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□ **Health 2.0** □ □ □ □ □ □

□ **About Health 2.0**

Health 2.0’s original tag line of ‘user-generated healthcare’ contains the germ of a compelling idea—patients are using new tools to guide their own care. And now those tools are starting to integrate with the health care system. Doctors, patients, and health care organizations are all starting to use a new generation of online and mobile technologies which are fundamentally changing the way health care works.

The Health 2.0 Conference is the leading showcase of cutting-edge technologies in health care, including Online Communities, Search and lightweight Tools for consumers to manage their health and connect to providers online.

Matthew Holt and Indu Subaiya collaborated to organize the first Health 2.0 conference in September 2007 in San Francisco. Health 2.0 has been featured in The New York Times, the Washington Post, the San Francisco Chronicle, the Huffington Post, on CNN, CBS News, and in the healthcare trade press. The Washington Post called the conference “...a high-energy gathering of great minds...” Now many conferences on, Health 2.0 has become the place to see and be seen for the leaders in health care technology.

In addition Health 2.0 has set up a non-profit industry consortium, the [Health 2.0 Accelerator](#) , and a research consulting service, [Health 2.0 Advisors](#)

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Matthew Holt and Indu Subaiya (2007) [9] define Health 2.0 as "Health 2.0 is the use of a specific set of Web tools (blogs, Podcasts, tagging, search, wikis, etc) by actors in health care including doctors, patients, and scientists, using principles of open source and generation of content by users, and the power of networks in order to personalize health care, collaborate, and promote health education." [4]

In addition Health 2.0 has set up a non-profit industry consortium, the Health 2.0 Accelerator, and a research consulting service, Health 2.0 Advisors. But above all Health 2.0 remains a venue where innovation in technology is introduced and ground-breaking ideas are shared to drive change in the health care system.

Health 2.0 includes the Health 2.0 Accelerator and Health 2.0 Advisors. Health 2.0 is a community of health care professionals and consumers.

Our definition is currently focusing on user-generated aspects of Web2.0 within health care but not directly interacting with the mainstream health care system. That means, a) search, b) communities, c) tools for individual and group consumer use. But clearly there are blurring boundaries between all these, and the question of connecting Health 2.0 user-generated content to the wider health care system—which hasn't exactly adopted Web 1.0 with a flourish—is coming into closer focus as more clinicians and organizations start to use these technologies to communicate with consumers.

Health 2.0 is a web

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There is huge room for debate about whether we're talking about limited use of tools and technologies or a wider movement to change the whole healthcare system—or perhaps if it's just all buzzwords with no substance.

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There are more definitions on the Health 2.0 wiki, and the California Health Care Foundation recently released a report on The Wisdom of Patients: Social Media in Healthcare by our friend and consigliere Jane Sarasohn-Kahn that is quite informative.

Health2.0 wiki defines Health 2.0 as "The Wisdom of Patients" by Jane Sarasohn-Kahn.

Health 2.0 (as well as the closely related concept of Medicine 2.0) are terms representing the possibilities between health care, eHealth and Web 2.0, and has come into use after a recent spate of articles in newspapers, and by Physicians and Medical Librarians. A concise definition of Health 2.0 is the use of a specific set of Web tools (blogs, Podcasts, tagging, search, wikis, etc) by actors in health care including doctors, patients, and scientists, using principles of open source and generation of content by users, and the power of networks in order to personalize health care, collaborate, and promote health education.. [4] A possible explanation for the reason that Health has generated its own "2.0" term are its applications across health care in general, and in particular its potential in public health promotion. One author describes the potential as "limitless."

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Health 2.0 refers to a number of related concepts including telemedicine, electronic medical records, and the use of the internet by patients themselves such as through messageboards, blogs, and other more advanced systems. A key concept is that patients themselves should have greater insight and control into information generated about them. Traditional models of medicine had patient records (held on paper or a proprietary computer system) that could only be accessed by a physician or other medical professional. Physicians acted as gatekeepers to this information, telling patients test results when and if they deemed necessary. Such a model operates relatively well in situations such as acute care, where information about specific blood results would be of little use to a lay person, or in general practice where results were generally benign. However, in the case of complex chronic diseases, psychiatric disorders, or diseases of unknown etiology patients were at risk of being left without well-coordinated care because data about them was stored in a variety of disparate places and in some cases might contain the opinions of healthcare professionals which were not to be shared with the patient. Increasingly, medical ethics considers such actions to be medical paternalism and are discouraged in modern medicine.

Health2.0 is a term used to describe the use of technology in healthcare. It is a combination of the words "Health" and "2.0", which is a reference to the second version of a software program. Health2.0 is a term used to describe the use of technology in healthcare. It is a combination of the words "Health" and "2.0", which is a reference to the second version of a software program. Health2.0 is a term used to describe the use of technology in healthcare. It is a combination of the words "Health" and "2.0", which is a reference to the second version of a software program.

A hypothetical example demonstrates the increased engagement of a patient operating in a Health 2.0 setting: A patient goes to see their primary care physician with a presenting complaint, having first ensured his own medical record was up to date via the internet. The treating physician might make a diagnosis or send for tests, the results of which could be transmitted direct to the patient's electronic medical record. If a second appointment is needed the patient will have had time to research what the results might mean for them, what diagnoses may be likely, and may have communicated with other patients who have had a similar set of results in the past. On a second visit a referral might be made to a specialist. The patient might have the opportunity to search for the views of other patients on the best specialist to go to, and in combination with their primary care physician decides who to see. The specialist gives a diagnosis along with a prognosis and potential options for treatment. The patient has the opportunity to research these treatment options and take a more proactive role in coming to a joint decision with their healthcare provider. They can also choose to submit more data about themselves, such as through a personalized genomics service to identify any risk factors that might improve or worsen their prognosis. As treatment commences, the patient can track their health outcomes through a data-sharing patient community to determine whether the treatment is having an effect for them, and can stay up to date on research opportunities and clinical trials for their condition. They also have the social support of communicating with other patients diagnosed with the same condition throughout the world.

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