There are growing expectations that selections of data from patient-operated mobile systems become available for health care personnel via electronic health records (EHRs), as are demonstrated in the results (31 countries and 1,130 patients/carers) of PatientView’s 2015 White Paper [1]. This fact-sheet summarizes white papers, reports and literature (2015-2016) related to presenting patient-gathered data in and between consultations.

Sources for knowledge about m-health data integration

Health authorities lack sufficient evidence from mHealth studies, largely because traditional data and reporting standards are not appropriate for the technology [2]. In response, WHO and mTERG have developed the mERA Checklist [3].

Scientific literature: medical and operational requirements for m-health implementation:

- Health personnel training [4, 5]
- IT system flexibility [6, 7]
- Stakeholder collaboration [8-10]

Options for collecting & sharing m-health data

Few formats or standards are available for transferring data between m-health tools and health services. However, preliminary concepts exist:

- Few cloud-sharing protocols suggested by research studies, e.g. [12]
- Models for m-health data integration [13].

Figure 1: Models for m-health data integration

1. There are commercial and disease-specific apps that facilitate clinician review of patient-gathered data, BUT these are not EHR-integrated.
2. There are no format standards for transferring m-health data to EHRs.
3. End users, i.e. patients and clinicians, must be involved in developing how m-health data is shared and presented between and during consultations.
Commercial apps meet some of the demands

- App developers aim to support clinicians’ efforts to diagnose, treat and schedule their patients - with “follow-up” projected to be the greatest impact area [14].
- Some commercial diabetes apps provide data-sharing formats for patients and clinicians, e.g.:
  - DiaSend [15],
  - Glooko [16],
  - Dexcom [17]
- Other apps, such as Apple HealthKit, are partnering with health systems, e.g. an Epic client, Duke Medicine, to pursue m-health integration [18].

References


For more information, contact:
Meghan Bradway, Researcher
+47 911 93 393
meghan.bradway@ehealthresearch.no