VOXIVA™ Why Go Mobile?

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Why go mobile? Reach more people. Interact and engage with them. Help them improve their health.

There are more than 4.6 billion mobile phones in the world. That means that well over half the world's population has a phone. Those phones can be used for much more than making calls and sending text messages; they can be powerful tools to help people improve their health.

90% of Americans have a mobile phone. Over 1.5 trillion text messages were sent in 2009. Not only are phones ubiquitous, they are personal devices and they are with us 24/7...ideal for helping their users change their behaviors and live healthier lives.

There possibilities are almost limitless: adherence programs, medication reminders, health tips, patient diaries, health risk assessments, health marketing campaigns, refill reminders, satisfaction surveys, wellness programs.

Mobile health innovation has been happening all over the world with clear results demonstrating health impact. Studies have shown that mobile health applications can help smokers quit ,[1] help HIV/AIDS patients adhere to treatment[2] and help diabetics manage their disease.[3]

While the rest of the world has been charging ahead, the US has been slow to adopt mHealth and mobile applications in general. There are a number of reasons for this – slow initial uptake of SMS, complex mobile carrier billing models (pay to receive), focus on web applications – but the tide has started to turn thanks to things like American Idol SMS voting and the iPhone.

As HHS Secretary Kathleen Sebelius remarked at the NIH Mobile Health Summit in October 2009: *"They're the most direct, convenient, and dependable form of communication we have. That's why the President and I believe mobile phones have so much power to empower the consumer toward a healthcare system in the future...Mobile health also has enormous benefits for individuals and improving the health of all Americans."*

1 Bauer S, Haug S et al "Continuous individual support of smoking cessation using text messaging: a pilot experimental study." Journal of the Society for Research on Nicotine and Tobacco. (2009).

Bramley D, et al "Do u smoke after txt? Results of a randomized trial of smoking cessation using mobile phone text messaging." Tobacco Control. (2005).

2 Xanthe Wessels, Xanthe, et al "Improving the efficiency of monitoring adherence to antiretroviral therapy at primary health care level: a case study of the introduction of electronic technologies in South Africa." Development Southern Africa. October 2007.

3 Anderson N, et al "Diabetes education via mobile text-messaging." Journal of Telemedicine and Telecare. (2006).

Franklin, V.L., et al. "A randomized controlled trial of Sweet Talk, a text-messaging system to support young people with diabetes" Diabetic Medicine. 18 October 2006.

So now I want to go mobile, what next?

At Voxiva, we've been developing and deploying mobile applications in 14 countries around the world since 2001 and have learned a number of key lessons along the way.

Focus: As with any technology solution, the most important thing to start with is figuring out what you're trying to accomplish: What's the service you want to provide and why is it going to be useful to end users? You can expand your scope and do more later, but you need to know where to start. Assuming you have that covered, there are a few unique dimensions to mobile to consider and a few pitfalls to avoid.

Reach: If you want to reach a broad audience, don't limit yourself to only 1 technology (e.g. web, SMS, interactive voice response (IVR), SMS, iPhone…) unless you can ensure that everyone you want to reach has that technology. iPhones are great, but less that 1% of the world's phones are iPhones so assuming you want to reach the other 99% you need a broader approach. Voxiva's platform is an integrated, multi-channel platform combining SMS, IVR, handheld and Web so that you can build an application once and users can interact with it using the technology of their choice.

Flexibility: Think beyond the first use case and ensure that you have the flexibility to expand. Many organizations build or buy an application to support a single disease state or single use case (e.g. diabetes care or appointment reminders) and when they want to tackle the next use case they have to build the next application from scratch. This means high costs, long development cycles and multiple parallel apps. Voxiva applications are configured on a flexible, extensible platform that can be rapidly modified and expanded to support multiple use cases.

Scale: The price for leveraging the massive scale and reach of the mobile (i.e. 4+ billion phones) is the challenge of dealing with the 700+ mobile operators and the telecom infrastructure. While there are a number of simple solutions for experimenting with SMS applications at small scale, large scale deployments require significant service delivery infrastructure (hosting capacity, connectivity, SMS gateways, etc) and business relationships with the mobile operators in each country. While we're not everywhere yet, Voxiva has developed this capacity in the 14 countries where we operate.

Engagement: Mobile phones are designed for two-way interaction which makes it possible to stay in closer touch and more engaged with patients and consumer than is possible with traditional one-way communication methods (e.g. printed material) or even the web. But designing compelling interactive user experiences for mobile phones requires much more than translating existing content into 160 characters or less. For 9 years, Voxiva has been working with partners and outside health experts to create these engaging interactive protocols for a broad range of health care needs. We're ready to put our expertise to work to help you.

If you have more questions or think we might be able to help, please email me at paul@voxiva.com.