By Alaric DeArment

By most accounts, the U.S. economy embarked on a slow but measurable recovery in 2011, but one area that saw a lot of activity was investment in healthcare information technology, according to a new report.

The report, conducted by Austin, Texas-based public relations, investor relations and market research firm Mercom Capital Group, called 2011 an “extremely good year” for healthcare IT companies in terms of financial activity.

The funding in 2011 compared with $211 billion in 22 deals in 2010, with the average venture capital deal round coming out to $9.8 million per deal.

The top healthcare IT venture capital investors in 2011 were HLM Venture Partners, based in Boston with offices in San Francisco, which had four deals. Meanwhile, Princeton, N.J.-based Cardinal Partners; Louisville, Ky.-based Chrysalis Ventures; San Francisco-based Founders Fund; Palo Alto, Calif.-based Innovation Endeavors; and Menlo Park, Calif.-based Kleiner Perkins Caulfield & Byers each had three deals. The number of venture capital investors also saw large-scale expansion, from 62 in 2010 to 104 in 2011.

Most of the disclosed venture capital funding in 2011 went to healthcare IT companies, according to the report, for a total of $480 million in 49 deals. Thirty of those deals, accounting for $336 million, were disclosed, while $83.3 million went to personal health record companies in 12 deals — in the remaining undisclosed deals, certain variables, such as names of investors and the type of funding, were not made public. Other deals included $27 million each raised by real-time location systems provider Avenuapoint and Web-based healthcare network Ability, while clinical informatics company Humedica raised $23 million, and Web-based electronic medical records company Practice Fusion raised another $21 million.

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$29 million. In the biggest deal, online doctor appointment startup ZocDoc got $75 million from DST Global and Goldman Sachs.

Of the 30 disclosed deals, 23 received their funding in the early stages, which the Mercom report called a “very positive sign showing investor confidence in early stage technologies and companies.” Of the 18 deals that received funding in the fourth quarter, six were early-stage.

Mergers and acquisitions also saw significant activity in 2011, which the report called “robust.” There were 104 transactions in the health IT space with a total value of $6 billion, compared with 85 transactions in 2010 with a total value of $4 billion. The report attributed the increase to a number of different factors, including strategic acquisitions, consolidation and increasing market share through acquisition. The bulk of mergers and acquisitions involved health information management companies.
among which there were 61 deals with a total value of $1.9 billion. The runners-up were revenue cycle management companies, which had 19 deals worth a total of $3.9 billion, and service providers, which had 16 deals.

Blackstone Capital Partners’ acquisition of Emdeon, a company that contracts with pharmacies and their service providers to simplify and improve end-to-end prescription processes, for $3 billion was the largest deal of the year. In June 2011, Emdeon entered a deal with Armada Health Care to support prior authorization management for Armada member pharmacies through Armada’s ReachRx suite of services.

Other large-scale mergers and acquisitions included General Dynamics’ acquisition of Vangent Holding Corp. for $960 million. HMS Holdings spent $400 million to acquire HealthDataInsights, a company that identifies and recoups claim overpayments, while Vista Equity Partners bought business management software provider Sage Healthcare for $320 million.

Toshiba Medical Systems bought medical visualization and analysis software maker Vital Images for $273 million. These were followed by such deals as the $202 million acquisition by Aetna of PayFlex, a company that provides Web-based proprietary benefit administration services for companies offering such consumer-based products as health savings accounts. Experian bought Medical Present Value for $185 million, acquiring a company that markets revenue cycle management software that uses its proprietary Fusions platform, while McKesson bought British hospital software developer System C for $141.5 million. Since then, McKesson has adopted the M*Modal.

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name, and on Jan. 27, the company announced that Alabrics would adopt M*Modal’s Speech Understanding technology and add it to its electronic health records, saying that it would allow for the creation of “content-rich, voice-driven narrative patient documentation.”

But in addition to these large deals, there also were many noteworthy deals that didn’t make the Mercom report. For example, in December 2011, Medbox acquired Prescription Vending Machines. Founded in 2008, Prescription Vending Machines makes a biometric medicine dispensing system that can dispense drugs available from pharmacies, doctors’ offices, hospitals, urgent care centers and alternative medicine clinics. Financial terms of the deal weren’t disclosed, but Prescription Vending Machines has installed more than 100 machines and point of sale systems worldwide and has had more than $6 million in sales since 2010.

Pharmacy Technology Report

**Healthcare IT M&A activity 2011 (by technology)**

**Healthcare IT M&A activity Q4 2011 (by technology)**

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**The PharmaSmart** Blood Pressure Kiosk Line of Products & Services

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Our Blood Pressure Tracker Now Provides: Accurate, Clinically Validated

Our Pharmacy Services Program provides: Free ACE Rx CE, Doctor Detailing, In-store Clinical Blood Pressure Workshops, Nurse Intervention Counseling and Comprehensive “Live” Data Analytics for retail Health & Wellness strategy.

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**“PS Data Smart” Targets “MTM” patient Counseling and Reimbursement.**

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Pharmacist enrolls patient into Blood Pressure Program.

Winn Dixie #2, St. Johns, Florida.

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WWW.PHARMA-SMART.COM
Now in its 44th year, the Consumer Electronics Show received a record 153,000 attendees and more than 3,100 exhibitors from around the world in its 1.861 million sq. ft. of exhibit space between Jan. 10 and Jan. 13.

The people and companies visiting the show fell under just about every definition of the term “consumer electronics,” but in particular, it included a number of companies making products related to health care.

But rather than just seeing the latest healthcare technologies directed at consumers, attendees at the show got a taste of the technology behind the technology—the platforms that power and augment technology like mobile apps.

Among the companies showcasing these technologies was Wind River Software, based in Alameda, Calif., which unveiled Wind River Solution Accelerators for Android, a series of software modules that the company said would help developers jumpstart Android development and rapidly integrate features and functionalities into their devices. The series consists of three modules, dubbed User Experience, Connectivity and

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**SoloHealth Station**

Soon to be found throughout the nation at major national retailers, each station offers free vision, blood pressure, weight, and body mass index screenings as well as an overall health assessment—all updatable online. It's more than a free check-up. It's an unmatched, incredibly targeted multi-platform advertising opportunity that will change the game.

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**Winner of the Coveted “Intel Innovation Award”**

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Medical Health Device Protocol.

At the same time, the Beaverton, Ore.-based nonprofit Continua Health Alliance announced it would make its design guidelines publicly available for download free of charge, following an eight-month interoperability and pilot phase. The group said that public access to the Continua Design Guidelines would help a larger number of developers build end-to-end systems that promote seamless connectivity between personal connected health products and services, facilitating critical interoperability among devices and applications to drive down costs and improve patient care. The guidelines are freely available for download on the Continua Health Alliance website.

Medical

Continua recently made its 2011 design guidelines available to universities and students to aid their development of applications.

UnitedHealth Group is partnering with mobile companies to develop new technologies designed to interact with mobile devices, including Valorell, which unveiled enhanced V-Linc technology that integrates mobile health and fitness technology into audio earbuds. Presenters from the company were on hand to demonstrate V-Linc on multiple mobile platforms, wearing earbud prototype units and showing mobile applications to demonstrate how the technology measures such body metrics as continuous heart rate, calories burned and speed during use on a treadmill, stationary bike and in other exercise scenarios. Company founder and CEO Steven LeBourdais noted that according to studies, 70% of regular exercisers need when they need it. And suppliers can streamline ordering and inventory management for retailers. With Kony, you build customer loyalty by making their interactions with you easy and more convenient.

Every customer. Every device. Everywhere.

Out of the box or customized, Kony delivers mobile apps for any device in record time, so you can stay connected to your customers—and they to you.

Retailers can offer customers fingertip access to what they need when they need it. And suppliers can streamline ordering and inventory management for retailers. With Kony, you build customer loyalty by making their interactions with you easy and more convenient.

To learn more, download our white paper on how mobile applications increase pharmacy profitability.

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To learn more, download our white paper on how mobile applications increase pharmacy profitability.
In November 2011, The Drug Store News Group hosted in New York an executive round-table discussion of leading pharmacy retailers and executives from leading and emerging technology companies. Guest moderator and veteran pharmacy executive Bob Dufour and the panel examined a range of topics, including opportunities to use such new technologies as mobile and social media platforms to improve patient compliance, how kiosks are helping to redefine the self-care experience at retail pharmacy and new clinical technologies that are helping to improve pharmacist-patient interactions.

WAYNE BENNETT, DRUG STORE NEWS: In talking with retailers, people tell me how they want to own health and wellness, and at the end of the day, we believe that technology is the driving force.

Today’s event would not be possible without the guidance, insight, commitment and passion of Bob Dufour. I’ve known Bob for about 12 or 15 years, and we had the pleasure of working together while he was at Walmart. Many of you know that Bob had 24 years of experience at Walmart, and in that time Bob provided leadership and direction that was integral to Walmart’s growth in pharmacy from $100 million to more than $2 billion in sales. He’s worked over the years with numerous branded pharmaceutical manufacturers to execute programs in compliance and persistence, and he also has worked on professional education programs and pharmacy marketing programs for consumers. Bob’s distinguished background includes stints as the past president of the Arkansas State Pharmacy and 2007 chairman of the NACDS Pharmacy & Technology Conference. He’s a frequent speaker at many industry events throughout the year.

BOB DUFOUR, BLUE OCEAN INNOVATIVE SOLUTIONS: Thanks, Wayne. When Wayne and I started talking last spring about the topic for a roundtable, I told him that the most interesting thing I could think of is if we could bring together some key retailers with some leading and emerging technology vendors who are working on projects for pharmacy and have a very open discussion about the industry. ... Our objective today is: No. 1, this is an opportunity for the retailers to see what the suppliers are working on and give a chance to the retailers to give you feedback on how relevant it is to their businesses.

So I guess to start ... if we can go around the table and just quickly state who you are, the company you’re with and maybe two or three sentences about what makes your company different.

PANELISTS: WI Abbott, CVS Caremark • Mike Cantrell, Good Neighbor Pharmacy • Bob Dufour, Blue Ocean Innovative Solutions • Bart Foster, SolidHealth • Aaron Kaufman, Kony Solutions • Ashton Maaraba, PharmaSmart International • Craig Norman, H-E-B • Darren O’Neal, Health Mart • Dev Patel, Moonshado • Rick Sarge, Emdeon • Eric Von Scheweber, Surveyor Health • Jim Weaseat, Walgreens • Alan Yates, Numera Social

“Where we see the big opportunities for the industry is three-fold: One is how do we make health care more affordable for the consumer? ... Second, how do we drive compliance and persistence? ... And third is, ... how do we use that clinical knowledge to get better at our craft?"
Mike Cantrell, Good Neighbor Pharmacy

“Isn’t it incumbent on [us] providers to understand where the technology is going and then respond to that progress by developing the appropriate vehicles that facilitate improved patient outcomes for pharmacist-supported instruments.”

ERICK VON SCHWEBER, SURVEYOR HEALTH: Erick Von Schwebert, executive director at Surveyor Health. I’m going to suggest here that there is a concept that unifies and unites adverse drug events, adherence, and even sales and revenue. That concept is trade-offs management, as opposed to trade-offs consumerism in pharmacy — they’re not the same thing. For that patient who’s a diabetic, they’re a cognitive heart failure patient, they spend this much what if we could let them in total? Well, that’s a pretty radical idea. I consider this: For every patient, your typical senior, average 65-year-old in the United States is on eight to 10 prescription medications. Let’s ask ourselves a question that’s never asked. For that one regimen that they’re on, how many other regimens are possibly indicated for them? That’s where we come in. So we come out of a background in DOD and clinical decision support to better manage trade-offs for the patient and the healthcare system, and therefore actually create a win-win-win for all of us involved? That’s what I’d like to talk about.

DARREN O’NEILL, HEALTH MART: I’m Darren O’Neill, senior director of retail technology innovation at McKesson, and I represent HealthMart, which is a franchise banner of about 3,000 independently owned pharmacies. I work specifically with retail technology and innovation — how can we innovatively support customers to better take care of themselves. We feel that we don’t necessarily need the government to take care of everyone; we need people to be educated, and we need service, what we affect policy may have or get them to take action. We feel that through an ecosystem of healthcare and wellness — we think what’s we’re doing at SoloHealth — a self-service station — can be the entry point or the on-ramp, but it’s bigger than that. It’s an ecosystem around Web and mobile, and what we’re doing in store is that we think that will be the big difference. But empowering the consumer is what we’re most excited about.

WILL ABBOTT, CVS CAREMARK: I will Abbott with CVS Caremark. We also have two sides of our business, [retail and PBM]. I’m on the traditional retail side. As the senior director of pharmacy operations, I have responsibility for the policy, procedure, training and workflow development for all staff behind the bench. Along with those responsibilities comes a lot of our in-store technology, including vendor relationships around mobile devices, as well as our automation efforts and relationships with industry partners like Sunscript. I also work closely with our product development group, which has responsibility for adherence programs, as well as our clinical integration with direct-to-consumer and other initiatives.

AARON KAPLAN, KONY SOLUTIONS: I’m Aaron Kaplan with Kony Solutions. As the CM and VP of the healthcare division, which covers healthcare life sciences, we work with some of the largest payers, pharmaceutical companies, distribution companies and providers out there in the health insurance space, and we also are starting to get into the independent pharmacy and retail pharmacy large chain [environment] from an app development standpoint. We have a global professional services organization that provides tools that they can basically rebrand, reskin and allow patients to take prescriptions from a bar code; QR code or by [entering] in [it] and find a pharmacy if multiple [ones] exists; [and obtain] patient-friendly drug monograph information, those kinds of activities that drive the needle for repeat, sticky and monetization of interactions with a pharmacy customer. [I am] looking forward to our conversations to come.

RICK SAGE, EMIDIO: I’m Rick Sage with Emidio. I lead our pharmacy solutions, which are all of the products and services we offer to our pharmacy customers. Emidio is one of the largest healthcare technology data management companies in the U.S. healthcare system. The thing that intrigues me the most is the engagement between the pharmacy and the technology. So taking a lot of what we’ve already started talking about this morning, and bringing all that together with an interaction between the encounter with the patient’s’ physician and the visit to the retail pharmacy to make sure that they continue that cycle of care...

DUFUR: Thanks Rick. And that’s a really good lead-in to our first topic, which is mobile technology. And as Rick said, one of the opportunities we have today is we want to communicate and educate consumers; we want to get them more compliant. The thing that they’re really attached to now that wasn’t around 10 years ago [is the smartphone]. I was telling this story last night — I have those three grown boys and a 16-year-old...
So SMS, or text messaging, is an innovative way for patients and what they are about. It's a square with a specific pattern or code — I'm sure most of you have seen it. The idea behind it is since smartphones have a camera directly on them and say 'Call Dad,' they call right away. And I can't figure it out, I haven't seen it. The next thing is augmented reality, or AR. With applications or smartphone apps you have the ability to take GPS data that's within your phone, match it with metadata that's GPS-specific and create a virtual reality for the user. It's almost [like] the user is looking through the viewfinder of [his or her] camera and can see what you have populated the metadata with. So, for example, a patient that has diabetes and is in your store can pull up their AR application on their phone and see the items that are related directly to their condition via the GPS metadata or AR data. The viewfinder of their phone will display as if they are shopping the aisles of the store. The customization and interactive abilities of AR make it an easy way to reach customers. 

Just about anyone you meet is going to pull out a smartphone these days. A survey a few years ago was that 50% of Americans have a smartphone and 10 years old. Nobody taught them how to use a smartphone, they just know how to use them. And if I look back 15 years ago, we were trained on how to use a computer. Now it is ubiquitous — to use your word, Dev Patel. As opposed to just a cost-saving measure, [is it] a balance of what is best and maybe more than some of the GPs know. So with that, how do we educate them to make that decision correctly? If your pharmacy is connected to an EMR [at the] physician's office, you have to really make sure that the patient is interested in what you have to say. Otherwise you’re better off launching an SMS application that's more ubiquitous.

PATEL: So SMS, or text messaging, is an innovative way for patients and providers to communicate with one another. In addition to sending texts like Bob would to his children, providers also can develop mobile applications — SMS-centered interactive applications. SMS is the most ubiquitous technology as well as SMS-centered applications — SMS-Centered。“I think that's a great topic. I think our culture has become an on-demand culture. People want to use technology to to new things.”

O’NEILL: I think something is that 65% of the population doesn’t even use a smartphone yet. So you’re really only targeting about 35% of that patient population. And we’ll probably talk more about the culture of the pharmacist later in the session, but targeting those [patients] that actually are in tune to the smartphone and can access the intelligence within that technology — that’s where you really have to start and kind of build around that. And then find a balance with the traditional methodology ... because you’re targeting that 35% that uses technology, [you have to find a balance with the other 65% that doesn’t know, and maybe more than some of the GPs know. So with that, how do we address these issues?"

SAGE: I think an important component, Darren, that you just hit on is search of the Web to find something that is matching with their ailment. How do we actually turn this around and say we can affect cost-saving efforts, and potentially generate some revenue for retail pharmacy. And with that, the consumer is now walking into the pharmacy, and whatever they have — even if it’s something very rare — they can go on the “net. In five minutes they know more than the pharmacist knows, and more than maybe some of the GPs know. So with that, how do we address these issues?"

MTM and free up the pharmacist’s time is to continue to encourage the consumer where they want to be met? Do manufacturers perceive value in that scenario, or how do they gain? How do we actually turn this around and say we can affect cost-saving efforts, and potentially generate some revenue for retail pharmacy? And how does pharmacy step up to that? How do we actually tap into that and then serve consumers where they want to be met?"

Darren O’Neill, Health Mart

MAARABA: I think it just changes who that person is that’s going to act on behalf of the patient — if we were to actually close that loop and have that four-way communication. But what is the goal? Is it for me and what does it cost? And I think that’s something that I’d love for us to really think about here today — what is our responsibility in that? ... There are a lot of retailists at the table here, ... can we make that happen for a patient, and what happens then with our relationship with that patient? I don’t think that out for anybody to jump on. I don’t think he’s answered your question, I think I jumped up to it a little bit, Bob. I think I answered your question, I think I just amped it up a little bit, Bob. I think it just changes who that person is that’s going to act on behalf of the patient.
There is a concept that unifies and unites adverse drug events, compliance, adherence and even sales and revenue. That concept is trade-off management, as opposed to looking at the patient or consumer in stovepipes — they’re a diabetic, they’re a congestive heart failure patient, they spend this much — what if we could look at them in total?

Erick Von Schreiber, Surveyor Health

I think it’s also important if we generalize that to identities, the better the outcome for the patient and the more interaction we’re going to be most pertinent to the conversation between those three parties. The more that we can help engage patients in the information that’s available to them, the more that we can help identify what’s the context. Part of that context is the capability of the device that they’re using or not using, the way that they interlace into having some information about this.

YATES: Yeah, I can just say that the fastest-growing population on Facebook is women over 50 [years old]. And they’re typically the people that are the caregivers in the home and … across the expanse of their extended family. And I think we all probably underestimate the baby boomer generation, and then how much the baby boomer generation, as they get older and as they get sicker, is going to be equipped with the technology, whether it’s Facebook or smartphones. So in general, I think that we should be careful to not underestimate the degree to which these tools can help an increasingly growing number of the population.

CANTRELL: Community pharmacists are well-positioned to assume a more prominent role in healthcare delivery, and that role complements not only the dispensing and administration of medications and vaccines, but extends to the provision of health screening and patient education. And the pharmacist is a fundamental piece of those initiatives, but such technology must have the capability to support an integrated health information exchange so that all providers for a specific patient are aware of the various pieces and the history of that patient.

The growing use of social media and mobile apps greatly expands the potential for information that’s getting to patients in real time, in real-world traditional means. For pharmacists, these vehicles present opportunities to provide patients with meaningful information for general consumption, but rather how [to] present that information. And those are the things that we’re talking about is that technology must be part of their workflow. Like, ‘I’m going to pick up a drug, I’m going to refill it,’” just going to go to an app to look up a drug monograph. It has to be part of their workflow. Like, ‘I’m scheduling an appointment to see a physician or I’m going to provide some drugs right now — what do I need to expect?’ What kind of questions should I ask my physicians or my pharmacists? Those kinds of things aren’t being really used very well or implemented well. I think the way those tie into having someone that’s either on mobile or on Web, desktop, whatever the channel is to deliver that on — those use cases still are not well thought through by the people that are involved in the healthcare system.

We’re trying to do things to help improve that by taking other industry parallels, for example. But there are some things, the way we look at it, that can help close that gap. More the connected to their life. Someone’s not just going to go to an app to look up a drug monograph. It has to be part of their workflow. Like, ‘I’m picking up a drug, I’m going to refill it,’” now show them what a drug-friendly monograph is. Don’t wait for them to go over to search it. Show it to them on their phone. Those kinds of things.

PATEL: In addition to some of the recent innovations in the marketplace, augmented reality is an area that’s really taking off. They’re seeing that you are going to target in specific areas in your markets, where you’re going to make it much more individualized and tailored to the needs of their workflow. Like, ‘I’m going to pick up a drug, I’m going to refill it,’” you’re on, being able to see your claims, pay your bills — very transactional things. But when the informational side of things comes into play, like being able to see a patient-friendly drug-monograph on demand. Like, ‘I’m scheduling an appointment to see a physician or I’m going to provide some drugs right now — what do I need to expect?’ What kind of questions should I ask my physicians or my pharmacists? Those kinds of things aren’t being really used very well or implemented well. I think the way those tie into having someone that’s either on mobile or on Web, desktop, whatever the channel is to deliver that on — those use cases still are not well thought through by the people that are involved in the healthcare system.

“Stop what you are doing and stop not only think about how to fit MTM into workflow, but rather how [to] fit it into the demand model. There are ways to do it — it can be done — but it requires thinking about MTM differently in terms of the types of interactions. Maybe it’s not one interaction, maybe it’s multiple interactions over the course of therapy that are shorter interactions more targeted toward certain behaviors.”

Will Abbott, CVS Caremark

ABBOTT: I had a question for the suppliers. … Pharmacies — and the pharmacy industry as a whole — have ways of dealing with nonadherence and noncompliance. I see mobile technology as an opportunity to reduce the cost of those existing solutions, to improve effectiveness, to improve access, to improve relevance. … One of the areas where pharmacy as a whole has struggled, however, is noncompliance between fills. How can we understand what is happening in the home of the patient, where the insurance carrier has to take over the treatment, where the devices are? How can it be a patient who is managed and self-monitored? … I’ve yet to see solutions that solve for noncompliance, but are mobile solutions evolving in that way? Do you see any mobile solutions evolving in that way? Is there anything
out there that’s effective? Because appropriate use of the medication in between fills is something that I would say the pharmacy industry as a whole is blind to. And I think mobile offers a potential solution.

PETE: I think from an overview standpoint, … adding game-based achievements to taking medication, and having check-in ability every time they’re taking medication within the app, allows you to relay that data back. Additional profile scores and achievements can be shared in a social manner to kind of drive behavior. “OK, I’m on this medication, because it’s beneficial to my health.” And doing so in accordance with HIPAA is possible; simply share the data that is related to progress within your health profile standpoint with the social networking application of just staying in touch to modify behavior.

KAUFMAN: There’s definitely [also] a reach outside of mobile. There [are] devices that are out there like the JawnUp app — I don’t know if anyone’s seen that. The actuating vest kind of basically vibrates and tells you to wake up. It’s supposed to wake you up and do some activities. We’re getting access to that API and we’re trying to put in adherence that, like it vibrates when it’s time to take your meds. … We’re heeding at different ways of leveraging devices, too. We’re also working with a company called Cleo Caps. … So, connecting all the different things that are out there that could possibly help let, or at least in the care team, that some activity needs to happen. So it doesn’t just have to be mobile but having mobile as a cornerstone because it’s always on is a good idea; whether it’s smoke, whether it’s nutrition, whether it’s exercise. But all those other devices that you can connect to your smartphone also are a way to do that.

YATES: I was just going to say that there are very good summaries of the research around behavior change that are available to us at this point. And there is kind of a formula for behavior change, if you will. It involves several things. There’s definiately also a reach outside of mobile. There are devices that are working, but there’s also the … adding game-based technology to that API, and we’re trying to put in adherence to that, like it vibrates when it’s time to take your meds. … We’re heeding at different ways of leveraging devices, too. We’re also working with a company called Cleo Caps. … So, connecting all the different things that are out there that could possibly help let, or at least in the care team, that some activity needs to happen. So it doesn’t just have to be mobile but having mobile as a cornerstone because it’s always on is a good idea; whether it’s smoke, whether it’s nutrition, whether it’s exercise. But all those other devices that you can connect to your smartphone also are a way to do that.

SOFIA: Alas, let’s say the sophistication of the technology discussion that’s been going on. I think part of what Alan [was] saying about patients being engaged because they also have to do something that’s good for themselves. And that, the other element behind that is the percentage of … let’s say, the sophisticated population that actually will use the technology, or those not so as sophisticated in terms of technology use but sophisticated in other ways. So, there’s a whole other device that you can connect to your smartphone, but mobile, one of the things that Dev was saying with — because you were asking, how do we do some of these things — is the concept of putting a QR code on your prescription label. So, your computer knows what drug it is [you’re taking] and I think we’ll eventually get to where your computer also will know your name or number [if it is you’re scanning the bottle, or what the expiration date is. So imagine the QR code on the prescription bottle. … What does that mean? Well, it means having a real-time product inventory. “I bought a bottle of伟 it be what you want it to be. I’ve got this [prescription in my] medicare that if it’s not, I’m going to get a mobile reminder that I didn’t check that off. And this probably will segue into the discussion later on when we start talking about where the pharmacist comes into play. … It does recognize that it is really the patient who is using this technology to be out there then but kind of died out, and now they are back in. For example, it’s somewhat in the evolution of technology to that point where you look at patients out there that don’t wear, for example, the wristband. It’s of a matter of preference; it’s a choice. That’s the day and age we’re in. There’s a reason why that is. There’s a reason why people are informed about how to set their own goals, as a starting point — being motivated around your personal goal and having a real targeted goal. Secondly, people got stuck with too much information. So giving them an action plan and get them committed to that plan so that they believe it will result in them achieving their goal is a huge step. Right now, I’ll use a very descriptive — saying on Day 1, you do this; on Day 2, you do this; on Day 3 you do this. And having the mobile companion as a reminder to that action plan is huge. Being able to get notifications, notices and reminders [saying], ‘Hey, you didn’t do this. Did you mean to skip it?’ It is. Having real, objective data that informs the individual as well as the caregivers about what’s going on is huge so that people can be accountable. You know when that pill wasn’t taken; you know when you didn’t do what the doctor prescribed. And the pharmacy needs to be there to help you stay accountable and stay engaged. So it’s not just the sort of thing that reminds you, it’s really having this complete continuum of behavior change working for you. Because people do need that help, they need to have the whole continuum of pieces in place for them to actually change their behavior and stay engaged for more than a month.

YATES: We believe that there is something really big here for self-management. We believe that … there is something really big here for self-management. … in the future. … It says take one a day, but what is it? So you scan the QR code and … computer also will know what lot number [it is] if you’re scanning the bottle, or what the expiration date is. So imagine the QR code on the prescription bottle. … What does that mean? Well, it means having a real-time product inventory. “I bought a bottle of伟 it be what you want it to be. I’ve got this [prescription in my] medicare that if it’s not, I’m going to get a mobile reminder that I didn’t check that off. And this probably will segue into the discussion later on when we start talking about where the pharmacist comes into play. … It does recognize that it is really the patient who is using this technology to be out there then but kind of died out, and now they are back in. For example, it’s somewhat in the evolution of technology to that point where you look at patients out there that don’t wear, for example, the wristband. It’s of a matter of preference; it’s a choice. That’s the day and age we’re in. There’s a reason why that is. There’s a reason why people are informed about how to set their own goals, as a starting point — being motivated around your personal goal and having a real targeted goal. Secondly, people got stuck with too much information. So giving them an action plan and get them committed to that plan so that they believe it will result in them achieving their goal is a huge step. Right now, I’ll use a very descriptive — saying on Day 1, you do this; on Day 2, you do this; on Day 3 you do this. And having the mobile companion as a reminder to that action plan is huge. Being able to get notifications, notices and reminders [saying], ‘Hey, you didn’t do this. Did you mean to skip it?’ It is. Having real, objective data that informs the individual as well as the caregivers about what’s going on is huge so that people can be accountable. You know when that pill wasn’t taken; you know when you didn’t do what the doctor prescribed. And the pharmacy needs to be there to help you stay accountable and stay engaged. So it’s not just the sort of thing that reminds you, it’s really having this complete continuum of behavior change working for you. Because people do need that help, they need to have the whole continuum of pieces in place for them to actually change their behavior and stay engaged for more than a month.

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that the shift has been, "what can I do for myself?" I don’t want to wait in line; I want self-checkout at the grocery store. I don’t want to wait at the doctor’s office. I want to be reminded. I want text messages. It’s about self-service, and that’s where I think consumer empowerment comes in. I think we need to give people the tools to take care of themselves. But it’s the shift — and I think everybody’s talked about this a bit little — of mobile technology, checking in for yourself and what can we do for ourselves?"

Bart Foster, SoloHealth

VON SCHWEBER: It’s interesting to comment that physicians — who are no- body who is going to do anything of the kind of data entry — when they go to the doctor, they have to self-register using terminals. Even they will do it.

MAARABA: Just before the next retailer speaks, I’d like to [jump it] just one second. I think as we have similar concepts in the kiosk world, you know that we spend a lot of time on a noncompliant population. And all of us who were at NACDS this year would have heard the presentation that pharmacy is because the pharmacist is better at consulting that patient. No. 3 reason was that patients today are looking for pharmacists that are more connected to the physician — so that circle of care that I brought up earlier. So that’s the No. 1 reason and the No. 3 reason why patients go back to a pharmacy. If you remember the statistics back in 2005, the No. 1 reason for patients to go back to a pharmacy was because the pharmacist is better at consulting that patient. No. 3 reason was that patients today are looking for pharmacists that are more connected to the physician — so that circle of care that I brought up earlier. So that’s the No. 1 reason and the No. 3 reason why patients go back to a pharmacy. If you remember the statistics back in 2005, the No. 1 reason for patients to go back to a pharmacy was because the pharmacist is better at consulting that patient. No. 3 reason was that patients today are looking for pharmacists that are more connected to the physician — so that circle of care that I brought up earlier. So that’s the No. 1 reason and the No. 3 reason why patients go back to a pharmacy. If you remember the statistics back in 2005, the No. 1 reason for patients to go back to a pharmacy was because the pharmacist is better at consulting that patient.

YATES: I love to broaden that question, actually, to the pharmacists in the room and ask you, what scans you about social technology? What scans you about social media? What scans you about mobile? What scans you about self-care? And then we can flip it around and talk about what you would like to see. Because I’m building these things.

WEAEST: I look at where Walgreens is spending quite a bit of time, and the mobile strategy that we’re working on pays more attention right now to the pharmacist and the clinic or the nurse in one of our Take Care Clinics. The focus is to put the right information in front of the pharmacist, clinic, et cetera, while they are having conversations with patients. The next stage probably will be how to leverage mobile technology to extend that information directly to the patients so they can consume it at their leisure.

The focus is to put the right information in front of the pharmacist, clinic, et cetera, while they are having conversations with patients. The next stage probably will be how to leverage mobile technology to extend that information directly to the patients so they can consume it at their leisure.
MAARABA: They have to more than ever today. MAARABA: Some retailers in this room that have already done that, they have their pharmacist, who may be somewhat passive, to target a series of those patients in a program that gets right to the root of the total issue. MAARABA: So that's our opinion, and that's how we focus our technology. MAARABA: That's too [little time] to actually advance a case; monitor a case; detect a problem. We look at statistics in our industry, like 1-3 of 3 patients suffer from high blood pressure, 40% of all adults have diabetes, 15% of all those cases are misdiagnosed. That's a problem — that's a problem that gets right to the root of the total issue.

So when we get more engaged in the discussion about where the pharmacist comes in... I think it's the technology today that plants an idea in the mind of a practitioner that can target patients, which allows the pharmacist, who may be somewhat passive, to target a series of those chronic conditions to help them identify who those patients are so that they don't have to actually ask the question. The technology's seamless, it's integrated with the pharmacy workflow. It tells them 'call this patient,' or 'when this patient walks in, you must do this.' And there are some retailers in this room that have already done that, they have their DNA profiling systems intact. So that's our opinion, and that's how we focus our technology. MAARABA: So that's my prediction. MAARABA: That's why I say it is absolutely critical to understand what can be available to all providers of care. There's a lot of things going on from a patient perspective, and we need to interact with that patient, but we have to start with the information that's available to the provider so that we can make better-informed decisions and help technology that ultimately will be available to the patients as well.

NORMAN: And they have a Part D plan to all Medicare enrollees who have even just a single prescription. Now — from maybe about 8% to 12% of the population in Medicare that hit the hockey stick yet, but I'm reading that there's bipartisan support for legislation that would make that available to all Medicare enrollees. So it's the same with all of the technology offerings that are available to us. That's why I talk to all of our providers of care. Ashton said it's probably 30% of the folks that have smartphones, I would say it's much less than that within my market on a general basis. So, yeah, we need to build that technology, he laid this technology out when we were down with a major database company, and he showed me how to build that technology, and the thing I like about QR codes versus a one-dimensional bar code is that that you, as a retailer, can control the message. You can change it on the fly, and [for] everyone who scans that code it's different. In fact, I was showing them these QR codes and how they work. He laid this one down for me when I was trying to use them numerous times per day to access information. The thing I like about QR codes versus a one-dimensional bar code is that you, as a retailer, can control the message. You can change it on the fly, and [for] everyone who scans that code it's different. In fact, I was showing them these QR codes and how they work. He laid this one down for me when I was trying to use them numerous times per day to access information.
I think we have to look at [the evolution of technology] from a retail pharmacy standpoint. We need to ensure that as technology is evolving that the retail pharmacy doesn’t go the way of Blockbuster video, where technology can take the place of what we do today. And it will take the place of what we do today, but we have to be the next step ahead to say, ‘where do we fit into that?’

Rick Sage, Emdeon

available to the retail pharmacy, that opens up a lot more opportunities for that interaction with the patient, and obviously a lot more revenue opportunities from a pharmacy’s perspective.

We go beyond that border of that prescription benefits card because we know if we don’t get paid, it cannot be sustainable to us long term. So we must bridge that gap and prove to all of the pharmacy systems that that is quite behind the times to more real-time decision processing. I think that’s where technology can bridge a long way upfront as we work on making sure that there’s payment before the patient leaves. [We’re] looking at how we can bridge that gap and be able to perform more information, more services, whether it’s MTM or basic prescription filling services or specialty pharmacy within the retail environment that may be covered under major medical; there’s a lot of technology that’s allowing it.

It also will help push major medical into the environment that we’re in; it’s retail pharmacy, that’s the movement of going to real-time claim processing. But I think it is important in retail to look at the immediate opportunities, whether it’s in a clinic environment or just our traditional pharmacy, of making these types of interactions that we might lack a way of making sure that there’s payment before the patient leaves. [We’re] looking at how we can bridge that gap and be able to perform more information, more services, whether it’s MTM or basic prescription filling services or specialty pharmacy within the retail environment that may be covered under major medical; there’s a lot of technology that’s allowing it.

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it’s not that we’re taking away from physicians, we’re interacting better with that patient to make sure they are persistent; to make sure that they are getting the care that they need to get, and the pharmacists are getting more more revenue-based for that. And that’s the environment that we might lack a way of making sure that there’s payment before the patient leaves. [We’re] looking at how we can bridge that gap and be able to perform more information, more services, whether it’s MTM or basic prescription filling services or specialty pharmacy within the retail environment that may be covered under major medical; there’s a lot of technology that’s allowing it.

I want to reflect on that question. My other fear on that is people are going and then respond to that progress by developing the appropriate vehicles that facilitate improved patient outcomes through pharmacist-supported instruments.

O’NEILL: Bob, can I just make one comment? Because Alan asked the question before, and I don’t think we go to talk about it, just really quickly. You talked about the crux of this, that as we are in retail pharmacy, our pharmacists are within that core service offering, within that production process. You have to manage around the demand model.

CANTRELL: Access to care and cost containment are two of the three fundamental elements needed to support an evolving healthcare system. The third is the advancement of the quality of care. Accountable Care Organizations contemplate all three elements, and one focus of particular interest to us is how to integrate care with pharmacists serving as extended members of the care delivery team.

A collaborative drug therapy management model presents pharmacists with an opportunity to elevate their role in health care management. Here a collaborative drug therapy management model that each one of us as retailers is saying it is the next big thing [as that we can do to drive loyalty to our stores].
Emdeon

Emdeon Pharmacy Services is a leading provider of electronic solutions to the pharmacy industry, offering comprehensive and innovative solutions for claims management and analysis, e-prescribing clinical services and a system of complex billing and processing issues, such as Medicare/Medicaid DME billing and patient loyalty programs. Emdeon partners with pharmacies and their service partners to simplify and improve end-to-end prescription processes through the company’s innovative solutions and exceptional service. Emdeon’s expansive service offerings provide customers with the necessary tools to be competitive, improve patient care, and combat efficiencies and errors that lead to low reimbursement rates.

Emdeon’s solutions, designed to improve pharmacies’ profitability and efficiency, include:

- Claims management and analysis
- Audit risk mitigation
- Specialized processing solutions
- Medicare and Medicaid DME billing services
- Patient loyalty programs
- Pharmaceutical services

Emdeon’s transaction services, data center solutions and network infrastructure are designed to meet the evolving needs of a complex industry.

PharmaSmart International

With more than 20 years as a provider of in-store blood-pressure monitoring equipment, PharmaSmart International knows how important it is for people to monitor their circulatory system. The company has been preaching heart health for years, and now it’s ratcheting up its efforts in both education and connectivity to meet the needs of a patient base that is more knowledgeable and tech-savvy than ever.

According to PharmaSmart, one-third of all Americans have hypertension; one-third of those who have it don’t know it; and only half of those with hypertension take their medication as prescribed. When those statistics are coupled with the fact that some of the leading health issues today stem from poor heart and circulatory health — including obesity, diabetes and stroke — it’s easy to understand why many feel that a commitment to personal health should include regular blood-pressure monitoring. It’s no coincidence that the current generation of Pharmaceutical kiosks is built around frequent monitoring and the dissemination of networked results data. Its newest model is the “PS-2000 With Connectivity,” a small-footprint, 22-inch-by-25-inch kiosk with many of the same features of past models; only this time it has a renewed emphasis on tracking and sharing results, a holistic approach to monitoring that the company calls “its hypertension management program.”

“As pharmacy looks to MTM reimbursement as a core ROI objective, our technology is designed to specifically meet the challenges of patient recruitment, pharmacist workflow and payer reimbursement,” said CEO and President Fred Saks.

Kony Solutions

Mobilize, empower and connect the healthcare ecosystem. Kony offers feature-rich and future-proof mobile applications in less time and at lower cost than any other solution to organizations that support and deliver health care, according to the company. Pharmacies and drug store retailers rely upon Kony apps to help customers locate their store, refill prescriptions, research medications and their costs, schedule a pharmacy consult, manage their health and well-being, investigate health plan benefits, maintain a PHR and shop in an "endless aisle." This functionality allows pharmacies to put their whole store in customers’ hands, discourages third-party consultants, and increases customer retention and loyalty.

Kony is designed specifically to help pharmacies define and deploy an effective and ROI-based mobile strategy through its comprehensive software and services offerings.

Moonshado

Moonshado is a global technology provider of mobile solutions and platform services, and is a CISCACertified connection aggregator for mobile messaging. Moonshado’s innovative cloud technology enables mobile network providers, SMS resellers and marketing firms, as well as retail, health and pharmaceutical companies, to broaden their reach and expand their services with industry-leading mobile-centric solutions, the company stated. Moonshado’s interactive messaging services provide a cutting-edge approach to marketing, education and customer experience, enabling companies to align products and services with mobile-centric interaction via SMS, MMS, QR codes and branded apps on Web and the mobile Web. B2C companies can easily integrate mobile solutions into their existing plans to connect with consumers across all mobile channels. The company stated, Moonshado generates real-time messaging to drive customers within with mobile alerts for special promotions, patient education, reward-club statements, seasonal announcements and more. Moonshado has developed and executed successful mobile campaigns to increase customer loyalty and interaction for clients.

SoloHealth

SoloHealth is leading consumer-driven healthcare technology company that specializes in developing and deploying interactive health screening kiosks to empower consumers about their health through awareness and education, which leads to prevention and lower healthcare costs. Anchored by its award-winning SoloHealth Station, this next-generation kiosk offers free vision, blood pressure, weight and body mass index screenings, as well as an overall health assessment and access to a database of local doctors.

Currently in select U.S. test markets and retail locations, SoloHealth is launching a nationwide roll out beginning in early 2012, with thousands of SoloHealth Stations estimated to be in retail locations by the end of the year. A cloud-based platform, the SoloHealth Station offers highly personalized, targeted and interactive healthcare opportunities for consumers, advertisers and retailers by placing kiosks in high-traffic retail locations and offering access across a multiplatform ecosystem, including Internet, mobile, social and emerging platforms, as well as a digital signage network. The multiple-platform approach gives advertisers, consumers and medical professionals the ease of interaction from many touch points, allowing for greater effectiveness and efficiencies.

The company recently was honored with Intel’s coveted IT healthcare award, the “Intel Innovation Award,” recognizing leading-edge technology and exceptional innovation for healthcare delivery and processes.

Survey Health

Survey Health’s Med Risk Maps is a new generation of evidence-based Clinical Decision Support (CDS) designed for clinical pharmacists. It enables pharmacists to perform more exhaustive clinical pharmacy and medication therapy management reviews, yet requires far less time than the current standard of running interaction checkers and reading drug monographs and inserts. The MTM Workflow provides all clinical functions needed, from medication reconciliation and compliance reports through tracking concerns as they develop into incidents, which are identified as ADEs. CMS reporting is eased as a Medication Action Plan is developed through the use of Med Risk Maps, and is included with the reconciled Active Medications List in a Summary Report for the patient. The greater detail and confidence levels at the 15-criteria level underlines the importance of additive toxicity side effects in addition to drug interactions and contraindications, together forming a risk landscape that may be searched, sorted and analyzed to the level of detail desired, reducing alert fatigue while improving insight. Patient complaints are correlated with risks, revealing those likely to be caused by the patient’s meds and indicating the top risk factors — targets for alternate therapy. A simulation capability reveals alternate medications of lower risk for patient problems and simulates the impact of prescription changes before trying them out on the patient. A trending function brings attention to adverse drug events that may manifest with a change of prescription, enabling wise risk and cost trade-offs to be understood and managed. Med Risk Maps is available as a fully managed cloud service and may be integrated with health information technology, such as dispensing systems and EHRs.

Numera Social

Build vital customer loyalty with your own Facebook and iPhone app. Take your social media strategy far beyond a simple fan page. Now you can immerse customers in your own branded Facebook and iPhone health-and-wellness app. Numera Social offers a new way to create deeper ongoing daily relationships with customers, helping to improve their health while extending the reach to their family and friends. Numera Social’s mobile and social platform provides merchandising options, compliance benefits and many other opportunities to build health-and-wellness business along the way. Bring a brand to life by offering self-management resources, while enabling support and motivation from peers and friends. Spark a chain reaction that fuels healthy behavior and customer loyalty.

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