**Project Name: MR Podcast**

**Respondent: Jan Oldenburg**

**Segment: MedTech Chat 2**

**Well thanks again for joining us today. I’ll introduce. Jan Oldenburg is the principal in Participatory Health Consulting. She advises and mentors startups and healthcare organizations regarding the evolving digital health landscape. Jan has focused on digital transformation in healthcare for 20 years. She’s consulted with organizations of all sizes and in all areas of healthcare. She’s also held leadership roles at Health Partners, Kaiser Permanente, and Aetna. She’s the principal editor of both *Participatory Healthcare: A Person-Centered Approach to Transforming Healthcare*, published in 2016, and *Engage: Transforming Healthcare Through Digital Patient Engagement*, published in 2013. She’s the former co-chair of the HIMSS Connected Health Committee, and a board member of the Society for Participatory Medicine. Jan tweets at Jan Oldenburg. Thank you for joining us today, and I know we’ll be talking about superpowers and healthcare. Tell us a little bit about that, Jan.**

Thank you, Tom. Thanks for that kind introduction and for having me on your podcast. And Tom and I have worked together for a number of years now as advisors to a digital health collaborative that’s actually run by Stone Mantel. And we have been looking at how to impact healthcare by applying new ways of thinking about it and new ways of understanding what consumers really need, especially with focus on how to used digital tools appropriately to enhance engagement and outcomes. And last year, we asked them to think about genius ways of interacting with healthcare. What would a healthcare capability have to do to make them think, oh my God, that was amazing? And it turned out that the best way to ask them about it was by asking them about what health superpowers they would like. I’m going to riff on that. I’m going to take a few of the superpowers that people told us they’d like to have, and I’m going to talk about them from a perspective of what would X really need to do in order to provide these capabilities? I’m going to try to focus on things that don’t require spiffy new tools, that they don’t require new sensors, or a whole new way of interacting with our digital devices. I’m going to try to focus on things that we actually already know how to do and are doing in one sector or another of the marketplace, but really haven’t applied them appropriately within the healthcare context, or to give people the superpowers that would help them actually change their lives.

**That’s great. I appreciate that.**

The first one I want to look at is health foresight, and this is the thing that the most people said they would really like as a superpower, and it would give me the power to know what diseases I’m susceptible to. Now, we actually know that knowledge is not really enough to help people make changes. If it were, we’d all exercise all the time or exactly the appropriate amounts, and nobody would be overweight, and we would eliminate a number of those lifestyle-induced causes of health problems. But let’s just think about that superpower and what it might look like. Let’s imagine I could put on a VR headset that would help me really understand and experience the life I might be living in five, 10, or 20 years if I don’t change the patterns of my life in the present. If I don’t lose weight today, let me experience life as somebody whose weight has deteriorated their joints and who has trouble even moving around their house, or going up the stairs, or walking into a store. If I’m having trouble stopping smoking, let me experience what life might be like as somebody who’s living with emphysema and with a dramatically reduced quality of life based on my difficulties with breathing. Or help me think about if I don’t get my diabetes under control. What does life really look like if I lose a foot or if I go blind? What are those experiences like? And we know that one of the problems people have in making changes in their lives is that they don’t have a lot of empathy for their future selves. They have about—

**That’s a great point.**

—as they do for a complete stranger. These things build my sense of connection with my future self that makes it easier to invest in making changes that will benefit Jan in five years.

**That’s an interesting point. I know that I’ve seen uses where you can take your picture and see what you’ll look like in five, 10, 20 years. But I feel like this really takes it another level. Maybe where that might be a smart approach, this is really the genius approach because you’ll be living with it feeling with it. And what is it like to move through the world as your future self? I think that’s a brilliant, genius approach. Do you know if anybody is thinking of working on those things? Or is that just one example of something we could do?**

We know that, in regard to the aging picture of your future self, that there have been some experiments that show that if you do that, people actually save more for retirement. We don’t have as good of evidence on the healthcare side, but we do know that it affects your behavior around savings. And there are a couple of people kind of experimenting with the use of VR to create empathy in key ways, and thinking about how they can affect public policy through the use of empathy. I think it’s kind of a shift on what we’re currently doing in a couple of these spaces to apply it to healthcare and the problems that you might encounter if you don’t make changes today.

**Interesting. It’s funny, as you were saying that, I’m thinking about in my own life, I’m watching my father, and he’s in his 80s, and seeing what he’s going through. And in some ways, that’s me in 30 years. Thinking about what he’s going through. What could I do now in getting prepared for that? But if you don’t have that example right in front of you, doing able to do it through the VR headset would be amazing.**

Exactly. Let’s try it.

**That’s great. I love that genius solution. And as you mentioned, we know through the collaborative that there are all of these things that people might be interested in, such as health foresight. And when we had them rank them, that was the top one: let me predict what my issues are. Are there other examples that you can tell us about?**

Yes, absolutely. I think the second most requested one was lifestyle configuration. And with this superpower, I would know exactly what my body needs in the form of how much sleep I really need for optimal performance, how much exercise, what foods I should be eating and how much of them, which medications are likely to work well with my body, rather than my having to go through a trial and error process on those. And right now, in relation to these things, apps provide a lot more—they do nagging really effectively. My watch nags me to stand up once an hour, or chastises me if I haven’t gotten exercise during the day, or maybe encourages me to get it is a better way of saying it. But at the same time, much of it is based on pretty generic things. It’s not really based on the intersection of who I am and what I need. Let’s just take a couple of examples. I am perpetually working on my weight. I’ve tried a whole bunch of weight loss apps, and one of the central features of them is that I tell them what I’m eating, what I’ve eaten each day. And on one hand, they do provide me with information that says, based on what I’ve eaten until dinner, what I should have for dinner or snacks later in the evening. But none of them takes all that rich data about me and my patterns, and when I’m eating, and what I’m eating, and gives me clues that might help me in the moment. Think about if my weight loss app said to me, you know, Jan, it’s Wednesday, and every day this week, you’ve had two more servings of carbohydrates than you do in the weeks that you lose weight. Maybe you want to substitute protein going forward for the rest of the week. It might help you when you get on the scale. Or might say, you know, Jan, it is on our program that you can have dessert. But if you ate two fewer desserts each week over the course of the last three months, you would’ve lost an additional five pounds. Maybe you should think about that when you reach for that snack of ice cream tonight. Or while I’m walking, if my Apple Watch said, hey, great job. If you ran for five minutes right now, it rev your metabolism up. Why don’t you try that just for five minutes? We’ll tell you when you’re done. Because my iWatch tracks all my movement, but it doesn’t tell me, for example, if it thinks I’ve slacked off and I’m walking too slowly when I’m on my exercise walk. It just stops recording it as exercise. Tell me in the moment when I can make a difference. And that’s I think the key difference in when we think about these lifestyle configuration components of rather than just nag me to adhere to the pattern I’ve told you I’ve set, provide me with some personalized information and analysis that gives me better tools to make the change and do it in the moment when I actually might be able to make a difference going forward.

**It’s interesting. In some ways, it sounds like the scale of going from smart to [inaudible 00:11:27] is kind of what you’re talking about, where the current things that we’re using may be smart to some degree, and if they could be even smarter than that and serve things up to us, they would really get to that genius level where they’re telling us here’s what you need to do in this moment to get to where you want to go.**

Yes. And I think it’s also—mostly, I respond to nagging the way I did when I was 12 and it was my mother who was nagging me. I mostly rebel. If it also could think about, well, what kinds of nudges does Jan respond to, and which ones does she ignore, and get smarter about how to create nudges that are actually personalized to what I’ll respond to, that would be another way of really tuning the tools I work with to work for my both body and psyche.

**That’s a great point because when they’re generic to anybody and they don’t work for me, I’m going to stop using the tool. But if it can learn from me, and how I interact with it, and what works for me, and what doesn’t, then proves to help us both, obviously.**

I mean, I often think I am more likely to exercise if you nag me about whether my dog’s getting enough exercise than whether you nag me about me. How about trolling my digital desk, realizing I have a dog, and wondering whether Blue’s gotten his exercise today?

**You have a tracker both on your dog and on you, and to integrate the data. That’s one of the things obviously we’ve been also talking about in our collaborative group, is are people willing to share the data, what’s happening with that data, how does it get integrated with other sources, do we know that that’s what’s tracked by us, and so forth?**

Yes. No, that’s a really good point, is for a while, a number of us had a Twitter hashtag, where we tracked all the interesting ways we’d found that people hack their trackers, especially in situations where they’re getting a discount from their insurance or their employer is requiring a certain amount of exercise. People do wild things. They do attach them to their dog instead of themselves. They put them on their sanders to get the sense of movement and the steps that it thinks it’s recording. People are ingenious, and when you’re forcing them into one mold, they’ll find ways of cheating the system. It’s really good if we can figure out what works for the individual.

**That’s interesting. Basically, because consumers are getting lots of great things from different companies that are approaching genius or things that are serving up to them, now they’re looking at healthcare and saying, “Why can’t I have more of that in my healthcare?” And that’s some of these superpowers we’re talking about. Why can’t I have some of these things? Other examples of things that people might want?**

Sure. I think I’ll talk a little bit about information sharing, which is one of the superpowers that people wanted. I think it was about fourth or fifth in the list. It was the idea that oh my God, I can provide my health data to anybody who needs it, and they can have it in the moment. And honestly, for me, it feels like a bit of a waste of a superpower. This should be something that is such a core capability that we can do easily electronically that it happens almost without thought. But we’re not living in that world. Quite honestly, organizations can look as if they are genius by taking the friction out of information sharing, by both being able to accept information from people’s previous doctors, by making it easier for people to request that they gather that information, or by providing individuals with their full medical record in ways that they can easily transmit to new doctors or new caregivers. And that one should be—is probably at the stupid level right now. It would take so—on the one hand, so little effort, given, the things that we transmit around the world all of the time. And on the other hand, I know it’s actually a heavy lift, given our fragmented healthcare system. But it’s one that’s totally worth working for in the impact on consumers.

**A great point, and it’s affected my family as well. I was talking to my parents the other day, and my mother was saying she had to go drive someplace to pick up an MRI disc to drive it to the other specialist. And I’m like, “Why can’t they just connect and get it automatically?” It amazes me. Where I use the same browser on two computer—on my phone, it knows where I’ve saved things, and I can easily pick up where I left off. That’s the way it really should be with healthcare as well.**

Well, and when you think about that in the sneaker net of things that people do manually, like your mother having to drive to pick up that record and communicate it, or countless staff members inside of hospitals, and health systems, and nursing homes who are doing that work manually, when you really think about that, there’s an enormous amount of wasted time, and consequentially, money. Not just in the healthcare system, but think of all those people who are patients at any given point and what they could have been doing more productively, either for their quality of life or for the work that they could be doing instead if they were not focused on some of these areas of healthcare that cause a lot of friction.

**These are some great examples. I’m wondering, as we’re kind of wrapping up here, what do you think should happen next? I mean who’s responsible for these kind of things? Where should be looking in the future and why do we not have it now?**

Great points. First of all, one of the problems is that it’s probably everybody and nobody who’s responsible for it. And quite honestly, for providers, for insurers, for all of the constituent parts, vendors of the healthcare system, it hasn’t felt as if consumers carried enough purchasing power to make it worthwhile really designing for their either convenience or to accelerate their ability to make changes in their own lives and control their own health destiny. But I think we’re increasingly seeing that we, being the healthcare system in its various parts and pieces, we actually can’t do it for people. They have to be able to do it for themselves, and they have to be able to work with us on those tools. And by providing them with these kinds of tools that actually enhance their natural capabilities, we actually can make the entire system work better, faster, cheaper, and have way better outcomes. It’s actually an investment that providers, health plans, vendors, all of those constituent parts, really have an interest in creating frictionless capabilities for consumers that actually accelerate and enhance their natural abilities.

**Well it’s a very exciting area, and I’m definitely optimistic that eventually, we can get there. Hopefully, sooner rather than later. Obviously, we know that patients as regular consumers have these expectations and what they want, and we know what we think should logically already be set in the system. But I’m hoping that, as a community, we can really come together and make that vision happen. Do you recommend anything for people to follow up, either with you or things to read? Where else should be go to look?**

Absolutely. Well, of course, I’ve got a couple of books out. That’s always an option. And you can also keep up with me, and there’s a whole community of us on Twitter. My Twitter is at Jan Oldenburg. But there’s a lot of really active discussion there about these issues and these tools. I’m also on the board of the Society for Participatory Medicine, and if this is an area of interest for you, whether as a—no matter kind of where you sit, join the society because we’re talking about these issues and how we can create better interactions all of the time. HIMSS is also a great resource. They’re doing lots of research in this area, and they also have lots of publications and white papers. But it’s actually a place where the more interested you are, the more you find that one thing you read leads to another, leads to another. And of course, I’d recommend our Digital Health Collaborative, and following on what we’re writing about it, but thinking about getting your organization involved.

**Excellent. Good point. And if anybody’s interested, I do have a blog post on the Digital Healthcare Collaborative, and we’re actually coming out with an article in the works coming up. Look for that. Well, Jan, I really do appreciate your time today. And obviously, people can reach out to you and find you on LinkedIn and on Twitter. I don’t know if you’ve put any thought into this yet or not, and maybe I’m putting you on the spot, but if you were to think about a cartoon or fictional character that you relate to, or align with, or that motivates you, is there any particular one that you might tell us that you can relate to?**

Well, I’ve been talking about superpowers today. I probably have to go with Wonder Woman today.

**Nice. Any particular reason why Wonder Woman?**

Well, she’s a healthcare superpower. Obviously, she’s already equipped with all of these powers that I’ve been talking about today. That’s me as I envision myself.

**I love it. Well, thank you, Jan. You are my Wonder Woman. I hope you have a great day, and stay tuned for more to come.**

Thank you so much, Tom.

**Thank you.**