



Whitaker Institute Policy Brief Series

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Cluster: Health and Wellbeing

Theme: Sustainable and Inclusive Societies

Further Reading:

Glynn L, Casey M, Walsh J, Hayes PS, Harte RP, Heaney D. (2015) Patients' views and experiences of technology based self-management tools for the treatment of hypertension in the community: A qualitative study. *BMC Family Practice*, 9;16(1):119.

The above study was funded by a grant from the *Irish College of General Practitioners*.

Glynn LG, Hayes PS, Casey M, Glynn F, Alvarez-Iglesias A, Newell J, et al. (2014) Effectiveness of a smartphone application to promote physical activity in primary care: the SMART MOVE randomised controlled trial. *Br J Gen Pract* 64(624):e384–e91.

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Mobile (mHealth) technology and chronic disease: Implications for healthcare practice in Ireland

mHealth Technology and health behaviour change

Newer technologies such as mobile devices and the internet are ubiquitous in modern society. Health related behaviour change driven by such technologies has grown exponentially in recent years with downloads for health and lifestyle related mobile applications or “apps” expected to exceed 25 billion in 2015 and 50 billion in 2017. This presents a unique opportunity for healthcare providers to harness these technologies to deliver a more efficient service for the prevention of chronic disease.

Key findings

The research found that “one size fits all” interventions to enhance self-management of lifestyle behaviour are undesirable. Rather, patients prefer a personalised programme via an app enabling them to prioritise their approach to self-management. “Trust” was also highlighted as a key factor in relation to its potential effect on engagement with healthcare providers and motivation around self-management. The introduction of a new technology or platform for engagement requires concerted efforts to alleviate patient concerns and to create confidence in terms of quality and security. Patients’ motivation to use mobile technology was influenced by the potential of technology to provide information, feedback, reward systems and automaticity which could embed new self-management habits. The potential for technology to facilitate a personalised flow of communication between patient and healthcare provider was recognised as important as was the ability of technology to facilitate tailored messaging and feedback for patients. The flexibility and inherent motivational ability of newer technologies seems to have the potential to improve the ability of patients to engage in sustained behaviour change.

Recommendations

There are a number of recommendations from this research. First, interventions via mobile technology are best ‘prescribed’ by a ‘trusted source’ (e.g. a doctor). Secondly, a profile of barriers to action should be identified for each patient. Thirdly, self-management programmes should be tailored according to individual patient’s needs. Finally, due to the novel nature of the technology, it is best used to provide a neutral space in which patient and healthcare provider can discuss and negotiate a management plan around often challenging issues such as concordance, sub-optimal control and lifestyle change.