Have you ever felt like every time you pick up a piece of newspaper or open a web page on healthcare, all that everyone is talking about is “How mobile technology will change the future of public health?”

However, the waiting list of unresolved issues for medical care is still a mile long; it still takes several hours’ drive to the hospital and clinics; more than 80% of health Apps that are downloaded are abandoned within 2 weeks, Joseph Kvedar, chief of Center for Connected Health, was quoted as saying (Figure 1). So what are we really talking about when we talk about mobile health (mHealth)?

During December 7th–11th 2014, the annual mHealth Summit was held at the Gaylord National Resort and Convention Center, National Harbor, on the shores of the Potomac River, just south of Washington, DC (Figure 2). The theme of the summit is “an ecosystem of opportunity”. This time, the summit is trying to answer questions in “real world” of mobile health by paying more attention to collaboration and innovation in community. The conference features keynotes presented by executives from some of the largest multinational enterprises like IBM (Figure 3), Samsung (Figure 4) and Pfizer (Figure 5). Meanwhile, global forum (Figure 6) and panels (Figure 7) hosted by practitioners from diverse fields guarantee the voice from diverse fields all over the world will be heard.

**Extract of keynotes**

Many aspects of mHealth are discussed during the summit, ranging from its current status to the future, from physical health to mental health, from the fetching of big data to the using of it.

**Evolution of health care**

Qualcomm is a global semiconductor company that provides wireless telecommunications products and services. Derek Aberle, president of Qualcomm Incorporated, forecast that health care will evolve from “days” to “seconds”, then to “real-time” (Figure 8).

**Do we shape consumer behavior or do we leverage it?**

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Figure 3 Harry Reynolds, director of Health Industry Transformation, IBM, talks about “what is a good APP”.

Figure 4 “Where is mHealth headed to?” David Rhew, chief medical officer and VP of Global Healthcare, Samsung, raised the question at the end of his keynote speech.

Figure 5 The presentation given by Wendy Mayer, vice president, Worldwide Innovation, Pfizer, is about “driving tech innovation from outside in”.

Figure 6 Patricia Mechael, senior advisor of mHealth, the mother of mHealth is giving the opening speech for the first global mHealth forum at the summit.

Figure 7 Distinguished directors from different enterprises discuss how to create a vibrant innovation community.

Figure 8 Derek Aberle: Mobile’s future impact on wireless health.
and Channels Marketing Verizon Enterprise Solutions, emphasized the importance of engaging patients and loyal customers in the future of mHealth (Figure 9).

**Connect people and help them feel better**

Jen Hyatt, CEO and founder of Big White Wall—a safe online community of people who are anxious, down or not coping who support and help each other by sharing what’s troubling them, guided by trained professionals, calls out for attention to Mental Health (Figure 10).

**Health map to prevent new infections**

John Brownstein, director, Computational Epidemiology Group, Children’s Hospital Boston, shared his experience of using social media to capture big data of public health (Figure 11). An article on “Influenza A (H7N9) and the Importance of Digital Epidemiology” published in *The New England Journal of Medicine* based on their work.

**Voice from mHealth editorial board**

The *mHealth* (ISSN 2306-9740) journal is an open access, peer-reviewed journal, published by AME publishing company, publishes articles that describe new findings in the field of using mobile technologies to improve public health.

As the largest event of its kind, the mHealth Summit convenes diverse international participants, including some distinguished experts from the editorial board of the new journal *mHealth*. Let’s find out what they say in the summit.

**Google Glass: does it work in clinical use?**

The most common concern about Google Glass might be its feasibility and acceptability. To answer this question, Paul Porter (Figure 12) introduces his study on “Google Glass in
clinical use” in his session. According to the research result, Google Glass is feasible and acceptable for emergency department consultation. Surprisingly, patients have few concerns about privacy.

**Self-care is the key: can SMS be used to improve outcomes in patients?**

How do we promote positive behavior change of patients with diabetes? Stephen Agboola (*Figure 13*) reports his randomized controlled trial of using text messaging (SMS) to improve outcomes in patients with T2DM in the panel

“Evidence, Challenges & Successes in Text Messaging Programs”. Result of the study shows that 78% of intervention participants responded to the messages, which indicates SMS have the potential to help patients achieve management goals in diabetes.

**Business opportunities and requirements for implementation**

Richard Boxer (*Figure 14*) is an experienced clinician of urology and outstanding scholar in Business of Science Center. In his speech about “Mobile-Enabled Physician Visits & Housecall Apps”, he points out that there is no scenario in the future of healthcare delivery that does not include connected health. Disruptive innovation is coming and investment is exploding. The opportunities are endless and the status quo has ended.

**Leveraging “mHealth” to support better, more effective, more equitable healthcare**

Cees Hesp (*Figure 15*) suggest that “Some countries have quite sophisticated health insurance infrastructure but nascent or week care delivery eHealth systems (and some are opposite). A strong health insurance transaction processing capability can be leveraged as a first step towards person-centric electronic health records. Opportunistically, financial incentives/disincentives may be employed to strengthen the coding of physician claims submissions so that, over time, the usefulness of this data as health records will grow” in his panel.
mHealth—where youth hang out?

Hammad Durrani (Figure 16) has over 10 years of experience in health sector in developing countries. He was invited as a speaker on “No one is an Island—the broad reach of mHealth” in Global mHealth Forum.

The role of mHealth in coordinated care

As the founder and CEO of Health Tech Hatch, a company that provides resources for healthcare innovators and entrepreneurs, Dr. Salber (Figure 17) gives her speech in “the Executive Breakfast”—a panel of top healthcare executives explains how they’ve used mHealth platforms to improve care coordination, reduce unnecessary readmissions and wasteful expenses, improve clinical outcomes, boost the morale and satisfaction of both patients and staff.

Linking mHealth to National Health Information Systems

Dr. Vélez (Figure 18) is a health informaticist who has completed training in computer science, management information systems, public health, nursing, and biomedical informatics. She is currently a Senior Technical Specialist with ICF International and the eHealth Team Lead for USAID’s Maternal Child Health Survival Program, where she leads the strategy for systematic integration of eHealth tools to support reproductive, maternal, newborn and child health interventions in low-resource settings. Her speech in the panel is about “A Collaborative Ecosystems: Working together for scale and resilience”.

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Footnote

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Figure 16 Hammad Durrani, MD, MBBS, MSC, Administrator-Strategy, Planning and Communication FMIC, Kabul; Office of Vice President Health Services, Aga Khan University Afghanistan.

Figure 17 Patricia Salber, MD, Founder and Host, The Doctor Weighs In United States.

Figure 18 Olivia Velez, MD, eHealth Team Lead, Maternal & Child Survival Program/ICF International Washington DC, United States.