

“Patient-Centric Design” with Amy Cueva

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Jeff Parks: This is the I.A.Podcast. Today is Tuesday December 15th 2009. Welcome to a show where I talk to with [Amy Cueva](#) of [Mad Pow](#) about the U.S. Health care system adopting online tools to help people heal, emotionally, and physically. (music)

Jeff Parks: Welcome back to the show everyone and as always my name is Jeff Parks and I am your host for the I.A. Podcast. One quick announcement to make before we get to today’s show with Amy. It’s not so much an announcement as it is a word of thanks. The [uxworkshop.tv](#) is going to be launching a new design to the web site shortly and this has been a work in progress for the past several months, in fact, most of 2009. And the reason for that is not due to a lack of effort, in fact it’s due to the fact that we’ve wanted and gotten feed back from volunteers and organizations from around the world, organizations like the IAI, organizations like the IXDA and feed back from people just on about every continent about what are the kinds of things that we need to

be moving the conversation towards? What are the ideas and experiences that are really valuable to the people, not only within but also outside the UX discipline, and I think that we're almost there. Chris Pele who started this initiative back in the Idea Conference in Chicago October 2008 who shared the idea with me and the hundreds of hours that he and I talked on Skype to share ideas, bringing in Olga Howard and Peter March to the mix to provide those extra insights and unique experiences to help evolve the UX work shops to the new site design that is going to be launching in the next few weeks, has been a phenomenal experience. We've had lots of arguments and debates, we've disagreed, we've come together, and I got to tell you the new site design when it does launch is going to be a much more collaborative tool and one that I'm really excited about, not only because the new site design is going to be more useful for people but also because it's finally going to let us get back feed back and real time from the global community about the things that they want. I also want to personally thank colleagues and friends in South Africa, India, China, Hong Kong, Israel and others around the world who have provided me with feedback about how it is that we can improve these services. So in that same vain I want to express an understanding to my audience that my role in the UX workshop TV is going to be working with the international community so that those outside of North America, to help promote their ideas because I know after talking with these people from around the world there are so many brilliant ideas and insights that were not hearing about and I really hope to bring to the artsworkshop.tv in 2010.

Jeff Parks: So today's show, I had a great opportunity in talking to Amy Cueva from [Mad Pow](#), who is the Chief Experience Officer there and also one of the co founders of Mad Pow based in New Hampshire. What I really like about this conversation is that it's a discussion about social media and the context of simply these things being tools to help provide context meaning and avoid the duplication of work

and a greater understanding to specific business objectives. In this case we talk about the health care field. Amy addresses the insurance driven health care system in the United States. Even in the information age, corporation people still think they can and should control the flow of content that could quite conceivably provide insights about how to cure both physical and mental illness, which in my mind is sort of hypocritical and contradictory to the entire purpose of the Health Care Organizations which should... oh I don't know... make people better! Along with many other areas that could potentially, pardon the pun, cure the faults in the process including connecting with health care professionals around the world, lowering errors in medication adjustments, and probably the greatest slippery slope of all, the sharing of medical records to all to improve health to all of humanity. So a very important discussion and one that I hope people will find great value in, and thank you so much to Amy for taking time out in her incredibly busy day today to share her experience with others, and this will be the last podcast for 2009 that I produce for the I. A. Podcast so I want to wish everyone around the world a very happy and safe holiday season, we'll see you in 2010 and I hope everyone enjoys the podcast. ... Cheers!

Jeff Parks: Amy Cueva from Mad Pow is kind enough to join me today. Amy you and your colleagues from Mad Pow have been actually entering into a number of experiences in the Health Care field as it relates to social media so maybe you would like to start by letting our listeners know how you got started in this field?

Amy Cueva: Sure, so Mad Pow is an experience design firm, so we focus on designing the experience of technology, um, anything with a screen for it and our methodology is human centered in nature and so we like to consult with the folks who are going to be using the stuff that were designing before designing it and then consult with them throughout the process to make sure that we've gotten it right, uh, and

we've been doing a lot of work in financial services, insurance media. Some of our clients include ANATIC technology, we work with Google, Monster, Timberland, Starwood Hotels, Fidelity, and the list goes on and on. For a small company we were able to work with great big clients and do neat things, and I said we'd focus on the digital channel but really more and more we were focusing on multi channel experiences so when someone goes into a store, and they got an e-mail, they visit the web site, they get a printed statement in the mail, they call the call centre, interactions to create a meaningful hope, and we love making companies more money all day long in terms of them selling their products and get leads and enhances conversion and even have them cut cost in employee productivity or reducing by calling the call centre and stream lining things. The reason why we were interested in the health care space was because we can make some companies more money or cut cost but really we can help people be healthier, and as you know some experience desire information architect were kind an empathetic crew with a little bit of idealism going on there, want to make the world a better place through design so focusing on health care really lets us, you know, make us really want to wake up and come to work and help people out and so health care is great place for us to apply our human centre design skills.

Jeff Parks: No, absolutely and I've done many of the presentations with colleagues in the user fields in the last couple years and that's the great thing about this field, we have a lot of passionate people and a big part of user experience discipline is helping other people and that's what I love about this idea, using social media tools to help doctors and nurses for example communicate more effectively. This social media field there had been a lot of articles in business week and what not about sort of warning companies against all these so called social media experts out there. I mean using Twitter is not rocket science and being on Facebook, the largest demographic growing in

Facebook is 55-65 year old women for example, so it's not about the young kids and the technology. These things are getting easier and easier to use. Maybe you could talk about your experiences or your ideas how things like Twitter and these other social media tools may be able to assist doctors and nurses to communicate more effectively.

Amy Cueva: Sure, in social media, I recently gave a presentation on social media and health care and I was a part of that. I kind of want to deconstruct the term social media because it gets thrown around a lot and I really wanted to understand what exactly does it mean and so I looked online for definitions and things and so the definition that I wanted to support was one that is loose and could be used as an umbrella and that was "technology that connects people and which helps people communicate". Um when you think about social media, it is about communication and it is about connecting people and it is about technology and those communications can be one to one, you know, you and I sending private messages or chatting online by Skype. It could be one to many, um so it could be one to one communication going out to the world, you know like in Twitter. So it can be online, it can be on the phone, it could be e-mail, it could be IM, it could be instant chat, so all of the communications that we have had like the phone, e-mail and instant messenger, now we have more forms Facebook, Twitter, and there is kind of a convergence that's happening all these things are coming together and becoming digitized and uses of them are becoming clear. So when you think about the communications that happen every day in the Health Care space, a nursesomebody's chart that is meant to be shared with the entire care team, or a nurse communicating with a doctor or a doctor needing to communicate with a patient, a patient needing to be supported by their friends and their family in their journey dealing with their condition or in their efforts to lose weight or stop smoking, um, all of the communication that happens now analog or on paper, we have a tremendous opportunity

to bring those communications online using more modern tools that are coming about with all these social media trends, so some interesting things happening there. And I can go into some examples there too if that would help.

Jeff Parks: Yes, It would actually, and I know just from my own personal experience that I worked in the health care field for seven years, working with clients with traumatic brain injuries and managing staff and dealing with a lot of different behaviors and what not. So it's nice to see and I can think of a number of different things as well around these tools but it's nice to see these conversations moving toward how these tools can help other people and not focus on these conversations, these tools themselves. Now being a Canadian, our health care system is remarkably different from those of the United States. So maybe some examples from the American prospective or even projects that Mad Pow has worked on recently would be of interest as well.

Amy Cueva: Sure, absolutely. So in the health care space we are working with insurers, payers like Etna. We're working with hospitals like woman's hospital; we're working with publications like New England Journal of Medicine, technology providers and consultancies like Maccasan and those companies. What they want to do is right now the way health care is handled. Not sure about Canada but in the U.S., it's very reactive. Something has to happen to you, you go and get services and then we pay for those services, right? Sometimes, there are preventative things happening like chiropractic, our annual visit and some other things. Tremendous amount of money is spent on treating conditions, many of which could be prevented, if proactive and preventative measures were taken from the start. So, to shift the pendulum in the other direction of taking more proactive and preventative measures away from managing chronic situations later on, some changes need to be happening. But the word is in the US, if every healthy person avoids going to the doctor and actually went to the

doctor, it would bankrupt the health care system. So we want people to start going to the doctor but you know that we can say you have risk factors, your drinking too much, your eating too much, your not exercising enough, we need to do a test to see if this is an issue. That type of thing is not happening, and so with the healthy population, technology, social media can be a tool where humans don't have to be the ones teaching all the time, being the ones to do the work. Technology can track how much they sleep, they can track their mood etc etc. All this information can start to be tracked and then bundled up to the right people, and so people, humans can start to reach out and have interventions and have more meaningful interactions because the data and technology has laid the ground work for that to happen.

Jeff Parks: Yes, I mean you are looking at the President, I mean from other information that you sent me, President Obama in the States for example has created a stimulus package ARRA that includes 19 billion dollars which has been earmarked for Health care research technology and improvements, so based on a lot of what you were talking about, I guess there are a couple key points that probably need to be looked at, one of which is standardization of the tools and services where the United States should be putting that focus and ultimately, although the government is earmarking this, all this money for this research which is fantastic, who should be leading the charge of this? Because I always question, and this is just me, but I always question whether the politicians should be making these kinds of decisions. Um, ultimately we want the experts in charge, we want to learn from the medical experts and it was so refreshing to hear Obama. I mean he based this on talking to the front line staff, I mean having worked in the health care system for years, the nurses run the hospitals, not the doctors. I mean they're the ones that keep the patients spirits up, they keep the medications flowing properly and

again yes, should we be standardizing technology within this domain and if so who should be leading it?

Amy Cueva: Yes such a good question and I have never seen politics enter into business so much as I do see in health care technology. I mean you go to health care technology conferences and it comes out, what political party do you belong to? And what they think and it becomes very political very quickly and so that is definitely a point as to who should be leading the charge here. Right now as far as landscape goes you have insurance companies, you have payers, you have providers, you have hospitals, you have net works, you have health care technology start ups and you have the government and it's like who's.... first of all you have to work together if anything meaningful is going to happen but everybody is doing their own thing. Who should be in charge, and also people are scratching their heads trying to figure out how this money is going to be spent. Um, when we look at healthcare, obviously you have patients, consumers, and you have caretaker providers, and when you look at the patients and the consumers, uh, what we want to do is to make two or three goals there. One is to improve quality, of course, so what can we do to improve quality? What can we do with patients leveraging technology to improve quality? Also what can we do to cut costs? And that means keeping people healthier so how can we use technology to increase folks in engagement in their healthcare proactive participation, in their health care? How can we increase health literacy? How can we get them to learn more, track more, understand more and act more so that they're healthier? Then when you look at the caretaker provider space, how do we provide them with the data and right technology so that the right information is going out to the right people, they have the info at the right time, having the technology to ensure that it would be adapted, it would be utilized and will give the people the right information when they need it. What's happening now is that there are these large-scale EMR deployments, um, EMR Electronic

Medical Records are bringing paper documents into these systems; many of these systems, an interface designer. Usability and an experience design person would be horrified, absolutely horrified to see these systems. I mean you go to these conferences and see these flat screen TVs with their interfaces up and your just like "What year is this? Am I in like 1994?" These look like death, all gray, all caps, interfaces that we'd be surprised by seeing anyone get around and we have done some observation of providers using the immunize and they were like "this is hard", "this takes too long" "I can't do this, I need this, I have to have this work. And so clearly, there's so much work to be done in terms of the design and ease of use.

Jeff Parks: Absolutely, and I've been talking to user experience professionals around the world about these things, and I mean there is no shortage of work and the health care industry is a paramount area where we need to be looking at, I mean even with standards because standards is so important and want you to speak more about that in regard about that, you know you sent out some other information about the pew network and internet and the American life project survey says 61% of Americans go online for health information with the majority turning to user generated content. So again, it's the same thing on the web for any kind of information, but you were talking about people, you know they're turning to the web and looking to other people to provide them with access, so even the medical experts you know like we need to make sure that we are providing them with the best possible information. So from a standardization perspective I think there needs to be something done there too because you know you don't just want to log on, you just don't want to go onto a site that says "Oh well Billy Bob and Sue and Mary Ellen had these problems that I did and they were looking at this particular prescription or this particular medication and every time I go on, or every once in a while I'm on TV right? They have all these new drugs that are coming out and try this for that

and this for that and I mean in the American culture, in the North American culture is also really sick too, I mean we're one of the most obese cultures in the world now. The kids are growing up at a rate that some of the most unhealthiest children are in our school systems today, they are not exercising, they're plopping themselves down in front of video games and no, I'm not saying this is universal across the board. There are kids out there that are into sports and everything else. But it's really important, I think, we try to standardize things in a content prospective as well so that our health care professionals are on the front line on the web in specific areas that people know that they can turn to a specific site or go "Yes this is the expert in this field and yes I need to be talking to this person."

Amy Cueva: Yes 61% of people go online for health information, and it's amazing how open people are about their health and are looking for information and they want to find out what are people doing and can I learn from that? You made a good point that some of this information is going to be accurate and some of this information is not going to be accurate, so people are out there combing. There are some websites out there that are extremely interesting what's happening. One website in particular in patients like me where you can identify your disease and log in and you can create a profile, um, you fill in all this information about yourself and you track. So say you logged into the mood disorders category of patients like me, you track your mood, you track what meds your on, what kind of treatment your getting, and I logged in there and checked out some of these people's charts, and they have been depressed for months and months and months and months and their chart is always in the unhappy zone. They're on all these different meds, their suicidal etc, etc, but that's where you see the power of social media because you have the people logging on making comments about this person's profile, maybe you should try this? Why are you on so many medications? Clearly your therapist isn't working and you

should FIRE THEM!! You're a good person keep trying it will all work out like there is light at the end of the tunnel and there are people just signing off, there are some nutritionists in there and doctors are there and it's all anonymous, and what people will do is say "ok I'm on this medication who else is on this medication?" What side effects are they seeing? How long did they stay on it? Did they go off it? Did they go on something else and they really start learning from others that are out there. So social media is freeing the information that everybody has on their minds, everybody goes about their daily lives, they've had experiences, they've tried things, um, certain things have worked and certain things haven't. Social media had made it sociable and shareable, and it has shared these sociable networks of people.

Jeff Parks: Yes, that's great! So ultimately it's not so much people turning to, I mean you mentioned, you're going to have factual information, you're going to have erroneous information; that's true of any information that you find on the web, but as what you pointed out is that maybe the biggest power of the social media from this prospective, that you just described to me is the emotional support that other people can provide to others around the world, who have similar problems and similar issues to make sure that they can keep moving forward of the treatments, or keeping moving forward to help them get better.

Amy Cueva: Yes, and it's almost like a social media is an ideal way of like, I mean I find the people who embrace and engage in social media are very aware that it's giving, it's not just getting, it's giving and you're out there to help others, and also to be helped. Um, but when you look at what we're trying to leverage technology to accomplish in the health care space for patients and consumers is uh, often sometime behavioral change, exercising more, losing weight, getting on top of the sleeping issues, uh, stopping smoking, things like this, and in order to accomplish

behavioral change there was a study done back in the 80's on our college campus they were trying to get students to stop smoking and it will only help them when folks were given information in tools that would reflect their personal behaviors and attitudes, where they were getting information and support from their friends, where they were getting support and information from the organization i.e.. the University and where they were becoming a little societal information as well, public service announcement about smoking, seeing posters at the mall or whatever, it was only then did real change started to take place. So, when you look at technology, technology can help you track your own behavior, mirror back to you your own behavior it can start to connect, here's what you're doing, and here's what this means and you can start to input cognitive psychology to help people not want to rebel against the system and actually using the system of psychology of gaining actually, help people want to keep going, and outdo their best and give them the motivation to keep going. Um and also help connect them, their supporting network, their friends, their family, giving them words of encouragement and society is a whole connecting people as well.

Jeff Parks: Yes, its great, I mean from a cognitive site prospective I mean the mind controls the body and one spot where we have looked a lot, or where we haven't, or I don't hear a lot about in anyway, is where we live in the information age, and there is a lot of data been thrown around, until recently, until social media and until some of these tools have been out there it's been almost really robotic in nature. In terms of the way in which we interact with each other online. Now I find a lot of these tools are almost utilizing it and almost normalizing it. In fact, you were talking about before, about people going on line and sharing their experience about their moods and how things are. Uh, uh.. The mind controls the body. So ultimately we are all social creatures like it or not we were not meant to be stand alone entities that can just survive by ourselves and

we do need each other, and I know that can be a kind of mushy soft approach in a very data centric world that we live in, but that's the reality. All of these things are simply tools to connect with other people, and it's what we do to make those connections that are going to help us, not only to help ourselves but also to help other people in the process, and I think it's amazing that these things are out there. I mean um, I know that I even introduced my parents to Google Docs a while ago, got them on g-mail. A couple years ago my father was diagnosed with Multiple Myeloma which is a form of cancer of the blood and he went through chemo and radiation and came out the other end and he's doing ok today, but I got my dad to put all of his medical records, all of his charts, everything that you sort of described, into Google Docs, and when they took a trip to the Canary Islands, he actually came down with phenomena, and while there he got checked into a hospital and my mom just checked into Google Docs for example, showed the doctors all the meds and everything up to date, he phoned the doctor back in Kingston Ontario Canada, they conferred and got him the right treatment right away. So even as something as simple as documenting your progress in an area that's secure and that you can share with other medical professionals that if you do travel like that, it allows you to keep living your life and doing things that you want to do. Just like my parents were able to do in terms of taking time, now that they've been retired for a number of years, uh, and continue to do things that they enjoy so it's just amazing to me as to what we can do.

Amy Cueva: I love that story because people that are using a normal tool that everybody has access to accomplish extraordinary things and it's way better than what people are spending million's to concentrate now uh, the PHR'S are in the lake and all the money that is being spent on various organizations to build these things. Um, and that indicates a bit of a problem right? So, you go to your primary care physician, you had a visit at a hospital. You go to this other

place for treatment. Each one of those organizations has their own EMA, their ownElectronic Medical record and the data is not being shared between those organizations because of Hippa which is meant to protect privacy in health care space and to help keep medical records private. Um, because of that it's at the person's discretion who they want to share it with, um, but often times what we're finding is that people are scared of Hippa and scared of the legal ramifications that are associated with social media, so we have seen a lot of organizations not, not, almost making the excuses because of legal, because of Hippa we can't do much there. Um, truth is you can make progress with social media and with data sharing; you just have to design the security and the preferences so that it's really clear and it's secure, but what's going on right now is who owns this information? Does the hospital own your information? Or do you own your information? And right now the hospitals own your information. I mean how many people have their own medical records in their own home analogue style? Not many people do. The only people that probably do are the ones that are trying to manage a chronic condition and it becomes very important to them. Um, and even the digital record, who has access to the records at the hospital so what we want to see happen, what we're hoping will happen is that they will become, there is a movement for this standardization in a way medical information is stored in the data base so that when the patient gives permission, it can be shared among the institutions and that they can get access, and then it's a matter of giving the consumer the patient access to view all of their medical records and say "oh that's an error, that's incorrect" append or maybe even imitate their record, that kind of access is really not available. Some hospitals are giving patients access to their records but then it's like, "ok what do I do with that?" so things are happening and and it seems there is a lot of opportunity there.

Jeff Parks: Yes it seems.. I don't know but it seems to me at the end of the day, it's ridiculous. I can recognize the need for privacy but at the same time if I have a loved one that's in the hospital that is really really sick or I know someone who's really, really sick and my medical records and insights could help that person to get better...I mean who, who I'm sorry but who cares about privacy? I mean really who cares and put these bureaucrats or whoever's in charge of this stuff, put one of their loved ones in there and say well "we could help them but you know, unfortunately you know these medical records are private and they're confidential and I guess it's something we're just starting to see now. Copyright laws, I mean all these things that we are starting to recognize the way things were structured and organized, the access to these things, we have to change them. I mean we live in the information age right? I mean I know I keep quoting the guy that created this media podcasting but the tag line is brilliant! There are no more secrets only information you yet don't have, so in other words if you want access to it you can find it, so why don't we stop pretending like we live in 1942 where everything is paper based and everything is locked in a safe and recognize the fact that we can potentially solve, we can potentially cure cancer, we can potentially cure these things. Tim Burner Lee was talking about this on Ted recently about the semantic web, and satanic 3.0 if we can combine all these databases together into actual results (Amy Cueva: absolutely) that we can find. The cure for cancer could very well be online and what's really scary is that only 20% of the world population is actually sharing information. That means we're missing about 80% of the world's ideas. (Amy Curea: yah!) Uh, sorry that's my little rant but I mean holy!

Amy Cueva: (laughing,) Ya! No, no, I'm going to jump in on that. Jeff Parks: "Please".

Amy Cueva: This is something that I'm very passionate about, even potentially to a fault and I know enough to

know that I don't know everything for sure, so I'm in constant discovery mode with this. Uhhh, Hip is frustrating because it's about privacy, it's um, and I'm with you if we could save 100 lives by the information being accessed to the right person at the right time, do I really care about one or two folks um, having an issue, um, their issue is bad! But not a life or death issue. So my priority is get the information out there so if someone is unconscious and needs treatment, you don't need him or her to approve you accessing his or her record, you have that information available. Where the concerns come into play is if you had a hacker who is going to hack into the database to see who has HIV because they want to commit hate crimes or something like that. Or um, just like some companies now, some financial institutions will do a credit check, along with a back ground check before hiring you, if your credit score is too low they will not hire you, because they think that you are in financial trouble and think your are more willing to embezzle, steal from the company, what have you, um, do unethical things. Similarly people are concerned that a company may do a health record check and see if you have this or that, right now the CDC is trying to push forward laws that uh, for example I became aware of this yesterday, somebody walks into the emergency room. They have anthrax, somebody three blocks down walks into the emergency room they have anthrax. Right now those two incidents; it would not benefit the right people to connect the dots quickly enough. So in certain situations the laws can be, should be pushed so that information is shared but you're absolutely right, I just feel we spend so much time talking about this in the financial world. People want to steal money and they'll figure out any way to do it but uh, assuming your identity, hacking into your bank account, I just think if these can be solved in the financial space then we should be able to solve them in the medical space, but it's so sensitive because your health is much more personal than your money if that makes sense? So people get really excited about it.

Jeff Parks: Well it's an ethical thing right? It's a slippery slope argument, of course, and I don't mean to be so "matter of fact" in the last statement that I made. I mean of course there are going to be certain times within an ethical prospective, or from a financial prospective, or a moral prospective. It's simply not possible, as you pointed out. It's the 2 or 3 incidents, we are not, you know about this thing that this is happening to thousands of cases and it's a problem for everybody. Um, of course this is an emotional thing. It goes back to the whole human centric side of things how social media can help out with those things because again the purpose to these tools is to draw people together and connect them with others.

Amy Cueva: And honestly what we've seen is, you know people are concerned, is it an insurance company going to look at your medical record and deny you because they can find out that way because you have this condition, or are you going to get charged more for this, or get denied life insurance, or whatever, so some of the concerns are valid but I feel that they can be dealt with. A lot of what's happening though is that a lot of people are throwing up their arms and saying, "There's Hippo so there's nothing we can do." Um, in fact I gave a presentation on social media and health care and someone said to me "You are just in fantasy land, this stuff will never happen" and it's like " Hold on a second, it's happening everywhere else so why not here?" We're hoping as we continue to do fantastic things with Hip, with provisioning for Hip security and preferences that people will start to say, "ok, we can actually do something here."

Jeff Parks: Yup, and we need to look beyond, I mean the medical system in the United States is profit driven big time. Right? By the insurance companies, but I mean all you have to do is a little traveling outside your own country, looking around to see how incredibly fortunate we are in North

America, regarding our standard of living, what we have as to respect of health care. Uh and what not, and recognize, the environment is a good example. Whether we like it or not, we're all on the same bloody planet. If we don't start doing something about the environment, it doesn't matter what your political ethnic views are on any of those things so publicized and politicized, and it's much the same with health care, we have so much potential to help people, so many people from around the world, that uh, and you know it drives me absolutely insane to see things like policies like Hippa and what not, and people telling you that you are having a pipe dream and that this will never happen. I think the ones that are telling you that you are having the pipe dream is really them that are having the pipe dream. There living like it's 30 years ago and access to all this information doesn't exist. Uh, I do think that social media does have a role in the health care field, just like it's doing now, as simple as something as Twitter connecting you with professionals sharing with you collaborating. Even in a hospital where I use to work, even as a health care facilities, with clients with traumatic brain injuries. Even as something as simple as walking around with your I Phone and sending messages, or sending direct messages on TWITTER to people from different parts of the city, uh, saying "check this out" or " I'll be there in a little while" or "make sure this patient takes these meds" or "remember they are not on this many mg. of Paxil anymore. They are on a reduced amount so make sure to give them this much, instead of that much". Uh, little things that can help communications which can reduce the risk of patients getting the wrong medication or inappropriate treatment and increase their capacity to recover more quickly. Uh, that's just one tiny thing. There are so many more uses of these tools that we could be doing to help patients not only here at home or in your own neighborhood but also around the world.

Amy Cueva: Ya, and simple things. If you are depressed person lets say, and you, somebody each day you can text

to a short code. If you're happy, it's one smiley face, if you're really happy, it's two smiley faces. If you're having a really bad day, it's two frowny faces and that is innovating technology to the point where it will actually be used. Not everyone has a laptop up right in front of them all the time throughout the day. Not like you and me uh, so they are going to need to use the phone and texting messaging and mobile device to interact and their mood can be tracked and beyond that um what we began looking at specific patients like me is that this person is looking at their chart, looking at their chart is depressing so how do we ensure technology not only to reflect back to them "Hey you're depressed", "Hey, you have diabetes", "Hey, you're diseased" but actually help them see the light at the end of the tunnel. People have gotten through it, times where they were happy, and document that with photos by showing them notes to themselves. You know documenting what caused that happy moment, or how did they enjoy that walk with the kids where they burned some calories so that they'll want to do it more and more. The point is, if you have these trackers um, then someone can reach out and say, "You're not doing so well. How's it going?" or send them a text message or call them up and say "Hey, why don't you come in for an appointment?" or have the doctor have that level of information to see where everyone is at uh, having at their finger tips. Not to mention, once all this data is in place you put engines on it, I think we'd have the cure for cancer. So much can be learned by pulling that data, learning from it, finding trends, and again bubbling up the right information to the right folks.

Jeff Parks: Yup, well by then end of next year I've read some stats that claim that by the end of 2010 the Gen Y's are going to out number the baby boomers in terms of the population in North America so I think in the next few, then next 5-10 years were going to see some pretty big changes in government and policies, in education and very much including the health care system, and I think if these tools

are leveraged properly as you have described beautifully throughout this conversation Amy, if we start leveraging these things and we've only hit the tip of the ice burg and of course we'd only be able to do that in a podcast. Uh, if we keep this conversation going, I don't think there is anything that we can't accomplish, and I think there are many things that we could be doing today and into the near future that are going to help a lot of people, a lot more better if not medically if not emotionally, and I've mentioned before the mind controls the body, and knowing that you are not alone and knowing that there are other people out there who have a similar disease, a similar certain mental illness, uh, it can go a long, long way to recovery for these people.

Amy Cueva: Absolutely, and that's the thing too, the way we approach is to medicate, and to apply the drug to the issue, have some surgery, etc, etc. It really does start with the mind and with emotions, and uh, I think with technology we can start to help people understand what makes them tick and the emotional stressors that can push people into unhealthy symptoms elsewhere as well.

Jeff Parks: Ya, Absolutely! Amy it's been a real pleasure talking to you today. I know you've got a lot of other things going on today, and I wish you all the best and I hope that all the work that you are doing in this field is going to go a long way to help Americans and others from around the world to start to feel better. Uh, so thank you very much for joining me today.

Amy Cueva: Thanks so much, and of course, you know Mad Pow is always for hire to work on these types of things, but I would encourage anybody, anybody that's touching or has a role in creation of interface tool of technology in the health care space talk to real people who will using what you are creating, because you might be smart but you have no idea

how they're going to use it or what they're going to be all about, so please, please, talk to them.

Jeff Parks: Take it to health user design (Amy: yes, yes!) it's a great idea. Thanks again Amy for taking the time. Until next time, this has been the IA Podcast. I hope you can find everything you need, whenever you need it.... Take care!