhile and still makes me chuckle.)  
[#hcsm](#)
- 6:56 [Sunny Chan@waisunchan](#)  
When it comes to pt education & engagement we should make time. Proven long term benefits [@YinkaVidal](#): [@jimrattray](#)  
[#hcsm](#)

6:56 [Yinka Vidal@YinkaVidal](#)  
[@notimetoteach](#) [@jimrattray](#) [@waisunchan](#) [#hcs](#)m Perhaps  
can turn over pat education to somebody else if we don't have  
time - social workers?

6:56 [Twice Diabetes@TwiceDiabetes](#)  
[@twirlandswir!](#) I loved it though :) so valuable [#hcs](#)m

6:57 [Eddie Cliff@Eddie\\_Cliff](#)  
[@TwiceDiabetes](#) [@courage](#)sings [@anetto](#) endocrinologist I  
worked with last year made use of any pump which  
automatically uploaded data [#hcs](#)m

6:57 [Twice Diabetes@TwiceDiabetes](#)  
[@YinkaVidal](#) [@notimetoteach](#) [@jimrattray](#) [@waisunchan](#) So  
what is Drs' role in chronic condition like t1D, complication  
screen only? [#hcs](#)m

6:57 [Austin Chiang, M.D.@AustinChiangMD](#)  
T3 One checklist I've been working on is something all  
patients should bring with them if they need to go to the [#ER!](#)  
[#hcs](#)m [#healthcare](#)

6:57 [Robert Mahoney@mahoneyr](#)  
So what we need is an app prescribed by our HCP that tracks  
our data and generates a checklist for us. [@HealthSocMed](#)  
[#hcs](#)m

6:57 [Alan Brewington@abrewi3010](#)  
Would like to congratulate [@danamlewis](#) on her Stanford  
University talk last Thursday! She rocked it big time :) [#hcs](#)m

6:57 [Sunny Chan@waisunchan](#)  
[@YinkaVidal](#) [@notimetoteach](#) [@jimrattray](#) Giving time &  
education is an area where specialist nurses have shown to  
be better than docs [#hcsn](#)

6:57 [Annette McKinnon@anetto](#)  
Not so easy to find social workers. Big cutbacks in so called"  
soft services [@YinkaVidal](#) [#hcsn](#)

6:57 [Twice Diabetes@TwiceDiabetes](#)  
[@jimrattray](#) [@csebastian](#) I TOTALLY disagree just blogged on  
that very topic [twicediabetes.com](#) I need info not beh. change  
[#hcsn](#)

6:57 [Dana Lewis | #hcsn@danamlewis](#)  
[@abrewi3010](#) :) thanks, Alan! [#hcsn](#)

6:57 [Jim Rattray@jimrattray](#)  
[@YinkaVidal](#) [@notimetoteach](#) [@waisunchan](#) Patient  
education and patient engagement is EVERYONE'S job!  
[#hcsn](#)

6:58 [couragesings@couragesings](#)  
[@AustinChiangMD](#) Curious ~ have you considered developing  
checklist in partnership w/pts? [#hcsn](#)

6:58 [Fran London@notimetoteach](#)  
[@YinkaVidal](#) [@jimrattray](#) [@waisunchan](#) After saving lives, our  
most important service is [#patienteducation](#) [#hcsn](#) Embrace  
it!

6:58 [Kelly / Diabetes@KellyRawlings](#)  
[@Eddie\\_Cliff](#) Sometimes graphs simply show how messy diabetes w/ intensive insulin therapy can be [@TwiceDiabetes](#)  
[@courageings](#) [@anetto](#) [#hcs](#)

6:58 [Real Talk Dr. Offutt@RTwithDrOffutt](#)  
[#hcs](#) Last minute thought for the week: This is the week SPRING comes at last!

6:58 [courageings@courageings](#)  
RT [@RTwithDrOffutt](#) [#hcs](#) Last minute thought for the week: This is the week SPRING comes at last!

6:58 [Intake.Me@Intakeme](#)  
Not to single out [@mahoneyr](#) in my last tweet - just too many [#epatients](#) on the stream tonight to fit in [#140characters!](#)  
[#hcs](#)

6:59 [Poeta Chica @PoetaChica](#)  
I will personally say [@CatchMyPain](#) has an amazing [#chronicillness](#) app including notes, exporting, graphs, drawing features & more. [#hcs](#)

6:59 [Robert Mahoney@mahoneyr](#)  
Maybe not as much a difference as two pieces of a puzzle.  
[@Intakeme](#) [#hcs](#)

6:59 [Twice Diabetes@TwiceDiabetes](#)  
[@jimrattray](#) [@csebastian](#) Focus needs 2 be info tho not  
assuming my behaviour NEEDS to change-how do you know  
that? [#hcsn](#)

7:00 [Yinka Vidal@YinkaVidal](#)  
[@jimrattray](#) [@notimetoteach](#) [@waisunchan](#) [#hcsn](#) Thanks! I  
wished I could say it's that easy when you are on a fast lane of  
a crowd of patients!

7:00 [HealthSocMed | #hcsn@HealthSocMed](#)  
That's a wrap on another awesome [#hcsn](#) chat! Thanks, all!  
See you again next Sunday at 8pm CT - and remember to DM  
or [@HealthSocMed](#) topics!