

APA Newseum 2008-6-11

STRONGIN: Can everybody hear me OK?

M: (inaudible) trying to figure this stuff out.

STRONGIN: It's OK? You can hear down there? OK. Well, my name is Robin Strongin and I'm President of Amplify Public Affairs, and I'd like to welcome everybody here today. We're delighted so many people can be with us this morning. When we originally put this program together, we worked with the Newseum to get a room for about 50 people and in about two days, we had a waiting list and had to take over the whole floor. So we know that we hit on something of tremendous interest. For those people that are still on the waiting list and couldn't get in, and for those of you who don't want to have to take notes, we are audio taping the program this morning, and it will be on the Amplify website. So do feel free to check in a couple of days. We'll have it posted there.

We're also planning a number of follow-up programs, and we'll be doing one in July, a hands-on program on blogging in healthcare.

So we'll be sending out notices and you can check our website. We'll be posting information on that. More information to come.

And there's a reason why there's a great deal of interest in this topic. New media, whether we're talking about blogs or social networking tools, YouTube, wikis, or even virtual worlds, are all tools that are being used to recruit patients into clinical trials, to educate, to advocate, to market and brand, to recruit health professionals, to share information, and to really empower patients, consumers, and caregivers. And even if you yourself aren't putting information about your company, about other people on the internet, you can be sure that somebody is, and so it's really important that you look, and that your voice is heard. But for some of us in healthcare, that's often a very scary proposition, because healthcare by its very nature tends to be extremely cautious. And that's because we have a history: privacy and trust issues, regulatory hurdles, and liability scars.

But on the other hand, as we're going to hear more about this morning, new media provides tremendous opportunities. Jay Bernhardt, who's the Director of the National Center for Health Marketing at the CDC posted recently, and I'm quoting him, "I

believe more than ever that social media cannot just impact, but revolutionize health. And CDC has worked with social media channels to promote HIV/AIDS prevention, to teach people about flu prevention, and to work on smoking cessation." And CDC is working in MySpace, with YouTube, and actually in Second Life. And Bernhardt's view is that user generated and peer-to-peer information exchange through social media allow consumers to, again I'm quoting him, "constantly send and receive information that is more trusted, relevant, and potentially influential." Similarly, the American Cancer Society recently posted a YouTube video featuring the rapper MIKE-E, who actually knocks out rhymes about, and I'm really not making this up, universal healthcare. And through the Internet, patients now also have a channel for their voices. Online communities such as Chemo Chicks and Patients Like Me are becoming commonplace, and there are also for profit opportunities, like Emerging Med, which is a for profit service that connects patients to cutting edge clinical trials.

And our program this morning is designed to give you just a taste of the tools that are out there today. Some of them are geared towards consumers, some to providers, some to policymakers, but all of our panelists have recognized the power

and the potential of new media, specifically in healthcare. We do have a lot to cover in a short amount of time, so rather than introduce each of the panelists, if you wouldn't mind taking a look at their bios in your packets of materials. I do want to introduce at the end of the panel Kevin Reid, who is Vice-President of Amplify's Internet and Social Media team, and I've asked him to join us because he has a wealth of background and information, and will be a real resource during the Q&A period. And I also just want to take a brief moment to take Dawn Violette for all the work that she's done today in helping really pull everything together. And if you did want a ticket to tour the Newseum afterwards, just see Dawn and she'll be able to get you a ticket before you leave. And before I do turn the program over to Elisabeth, who's going to kick it off, please, just a reminder to fill out your evaluation, also in your packet, and if you have ideas for future topics that you'd like us to consider doing a program, we'd love to hear that. So thanks again for coming and I'm going to turn it over to Elisabeth.

GOODRIDGE: Hi. Can everyone hear me? OK. I'm Elisabeth. I am the Senior Web Producer at US News & World Report. I oversee the health and medicine coverage online. So today I'm

going to talk a little bit about the opportunities that are in healthcare as we move online, and also I'm going to talk about how one consumer media can really benefit from it. And hi to Dave. How are you?

OK. So first, let's talk about opportunity. Baby boomers. They are retiring. They are living longer. There are millions of them. So any health related company will be able to really benefit as -- anything from health insurance to medical device makers. So there's going to be an increased demand for health information from them. Secondly, we are seeing more and more of the responsibility of health being pushed to the consumer and the user. They are going to need to be better informed for their decision-making in regards to their health. Lastly, as everyone knows, people are feeling more and more comfortable with the Internet. One great example is online banking. Twenty years ago, you did your banking in a checkbook. Now, more and more people are going online. They feel comfortable with the Internet. They feel the security is apt. And that's the same thing that we believe is going to happen with health. Because as people feel more and more comfortable with the internet, with their online banking, they'll feel the same way for their health records, or to find health information.

So where do we fit in? We are a 75-year-old print magazine. Everyone knows that print is kind of having a difficult time right now, and so where does this take us if it's been 75 years we've been printing. Well, yes, maybe the transition has been difficult, but US News is actually pretty uniquely positioned to be able to tap into the opportunities that are available, and this is specifically also in healthcare.

So how are we uniquely positioned? Actually, this decision was made about 50 years ago, that allowed us to be kind of up there in terms of our opportunities. So in the 1950s, US News and World Report had been typically known as a magazine that offered consumers and readers across the country information about what was going on in the federal government. But in the 1950s, they launched a section called News You Can Use. Essentially, we're providing information based on the latest news that provided readers information -- we provided information to readers so they could better inform their lives, better improve their lives. So the first couple of decades, the articles in News You Can Use were How to Prepare Your House for a Hurricane, How to Ward Off Crab Grass.

So in the '80s, we really saw a big, big, big change with News You Can Use. We saw the stories being more interesting. We saw them better reported. And instead of kind of doing this let's do better gardening, we kind of figured we found a couple of areas that we could really tap: education and health. For example, out of... Let's do Best Children's. Out of the News You Can Use section, we came up with the rankings, which is what US News & World Report is really well known for now. We provide information that allows users, again News You Can Use, but we're providing rankings for the best hospitals, best colleges, best health plans, best high schools. It's been a wide success, and quite frankly, US News & World Report is now known for its rankings.

So this gets us back to the Internet age. So why do people use the Internet? Well, of course, they do use it to entertain themselves. The big YouTube explosion, videos online. But they're also using the Internet to inform themselves, and to educate themselves, not only for their own needs, but for their family's needs. So the News You Can Use angle from US News & World Report aligns perfectly with this, especially in regards to health.

So here's an example. Breast cancer. So not only are users going online -- or readers of US News & World Report are going online -- to learn about breast cancer. Let's say I have breast cancer. I want to know what stage I have. I want to know as much information about the disease as I possibly can to prepare myself. But I also need to know what are the questions of living with this disease, the lifestyle issues of having this disease and a chronic condition. How do I tell my kids I have cancer? How do I tell my kids of different ages that I have breast cancer? Where can I find a wig? What are the effects of chemotherapy? And that's really where we come in. We can provide those lifestyle issues because of our background of News You Can Use. So here's the breast cancer channel. You can see that we can offer symptoms and risk factors. But then we have a blogger, Deborah Kotz, On Women. She talks about these lifestyle issues of breast cancer, or HRT, these.... Anything kind of that is on women she covers. But she is offering.... You might need that ultrasound with a mammogram. These are the lifestyle issues that we can discuss, and we have 75 years of experience. We've offered trusted information for 75 years in which it's objective and people can trust us.

So right now, what we're doing is just shifting over to a new medium. Blogs. Here's a great example. We've got a very personable picture of Debbie. We've got an email in which you can ask her your own questions. You can also, if you want to hear her talk on our WPOT partnership, you can listen to her voice as she answers questions about the latest issues on women's news. Again, let's just go to another blog that we have. US News has done a really good job, specifically on health and beefing up our coverage on different health topics for different readers. So while we have On Women, we also have On Fitness, looking at diet and nutrition. We are trying to provide all the different kinds of answers for the different kinds of issues that our different kinds of readers are looking for.

So secondly, everyone knows reading online can get really tiring and really boring, and sometimes you just need a different medium to find stuff. So we have an entire library, along with a partner of ours, of videos. So let's say you want to know about chemotherapy, you don't want to read it, we'll offer you a three-minute video on it. What about birth control methods, bladder control? Here are three-minute videos, easy, friendly, that will tell you about the information that you are seeking.

And lastly, we're looking at what we do best. Special reports. So here's just one example. Healthy Smile, telling you that oral hygiene is very important for your overall health. Getting back to our Best Children's Hospitals. Again, we provide not only great editorial to discuss what's going on in children's hospitals, but we offer a database of the best hospitals in the specific specialties that are closest to you. We're providing information in just different ways that is really unique to the Internet.

Lastly, everyone knows the Internet has to be interactive. So we've done a couple of things with that. We've offered comments on our stories. There's been a lot of news on marijuana. Believe it or not, a lot of people want to talk about marijuana. So along with this article, we're providing information that people can trust, that they know will be unbiased. And then we'll offer comments that allow -- hey, talk about this issue. Secondly, we've got better tools on our site. You're wondering what your cough is from. Is it lung cancer or is it just the flu? You can go and check what your symptom is to figure out what you have.

And then the last thing that we have, which is -- oh, I don't think I have.... If I had breast cancer, I'd probably want to talk to someone, and perhaps there's no one in my community. But what we can do.... Hmm, that's not (inaudible). Here we go. We provide a community in which people can discuss their issues, write a blog, find other people that have this condition, or have this disease in which you can learn more information. So we're just providing different ways for the different people to find information that they need for their healthcare needs.

In terms of looking forward, we're looking at partnerships to get our content out there. We're looking at putting RSS feeds on all of our blogs and our articles so people can aggregate this information the way they want it. And lastly, we're building widgets. Do people know what widgets are? OK. And we're building widgets, so in the next couple of weeks, we'll have a library in which people can just grab their widget of US News health content, as well as political content, and they can have it on their site. So they can get US News content where they want it, when they want it.

So that's it for me. I'm supposed to keep it short. I'm going to pass it along to Joel. And I guess questions are after all of us speak.

STRONGIN: That's right. And before Joel does his presentation, I just want to call your attention to -- we do have in here some key new media terms, so if there are a few terms that you hear today that you're not sure what they mean, you can just check the glossary that -- actually, John Breyault from Amplify put together for us.

OK, so while we're setting up the computer... Elisabeth focused really on consumer use of information online, and now Joel's going to focus more on a tool for providers.

SELZER: Good morning. I am Joel Selzer, co-founder and CEO of Ozmosis. And along with my business partner, co-founder, Dr. Jason Bhan, we launched Ozmosis to focus on providing physicians the opportunity to collaborate and learn from each other through a platform of new media and social media tools. So we're taking a little bit different perspective from Elisabeth, and what I wanted to do was to first talk about why are physicians turning to the Internet, and more importantly, turning towards new media

as a set of tools to engage with their peers and to help, obviously, improve patient care.

So what we're seeing is a fundamental shift in the way physicians are utilizing the Internet and adopting new media and social media tools. The reasons why we're seeing that shift are obvious to many of us. Think about the macroeconomic events taking place in healthcare today. Right? As Elisabeth described, we have baby boomers coming of age. Well, what does that mean to the provider? To the provider, that means millions and millions of additional patients to see every year. So that translates to the average primary care physician, to a panel of patients in a day, of upwards of 40 patients, with an average patient interaction time of six minutes. You can see that physicians have less and less time to spend with their patients. They have more and more clinical questions that arise out of those encounters.

So would it surprise you to learn that in the typical patient encounter, 50 to 75% of the time, your physician is walking away with a clinical question? Doesn't mean he doesn't know how to treat you. It just means that he's looking for additional information about how to better manage that course of treatment.

The problem is that they don't always have the time to find that clinical answer. So in 30% of those encounters in which they had a question, they don't find that answer. What they're trying to do is to turn online to resources such as PubMed MEDLINE, which is a database from the National Library of Medicine that allows them to search through millions of journal articles that have been published in the past. MEDLINE adds over 2,000 articles to their database every single day. So physicians are turning to Google, which is a great resource we all know and use. But what happens? Physicians are running searches after searches, but not always finding what they're really looking for.

And more importantly, when we're talking about the use of new media and social media in healthcare, from a provider's perspective, the number one thing they have to be able to do in a clinical situation is trust the information they're looking at. All right. Think about the medical liability concerns. Think about the Hippocratic Oath, to do no harm. And if we as consumers of healthcare can go to any site and post, and comment and read, well, so can physicians, or so can those individuals who aren't physicians but like to play them on TV. Or saw a commercial at Holiday Inn Express and want to play one today.

So we joke a lot about the state of healthcare. We joke a lot about what we need to do to empower physicians and consumers to come together. What we're trying to do with Ozmosis is to provide a set of tools to let our physicians truly learn from each other. What that means for us is that when you take the 800,000 practicing physicians across this country and you look at research from Manhattan Research and others, roughly 93% of physicians use the Internet every single day, whether they're running searchers, whether they're consuming new media. As Manhattan Research says, two-thirds of all physicians are consumers of social media, which means they're watching videos on YouTube, they're reading blogs, they're posting, they're joining online communities. They're engaging with each other in a social media sense, which is fantastic for all of us, because that means if physicians can come together online and learn from each other and share information, then we as consumers of healthcare are going to benefit. Because that means our physicians are going to be more up to date. They're going to have greater access to knowledge, greater access to information, greater ability to consult with each other on complex clinical cases, to debate best practices, to debate the efficacy of whether or not to prescribe Zetia and Vytorin when a study comes out from the New England Journal of Medicine. To be able to

react in real time to changing situations on the ground, which happens every single day in medicine.

So what I'd like to do is shift our conversation to talk about how Ozmosis specifically helps to solve that pain physicians are feeling, which is too much information, not enough time, where do I go to find trusted sources of clinical knowledge. So as we move into Ozmosis, what we've done is created an environment that is secure, and that engenders trust among our doctors. So the first thing we do is we verify the identity of all of our physicians. And we do that in two phases. The first is we verify that they are in fact a US licensed physician, and secondly, just as important, we verify that they are, in fact, exactly who they say they are. So when our physicians come on Ozmosis and they mouse over a colleague's name, they immediately know who that physician is, where they practice, how many other physicians on Ozmosis trust that doctor, and what their areas of expertise and interest happen to be. So as our physicians scroll down their front page on Ozmosis, they can see articles that their colleagues have submitting that are bubbling up for the community to see. They can see what the community is actively engaged in discussion about, what clinical practice management or health policy topics are ripe for conversation,

ripe for attention, and can have an immediate impact on improving patient care.

As our physicians move through Ozmosis, we provide them a set of tools that allow them to do a number of different things. And first and foremost, it's about sharing information, wherever it might be. So our physicians can use a social book marking tool very similar to Digg or del.icio.us or other consumer tools you might use, to submit content from anywhere on the web, whether it might come from US News, whether it might come from Revolution Health, from the New England Journal of Medicine or anywhere else. Rate it, review it, spark a discussion among their peers. So when they first log in, they can see what's bubbling up from the community.

Our physicians can also submit interesting clinical cases. When they submit a case, they can post images, scans, and again, have an engaging conversation with their peers, where they immediately know who they're conversing with, whether or not they should trust that information being provided, and continue that conversation. What we're finding is that physicians aren't just turning to the Internet, but physicians are looking for very, very specific tools that they can leverage to engage with

their colleagues, to engage in continuing medical education, and to ensure that they have proper access to trusted sources of information when they need it most: during the patient encounter.

To create that foundation of trust we've leveraged a number of concepts that have grown in adoption over the last number of years. So how many here are familiar with Facebook and LinkedIn? Let's just see a show of hands. I'd say 94.6% of the room. So while we use Facebook and LinkedIn either for creating a social atmosphere, to keep in touch with our colleagues.... I was in Seattle over the last number of days for the Microsoft Health Conference. I posted my trip on Facebook and was able to meet up with friends while I was in town for a conference to grab dinner and catch up. Now, some of us use LinkedIn as a great recruiting tool. Physicians don't have an environment like that. Physicians aren't going to post openly on a public forum about a clinical encounter, or about a problem they're having in their medical practice, for liability and privacy concerns. What physicians have to have is a trusted, secure environment where they can collaborate peer to peer.

So on Ozmosis, our physicians have a trusted network that powers the information exchange that takes place on the site. So the trusted network on Ozmosis, differently from Facebook or LinkedIn, creates that backbone. It's the skeleton that connects our physicians together, that enables them to share knowledge, to discover clinical insights, and to share information. As our physicians consume information on the site, they're doing it in a variety of similar ways to the way consumers are engaging on US News and other platforms: video, blogs, podcasts. So on Ozmosis, our physicians can watch two-minute video clips, education in nature, that enable them to learn from their peers, but more importantly, to take that new lesson, that new practice, and discuss it in a closed, private, trusted environment, where you can create the cycle of knowledge, and it becomes a virtual circle. So the physicians feed off of each other as they're learning about a new practice, as they're learning about a novel injection technique, as they're debating the efficacy of one treatment or another. They're bantering up and back. And as my physicians and Dr. Bhan repeatedly tell me, the absolute best way for our doctors to continue to learn is the same way they learn when they're in medical school and residency in the first place, and that's from each other. So on Ozmosis, that's a process we're creating.

That's the foundation of trust we're engendering, and that's the way we're helping physicians to improve patient care.

If you'd like to keep track of how physicians are engaging in social media, taking greater steps to improving patient care through such tools as Ozmosis, and Twitter, and Digg, and others, feel free to peruse our blog that is authored by Dr. Bhan. As many of you know, the 3G iPhone was just launched on Monday. Sure enough, Ozmosis is already blogging about the uses of the iPhone as a platform for physician engagement and access to clinical information. So please feel free to go to Ozmosis.com/publicblog and I'm happy to answer your questions when we're done.

STRONGIN: Thanks a lot. And we're going to move quickly to Matt Koll from Revolution Health.

KOLL: Thank you, and it's great to follow Joel. Revolution Health, for those of you who might not be that familiar with us, is a local start-up, primarily. Steve Case started the company about two and a half years ago. And at this point, we're getting quite large. We have offices in New York, Seattle, and Chicago. We have the flagship Revolutionhealth.com,

Carepages.com, and Healthtalk.com, which are all collectively part of the Revolution Health online community. We also have advertising relationships with SparkPeople, drugstore.com, Baby Fit and Daily Strength. So when you put these things together, what you see is that we are an online health media company, and as a health media company, more and more of our users are engaged in social media practices. And to us, from the beginning, if you think about the origin of the company and what we're trying to do, social media is not something that we're discovering. It's kind of built into our DNA. A lot of the people who've been doing this have been doing web 2.0 stuff before there was web 1.0 stuff. We were trying to connect people on The WELLL, for those of you who remember what that is.

So the real challenge for us is making social media work. We have a wide range of social media products that are built into the flow of our various sites. So we're looking at helping people solve their health problems, either through authoritative information, through tools and actionable environments where they can set goals. You know, use various tools that will let them complete their tasks, and through interaction with other people. Finding people who can help them, support them. In a nutshell, it's learning from the experience of others.

Some of the tools we have, you know, it's the full range. You know, it's blogs, it's wikis, it's forums that can be either highly moderated or less moderated. They can be highly structured, they can be less structured. And they all have a place. You know, if you look at what we're doing on Revolutionhealth.com, we have a number of tools such as finding recipes, finding doctors, finding and evaluating drugs and treatments. On CarePages -- if you haven't seen that site, I think it's a fascinating breakthrough concept: to create a page for a loved one who is going through a difficult circumstance, usually some kind of chronic condition. And there's about three million CarePages that have been created at this point, and typically about 75 family members and friends of the person who's the center of the CarePage. So that's quite different than, say, from a forum where people are finding each other in regard to a subject or a condition, a stage of a condition, or an aspirational aggregation such as you'd have on Daily Strength, SparkPeople, or on the groups and goals products that we have on Revolutionhealth.com

The upshot of all of that is that we're trying to help people find each other, find the information, and as a result, we

aggregate people in areas by common interest, common aspiration, and common stage. As we aggregate these people together, or they aggregate themselves -- which is when, I believe, social media gets really exciting, and really effective, is when the users get to help shape the environment. As we do that, it helps us deal with the really important issue, is so how are we going to support this activity. Because the elephant in the tent is social media is not inherently profitable. You know, we have -- a lot of companies try and figure out -- you know, Google makes money on social media. That's one. How do the rest of us do it?

So at Revolution Health, as a media company, we are actively interested in having advertisers work with us, whether that's pharma or CPG, or whoever might be interested in reaching these aggregating of like minded people. So we get into the issues of pharma advertising on social media, you know, that's a big, tough question, and there's a ton of confusion. And, in fact, as I was preparing to speak here today, thinking about addressing that issue, I was looking over some materials from recent pharma sponsored conferences about social media, and you know, there's totally contradictory advice. You know, there's some people saying, "Well, the best way to protect yourself is

not to control the content. You know, if users are making comments, don't edit it, don't control it." And other people saying, "No, we need to be in total control of the comments. We can't let anybody say anything bad where our name is associated with it." So you get those conflicts. And in fact, one of the articles I was reading was talking in pretty scary terms about the more dangerous and risky aspects of social media and user generated content. And it cited several facts and figures and definitions of terms, and the primary source cited for all those definitions and facts and figures was Wikipedia. So on that, I'll let you take it.

STRONGIN: OK. Chris.

FLEMING: OK.

STRONGIN: Oh, you need.... Sure.

FLEMING: Health Affairs blog. I don't even really need the computer if someone can just bring up the blog site. Whoops. OK.

STRONGIN: It should be the next one.

FLEMING: Let me get that there. OK. Let's see. Where do you have the sites, Robin, I'm sorry? I can just...

STRONGIN: (inaudible).

FLEMING: Oh, there we go.

STRONGIN: See it? I can't see that far.

FLEMING: Not yet, actually. US News.

_: You might want to pull up Internet Explorer.

_: Right. It's (inaudible).

FLEMING: I can just do it -- well, I can just type it in. It doesn't look like it's on here for some reason.

STRONGIN: While we're calling it up, does anybody have any questions for the first three speakers? Be happy to take a quick question. Nope. Yes -- sorry.

_: (inaudible).

STRONGIN: We'll do ladies first, how about that.

_: So it seems like these tools are really, really great, and I guess I'm taking the perspective of both the researcher and a consumer. And one of the things that I often think about is it's great that you have these tools, but how do you disseminate this information? I mean, when I was thinking about the US News & World Report blog and all of the communities and all of the great tools that are available, I'm also thinking about, well, if I was a consumer and I was stumbling on the website, I may stumble on something like this, but how do I know that it exists? How do you reach out to these audiences?

STRONGIN: That's a great question. Who would like to try....

GOODRIDGE: So first off, what we're trying to do right now is really beef up our partnerships in that our content does get out there and it's branded with our name, US News & World Report. This health story comes from US News & World Report. With 75 years behind us, that people can trust our name and what we're putting out there. Secondly, not only with partnerships, with our RSS feeds, so people will know it's coming from the trusted source.

STRONGIN: And let me ask, do you know what an RSS feed is? OK. Why don't you --

GOODRIDGE: OK. So it's a system in which you are able to aggregate your data. It's a feed using an RSS reader. You will be able to aggregate the data you are -- or information you want in a certain spot, for example, your Google homepage. So you'll be able to tap maybe just health articles, maybe just breast cancer articles from US News & World Report. Thirdly, getting to the widget question. Our tech team is creating widgets in which it's just a mini-little -- I think the best way to describe it, it's just a mini-webpage code in which we'll give you code that will take that RSS feed and then brand it with US News & World Report, put some styling around it. You'll take

that code, you'll put it in your own page. It'll just be like a little mini-webpage on your own page, that you know it's coming from US News, and it's branded as such, so you can trust the source. And I think that's the key thing that people -- the Internet -- there's lots of information out there. Is it coming from Wikipedia? Is it coming from Joe down the street who's really mad, you know? So what we need to do, especially, especially in healthcare, is make sure that the information we are putting out there, people know is coming from an expert source.

REID: I'll just say, for RSS is a technology that allows publishers to distribute content on the Internet in an easy way and it allows consumers or the client end to easily receive it and publish it either on a page or in a special reader. It's a very simple way of distributing content on the Internet.

STRONGIN: You just sign up for it and then it will automatically come to you if there's a topic that you're interested in, for example.

GOODRIDGE: And I can show an example of that when I get the laptop at the end. I'd be happy to show how easy it is to click on an RSS.

STRONGIN: And then, Kevin, can you explain what a widget is?

REID: Yes. Like she said, a widget is simply a tool that can aggregate -- for example, can aggregate content and display it on your webpage or on the desktop of your computer. It can do many things, but it's basically a small tool that can pull in data or that can interact in some way with content.

STRONGIN: Then the --

KOLL: One other thing I'd add to the --

STRONGIN: Yes, please.

KOLL: As much as we all want to establish our brands for reliable, reputable information, more and more, you know, upwards of 70% of all quests for information start at Google, and Yahoo, and Ask, to a lesser degree. So it behooves all of

us who care about getting our information out there to make sure that we are producing content and pages that are unique, well written, simple language, and that people like enough to link to. And if we do that, then the natural processes will occur and people will find it. But that's how they're coming.

GOODRIDGE: Right. And just to tap on that, yes, people are really, really concerned about SEO, search engine optimization, but it's the good stories. It's the quality stories, and that's what's going to get picked up.

STRONGIN: There was one more question and then we'll jump back to Chris. I think you had a question? No? In the corner there.

_: Oh, actually, to be fair, I was not the next person in line.

STRONGIN: I know, but I think we took care of that one, so go ahead.

_ : OK. OK, great. Thank you very much for sharing your remarks, they've been great. And I am a social media consultant and advocate, so I am asking this question from the perspective of devil's advocate and your experience with that. Have you, inside your organizations, incurred challenges in demonstrating "success," or setting up a barometer of success to people that might have more 1.0 perspectives in terms of building communities with content?

STRONGIN: Joel or Matt?

KOLL: No, no problems at all. I found absolutely zero resistance in the health field to some of the more outrageous web 2.0 things I was doing before I joined Revolution Health (inaudible).

STRONGIN: OK, Chris.

FLEMING: Hi, I'm Chris Fleming. I'm the Communications Manager at Health Affairs. We're the nation's leading health policy journal, which you know must be true because it's at the bottom of all our press releases. We just celebrated our 25th

anniversary. Come out every other month in print and now weekly online with our web exclusive articles, always at least one article and sometimes -- whoops -- sometimes a package of articles. We started Health Affairs blog, very creatively named, in October 2006, about a year and a half ago.

The discussion, however, at Health Affairs over whether to start a blog was very spirited and started well before that. From the staff's point of view, the blog was a natural extension of the philosophy that the journal had always had. John Igleheart, who's the -- many of you probably know is the journal's founding editor, was a journalist who founded Health Affairs on the model of Foreign Affairs, with the idea being to bridge the gap between the academic research community and the policy making community, governmental, business, to basically break down silos. And the journal has always prided itself on being in a very accessible, plain language style. Len Nichols joked at one point that when he first read Health Affairs, he said, "This can't be a very serious journal. It's written in English." So a lot of the staff, when we first started talking about the blog, thought this was a natural extension of the Journal's philosophy, the idea of breaking down silos, expanding the policy discussion to new areas and new constituencies. We had

started just in print, and then we had started publishing a while back with online articles, partly to be more nimble and to be able to respond to developments in policy issues more quickly, so the blog felt like a natural extension. I will be candid, however, that some of the friends of the journal in academia felt very differently. There was a lot of resistance to the idea of a blog. Some of the folks in academia thought, "Oh my gosh, you know, blogs are at best trivial, at worst offensive, filled with angry ranting comments." You know, they were worried that this would dilute the journal's brand, in particular, the journal's peer reviewed and that's always been a pillar of Health Affairs, and a lot of the friends of the journal, academia, were concerned that having the blog be non-peer reviewed would -- again, would detract from the journal's credibility. That debate obviously was resolved and we did start the blog in October 2006.

And one of the issues we faced right away was how would we structure a blog that was affiliated with the journal? A lot of the blogs that are out there that are very good, some of the things that are attractive about them are their point of view, they have a very definite voice, you know where they're coming from. At the journal, we were very concerned that we maintain

the journal's neutrality, not be perceived as taking sides on policy issues. So what we ended up with is, as I think you can see on the screen, a two-column structure. Merrill Gozner referred to us as the hydraheaded blog. The left side are staff posts, and they purposefully generally do not take a point of view. They're not advocacy pieces. They call attention either to journal articles or try to contextualize developments in health policy. The right side are our guest posts from Health Affairs authors and other people from outside Health Affairs. Generally about 750 to 1,500 words. They are much more likely to be advocacy pieces and take a point of view in the way that the staff posts do not.

On the right side, I may have -- I may be showing -- I can't tell my right from my left. On the right side, which is the guest side, we've experienced with some interesting formats. We've done a number of virtual roundtables where we get several different posters from various points of view to talk about and discuss a particular issue or topic. We did one at the very beginning on Michael Porter and Elizabeth Teisberg's book on redesigning healthcare. We've done them on the attempts to enact reform in California, on physician payment, and most recently on trends in pay for performance. We've also done a

format where, instead of having the virtual roundtable in writing, we've brought people together in conversations, in conference calls, to talk about an issue and then published the transcript on the blog, along with shorter posts generally highlighting some of the notable issues that came up in the exchange. We did one... Gail Wilensky, Bob Berenson, and Elliott Fisher, at one point published articles on physician/hospital relationships and how they were changing in Health Affairs online, and we thought it'd be interesting to get them together, have them sort of respond to each other's ideas. We had actually prepared a fair number of questions so the conversation wouldn't lag. We got one question in at the very beginning and the three of them just took off, and it turned out to be a very interesting blog item when we published a transcript, and again, a highlights post. And then we just did one similar kind of thing when we did our Health Affairs special issue, our May/June issue that just came out where we brought Julie Rovner, who's a correspondent with NPR, Bob Blendon from Harvard, and Bob Laszewski, who as many of you know is a very notable blogger and has an insurance background. Brought them together to talk about how health reform would play out in the elections.

Overall, we've been very happy with the way the blog has turned out. The readership has been very good. As I mentioned, there was this fear that the blog would detract from the peer reviewed content in the journal. In fact, I think the opposite has happened. The blog and the journal have been symbiotic and the blog has strengthened the journal content. The blog has turned out to be a leading source of referrals, been bringing people to the journal. People come to the blog, they follow a link, and they find the journal content, and actually, vice versa. You know, one of the things the web is great at is this back and forth. You know, people start in one place and end up in various others. That a lot of our journal articles now have links on them if you pull them up online, where it'll link to related blog content. So as I say, I think the blog and the journal have become very symbiotic. The blog gives us a forum to draw attention to some of the interesting articles that appear in Health Affairs.

I mentioned the blog that we did in relation to the hospital/physician articles. We also just had a piece that came out by Don Berwick and his colleagues talking about how, you know, their vision for improving the healthcare system, the so-called Triple Aim paper, and we published commentaries on the

blog on that. So the blog very directly, rather than sort of being in competition with the idea of the Journal, I think the two have strengthened each other.

I mean, one thing that the blog does that it's sort of going from this progression from being a print journal to having the online web exclusive articles to the blog. It's given us an opportunity to respond even more quickly, sometimes, to policy developments. We just had an item where Scott Gottlieb and Jerry Kassirer debated the FDA proposal to allow drug companies to distribute articles promoting off-label uses of their products. So the blog, again, has helped us be a little more nimble in responding to policy issues.

There are some areas where we'd really like to see some progress. We haven't gotten as many comments from readers as we'd like. We do some things that maybe militate against that a little bit. We require people who want to comment to register, and to do so with their real name. That may sort of discourage some comments, but on the other hand, we feel like that's important to keep some accountability and transparency in the blog and the comments. We were actually.... As if we're not hydraheaded enough, one of the things we're maybe looking to do

is add a third column where we'd be able to do things like highlight recent comments so people who want to jump in don't feel like their comments will just get lost down at the bottom of a post.

In some ways, at this point, our biggest constraint is time. I mean, we really started the blog with the existing staff that we had at the journal, and we all had full-time jobs and we weren't sure whether the blog -- how the blog would do, whether it would last, and it's really taken off, so we're now looking for ways to increase the staff time that we can devote to it. We'd love to be able to do things like really be more proactive in using it to reach out to new constituencies, say, you know, doctors and nurses and people who do healthcare on the ground, who are very affected by the policy issues, but haven't always been, you know, active participants in the policy dialogue. We'd love -- the blog universe has gotten, you know, so rich out there. Blogs have become so much a part of the discussion. Kaiser -- I know there's some Kaiser folks here -- just started their Blog Watch in their Daily Health Policy Reports. You know, so there's so much blog material that's out there. We'd love to have the time to really go through and look at all of that and draw our readers attention much more, not just to the Health

Affairs content, but interesting things that we see on other blogs. But again, that's just a function of time. So really, the blog, we've been very pleased with it. It's been an aid. It hasn't been in competition with the traditional journal content. They've really worked together. And with that, I'll stop and turn it over to you.

STRONGIN: OK. And as Ed is getting his PowerPoint together, I just want to take a moment and say how delighted I am that Ed can join us on the panel. Ed has been involved with news since 1968, and actually was part of the team that broke the Marion Barry story. And Katie Couric, I think, was one of your first reporters, if I'm not mistaken. And he's really seen the transformation of news since the '60s up to the present day, and now heading up the news bureau at the University of Maryland, and working with some of the new media and the college kids, and really forward facing and just giving us a perspective of not just looking back, but also looking forward. So with that, Ed, I'll turn it over to you.

FISHEL: Thank you. As I was sitting here with the wrap up remarks, I thought my real role here today is very different from everybody else on the panel. I'm here to collect their

business cards. I'm coming at it from the perspective of an institution that's trying to communicate, and I'm old media. I came to DC in 1969, and at that time, when I was working for the Associated Press, we had three major networks, we had five major papers, which were the backbone of the Associated Press. We had one great Prince George's County kind of PR guy, who was the source of all my information, and I see he's in the room today, so somebody as old as I am.

Since that time, I have lived through the growth from three networks to the advent of UHF TV - that's channel 20, channel 50, and so forth and so on. And then that split up the audience. And then right after that, we had cable. That split up the audience some more. Then we had the 500-channel universe of satellite TV and that split up the audience some more. And then we had the invention of the Internet, and you guys are splitting up the audience even more. And my job, as a communicator for the University of Maryland Professional School campus in Baltimore, is to try to get the word out. To promote our campus, but also to inform and so forth. How do I, and my team, communicate in this environment where the audience is split so many different ways and the medium is changing so fast?

And I also was thinking, as I was looking at this audience, because you have so many people here who are 30 and under. And I thought, "They have no clue. Life was simple back then." But, you know, if that's a harbinger of what has happened before, prepare yourself. It's going to change again, right? OK.

There's something called the State of News Media Annual Report, and they made a very interesting prediction, which I wanted to share with you all today. The basic direction of news consumption is clear enough. Audiences are moving toward information on demand, to media platforms and outlets -- that's you guys -- that can tell them what they want to know when they want to know it. That's what you do. Younger audiences, as it turns out, are interested in news, but they want it from new platforms that can deliver it in new ways and on the consumer's new terms. And that's what you guys are doing so well. So I have to figure that out. How can I communicate with these guys in this era?

Well, one of the answers is something that's being loosely called retail communications, or do it yourself. So I'm going to show you in just a second a little bit about how we are doing

it ourselves. The second part, of course, as you've heard here are the blogs. OK. The third part is the advent of the new social media, YouTube, Flickr, Facebook, and I'm going to tell you up front, I'm still struggling with that. I and my colleagues know it exists. We've joined all of them. We don't quite get it. We can see that everybody we've ever linked in, all of a sudden it shows up on Google that we've linked in with everybody and we have no idea what that means. I'm not even sure I want to be linked in to these people. Can I unlink? OK.

But I'll tell you what I do know, which is the do it yourself communicating part. I'm going to start off, first of all, with something that I learned from the University of Pennsylvania. They're way ahead of us. They have an e-mail list of 26,000 alumni. I have attended conferences with the head of their communications department, who says flat out, "You know what? I don't need the old news media. I'll do it ourselves. If we want to get the word out about something, we just write a story," and they have different bureaus at all their different campuses. "We'll write a story and we'll send it out and it's direct marketing." They go right to their alumni and that's how they get the word out. We, at University of Maryland, the

Professional School campuses, we're not that far along yet, OK. But we're learning.

OK, second part. Create your own website, or your own news site, more specifically. And I'm going to show that in just a second. And then the third part, which is the newest part that we're doing, which is we're starting to create our own videos, because what we're discovering is that -- there are two things. First of all, studies have shown that 70% of the population learn better by seeing than they do by words, if they can see something. So we're paying attention to that lesson. And then the second part of it is we've learned that people who are 30 and younger, they're very, very visual. They were brought up on television. They expect to see it on television, so we're trying to communicate with them in a medium that is comfortable for them.

And then the last part is create your own blog, and you guys have talked about blogs so much I'm going to leave it to them. OK.

Do it yourself communicating. I'm going to just take you for a moment here, if this works, to our website. I'm not saying that

we're doing it the best of anybody, I just want to show you how one small group -- there's only five of us -- how one small group are doing it. This is the home page of our campus, and you will see that we persuaded our bosses to give us a column. It's on my left, maybe on your -- yes, your left. Anyway, it's the column that's over on this side. It says, "News and Research." The rules are very simple. We post three stories, no more, because there's only a limited amount of space. We put up three stories at a time. But if you go down to the bottom, you'll see the "more" and then that will take you to our archives for the last two years. We started this about three years ago, writing our own web stories. I had a news reporter from the Baltimore Sun who came to me and whispered in my ear, and he said, "Ed, by the time you send me a press release, I consider the story to be old and dead." OK. We stopped sending out press released and instead we focused on writing web stories. And the web stories are essentially -- these stories right here are essentially analogous to being the front window of a store. If you're coming to my store to look at my hats or my shoes, I'm going to put my best products out front and let you kind of breeze by and take a look at it. And if you like what I have, come on in. If you don't, you can keep going. So that's what we're doing right there.

Now, I'll just go into one of these stories for a second. Shock trauma team leaves for China. We happened to have a relationship with the Chinese government, and we were the first delegation of American doctors who were officially asked -- from our shock trauma -- to go to China to help out with the earthquake relief. Very simple. Took us about an hour to generate it. One of my guys went over and shot some pictures. We wrote a story. We posted it. Not complicated at all. And it meant that once we got it posted, then I could very quickly e-mail to the people in the news media that we deal with the most and just say, "This just happened. You can look at it." Because this happened on very short notice. I mean, very short notice. We had like about an hour's notice. So real quickly, I e-mailed out to the folks that we normally deal with and say, "Look, this just happened. Take a look at it, blah, blah, blah."

Now, the other thing that we've started doing is that on some of these stories, when we have the time -- we didn't here, but when we have the time, we'll also take one of our little video cameras over. This is not \$33,000 cameras, OK. These are thousand dollars and less video cameras. It's quite adequate for the purpose. So we go over and we videotape it, and we very

quickly edit it ourselves. And the great thing is that we have added down here something that we call the media library, for want of a better term, and this is a place that allows us to post videos and sometimes the video will be of a story that's done -- here's a good one right here. WTTG covered when the Wellmobile came out to Seat Pleasant. Seat Pleasant has no medical care whatsoever. None. So the University of Maryland School of Nursing sends the Wellmobile out there with a nurse practitioner and is providing medical care for that little community. TTG did a fabulous story on it. They did it better than we could, so we just posted their story. But we have our own, as well.

But this other one that I want to show you real quick -- because this has been a real learning lesson for me. See up at the top is Dr. Francis Collins, the human genome guy? He was our commencement speaker. If you know anything about him, he also is a singer and he has an absolutely hilarious song. Look at it on the web when you get back to your offices. It's just great. Three minutes long about doing it my way. And it was wonderful. Well, not only did I post it on our website to give our alumni and friends a chance to see it, and I embedded it in the story. So when you see the story, it says, "If you want to see it,

click here." You know, we have a link and it embeds it there. But I also put it on YouTube, which was kind of cool, and I discovered how incredibly easy it is to put stuff on YouTube. And I put it on at five o'clock in the afternoon, and by eleven o'clock that night, I had 176 hits. Who are these people? They're sitting around looking for Francis Collins on the web? Anyway, it was just great. And we've learned a lesson. What got us thinking about YouTube was the success the Obama camp had during the campaign. They were constantly pushing stuff on YouTube. I said, "Ah-ha." And then after that, we've seen a lot of other people talking about how industries now are using - - or corporate clients are using YouTube to send out their message. I think that's enough for now. Why don't we turn it out for questions.

STRONGIN: That sounds great. First of all, I'd like to thank all of our panelists for the great job this morning, but I would also like to open it up and see if anyone has any comments or questions or anything they would like to share in the work that they're doing. Yes?

M: A question about the proliferation of doctor evaluation sites. If I Google one of my doctors or a doctor I'm

considering, I may see five or ten or 20 different sites which claim to evaluate doctors, each of which may have one or two comments which may or may not be rational and may or may not be objective. I'm certainly not suggesting stamping those sites out, but it seems that that's just creating a lot of noise in which the authoritative sites may have trouble standing above the crowd. And so what's the answer to these random sites commenting or soliciting comments on medical practitioners?

STRONGIN: Anybody?

KOLL: Sure. And then you can recover.... Can't stop it, so I think the answer is -- it's ripe for aggregation, right, because if you have these different sites that have a few here and a few there, you're going to need to gather those all up. I mean, in the early days of the Internet, we had all these websites out there. Some were garbage, some were really good, and you know, Yahoo tried to organize them by hand, and finally it didn't really work out, and search engines organized it automatically and came up with algorithms and rules to try and make more sense of it. So that's one thing. And the other thing is this goes back to the problem in the news industry. I mean, like it or not, the circulation of the New York Times and

the other few news organizations that remain in the world is tiny. And it's very noisy. Anybody can be heard. Anybody can put out information. And the sites that are credible need to roll up their sleeves, get out there, and establish their credibility in the marketplace.

FISHEL: May I add to that, please? I can tell you what we're told. The rule of thumb is the first thing is you need to know what you're dealing with. If it's -- pardon the expression. If it's a half-assed blog, you know, you just kind of ignore it. A disreputable blog, you just kind of ignore it. But with some of our schools at our campus, there are blogs that are so powerful that they are considered even more important than trade journals. And the rule of thumb is if there's something that's just said there that is just wrong, we have an obligation to respond to it. We need to say something.

M: So --

GOODRIDGE: Also -- just real quick. One thing, too, is that we're seeing this industry has been very slow to embrace the Internet. It's pretty much the last major industry to move online, to go digital. And what we saw about eight years ago,

is we saw a lot of these not so good sites and these great sites. There was a lot of merger and acquisition, and a lot of closure. So I'm wondering whether or not we'll see the same thing in the healthcare industries, as some just bubble to the top, others disappear.

SELZER: So from our perspective, it's a little bit different, right. So we're the voice of reason among physicians, and what our physicians want to see is their input in the process, right. Because what'd we talk about earlier today? About trust. So what we're seeing is not just the HealthGrades of the world, and the Xoovas of the world rating physicians, but a site that I use to rate restaurants, Zagat, which I love for restaurant reviews, is now in the business of rating and reviewing physicians. And just because you have, you know, a great system to review restaurants doesn't necessarily mean you know what's important in terms of a qualitative judgment about what makes a physician good at delivering patient care. So the right way from our perspective to engage in this conversation is to solicit input and feedback from physicians. Not just in terms of how they rate and review their peers -- that's a touchy subject in and of itself. But first and foremost, to ask physicians what are the right qualifications and criteria to use in setting up a system

of guidelines, ratings, and reviews so we can have true transparency in healthcare, where consumers, physicians, and industry alike understand how healthcare is being delivered efficiently, effectively, and more importantly, at a high quality to all patients.

STRONGIN: Anybody else? A question back there? Larry?

_: If I could just (inaudible). Isn't it the case, though, that consumers use different criteria to judge the care that they get from a physician than physicians use and professionals use?

SELZER: Yes. They need to be integrated.

_: Right. I just wanted to mention it.

STRONGIN: Thank you. Yes, in the back?

M: I've heard three themes. One is around the shift from web 1.0 to web 2.0. Another is about the generations, different generations and different uses, and the third is about business

models. So a general question for all of you is would you recognize that the information revolution hasn't really been that empowering and do you see in web 2.0 and web 3.0, to follow, that a knowledge revolution may really empower especially patients and consumers. And then on generational change specifically, Joel, I'm curious. Are you finding, in terms of your users, that it is more, say, Gen X than baby boomers? And then on business model, a couple of questions. So for Health Affairs, Chris, can you see an increase in your print subscription that would be linked at all to your blog, and then for you, Matt --

STRONGIN: Oh my gosh.

_: There's more.

_: Is anybody writing this down?

_: (inaudible) from the pharmaceutical industry to have your business model and so like two drugs propping each other up?

_: You want to start? Who was first? Who was first?

STRONGIN: Well, there was a general question. Anybody want to -

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_: There was a general question.

STRONGIN: Anybody want to take a stab?

GOODRIDGE: So I'll --

FISHEL: I'll just give one little vignette on the journal question. On our campus, the generational gap is so great that we have professors that live in one world, and were raised in one world, the printed page, and so forth and so on, and we have students who are used to -- literally, they're trying to now get their lessons off of their iPods. And flat out, it's a struggle, because our dental school, in particular, is trying very hard right now to bring its professors into the modern age. Now, I know that sounds weird, but it's exactly what's going on. We have a very progressive dean and the dean is saying, "You have to do your lectures so that they can be videotaped so that they then can be posted and turned into iPod podcasts, and

that's where they want to end up, because that's what the students are asking for, because the students want the flexibility of choosing when they watch their lectures."

STRONGIN: Elisabeth, you had a comment.

GOODRIDGE: I just wanted to say a little about the business model. US News, like many, many print media out there, we're wondering how it's all going to work out as we're facing declining ad revenues and declining circulation, and we're seeing a huge, huge, huge boom on the Internet, where ad sales are a lot less than what we can get in print. So we're just trying to figure it out, and we're not, I think, the only ones here in our medium. Thanks.

STRONGIN: Chris, did you want to respond to the Health Affairs question?

FLEMING: Sure. I mean, I don't know that we can tell, sort of, if there's a direct causal link in terms of print subscriptions and the blog. I do know that -- I happened to be talking to our publisher the other day, and our pay per view fees for, you know, people who don't necessarily get a subscription but look

at a single article, have been pretty high lately, and there may be a connection. As I mention a lot, we get a lot of traffic who start at the blog, link through to the journal, and I think there may well be a connection between those two things.

KOLL: And I guess I get the two drunks.

STRONGIN: Yes.

KOLL: I wouldn't say it's two drunks. You know, so the first part of the answer is we are in the Freedom Forum building and it talks about the First Amendment walking in the door, and you could argue that the marketplace is, you know -- take the Jeffersonian ideal, I'm a First Amendment fanatic -- you know, hundreds of millions of drunks all supporting each other and good things happen. And directly dealing with some -- yes, we are a media company supported by advertising, so we are very interested in figuring out ways to partner with pharmaceutical companies who buy traditional advertising from us on pages where you're safe from the masses, OK, no user generated content on these pages. But, you know, people want to talk and they want to comment and they want to rate their doctors, and so we're trying to figure out ways -- and we have some. I mean, we have

some relationships emerging where pharmaceutical companies are starting to truly converse with their users, right out of the Cluetrain Manifesto and markets are conversations. And it's slow, in the early days, but I do believe it's going to happen.

SELZER: And just address your specific question around the generational gap. I think from our evidence, it's more perceived than real. So while -- if you look at it from a common sense perspective, roughly 270,000 physicians have graduated from medical school since the early to mid '90s. And they're like many of us here. They're adopters and daily users of the Internet and technology. So they're tech savvy. And you would expect them to be on Facebook and LinkedIn, and downloading Hippocrates and doing drug interaction searches on their handheld devices. And they are. But when you look at the average age of online physician communities, and we look at Ozmosis specifically, the average age of our physicians is over 45. Now, I think the point that I would make is not necessarily that our most active users are all over the age of 45, but that you have a great compilation of demographics across specialty, across age, across gender, and you have physicians that have grown up with the Internet, that rely on it. And while 80% of physicians now say that the Internet is essential to medical

practice, that younger generation consumes it all the time, and that PDA, or that Blackberry, or that Palm Pilot, or that iPhone, never leaves their side. And you have other physicians, that older generation, who have come to adopt technology later, but now rely on it as well. Whether that's the EMR, the electronic medical record they now use in their practice or in the hospital, or other clinical tools, they found that it saves them time and provides them greater access to information, and they're trying it.

STRONGIN: Questions over here? Last chance. Yes, in the back. Whoops. Hold on one second. We'll go over here.

_ : I just wanted to highlight dark sides to all these social media tools that I wonder if the panelists would like to comment on. As all of this information moves to the Internet and we are trying to impart consumers with knowledge about doctors, disease conditions and so forth, are we also creating a digital divide? Yesterday there was a program on NPR talking about infrastructure access in the US, and the US is ranked 14th in the world in terms of internet access in the rural parts of the country. So are the folks there going to get increasingly

distanced from the availability of this information, and then what's the implication for public policy?

STRONGIN: Who wants to go first?

SELZER: I'll jump in. You know, the proliferation of the information is not increasingly distancing anyone from that information, it is just not particularly reaching them as quickly as it's reaching others. So, you know, again, I think the answer is to address the digital divide issues directly with, you know, cheap or subsidized, or you know, some of these large programs to get laptops and cell phones to everybody and to continue aggressively reaching out. I don't think you slow down the natural market forces of proliferation of information, you just dig into the actual problem there.

STRONGIN: And I would just add to that that we're very aware, through some of the work that we're doing with some of the telco and broadband companies, US Telecom, AT&T, Verizon, that are very concerned about the digital divide and have lots of programs to try to get access, whether it's healthcare, the environment, or any of these different issues. And it is clearly something that they are very interested in from a public

policy standpoint and are investing a lot of time. Programs like No Child Left Offline and others, to make sure that we can close the digital divide, not just for healthcare, but across the board. So it's a very fair question. Yes, John?

BREO: Hi, I'm John Breyault with Amplify. Just wanted to add to that point. As content producers -- most of the people here on the panel are content producers of health information. One of the things you want to keep in mind when you're thinking about your audience is think about the audience you're trying to reach with your content. So if you know that your audience is going to be people who may not have access to the latest, greatest applications, whether it be because they don't have computers that can handle it, or they don't have the bandwidth because they're on a dial-up connection, for example, think about that when you're putting together content. If it's just text based, for example, that might be great for people who are looking at stuff on their iPhone or on their PDA, or who just have a dial-up connection and can't download a five minute YouTube video. So that's what I would encourage everyone to think about as you're developing this content.

STRONGIN: Thanks. Then we had a question back here.

_: Hi. I was wondering, is Ozmosis only for physicians or can other healthcare practitioners, such as nurse practitioners and PAs, register, as well?

SELZER: It's a fantastic question. At this time, Ozmosis is restricted to US licensed MDs and DOs, but we're actively talking to a variety of organizations representing PAs and nurses and other healthcare providers. We really think about the power of the model. The model is to disseminate knowledge throughout healthcare, and to do that properly, you have to engage all the different audiences, from consumers, to physicians, to PAs and nurses. But we're still a small company and we have to take everything in one small dose. So I would say we're working on it.

STRONGIN: We'll have him back next year when he has the nurse practitioners in there. I think there was a question up here, as well.

_: Joel, you mentioned that you were just back from the Health Vault conference.

SELZER: Yes.

_: And I'm sure folks in the room know that that's Microsoft's personal health record and Google has something similar, as well. I'd ask the question to you on the practitioner side, and then maybe to Matt on the consumer side, how the advent of those personal health records is going to change your business and how you're thinking about integrating that information into what you guys both do.

SELZER: Sure. Having spent the last couple of days in Seattle, and a little bit tired from the red eye back, I haven't had a chance to really coalesce all my notes and thoughts, but I think the point that they were really trying to drive home, from Microsoft's perspective, is that what they're doing is building a platform. And the platform will enable consumers, and providers, and other healthcare vendors to come together to share information. And those of us in the health 2.0 industry, what we talk about all the time is freeing up data. It's data portability. So whether you are utilizing a blood glucose monitor or a pedometer to track your activity levels, what you really need to be able to do is to free that data and share it

immediately, simply, and seamlessly with any provider that you want to grant access to so that you can truly have real time connection and collaboration between yourself and your caregivers, and if you are managing care for your family, that a mother and father has access to the medical records and information they need to take care of their children, or their other loved ones, whether they be elderly or not. So Microsoft is taking a platform approach. Google is taking more of a particular PHR application centric approach. And I think only time will tell how it affects the Revolution Healths of the world, companies like Ozmosis, as well. I think the number one thing they need to do is they have to understand how they're going to engage with the provider. And the platform that they've built is terrific. The APIs are great and all the technophobes in the room were very, very happy. Those of us representing the physicians wanted to know how are you going to engage with doctors? And I think they've taken a good first step with their announcement with Kaiser, that they're going to actively engage with the 156,000 Kaiser employees to start testing Health Vault, and I think that's a good first step.

KOLL: And Revolution Health does, in fact, have our first generation of personal health record available on the site, and

people are using it. You know, not in huge numbers, right, and the consumer adoption of -- and exactly how consumers will use their personal health record, I think, remains to be seen. I think the clear win is on portability, right. For the user to be able to have control of their record. So on that, we are looking to -- from our company, not compete in the backend informatics EMR phase, but to partner with other people in the industry and try and present it as part of the consumer's dashboard and keep it easy to use for the basic things that consumers want to do with their PHR.

STRONGIN: Any final questions or comments? Yes?

_ : The term web 3.0 has come up a couple of times. What do you all think is the next big thing in this field as far as distributing health information?

STRONGIN: Ed?

FISHEL: I'm working on 2.0. I don't know.

STRONGIN: Elisabeth? What do you guys think?

GOODRIDGE: I would say portability. I would tap that. I mean, people are going to use different devices to find the information that they want, and they want it right there, and they want it in a nice format and design. That's what I see. That's what I'm thinking, yes.

FISHEL: I can give you a tangential answer to that. It happens that I serve on a new sustainability committee at the University of Maryland campus in Baltimore. And there's a commitment in the next 50 years, by about 400 universities, to reduce our carbon footprint by 80%. And the number one thing that we're concerned about is dramatically cutting down on the amount of driving, commuting and so forth. So part of what we're talking about right now is how can we eliminate the need for people to have to leave the home and come to the campus? And where we're at right now is we're starting to talk about everybody having a computer that has a little camera built in and stuff like that, or having these little devices and so forth. So if I was guessing, my guess is it's going to be something to do with communicating to each other and eliminating a lot of commuting. In other words, this meeting today, we could have all been in our homes.

GOODRIDGE: But we wouldn't have the view.

FISHEL: But we wouldn't have the good orange juice.

STRONGIN: All right. Well, if you'd all join me in saying thank you. I really appreciate everybody being here. Thanks.

(applause) And don't forget to turn in your evaluation forms, if you would. Thank you.

FISHEL: How do we do this? Help me. (inaudible).

GOODRIDGE: You don't look it all, so...

End - APA Newseum 2008-6-11