



The Health Care Blog

It's THCB's Health Wonk Review

By John Irvine & Matthew Holt
Jun 9, 2011

It's Thursday morning. Fresh off the digital presses. It's finally here. THCB (after a long absence) is back hosting Health Wonk Review....

Health IT Dept

We start close to home with huge news for THCB's sister organization Health 2.0. (FD-Matthew Holt THCB's Founder is also Co-Chairman at Health 2.0). And the news is that the world has gone crazy for Challenges, and that HHS and ONC (they of the billions for EMRs) are joining in, and funding a huge series of challenges for tech innovation in health care. Over at *Health 2.0 News* Matthew and Health 2.0 CEO Indu Subaiya [explain Health 2.0's role in Investing In Innovation or i2](#).

And if that wasn't enough, the entire health data wonk world is descending physically or virtually on Rockville, MD this morning for the Data-Palooza inspired by HHS' CTO Todd Park. If you don't know about Todd you should read [this great profile](#) by Simon Owens in *The Atlantic*. But THCB published Todd's piece about the Data-Palooza (or more formally the Health Data Initiative Forum) a fraction ahead of the HHS blog, so we're [linking to it here](#). It includes information about what, who and how you can see it live—and if you care about health and tech and data, how can you miss it?

Of course, i2 and HDI is not all that's been announced in tech this week. Inspired by Steve Jobs' iCloud keynote this week in San Francisco, Dr. Jaan Sidorov at the *Disease Management Care Blog* ponders the healthcare potential of [Apple's ballyhooed mobile operating system](#).

Despite the boom over the past few years in new technologies and services targeting healthcare, many new services are not doing as well as the experts have predicted. (Note LOTS more HWR below the jump)

Healthcare IT Guy Shahid Shah notes the underlying cause of the problem. When you get right down to it: entrepreneurs are just not very good at [selling things to hospitals](#). The answer, Shah argues, is a serious rethink of how stuff is sold.

Meanwhile, at *Pizaazz* Glenn Laffel looks at new evidence that hints at [staggeringly high levels of attrition](#) from online wellness programs. What do the numbers mean? Well, “a clinical trial showing that an intervention is *efficacious* does not mean that the intervention will be *effective* in

the real world, when people use it as they please and often, without the support that is routinely provided to participants in a trial.”

At *Meaningful Health IT News* geek jounro Neil Versel examines pushback this week to IBM’s recent effort to sell its advanced supercomputer technology as the future of clinical decision support in [“Not So Elementary, My Dear Watson.”](#)

Writing in the *Costs of Care* Blog, [Harvard Medical School student Ian Metzger looks](#) at the ways in which doctors influence healthcare spending through their day to day decision making, arguing that contrary to the conventional wisdom, technology may be becoming part of the problem. “With computerized health systems, physicians can place orders as easily as they can shop online at Amazon.com. Except, unlike online shopping, physicians don’t see the price tags and they never get the bill.”

Policy Desk

Butter with that? After a series of highly publicized reversals and much public confusion, Dr. Rich of the *Covert Rationing Blog* wonders [if public health experts might not be wrong about cholesterol, too](#). “For over 20 years, the cholesterol hypothesis has been presented to the public, with all the evangelical fervor employed by the global warming experts, as settled science. ” Dr Rich notes, “There is clearly some muttering going on these days amongst the experts...”

Comparisons to other industries are nothing new in healthcare. We’ve heard countless times from the experts that the healthcare industry could transform itself overnight (well, really quickly) by drawing on the examples of the automotive / airline / tech (insert your pet industry here.) But the global fishing industry? At *The New Health Dialogue* blog in a [post adapted from her speech at the Aligning Forces For Quality National Meeting](#), Shannon Brownlee looks at the uncertain future of the global fishing industry and the lessons to be drawn for healthcare. She also highlights a little known and rather disturbing fact: in 2048, the world will run out of fish.*

(* well, maybe.)

Why can’t we all just get along? Well, we evidently don’t like each other very much. Writing for *THCB*, [Jeff Goldsmith looks at the unbridgeable divide](#) between Democrats and Republicans, deconstructing the numbers that both sides throw around in the debate over the uninsured. “A ... less defensible leap is assuming that the entire “illegal alien” population is uninsured and since they shouldn’t be here in the first place, we shouldn’t worry about them ... In 2006, the National Institute for Healthcare Management estimated that there were only about 5.6 million uninsured undocumented in the US. The Congressional Budget Office arrived at an identical figure for the current uninsured undocumented in a March 2011 report.”

At *HealthBeatBlog*, Maggie Mahar looks at reactions to Atul Gawande’s commencement address at Harvard Medical School and consequent piece in the New Yorker. Mahar focuses on opposition to Gawande’s suggestion that [doctors should think of themselves as members of a “care coordination pit crew.”](#)

Taking the opposite track, on his *Health Policy Blog* [John Goodman](#) [argues that evidence-based medicine could end up doing far more harm than good](#). “In most areas of medicine, there are no treatment guidelines; and where there are, they are often unreliable, conflicting and incomplete,” [Goodman](#) writes. “Even for something as straightforward as deciding when women should get mammograms there is conflicting advice,” he concludes, “If insurers have to choose among conflicting and inconsistent guidelines, which ones do you think they will choose? The ones that cost them less money, of course.”

Writing for *Forbes*, Avik Roy reports on the recent McKinsey study that suggests that many employers will stop offering [employees health coverage after 2014](#). “McKinsey’s numbers jibe with those of the progressive Urban Institute, which recently published a study fearing that “droves of employees—potentially tens of millions—are likely to shift out of employer-provided health insurance over the next decade or two, especially as newer firms and their employees find it more profitable [to do so] ...”

At *HealthAGenda* in “[Making Hard Decisions Easier](#),” the latest installment in her must-read series of posts on her battle with Stage IV breast cancer, the John A. Hartford Foundation’s Amy Berman looks at the importance of advance directives in end of life care.

Media Desk

Meanwhile, over at *Health News Watch*, Gary Schwitzer examines [recent critical media coverage of the Susan G. Komen’s Foundation’s fundraising practices](#). Schwitzer quotes blogger Chemobabe “While I have had fun making fun of all the pink crap that purports to support breast cancer patients, I have avoided direct criticism of the Susan Komen Foundation. Until now. I have to speak up. While the unity may be 100% real, the purpose has become distorted. I feel that these women and the people who donate to them are being misled. I do not like to see people’s good intentions exploited.”

Economics Dept.

Do we need a Flexner style commission to examine the U.S. healthcare system? *Healthcare Economist*’s Jayson Shafrin [argues the answer is probably yes](#). “At the turn of the twentieth century, U.S. medical education was a disgrace,” Shafrin writes “and care of the sick, except in a certain few facilities, was almost as bad. Something had to be done. In 1908, the newly founded Carnegie Foundation for the Advancement of Teaching stepped in, hiring a 42-year-old educator named Abraham Flexner to embark on a study of medical education in North America. His report, published two years later, became a clarion call for drastic change.”

At the *Improving Population Health* blog, Dr. Kirsten Siemering highlights the direct, if not widely understood by the general public, connection between transportation policy and public health in major metropolitan areas, examining Utah’s [successes](#).

Merrill Goozner at *Gooznews* examines the economic implications of the newest generation of cancer treatments debuting at this year’s American Society of Clinical Oncology Meeting in Chicago and concludes that [little has changed](#).

Health Care Renewal reports on the results of a US Senate Finance Committee investigation into the role that industry ties to two key professional medical societies played in the effort to convince the Food and Drug Administration to reject a [generic version of Lovenox](#).

Health Access Blog looks at the latest developments in the debate over the ACA on the state level, examining the “redebate” over the law by [California lawmakers](#).

How far should the protections of the Americans with Disabilities Act go? For example, should a bridge worker with acrophobia be entitled to the same treatment as somebody with a more widely recognized disability, such as blindness? The answer may not be quite as clear cut as one might think. The United States Seventh Circuit recently reviewed the case. Jon Coppelman of *Workers Comp Insider* offers [play by play](#).

That’s it! Next week HWR is from Tinker Ready at [Boston Health news](#)