

The Trouble with mHealth...



With the potential to contribute to streamlining care and improving outcomes, mHealth is frequently referred to being a saviour of healthcare. So why are so few people talking about the roadblocks to effective mHealth?

HealthManagement.org spoke to Christine Jacob, founder of [Digi-Bridges digital healthcare consultancy](#), about what is holding mHealth back and how stakeholders can address blocks to effective implementation.

You might also like: [Encouraging health app use with seniors](#)

Is there a disconnect between the exploding commercial world of mHealth apps and the slower-moving worlds of healthcare and patients? If so, what has caused it?

In recent years, we have seen offer surpass demand in mHealth, meaning that there are more new app publishers every year than the number of app downloads. This slow adoption process is due to many barriers such as the digital divide, shortage of scientific evidence, limited integration in the healthcare system, and lack of clarity around regulatory and privacy issues to name a few.

Another thing to bear in mind is that several studies, both in developed and developing countries, showed that clinicians' adoption is one of the most influential factors in such solutions' success. In my research I focus on understanding clinicians' adoption of mHealth, and when I ask them about the factors that impact their decision to adopt a specific mHealth tool, they sure mention **technical factors such as app operation and stability, ease of use, usefulness, cost, and portability** that play a major role in the adoption process. However, other social and organisational factors such as endorsement, neutrality of the content, attitude towards technology, existing workload and internal organisational politics are also perceived as key determinants of clinicians' adoption. This shows that social and organisational factors are as important as technical ones, and providers should embrace these factors in their development process and go beyond technical usability tests to also include elements such as clinical workflow and overall treatment plans fit in order to be successful.

At the recent Women in Digital Health event, you mentioned a minimal number of apps which have more than 500, 000 users? What do these apps have to offer patients?

That's true; statistics show that only 2% of [mHealth apps](#) portfolios count more than 500 000 monthly active users. These are typically apps that are relevant, useful and easy to use. Such providers invest in technologies that can be better integrated in the healthcare system and work closely with medical advisors to ensure a reliable evidence base and a solution that fits the needs of the target users.

Why do you think the usage figure is so low across mHealth?

One of the key reasons is the sheer number of apps available and the lack of a clear validation process that enables the users to distinguish a reliable and evidence based app among others. Furthermore, many of these apps either have limited functionality, or [are not user-centric enough](#), they do not fit into clinical workflows, or overall treatment plans, and they suffer from interoperability issues. Another challenge is the lack of incentives for both clinicians and patients, we are still facing reimbursement hurdles for clinicians, and we don't have clear incentives schemes for patients either to ensure sustainability.

Which stakeholders (app developers, policy makers, healthcare CEOs etc) need to focus where and how in order to make mHealth work for healthcare? Where are improvements needed?

App developers need to be more user-centric and make sure to involve the users in the design, development, and constant improvement of their apps; it's also important they collaborate with healthcare leaders to manage issues such as [interoperability and EMR integration](#).

Policy makers need to better address medico-legal issues through clearer data privacy and data management regulations; they also need to look into matters such as reimbursement and incentives related to mHealth implementation.

Also, healthcare leaders need to start considering digital training as part of medical education, and having more digital roles for clinicians so they can play an active role in these solutions' selection, rollout and management, to ensure their fit and relevance to medical practice.

When it comes to mHealth, do you have any comment to make on [improving patient compliance](#)?

We need to have a better understanding of patients' state of mind, especially chronic patients are usually in constant pain, tired, and therefore not always so motivated. This is why unless the app really addresses their needs, fits well into their overall treatment plan and daily activities, and is reliable and easy to use, they won't engage.

The best way to overcome this is to **involve them in the development and testing**, not only from usability and technical perspectives, but also from social and lifestyle aspects to ensure that these apps are not only technically functional but also relevant and well embedded in those patients' everyday life needs and treatment plans. It's really all about embedding them in the constant development process to ensure that these apps stay relevant and sustainable.

With nearly two decades in roles in Fortune 500 companies where she focused on digital, [Christine Jacob](#) founded Digi-Bridges to help unleash the potential of using Digital Strategies in advancing healthcare.

Besides consulting, she is a Health Tech researcher at ARU in Cambridge and teaches Digital Marketing and Communications at the University of Applied Sciences Northwest Switzerland.

Source: HealthManagement.org interview
Image credit: Wiki Commons

Published on : Wed, 10 Jul 2019