

LETTER TO THE EDITOR

What Did We Do Before mHealth?

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We agree with Drs. Arora and Mahmud that emerging mobile health (mHealth) approaches to improving patient engagement will need to demonstrate their value to advance health and healthcare. The potential for mHealth to do this has been often described^{1,2} but, so far, rarely measured or demonstrated.

The technology costs of our tablet-based intervention³ were low: 2 iPads at \$400 each. The real expense was for personnel: research assistants needed to teach patients how to use the technology effectively. In the future, we hope to shift device and software orientation to patient-care assistants, nurses, or even “digital assistants,” nonmedical personnel who have technical expertise with the health-related devices and software needed to engage with the electronic health record and educational materials. Thus, at least part of the challenge of cost-effectiveness—aside from improved outcomes—will be demonstrating eventual time savings for providers who no longer need to hand deliver or explain paper pamphlets or printouts, or shepherd patients through their digitally assisted education.

One day we may muse, “what did we do before mHealth?” as we might do now when using mobile technologies for non-health-related tasks like getting directions or making a call. Indeed, who can remember the last time they routinely used a paper map or phonebook for these daily tasks? Our “prescription” for tablets is a step in that direction, but we will need to also reimagine patient education and related daily tasks at the hospital and system level to realize the potential of lower costs and higher quality care we can achieve using mHealth.⁴

References

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