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DIGITAL HEALTH TRANSFORMATION IS HERE TO STAY

By Mario J. Paredes
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A STILL RELATIVELY QUIET REVOLUTION is underway putting vital health-care technology in the hands of patients for use in the home—increasingly online. Pharmaceutical companies, Silicon Valley—Alphabet, Amazon, Apple, Meta and Microsoft—and investors are betting big on the development. Particularly for the digital giants, the focus is on devices and data.

According to *The Economist* in a recent analysis of the trend, investments in digital-health care startups doubled in 2021 to \$57B. In addition, “unlisted health-care startups valued at \$1B or more number 90,” four times as many as five years ago. Artificial Intelligence is playing key role in the development of patient-used health-care devices.

The goal is “to make people better and prevent them from getting ill in the first place. In the process, [companies] are turning patients into consumers.” The pandemic has been playing an important role in helping people get used to “online services, including digitally mediated care.”

Deloitte estimates that this year 320 million “consumer medical wearables” will be sold globally.

Amazon’s entry is the Halo armband, a subscription-driven device that measures the wearer’s, movement, sleep and even their voice quality to detect potential problems. Halo gives access to various nutritional, sleep and workout programs. It carries a price tag of about \$100, with a monthly subscription fee of \$5.

In 2021, Google acquired fitness tracker Fitbit for \$2.1B. It is an armband that measures stress levels, sleep patterns and heart health, among other fitness indicators; it offers online workout and wellness sessions. Various models—including a watch-like edition range from \$100 to \$400.

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The Apple watch features an electrocardiogram capability, with plans to introduce new models that have blood-oxygen sensors and a thermometer to “help women track ovulation.”

A current series of ads showcases the Apple watch as an emergency communication device, with the watch capable of calling for help when the wearer is non-responsive or hurt.

Samsung is in the market with its own smartwatch that features sports ECG and blood-pressure monitors.

A development boosted by the pandemic people are more comfortable with at-home testing. And there are “at-home diagnostics” offerings of all kinds. Levels Health produces “app-synced continuous glucose monitors,” which are “seamlessly” connected with “prescribing doctors.” Some 145,000 customers are waiting for the device.

Digbi Health offers a device that analyzes fecal matter “to promote gastrointestinal health.” Selfies are used to offer “prescription-grade” skin care by Skin+Me; Thriva, a British company, analyzes blood from “finger pricks” to detect high cholesterol and anemia. The company calls its findings “insights,” rather than official diagnoses.

Over the past five years plus, digital self-care, health-related devices and services were developed largely to cater to baby boomers—especially affluent aging baby boomers committed to maintaining active and healthy lifestyles. That is an overall very affluent demographic that can afford the pricey gadgetry, a demographic that also cares for aging parents whose safety and health are served by the devices.

Left out of the equation are poor and the most vulnerable, Medicaid recipients. Obviously, they too could benefit from the use of devices that could give early warning of negative health conditions, spurs to seek medical attention to prevent potentially grave conditions from developing. But this constituency, including immigrants, cannot afford the growing number of costly e-health products on offer.



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One solution would see state and federal government stepping in and subsidizing e-health devices to make them affordable. Possibly, government could form partnerships with the manufacturers and distributors of these devices, perhaps buying them in bulk. What's more, the government might well invest in companies that produce the e-health gadgets and thus obtain favorable purchase terms.

In addition to an inability to afford the e-health products, poor Americans also face obstacles in terms of not being internet savvy and ill at ease using the various devices, including not being able to interpret readings and measurements and likely to fail taking appropriate action. This population needs help.

SOMOS Community Care—a network of 2500 mostly primary care doctors serving some one million of New York City's most vulnerable Medicaid patients—offers a unique model for helping their patients enter the digital age. SOMOS doctors are assisted by teams of Community Health Workers. The CHWs visit patients' homes, reminding them of medical appointments and regimens, and assessing social conditions, such as housing, employment, poverty, etc.

The CHWs are in a perfect position to demonstrate e-health devices to patient households—provide patients and their families, with how-to-lessons to install and operate devices and to interpret readings and results. The CHWs are also the perfect liaison between patient and doctor, making sure that e-health data are sent to and processed by the medical practice.

Even as some startups are bound to fail and share prices are coming back to earth, *The Economist* quotes Scott Melville of the Consumer Healthcare Products Association as saying, "there is no going back to ... where you are relying exclusively on a medical professional for your health care. At home e-health devices are here to stay. It's time to empower the poor along with the well-to-do to make full use of them.

Mario J. Paredes is CEO of SOMOS Community Care, a network of 2,500 independent physicians—most of them primary care providers—serving close to a million of New York City's most vulnerable Medicaid patients.