



Reach new heights with GoldCare mHealth software solutions.

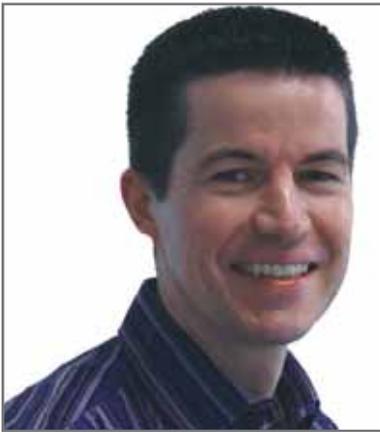
TECHNOLOGY IN THE COMMUNITY: CHANGING THE WAY WE PRACTICE

According to the World Health Organization, mHealth – the use of mobile and wireless technologies to support the achievement of health objectives – has the potential to transform the face of health service delivery across the globe. Also known as mobile health, mHealth promises to enhance mobile access to health information for patients and healthcare providers, enrich patient wellbeing through monitoring, improve outcomes through public health disease tracking and better decision support, and lower costs through better utilization of healthcare providers.

Driving this change are rapid advances in mobile technologies and applications, a rise in new opportunities for the integration of mobile health into existing eHealth services, and the continued growth in coverage of mobile cellular networks.

As a pioneer in the development and delivery of an mHealth product ahead of the curve, GoldCare is helping to change the face of health service delivery with its award-winning, integrated suite of mHealth software solutions. GoldCare's MobilityPlus, WebAccess, Telephony, and Care Anywhere are an innovative, comprehensive group of products that make providing care at the point-of-care convenient, reliable and secure.

MobilityPlus gives care providers the freedom to view and record client activities, appointments, and other information onsite, in real time, at the client's location using a smartphone. WebAccess supports a shared electronic health record and a single plan of



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– Brad Bell, Chief Technology Officer at GoldCare

care by allowing remote staff, service partners and funding providers to securely access relevant GoldCare information on any mobile device with an Internet connection.

Telephony enables field staff to confirm service start/end times by phone in real-time from the client’s home or by cell phone, and Care Anywhere provides areas with limited or no Internet connectivity the ability to synchronize data collected at the point-of-care using a laptop or tablet.

According to Brad Bell, GoldCare co-founder and Chief Technology Officer, the generation of healthcare professionals that have just graduated (ages 20-23) grew up with instant messaging, smart-phones, prolific media, and immediate access to information; however, much of the current healthcare system continues to rely on antiquated faxing technology.

He states that of eight industries, healthcare ranks seventh in terms of cloud adoption, just ahead of state and local governments (large business and higher education rank first and second) and that this slow adoption of new technology has contributed to the problem of mega projects being obsolete before they launch. As an example, he cites the formal cancellation of a \$46.2-million contract to build an electronic diabetes registry for eHealth Ontario because the much-delayed system is obsolete and has been overtaken by newer technology.

“Canada lags behind all G7 nations in adopting Electronic Health Records in hospitals and doctors’ offices. The medical community has been too slow to adopt technologies that could bring them into the modern world,” says Bell. “We’ve seen that mobile computing is ubiquitous and mobile technology has reached mature adoption in the product lifecycle in just 10 years for smartphones. How can technology in the community not change the way we practice?”

Recent statistics show that one in five people in the world owns a smartphone and one in 17 owns a tablet; there are now more smartphones in the world than PCs. The iPad and iPhone 5 are approximately as fast as an Intel Pentium dual core and the iPhone 5 is thousands of times faster than the original PC - these powerful, portable computers now greatly outnumber PCs.

“There are billions of devices out there and decisions are being

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made on the edge, which means that most decisions in the mobile healthcare market with a mobile infrastructure will be made by people carrying smartphones,” says Bell.

However, mHealth faces a number of barriers, the most significant of which is severely overburdened health systems constantly challenged by the need to make difficult decisions about competing priorities; these conflicting priorities generally indicate funding is allocated to other programs ahead of mHealth or a lack of general interest or understanding of the field.

Rather than strategic implementation, the emergence of mHealth is occurring through experimentation with technologies in many health settings. Policy-makers and administrators must have the necessary knowledge to make the transition from pilot programs to strategic large-scale deployments.

Although a growing body of research indicates mHealth has the power to improve the delivery of healthcare services and provide better outcomes, in order to realize its full potential mHealth must be integrated properly into the healthcare system as opposed to becoming just another type of technology.

All participants, from large industry players to government think-tanks, seem to agree integration is the missing ingredient. There are many pilot programs and apps that work as isolated islands, which translate into a great deal of potential but little realization of benefit.

Bell believes “glue” is required in the form of government standards for integration and interoperability, security and privacy, as well as a strategy for turning pilots into real projects, and that an increase in public/private partnerships can provide an alternative method for greater technology adoption by helping to control costs, reduce risks and enhance innovation.

“Mobile health is not a choice; it’s here and it has the power to improve the delivery of healthcare services,” says Bell. “We need to get to the point where there is no media, and mobile health apps are interchangeable – where they talk to each other and there’s no proprietary format. It’s key that we are responsive and do this right so we can change how we practice in the best possible way.”