

## IMS study highlights potential of mHealth

21 September 2015 | News | By BioSpectrum Bureau

### IMS study highlights potential of mHealth



The number of mobile health applications available to consumers now surpasses 165,000, as developers incorporate innovative data collection features linked to sensors and wearables, according to a new report released today by the IMS Institute for Healthcare Informatics. While most available apps focus on overall wellness, healthcare systems and professionals are expressing greater interest and excitement in broader app use as barriers to mainstream adoption of mHealth are removed-especially in the area of chronic disease management.

The IMS Institute study found that one in ten apps now has the capability to connect to a device or sensor, providing biofeedback and physiological function data from the patient and greatly extending the accuracy and convenience of data collection. Nearly a quarter of consumer apps are now focused on disease and treatment management, while two-thirds target fitness and wellness. The number and variety of mHealth apps present an overwhelming set of options for consumers, resulting in 40 percent of apps having fewer than 5,000 downloads.

The study, *Patient Adoption of mHealth: Use, Evidence and Remaining Barriers to Mainstream Acceptance*, extends the IMS Institute's examination of consumer-focused mobile apps in the health system conducted in 2013. Researchers drew on IMS Health's proprietary AppScript Score database and analysis of 26,864 apps available in the US Apple iTunes and Android app stores-a representative sample of the most widely used mHealth apps by consumers.

As part of the study, the IMS Institute also conducted structured interviews with health- and technology-focused thought leaders and executives on the role and status of healthcare apps.

"While much progress has been made over the past two years, mHealth apps are still far from being a fully integrated component of healthcare delivery. Healthcare providers are actively addressing the remaining barriers. These include developing and adopting trusted platforms for ongoing apps curation and evaluation, creating practical reimbursement models and ensuring true interoperability within and across healthcare systems," said Mr Murray Aitken, executive director of

the IMS Institute for Healthcare Informatics.

The report's key findings include the following:

• App connectivity becomes a major focus for developers. In addition to improved user data collection capability, during the past two years the percentage of mHealth apps with the capability to connect to social networks increased from 26 percent to 34 percent, underscoring the importance of social networking in consumer engagement. Less progress has been made in enabling apps to connect and communicate with provider healthcare systems—a fundamental requirement for mHealth to realize its full value in healthcare management.

• Overwhelming choice without guidance limits usefulness of healthcare apps. The total number of available mHealth apps is growing rapidly, including a 106 percent increase in the number of health-related Apple iOS apps since 2013. This can present an intimidating number of choices for consumers, leading some to simply select the most popular app and others to try multiple apps in an effort to determine what is best for them. The study found that just 12 percent of mHealth apps account for more than 90 percent of all consumer downloads, with nearly half of all downloads generated by just 36 apps. Physicians also struggle with the number of apps available and the limited mechanisms for assessing accuracy, efficacy and appropriateness for their patients. Platforms for rating, evaluating and, in some cases, certifying apps are becoming available to providers—enabling them to more confidently prescribe apps as part of disease prevention and treatment protocols. Moreover, 30-day retention rates for mHealth apps prescribed by a healthcare professional are 10 percent higher than those self-selected by patients. For prescribed fitness apps, the retention rate is 30 percent higher.

• A growing movement is underway to build evidence supporting the value of mHealth apps. The majority of research studies to date focus on app usage rather than their effectiveness in improving patient outcomes or lowering healthcare costs. However, momentum is building for observational studies and randomized clinical trials that will yield evidence to support the value of apps, specifically in the areas of type II diabetes, cardiovascular disease, obesity and mental health. The number of clinical trials using mobile apps has more than doubled in the past two years, rising from 135 to 300. The majority of trials underway are interventional, underscoring the importance of providing rigorous study results to physicians in need of evidence that supports integration of apps in their treatment protocols. Demand has increased for larger clinical trials in an effort to better examine sub-populations of app users. Of the large mHealth app clinical trials that recruit patients, 53 percent are directed at the senior population—a key demographic that requires healthcare management and is targeted for increased app utilization.

• Providers agree that the value mHealth apps can deliver is high, but barriers to full adoption remain. Among healthcare providers interviewed by the IMS Institute, most are confident that mHealth can improve overall outcomes, reduce the cost of healthcare and encourage patients to take a more active role in improving their health. Providers emphasized that mHealth data integrated with electronic healthcare records is critical to better clinical decision making and patient communication. With the universal enthusiasm expressed for mHealth, providers urged stakeholders to actively address remaining barriers, including: limited connectivity and integration into workflow systems; a slow paradigm shift in reimbursement processes and delivery of care; data confidentiality, privacy, security and regulatory uncertainties; lack of scientific evidence to measure the efficacy of apps; and the inability to reach the most vulnerable cohorts of patients—mainly the elderly or non-English speaking.